



Health and Wellbeing Board

Date:	Tuesday, 20 July 2021
Time:	2.00 p.m.
Venue:	Floral Pavilion, Marine Promenade, New Brighton, CH45 2J

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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 16 June 2021.

4. PUBLIC AND MEMBER QUESTIONS

Public Questions

Notice of question to be given in writing or by email by 12 noon, 15 July 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](#)

Statements and Petitions

Statements

Notice of representations to be given in writing or by email by 12 noon, 15 July 2021 to the Council's Monitoring Officer (committeeservices@wirral.gov.uk) and to be dealt with in accordance with Standing Order 11.

Petitions

Petitions may be presented to the Committee. The person presenting the petition will be allowed to address the meeting briefly (not exceeding one minute) to outline the aims of the petition. The Chair will refer the matter to another appropriate body of the Council within whose terms of reference it falls without discussion, unless a relevant item appears elsewhere on the Agenda. Please give notice of petitions to committeeservices@wirral.gov.uk 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. INTEGRATED CARE SYSTEM AND INTEGRATED CARE PARTNERSHIP DEVELOPMENTS (Pages 7 - 22)**
- 6. THE DEVELOPMENT OF A SPORT AND PHYSICAL ACTIVITY STRATEGY FOR WIRRAL (Pages 23 - 158)**
- 7. PUBLIC HEALTH ANNUAL REPORT 2020/21 EMERGING RECOMMENDATIONS (Pages 159 - 176)**
- 8. WORKING WITH THE COMMUNITY, VOLUNTARY AND FAITH SECTOR (Pages 177 - 194)**
- 9. WORK PROGRAMME (Pages 195 - 200)**

HEALTH AND WELLBEING BOARD

Wednesday, 16 June 2021

Present:

Faouzi Alam	Cheshire and Wirral Partnership NHS Foundation Trust
Simon Banks	Chief Officer, NHS Wirral CCG and Wirral Health & Care Commissioning
Councillor Wendy Clements	Wirral Council
Dr Paula Cowan	Chair, Wirral CCG
Supt Martin Earl	Merseyside Police
Alan Evans	Director of Regeneration & Place
Councillor Phil Gilchrist	Wirral Council
Graham Hodkinson	Director of Care & Health
Karen Howell	CEO Wirral Community NHS Foundation Trust
Councillor Yvonne Nolan	Chair
Karen Prior	CEO, Healthwatch Wirral
Paul Satoor	Chief Executive, Wirral Council
Matthew Swanborough	Wirral University Teaching Hospital NHS Foundation Trust
Julie Webster	Director of Public Health
Simone White	Director of Children, Families and Education
Janette Williamson	Wirral Council

1 **DECLARATIONS OF INTERESTS**

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

No declarations were made.

2 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Nicola Allen, Liz Bishop, Janelle Holmes, Sheena Cumiskey, Louise Healey, Warren Ward and Councillor Tom Anderson.

3 **MINUTES**

Resolved – That the accuracy of the minutes of the meeting held on 31 March 2021 be agreed.

4 **PUBLIC QUESTIONS**

The Chair reported that no questions from either members of the public or Members had been submitted. Nor were there any statements or petitions to receive.

5 HEALTH AND WELLBEING BOARD MEMBERSHIP

Phil McCourt, Director of Law and Governance introduced the report which provided the Board with an overview of its formal membership as contained within the recently revised Wirral Council Constitution, and sought to formalise any co-options to the Board, alongside giving the opportunity to consider its formal membership and operating model and propose any necessary amendments.

The Board was advised that the legislation establishing Health and Wellbeing Boards outlined that they should be treated as an ordinary committee of the Council, but that it was individual in that officers of the Council were voting members of the Board. Furthermore, Health and Wellbeing Boards had been established with Leader or Elected Mayor models in mind, therefore with Wirral's move to a committee system, alongside the forthcoming Integrated Care System, the report afforded the Board the opportunity to review its membership.

The Board acknowledged the need to continually review its membership to ensure it was inclusive enough to fulfil the 'place' role. It was suggested that the Chairs of local health partners be co-opted to the Board, and that further consideration is given to how the voice of children and young people can be better represented on the Board.

Resolved – That

- 1) the Health and Wellbeing Board membership be noted.**
- 2) the Chairs of the local NHS Foundation Trusts, Primary Care Council and the Principal of Wirral Met College be co-opted to the Board.**
- 3) the removal of reference to the three divisions of the NHS Clinical Commissioning Group from the Health and Wellbeing Board's Terms of Reference be referred to the Constitution and Standards Committee.**

6 INTEGRATED CARE SYSTEM PROJECT UPDATE

Graham Hodkinson, Director of Care and Health introduced the report which provided an update on the proposed strategic changes in the NHS and outlined the implications for the Council of such emerging arrangements.

It was reported that the Committee had received an update on the proposals for Integrated Care Partnerships at its last meeting following the publication of the government's White Paper 'Integration and innovation: working together to improve health and social care for all', and since then the proposals had been included within the Queen's Speech. The report set out the implications of the changes for the Local Authority, which would take the leadership role in the local 'place' making arrangements. The Integrated Care Partnership would be made up of Wirral Integrated Commissioning, Wirral Provider Collaborative and Place leadership, where the Health and Wellbeing Board would play a critical role in driving local arrangements.

Members highlighted the difficulties in communicating the proposals to residents and sought clearer communications that could be shared with members and residents to mitigate any potential scaremongering. Officer reinforced that until the legislation had been passed, locally colleagues could only attempt to interpret the guidance and therefore there was an issue relating to timing with the communication to the public to ensure it was coherent. Health colleagues sought further information on the concern of residents to develop communications to alleviate those concerns and committed to working with elected members in doing so.

It was requested that Board members were kept apprised of any significant developments that occur between Health and Wellbeing Board meeting.

Resolved – That the report be noted.

7 **COMMISSIONING PLAN**

Jason Oxley, Assistant Director for Care, Health and Commissioning for People introduced the report of the Director of Care and Health, introducing the Wirral Health and Care Commissioning Single Business Plan for 2021/22, and the key priorities and work streams that underpin it and which would contribute towards delivering better outcomes for Wirral residents.

It was reported that Wirral Health and Care Commissioning jointly commissioned all age health and care services for the population of Wirral. The purpose, vision and priorities of the plan were set out to the Board, as well as the background and context including the links to the Joint Strategic Needs Assessment. The key priorities of the plan included tackling health inequalities, enhancing productivity, providing oversight and leadership of the care and health systems and enabling and supporting provider collaboration. Underpinning the plan was the person-centred care approach, which featured in all work streams.

Resolved – That the report be noted.

8 **PREVENTION**

Elizabeth Hartley, Assistant Director: Early Help and Prevention introduced the report of the Director for Children, Families and Education, which provided the Board with an overview of the proposed prevention approach, including a Prevention Policy Statement and Prevention Framework. In addition, the report detailed the Breaking the Cycle programme, which sought to demonstrate how a collaboration of preventative activity could maximise opportunity and lead to better outcomes for people, services, and organisations.

It was reported that the Prevention Policy Statement was intended to make a clear commitment from the Council to early intervention and prevention, whilst the framework provided structure and guidance on taking preventative approaches, defining the different levels of prevention and setting out 6 foundations for preventative approaches, these were:

- Strategic Leadership
- Place-based Approach

- Strengths-based Approach
- Equity
- Whole-system Approach
- Co-production

The intention was to create a suite of preventative programmes, one of which was the Breaking the Cycle programme. This programme intended to bring together a range of interventions working towards similar outcomes, and would work with people dealing with factors associated with deprivation such as drug abuse and risk of homelessness to give them priority access to catalyst projects, and eventually would be used to ask wider agencies to work differently with this cohort of people to provide support in a more suitable way.

Colleagues around the table were welcoming of the approach and it was suggested that the work ongoing in partner organisations around prevention and tackling health inequalities could align with that taking place within the Council. It was widely acknowledged that a system wide approach to early intervention and prevention would bring about the most benefits to the population of Wirral.

Resolved – That the report be noted.

9 YOUTH OFFER

Elizabeth Hartley, Assistant Director: Early Help and Prevention introduced the report of the Director for Children, Families and Education providing the Board with an overview of proposals to implement an equitable, consistent, branded, neighbourhood youth offer for universal, open access provision.

The Board was advised that in Summer 2019 a review of youth provision in Wirral took place, including a consultation in which approximately 3,000 young people took part in. A report went to Cabinet in February 2020 where four proposals were approved, the fifth proposal relating to the delivery of youth clubs was deferred for further development, and the report before the Committee presented the revised arrangements for youth clubs which had since been approved by Children, Young People and Education Committee.

The report detailed the current youth offer and outlined the strengths of the offer which would be retained in the new model including a mixed economy of provision and a qualified and experienced workforce. The report also detailed the weaknesses the new offer would need to overcome including an inequitable offer across the borough, impact of staff absence on delivery and lack of consistent brand and quality assurance. Details of the proposed new offer were presented to the Board, which would use the neighbourhood model to provide a consistent offer, developing a service brand and set of standards with young people, using a quality assurance framework to ensure consistency, and introducing a set of key performance indicators for collective impact.

It was suggested that collaboration with the Primary Care Networks and Young Healthwatch would be beneficial to the Youth Offer and colleagues undertook to make those links.

Resolved – That the report be noted.

10 TACKLING HEALTH INEQUALITIES THROUGH REGENERATION

Rachael Musgrave, Assistant Director: Consultant in Public Health introduced the report of the Director of Public Health which outlined the Council's collaborative investment to address health related worklessness and improve social, economic and health outcomes.

It was reported that good employment protects health and that there were lots of challenges with health issues associated with unemployment. The pandemic had highlighted the need to focus on work to support people to enter the job market with good quality jobs, therefore the report outlined the work that had taken place to address these issues.

The report included data around unemployment and Universal Credit claimants, which showed that there were 31,352 people in Wirral claiming Universal Credit, of which 11,131 were in employment. Concerns were raised around the levels of in-work poverty, alongside the significant number of long-term claimants being as a result of mental health issues and the worsening effect the pandemic will have had on them. The importance of regeneration as a benefit to the wellbeing of the population was also highlighted, and the significance of the strong links between the Public Health and Regeneration teams within the Council was reinforced. Members discussed the development of a Poverty Strategy for Wirral in order to tackle these issues and all of the issues that people affected by poverty experience.

Resolved – That the report be noted.

11 WORK PROGRAMME

Dan Sharples, Principal Democratic Services Officer introduced the report of the Director of Law & Governance, which provided the Board with its current work programme and gave opportunity to propose additional items for consideration at future meetings.

The Chair outlined that the community organisation Community Voice had organised a Community, Voluntary and Faith Sector Reference Group, which involved over 50 organisations from the sector which had recently met and would regularly feed into the Health and Wellbeing Board. The Chair requested that the reports that had been produced from its initial meetings be circulated to Board members.

Further items suggested for consideration at future meetings included a regular report from Healthwatch on the emerging feedback from the health sector, and an item on the restoration and development of health services following the Covid-19 pandemic.

Resolved – That

- 1) The Health and Wellbeing Board work programme be noted.**

- 2) A quarterly update from Healthwatch be added to the standing items.**
- 3) A report on the restoration and development of health services following the Covid-19 pandemic be added to the work programme.**



HEALTH AND WELLBEING BOARD

TUESDAY 20th JULY 2021

REPORT TITLE:	INTEGRATED CARE SYSTEM AND INTEGRATED CARE PARTNERSHIP DEVELOPMENTS
REPORT OF:	SIMON BANKS, CHIEF OFFICER, NHS WIRRAL CLINICAL COMMISSIONING GROUP AND WIRRAL HEALTH AND CARE COMMISSIONING

REPORT SUMMARY

This report sets out the policy context for the development of Integrated Care Systems in the NHS in England, specifically highlighting the work to create a Cheshire and Merseyside ICS. The report also sets out the emerging guidance around developing Integrated Care Partnership in “place” and specifically in Wirral.

RECOMMENDATION

The Health and Wellbeing Board is recommended to:

1. note the report and receive a further verbal update on progress.
2. receive written reports on the progress of the development of the Integrated Care System and Integrated Care Partnerships at future meetings.

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 receives a further verbal update on progress. In addition it is recommended that the Health and Wellbeing Board receives written reports on the progress of this work at future meetings.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 No other options have been considered.

3.0 BACKGROUND INFORMATION

3.1 Policy Context

- 3.1.1 Given that the terminology being used in regard to strategic developments in the NHS is new and emerging a definition of the key terms is included in Appendix 1.
- 3.1.2 On 26th November 2020 NHS England/Improvement (NHSE/I) published *Integrating Care: Next steps to building strong and effective integrated care systems across England*, subsequently referred to as *Integrating Care: Next steps*. This document set out proposals for legislative reform and focused on the operational direction of travel for the NHS from 2021/22 onwards.
- 3.1.3 On 11th February 2021, the Department of Health and Social Care (DHSC) published the White Paper *Integration and innovation: working together to improve health and social care for all*, which sets out legislative proposals for a Health and Care Bill. The White Paper brings together proposals that build on the recommendations made by NHS England and NHS Improvement in *Integrating care: next steps to building strong and effective integrated care systems across England* with additional ones relating to the Secretary of State's powers over the system and targeted changes to public health, social care, and quality and safety matters. On the same day NHSE/I issued four documents including *Legislating for Integrated Care Systems: five recommendations to Government and Parliament*. These documents encouraged Her Majesty's Government to introduce legislation, at the earliest opportunity, to place Integrated Care Systems (ICSs) "on a clear statutory footing, but with minimum national legislative provision and prescription, and maximum local operational flexibility".
- 3.1.4 On 25th March 2021 NHS England and NHS Improvement published the NHS Operational Planning and Implementation Guidance for 2021/22. This set out that:
- There will be one statutory ICS NHS body and one statutory ICS health and care partnership per ICS from April 2022.
 - Clinical Commissioning Group (CCG) functions will be subsumed into the ICS NHS body and some NHS England and NHS Improvement direct commissioning functions will be transferred or delegated to ICSs.

- CCG staff below board level who are directly affected will have an employment commitment and local NHS administrative running costs will not be cut as a consequence of the organisational changes.
- Through strong place-based partnerships, NHS organisations will continue to forge deep relationships with local government and communities to join up health and social care and tackle the wider social and economic determinants of health. To enable this, ICS boundaries will align with upper-tier local authority boundaries by April 2022, unless otherwise agreed by exception. Joint working with local government will be further supported by the health and care partnership at ICS level.
- The development of primary and community services and implementation of population health management will be led at place level, with Primary Care Networks as the building blocks of local healthcare integration.
- Every acute (non-specialist) and mental health NHS trust and Foundation Trust (FT) will be part of at least one provider collaborative, allowing them to integrate services appropriately with local partners at place and to strengthen the resilience, efficiency and quality of services delivered at-scale, including across multiple ICSs.
- Clinical and professional leadership will be enhanced, connecting the primary care voice that has been a strong feature of Primary Care Networks (PCNs) and CCGs, to clinical and professional leadership from community, acute and mental health providers, public health and social care teams.

The planning and implementation guidance anticipated that legislation would be introduced into Parliament to enact the proposals in the White Paper. The guidance asked systems to start formally preparing to establish the expected statutory arrangements during Quarter 1 2021/22.

3.1.5 The intention of the Government to bring forward a Health and Care Bill to implement the proposals in the White Paper was announced in The Queen's Speech on 11th May 2021. The background briefing notes to The Queen's Speech state that the purpose of the Health and Care Bill is to:

- Lay the foundations for a more integrated, efficient and accountable health and care system - one which allows staff to get on with their jobs and provide the best possible treatment and care for their patients.
- Give the NHS and local authorities the tools they need to level up health and care outcomes across the country, enabling healthier, longer and more independent lives.

The background briefing notes articulate that main benefits of the Bill will be:

- Delivering on the proposals put forward by the NHS in its own Long Term Plan, while building on the lessons learned from the successful vaccine rollout.
- Making it easier for different parts of the health and care system, including doctors and nurses, carers, local government officials and the voluntary sector to work together to provide joined-up services.
- Removing bureaucratic and transactional processes that do not add value, thus freeing up the NHS to focus on what really matters to patients.
- Enabling the system to most effectively prevent illness, support our ageing population, tackle health inequalities, tailor support to the needs of local

populations, and enhance patient safety and quality in the provision of healthcare services.

- Ensuring the NHS and the wider system can respond swiftly to emerging issues while being fully accountable to the public.

The main elements of the Bill are:

- Driving integration of health and care through the delivery of an Integrated Care System in every part of the country.
- Ensuring NHS England, in a new combined form, is accountable to Government, Parliament and taxpayers while maintaining the NHS's clinical and day-to-day operational independence.
- Banning junk food adverts pre-9pm watershed on TV and a total ban online.
- Putting the Healthcare Safety Investigation Branch on a statutory footing to deliver a fully independent national body to investigate healthcare incidents, with the right powers to investigate the most serious patient safety risks to support system learning.

3.2 Developing Integrated Care Systems

3.2.1 On 16th June 2021 NHSE/I published two documents, *Integrated Care Systems: Design Framework* and *Guidance on the Employment Commitment*. The former document begins to describe future ambitions for:

- the functions of the ICS Partnership to align the ambitions, purpose and strategies of partners across each system.
- the functions of the ICS NHS body, including planning to meet population health needs, allocating resources, ensuring that services are in place to deliver against ambitions, facilitating the transformation of services, co-ordinating and improving people and culture development, and overseeing delivery of improved outcomes for their population.
- the governance and management arrangements that each ICS NHS body will need to establish to carry out those functions including the flexibility to operate in a way that reflects the local context through place-based partnerships and provider collaboratives.
- the opportunity for partner organisations to work together as part of ICSs to agree and jointly deliver shared ambitions.
- key elements of good practice that will be essential to the success of ICSs, including strong clinical and professional leadership, deep and embedded engagement with people and communities, and streamlined arrangements for maintaining accountability and oversight.
- the key features of the financial framework that will underpin the future ambitions of systems, including the freedom and mechanisms to use resource flexibly to better meet identified needs and to manage financial resources at system level.
- the roadmap to implement new arrangements for ICS NHS bodies by April 2022 to establish new organisations, appoint leadership teams to new statutory organisations and to ensure that people affected by change are offered a smooth transition that allows them to maintain focus on their critical role in supporting recovery from the pandemic.

The *Employment Commitment* is designed to minimise uncertainty and provide employment stability for people who will transfer directly from their employment or engagement directly into the statutory ICS NHS body. During the transition period the Employment Commitment asks affected organisations not to carry out significant internal organisational change and not to displace people. The commitment does not apply to those people in senior/board level roles who are likely to be affected by the new ICS Board structure and will have to go through organisational change as part of the abolition and establishment process.

- 3.2.2 The Cheshire and Merseyside Integrated Care System (ICS) has established a Development Advisory Group (DAG) to support the implementation timetable and guidance referred to above. The Chief Executive and the Director for Adult Care and Health, Wirral Council and the Chief Officer, NHS Wirral CCG are part of the DAG. This enables Wirral, as a place, to be at the heart of shaping the ICS and to ensure that we are in a position to respond at pace and with clarity to the emerging changes. There is also representation from Wirral in other ICS governance arrangements such as the Partnership Board and Joint Committee of Cheshire and Merseyside Clinical Commissioning Groups.
- 3.2.3 The ICS has established a number of workstreams of which the DAG will have oversight. These include commissioning, workforce, system performance and oversight, finance, governance, communications and engagement, quality, transformation, digital and data, and estates. The ICS will be assuming the commissioning functions of 9 CCGs in Cheshire and Merseyside and will be working with those CCGs to manage the transition to the new statutory body. The ICS, CCGs and local authorities are working together on the future models for the discharge of these commissioning functions from April 2022.
- 3.2.4 The implementation timetable that the ICS is working to is set out below. This is subject to the Health and Care Bill becoming an Act of Parliament.

Date (2021/22)	Task
By end of Quarter 1 (Q1)	Update System Development Plans (SDPs) against the key implementation requirements (functions, leadership, capabilities and governance) and identify key support requirements. Develop plans in preparation for managing organisational and people transition, taking into account the anticipated process and timetable, and any potential changes to ICS boundaries and the need to transform functions to support recovery and delivery across the ICS.
By end of Q2	Ensure people currently in ICS Chair, ICS lead or AO roles are well supported and consulted with appropriately. Carry out the agreed national recruitment and selection processes for the ICS NHS body chair and chief executive, in accordance with guidance on competencies and job descriptions issued by NHS England and NHS Improvement. This will reflect the expected new accountabilities and responsibilities of ICS NHS bodies.

Date (2021/22)	Task
	<p>Confirm appointments to ICS Chair and chief executive. Subject to the progress of the Bill and after the second reading these roles will be confirmed as designate roles.</p> <p>Draft proposed new ICS NHS body MoU arrangements for 2022/23, including ICS operating model and governance arrangements, in line with the NHS England and NHS Improvement model constitution and guidance.</p> <p>Plan for CCG teams to only operate at sub-ICS level where the SDP confirms that the ICS plans to establish a significant place-based function at that footprint.</p> <p>Begin due diligence planning.</p>
By end of Q3	<p>Ensure people in impacted roles are well supported and consulted with appropriately.</p> <p>Carry out the recruitment and selection processes for designate finance director, medical director, director of nursing and other board level role in the NHS ICS body, using local filling of posts processes.</p> <p>Confirm designate appointments to ICS NHS body finance director, medical director and director of nursing roles and other board and senior level roles.</p> <p>ICS NHS bodies and ICS Partnerships to be ready to operate in shadow form.</p> <p>Engagement on local ICS Constitution and governance arrangements for ICS NHS body and ICS Partnership.</p>
By end of Q4	<p>Ensure people in affected roles are consulted and supported.</p> <p>Continue the recruitment and selection processes for all other designate ICS NHS body senior roles, including place-level leaders and non-executive roles, using local filling of posts processes.</p> <p>Confirm designate appointments to any remaining senior ICS roles (in line with our relevant guidance) so that as much of the ICS NHS executive board and other senior leadership is ready (subject to formal decisions on appointments after the legislation is in place/in force).</p> <p>Complete due diligence and preparations for staff and property (assets and liabilities, including contracts) transfers from CCGs and other NHS staff transfers to new ICS NHS body in line with our guidance.</p>

Date (2021/22)	Task
	<p>Commence engagement and consultation on the transfer with trade unions.</p> <p>Complete preparations to shift our direct commissioning functions to ICS NHS body, where this is agreed from 1 April 2022.</p> <p>Ensure that revised digital, data and financial systems are in place ready for 'go live'.</p> <p>Submit the ICS NHS body constitution for approval and agree the 2022/23 ICS MoU with NHS England and NHS Improvement, setting out key elements of how the new ICS NHS body and ICS Partnership will operate in the future, in accordance with guidance to be issued by NHS England and NHS Improvement.</p>
From 1 st April 2022	Establish new ICS NHS body; with staff and property (assets and liabilities) transferred and boards in place.

3.3 Developing Integrated Care Partnerships

- 3.3.1 Throughout the development of the policy on Integrated Care Systems there has been a strong focus on partnerships between organisations to collectively plan, deliver and monitor services within a locally defined 'place'. The document *Integrated Care Systems: Design Framework* makes it clear that, as part of the development of ICSs, NHSE/I expect that place-based partnerships are consistently recognised as key to the coordination and improvement of service planning and delivery, and as a forum to allow partners to collectively address wider determinants of health. Wirral is a place within this framework.
- 3.3.2 There is no single way of defining place or determining a fixed set of responsibilities that a place-based partnership should hold. All ICSs are expected to establish and support place-based partnerships with configuration and catchment areas reflecting meaningful communities and geographies that local people recognise. The arrangements for joint working at place should enable joined-up decision-making and delivery across the range of services meeting immediate care and support needs in those local places but should be designed flexibly to reflect what works in that area.
- 3.3.3 The Cheshire and Merseyside ICS NHS body will want to agree with local partners the membership and form of governance that place-based partnerships adopt, building on or complementing existing local configurations and arrangements such as Health and Wellbeing Boards. At a minimum, these partnerships should involve primary care provider leadership, local authorities, including directors of public health, providers of acute, community and mental health services and representatives of people who access care and support.
- 3.3.4 The ICS NHS body will remain accountable for NHS resources deployed at place-level. Governance and leadership arrangements for place-based partnerships should support safe and effective delivery of the body's functions and responsibilities

alongside wider functions of the partnership. Each ICS NHS body should clearly set out the role of place-based leaders within the governance arrangements for the body.

3.3.5 An NHS ICS body could establish any of the following place-based governance arrangements with local authorities and other partners, to jointly drive and oversee local integration:

- *consultative forum*, informing decisions by the ICS NHS body, local authorities and other partners.
- *committee of the ICS NHS body with delegated authority* to take decisions about the use of ICS NHS body resources.
- *joint committee of the ICS NHS body and one or more statutory provider(s)*, where the relevant statutory bodies delegate decision making on specific functions/services/populations to the joint committee in accordance with their schemes of delegation
- individual directors of the ICS NHS body having delegated authority, which they may choose to exercise through a committee. This individual director could be a joint appointment with the local authority or with an NHS statutory provider and could also have delegated authority from those bodies
- lead provider managing resources and delivery at place-level under a contract with the ICS NHS body, having lead responsibility for delivering the agreed outcomes for the place.

3.3.6 Effective leadership at place level is critical to effective system working, but the specific approach is to be determined locally. The roles of place-based leaders will include convening the place-based partnership, representing the partnership in the wider structures and governance of the ICS and (potentially) taking on executive responsibility for functions delegated by the ICS NHS body CEO or relevant local authority.

3.3.7 The ICS NHS body will have the freedom to set a delegated budget for place-based partnerships to support local financial decisions to spend ICS NHS resources. However, it must adopt the principle of equal access for equal need and the requirements to reduce health inequalities. The ICS NHS body should engage local authority partners on the ICS NHS resources for the NHS services to be commissioned at place and support transparency on the spending made at place level. It should explain any variation from previous CCG budgets and enable the shared planning or pooling of NHS and local authority budgets, including stated minimum NHS contributions to Better Care Fund arrangements. Budget allocated to and managed within a place (under the agreed schemes of delegation) might include:

- primary medical care
- other primary care as delegated/transferred from NHS England and NHS Improvement – dental, pharmaceutical, ophthalmology services
- community services
- community mental health including Improving Access to Psychological Therapies (IAPT)
- community diagnostics
- intermediate care

- any services subject to Section 75 agreement with local authority
- any acute or secondary care services that is has been agreed should be commissioned at place-level.

3.3.8 In regard to developing Integrated Care Partnerships (ICPs) in each place, the Cheshire and Merseyside ICS has set out seven expected core features of an ICP:

- *ICP Governance* – clearly defined formal arrangements for place partners to meet and work together to deliver outcomes set by the Health and Wellbeing Board (HWB) and ICS.
- *ICP nominated 'Place Lead'* with remit for integrated working who will connect with the ICS.
- *Shared vision and plan for reducing inequalities and improving outcomes* of local people approved by the HWB (underpinned by local population health and socio-economic intelligence).
- *Agreed ICP development plan*
- *Defined footprints (e.g. neighbourhoods) for delivery of integrated care*, clinically led by PCNs working with social care, community, mental health, public health and other community groups.
- *Programme of ongoing public and wider stakeholder engagement at place*
- *Integrated approach to commissioning between health and local authority* (such as shared posts, joint teams and pooled budgets) to underpin and support the work of the ICP.

The seven expected core features are described in more detail in Appendix 2.

3.3.9 Work has commenced in Wirral to create an Integrated Care Partnership involving the local authority, NHS and wider partners in health and care. The work is being guided by six core principles:

- Organise services around the person to improve outcomes.
- Maintain personal independence by providing services closest to home.
- Reduce health inequalities across the Wirral population.
- Provide seamless and integrated services to patients, clients and communities, regardless of organisational boundaries.
- Maximise the “Wirral £” by the delivery of improvements in productivity and efficiency through integration.
- Strengthen the focus on wellbeing, including a greater focus on prevention and public health.

3.3.10 There are four key work streams in the development of an ICP for Wirral. These are:

- Integrated governance, including Health and Wellbeing Board development.
- Developing provider collaboration.
- Developing integrated commissioning.
- Communications and engagement.

3.3.11 Each area of work is resourced by system partners, financially and with people. At the time of writing the implementation timetable and tasks for this work is still emerging. It is recommended that a verbal update on progress is provided to the

Health and Wellbeing Board on 20th July 2021. It is recommended that the Health and Wellbeing Board receives written reports on the progress of this work at future meetings.

4.0 FINANCIAL IMPLICATIONS

4.1 None as a result of this report but the financial implications of developing an Integrated Care Partnership for Wirral within the Cheshire and Merseyside ICS are being considered as part of the planning for these changes.

5.0 LEGAL IMPLICATIONS

5.1 The Health and Care Bill, subject to Parliamentary process, will further support the implementation of the NHS Long Term Plan and give ICSs statutory roles. Further guidance will be forthcoming from NHSE/I to support the transition to the new arrangements from April 2022. This is in addition to the recently published *Integrated Care Systems: Design Framework* and *Guidance on the Employment Commitment*. Work to develop an Integrated Care Partnership for Wirral will consider the legal implications around workforce, resources, governance and legal accountabilities.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 There is a direct impact of these changes on staff employed by CCGs, including NHS Wirral CCG, and NHS England/Improvement. It is anticipated that there will be a national human resources framework within which these proposed changes will be managed. This is in addition to the recently published *Integrated Care Systems: Design Framework* and *Guidance on the Employment Commitment*. Work to develop an Integrated Care Partnership for Wirral will need to consider the opportunities that may exist in regard to staffing, ICT and assets in the future.

7.0 RELEVANT RISKS

7.1 The system changes outlined in this report will have risk management frameworks as part of their implementation. The Council will help to mitigate risks through the ongoing development of a risk log, which is overseen by a multi-functional project team that gains insight into all areas of risk and puts mitigating actions in place to reduce the impact of risk.

8.0 ENGAGEMENT/CONSULTATION

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

9.0 EQUALITY IMPLICATIONS

9.1 Public bodies 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. Plans will be underpinned by local population health and socio-economic

intelligence. The Council will work in partnership with local and regional partners to develop place-based partnership arrangements necessary to deliver improved outcomes in population health by tackling health inequality.

An Equality Impact Assessment has been completed for this project and can be found here: [The Integrated Care Partnership Programme - May 2021 \(wirral.gov.uk\)](https://www.wirral.gov.uk/~/media/Assets/Equality%20Impact%20Assessment%20-%20The%20Integrated%20Care%20Partnership%20Programme%20-%20May%202021.pdf)

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 None as a result of this report.

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APPENDICES

Appendix 1 Terminology Definitions

Appendix 2 Seven Core Features of an Integrated Care Partnership

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/>

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Health and Wellbeing Board	16th June 2021
Partnerships Committee	9th November 2020 13th January 2021 29th June 2021
Adult Social Care and Public Health Committee	2 March 2021 7 June 2021

APPENDIX 1 TERMINOLOGY DEFINITIONS

Integrated Care Systems (ICS): Bring together NHS organisations, local government and wider partners at a system level to deliver more joined up approaches to improving health and care outcomes. All areas of England will be covered by an ICS by April 2021 and on a statutory footing by 2022. Cheshire and Merseyside is an ICS area.

Place: is a defined area within an ICS, typically aligned with local authority boundaries. In Cheshire and Merseyside there are 9 places aligned with each local authority. Wirral is one such place.

Neighbourhood: a defined area within a Place that is typically co-terminus with a Primary Care Network or other recognised local community footprint.

Integrated Care Partnerships (ICP): term used to describe **place-based** joint working between NHS, local government, community services and other partners. Each Place will determine how it organises itself as an ICP and how these arrangements relate to the Health and Wellbeing Board (HWB). HWB continue to have statutory role for improving health and wellbeing of local population, using Joint Strategic Needs Assessment (JSNA) to set local priorities. HWBs are a key component of the ICS and a key role for the ICS is to support place-based working and the development of ICP arrangements.

What is Purpose of an ICP? ICPs will deliver the local priorities set by the HWB and system priorities set by the ICS, by organising how local services and partners can work better together. ICPs will drive improved outcomes and address the inequalities identified by the HWB. They can use enablers such as integrated commissioning, BCF, population health data and improved digital technology to enable this work.

Provider Collaboratives: NHS-Led Provider Collaboratives will include providers from a range of backgrounds, including the voluntary sector, other NHS trusts and independent sector providers. Provider Collaboratives will work closely with established partnerships called Integrated Care Systems, which include NHS organisations, local councils and others, to support improved commissioning of services for people within the same population footprint. They will also work alongside service users, carers and families.

There are key principles which underpin the Provider Collaborative model:

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

APPENDIX 2 SEVEN CORE FEATURES OF AN INTEGRATED CARE PARTNERSHIP

1. ICP Governance – clearly defined formal arrangements for place partners to meet and work together to deliver outcomes set by the Health and Wellbeing Board (HWB) and ICS.

- Arrangements for ICPs must outline how link with local HWB who retain statutory role for local population health and are key to the ICS. Some Places may want the Health and Wellbeing Board to be the nominated 'ICP Board' other Places may want to establish an 'ICP Board / Committee' as a sub group of the HWB.
- ICPs should include a breadth of place partners extending beyond health & social care, e.g. housing, voluntary sector, police.
- ICPs will have a governance framework that sets out:
 - i. core members represented on the Partnership Groups,
 - ii. the organisations and services that are part of the wider partnership, and
 - iii. how the ICP will work with and alongside existing partnership structures (e.g. safeguarding boards, community safety partnerships, Local Enterprise Partnerships etc) to deliver on the aims of improving the quality of life and reducing inequalities.
 - iv. ICPs should consider developing formal 'place agreements / MOUs' that each partner signs with agreed objectives / outcomes
 - v. ICPs should bring together statutory and non-statutory organisations and communities
 - vi. ICPs will need to link to ICS (how will be determined as ICS evolves)
- An ICP should be able to describe and present it's governance arrangements and it should be agreed by all partners

2. ICP nominated 'Place Lead' with remit for integrated working who will connect with the ICS.

- The Place lead should be endorsed by members of the ICP and be able to represent Place within the ICS.
- The Place lead will be a main point of contact for the ICS executive team and will sit on a Place Collaborative Forum and may be asked to represent Place on other ICS forum as system architecture and governance is developed further.

3. Shared vision and plan for reducing inequalities and improving outcomes of local people approved by the HWB (underpinned by local population health and socio-economic intelligence).

- The ICP will need a shared vision and plans / strategies aimed at reducing inequalities & improving outcomes, these plans may already exist e.g. H&WBB and 5 year Place Plans. In addition, the work of the ICP is also likely to contribute to wider Place plans that support broader social and economic development.

- This will be underpinned by local population health and socio-economic intelligence
- Using their JSNA, ICPs will have a sound understanding of the characteristics of their population and the local drivers of inequality. There will be a requirement to use 'real time' population health data (supported by case finding and risk stratification) at Place to determine how to best deliver services and address local needs on a personal, neighbourhood and whole Place level.
- Plans and strategies will be created using robust engagement with local people – including minority groups and those whose voices are seldom heard.

4. Agreed ICP development plan

- The ICS will develop an ICP assurance / maturity framework, ICPs will need development plans to support their progress against this framework.
- An 'Organisational Development plan' will be required that sets out how staff from all of the ICPs partners (working at all levels) will be engaged in the vision of the Place and supported to work in an integrated collaborative culture that embeds cross system partnership working.
- As staff are asked to start working differently there will need to be a structured and significant programme of development in place to support implementation at each stage.

5. Defined footprints (e.g. neighbourhoods) for delivery of integrated care, clinically led by PCNs working with social care, community, mental health, public health and other community groups.

- Each Place should have agreed 'neighbourhood' footprints (ideally based on recognised local communities) where there will be partnerships between voluntary sector and other community groups (e.g. faith groups), schools and other local agencies who can influence health and wellbeing. There should be strong partnership working between these neighbourhood services / groups and PCNs, in many areas there will be co-terminosity with PCNs and established community footprints.
- PCNs will provide 'clinical' leadership for their registered population and work with social care, community, mental health and voluntary sector on the design and delivery of integrated health and care services at a neighbourhood level linking this to wider place agendas such as economic growth, community safety and education.

6. Programme of ongoing public and wider stakeholder engagement at place

- Communications teams from each partner in the ICP need to be working closely together to deliver a programme of communications and engagement that is based on common messages and the shared ICP vision. There should be one nominated communications link from each ICP to work with the ICS communications team on how ICP and ICS messages can be coordinated across Cheshire and Merseyside.
- The local population should be able to influence and co-produce local services to best meet their needs.

- Each ICP will need an infrastructure to ensure there is ongoing and wide stakeholder and public engagement and a joint ICP engagement plan. This plan will address how to include seldom heard and minority voices.

7. Integrated approach to commissioning between health and local authority (such as shared posts, joint teams and pooled budgets) to underpin and support the work of the ICP.

- As legislative reform is clarified, Places (CCGs & LAs) need to work with ICS on the transition of commissioning functions and development of new operating models. A move towards shared leadership of health & care commissioning, joint posts and pooled budgets at Place would be welcomed.
- 'Commissioning' at Place should be an enabler for the ICP to transform local services, improve outcomes and address inequalities. Integrated commissioning teams should be part of the ICP arrangements and work to support provider collaboration and service re-design.



HEALTH AND WELLBEING BOARD

Tuesday, 20 July 2021

REPORT TITLE:	THE DEVELOPMENT OF A SPORT AND PHYSICAL ACTIVITY STRATEGY FOR WIRRAL
REPORT OF:	DIRECTOR OF NEIGHBOURHOOD SERVICES

REPORT SUMMARY

This report provides an update on the development of the future “Sport and Physical Activity” Strategy for Wirral Leisure Services (formerly Leisure Strategy).

In November 2020 the Council’s Tourism, Communities, Culture and Leisure Committee (TCCL) approved the new outline Sport and Physical Activity Strategy, gave approval for officers to commence engagement with residents, communities, and other stakeholders to design and deliver a fit-for-purpose and sustainable service and include the strategy within the Committee’s ongoing work programme.

The key focus of the strategy is to set out the priorities for sport and leisure facilities, services and activities and seeks to redress the balance between being a provider of facilities and tackling inequality through preventative, outreach and early intervention work. It is not a statutory requirement to have a Sport and Physical Activity Strategy, but it is seen as good practice to outline the council’s plans for leisure services for the period 2020-2025 based on the evidence base and emerging COVID19 landscape.

RECOMMENDATION/S

The Health & Wellbeing Board is recommended to;

- 1) Note the progress made in the development of the outline Sport and Physical Activity Strategy.
- 2) Consider how the strategy and its outcomes can contribute to the work undertaken by the Health and Wellbeing Board in enabling improvements in population health.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 One of the challenges Wirral faces is reducing the stark health inequalities which exist between different parts of the borough and improving the life chances for all. Sport and physical activity can contribute significantly towards combatting this, due to its well documented and scientifically proven potential in improving a person's physical and mental wellbeing, individual development and social and community development.
- 1.2 The Sport and Physical Activity Strategy will guide and influence both internal teams and external partners, Planning Teams, Public Health, Constituency Team, Children's and Adult Services, national governing bodies, local sports clubs and community groups. The final strategy will be a consideration in planning decisions, the development of planning policy and the community funding panel decisions. The strategy will also be a key document that articulates the needs of Wirral residents as part of the Wirral Plan 2025.
- 1.3 It is not a statutory requirement to have a Sport and Physical Activity strategy, but it is seen as good practice in setting out the council's priorities and plans for meeting sport and leisure needs. The Council's previous Leisure Strategy aligned with the Wirral Plan 2020 and placed a significant emphasis on outdoor spaces and tourism. In seeking to support the new Wirral 2025 Plan, this strategy, whilst continuing to support the benefits of outdoor space, will place a greater emphasis on inequality and the need to tackle the significant degree of health inequality across our Borough – magnified by the impacts of the COVID19 pandemic. It is not therefore a standalone strategy, but one which will be engineered towards population health.
- 1.4 The most recent Active Lives Survey conducted by Sport England indicated that 24% of Wirral's population is 'inactive'. Inactive is defined as 30 minutes of activity or less per week and also includes those that don't do any activity.
- 1.5 The Sport England, Active Lives Survey measuring activity levels of adults (16+) for the period of mid-Nov 2019 to mid-Nov 20 reported that the number of 'active' people in Wirral is 62.4% (take part in 150minutes plus per week), 'fairly active' (30-149 minutes) is 13.6% and 'inactive' people has increased to 24% of the population. The report contained the first 8 months of the coronavirus restrictions (mid-March to mid-Nov 20) and is the national measure for sport and physical activity levels.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 Do not develop a new strategy. To not develop or approve a draft Sport and Physical Activity Strategy Document for consultation, would mean the council does not have an up to date or future Sport and Physical Activity Strategy. Although it is not a statutory requirement, the absence of one would mean the council is not complying with good practice and would limit the Council's influence over internal teams and key partners activities. We would not have a clearly laid out strategic position around increasing physical activity.

- 2.2 Many external funders such as Sport England and national governing bodies of sport require a clear strategic position and evidence base that can clearly articulate how the borough is working towards increasing physical activity levels and can be a prerequisite before funding applications will be considered.
- 2.3 As physical activity delivers health, social, environmental, and economic benefits. It is important that Wirral approaches the challenges in a collaborative, coordinated manner.

3.0 BACKGROUND INFORMATION

- 3.1 In 2015 there was a major shift in central government's position regarding sport, from a focus on the number of participants, to the social good that sport and physical activity can deliver. The strategy 'Sporting Future, a new Strategy for an Active Nation' (2015), redefines what success looks like in sport, by concentrating on five key outcomes: physical wellbeing, mental wellbeing, individual development, social and community development, and economic development. This new approach informed the Merseyside Sport Partnership Strategic Framework (2017-2022), which sets out targets for reducing inactivity for children and adults within the borough. These key documents have been taken into account and will be reflected in the draft Strategy.
- 3.2 In January 2021 Sport England unveiled their new 10-year strategy, Uniting the Movement. The strategy, which runs until 2031, aims to transform lives and communities through sport and physical activity. Improving inclusivity and tackling deep-rooted inequalities is at the core of the strategy, recognising that there are too many people who have been left behind and currently feel excluded from being active, which has been heightened by Covid-19.
- 3.3 As we continue to adapt and rebuild from the pandemic, the strategy recognises the important role sport and physical activity plays in improving the physical and mental health of the nation, supporting the economy, reconnecting communities and rebuilding a stronger society for all.
- 3.4 The strategy highlights five 'big issues' that we need to address collectively to make a lasting difference:
 - 1) Recover and reinvent
 - 2) Connecting communities
 - 3) Positive experiences for children and young people
 - 4) Connecting with health and wellbeing
 - 5) Active environments
- 3.5 The health and wellbeing of Wirral will be a key factor in its ongoing success. Our ambition is to ensure that all Wirral residents have the opportunity, environment and support they need to lead active, healthy and happier lives and to make physical

activity an everyday natural choice. We want to create a fairer future for all of our residents where the supporting of healthy life choices will help our population to live their lives to the full for as long as possible.

Sport and Physical Activity Strategy for Wirral 2020 – 2025: Progress:

- 3.6 A key strategic stakeholder pivotal to the future of sport and activity on Wirral is Sport England as the national governing body for sport. Following committee approval, officers agreed that Sport England could commission Knight, Kavanagh & Page (KKP) to undertake a diagnostic assessment of the Sport England Strategic Outcomes Planning Guidance for Wirral Council.
- 3.7 Sport England produced its Strategic Outcomes Planning Guidance to assist local authorities take a strategic approach to maximising the contribution that sport and physical activity makes within a given local area and to ensure that any local investment made is as effective as possible and is sustainable in the long term.
- 3.8 In summary the report identified the following findings:
- (1) Wirral Council is in the process of developing/refining a coherent set of outcomes in relation to sport & physical activity's contribution to health and well-being and the reduction of health inequalities underpinned by good levels of cross directorate buy in. This emerging position appears to be gathering momentum.
 - (2) WC's insight (in certain areas of the Council) is well developed, particularly in respect of its built and outdoor facilities evidence base. The development of the Sport and Physical Activity Strategy (2020) has added further momentum to this process. Its community-level research into the needs and wants of residents, and specifically what interventions may influence a change in behaviour will require further attention (as identified in the Sport and Physical Activity Strategy), both in respect of its facility offer and wider outreach plans.
 - (3) Confirmation that Wirral Council is moving away from its former silo-based approach to a much more collaborative cross-departmental approach to delivering services.
 - (4) There was recognition that Senior Officers and Council Elected Members are determined to reduce health inequalities and this ambition is widely supported. It was however identified as imperative the Council continues to communicate well and achieves community buy-in prior to the development of a detailed delivery plan.
 - (5) The Council needs to act decisively to put in place a long-term transformational plan for the Borough accompanied by a clear approach in respect of resourcing the associated work and facilitating its progress through its own decision-making process. The SOPG and Built Facilities Strategy evidence base validates an investment strategy for indoor facilities to address the fundamental strategic challenge of an ageing, inefficient indoor sport and physical activity stock.

3.9 A summary of the next steps for the authority are:

- **Stage 1: Outcomes** - Ongoing work and support are required to develop insight with regard to community needs and wants in respect of addressing inactivity.
- **Stage 2: Insight** - There is potential, using the current evidence base augmented by community consultation and through greater joint planning across the Wirral Council Planning, Regeneration, Children's Services, Adult Services, Public Health and Financial teams to develop a more all-embracing 'place based' approach to influencing behaviour change.
- **Stage 3: Interventions** – A single commission which comprises a Facilities Master Plan for the Borough which, in turn, informs a Leisure Investment Strategy, the rationale for this being that there is a need for the Council to build momentum with respect to its facility needs and to provide senior managers and Members with an overview of what is needed, the high-level capital cost and the revenue impact of an improved facility offer. Further investigation of interventions in the active environment (parks, open space, urban environment) and incorporation of active design principles into future proposals should be considered.
- **Stage 4: Commitment** - Clarification is required with regard to the level of financial contribution the Council can make to the project and the level of support required from capitalised revenues. WC should determine its likely requirement for external financial support. A set of anticipated KPIs should be developed both in the context of their own value and in the event of them being required to underpin Sport England capital investment.

3.10 Discussions have taken place with senior officers from all sections of the Council and presentations to key Council Departmental Management Teams have also taken place on the four strategic priorities for the new Sport and Physical Activity Strategy and the potential future approach. These include Adults, Childrens, Regeneration and Neighbourhoods. Feedback and priorities from each of the teams has been determined and new opportunities for collaborative work have been identified to be included in the year one work Sport and Physical Activity Work Plan.

3.11 The four strategic priorities are:

- **Priority 1: Active People** - To increase participation in sport and physical activity among Wirral residents, working to reduce barriers and recognise the benefits of an active lifestyle by providing relevant and accessible activities targeting residents and communities with the highest identified needs.
- **Priority 2: Active Partnerships** - To develop strong partnerships and community networks to support the delivery of a dynamic and cohesive offer that provides inclusive activities for people of all abilities.
- **Priority 3: Active Place** - To provide modern, accessible, affordable, energy efficient facilities offering a quality experience that encourages our residents

to be more active more often.

- **Priority 4: Active Open Spaces** - Influence place shaping to ensure a network of high quality and accessible spaces that make it easier for people to be active.

- 3.12 Leisure Services has received grant funding from Sport England to be included in a national project called Moving Communities, a programme designed to track participation at public leisure facilities and to provides new evidence of the Council's Leisure facilities performance, sustainability, and social value.
<https://movingcommunities.org/>. Data from the Moving Communities platform will be regularly presented to members as part of the Leisure Service dashboard.
- 3.13 Wirral Council have commissioned Knight, Kavanagh & Page to develop a Leisure Facilities Masterplan and Investment Strategy. This is due to be completed in July 2021 and presented to TCCL members in September. Sport England provided grant funding towards this piece of work.
- 3.14 The Leisure Facilities Masterplan and Investment Strategy will be informed by the Indoor Built Facilities Plan and recent Strategic Outcomes Planning Guidance Report and will provide members with the following:
- (1) An accurate, detailed summary showing the current state of its leisure facilities.
 - (2) Proposals in respect of the component parts and shape of all future leisure facilities in the Borough (this will need to consider formal and informal activities).
 - (3) Fully validated recommendations and proposals which explicitly detail where future leisure facilities within the Authority should be located (considering and agreeing the preferred option for all existing/new sites), the rationale for them (individually and collectively), their scale, scope, relationship to the community(s) serviced, to each other and to other sport, leisure, cultural and community facilities.
 - (4) Provide cost forecasting detailing the estimated revenue cost/surplus generating potential and capital cost (including lifecycle costs) of all future leisure facilities in the Borough. – in the form of cost summaries and projections - detailing what to invest in, where, why and in what order.
- 3.15 Wirral Council commissioned Knight, Kavanagh & Page to undertake the development and consultation of the Council's Playing Pitch Strategy in conjunction with the specific requirements of Sport England. The process included an assessment of the quality of pitches used for sport throughout the borough as well as the supply and demand analysis. The resultant Playing Pitch Strategy is to be adopted by the Planning Committee in coming weeks.

Next Steps

- 3.16 Finalise consultation with investors, stakeholders, community groups, sports clubs, and residents.
- 3.17 A final Strategy document will be created and presented back to TCCL members for final adoption following all consultation and engagement work.
- 3.18 The finalised strategy document ready to be published at the beginning of the next financial year, along with a detailed annual action plan with regular monitoring and evaluation.

4.0 FINANCIAL IMPLICATIONS

- 4.1 To move forward with the approach recommended in this report will require cross organisational collaboration supported by organisational design and development, including the facilitation of consultation and engagement work. The expectation is that any associated costs of this activity will be met within existing budgets
- 4.2 The absence of any strategy would significantly jeopardise any discussions with communities, stakeholders, and strategic partners. The Council is unlikely to attract or have access to any nationally available funding streams in the event that it is unable to present a sound and strategic case, that demonstrates its strategic health and activity intentions in the short, medium and long term.
- 4.3 Many of the asset-based facilities that make up the Council's Leisure estate are old, tired, underutilised and in need of significant levels of capital investment just to maintain day to day operations and ensure Health & Safety compliance. The last condition survey undertaken on Leisure assets suggested that approximately £15 million of works were required, and condition shortfalls were further illustrated during attempts to recommission buildings during the COVID19 pandemic. The outcome of this strategic approach is fundamental in attracting inward investment from national sporting bodies, to either modernise, redesign, decommission or rebuild the Council's existing assets. Without support, it is unlikely that any new facilities would be developed, and the Council would need to continue to fund works on deteriorating assets indefinitely at a time of extreme revenue deficiencies.
- 4.4 Modern attractive facilities are critical to maximising usage and in both retaining current and attracting new members to the Council's Invigor8 schemes. In addition to being a catalyst for health activity, this strategy will be designed to maximise commercial income benefits and provide affordable solutions to those residents who may not otherwise have access to sporting facilities.

5.0 LEGAL IMPLICATIONS

- 5.1 There are no direct legal implications arising from this report. However, Legal advice will be sought where relevant, in relation to any proposed partnership arrangements, arising from the action plan.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 One of the principles of the new strategy is to make best use of available resources and community assets, and it is assumed that staffing and other costs connected with the delivery of the strategy will be contained within existing departmental revenue budgets.
- 6.2 Many of the assets that make up the Council's Leisure estate are old, tired, underutilised and in need of significant levels of capital investment, just to maintain day to day operations, and ensure Health & Safety compliance. The last condition survey undertaken on Leisure assets suggested that approximately £15 million of works were required, and condition shortfalls were further illustrated during attempts to recommission buildings during the COVID19 pandemic

7.0 RELEVANT RISKS

- 7.1 As referred to above, the absence of any strategy would significantly jeopardise any discussions with communities, stakeholders and strategic partners. The Council is unlikely to attract or have access to any nationally available funding streams in the event that it is unable to present a sound and strategic case, that demonstrates its strategic health and activity intentions in the short, medium and long term.
- 7.2 With the ambition of supporting the residents of Wirral to live active and healthy lives, the reputational risk to the Council, would be substantial if we were not to move forward with the development of a strategy.
- 7.3 There are growing health inequalities across the borough, with COVID19 only enhancing these, and there would be a substantial risk to the council if there was no intervention to support residents become more physically active. The health and social costs relating to physical inactivity would only increase.

8.0 ENGAGEMENT/ CONSULTATIONS

- 8.1 Public consultation has begun to understand the motivations, needs and wants of our local residents in regard to being physically active. This is taking place on the Have Your Say platform. This survey is for all to complete with key front-line staff supporting our most vulnerable residents to contribute to the consultation. We are particularly targeting our 'inactive' residents through our network of support staff across the borough. The survey and associated ideas boards will be live from 8 June to the 19 July 2021 and can be found here <https://haveyoursay.wirral.gov.uk/sport-and-physical-activity-people>
- 8.2 A youth survey has been developed to capture the motivations, needs and wants of our children and young people. The survey can be found here <https://haveyoursay.wirral.gov.uk/sport-and-physical-activity-youngpeople>
- 8.3 A partner and stakeholder survey has been developed to seek ideas and suggestions for partnership arrangements, and to develop a network of community leaders and influencers to collaborate with to increase engagement with the service. The survey

can be found here https://haveyoursay.wirral.gov.uk/sport-and-physical-activity-partnerships/survey_tools/sport-and-physical-activity-engagement-partnerships

- 8.4 A number of external stakeholders have been consulted with through their networks and presentations have been given to groups such as Wirral Health Inequalities Group, Wirral Youth Collective and the Humanitarian Cell.
- 8.5 We will engage closely with local Ward councillors in the development and establishment of the locally preferred options.

9.0 EQUALITY IMPLICATIONS

- 9.1 The Sport and Physical Activity Strategy is designed to increase participation and uptake from those groups that currently use the service least whilst having the highest needs. The strategy is aimed at reducing inequalities across the Borough and has been based on a full needs assessment; it aims to increase participation in areas of greatest need where the take-up is currently low, by providing services and activities that are relevant to, and valued by those communities.
- 9.2 As set out under the Equality Act 2010 and the Public Sector Equality duty (PSED), an equalities impact assessment was carried out during the development of the strategy.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 Modernising the leisure centres will reduce the environmental impact whilst investment will result in more attractive buildings which will enhance the local townscape.
- 10.2 Keeping leisure provision within local communities and increasing our outreach offer, will all serve to minimise emissions from car usage. Our leisure centres will all have cycle storage.
- 10.3 Where possible we will invest in environmentally friendly solutions and designs when we modernise our buildings, purchase new equipment in order to reduce our carbon footprint by supporting the outcomes of the Cool 2 climate change strategy for Wirral.
- 10.4 As a result of the initiatives outlined above, the content and recommendations contained within this report are expected to reduce emissions of greenhouse gases.

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APPENDICES

Appendix 1 – Sport and Physical Activity Strategy for Wirral 2025

Wirral Council – Strategic Outcomes Planning Guidance Report 2021.

BACKGROUND PAPERS

Creating an Active Wirral presentation November 2020

Wirral Borough Council Indoor and Built Facilities Strategy, draft report October 2019.

Wirral Playing Pitch strategy and Action Plan, 2016.

Sport England Strategy, Uniting the Movement 2021 – 2031.

Wirral Borough Council: Re-Imagining Libraries, Leisure, Parks and Cultural Services, Phase 2 Report, October 2017.

Measuring the Social and economic value of community sport and physical activity in England, 2020.

Sport England – Strategic Outcomes Planning Guidance 2019.

Sport and Physical Activity Strategy Consultation Survey

Merseyside Sport Partnership Strategic Framework (2017-2022)

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Tourism, Communities, Culture and Leisure Committee	November 2020

CREATING AN ACTIVE WIRRAL

A sport and physical activity strategy for Wirral 2020-2025
DRAFT - October 2020

**Keep.
Wirral.
Well.**



Building on success

- **PARTICIPATION** – **3.8million** visits to leisure centres, **540k** swims, **60%** residents classed as ‘active’
- **INNOVATION** - Over **1million** minutes viewed of online fitness classes – reaching new audiences supporting mental health, physical health and giving people the opportunity to try something new on their own
- **HEALTH AND WELLBEING** - The community Macmillian wellbeing team reduced number of GP appointments needed by **80%** and reduced medication use by **60%**
- **CRIME & ANTI SOCIAL BEHAVIOUR** –Pathfinder programme reduces the number of young people who are at risk of being drawn into crime and antisocial behaviour.
- **NATIONAL CITIZEN SERVICE** – **104** community projects planned and delivered by young people
- **LONG TERM CONDITIONS** – The We Are Undefeatable project is **removing barriers** to physical activity for people with long term conditions
- **SWIMMING** – **2,200** learn to swim with the Swim Wirral programme, the largest learn to swim programme in the Liverpool City Region



Our Current Situation

- **No legal duty to deliver leisure services**

- **Our challenges:**
 - An aging stock of facilities that are not fit-for-purpose with increasing maintenance costs and health and safety commitments
 - Health inequalities across the borough. East to West poverty divide, life expectancy for men +/-11.8 years
 - Second highest income earner for the Council (£8.5M) with pressure on financial targets
 - Emphasis on provision for the 'active', rather than the 'inactive'
 - Growing private gym market targeting active residents, under supply of leisure activities for less active residents
 - Growing number of barriers to physical activity
 - Speed to implement change
 - Political appetite to retain leisure centres
 - Impact of COVID19 widening the gap in inequalities and reducing levels of physical activity

The Case for Change

- **Sport and physical activity is proven to strengthen communities and contributes directly to the health and wellbeing of residents***
 - for every £1 spent on community sport and physical activity, an economic and social return on investment of £3.91 is generated
 - physical health benefits, mental wellbeing uplifts, reduction in crime, improved community cohesion and wealth building and economic development through training and employment
- **Children and young people**
 - improved learning and attainment, better mental health and cardiovascular fitness, also contributing to healthy weight status
- **Adults**
 - protective effect on physical activity on a range of many chronic conditions including coronary heart disease, obesity and type 2 diabetes, mental health problems and social isolation
 - delivers cost savings for the health and care system and has wider social benefits for individuals and communities

**Measuring the Social and Economic Impact of Sport in England, Sheffield Hallam University & Sport England 2020*

2025 VISION

To work with our residents and partners to provide accessible and affordable services that help to make physical activity a part of everyone's everyday lives.



Image of female swimming instructor

2025 MISSION

To ensure that all Wirral residents have the opportunity, environment and support they need to lead active, healthy and happier lives. We will work with our partners to transform attitudes and behaviours to make physical activity part of the everyday lives of our residents.



Image of male holding a football

Policy Framework

National Sports					
 Towards An Active Nation 2016-2020		 FA Strategic Plan 1996-2020		 Lawn Tennis Association - Tennis Opened Up 2019-2023 Royal Yachting Association – Strategic Plan 2017-2021 Towards a National Swimming 1997-2021	
 Insight into action 2017					
National					
 Sporting Future: 2015 Merseyside Sports Partnership		 UK Chief Medical Officers' Physical Activity Guidelines 2019		 Tackling obesity 2020	
Regional					
 Strategic Framework 2017-2022		 Strategic Delivery Plan 2018-2020			
Local					
 Local Football Facilities Plan		 Active Lives			
Wirral Council Strategies & Plans		Wirral Plan 2025 Ageing Well Children, Young People and Families Healthier Lives Wirral Together Growth Plan		Ensuring Wirral's Neighbourhoods are Safe Love Wirral Assets Strategy Visitor Economy	
				Indoor And Built Facilities Strategy (DRAFT) 2019 Playing pitch strategy	
				Public Health Annual Report 'Expect Better'	

Context: National picture

 <p>Sporting Future: A new strategy for an active nation (2015)</p>	 <p>Towards an Active Nation (2016)</p>	 <p>UK Chief Medical Officers' Physical Activity Guidelines (2019)</p>	 <p>Tackling obesity: empowering adults and children to live healthier lives (2020)</p>
<p>The Government’s strategy for sport confirms its recognition and understanding that sport makes a positive difference and states its intention that the sector will deliver five simple but fundamental outcomes: physical health, mental health, individual development, social and community development and economic development.</p>	<p>In Sport England’s strategic response to the Government it states that it will invest in:</p> <ul style="list-style-type: none"> • Tackling inactivity. • Children and young people. • Volunteering – a dual benefit. • Taking sport and activity into the mass market • Supporting sport’s core market. • Local delivery. • Facilities. <p>Increasing participation in sport and physical activity and the health and wellbeing benefits delivered are key drivers for Sport England and partners. It places particular emphasis on getting the inactive active and targeting interventions at under-represented groups.</p> <p><i>**Sport England are in the process of developing their strategy ready for 2021 and we will need to align our strategy once it is released.</i></p>	<p>In children and young people, regular physical activity is associated with improved learning and attainment, better mental health and cardiovascular fitness, also contributing to healthy weight status. In adults, there is strong evidence to demonstrate the protective effect on physical activity on a range of many chronic conditions including coronary heart disease, obesity and type 2 diabetes, mental health problems and social isolation. Regular physical activity can deliver cost savings for the health and care system and has wider social benefits for individuals and communities. These include increased productivity in the workplace, and active travel can reduce congestion and reduce air pollution.</p>	<p>The Government’s strategy for tackling obesity will empower adults and children to live healthier lives through the PHE’s new Better Health campaign that will urge people to take stock of how they live their lives in the wake of the COVID-19 pandemic, promoting evidence-based tools and apps with advice on how to lose weight and keep it off. They will also expand weight management services so that more people get the support they need to lose weight and offer all Primary Care Networks the opportunity to equip their staff to become healthy weight coaches though training delivered by Public Health England.</p>

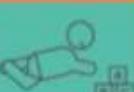
Physical activity for early years (birth – 5 years)

Active children are healthy, happy,
school ready and sleep better

 BUILDS RELATIONSHIPS & SOCIAL SKILLS	 MAINTAINS HEALTH & WEIGHT	 CONTRIBUTES TO BRAIN DEVELOPMENT & LEARNING
 IMPROVES SLEEP	 DEVELOPS MUSCLES & BONES	 ENCOURAGES MOVEMENT & CO-ORDINATION

Every movement counts

Aim for at least
180
Minutes
per day
for children 1-5 years

Under-1s at least 30 minutes across the day	 OBJECT PLAY	 DANCE	 GAMES	 PLAY		
	 TUMMY TIME	 SWIM	 WALK	 SCOOT	 BIKE	
	 PLAYGROUND	 JUMP	 CLIMB	 MESSY PLAY	 THROW/CATCH	 SKIP
	 TUMMY TIME	 OBJECT PLAY	 DANCE	 GAMES	 PLAY	
	 TUMMY TIME	 SWIM	 WALK	 SCOOT	 BIKE	

Get Strong. Move More. Break up inactivity

Image of UK Chief Medical Officers' Physical Activity Guidelines, (2019), outlining recommended activity for 0-5 yrs.

Physical activity for children and young people (5–18 Years)

- BUILDS CONFIDENCE & SOCIAL SKILLS
- DEVELOPS CO-ORDINATION
- IMPROVES CONCENTRATION & LEARNING
- STRENGTHENS MUSCLES & BONES
- IMPROVES HEALTH & FITNESS
- MAINTAINS HEALTHY WEIGHT
- IMPROVES SLEEP
- MAKES YOU FEEL GOOD

Be physically active

Spread activity throughout the day

Aim for an average of at least **60** minutes per day across week

All activities should make you breathe faster & feel warmer

- PLAY
- RUN/WALK
- BIKE
- ACTIVE TRAVEL
- SWIM
- SKATE
- SPORT
- PE
- SKIP
- CLIMB
- WORKOUT
- DANCE

Activities to develop movement skills, and muscle and bone strength **ACROSS WEEK**

Get strong **Move more**

INACTIVITY

Find ways to help all children and young people accumulate an average of at least 60 minutes physical activity per day across the week

UK Chief Medical Officers' Physical Activity Guidelines, 2019

Image of UK Chief Medical Officers' Physical Activity Guidelines, (2019), outlining recommended activity for 5- 18 yrs

Physical activity for adults and older adults

Benefits health	Reduces your chance of	Type II Diabetes	-40%
Improves sleep		Cardiovascular disease	-35%
Maintains healthy weight		Falls, depression etc.	-30%
Manages stress		Joint and back pain	-25%
Improves quality of life		Cancers (colon and breast)	-20%

Some is good, more is better Make a start today: it's never too late Every minute counts

Be active

at least **150** minutes moderate intensity per week
increased breathing while to talk

OR

at least **75** minutes vigorous intensity per week
breathing fast difficulty talking

or a combination of both

Build strength
to keep muscles, bones and joints strong

on at least **2** days a week

Swim, Run, Stairs, Sport, Gym, Carry heavy bags, Cycle, Break walk, Yoga

Minimise sedentary time
Break up periods of inactivity

Improve balance
For older adults, to reduce the chance of frailty and falls
2 days a week

Dance, Bowls, Tai Chi

Image of UK Chief Medical Officers' Physical Activity Guidelines, (2019), outlining recommended activity for older adults.

Context: Local Picture

- **325,000** people living in Wirral
- **28%** have **no access to a car**
- **35%** residents living in **most deprived** area
- 60.8% **‘Active’**
- 13.5% **‘Fairly Active’**
- 25.7% **‘Inactive’**
- **23%** adults obese
- **10%** children obese

 Population	There are 323,235 people living in Wirral
 Vulnerable groups	20% of children are living in poverty in Wirral compared with 17% across England
 Access & transport	28% of households have no car in Wirral compared with 26% across England
 Health & wellbeing	23% of people have a limiting long-term illness in Wirral compared with 18% across England

Local Insight; Wirral (2020)

Context: Local Picture – Cost of inactivity

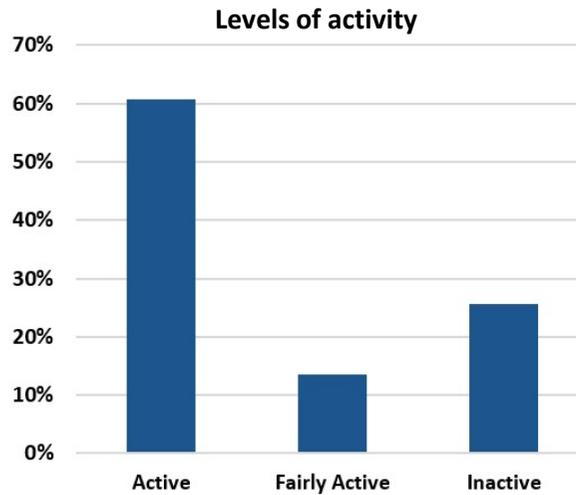


Image of a graph indicating levels of Activity within Wirral.

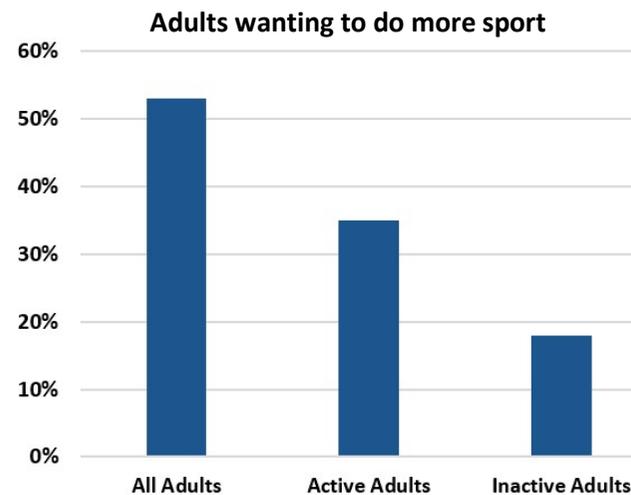


Image of a graph indicating amount of adults wanting to do more sport, within Wirral.

Preventable deaths by increasing levels of physical activity among 40-79 year olds

Percentage more active	Wirral
25%	9
50%	100
75%	192
100%	283

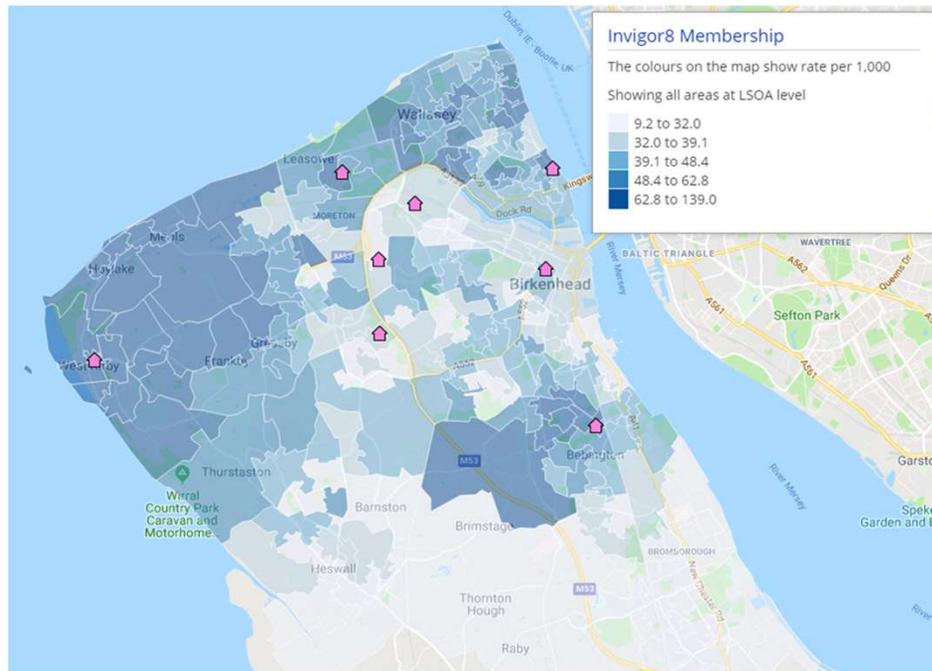
Health costs of physical inactivity

Disease category	Wirral
Cancer lower GI e.g. bowel cancer	£374,240
Breast Cancer	£317,570
Diabetes	£1,254,300
Coronary heart disease	£4,360,110
Cerebrovascular disease e.g. stroke	£1,041,720
Total Cost	£7,347,940
Cost per 100,000 population	£2,366,533

First image shows how % increase of population undertaking physical exercise would equate to total number of lives saved. Second image shows cost of inactivity totalling £7.3 million.

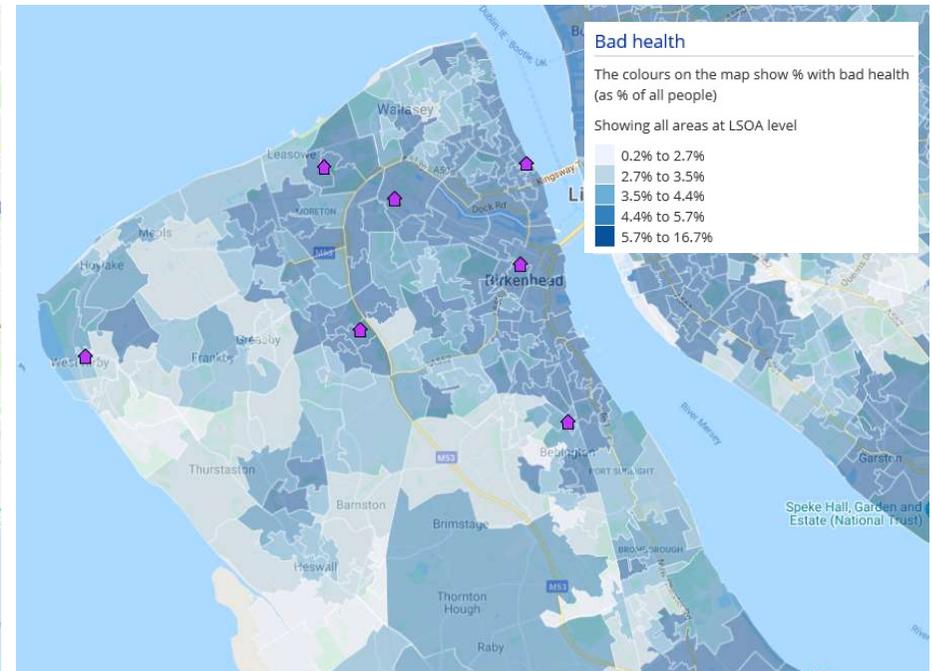
Local Sport Profile Tool, (2014)

Context: Local Picture



Darker colour- greater levels of membership

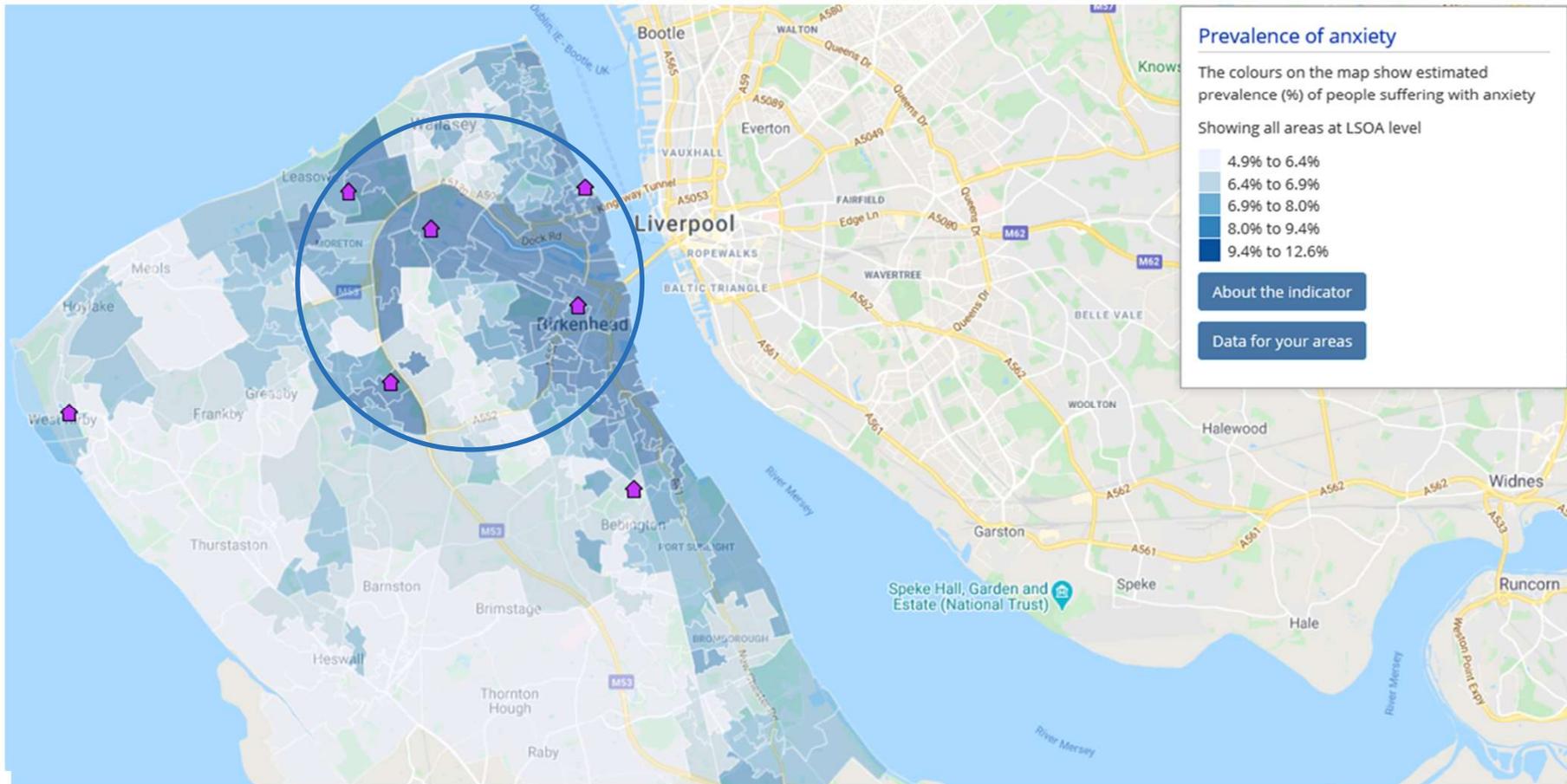
Image of Wirral with shading representing the spread of Invigor8 memberships.



Darker colour- greater levels of bad health

Image of Wirral with shading representing levels of bad health.

Wirral Council Intelligence, (2020)



Context: Local Picture

Ward	IMD	Crime		Child Health		Health				Place and Open Space					
		ASB	Violent Crime & Sexual offences	Child Obesity (reception)	Child Obesity (Yr6)	Myocardial Infarction	Adult Obesity	Anxiety rates	Adult inactivity	Leisure Centre	Community Centre	Library	Children's centre	Park	Open Space
Bidston and St. James	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Birkenhead and Tranmere	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Seacombe	X	X	X		X	X	X	X	X	X	X	X	X	X	X
Rock Ferry	X		X	X	X	X	X	X	X	X	X	X	X	X	X
Leasowe and Moreton East		X				X		X		X	X		X	X	
Liscard	X		X				X				X		X	X	
New Brighton				X	X						X	X	X	X	X
Upton				X					X		X		X	X	
Hoylake and Meols		X									X	X		X	X

Chart above shows the wards within Wirral, alongside the Crime and Health issues, as well as the current Leisure facilities.

Wirral Council Intelligence, (2020)

VISION. To work with our residents and partners to provide accessible and affordable services that help to make physical activity a part of everyone's everyday lives.

MISSION. To ensure that all Wirral residents have the support, opportunity and environment they need to lead active, healthy and happier lives. Working as a whole system, collaboratively we will seek to transform attitudes and behaviours and make physical activity part of their everyday lives.

CREATING AN **ACTIVE WIRRAL**

PEOPLE.

AMBITION. To increase participation in sport and physical activity among Wirral residents, working to reduce barriers and recognise the benefits of an active lifestyle by providing relevant and accessible activities targeting residents and communities with the highest identified needs.

- Engaging with groups with the highest identified needs to codesign services that they will want to use
- Continuously reviewing our offer to ensure that it remains exciting and attractive to a broad cross-section of users
- Developing an offer that caters for all sections of the community, ensuring that there is something for everyone
- Encouraging positive behavioural change and increased activity through campaigns and targeted outreach work
- Maximising income to fund initiatives that address highest identified priorities

PARTNERSHIPS

AMBITION. To develop strong partnerships and community networks to support the delivery of a dynamic and cohesive offer that provides inclusive activities for people of all abilities.

OBJECTIVES.

- Establishing strong links with key stakeholders to meet nationally and locally identified priorities
- Collaborating with key partners to deliver an offer that supports the delivery of shared outcomes around physical health, mental wellbeing and individual, social and community development.
- Supporting community partners to deliver place-based targeted activities designed around the needs and preferences of local people
- Seeking out new partnerships and investment into physical activity

PLACES.

AMBITION. To provide accessible, affordable, energy efficient facilities offering a quality experience that encourages our residents to be more active more often.

OBJECTIVES.

- Working with key partners to develop a strategic facility plan for Wirral that creates fit-for-purpose, accessible and sustainable facilities that meet residents' needs
- Maximising funding opportunities to revitalise existing facilities and invest in new facilities that meet both social and commercial aspirations
- Provide facilities, activity programmes and pricing structures to encourage Invigor8 memberships and maximise income to ensure the sustainability of the service
- To provide a quality customer experience at all touch points

OPEN SPACES.

AMBITION. Influence place shaping to ensure a network of high quality and accessible spaces that make it easier for people to be active.

OBJECTIVES.

- Using our professional expertise and resident insight to positively influence planning developments to encourage increased participation in community sport and physical activity
- Providing localised opportunities for physical activity and sport in local open spaces
- Engaging with communities to develop flexible solutions to locally identified needs
- Partnering with colleagues to support the branding of Wirral as a destination for sport and activity.



PEOPLE.

AMBITION:

To increase participation in sport and physical activity among Wirral residents, working to reduce barriers and recognise the benefits of an active lifestyle by providing relevant and accessible activities targeting residents and communities with the highest identified needs.

WE WILL DO THIS BY:

1. Engaging with groups with the highest identified needs to codesign services that they will want to use
2. Continuously reviewing our offer to ensure that it remains exciting and attractive to a broad cross-section of users
3. Developing an offer that caters for all sections of the community, ensuring that there is something for everyone
4. Encouraging positive behavioural change and increased activity through campaigns and targeted outreach work
5. Maximising income to fund initiatives that address highest identified priorities



Image of a male, with scar on his chest smiling, with 'We Are Undefeatable' overlaid.



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4. Seeking out new partnerships and investment into physical activity



Image of two females, sitting on a bench, smiling.



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Image of a CGI modern building.



OPEN SPACES.

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Influence place shaping to ensure a network of high quality and accessible spaces that make it easier for people to be active.

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1. Using our professional expertise and resident insight to positively influence planning developments to encourage increased participation in community sport and physical activity
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4. Partnering with colleagues to support the branding of Wirral as a destination for sport and activity



Image of a female on a piece of outdoor exercise equipment.

Summary

'To work with our residents and partners to provide accessible and affordable services that help to make physical activity a part of everyone's everyday lives.'

- ✓ Opportunity to play a key role through early intervention to use sport and physical activity to deliver outcomes for wider council services
- ✓ Benefits from joint initiatives, codesigned by residents to increase levels of physical activity and participation in community sport
- ✓ Provides the platform for a new leisure facilities strategy, creating leisure centres to meet the needs of the community
- ✓ Utilising parks and open spaces in a new way through a COVID19 lens.
- ✓ Using a whole council approach to reduce savings to the council

4. Moving forward

ACTIVE WIRRAL

STRONGER HEALTHIER HAPPIER



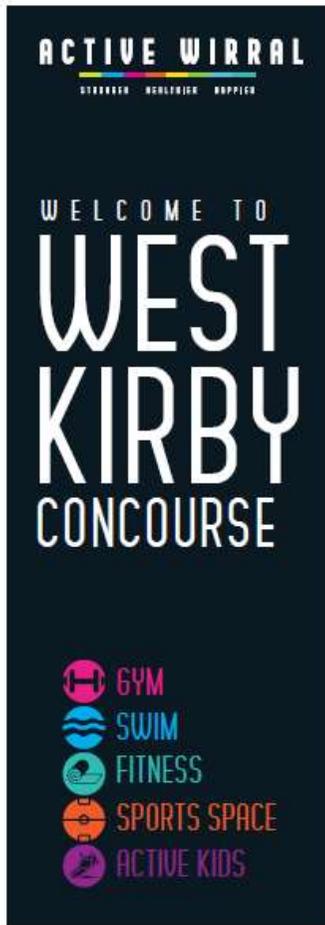


Image of CGI model of West Kirby Leisure centre

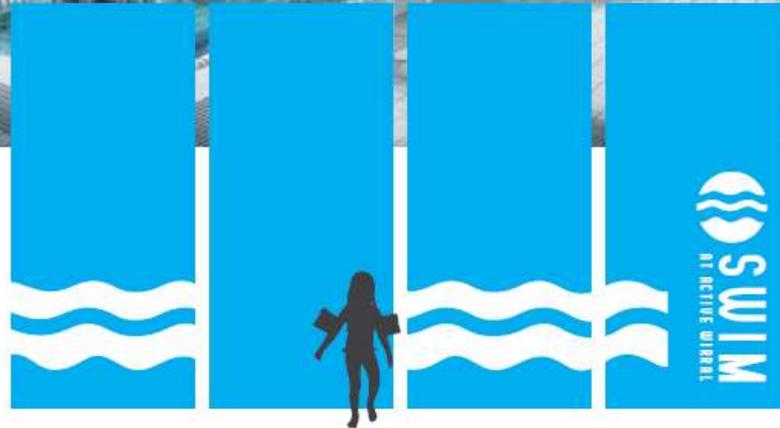


Image of CGI Leisure centre with Active Wirral branding

WELCOME TO
**EUROPA POOLS
LEISURE CENTRE**

 **GYM**

 **SWIM**

ACTIVE WIRRAL
STRONGER HEALTHIER HAPPIER

WELCOME TO
**ARROWE COUNTRY
PARK &
GOLF COURSE**

ACTIVE WIRRAL
STRONGER HEALTHIER HAPPIER



Image of Active Wirral branding.

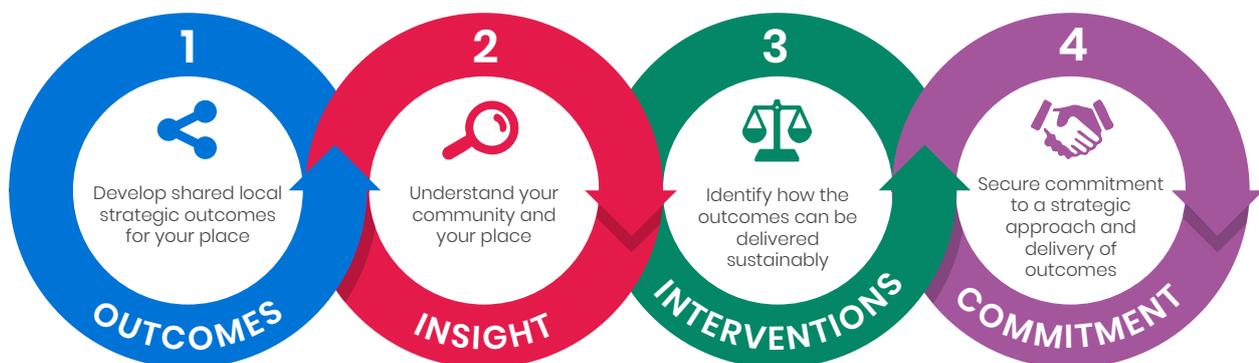
NEXT STEPS

- ✓ Feedback collated
- ✓ Needs Analysis and Strategy formally signed off by Committee
- ✓ Approach needs to be accepted by the Council with a recommendation that
‘The Assistant Director Leisure, Libraries and customer engagement is instructed to consult with communities on options for completing the strategy’



Strategic outcomes planning guidance

May 2021



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This Strategic Outcome Planning Guidance (SOPG) has been successfully utilised by many local authorities since its launch in July 2019.

The impact of Covid-19 has been devastating for communities and means the importance of providing an active environment which supports physical and mental wellbeing has never been more evident. Helping grassroots physical activity, sport and wellbeing recover from the social and economic effects of the coronavirus pandemic and investing time and resources into tackling the key challenges of the next decade are the cornerstones of Sport England's new long-term strategy, [Uniting the Movement](#).



The impact on physical activity levels, sport and wellbeing has highlighted the vital importance and value of active places, partnerships and the active environment to support people's lifestyles and wellbeing. We have also seen an increasing gap in inequalities experienced by many in society and tackling this is at the heart of Sport England's 10-year vision to make being active an essential part of life for everyone in England. Sport and activity are recognised as essential for our physical and mental health and for bringing communities together.

More and more local authorities are talking to us about how their service needs to adapt to meet the needs of communities and how resources can be most effectively deployed given the challenges faced today. The SOPG model describes the stages and approach needed to ensure investment best meets local strategic outcomes and the needs of the community, but importantly recognises the challenges faced in terms of resourcing. We are keen to support local authorities through this journey and to help you make better and more impactful investments in the most challenging of times.

There has never been a more pressing need to secure a sustainable future for local authority leisure and wellbeing facilities and services. This will in many cases require significant reviews of current provision and the outcomes delivered.

We are keen to support local authorities and your partners through your recovery and to help you make often difficult but informed decisions to enable you to take advantage of future opportunities for strategic realignment, investment and longer-term sustainability.

We have long supported local authority leisure and wellbeing services and their partners including Active Partnerships and service delivery partners through the provision of tools and guidance, as well as National Lottery funds for programme and capital investment.

However, following the Covid-19 pandemic, we are seeing an increasing need from local authorities for assistance at an earlier stage – from developing a vision and strategy, through insight and community engagement, identifying and addressing barriers to participation and into implementing the right balance of physical and social assets to meet needs.

What we have learnt through working with local authorities prior to and through responding to Covid-19 is that this approach cannot be 'one size fits all'. However, there are some key principles and this high-level guidance is designed to recognise stages and steps of the journey to meet unique local priorities and considerations.

We have drawn on a number of recent successful case studies with local authorities, who have undertaken a journey using this strategic approach. This has resulted in better outcomes, value for money and return on investment in both financial and social value terms.

We hope you will find the updated guidance helpful in your work to improve local strategic health, social and wellbeing outcomes in your communities and help you meet the challenges we all face.

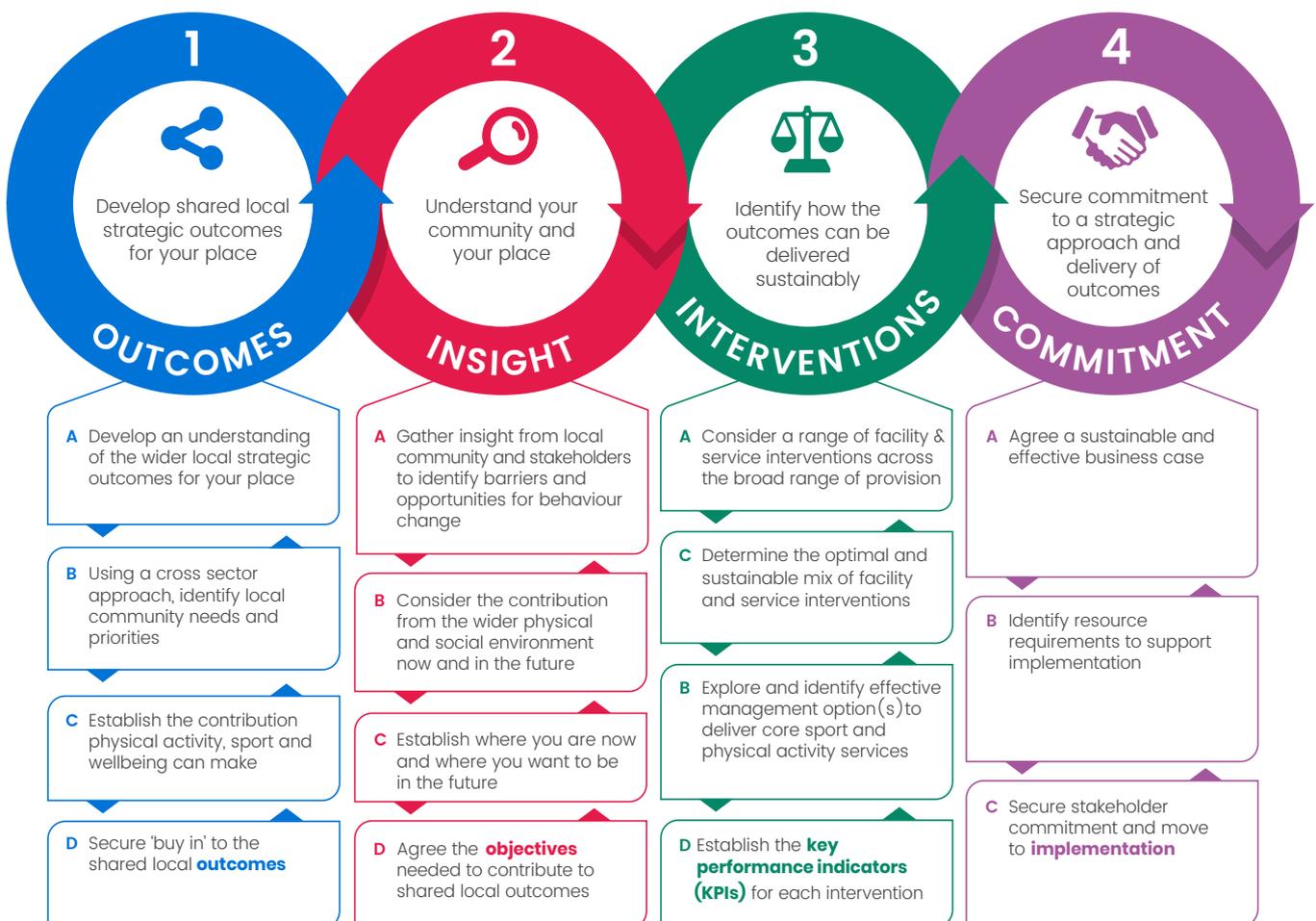
Kevin Mills
Director of Capital Investment
Sport England



Strategic Outcomes Planning Guidance model

The Strategic Outcomes Planning Model describes the stages and approach needed to ensure investment best meets local strategic outcomes and the needs of the community, but importantly recognises the challenges faced in terms of resourcing.

We're keen to support local authorities through this journey and this guidance will describe the principles and approach that will help support making better and more impactful investments in the most challenging of times.



Develop shared local strategic outcomes for your place

Stage 1



Stage 1

Develop shared local strategic outcomes for your place

Developing shared local strategic outcomes is the key starting point in developing an approach for physical activity, sport and wellbeing that can make the biggest contribution to a place.

Taking time to define and communicate the contribution that physical activity, sport and wellbeing can make to wider local strategic outcomes is the key to securing local political 'buy in' and support for the development of greater insight to inform the emerging strategic approach.

Understanding from a cross sector perspective what the local needs and priorities are, will enable local authorities and their partners to have a much wider impact on the community. This will enable them to develop sustainable and effective interventions to meet those needs – many of which have been amplified by Covid-19.



Step 1A

Develop an understanding of the wider local strategic outcomes for your place



Why is this step important?

This first step is extremely powerful as it shapes and contextualizes the strategic approach for physical activity, sport and wellbeing by involving a number of different sectors, partners and stakeholders.

Local authorities have corporate plans/ strategies which collectively:

- set the context for your local authority area
- summarise the local authority's strategy over a period of time
- provide a set of ambitions and actions to deliver the vision and corporate priorities of the local authority
- focus delivery of services
- guide the local authority's work with partners to deliver a common purpose.

In light of Covid-19, many of these strategies are being revisited with a view to considering the future strategic direction, taking account of immediate short to medium term considerations and financial pressures.



What are the key elements that could be considered for this step?

i) Identification and researching key strategic documents

Documents that articulate the local authority's vision and local strategic outcomes can include:

Second tier local authorities

- Corporate Plans
- Covid Recovery Plans
- Community Plans Local Plan
- Spatial Plans/Strategies
- Joint Strategic Needs Assessment (JSNA)
- Health and Wellbeing Strategy
- Open Spaces Strategy
- Leisure Built Facilities Strategy
- Leisure and/or cultural strategy
- Town centre master plan
- Playing pitch strategy

Unitary authorities

- For unitary authorities, the scope of the council strategic documents should include the list on the left but also:
 - Sustainability and Transformation Plans (STP) (Health)
 - Children and Young People's Plan
 - Adult and Social Care Plan
 - Youth Offending Plan

These documents will cover all important strategic aspects of a place, for example:

- local economy
- transport
- energy
- environment
- community infrastructure
- education
- housing
- commercial development
- facilities and services
- health and wellbeing.

The Joint Strategic Needs Assessment is a key strategic public health document which should be included in this review.

Sometimes these documents can be subject to review in line with the political cycle of local elections, so it will be important to understand the timescales linked to each document and if the local authority is in the process of reviewing any of its core strategic documents.

These documents should be reviewed to identify the main priorities in relation to health, physical activity, sport and wellbeing and opportunities for co-production of services.

There may be additional documents available which identify the specific impacts of Covid-19 on a community.

Some key themes where there is a synergy include:

- housing
- infrastructure
- economic development
- sustainability
- community safety
- tackling social isolation
- healthy communities

- placemaking
- neighbourhood models
- mass participation events
- lifelong learning
- integrated transport.

ii) Identification of key stakeholders

Mapping a list of key strategic influencers, partners and agencies that have a 'stake' in a place will ensure identification of who should be involved, how they can contribute and at what level. Stakeholders to consider are:

- Public Health/Clinical Commissioning Group
- Health and Social Care Partnership
- Active Partnership
- County Council (for non-unitary authorities)
- Local Secondary and Primary Schools
- Higher and further education
- Voluntary and community service (VCS)
- Housing associations
- Business community
- Police and Crime Commissioner
- Fire and Rescue Service.

Understanding what level of direct or indirect influence they have over physical activity, sport and wellbeing services, facilities and provision will be an important part of establishing the tiers of governance and identifying where stakeholders can best contribute to developing a joint strategic approach.



iii) Consultation with key stakeholders

Senior internal stakeholders including elected members, directors, associate directors or heads of service and other external senior stakeholders will contribute to the understanding of where physical activity, sport and wellbeing can contribute to wider local strategic outcomes. The consultation approach can be formal or informal but should explore stakeholders’:

- current perceptions of the contribution physical activity, sport and wellbeing makes to their area of work
- objectives
- key milestones
- timescales
- strengths, weaknesses, opportunities, threats
- resources – financial and in kind.

Securing commitment from stakeholders to engage with the process can be supported by:

- providing a briefing paper to provide context
- securing political commitment to the process
- detailing aims of the consultation approach
- establishing an inception meeting.

This will maximise the potential of getting the right level of stakeholders to engage early on.

This will also prepare the ground for establishing a governance model to oversee the development of a strategic approach.

iv) Establish governance models

The consultation will enable a steering group/programme board to be established with senior stakeholders. This will enable this strategic approach to ‘be on the agenda’ and prioritised accordingly.

Inviting a senior officer or elected member to chair the process and act as the project sponsor/champion is strongly recommended.

The local authority will typically have existing structures and governance models that it can use. Typically, this group would meet on a quarterly basis and have responsibility for overseeing the programme linked to key milestones such as procurement/partnership agreements coming to an end, service transformation and facility developments etc.

Key stakeholders that will have a positive influence on the development of the strategic approach should be invited. These could include representatives from the local authority's directorates, key strategic partners such as public health, health and social care, Active Partnership, voluntary sector, education, police and housing associations etc. Securing senior representatives'

attendance to the first meetings is vitally important to ensure cross sector senior level 'buy in'. This will deepen working relationships and optimise the potential synergies from working more collaboratively.

There are also benefits in establishing a more operational project group which is likely to be more officer based and focused on key tasks and project management. Typically, this group would meet more frequently, e.g. on a monthly basis and have responsibility for project management of individual workstreams such as; research, community engagement, feasibility studies, pre-procurement planning and/or service redesign.

What are the key enablers to support this step of the process?



Establishing a governance model



Cross sector senior 'buy in' to the process from key stakeholders



What are the key outputs from this step of the process?



Strategic Documents Review highlighting areas where physical activity, sport and wellbeing have a direct/indirect influence



Stakeholder mapping identifying who should be involved and at what level



Key findings from senior stakeholder consultation



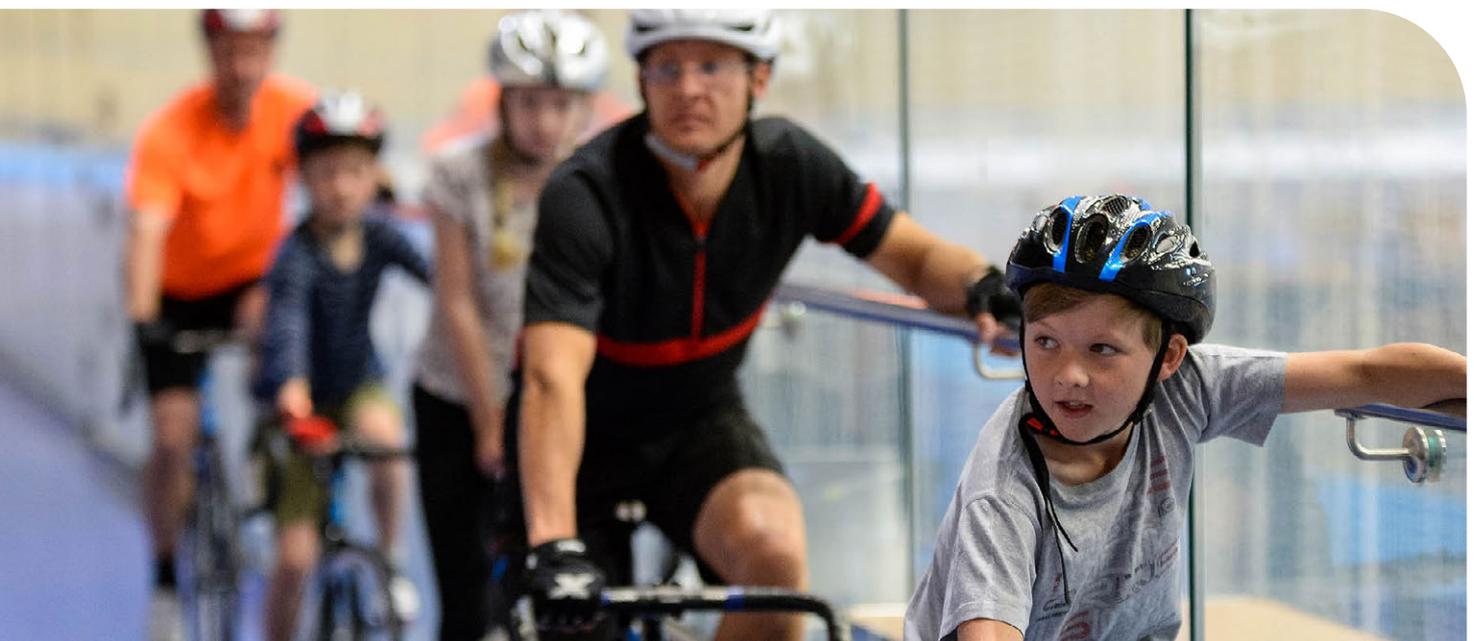
Terms of reference for a governance model and establishment of the steering group (and any supporting project group) to oversee (and develop) the strategic approach



Programme of meetings for the steering group and any supporting project group

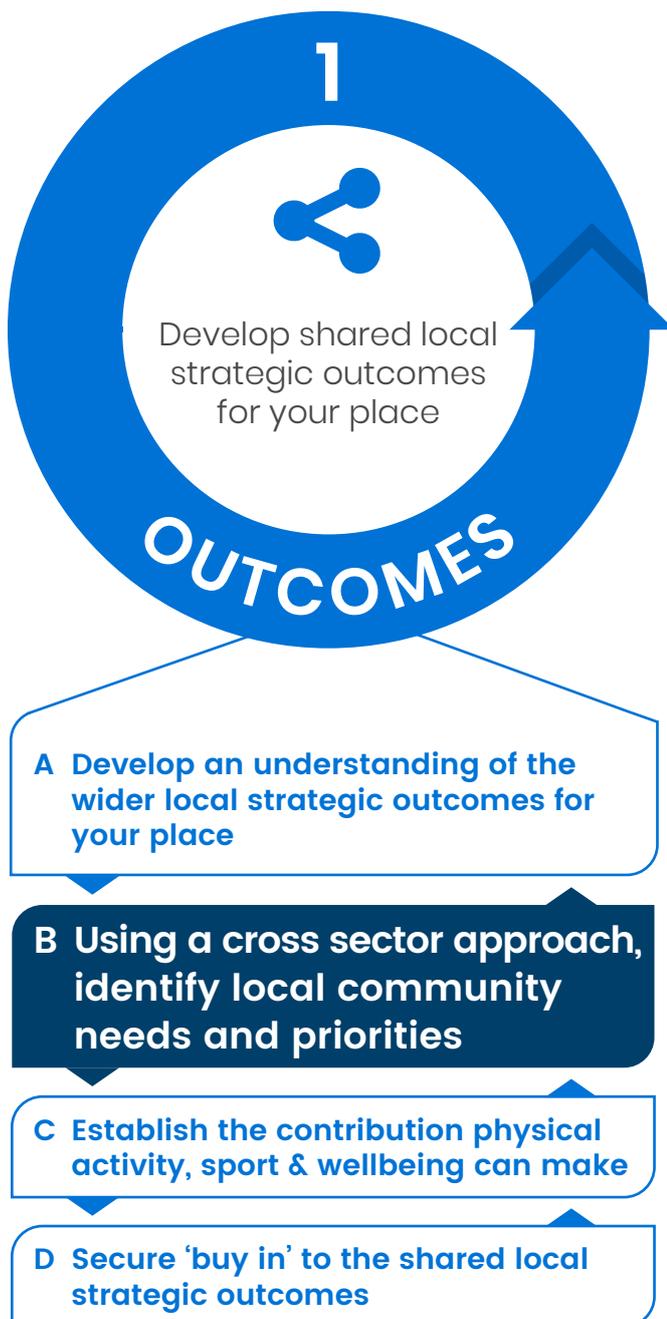
Further guidance, materials and case studies

 [Strategic Commissioning Guidance](#)



Step 1B

Using a cross sector approach, identify local community needs and priorities



Why is this step important?

This step will develop an understanding and an awareness within a place of:

- local health profiles by identifying health inequalities, in particular those exacerbated by Covid-19
- socio-economic and demographic profiles
- population trends
- current levels of physical activity and sport
- any significant gaps and inequalities.

It is an important baselining process to support the development of a strategic approach that is driven by local needs. Cross sector engagement is essential in order to ensure a balanced view of need and inequalities.

The Covid-19 pandemic presents an opportunity for physical activity, sport and wellbeing to play a major role in recovery for a place.

What are the key elements that could be considered for this step?

i) Understanding the local health profile of the community

Typical health indicators to review include:

- excess weight in adults
- obesity levels in children
- life expectancy
- health indicators, for example levels of reported type 2 diabetes
- smoking prevalence in adults
- mental health
- hospital admissions for preventable conditions.

Public Health England Local Health Profiles are available and will review many of these indicators and allow comparisons to be made across a district, region and nationally. Further information and analysis on particular health inequalities within the local area can be found in a Joint Strategic Needs Assessment (JSNA) which will focus on differences in health outcomes in relation to age, sex and areas where citizens live. It can be a very powerful tool to highlight where targeted interventions would have the most impact.

ii) Understanding socio-economic and demographic profiles and population trends

Identifying trends in age groups, population growth linked to new developments or shifts in the ethnic mix of an area can support better alignment and targeting of resources and ultimately, impact on outcomes. Data sources can include census reports covering age, gender, ethnicity and social grade as well as market segmentation tools and local surveys.

iii) Understanding current levels of physical activity, sport and wellbeing

Sport England's Active Lives Survey analyses non-traditional activities as well as traditional physical activity, sport and wellbeing levels across an activity spectrum ranging from inactive to active. Furthermore, Sport England Local Sports Profiles as well as information from the Active Partnerships and local partners/operators can build on Active Lives data to assess the level of 'reach' or 'gaps' that has been achieved in relation to target groups and specific localities.

Key considerations are:

- What additional impacts has Covid-19 had on local population health?
- Are there any local areas that appear not to be well represented in terms of users?
- Are those who are active representative of the community or only attracting 'easy to reach' groups?
- Explore the reasons why certain communities are inactive in a place and any additional considerations as a result of Covid-19.

iv) Consultation with the community, community leaders and organisations

Identifying representatives from community groups working with specific target groups is a key step to determine the network of possible stakeholders. The aim of the consultation is to identify what are their particular barriers and issues to participation. These group representatives are often easier to identify and often willing to share their insight rather than targeting the individuals themselves.

v) Focus Groups with representatives who work with under-represented groups

Focus groups can identify key areas to explore through more targeted primary research with the support of community leaders. This can also create an opportunity for different specialists within the local authority to collaborate on exploring shared issues for residents – e.g. housing, probation, adult social care etc. This can then allow barriers to be addressed in more innovative ways.

vi) Research to understand local issues preventing participation for sections of the community

Following the identification of particular groups in the community (e.g. young people on inner city estates or isolated older people in rural communities), consideration of some more in-depth primary research could be considered to explore in greater detail the needs of a group. This would identify how these barriers and issues can be addressed and what would have the biggest impact.

Example: addressing barriers for disabled people

A community leader who works with disabled people highlighted some typical barriers they experience:

- access to appropriately paced and accessible exercise and physical activity
- ability to reach locations providing exercise and physical activity
- symptoms making journeys challenging
- Being able to access the correct equipment for the type of disability and the specialist training for our coaches.

In terms of ways of addressing these barriers, the following were identified by the leader:

- a welcoming can-do attitude from all the coaches and trainers
- regular sessions
- running come rain or shine
- no last-minute cancellations or changes to sessions
- a consistent staff team to build trust and good relationships with users
- sessions to run at times that fit in with support workers' shift patterns and weekend sessions to suit family needs.
- we run on a drop-in basis as sometimes it's very difficult to manage time keeping due to a person's condition
- accessible toilet facilities
- easy access by public transport
- low cost of sessions.

This insight is now being used to influence the physical activity strategy and future leisure services specification.



What are the key enablers to support this step of the process?



Accessing robust local, regional and national data sources.



Engaging with community representatives, local groups and target groups, particularly those under-represented groups.



Commissioning specialist research where there are gaps to gain a greater level of insight.

What are the key outputs from this step of the process?



Identification of barriers and issues to increased participation in physical activity, sport and wellbeing.



Research findings from focus groups and any primary research undertaken.



Identification of ways to address the barriers and issues.

Further guidance, materials and case studies

- [Example Needs Analysis Questionnaire](#)
- [Sport England Active Lives Survey](#)
- [Public Health England – health indicators.](#)
- [Sport England Insight Packs](#)

Step 1C

Establish the contribution physical activity, sport and wellbeing can make



Why is this step important?

Using the evidence gathered in Steps 1A and 1B, this step will enable physical activity, sport and wellbeing to be positioned alongside key existing priorities and local strategic outcomes. This will aim to highlight the significant contribution it makes at a political and senior stakeholder level. This will support a more holistic approach to a place and a coordinated response to recovery from Covid-19 across the system.

What are the key elements that could be considered for this step?

i) Mapping key contributions that physical activity, sport and wellbeing can make against each individual local strategic outcome

Developing a simple matrix of local strategic outcomes against direct or indirect contributions made by physical activity, sport and wellbeing will highlight their importance for a place.

Typically, this will demonstrate a direct or indirect contribution towards a number of key local priorities and local strategic outcomes such as:

- placemaking
- increasing social value
- improving community cohesion
- supporting economic development
- reducing crime and anti-social behaviour
- improving physical and mental health
- reducing health inequalities
- improving educational standards
- reducing hospital attendances
- help young people with employment opportunities
- supporting older people to combat isolation
- supporting independent living by older people
- regeneration of town centres
- Covid-19 recovery.

ii) Use of the Outcomes Framework developed by the LGA

The Local Government Association (LGA), working with partners including Sport England, has developed a web resource to provide guidance for councils and their partners on how to create a local outcomes framework for culture and sport. The framework will help:

- measure and evidence the difference your service makes and its contribution to local priorities
- make the case for continued investment of public money
- demonstrate to other organisations who they should be working with
- help influence the commissioning process
- focus business and service plans on the priorities for an area
- communicate the value of culture and sport to opinion-formers and decision-makers
- promote improvement by identifying what works in delivering better outcomes.



iii) Developing case studies to 'tell the story'

The research and consultation can generate some powerful case studies, testimonials and stories relating to local communities or individuals whose lives have been improved or transformed through physical activity, sport and wellbeing. Capturing these and using them as influencers and to bring the emerging future vision to life is a powerful tool to support a strategic approach.

What are the key enablers to support this step of the process?



Consulting with stakeholders responsible for wider local strategic priorities and outcomes to get their support in the mapping work.

What are the key outputs from this step of the process?



Matrix of key contributions of physical activity, sport and wellbeing to wider strategic outcomes



Outcomes Framework

Further guidance, materials and case studies



[LGA Outcomes Framework](#)



[Sport England: Physical Activity and Health: Your Stories](#)

Example: physical activity and health – your stories



Ellie, 64, Peterborough

Ellie was diagnosed with Alzheimer's in 2014. She had a very complex

job, teaching adults ICT in two colleges, has a very busy life and is the sort of person that would remember everything.

She became very aware that she had to write things down because she was starting to forget and everything started to become a struggle.

She was concerned and booked an appointment with her GP – whom she says is brilliant and regularly visits him because she has type 2 diabetes.

He suspected that it would be Alzheimer's and referred Ellie to a memory clinic straight away, where she underwent comprehensive testing.

In a matter of months she was diagnosed with Alzheimer's.

Ellie claims she was able to swim before she could walk and has continued to swim throughout her adult life.

She believes it benefits her physical and mental wellbeing.

Ellie visits her local swimming pool, in a nearby hotel, at least twice a week and says the hotel staff are great and that small things – like the entrance to the pool being right by the car park – make things really easy for her to continue going.

Ellie credits her love of swimming and keeping fit with helping her to manage her dementia.



Example: physical activity and health – your stories



David, 69, Manchester

David had just become a new grandad and was very excited to be able to go for walks with his grandchild.

David noticed a little trouble swallowing when eating and following tests was diagnosed with oesophageal cancer and referred to the Prehab4Cancer programme.

David's treatment plan involved chemotherapy before and after the surgery to remove the tumour. David was aware that this treatment would be a challenge and was surprised when his consultant offered the gym.

David attended his local gym and was assessed by one of the Prehab4Cancer exercise specialists. The specialist put together a tailored gym programme and David was attending the gym 3 times a week (1 with his exercise specialist and 2 independently).

David's exercise programme was constantly adjusted to allow for his chemotherapy cycles.

“ The cancer surgery was quite daunting and took over 10 hours. I was told I would be in hospital for two, three or four weeks. Well, I was out within nine days. I could not believe it.”

Following his surgery David returned to the gym for his rehab programme and credits his gym work as a huge factor in his ease and speed of recovery.

He reports the best thing about being back fit and strong is that he now gets to care for his grandson twice a week and is able to take him to the park.

Step 1D

Secure 'buy in' to the shared local outcomes



Why is this step important?

Establishing early 'buy in' from political leaders within the local authority and key strategic stakeholders will secure the contribution and role of physical activity, sport and wellbeing in the context of shared local outcomes for your place.

The evidence gathered from previous steps can help to develop a consensus on the overall strategic direction for a local authority and their partners and form a context against which further development and decision making can be based.

A local authority and its partners may wish to seek to develop a vision statement with a short summary that showcases the shared local outcomes as the basis for their approach moving forward. Covid-19 may act as a catalyst to consider a review of this vision.

This step provides a firm basis on which approval for future stages of work can be granted, starting with Stage 2 'insight' which will define realistic objectives that will clearly contribute to the local shared outcomes defined by the end of Stage 1.

What are the key elements that could be considered for this step?

i) Steering group briefing meeting to launch the development of the strategic approach

A briefing meeting for the steering group can be an effective way of initiating the project and gathering momentum as it will allow the project leads to:

- begin to develop a shared vision
- summarise this process
- highlight key stages
- establish timescales
- request resources
- confirm involvement of the steering group.

The briefing meeting should typically involve the following representatives:

- Portfolio holder(s) responsible for physical activity, sport/health and wellbeing, (or equivalent)
- Strategic Director responsible for physical activity, sport/health and wellbeing (or equivalent)
- Head of service(s) responsible for physical activity, sport/health and wellbeing (or equivalent)
- Public Health lead
- Adult Social Care lead
- Children and Young People's Service lead
- Planning lead
- Parks and Open Spaces/Streetscene lead
- Active Partnership lead
- Voluntary Sector lead.



ii) Workshops and feedback sessions

Developing an approach focused on shared local strategic outcomes requires time and resources to ensure consistent understanding and implementation. Briefings and workshops with the steering group and project group can build on previous work to develop an understanding of issues and opportunities for the local authority and its partners.

What are the key enablers to support this step of the process?



Securing appropriate resource to provide leadership, governance and project management.



What are the key outputs from this step of the process?



Realistic programme of meetings for steering group (and supporting project group)



Clear time-framed programme that will ensure that Stage 2, 3 and 4 activities take place in the right order and are given sufficient time and resources



Committee report setting out the strategic approach and seeking approval to progress to Stages 2, 3 and 4.



Vision statement showing shared local outcomes



Draft local strategic objectives and contribution towards outcomes for further refinement in Stage 2

Further guidance, materials and case studies

 [Example Strategy – Bristol City Council Sport and Physical Activity Strategy 2020–2025](#)

Stage 1 Case Studies

1. [CV19 – A moment to pivot review – Greater Manchester Chief Executives](#)

Stage 1

Case study 1

Greater Manchester
Moving > ^ < v

Greater Manchester Chief Executives Group

CV19 – A moment to pivot review

Description of SOPG-related work

Greater Manchester Chief Executives commissioned a Build Back Better Review to achieve two aims:

1. To sustain the public sector leisure infrastructure through the pandemic and beyond.
2. To maximise the future contribution of the leisure providers to the population health picture in Greater Manchester (GM) as we seek to Build Back Better.

This case study describes how stakeholders across the Greater Manchester system were engaged to support the review, which was commissioned to work towards the shared GM Moving ambition.

Relevant stages/ steps

- A. Develop an understanding of the wider local strategic outcomes for your place.
- B. Using a cross sector approach, identify local community needs and priorities.
- C. Establish the contribution physical activity, sport and wellbeing can make to achieve local strategic outcomes.
- D. Secure 'buy in' to the shared local strategic outcomes by cross-sector stakeholders.



Activity and output

1. Core strategic information on GM Active Partners and GM Moving stakeholders was collated to support the review, including examples of best practice and commissioned projects with the potential for growth across clusters in GM.
2. A broad programme of stakeholder consultation was conducted with commissioners responsible for leisure and directors of public health in the 10 local authorities to identify the challenges and opportunities ahead. This engagement was used to shape the plan for engagement with the delivery partners.
3. Delivery partners from the 11 leisure trust organisations in GM were consulted to identify their challenges, potential synergies, short term and longer-term opportunities for recovery and to Build Back Better.
4. In line with the Greater Manchester whole-system approach, consultation also involved strategic leads in the GM Health and Social Care Partnership, 10 GM (Voluntary, Community and Social Enterprise Sector), GreaterSport, GM Combined Authority and Sport England.
5. The review process identified a number of deliverable short-term interventions that could be mobilised within 12 months to sustain the leisure infrastructure and contribute further to population health.
6. Several longer-term opportunities (12–36 months) were identified to meet the two aims of the review as well as propel GM towards their future vision for leisure.

7. An action plan was developed with the project working group to assign internal leads and establish the immediate actions required to kickstart or progress each workstream.
8. The resourcing required to activate six priority recommendations was developed in greater detail for the 10 local authority chief executives.

Outcome

- The cross-system conversations and exploratory workshops highlighted the key challenges for the sector and helped to articulate the future vision and direction of travel for public sector leisure in Greater Manchester.
- As an aspiring Marmot City Region, the 10 authorities of GM share common strategic objectives to tackle health inequalities. The review explored several opportunities to achieve this through cross-border and cross-system collaboration whilst retaining the local control required to bespoke services to meet local community needs.
- The review identified a package of workstreams that will support GM to advance their vision to pivot the public sector leisure towards a greater focus on health and wellbeing.

Stage 1 Key learning

- Consultation took place with representatives from the whole system including local authority commissioners, health and social care commissioners, local pilots and GM Active partners. This enabled co-produced opportunities to support the GM leisure infrastructure and contribute to wider population health.
- Project sponsorship and leadership by the Chief Executive of Tameside Council, Steven Pleasant, enabled the emerging vision to be embraced across GM and to secure 'buy in' from key decision makers.

“ Our vision is to change lives through physical activity and sport and help to make Greater Manchester the most active region in England.”

Greater Manchester
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Understand your community and your place

Stage 2



Stage 2

Understand your community and your place

Identifying current barriers to participation and opportunities for behaviour change in a place will inform where future interventions will make the biggest sustainable impact.

Covid-19 has led to significant changes in behaviour with restrictions in place and through the recovery period and beyond, understanding the opportunities to build on and maintain positive behaviour change should be considered.

Taking time to understand what contribution the wider physical environment and infrastructure in a place can make is important and has been recently highlighted through the pandemic. Investment in infrastructure such as recent government investment in cycle lanes can enable even more people to get active through active design.

Bringing all the elements developed to date together to identify a 'current state position' for a place is a valuable exercise particularly in light of Covid-19. This supports a needs analysis that can be used by a local authority and its partners to identify where they want to be in the future – possibly as part of a 'reset' or to build back better in their place.

This will enable tangible objectives to be identified that contribute towards wider local strategic outcomes in a place and provide the foundation to support the development of asset-based interventions – physical and social.



Step 2A

Gather insight from the local community and stakeholders to identify barriers and opportunities for behaviour change



Why is this step important?

Using the initial research and consultation from Stage 1, further work may be required to better understand specific barriers and issues in a local place. It can define the underlying causes of lower levels of physical activity within particular communities, areas or target groups. This could include the particular impact Covid-19 has had on activity levels in communities.

Considering the wider whole system with partners such as education, health, adult social care and youth offending can enable a more joined up response to tackling longstanding barriers and inequalities faced by specific groups in the community.

What are the key elements that could be considered for this step?

i) Research specific local barriers experienced by identified target groups and communities

Following the research and consultation in Step 1B, further engagement will be necessary to understand in detail particular issues and barriers to participation impacting on behaviours. The approach to how further consultation is undertaken should depend on the audience. The size of the sample needs to be sufficient to ensure it is representative of the local community.

Target group representatives could be invited to attend a focus group or a consultation meeting, ideally where these communities would regularly attend other activities or sessions.

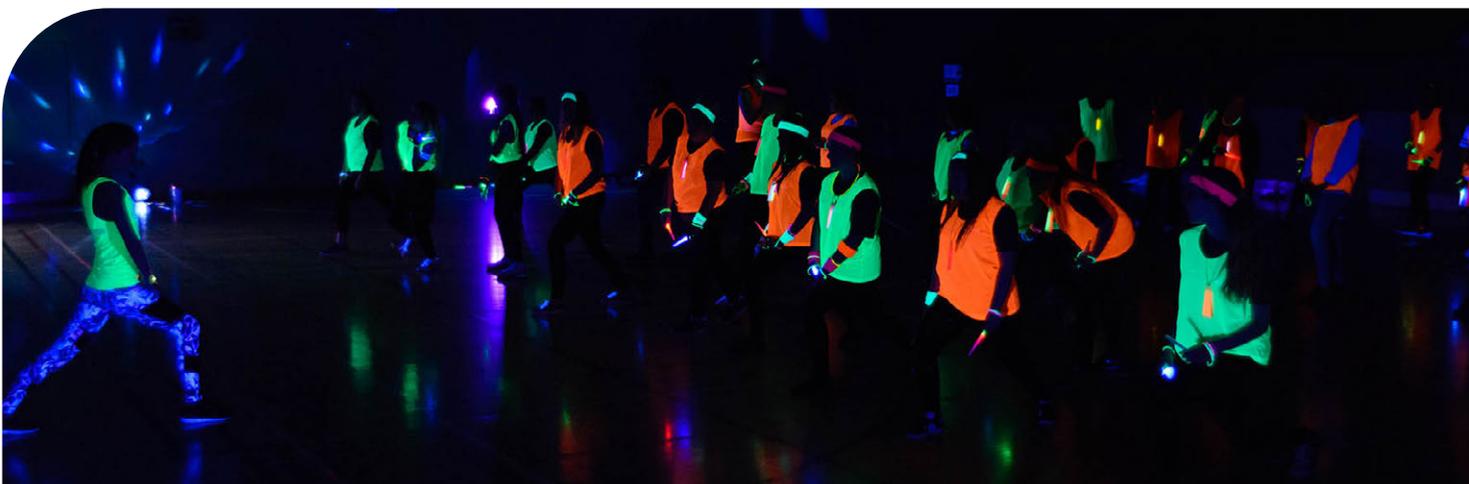
Working with community workers, housing officers and third sector community leaders can facilitate bringing groups together and establish the context for the consultation. Exploring issues which were cited and highlighted through Stage 1 will develop greater understanding of what impacts on their lives and participation. This will present a chance to explore potential solutions that are developed 'bottom up'. For example:

Potential issues and barriers

- Confidence
- Motivation
- Age
- Injury and illness
- Awareness
- Family and childcare commitments
- Time
- Affordability
- Physical Environment

Potential target group representatives

- Young single parents
- Disabled people and their carers
- Young people aged 16-24 from a BAME community
- Socially isolated elderly people
- Existing active users of clubs/schools/facilities



Questionnaires or surveys could be completed by target group representatives to provide an alternative cost-effective means of engagement. Suggestion boxes in community settings can also work to provide anonymous feedback and may drive alternative comments. Web pages with comment boxes can also provide a useful source of feedback to a wider audience.

ii) Identify possible opportunities to support behaviour change

Working with cross sector partners who have a real interest in supporting particular target groups within a local community is ideal. It can provide insight and create opportunities to identify a more joined up approach to tackling longstanding barriers to participation. This may be through leveraging existing local networks but may also be creating new relationships and partnerships.

There are also a number of published research guides that will provide evidence that supports behaviour change in relation to levels of physical activity, sport and wellbeing. This will help gain an understanding of the wider barriers and motivators that impact on participation. This evidence can provide a useful context in which to examine specific issues and share common themes. Creating a long list of potential opportunities for behaviour change can be beneficial as an output from the consultation and research. The refinement of this takes place in Stage 3 - Interventions.

What are the key enablers to support this step of the process?



High quality data and analysis from Stage 1



Continued engagement with community groups and stakeholders in regular contact with target groups and communities



Working closely with cross sector partners



Building trust and showing commitment to those parties engaged in this step

What are the key outputs from this step of the process?



Key findings from further research



Prioritised ideas, opportunities and potential long list solutions to support behaviour change



Regular communications showing progress and how target group and stakeholder input is shaping future policy decisions and programming

Further guidance, materials and case studies

- [Sport England Research Guide](#)
- [Sport England Understanding Audiences](#)
- [Tackling Inactivity – What we know: Key insights from our Get Healthy Get Active pilots](#)
- [Applying Behaviour Change Theories – Real World Examples from the Get Healthy Get Active Projects](#)
- [Measuring Impact – Social and Economic Value of Community Sport and Physical Activity](#)
- [Coronavirus – Research into how the coronavirus crisis has affected people's activity levels and attitudes towards exercise](#)
- [Sport England – Data \(Active Lives\)](#)



Step 2B

Consider the contribution from the wider physical and social environment



Why is this step important?

The environment where people choose to be active can be any place or space. Covid-19 has highlighted the full value of parks and open spaces in supporting recovery. How the whole physical environment is described and designed can have a significant impact on behaviour. This is in terms of how the environment is used but also how it is perceived by the community so it is important to explore your local place and its neighbourhoods in detail.

This place-based thinking around the strategically planned physical environment is termed active environment and it can in itself encourage physical activity and drive impact on local strategic outcomes.

What are the key elements that could be considered for this step?

i) Understanding the local area

Often different parts of a local area, such as parks, streets, leisure facilities, civic space and schools, deliver in silos and are not 'joined up' as a neighbourhood offer.

An active environment can be anywhere in the local area; homes, streets, parks, leisure and community centres and schools are all integral elements.

It should explore these aspects:

- **Physical** – the actual environment, its characteristics, design and how it may have positive or negative impacts on how people use that space (including perceptions)
- **Social/activation** – the activity that takes place in that environment including events and campaigns.

Mapping particular needs and priorities of a local place against the active environment can identify opportunities to contribute to increased participation in sport and physical activity as well as wider local outcomes.

For example, physical design principles like co-location, walkable neighbourhoods and integrated cycle networks can be implemented to drive community cohesion and social development. Activation such as parkrun or community run programmes can further boost physical activity in a space, particularly when targeting certain groups. Covid-19 has highlighted the seasonal opportunities to maximise participation.

Finally, understanding how these environments work together collectively to provide a seamless journey for the user through active travel will ensure the active environment is more than the sum of its parts.

ii) Existing stakeholders who have an interest in the active environment

Working with existing stakeholders who have an interest in the active environment could provide you with the resources needed to explore particular opportunities further.

They could work in planning, regeneration, placemaking, parks and open spaces or street scene etc.

What are the key enablers that could be considered for this step?



Support from the stakeholders with an interest in the active environment

What are the key outputs from this step of the process?



Map of existing and future environments with associated physical activity, sport and wellbeing activation opportunities

Further guidance, materials and case studies

 [Active Design Guide](#)



Step 2C

Establish where you are now and where you want to be in the future



Why is this step important?

It is now possible to identify a 'current state position' for a place using the work completed to date. This will then enable your organisation to identify where it wants to be in the future and what interventions can be developed to contribute to local strategic outcomes.

This process can be very powerful in communicating the current strengths as well as where opportunities for improvement lie. Covid-19 has highlighted for many local authorities and their partners the need to consider a review of their strategic approach and this step can play a key role in shaping the future.

This paves the way in the next stage for what interventions can enable achievement of the strategic objectives and contribute to local strategic outcomes.

This is often summarized in a user-friendly needs analysis document at the end of this step.

What are the key elements that could be considered for this step?

i) Consolidate your research and analysis

Bringing all the elements developed to date together into a succinct, easy-to-read document can support the communication of the developing strategic approach and present needs-based evidence to shape future policy decisions, funding applications and investment.

Some local authorities and their partners have called this document a 'needs analysis'. The detailed analysis and supporting information can be provided in a supporting document or appendices. There is a risk that too much information is provided and the target audience is overwhelmed by data, so key core content must be presented to make the biggest impact.

As a guide the needs analysis document may be structured as:

1. Introduction

- Strategic vision
- Scope of the study

2. Background

- Introduction
- Physical activity and its benefits
- Campaigns to increase participation in physical activity, sport and wellbeing
- Physical activity rates
- Demographics
- Priority groups for the needs analysis
- Existing physical activity landscape
- The purpose of the needs analysis research
- What enables behaviour change?
- Known attitudes towards physical activity

3. Consultation

- Methodology
- Online survey findings
- Street interviews findings
- Stakeholder consultation findings
- Focus group findings
- Summary findings and analysis



4. Barriers to participation

- Target groups
- Physical environment
- Social environment

5. Opportunities

- Introduction
- Confidence
- Motivation
- Age, injury and illness
- Awareness
- Families and childcare
- Time
- Affordability
- Physical environment

6. Summary

7. Considerations for a strategy

- Introduction
- Potential solutions to meet physical activity needs
- How will the changing population impact future provision?
- Areas for further exploration

Appendix A: Participation rates

Appendix B: Demographic profile

Appendix C: Sport and physical activity provision

Appendix D: Consultee list

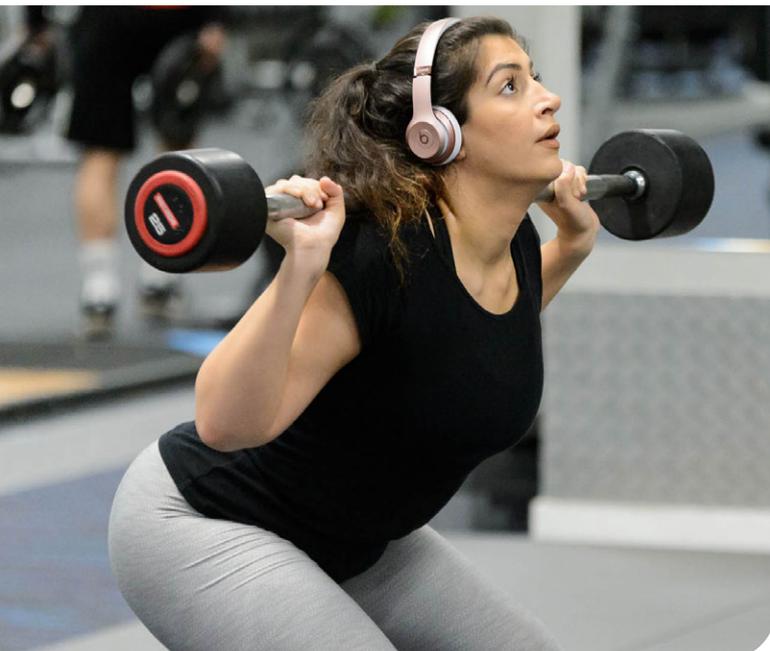
It is important to remember that this step of the process focuses on identifying the priority areas that need to be addressed linked to the wider local strategic outcomes which physical activity and sport can contribute to.

Many local authorities are using this opportunity to redefine their focus from 'leisure' to 'wellbeing' to support the future re-prioritisation of resources.

This step does not explore solutions on how to address these gaps. This will be developed in Stage 3 – interventions.

ii) Identifying a long list of priority areas to address in the future

The potential opportunities highlighted in the needs analysis can be developed into a long list of draft priority areas to support addressing the barriers, issues or gaps. This step should cross reference the areas mapped in Step 1C as well as using insight from Steps 2A, 2B and 2C to help shape the long list of priority areas.



What are the key enablers to support this step of the process?



Establishing a project team to complete the needs analysis



Securing support, time and resources for this process from the steering group

What are the key outputs from this step of the process?



Needs analysis report



Long list of priority areas to address gaps and inequalities, issues and opportunities



Step 2D

Agree the objectives needed to contribute to shared local strategic outcomes



Why is this step important?

Developing a clear set of evidence-based strategic objectives, will help articulate a clear policy position for the local authority. It will help shape the local authority and its partners' approach to the active environment, exploring and selecting asset-based interventions – both physical and social in the next stage.

By taking senior stakeholders on this journey, there will be a growing enthusiasm and understanding of the potential impact physical activity and sport can have on a place and its wellbeing.

What are the key elements that could be considered for this step?

i) Undertake an exercise to identify strategic objectives

The steering group should now consider the relative importance of a long list of potential strategic objectives which have emerged through the previous stages. This prioritisation exercise can be supported using agreed evaluation criteria, which is often based around the extent to which:

- the objective is addressing an evidenced need in a community that is experiencing inequalities and barriers preventing regular physical activity
- the objective can be delivered sustainably
- the objective supports wider local strategic outcomes in a place
- the objective can be measured, monitored and evaluated in a cost-effective way.

Covid-19 has placed significant pressures on local authority budgets and this will inevitably result in some difficult decisions having to be made.

It may well be that some current priorities are no longer affordable, important or relevant and thus will not be taken forward. This could result in decommissioning those interventions and reallocating resources to greater priorities as part of Stage 3. This is normal and should not be avoided. The evidence developed will be able to provide strategic leaders with the reason why they wish to stop supporting a particular intervention.



What are the key enablers to support this step of the process?



Needs analysis as an evidence base



Clear and consistent evaluation criteria

What are the key outputs from this step of the process?



List of clear objectives with supporting evidence available as required



Sign off from the steering group

Further guidance, materials and case studies

-  [A Sport and Physical Activity Strategy for Bristol City 2020-2025](#)
-  [Active Westminster- Physical Activity, Leisure and Sport Strategy 2018-2022](#)
-  [Manchester's Sport and Physical Activity Strategy 2019-2028 \(MCRactive\)](#)

Stage 2 Case Studies

1. Bristol City Council Sport and Physical Activity Strategy
2. Waltham Forest Council - Mini Hollands

Stage 2

Case study 1



Bristol City Council (BCC)

SOPG Diagnostic, Sport and Physical Activity Strategy and Business Case

Description of SOPG-related work

A diagnostic exercise was undertaken using Sport England's Strategic Outcomes Planning Guidance (SOPG) to identify how BCC could secure a sustainable future for its leisure services and align them to the City's overall One City Plan.

Relevant stages/steps

- A.** The SOPG diagnostic exercise was used to identify the additional work the Council needed to undertake, building on work to date, and was followed by a number of additional workstreams including:
- B. Stage 1 and 2:** Development of a needs assessment and development of a high-level physical activity, sport and wellbeing strategy
- C. Stage 3:** Development of work to support a future leisure investment strategy and development of a management options appraisal
- D. Stage 4:** Development of work to support a future outline business case.

Activities and outputs

Key outputs of the initial diagnostic work included the development of a brief advising the Council on future work needed, an idea on a future programme and an indicative budget for future consultancy work.

The Council then selected a consultant to support them through open competition and subsequently, with light touch input from the consultant, developed a needs assessment to support the workstreams. Based on the needs assessment, BCC commissioned a high-level physical activity, sport and wellbeing strategy for Bristol.

The development of the strategy was informed by subsequent workshops with over 30 key stakeholders from across the City.

Following the development of work to help inform a future leisure investment strategy BCC and their consultants undertook work to support the development of an outline business case for the future of the leisure service in the city.

Outcome

The Council developed a clear direction of travel to support its new Sport and Physical Activity Strategy, with a renewed collective focus on partnership working. This led to the development of a proposed four-stage implementation plan for the Council to realise their ideal procurement strategy.

Following the Covid-19 pandemic – this work is being used and further developed.

Testimonial

“ A methodical process underpinned by needs analysis. Bringing together lots of insight and evidence has enabled Bristol to clearly focus on the contribution that sport and physical activity makes towards achieving the city’s strategic outcomes. The identification of place-based interventions through the development of a Sport and Physical Activity Strategy and understanding our facility investment needs has supported Bristol in building a blueprint for future work. Our leisure consultants have supported us through this process bringing with them a range of disciplines and extensive experience. Engaging multiple stakeholders throughout they have been a pleasure to work with.”

Guy Fishbourne Sport & Physical Activity Development Manager

Stage 2 Key learning

- Bristol City Council and its partners used an evidenced-based approach to establish a clear understanding of need across the City. This supported a collaborative process to develop a Physical activity, sport and wellbeing Strategy, clearly identifying strategic objectives and how they can contribute to local strategic outcomes.
- Building in time to engage with key stakeholders and explore opportunities for collaboration, shared learning and development of shared objectives strengthens working relationships and optimises long-term use of resources across a place.

Stage 2

Case study 2



Waltham Forest Council

Mini-Hollands

Background

The London Mini-Hollands scheme was developed as part of the Mayor's Healthy Streets Approach with the aim of making target boroughs as cycle-friendly as Dutch equivalents.

The scheme is specifically aimed at outer boroughs of London, as they are more car-dependent than inner London. The scheme helps to promote active travel, improving residents' health, and reducing air pollution and risks associated with traffic.

The three participating boroughs, Enfield, Kingston and Waltham Forest were each awarded £30 million of funding to transform their local cycling and walking infrastructure.

Activities/outputs

The Mini-Hollands scheme aims at making cycling safer and more pleasant for residents in the participating boroughs. This is done through improvements of the local cycling infrastructure:

- Segregated cycle lanes
- Measures to calm motor traffic
- Cycle hubs
- Community bike rides
- Re-designed town centres.

The scheme also tries to improve local environments for walking by creating new pedestrian crossings and engaging public spaces with seating and green features, such as flowerbeds and trees.

The scheme is currently ongoing, with all interventions due to be completed by March 2021.

Outcomes

A study undertaken by Aldred et al. in 2019 shows an increase in active travel among those living in areas defined as 'high-dose' neighbourhoods. The study defines those areas that have undergone substantial changes to the local walking and cycling infrastructure as 'high-dose'.

Those living in high-dose areas were 24% more likely to have participated in past-week cycling at follow-up.

Furthermore, positive changes in views on local environments were recorded amongst those living in areas with interventions.

The study concluded that the interventions of the Mini-Holland scheme have a measurable early impact on the active travel behaviour of residents as well as perceptions of their cycling environment.

Stage 2 Key learning

- This active environment initiative linked to capital investment in active travel infrastructure highlights the broad range of opportunities to use insight to enable behaviour change and improved activity levels.
- The wide range of outcomes supported through this investment highlight the importance of the wider system to support physical activity and healthier lifestyles.





Identify how the outcomes can be delivered sustainably

Stage 3

Stage 3

Identify how the outcomes can be delivered sustainably

Having used insight to identify strategic objectives, the focus in Stage 3 is on what interventions will have the greatest impact on the strategic objectives to make the greatest contribution to local strategic outcomes.

By considering the active environment, facilities and service interventions across a broad range of place-based provision, this stage will identify the optimal and most sustainable mix of facilities and interventions. It is likely to require investment in resources, officer time and potentially external consultancy support. This up-front investment is valuable and will typically be recovered quickly following implementation.

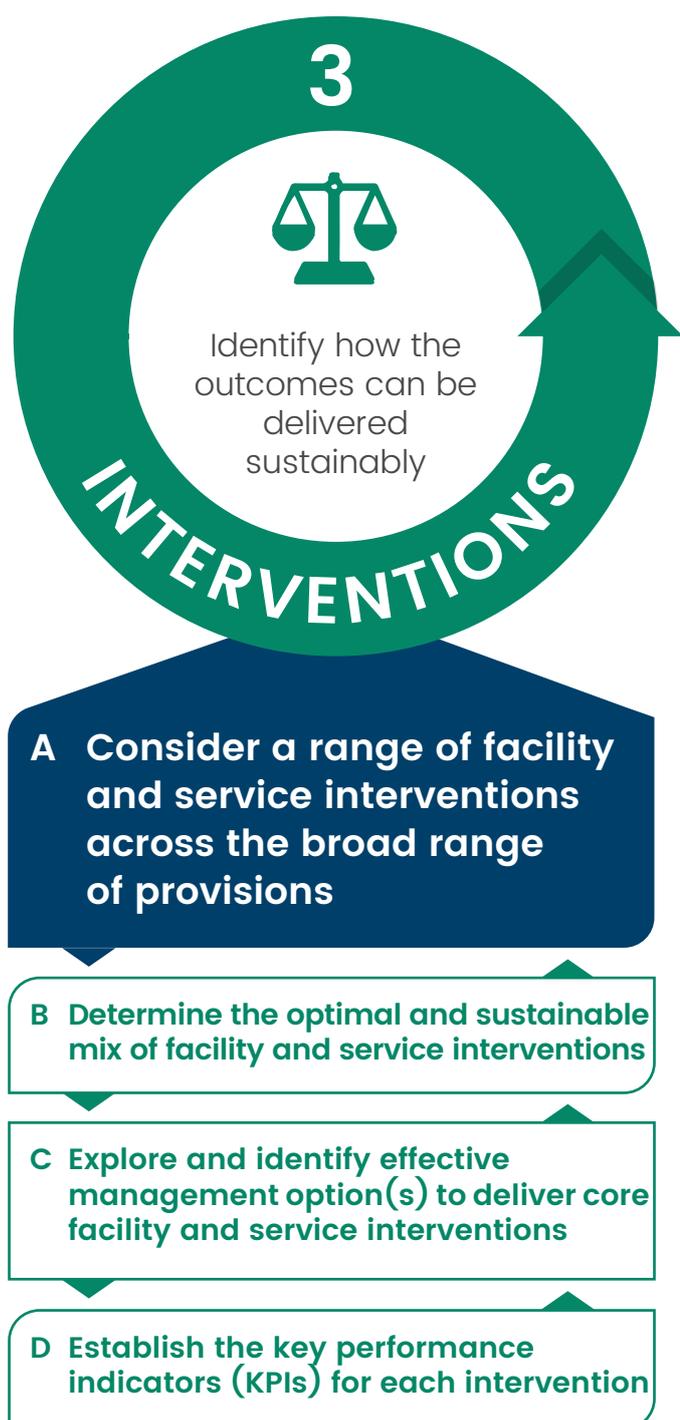
Local authority commissioners may also wish to review the management model(s) being used to deliver their core physical activity, sport and wellbeing services. This will ensure they have the most acceptable, effective and efficient model for their local area and one that is sustainable and resilient in the future.

Finally, the development of key performance indicators (KPIs) will ensure policy makers and strategic stakeholders can monitor progress and take action when required to ensure interventions continue to have an impact over the long term.



Step 3A

Consider a range of facility and service interventions across the broad range of provision



Why is this step important?

Understanding the current range, status and condition of local provision, facility and service interventions is vitally important in light of Covid-19. How they collectively meet the identified needs, objectives and outcomes from previous stages will identify opportunities for improving the integrated offer within a place. Key elements to consider in the context of their location, age and condition, include:

- playing pitches
- outdoor sports and physical activity facilities
- school and community facilities
- the active environment, e.g.
 - infrastructure including walking and cycling routes/facilities
 - parks
 - open spaces
- sports and community clubs
- voluntary groups
- physical activity, sport and wellbeing programmes in
 - community venues
 - schools (primary and secondary)
 - care homes
 - GP surgeries and hospitals
- transport for the community to access programmes or places
- volunteer coordination
- events.

What are the key elements that could be considered for this step?

i) Identifying the resources and specific roles from the council, partners and external advisers to support the process

Working out what level of support is required from which stakeholders and partners as well as understanding the resources needed to undertake this stage will provide important context and boundaries within which to work.

This can feed into the local authority's committee and governance cycles to influence budgets and programming.

It is recommended that Stage 3 be formally project managed given the range of workstreams that may be running concurrently. This can be resource intensive so, if client resources are limited, the local authority and partners as appropriate may wish to consider some external project management support. Key activities where support is often needed include:

1. Audits of services and facilities
2. Consultation with stakeholders, user groups and the community
3. Commissioning of specialist strategies if required (new or updating):
 - a leisure-built/leisure and wellbeing investment (Including feasibility studies)
 - b playing pitches
 - c open space
4. Coordination of input from several departments within the local authority and other key stakeholders
5. Coordination with the leisure operator(s) to access key data and information to support workstreams
6. Workshops, member engagement and wider stakeholder communications.



ii) Exploring indoor and leisure provision

Undertaking a detailed audit of indoor leisure facility provision is vitally important. This is to identify issues and opportunities in relation to supply and demand and will support the exploration of key strategic issues and opportunities that will have been brought into greater focus as a result of Covid-19. This could include:

- facility investment
- facility repurposing
- rationalisation
- co-location/integration of blended services.

These must be carefully considered, based on the insight gained from previous stages and in light of the local strategic outcomes and objectives and short and medium-term financial position in light of Covid-19. Challenges around timing and budgets for co-location of organisations can potentially hinder progress and may not always be achievable. Our Assessing Needs and Opportunities Guidance (ANOG) can provide advice on possible approaches. Developing leisure-built facility strategies can support local authorities in identifying what their investment priorities are at a high level. They can also provide a strong evidence base in developing more detailed leisure and wellbeing investment strategies and supporting business cases informed by more detailed feasibility studies which are covered in Step 3B.

iii) Exploring open spaces and playing pitches

Local authorities are encouraged to have up to date and comprehensive Open Space and Playing Pitch Strategies. This is firstly to support their statutory planning role. Secondly, this is to provide clarity on the issues and opportunities and future actions to support active communities in a local area. Detailed guidance is available from us on how to commission and undertake this work.

iv) Exploring community and education facilities

Community centres, schools, higher education facilities, village halls, civic spaces and places of worship play a key role in providing local indoor infrastructure for active communities. Understanding what facilities are available, their location, offer and condition can support opportunities to improve access and quality of provision in a strategic way, working in partnership with these key stakeholders. This can also support the planning process linked to Section 106 developments and Community Infrastructure Levy (CIL) funding.



Undertaking a simple audit of community facilities and spaces can provide a balanced view of the potential additional indoor local provision. These facilities are often run by town councils, schools, places of worship as well as the local authority. Key areas to include in an audit include:

1. type of facility
2. ownership
3. management arrangements
4. core user groups
5. lease details
6. age and condition
7. opening times
8. programme
9. level of occupancy
10. contact details.

This process can identify and facilitate engagement with existing facilities that could be shared with the community but are currently not available. In particular, new school developments should be identified early to ensure that community use is 'designed in' at concept stage. This enables the facility mix to not only meet the needs of pupils but provide community access to indoor sports facilities and spaces and outdoor facilities. We provide guidance on designing community use facilities and community use agreements.



v) Consider the current mix of facilities and services and what changes are required to deliver strategic priorities and contribute to local strategic outcomes

Exploring the current mix of active environments, partnerships, facilities and services in light of the local authority's response to recovery from Covid-19 informed by its medium-term financial strategy (MTFS) to identify what is affordable in the future is encouraged. In supporting this the local authority should have:

- taken account of the impact of population growth and new housing developments which will impact on supply and demand for facilities and services
- explored opportunities for joined-up management, governance and co-location of services and whether there are opportunities for rationalisation of assets
- explored its approach to partnership working as part of a whole system approach with a view to further strengthening it
- considered service integration and rationalisation in response to their strategic approach to physical activity and sport which should have already been developed
- explored, if appropriate, if there are cross boundary opportunities for shared services or clustering of client or delivery functions and capability
- ensured there is a market or appropriate management models available for each aspect of the services within the optimal mix
- taken account of the local authority's obligations under the Social Value Act (2012).

If revenue savings are required in the future (particularly in light of the local authority's response to Covid-19), this can inform the focus of the Stage 3 work. Understanding the role and contribution of other providers in the locality is important to identify what market intervention would potentially be the most effective to support increasing participation in light of reduced resources. A mixed economy of provision will often be able to provide a more resilient supply of services to a place.

This stage considers the extent to which the existing physical activity, sport and wellbeing service can deliver the identified local strategic objectives and contribute towards local strategic outcomes in the context of significant financial implications on local government and the local economy as a result of Covid-19.

A list of potential service, partnership, facility and active environment infrastructure interventions to best support and deliver the above should be set out.

Service interventions might simply re-focus what is currently being delivered or may involve a more fundamental change of approach. This may be within an updated service specification, changes to existing in-house service delivery, or the use of facility revenue surpluses to deliver targeted neighbourhood outreach and service interventions.

Partnership interventions might identify the current effectiveness of partnership working and collaboration with a view to strengthening it as part of the local authority's strategic approach to collaborative leadership with its partners within the community.

Facility interventions might identify the need for new or refurbished/repurposed facilities or enabling greater community access to existing facilities.

All interventions must be considered within the capital and revenue parameters of the local authority and its stakeholders. The objective is to ensure the best outcomes are achieved through optimized use of limited resources available as a result of Covid-19.

Changes to the current service and facility mix are likely to have long-term revenue implications and need to be understood.

These need to be assessed and prioritised in order of which achieve the best outcomes and are affordable and sustainable.

To deliver or enable new service interventions, local authorities will need to consider:

- partnerships
- funding applications
- re-allocation of resources (decommissioning and commissioning)
- client capacity to commission and oversee such service interventions.

What are the key enablers to support this step of the process?

-  Resources to support the various work strands
-  Involvement and input from steering group
-  Positive relationship with current partner operator and wider partners to identify opportunities for investment, co-location or joint working
-  Assessing Needs and Opportunities Guidance (ANOG)
-  Existing planning work and use of planning tools
-  Condition Surveys of core facilities

What are the key outputs from this step of the process?



Scope of the review of capital and revenue interventions



Identification of resources required (internal and external) to support workstreams



Condition surveys of facilities in scope – mechanical and electrical and structural



Playing pitch strategy



Open spaces strategy



Further guidance, materials and case studies

- 📌 [Forward Planning Guide and Complementary Guidance](#)
- 📌 [Assessing Need and Opportunities \(ANOG\) Guide](#)
This guidance has very useful checklists on pages 26-27, 53-54 and 69-70, supporting the three-stage approach of ANOG.
- 📌 [Playing Pitch Strategy Guidance](#)
- 📌 [Playing Fields Policy and Guidance Document](#)
- 📌 [Active Places Power](#)
- 📌 [Facilities Planning Model](#)
- 📌 [Sports Facility Calculator](#)
- 📌 [Affordable Sports Centres Guidance](#)



Step 3B

Determine the optimal and sustainable mix of facility and service interventions



Why is this step important?

Step 3B focuses on refining the list of affordable and sustainable facilities and community-based outreach interventions as part of a broad range of local provision. This step will use insight, financial and non-financial evaluation to ensure that what is being proposed is fit for purpose, affordable and sustainable.

Key drivers for this step will often be primarily financial and this approach seeks to support a reasoned and evidence-based approach to optimize what resources are available as a result of Covid-19.

The service intervention element of this step is also vitally important and links to identifying what revenue-based services supporting active communities, such as community outreach or local grants to key partners, should be considered. This can be within and beyond facility management arrangements or separate and complimentary. Often a key ingredient for success is local collaboration and co-production rather than a top down intervention.

Taking account of the wider market's contribution to facility provision – e.g. private sector, education, third sector will be increasingly beneficial in identifying the right level of market intervention by the local authority.

Feasibility studies may need to be undertaken in this step for core wet and dry provision including sport/leisure/centres and/or repurposing provision to community health and wellbeing hubs.

What are the key elements that could be considered for this step?

i) Feasibility Studies for Capital Interventions

If capital investment has been identified as a priority, often specialist input from project managers, leisure consultants, architects, cost consultants and potentially other technical advisers, is required. A clear brief that explores all facility mix options (new build and/or refurbishment) at a high level is recommended, followed by an options appraisal to refine the list. This will focus limited resources on developing the preferred option.

A feasibility study typically includes the following elements:

Strategic position

- terms of reference
- community needs*
- key stakeholders*

Needs analysis

- demographic analysis
- supply and demand analysis, including competition analysis
- latent demand analysis

Current performance analysis

- impact on local strategic objectives and outcomes*
- user experience
- occupancy levels
- financial performance
- condition survey
- current maintenance costs

Site appraisal(s)

- planning assessment
- geographical locations and target communities
- consultation with planning, highways and transport authorities

Facility mix options development

- essential mix
- desirable mix
- site options linked to essential and desirable mix
- high level design/layout options
- high level indicative business plans for all options
- high level construction and development costs for all options

Facility mix options appraisal

- options appraisal to select preferred option(s)

Business plan

- income and expenditure
- fittings fixtures and equipment
- lifecycle and maintenance costs
- detailed construction and development costs
- funding and financing options

Construction procurement options

- options available
- options appraisal
- construction option recommendation and timescales

Recommendations and next steps

- recommendations
- implementation plan
- costings
- design development programme
- construction programme.

If Stages 1 and 2 have been completed comprehensively, the feasibility study can include a summary of those relevant findings. If not, it is recommended that these stages are revisited to present a solid basis for the ongoing work. These are highlighted with an asterisk*.

ii) Identifying the service mix

Using the evidence and insight developed in previous stages enables the identification of non-facility based interventions to support local communities whose needs cannot be met through core facilities.

Key considerations for this element include:

- the alignment with objectives identified in Stage 2
- the geographical locations and communities where services are to be targeted
- the scope and scale of intervention
- local community delivery capacity
- partnering opportunities
- the indicative resource requirements
- monitoring and evaluation

Assessing the relative resource implications of this service mix is important to ensure that sufficient resources are allocated to enable this aspect of the high-level service design and any co-production to support effective commissioning.

This can be further refined and explored in Stage 4 – Commitment through the business case. This may need to involve a range of stakeholders, particularly if services are to be co-produced by a number of partners, in the context of the management model selected, which will determine if the local authority plans and delivers services directly (in-house) or commissions it indirectly.

iii) Securing 'buy in' to the desirable optimal mix

It is recommended that the optimal mix of facilities and associated lifecycle costs, any proposed facility investment and services provision is presented to the steering group to consider and agree. The optimal mix is likely to include some, or all, of the following elements:

- active environment
- open spaces
- playing pitches
- leisure facilities
- partnerships
- community and education facilities
- development and community outreach and service interventions

This creates an opportunity to further reinforce the benefits of undertaking a more holistic approach with the steering group, prior to the consideration of the management model(s) (Step 3C) and development of key performance indicators (Step 3D).

It is important to note that these interventions can be refined and developed further in Stage 4, through the business case, but the overarching direction and provision should be approved at this stage.



What are the key enablers that could be considered for this step?



Securing support from key stakeholders in shaping service interventions



Specialist support for producing feasibility studies



Specialist support for co-designing/producing community outreach and service interventions

What are the key outputs from this step of the process?



Community outreach and service Intervention co-design



Feasibility studies



Management Options Appraisal



Committee report detailing optimal mix of facility and service interventions for approval to progress to Stage 4

Further guidance, materials and case studies



[Active Places Power](#)



[Facilities Planning Model](#)



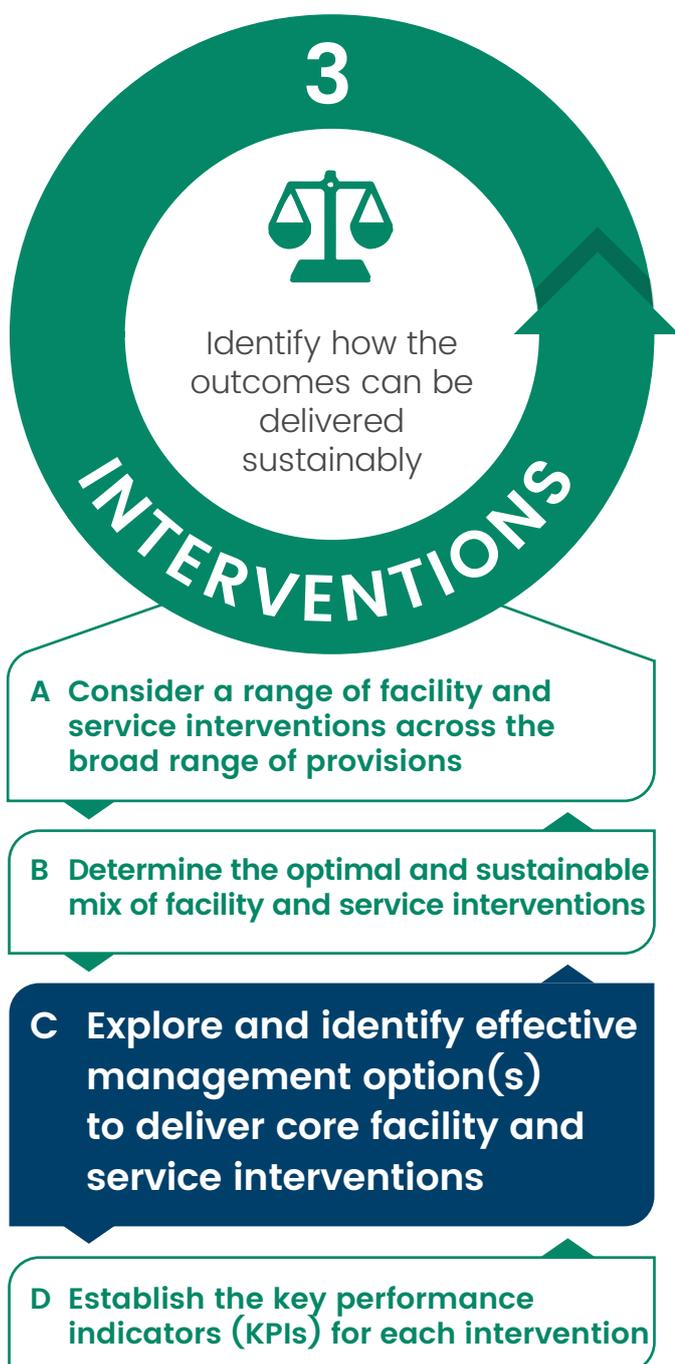
[Sports Facility Calculator](#)



[Affordable Sports Centres Guidance](#)

Step 3C

Explore and identify effective management option(s) to deliver core facility and service interventions



Why is this step important?

The core management models to manage core leisure facilities and deliver outreach services supporting active communities are:

- in-house
- local authority trading company
- outsourced to an external partner.

Each of these models have specific features and fiscal advantages/disadvantages that will need to be explored in line with the local authority's policy and strategic objectives.

Key areas of difference between the models include:

- risk transfer
- financial performance
- client function
- control
- ability to cross-subsidise neighbourhood outreach services.

Some local authorities may already be partnered in a long-term agreement with a local leisure trust or have an existing operating long-term contract with an external partner operator with several years to run.



This stage is only relevant for those clients with the potential of implementing a new management model arrangement within three years.

Due to increased pressure on local authority funding exacerbated by Covid-19, reviews of management models are often seen as a key element of service review, but this needs to be balanced with the broader benefits and contribution to the wider corporate agenda.

Often the reaction to the need to reduce costs (e.g. as a result of Covid-19) results in an immediate focus on management options, when the first consideration should be on the facility and service mix.

Following the Leisure Services Delivery Guidance, a management options appraisal process will support a considered approach and optimise the potential of balanced financial and social outcomes.

What are the key elements that could be considered for this step?

i) Confirm the Council's legal position on Management Model Options and Procurement

The local authority may choose to confirm the legal options available to it through specialist legal advice should it wish to consider selecting an alternative management option in the future or extend current arrangements with its existing partner. This advice would enable the council to understand the relative legal risks of any route it is considering and whether procurement is required or necessary with regard to those options.

During Covid-19, there were examples where local emergency powers were given to local authorities to 'flex' procurement regulations to enable quicker decision making in emergency situations where service delivery has been disrupted.

ii) Confirming the Scope of Services for the Management Model Options Appraisal

The local authority will need to confirm the scope of the core services for which they want to include in the management model options appraisal. This should have been developed in the previous step (3B).

iii) Comparing the relative advantages and disadvantages of models

Each option has particular features, advantages and disadvantages. It is recommended that external independent advice is sought to explore this for local authority senior officers and members' consideration through a formal management model options appraisal exercise. The management model options appraisal should be bespoke and focused on a local authority's priorities for the service and thus the key areas of comparison should be adapted for that local authority. It will be important to base this exercise on facts and use this as an opportunity to address any perceptions or 'myths' about certain models.

iv) Undertaking a Management Model Options Appraisal

The local authority should undertake the following key steps:

- developing a shortlist of options
- financial modelling
- carrying out analysis of the options
- carrying out evaluation of the options.

An evaluation panel team can carry out the management model options appraisal. The panel is typically made up of:

- senior officers
- members including the service portfolio holder
- independent specialist consultants to provide technical guidance
- internal audit to ensure impartiality and transparency.

What are the key enablers to support this step of the process?



Full and clear understanding of Stage 1 and 3A and 3B



Independent approach to management options appraisal

What are the key outputs from this step of the process?

-  Management Options Appraisal
-  Scope of facilities and services to be included
-  Financial and non-financial evaluation criteria
-  Shortlist of options to be evaluated
-  Financial models of each option
-  Analysis of shortlisted options
-  Evaluation results
-  Recommendation of a preferred option

Further guidance, materials and case studies

 [The Outsourcing Playbook](#)

Step 3D

Establish the key performance indicators (KPIs)



Why is this step important?

Identifying a baseline position of current performance across your place is critical. Defining future targets to collectively work towards will provide a clear performance management framework to track progress. This can be used to measure the effectiveness of facility provision, partnerships, the active environment, community outreach and service interventions in supporting active communities.

This process will require an investment of time and resources, working closely with stakeholders and partners, to develop meaningful local and national KPIs (to support benchmarking and the sector feeding back to government) linked to objectives identified in Stage 2, and the optimal mix of facilities, community outreach and service interventions identified in Stage 3.

This will ensure that what gets measured and monitored is implemented and can be improved and adjusted over time to meet changing needs and priorities.

What are the key elements that could be considered for this step?

i) Development of KPIs with key stakeholders

The local authority and leisure operator partner(s) will need to refine and agree the overall performance management framework relating to their contract/management agreement/service level agreement.

This process should include a detailed examination of the KPIs to ensure both parties fully understand them. The leisure operator and other delivery partners should be able to confirm precisely how they are to be measured and reported. There should be a particular focus on those KPIs which demand a more sophisticated approach to measuring participation levels in less active or inactive sections of the community.

ii) Development of place based KPIs

Assessing the progress of key contributors to supporting more active communities in your place is also of real value. This can be specific to your local authority area or based on neighbourhoods. These could include KPIs which track:

- quality of parks and open spaces
- quality and utilisation of playing pitches
- numbers and relative 'health' of sports and voluntary organisations
- quality and numbers of community facilities made available to support active communities.

Key considerations are as follows:

- establish the baseline performance for the KPI (if a new KPI is selected, it may require additional data sources/partner support)
- set a realistic target to be achieved over a period of time e.g. one, two and three years, five years
- ensure core data can be collected consistently and efficiently to avoid resources being disproportionately focused on collection rather than analysis
- have a mechanism in place to test the validity of data being used at key intervals to ensure its integrity
- consider a review mechanism or progression of that KPI over time to support increased impact
- be prepared to adjust targets and understand the causal factors for a KPI which is not being achieved.

iii) Agreement of KPI's

The steering group should review and sign off the KPIs. It should check and challenge the link between the interventions, strategic objectives, local strategic outcomes and their associated KPIs to ensure there is a 'golden thread' or clear link running throughout. The group should also challenge the methods proposed to ensure they are robust and will provide effective monitoring and evaluation on a regular basis.

What are the key enablers to support this step of the process?



Positive relationships with key partners, in particular the partner operator, to access data



Practical and realistic KPI design process linked to a local authority's and partners' capacity and resources to monitor and report

What are the key outputs from this step of the process?



Agreed set of KPIs with clear links to interventions that support the strategic objectives



Agreed client-side resources required to support performance monitoring with partner agreement and commitment



Agreed approach for baselining new KPIs in partnership with the partner operator and other delivery partners

Further guidance, materials and case studies

 [A guide to developing a local outcomes framework for culture and sport](#)

Stage 3 Case Studies

1. Sheffield City Council
2. Barnet Council
3. Buckinghamshire Council, Chiltern Area

Stage 3

Case study 1



Sheffield City Council

SOPG diagnostic, Leisure Investment and Facilities Review, and business case

Description of SOPG-related work

- Review of Sheffield City Council's leisure and entertainment portfolio using Sport England's Strategic Outcomes Planning Guidance (SOPG).

Relevant stages/steps

- A.** In April 2019, a highly confidential review of Sheffield City Council's leisure and entertainment portfolio was conducted to explore a new vision for leisure and entertainment across the City. The internal review was supported by an assessment of facility investment opportunities for Sheffield's venues and a management options appraisal.
- B.** Building on the previous review of Sheffield's leisure and entertainment assets and services, an Active Sheffield Strategy was developed. The Strategy presents a bold and ambitious vision for Sheffield capturing the imagination of residents, businesses, visitors, partners, and stakeholders.
- C.** A key recommendation arising from the review of Sheffield's leisure and entertainment portfolio was the development of a Leisure Investment and Facilities Review to support the future transformation of the City's services.
- D.** The Leisure Investment and Facilities Review is based on a review of key needs and opportunities for investment into strategic leisure facilities, a review of indoor bowls facilities and golf courses across the City and a high-level vision for sports and leisure services for the next 10 year.
- E.** The strategic work is supported by the development of a Business Case for the transformation of Sheffield's leisure and entertainments facilities and services – building on the previously developed Leisure Investment and Facilities Review.

Activity and output

- 1.** A new and ambitious vision for the next 30 years, building on existing ideas and visions of the Council and key stakeholders
- 2.** Development of an Active Sheffield Strategy, establishing a clear policy position for the Council and informing strategic priorities for investment and partnership
- 3.** Visioning, Strategy, and Investment workshops with key stakeholders informing the development of a Leisure Investment and an Active Sheffield Strategy
- 4.** Facilities Planning Model review for Swimming and Sports Halls
- 5.** Detailed review of leisure assets and feasibility work on selected strategic leisure sites, informing the development of facility mix options for the Council to support sustainable delivery of leisure services moving forwards

6. Development of a Leisure Investment and Facilities Review for Sheffield following an extensive review of the City's leisure, entertainment and events assets and services
7. Development of a business case, building on the Leisure Investment and Facilities Review, for the transformation of facilities and services – including a review of management options for the Council.

Outcome

- The Covid-19 pandemic presents an opportunity for Sheffield to reflect on its sporting history and develop its future high-level Vision for an active city, building on the work undertaken.
- Sheffield City Council has established a clear and ambitious Vision for the next 30 years and an Active Sheffield Strategy to support future investment and policy decisions
- Sheffield's Leisure Investment and Facilities Review was reviewed, adopted by the Council, and is now supporting the development of a business case for the transformation of leisure facilities and services across Sheffield
- The Review has identified a package of sustainable development options for Sheffield's Council Members to consider.

Stage 3 Key learning

- The consultants supported Sheffield City Council in the development of a Leisure Investment and Facilities Review
- As recommended in the SOPG, the Leisure Investment Strategy is supported by a detailed review of leisure assets and facility mix options for the Council.

Testimonial

“ Sheffield City Council are embarking on an exciting journey to transform our leisure estate, improving sustainability and increasing the role that facilities play within communities.

Supported by consultants we have used the SOPG to ensure that our future plans are outcome focused and support the wider strategic outcomes of the Council and its key strategic partners. This includes the development of a Physical Activity Strategy which will set out the Council's approach to Sport and Physical Activity in the City.

In order to progress this work, it has been important to gain a clear understanding and insight of our current position, this work began with a review of our existing assets and their future investment needs. Consultancy input has been invaluable in supporting the Council to develop long term business plans supported by facility planning modelling and comparable facility performance. We are now testing a range of scenarios and exciting development options which will feed into our decision making processes during 2021.”

Tammy Barrass, Head of Partnerships and Projects (Culture, Parks & Leisure Service)

Stage 3

Case study 2

London Borough of Barnet

Services Specification and Performance Management Framework

Description of SOPG-related work

- In 2017, the London Borough of Barnet commenced procurement of a new leisure management contract which included an objective to ensure that: 'Public health outcomes are reflected within a new leisure management contract, through a holistic approach that is not specific to interventions.'
- As part of this, a key element was to develop a performance management framework that would demonstrate the 'measurable contribution from physical activity, sport and wellbeing to the health and wellbeing of the residents of Barnet'.

Relevant stages/steps

- A. Stage 2C:** Establish where you are now and where you want to be in the future.
- B. Stage 2D:** Agree the objectives needed to contribute to shared local strategic outcomes.
- C. Stage 3:** Identify how the outcomes can be delivered sustainably.
- D. Stage 3A:** Explore and identify an effective management model.
- E. Stage 3D:** Establish the key performance indicators.

Activities and outputs

1. Designed a procurement process and developed contract documentation which included a performance management system that would enable the provider to demonstrate their contribution to local strategic outcomes across all aspects of the service.
2. Linked the local strategic outcomes to the national Public Health Outcomes Framework, reflective of indicators.
3. Recognised a whole system approach which identified the role of leisure in supporting health and wellbeing.
4. Determined approx. 33 indicators across four health outcomes including an additional domain relating to performance and improvement.
5. Created a system which includes indicators, outcomes, performance standards and measures (KPI).
6. Compiled baseline data that supports each indicator.
7. Identified targets for each indicator at agreed timescales.
8. Applied a percentage weighting against each indicator, priority indicators are included as part of a commercial scorecard.
9. Utilised benchmarking to support relative performance against family groups and nationally.
10. Developed a reporting mechanism, e.g. dashboard, to support decision making and partnership working.

Outcomes

- London Borough of Barnet developed a Services Specification that is built around four headline public health outcomes, and their corresponding public health objective, linked to the national Public Health Outcomes Framework, and a fifth domain of performance and improvement linked to service delivery, quality assurance and continuous improvement.

The five domains are:

1. Wider Determinants of Health
 2. Health Improvement
 3. Health Care and Prevention
 4. Health Protection
 5. Performance and Improvement.
- The five outcomes are supported by approx. 33 indicators which include inactivity, excess weight, prevention and management of long-term conditions, such as recorded diabetes, support for carers and those cared for.
 - As part of the procurement process, bidders were required to complete a series of method statements which related to each domain areas and the corresponding indicators. This is a less traditional approach compared to submitting 10 methods statements which can often relate to more operational aspects of service delivery.

- The leisure management contract enables the provider to demonstrate the contribution to outcomes across all aspects of the service, removing expectation for additional funding for targeted initiatives and the importance of considering this as part of a standard delivery model.
- This is linked to the four domains of the national Public Health Outcomes Framework and a fifth domain of performance and improvement linked to service delivery, quality.
- This approach has contributed to early successes which include the introduction of a Borough wide 'Fit and Active Barnet' (FAB) Card which coincided with the launch of a FAB Campaign in July 2018 and a digital FAB Hub, offering information, advice and guidance on health and wellbeing. Within 10 weeks of the campaign launch 9000 residents had signed up for the FAB card and as at March 2020 over 27,000 residents were registered.

Local authority contact

**Cassie Bridger, Assistant Director:
Greenspaces & Leisure**

Stage 3 Key learning

- Barnet Council, using a joint commissioning approach through public health and other directorates, identified an outcomes-based approach to its leisure contract to support its Public Health Outcomes Framework.
- The KPIs that were developed are supported by an agreed approach to baselining and setting clear targets.
- Performance management and continuous improvement was embedded into the overall approach to commissioning.

Stage 3

Case study 3



Buckinghamshire Council, Chiltern Area

Strategic Outcomes Planning Model

Description of SOPG-related work

- The initial driver to commence the planning model was the need to develop The Chiltern Lifestyle Centre, a new state-of-the-art leisure and community facility in Amersham to replace the existing Chiltern Pools and Gym.

Relevant stages/steps

- A. Stages 1-4:** In order to understand the current and future facility and service requirements for Chiltern in relation to physical activity, sport and wellbeing, the consultant undertook a full SOPG review
- B. Stages 1-4:** The review was undertaken to ensure any future investment into facilities and services will directly impact the delivery of the Council's local strategic outcomes and priorities.
- C. Stages 1-4:** Whilst the planning document is aimed at the district as a whole, because of the Council's priority to replace Chiltern Pools and Gym, there has been a specific focus on Amersham.
- D. Stage 2:** The planning model considered the local and national context, under-represented groups, health priorities in the area, consultations findings, identification of key stakeholder groups, outlined facility interventions required, design options and business models.
- E. Stage 3:** The facility mix will include: a 160 station fitness suite with four studios, a spa, an eight-lane 25 metre swimming pool, a diving/teaching pool, a children's splash pad area, soft play, clip and climb, a four badminton court sports hall, squash courts, a climbing wall, library, café area and community centre.

Activities and outputs

- **Stage 1** – Considerable collaboration and consultation between stakeholders from the youth centre, library, and community centre to ensure that their requirements, both facility and service, were fully considered in the vision and planning of the new Lifestyle Centre. This resulted in a 'street' design through the Lifestyle centre that connects all facilities with a social area and café. This will encourage connections between people using different parts of the building, and also attracting users into new activity areas.
- **Stage 2** – Insight focused on those residents most in need that were not taking part in physical activity within the Chiltern area and how new service provision could influence their attitudes and the barriers they faced. Small focus groups were held with a variety of groups; older people, young families and older children to understand in detail the issues they faced.

- **Stage 3** – The service interventions stage was developed in parallel to the procurement of an operator to manage the new Lifestyle centre. Whilst the service interventions were developed from the insight gained from Stages 1 and 2, the timing was such that the prospective operators were challenged to set out their approach to increase activity levels and work with stakeholders of the Lifestyle Centre as part of their tender submission. This led to the relevant service interventions forming part of the Services Specification and commitments by the preferred operator subsequently, becoming their KPIs. This has provided a clear thread between strategic outcomes through to the operator KPIs which can be monitored and reviewed on an on-going basis.

Outcome

- The report has been successfully submitted and signed off by the Council and Sport England and a successful expression of interest was submitted in summer 2019. A £1.6m capital fund application was secured from Sport England. Since working on the SOPG, the consultant was appointed to manage the procurement process for an operator of the new Chiltern Lifestyle Centre, which is in progress.
- The Council is working towards a completion date of the new Chiltern Lifestyle Centre by 2021.

Testimonial

“ In 2018 the consultant was commissioned to deliver a Strategic Outcomes Planning Guidance Report for Chiltern District Council, the driver for the planning model was the need to develop the Chiltern Lifestyle Centre, a new state of the art leisure and community facility in Amersham. The final SOPG report has resulted in a successful EOI submission to Sport England, and £1.6m grant secured. The consultants did a great job of pulling together the Strategic Outcomes Planning Guidance Report which was instrumental to securing the grant.”

Paul Nanji, Leisure and Communities Manager

Stage 3 Key learning

- The facility mix for this leisure and community facility was established after careful consideration of the national and local context, local health priorities and shaped through detailed consultation.
- The design of the facility has been influenced by multiple stakeholders to optimize the impact of the facility and support behaviour change. This was driven by the input from future users: older people, young families and older children.



Secure commitment to strategic approach and delivery of outcomes

Stage 4

Stage 4

Secure commitment to strategic approach and delivery of outcomes

In light of Covid-19, many local authorities and their partners are revisiting their approach to leisure services and facility provision and in many cases will be prompted by the crisis to fundamentally realign services to protect priority local provision.

This may necessitate facility rationalisation and investment.

Some local authorities are exploring transforming traditional leisure provision towards community wellbeing hubs and more targeted interventions. This is often combined with a more collaborative partnership-based approach linked to a mixed economy of provision.

This final stage provides a holistic and comprehensive view of the local authority's strategic approach and the associated financial and resource implications.

It brings together all the key outputs from previous stages into a business case. This stage will provide clarity and confidence that implementation of the proposed mix of provision, facilities (and any investment), neighbourhood outreach and service interventions is affordable, achievable and sustainable.

Linked to this is identifying how any strategic approach will be overseen and supported through a fit for purpose governance structure. This will include the monitoring and evaluation of facility operational performance, support for and effectiveness of partnerships, neighbourhood outreach and service interventions.

The Leisure Services Delivery Guidance will provide support in establishing an approach to oversight and governance.

A key step in this stage is the identification of resources to support implementation. This could relate to governance arrangements, role of client/commissioner, external or additional internal support for project managing facility developments, commissioning services, service redesign/transformation and specialist support to support any change of management model.

This approach will enable the local authority, leisure trust or Active Partnership to confidently move towards implementation of its strategic approach having secured stakeholder commitment and 'buy in' from its elected members.

Step 4A

Agree a sustainable and effective business case



Why is this step important?

Developing a comprehensive business case, which brings together previous stages, will provide robust evidence for final review and agreement to implement the strategic vision and approach. The business case needs to satisfy a case for change and optimise value for money in terms of economic, social and environmental benefits. It needs to be financially viable and achievable.

What are the key elements that could be considered for this step?

i) Business Case

The business case will be informed and supported by the elements completed in Stages 1-3:

- a clear evidence base
- cross sector engagement and commitment
- local insight
- approach to partnership working
- optimal range of facility and service interventions (possibly proposed facility investments/rationalisation decisions)
- clarity on management option
- client/commissioner role for implementation and monitoring.

There should now be no new elements to consider at this point prior to implementation.

Key elements of the business case need to be tailored and can include:

1. Introduction and background

2. Strategic approach

Outlines overarching strategic context including:

- summary of local insight
- summary of local strategic plans/ of key partners
- key drivers for the organisation
- vision
- local strategic outcomes
- local strategic objectives
- Action Plan and KPIs.

3. Economic impact assessment

Demonstrates that the proposed interventions will provide value for money in terms of:

- direct impacts e.g. number of jobs created
- indirect impacts e.g. number of jobs created in the supply chain
- induced impacts e.g. spending by the people employed on the project.

Our Economic Value of Sport Indicator provides useful guidance and information.



4. Commercial case for Investment in facilities (if relevant)

Sets out an affordability picture based on:

- state aid issues
- risk assessment and mitigation
- capital projects – whole life costs
- management options appraisal*
- management model proposed*
- procurement strategy (if applicable)*
- capital funding and borrowing calculations
- revenue business plan(s) including projected costs of a leisure management contract (if applicable)*.

5. Commercial case for Investment in revenue based service interventions (if relevant)

Sets out an affordability picture based on:

- budgetary considerations
- risk assessment and mitigation
- management model proposed
- procurement strategy (if applicable)*
- revenue business plan(s).

6. Delivery plan

Highlights the practical steps required to achieve the agreed approach, including:

- programme management/project management arrangements and resources*
- procurement process (capital projects and management models if applicable)*
- timetable and key milestones*
- programme of workstreams*.

7. Summary and recommendations

Detailed items such as a needs analysis, physical activity, sport and wellbeing strategy, financial modelling, cost plans, designs etc. can be included as an appendix.

These sections with an asterisk (*) are covered in detail in our Leisure Services Delivery Guidance.



What are the key enablers to support this step of the process?



High quality data and analysis from Stages 1, 2 and 3



Direct involvement from local authority finance team to ensure compliance with financial regulations and standing orders



Securing time and resources from the steering group, using external consultant support if required

What are the key outputs from this step of the process?



Full Business Case



Step 4B

Identify resource requirements to support implementation



Why is this step important?

Looking ahead to implementation of any service or facility interventions the local authority and partner(s) may require additional internal and external specialist support, depending on the future workstreams that are being considered. Additional support needs to be carefully explored and costed and built into the business case.

This step is covered in detail in the Leisure Services Delivery Guidance.

What are the key elements that could be considered for this step?

i) Resources and support

Additional support may be identified for:

- project management of facility developments (if applicable)
- procurement support for outsourcing services (if applicable)
- planning service redesign of transformation (if applicable)
- commissioning services (if applicable)
- developing partnership arrangements
- developing new service specifications and related performance management frameworks.

What are the key enablers that could be considered for this step?



Direct involvement of budget holders



Specialist support to scope workstreams and cost external support

What are the key outputs from this step of the process?



Committee Reports (or equivalent) for review and agreement by the local authority



Step 4C

Secure stakeholder commitment and move to implementation



Why is this step important?

Securing formal sign-off of the business case and proposed implementation programme will enable the local authority to progress with the full support of its cabinet/members. It will provide clarity for all partners on the scope and objectives moving forward. It will also confirm what is out of scope.

What are the key elements that could be considered for this step?

i) Understanding the scrutiny, overview and approval process

Early engagement with the Council's democratic services team (or equivalent) to understand the approval process and respective timescales to support the project is strongly encouraged. These additional elements will need to be built into the overall business case programme, making allowance for steps such as Scrutiny and Overview, call in or formal ratification by Full Council.

i) Committee Report

A full report should be presented to cabinet/ members for approval that summarises the key elements of the business case. It is important to ensure that cross sector partner support has been secured in advance and senior officers have been briefed ahead of any meetings.

At this stage members should have been thoroughly briefed, this exercise should be procedural and there should be 'no surprises'.

What are the key enablers that could be considered for this step?



Steering group and member approval



Securing committed funds/budget for investment



Agreed contributions to medium term financial strategy, subject to further affordability analysis in the implementation stage

What are the key outputs from this step of the process?



Approval from cabinet/members to progress to implementation

Further guidance, materials and case studies

Stage 4 Case Studies

1. North East Derbyshire Council
2. Nuneaton and Bedworth Borough Council
3. Salford City Council
4. Great Yarmouth Borough Council

Stage 4

Case study 1



**North East
Derbyshire**
District Council

North East Derbyshire District Council

Sharley Park Active Community Hub

Description of SOPG-related work

- Using the Strategic Outcomes Planning Guidance (SOPG) to develop the evidence base for a community activity hub. This comprised of co-located formal sports facilities, outreach health services, a library provision, Citizens Advice, Council Contact Centre, a café, shared meeting room facilities, complementary local business and social space linked into the active environment of Sharley Park, including a new floodlit 3G, Disc Golf and off road cycling provision.
- The Active Community Hub will include a 6-lane x 25m pool, a learner pool and moveable floor, 4 badminton court sports hall, a 120 station fitness suite, and two studios, soft play and a children's gym, and outdoor play area
- All of the above is located within Sharley Park – a 10 hectare public park, located on the edge of the town centre, including 2 cricket pitches, 2 football pitches, a children's play area, bowling greens and a community centre.

Relevant stages/steps

- **Stages 1- 4:** Building on insight development of the SOPG approach.

Activities and outputs

- The SOPG has shaped and supported the development of the Active Community Hub.
- NEDDC has re-focused its whole approach to physical activity provision in Clay Cross through this process, moving from a leisure centre refurbishment to a co-located Active Community Hub.
- This is further supported by a new Physical Activity and Lifestyles (PALs) initiative to work in the community and engage people who are furthest away from physical activity and work with them one-to-one to remove some of those known barriers to physical activity.
- The SOPG output is a clear direction of travel for physical activity provision in Clay Cross, embedded at the core of the Town's Fund vision for change.

Outcome

- The proposed Active Community Hub is supported by NEDDC and has been adopted as part of the commitment to the Town's Fund change programme for Clay Cross.
- The proposed co-located Community Activity Hub has formal commitment from all partners who will comprise the Hub and is aligned to health and wellbeing priorities for the area, district and county.
- The insight developed for Clay Cross clearly illustrates that a traditional leisure centre is not a priority for the local community; they need a social environment which makes them feel welcome and involves and engages them with physical activity inside and outdoors.
- Developing a response to these findings has been shaped through the SOPG approach.
- The project addresses the significant challenges around promoting healthy lifestyles in Clay Cross which are impacting on community health, aspirations, and productivity. The delivery of a new active community hub is a key priority arising from consultation (850 users and non-users responded to engagement in support of a new active community hub).
- Complementary development and improvements in Sharley Park will add to the physical activity offer further promoting active lifestyles and an increase in visitors to the town.
- Translating need into the appropriate and sustainable places and spaces has created a wide strategic partnership at local level, driven by the fact that all organisations are working to reduce health inequalities in Clay Cross. This sense of shared purpose provides the rationale for such a complex co-location.
- Development of the Community Activity Hub will also enable activation of the park where the Hub will be located, in partnership with NGBs, local clubs and other Town Fund projects.



“ Although the project is yet to commence on site, the partnership approach and acknowledgement from all partners that we are all dealing with the same ‘customers’ has driven the project brief/outcomes to become a genuine hub which will improve the health and well-being of the community.

The barriers to physical activity are wide and varied but common with other lifestyle improvements such as securing employment or further education. Working together on common barriers produces improved outcomes for both residents of Clay Cross and the partner organisations.

The PALs project, along with the development of the facility, is already changing people’s lives and getting them closer to physical activity. The SOPG approach has provided the structure and process to focus on the common goals which will improve the health and wellbeing of Clay Cross for the long-term.”

Matthew Broughton, Joint Head of Service – Transformation & Organisation

Stage 3 Key learning

A formal commitment to developing Sharley Park Active Community Hub from all its strategic partners has been achieved through following the SOPG stages:

- The business case developed had the vision, evidence and insight to support the development of a proposal that has secured financial commitment to delivery.
- The facility development is a direct outcome of a process that has built consensus, confidence, and commitment to realising a shared vision. This has enabled a transformational investment from traditional leisure facility to a Community Activity Hub.

Stage 4

Case study 2

Nuneaton and Bedworth Borough Council – Boroughwide Investment in Physical Activity

Description of SOPG-related work

- Using the Strategic Outcomes Planning Guidance (SOPG) to develop the evidence for three new physical activity hubs to contribute to the corporate priority of reducing health inequalities across the borough.

Relevant stages/steps

- A. Stage 2 and 3:** Building on development of a Built Facility Strategy (BFS) and feasibility studies
- B. Stage 1 to 4:** Development of Stages 1-4 of the SOPG approach.

Activities and outputs

- SOPG has shaped a strategic borough-wide vision for physical activity based around two physical activity hubs in destination parks replacing ageing leisure stock, and one new physical activity hub in the north of the borough, co-located with a new Free Academy and a GP surgery.
- The vision is inextricably linked to the Towns fund which will facilitate development of a boroughwide active environment, re-developing an old riverbed to provide active travel routes, safe routes to school, and opportunities to be more active every day.

- Using the SOPG shared outcomes were established and extensive insight developed underpinning the need and case for investment.
- The BFS identified the need for additional physical activity provision given the 14,000 new homes to be built in the Borough by 2034. The FPM was used to verify the BFS and concluded that the scale and location of proposed physical activity hubs would address current and future need. Options for new provision were tested through feasibility studies, capital, and revenue modelling.
- Cross partner strategic support for the proposed interventions was established through stakeholder engagement, and development of new partnerships bringing planning, education, health, S106 and relevant policies together.
- The physical activity hubs will link to existing outdoor facilities through a new boroughwide network of walking and cycling routes.

Outcome

- The SOPG has been adopted by the Council; it is now informing development of the first physical activity hub and new cycling facilities.
- The SOPG process has helped to forge new partnerships and a very strong political commitment to invest in physical activity, enabling implementation of this inspirational Vision over the next 5 years.

“ The local authority had a leisure strategy in place, however following the SOPG stages challenged our existing approach. The need to consider the wider impact of leisure and the active environment, not just built facilities but also long-term sustainability and needs of our residents was key to our approach. Evidence gathered as part of the work has enabled the authority to link with many partners in a joined-up approach, to support improving health and well-being across the Borough.

The SOPG has been an influential document in reporting to Members, Partners and external agencies in the authority’s Vision and direction of travel. It supports its Local Plan and contributions from local Housing Development towards a range of additional facilities to meet the growing needs of the Borough.

Support provided by a range of external consultants and ongoing advice from Sport England has enabled Nuneaton and Bedworth to be in a very strong position in delivering its future Borough-wide leisure strategy for the next 40 years.”

Kevin Hollis, Director – Leisure, Recreation & Health

Stage 4 Key learning

- Nuneaton and Bedworth Borough Council used the SOPG to shape a strategic borough-wide Vision for physical activity which is now resulting in a visible and long-term commitment to an active environment, leisure investment and strategic interventions.
- This is now translating into commitment to a number of strategic investments to deliver maximum impact for the community to support longer term local strategic outcomes.

Salford City Council (SCC)

Pendleton Community Activity and Health Hub (PCAHH)

Description of SOPG-related work

- Using the Strategic Outcomes Planning Guidance (SOPG) to develop the evidence base for a new physical activity offer, replacing an existing ageing facility in the most deprived area of Salford.

Relevant stages/steps

- Building on a Built Facility Strategy (BFS) which recommended replacement of three facilities, development of stages 1-4 of the SOPG approach.
- A. Stage 1 and 2:** Development of shared outcomes; development of insight through extensive stakeholder engagement; exploration of co-location opportunity; role and development of PCAHH concept.
- B. Stage 3:** Development of the PCAHH concept, indicative programming, pricing, and access policies.
- C. Stage 4:** Development of RIBA Stage 2 report; indicative capital costs, revenue modelling, confirmation of strategic support; SCC formal commitment to supporting the required PCAHH subsidy.

Activities and Outputs

- The BFS identified the need to replace Clarendon Leisure Centre but did not link this to addressing local needs and priorities. Starting from the initial investment commitment, SCC and partners have developed an understanding of shared local outcomes, and developed comprehensive insight driven by the local community.
- The insight highlighted the need for some free access to facilities for families and young people, and a flexible pricing system as many local people will not be able to afford memberships. This included the delivery of a range of opportunities for young people.
- The strategic Vision to improve the lives of Pendleton residents has forged partnerships and brought together organisations to develop a relevant physical activity and health offer in the heart of the community. This forms a part of the overall masterplan which will see new housing, re-activated parks and open spaces and a network of walking and cycling routes better connecting Pendleton to Salford and the wider area.
- SCC worked with architects to develop the hub concept and translate it into places and spaces where people can be active, source a range of community and health services and socialise. This includes multi-purpose spaces providing a base for youth organisations and family activity, as well as a café, Active Play and meeting places.

- Following the SOPG process, the context for capital intervention has been demonstrated, and the PCAHH developed to specifically address local needs so it will contribute to a reduction in inequalities.
 - Critically, the SOPG supported extensive community engagement to build the insight informing need, local priorities, barriers to participation, and the concept for the new Pendleton Community Activity and Health Hub (PCAHH).
- Outcome**
- The SOPG provided the opportunity to pull together a significant amount of data and evidence to develop the case for intervention in Langworthy ward.
 - The SOPG has confirmed the shared outcomes for the City in terms of transformational change and investment to improve the life chances of the community. Physical activity is at the heart of this.
 - This concept was then translated into costed places and spaces, and a detailed revenue model developed to underpin the sustainability of the intervention.
 - PCAHH health hub provides a clear way forward for physical activity and health in Pendleton; the hub facility mix reflects community insight; programming and pricing policies address identified barriers to participation. The SOPG has provided SCC the confidence to go forward with the delivery and ongoing revenue subsidy of the PCAHH to ensure it has the intended impact at local level.



Testimonial

“ Utilising the SOPG process has provided the basis from which SCC is able to take forward the PCAHH with an assurance that the activities found within it have been evidenced by need, are focused to result in tangible relevant outcomes, all in the context of a sustainable business case.

The SOPG has been central to realising a great facility for the people of Pendleton.”

Jackie Ashley, Project Manager

Stage 4 Key learning

- Using the staged approach advocated by the Strategic Outcomes Planning Guidance gave the Council the confidence to move the project forward.
- The insight and evidence gained confirmed the shared outcomes which translated into a facility mix and a sustainable business case which provided a clear way forward for the project and allowed key partners to commit to the project.

Stage 4

Case study 4



Great Yarmouth Borough Council

Description of SOPG-related work

- Strategic Planning Outcomes report completed on behalf of Great Yarmouth Borough Council as part of a successful Strategic Facilities Fund application. The work was undertaken as the development of a new leisure facility was progressing through RIBA-3 and RIBA-4 stages of design.

Relevant stages/steps

- A.** The SOPG process was completed in tandem with the development of designs for the new Great Yarmouth Leisure Centre.
- B.** The SOPG diagnostic exercise was used to identify the additional work the Council needed to undertake, building on their work to date. The iterative diagnostic exercise was repeated as the project progressed, tracking in progress and completed works.
- C.** Extensive needs analysis works had already been completed prior to the commencement of the SOPG process. These included sports and leisure strategies, needs analysis, feasibility studies and business planning exercises.
- D.** After reviewing work undertaken to date, the following additional work was identified and completed:
 - i.** Development of key strategic outcomes and KPIs for management of the leisure portfolio
 - ii.** Consultation with key stakeholders and establishment of a working group
 - iii.** Development of a detailed business plan in consultation with the operator, Council, and project managers
 - iv.** Management options appraisal.

Activities and outputs

- The initial SOPG work was initiated as part of a wider commission to submit a Strategic Facilities Fund application. The project was one of the first SOPG processes, so guidance was updated as the project progressed. Sport England supported the Council in this process.
- The consultants had been working with Great Yarmouth Borough Council for a number of years through the development of the new Great Yarmouth Leisure Centre. The consultants had compiled an initial needs analysis for a new centre, feasibility studies from RIBA 0 through to RIBA 2 and completed several business planning exercises and therefore well informed about the strategic background and able to complete the SOPG diagnostic exercise. The consultants subsequently identified the additional work required to complete the SOPG process and worked with the Council to undertake this.
 - Consultation exercise and members' workshop to establish key strategic priorities for the Council's leisure portfolio.
 - Development of practical KPIs and ways of specific ways to deliver against the agreed outcomes. Close cooperation

with the local Active Partnership (Active Norfolk) and the Council's operator was important in ensuring that the SOPG outcomes were useful in the short, medium and long term.

- Development of a detailed business plan, working closely with the Council's operator.
- Management options appraisal to ensure best value.
- The SOPG process was completed in tandem with the development of designs for the new Great Yarmouth Leisure Centre. This allowed the outcomes of the process to be incorporated in detailed designs and inform management decisions.

Outcomes

- The Council have now set up an 'Active Great Yarmouth' function to better deliver against the strategic priorities of their leisure portfolio. The Strategic Planning Outcomes report allowed the Council to better understand the strategic priorities for the new Great Yarmouth Leisure Centre development.
- Working with the Council, operator and local Active Partnership ensured that the Council came out of the process with a clear matrix mapping the strategic priorities to specific activities and programmes to be delivered within the new centre.
- The SOPG was submitted as part of a successful Strategic Facilities Fund application.

“ The development of the Strategic Planning Outcomes for the Great Yarmouth Leisure Centre was a vital piece of work to help the Council build its understanding of how to plan effectively and maximise the engagement of the local community in their new Centre. Great Yarmouth is a borough with real challenges in terms of health outcomes and deprivation and so to gain buy in from all stakeholders and to be able to develop clear shared outcomes will be vital to the success of the centre post opening.”

Lindsay Barker, Strategic Director

Stage 4 Key learning

- Great Yarmouth Borough Council has used the SOPG to develop a detailed business case for the Great Yarmouth Leisure Centre to optimise the potential for this investment to achieve their local strategic outcomes.
- The impact of this investment will be maximised as a result of the systematic approach to planning and the commissioning of leisure services moving forwards.



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This guidance was developed with support from SLC – The Sport, Leisure and Culture Consultancy. Case studies have been provided by a range of local authorities and their consultants.

May 2021



HEALTH AND WELLBEING BOARD

DATE: 20TH JULY 2021

REPORT TITLE	PUBLIC HEALTH ANNUAL REPORT 2020/21 EMERGING RECOMMENDATIONS
REPORT OF	DIRECTOR OF PUBLIC HEALTH

REPORT SUMMARY

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

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

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

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

The 2020/2021 Report seeks to direct action that we need to take together to reduce the impact of health inequalities on our residents and improve health for everyone in our borough. It will also inform our local recovery and renewal plans in response to the pandemic and influence action for the future.

RECOMMENDATIONS

The Health and Wellbeing Board is recommended to consider and comment on the draft recommendations of the Public Health Annual Report 2020/21.

SUPPORTING INFORMATION

1.0 REASONS FOR RECOMMENDATION/S

- 1.1 As part of the development of the 2020/21 Public Health Annual Report the emerging recommendations are presented to the Health and Wellbeing Board for reflection and comment. This will inform the final version of the Report prior to its publication in September 2021.

2.0 OTHER OPTIONS CONSIDERED

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

3.0 BACKGROUND INFORMATION

- 3.1 The global COVID-19 pandemic has created unprecedented challenges and new experiences for everyone. However, whilst the pandemic has affected us all, the burden has not been shared equally. The long-standing problems associated with health inequality have endured; vividly exposing the impact of these unacceptable differences on people and communities. The pandemic has also made these health differences worse, and the heaviest impacts have fallen on the lives of people already experiencing health, economic and social inequalities.
- 3.2 Whilst we have made great progress to support people to live healthier lives in Wirral, health inequalities are stubbornly persistent. Even prior to COVID-19, Wirral already had some of the poorest health outcomes in the country, with high numbers of socially and economically vulnerable people and extensive, prevailing health inequalities. Within Wirral the difference in life expectancy between those living in the most and least deprived areas is 12 years for men and 10 years for women. The impacts on individuals, communities, services, and the economy are enormous, and the repercussions of the pandemic will aggravate these further.
- 3.3 Continuing to tackle health inequalities, and reduce its impact on our community, will be a key task long into the future and one which will benefit every resident. Although some things that influence our health cannot be changed, such as our age and genes, there are many important factors that, collectively, we can change. Issues such as poverty, unemployment, poor housing, and unhealthy environments are major contributors to this health gap. The pandemic has shown us what we can achieve when we all work together and the speed at which we can make change happen.
- 3.4 The report identifies several emerging recommendations directing the action we need to take together to reduce the impact on our residents and improve health for everyone in our borough.

4.0 FINANCIAL IMPLICATIONS

4.1 There are no financial implications arising directly from this report. However, to implement the recommendations resources will be required. Where additional resources are required outside of the annual budget, this will be reported to Members to determine whether these resources should be redirected from elsewhere in order to progress the recommendations or to consider whether the recommendations requiring a new financial commitment should be implemented.

5.0 LEGAL IMPLICATIONS

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

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

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

7.0 RELEVANT RISKS

7.1 The impacts of the pandemic on the health and wellbeing of the local population are still emerging and therefore not fully understood. The emerging recommendations presented therefore take account of some of this uncertainty.

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

8.0 ENGAGEMENT/CONSULTATION

8.1 The emerging recommendations associated within this report are presented to members of the Health and Wellbeing Board for reflection and comment.

9.0 EQUALITY IMPLICATIONS

9.1 An Equality Impact Assessment is not required for this presentation of emerging recommendations. However, an Equality Impact Assessment will be conducted on the Public Health Annual Report and the associated recommendations.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

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

REPORT AUTHOR: **Julie Webster**
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APPENDICES

Appendix 1 – Emerging Recommendations

BACKGROUND PAPERS

Wirral Intelligence Service (2021) Health Inequalities

<https://www.wirralintelligenceservice.org/jsna/health-inequalities/>

Health Equity in England: The Marmot Review 10 Years On (2020)

<https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on>

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

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

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

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

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

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

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Cabinet	16 July 2018
Health and Wellbeing Board	18 July 2018
Cabinet	30 September 2019
Council	14 October 2019
Health and Wellbeing Board	13 November 2019
Adult Care and Health Overview and Scrutiny Committee	19 November 2019

Wirral Public Health Annual Report 2020/21

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Emerging Recommendations

Health and Wellbeing Board

20th July 2021

What is the Public Health Annual Report?

An independent report of the Director of Public Health and a statutory requirement

Focuses on a key priority or opportunity for action or improvement

Complements the Joint Strategic Needs Assessment

Have led to health improvement in the population

This is the seventh report since the Council took back responsibility for public health

Wirral Public Health Annual Report 2020/21

In Wirral some communities experience better health than others.

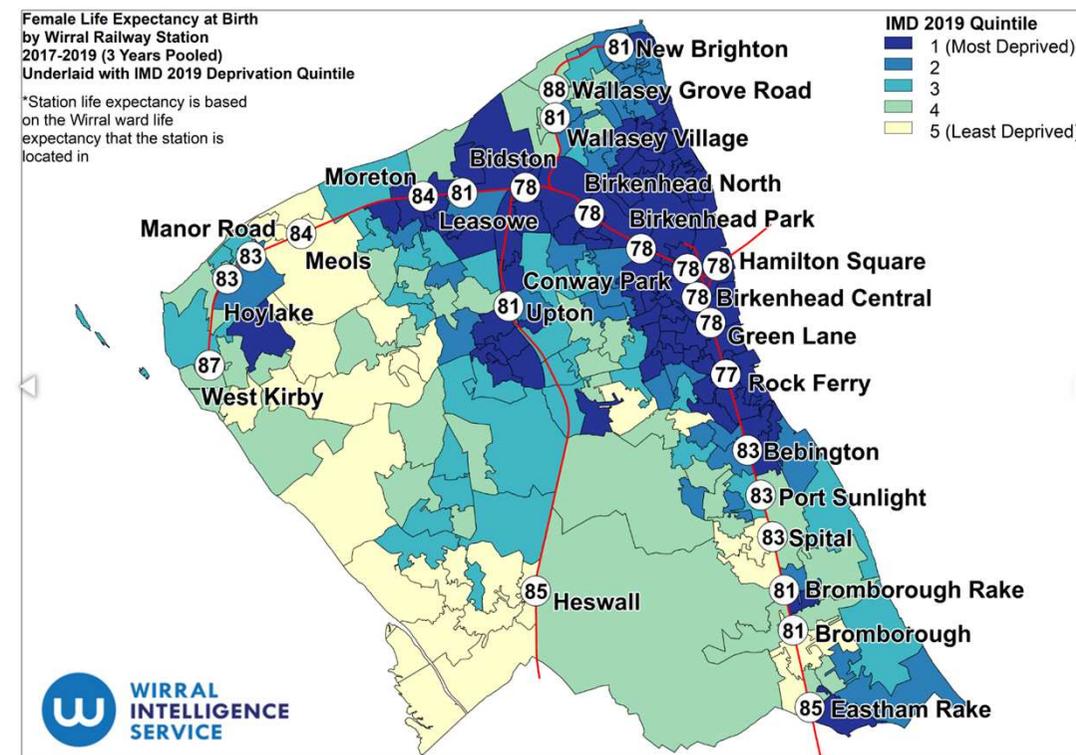
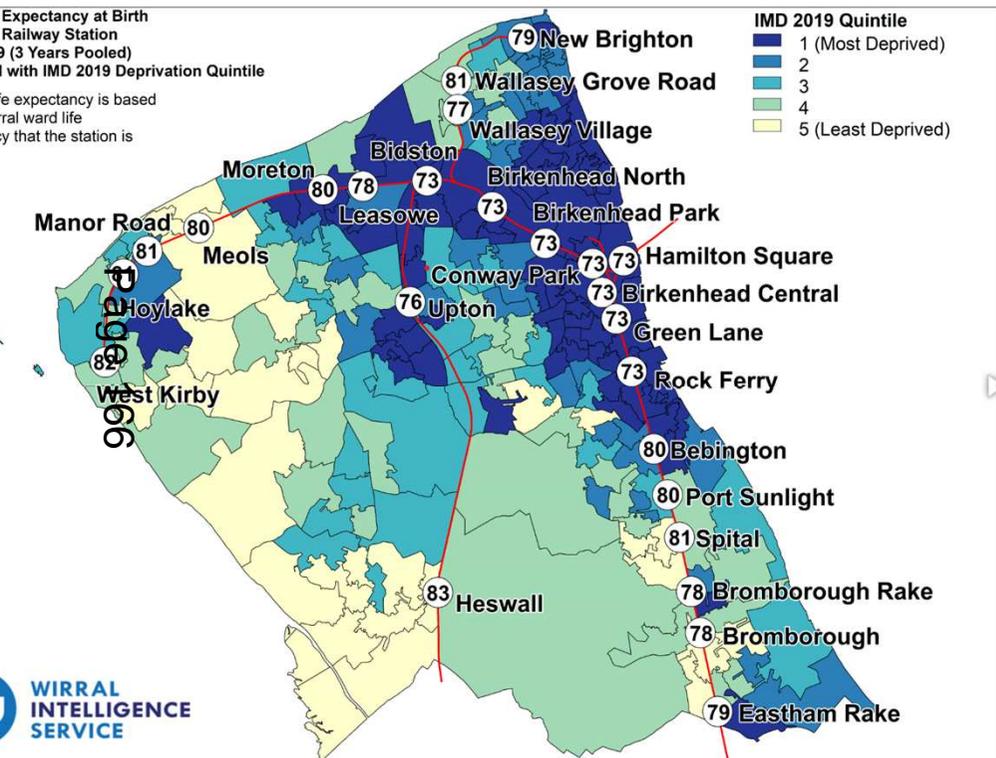
These differences are the most significant health challenge in Wirral. They impact on the quality of people's lives, the way they use services and how they and the economy prosper.

These differences have also shaped the way in which COVID-19 has affected some communities more than others.

Differences in health occur as a result of the social, economic and environmental conditions in which people live.

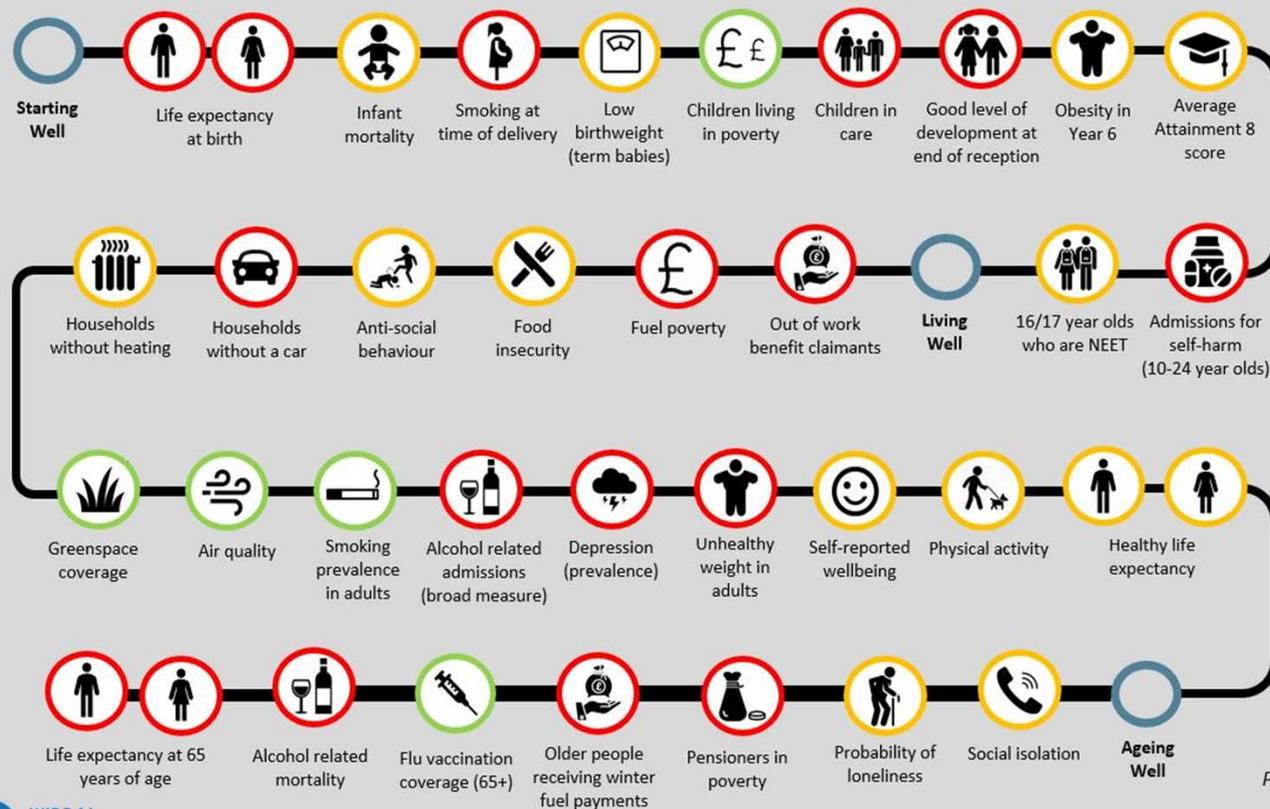
By taking action on these we will see the biggest results in terms of improving everyone's health.

We want everyone to have a good quality of life no matter where they live.



Wirral life course statistics 2021

A comparison to England



Wirral Facts

Population

*About **324,000** people live in Wirral

Deprivation

35% of the Wirral population live in the top **20%** most deprived areas in England

Child Poverty

15% of children aged 0 to 15 live in poverty in Wirral

Key

Statistical significance to England

- Better
- No significant difference
- Worse

Produced by Wirral Intelligence Service

Some icons were made by FlatIcon and are available here: <https://www.flaticon.com/>

Executive Summary

We have made great progress in supporting people to live healthier lives.

However health inequalities are stubbornly persistent. The COVID-19 pandemic has made these differences even more acute, and the heaviest impacts have fallen on the lives of people already experiencing health, economic and social inequalities.

Key protective factors include having good quality employment, a safe and warm home and the best start in life.

Long-term economic inequalities have been prevailing in some of our communities for generations.

Not everyone in Wirral has a safe, secure and affordable place to live.

Some children in our borough do not have the best start in life.

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

Keep.Wirral.Well.

Emerging Recommendations

Prioritise economic regeneration and a strong local economy

Safeguard a healthy standard of living for all

Increase support for children, young people and families

Strengthen action to address health outcomes and prevention

Residents and partners continue to work together

Prioritise economic regeneration and a strong local economy

Recommend that:

Economic development plans are reviewed to ensure that they respond to the impact of the pandemic on residents and communities.

Economic Regeneration and Development Committee, working with the Health and Wellbeing Board, should consider the development of an Economic Inequalities Strategy for Wirral.

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Employment support services and skills development programmes are available, accessible and sustainable to ensure income maximisation and support those most susceptible to job loss and job insecurity.

Partners embed a 'Health in All' policies approach to regeneration planning. We can use this approach to ensure that the wide breadth of health impacts of the pandemic is part of routine decision making and to reduce health inequalities.

eguard a healthy standard of living for all

commend that:

Wirral's Housing Strategy is reviewed to reflect the changing needs of residents and to address the challenges that have emerged during the pandemic.

There is an integrated information and advice offer to enable people to access support when they need it.

Build on the progress made during the pandemic to support people who are homeless.

Refine and streamline fuel poverty support pathways with partners across Wirral learning from COVID response.

Relevant partners utilise Health Impact Assessment in spatial planning to identify risks to health and ways to mitigate them.

Request for support for children, young people and families

Recommend that:

The impacts of the pandemic on our young people are examined to ensure that children and families have the support they need to predict future areas requiring support and inform the offer for early years support from the Council and other partners

Continue to develop the early help and intervention model underpinned by a prevention framework.

Work with families, early years, schools, further and higher education sectors to ensure all children and young people fulfil their potential through a 'cradle to career' approach.

Ensure that services are maximising opportunities to mitigate the impact of the pandemic on children and young people and families with a focus on physical and mental health.

Review existing support and services for our most vulnerable children, young people and families to ensure they are resilient, accessible and driving progress.

Strengthen action to address differences in health outcomes and prevention

Recommend that:

Local health and care partners focus on tackling inequalities in healthcare provision - this is their direct responsibility and must be the prime focus of their action.

Local NHS partners ensure they can access high-quality data to measure performance on reducing health inequalities across services. This includes being able to breakdown outcome and performance data by deprivation and ethnicity.

NHS partners use their role as local anchor institutions and the choices they make as an employer and a purchaser to reduce inequalities.

Preventative programmes and proactive health management for groups at greatest risk of poor health outcomes are accelerated across key service areas as outlined within the NHS long-term plan (cancer, CVD, respiratory disease, mental health and maternity care).

The developing integrated care system and local providers have a named executive board-level lead for tackling health inequalities and access training made available by local and national partners.

Local NHS partners engage with and play a supportive role in multi-agency action to improve the social, economic and environmental conditions in which people live.

Health and care partners build on the focus on good infection prevention control during the COVID-19 pandemic to ensure we prevent avoidable infections and keep people safe.

Residents and partners continue to work together

commend that:

All partners should continue to build on the strong partnership work developed through our COVID-19 response by implementing the action emerging from the Health and Wellbeing Board Community and Voluntary Sector work.

All partners fully engage local people to co-design services and initiatives to enable residents to recover and improve their health and wellbeing. We need to prioritise our more vulnerable residents who have been disproportionately affected by COVID-19 and use tailored communication methods.

We undertake a resident listening exercise to learn from the experience of the pandemic to understand local people's experiences and aspirations for the future. This work should be a blueprint for developing a sustainable model for the use of insights gathered from local people.

Next Steps

Health and Wellbeing Board members' reflections on the recommendations presented

Finalise report recommendations over the Summer

Publish the PHAR in September 2021

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COMMITTEE: HEALTH & WELLBEING BOARD

Date: 20th July 2021

REPORT TITLE:	WORKING WITH THE COMMUNITY, VOLUNTARY AND FAITH SECTOR
REPORT OF:	JULIE WEBSTER, DIRECTOR OF PUBLIC HEALTH

REPORT SUMMARY

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. This report provides an update on the work programme.

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.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 To provide members of the Health and Wellbeing Board with an update on work to enhance the working relationship with the Community, Voluntary and Faith sector.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 The option to do nothing was considered however the CVF sector provide valued support through a wide range of activities and services to residents. The sector is therefore a key partner in the delivery of the Wirral Plan and an important bridge between the Council and its relationship with local people. The option to do nothing was therefore not considered as a plausible option.

3.0 BACKGROUND INFORMATION

- 3.1 The Health and Wellbeing Board supported the proposed approach to working with the Community, Voluntary and Faith Sector (CVF) on 31st March 2021 and that a working group is established to oversee the approach taken to working with the Community, Voluntary and Faith sector.
- 3.2 There are four main workstreams to inform next steps and to build on existing work including:
- The CVF sector leadership with Wirral Council and the wider Wirral Partnership;
 - Business support for not-for-profit organisations;
 - Co-ordinating funding bids across the CVF sector;
 - Commissioning the CVF sector; and
 - Volunteering need and opportunity.
- 3.3 To enable wide engagement and to develop this work a conference was held on 9th June 2021. The conference was designed and facilitated by and with the sector, led by a task and finish group comprised of representatives from a range of CVF organisations reflecting the sectors diversity, and officers from Wirral Council. Thirty-eight local Community, Voluntary and Faith sector representatives attended along with several senior Council officers and Cllr Yvonne Nolan as Chair of the Health and Wellbeing Board.
- 3.4 A Conference Report is provided to the Board as an appendix to this update. The key themes that emerged were as follows:
- Voice of the CVF Sector

It was acknowledged that whilst leadership responsibility for this work is shared the CVF sector representatives must drive the work and that any subsequent strategy should be led by the sector.

- **Tackling inequalities together**
Easy to access services was repeatedly recognised as an important factor. Digital accessibility was explicitly identified both in terms of physical equipment, maintenance, affordability, and literacy.
- **Collaborative working**
There is a number of CVF network groups already established for example, the Covid-19 Humanitarian Cell, the Community of Practice Network, the HWB Reference Group and CVF Chief Officer Forum. Clarifying how these fora work together, the participation arrangements (e.g. voting) and how they connect to public sector governance was identified as a required action.
- **Volunteering**
Existing volunteers became beneficiaries during the pandemic and new volunteers need to be retained going forward. Protection of volunteer's mental health is important, working closely with DWP.
- **Sustainability and resourcing**
A centralised strategic place for organisations to tap into to share skills and support each other was identified as a need. Further understanding about what the sector requires in terms of support to operate was also highlighted.

3.5 The Working Group which includes co-opted representatives of the CVF Sector will lead on the development of work under each workstream through thematic focused groups. These focus groups will report actions back to the Working Group in early August 2021.

3.6 A further conference with the broader CVF sector is scheduled for 9th September 2021 which will provide an opportunity to further develop actions.

3.7 An updated report detailing progress will be presented to the Board at the meeting on 29th September 2021.

4.0 FINANCIAL IMPLICATIONS

4.1 The work programme outlined within this report will inform future financial implications and any subsequent commissioning intentions which may include pooling resources across the Council and or with Partners.

5.0 LEGAL IMPLICATIONS

5.1 There are no legal implications arising from this report, however future actions taken may have legal implications which will need to be addressed at the relevant time and

any future procurement will need to be conducted in accordance with the Council's contract procedure rules.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 The work described within this report will identify any future resource requirements.

7.0 RELEVANT RISKS

7.1 Continuing engagement from the CVF sector is key as is the contribution from Wirral partners. As part of this action plan relevant risks and mitigating actions will be identified related to the workstreams outlined and presented back to Health and Wellbeing board on 29th September 2021.

8.0 ENGAGEMENT/CONSULTATION

8.1 A fundamental tenet of this work is to enable a co-produced programme of work engaging with the many local CVF networks and organisations to inform how the Council and sector will work together in the future to improve health.

9.0 EQUALITY IMPLICATIONS

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

9.2 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.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 No direct climate implications.

REPORT AUTHOR: **Name Julie Webster**
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APPENDICES

Community, Voluntary and Faith Sector Conference Report, 9th June 2021

BACKGROUND PAPERS

Wirral Community Wealth Building Strategy

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Health & Wellbeing Board	31 st March 2021

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COMMUNITY, VOLUNTARY AND FAITH SECTOR CONFERENCE REPORT

INTRODUCTION

Wirral Council co-hosted an event with representatives from the community, voluntary and faith (CVF) sector on 9th June 2021. The conference was designed to build momentum on the considerable work already undertaken with the CVF sector (the sector) during the pandemic and to look to identify opportunities for working collaboratively in the future across a number of themes.

The conference was designed and facilitated by and with the sector, led by a task and finish group comprised of representatives from a range of CVF organisations reflecting the sectors diversity, and officers from Wirral Council (Full list of members is provided at the end of the conference report).

On the day, 38 local community, voluntary and faith sector representatives attended along with several senior Council officers and Cllr Yvonne Nolan as Chair of the Health and Wellbeing Board. A full list of delegates can be found at the end of the conference report.

Conference Outline and Objectives

The conference aimed to achieve the following:

1. Reflect on how COVID-19 has impacted the sector
2. Understand the needs and asks of the sector
3. Celebrate good practice locally and across the City Region
4. Identify opportunities for collaboration
5. Understand what we want to achieve and how
6. Set strategic intent for working together in the future

A copy of the Conference Agenda is provided at the end of the report, which combined speaker presentations and dedicated, themed breakout workshops. The presenter speakers were:

- Paul Satoor- Chief Executive Wirral Council
- Cllr Yvonne Nolan- Chair of Health and Wellbeing Board.
- Julie Webster- Director of Public Health, Wirral Council.
- Mark Camborne- Assistant Director of Neighbourhoods, Safety and Transport, Wirral Council.
- Carol Johnson Eyre- Chief Executive Citizen Advice Wirral
- Bev Morgan-Chair, Chief Executive Group
- Lewis McDonald- Delamere Centre
- Ben Gilchrist- Chief Executive, Caritass
- Sally Yeoman- Halton and St Helens VCA
- Warren Escadale- NAVCA

Paul Satoor opened the conference and thanked the sector for their efforts during the pandemic. Julie Webster set out the aims of the day and reflected back on the findings from a CVF conference in January 2020 and previous work the Council and the sector have done collaboratively. Mark Camborne and Carol Johnstone-Eyre reflected on

their experiences of working as part of the humanitarian cell during COVID-19. Representees from the sector also presented some of the challenges the sector have faced during the pandemic and the challenges associated with recovery.

The second half of the programme focused on the strategic vision with Cllr Yvonne Nolan setting out the objectives of the Health and Wellbeing Board. Julie Webster outlined the Wirral Plan 2020-2025 and the desire to continue to involve the sector in its ongoing development. Sally Yeoman from St Helens CVS presented the VS6 picture and Warren Escadale, NAVCA set out the key principles of infrastructure. (Presentations web links available at the end of the conference report).

Delegates were then invited to participate into breakout groups to discuss in more detail proposed future action covering the following themed sessions:

- Volunteering
- Development – support, sustainability and resourcing
- Collaboration and Social Action
- Strategic Influence and voice of the sector
- Tackling Inequalities Together
- Collaboration and Equal Partnerships

The following key notes were reported by breakout group facilitators:

Theme	Key Discussion Points
Volunteering	<p>The value of volunteers in businesses and communities throughout COVID was well received and the versatility of people was appreciated.</p> <p>There is a support required around the investment into volunteers at the front end and retention. There is not enough capacity for employed staff to do it.</p> <p>There is concern across the sector that they will lose volunteers when they return to work from furlough etc.</p> <p>The Community Action Wirral (CAW) volunteer management tool needs to be shared wider across the sector.</p> <p>As we move out of COVID-19 there needs to be recognition that COVID-19 has had an impact on people’s wellbeing and not everyone will be as work ready as they may think. Volunteering opportunities need to be valued and the sector needs to be trusted to look after these people.</p>
Development-support, sustainability and resourcing	<p>If social distancing continues more office space or hot desks will need be required to support the sector.</p> <p>Strategic approach to supporting CVF with digital infrastructure would be helpful. Organisations are in different places with IT literacy thus a pooling of resources around low-cost training and resources would be useful.</p>

	<p>Support with social media engagement, developing content, and strategically tracking how much the target audience is engaging and how to increase reach would be useful.</p> <p>Need to bring smaller organisations in as provider to support more people in the community, how to market and increase resources, build and maintain websites etc.</p> <p>Move towards place-based models and working with nearby anchor institutions which may have longer-term resource.</p> <p>The sector is keen to share skills and support smaller organisations to grow but there is no formal platform for this skill-sharing. Swap-shop database of what different charities/ partners are good at e.g, support submitting accounts.</p> <p>Catalogue of where all Wirral’s organisations are and what services they provide would be beneficial.</p> <p>A structured series of themed sessions could be run with groups from Humanitarian Cell, overheads for small organisations could potentially be shared via joint contracts in e.g, Centre of Birkenhead.</p>
<p>Collaboration and Social Action</p>	<p>Lots of examples of the sector having an equal voice through the Humanitarian Cell - big / small, local / quasi-statutory groups all equal and represented.</p> <p>Collaboration continued during “unlockdown” as well, e.g. when the Central Food hub finished and provision returned to local projects and organisations. Local organisations were not just ‘left to get on with it’ but there was transition.</p> <p>Wirral Info Bank positively valued as a common, visible, platform that demonstrated we are working collaboratively by providing a single point of access for all Wirral people.</p> <p>Challenge is to continue collaboration as goals may not align like they have with COVID-19 across organisations as closely as we move on.</p> <p>How does the sector get their voice heard in “business as usual” times, not just “Emergency Planning”? Collaboration needs to be part of the formation of strategy not to see the CVF sector as just about operational delivery.</p> <p>Important we have the same understanding of what is meant by terms such as “collaboration” and “equal partnership”, within our own networks.</p>

Theme	Key Discussion Points
Strategic Influence and voice of the sector	<p>Public sector has to change from their top-down approach. People who know the problems are the people who live there.</p> <p>How can the sector hold the public sector to account, what is the forum through which this is done and who are the champions within the Council?</p> <p>The sector needs to take more responsibility, we do not evaluate what is going on around us. However, the crisis has allowed us to do this and we have the power to make change as well.</p> <p>The conversations should be a conversation and not a dialogue in order for true co-production. Humanitarian Cell has allowed this to happen as an opportunity to feedback the views of the sector.</p> <p>There has to be a level of co-ordination for the way in which the Council engages with the sector. Lots of work needs bringing together for example; Humanitarian Cell, Community of Practice (COP) Community Wealth Building, Health & Wellbeing Board CVF Reference Group, Community Action Wirral and the work of Capacity Lab. There are too many overlapping streams of work in terms of a strategic environment.</p> <p>Need to develop a set of behaviours about how the Council engages with the sector and vice versa.</p> <p>There is a desire to have more time with the Council's most senior officers. What is the single point of access for CVF to public sector organisations e.g. who is the lead Cllr, is there a lead officer? Clarity and transparency on access to Senior Council Officers and Elected Members is required.</p> <p>The system is invisible to people. Smaller organisations do not know how to approach, and other organisations do not have the capacity or time.</p> <p>Need to think about how we communicate as CVF organisations, how we communicate with others and how we receive the information and the platforms we get information from.</p> <p>Early Help Model needs more development with the sector.</p> <p>Need more time to get to the real root of the issues.</p>
Tackling Inequalities Together	<p>There are health inequalities in our most deprived areas: Bidston/St James, Birkenhead/Tranmere, Seacombe/Rockferry, Licard etc. A joined up approach from Public Health/Statutory working collaboratively with VCF sector to tackle them can make a huge difference in redressing the balance; funding will support sustainability</p>

	<p>Listen to VCF sector-voices of experience; most were set up to fill gaps in services. Provide opportunities for young people to have new experiences/to try new activities for free. Education can be fun/informal.</p> <p>Long-term conditions are one of the major causes of poor quality of life in England. VCF sector can engage with 'hardest to reach' communities in way the public sector can not. Feedback from community groups is that it is not always helpful to have 3rd parties drop in on community settings; enable VCF to deliver this as sustainable community model</p> <p>Improve opportunities for young people by supporting local community groups who engagewith young people around mental health and well-being and confidence building support . Prevent issues escalating. Use small group work which builds/establishes trust throughlong term engagement.</p> <p>Work with VCF sector re: shared data; we have a wealth of information and statistics that could help the bigger picture and bring external resources into the borough.</p> <p>Domestic/sexual abuse bigger issue than people realise. Collaborative work with public health/statutory/VCF sector to address these issues is necessary. Perpetrator programmes should be developed jointly with a wealth of experience from VCF sector.</p> <p>Tackling inequalities of health associated with behavioural risks (such as poor diets). We need to address the wider network of factors that influence these behaviours such as poverty/access to affordable healthy food including donated food from food banks, social supermarkets.</p> <p>Tackling inequalities is a matter of fairness and social justice, something that VCF sectors have been continuously striving for evidenced by our plugging the ever-increasing gaps in services due to increased thresholds. It is important that VCF sectors have seats around the table and are included in open and transparent discussions and considered when funding is discussed as a priority and not an afterthought. This shows a willingness for real equality.</p> <p>Accessibility being an afterthought as opposed to considered at planning stage especially around I.T accessibility for all. Impact of poverty prevents so many people from accessing universal support. Make this simple and accessible for all, as it this excludes most disadvantage from all communities.</p>
<p>Collaboration and Equal Partnerships</p>	<p>Lots of good examples of partnership working in Wirral during lockdown.</p>

	<p>Co-production is key when working with adults with learning disabilities as a means to formulate ideas and what consultations should look like rather than just doing a consultation and being done to.</p> <p>Find a way to vote together on priorities, Health and Wellbeing Board CVF Reference Group needs to be done right and to understand what is and is not in scope, carrying the actions from the Humanitarian cell workshop forward. These all needs consolidating into one work programme and one forum.</p> <p>Query around the structure of the CVF in Wirral e.g. does Community Action Wirral represent the whole sector as VS6 said or can it be refocused? Infrastructure support to the sector needs to be trusted, representative and have two-way communication.</p> <p>What are the mechanisms for best practice CVF-Council working? Clear leadership needed in the local authority, facilitation capacity, how to access the right individual within an organisation to commission the best collective services. ABCD approach can help with this, could and should work on feedback within and across the system to ensure accountability.</p>
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CONFERENCE CLOSING

The following next steps were set out to continue to develop how the sector and Council work together:

- The Conference report will be circulated to those participants who attended and circulated more widely. The Conference Report will also be provided to the Health and Wellbeing Board at the meeting on 20th July 2021.
- The Working Group will lead on the development of work under each workstream identified through the thematic focused groups. These will report actions back to the Working Group in early August 2021.
- A further conference with the broader CVF sector is scheduled for September 2021 which will provide a further opportunity to develop the thematic workstreams.
- An updated report detailing progress will be presented to the Health and Wellbeing Board at the meeting on 29th September 2021.

Report Author: Nicola Jones, Senior Public Health Programme Manager, Wirral Council (email: nicolajones1@wirral.gov.uk)

CVF WORKING GROUP MEMBERSHIP

Name	Organisation
Ben Gilchrist	Caritass
Amy Butterworth	Make it Happen
Bernie King	WEB
Chris Allen	Make it Happen
Jamie Anderson	Age UK
Alex Fisher	Community Voice
Keith Addenbrooke	St James Church
Aline Macready	Wirral Multicultural Organisation
Bev Morgan	Koala NW
Keelan Early	Cradle to Career
Zel Rodgers	Community Action Wirral
Sophie Clarke	Capacity Lab
Nicola Jones	Wirral Council
Angelina Cliff	Wirral Council
Dan Sharples	Wirral Council

CONFERENCE DELEGATE LIST

Name	Organisation	Name	Organisation
Paul Satoor	Wirral Council	Carol Johnstone-Eyre	Wirral CAB
Cllr Yvonne Nolan	Wirral Council	Bev Morgan	Koala NW
Julie Webster	Wirral Council	Ben Gilchrist	Caritass
Mark Camborne	Wirral Council	Lewis MacDonald	Eastham Delamere Centre
Rachael Musgrave	Wirral Council	Amy Butterworth	Make It Happen
Emma Wilkes	Neo Cafe	Adam Mellor	
Anna-Louise Van Der Merwe	Foundation Years Trust	Fergus Adams	Wirral Council
Aoife Blanchard	Wirral Council	David Maguire	Wired
Julian Eyre	Wirral CCG	Jamie Anderson	Age Uk
Michelle Gough	Wirral Council	Julie Horman	Wirral Council
Justine Molyneux	Involve North West	Julie Kay	Older People's Parliament
Nicola Jones	Wirral Council	Louise Healey	DWP
Rebecca Mellor	Wirral Council	Lisa Leece	Forum Housing
Lizzie Carlie	Wirral Mencap	Micha Woodworth	Healthwatch Wirral
Sandra Gilbert	Wirral Mind	Keith Addenbrooke	St James
Sophie Clarke	Capacity Lab	Aline Macready	Wirral Multicultural Organisation
Zhara Hossain	Wirral Change	Tiffany Subinyoung	Wirral Change
Bernie King	WEB Wirral	Chris Allen	Make it Happen
Alex Fisher	Community Voice	Greg Epton	Gateway Church Wirral
Dominic Griffiths	Energy People Plus	Natalie Young-Calvert	Primary Care Wirral
James Hennessey	Wirral Youth for Christ	Peter Wright	Community Voice
Sonia Holdsworth	One Wirral CIC	Kevin Sutton	Eastham Delamere Centre
Sam and Jonathon Hamilton	Salvation Army	Alison Dean	Koala NW
Lucy Holmes	Primary Care Wirral	Alison Hill	Capacity Lab
Lauren Leeman	WEB Wirral	Zel Rodgers	Community Action Wirral
Keelan Early	Cradle to Career	Richard Roberts	Wirral Foodbank
Jan Brown	Age UK	Sharon Nicholson	Wirral Mencap
Sarah Taylor	Capacity Lab	Lee Pennington	Open Door Centre
Sally Yeoman	Halton and St Helens VCA	Warren Escadale	NAVCA
Clint Aghard	Wirral Change	Louise Harland-Davies	Wirral Council
Christine Phelan	Wirral Mencap		

CONFERENCE AGENDA

Time	Lead	Title
14.30	Paul Satoor Chief Executive, Wirral Council	Welcome and introduction
14.35	Julie Webster Director of Health and Wellbeing, <i>Wirral Council</i>	Introduction to the Day
14.40	Examples of working together- Humanitarian Cell Mark Camborne- Assistant Director Neighbourhoods, Safety & Transport, Wirral Council. Carol Johnson Eyre- Chief Executive Citizen Advice Wirral	Partnership working
14.50	Feedback from the sector Bev Morgan-Chair, Chief Executive Group Clint Agard- Wirral Change Lewis McDonald- Delamere Centre Ben Gilchrist- Caritass	State of the Sector- Understanding the impact of covid.
15.04	Nikki Jones- Public Health, Wirral Council	Introduction to breakout Session
15.05	Breakout Session 1	Sector led themes- - Volunteering - Development – support, sustainability and resourcing - Collaboration and social action
15.35	Sector led feedback from Breakout session 1 Ben Gilchrist - Caritass	Key reflections from each group
15.45 BREAK		
15.55	Cllr Nolan Chair of Health and Wellbeing Board, <i>Wirral Council</i>	Health and Wellbeing Board Strategic Priorities.
16.00	Julie Webster Director of Health and Wellbeing (DPH) <i>Wirral Council</i>	Wirral Council Strategic Landscape
16.10	VS6 Sally Yeoman, Halton and St Helens VCA	Regional Policy and Good Practice
16.20	Nikki Jones- Senior Public Health Manager	Introduction to Breakout session 2
16.20	Breakout Session 2	Sector led themes- - Strategic influence and voice of the sector - Tackling inequalities together - Collaboration and equal partnerships
16.45	Sector led feedback from Breakout session 2 Ben Gilchrist - Caritass	Key reflections from each group
16.55	Julie Webster Director of Health and Wellbeing (DPH) <i>Wirral Council</i>	Closing remarks and next steps

CONFERENCE PRESENTATIONS

Julie Webster- Director of Public Health, Wirral Council	http://democracy.wirral.gov.uk/ecSDDisplay.aspx?NAME=SD1308&ID=1308&RPID=518945640
Mark Camborne- Assistant Director of Neighbourhoods, Safety and Transport, Wirral Council.	
Bev Morgan- Chief Executive Koala NW	
Lewis Macdonald, Eastham Delamere Centre	
Sally Yeoman, Halton and St Helens VCA	
Warren Escadale, NAVCA	

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HEALTH AND WELLBEING BOARD

TUESDAY 20 JULY 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.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

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

2.0 OTHER OPTIONS CONSIDERED

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

3.0 BACKGROUND INFORMATION

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

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

Terms of Reference

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

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

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

4.0 FINANCIAL IMPLICATIONS

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

5.0 LEGAL IMPLICATIONS

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

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

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

7.0 RELEVANT RISKS

7.1 The Board's ability to undertake its responsibility may be compromised if it does not have the opportunity to plan and regularly review its work across the municipal year.

8.0 ENGAGEMENT/CONSULTATION

8.1 Not applicable.

9.0 EQUALITY IMPLICATIONS

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

This report is for information to Members and there are no direct equality implications.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 This report is for information to Members and there are no direct environment and climate implications.

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APPENDICES

Appendix 1: Health and Wellbeing Board Work Programme

BACKGROUND PAPERS

Wirral Council Constitution
The Health and Social Care Act 2012

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Health and Wellbeing Board	June 2021

Health and Wellbeing Board Work Programme

Report	Lead Officer	Approximate timescale
Tackling Health Inequalities through Physical and Social Regeneration	Rachael Musgrave	29 Sept
Public Health Annual Report Final	Rachael Musgrave	29 Sept
Integrated Care System Project Update	Graham Hodgkinson	29 Sept
Regeneration Agenda	Alan Evans/Rachael Musgrave	29 Sept
Community, Voluntary and Faith Sector Working Group Report	Nikki Jones	29 Sept
CVF Sector Reference Group Report	CVF Reference Group	29 Sept
Healthwatch Update	Karen Prior	29 Sept
Community Safety Strategy 2021-26	Mark Camborne	29 Sept
Wirral Pharmaceutical Needs Assessment 2022-2025 Update	John Highton	29 Sept
Wirral Pharmaceutical Needs Assessment 2022-2025 First Draft	John Highton	23 March 2022

FUTURE ITEMS TO BE SCHEDULED

Item	Lead Officer
Restoration and Development of NHS Services after Covid-19	Paula Cowan/Simon Banks

STANDING ITEMS AND MONITORING REPORTS

Item	Reporting Frequency	Lead Officer
Healthwatch	Quarterly	Karen Prior

WORK PROGRAMME ACTIVITIES OUTSIDE COMMITTEE

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