



Health and Wellbeing Board

Date:	Wednesday, 21 December 2022
Time:	2.00 p.m.
Venue:	Committee Room 1 - Wallasey Town Hall

Contact Officer: Mike Jones
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AGENDA

- 1. APOLOGIES FOR ABSENCE**
- 2. 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.

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

To approve the accuracy of the minutes of the meeting held on Wednesday 2 November 2022.

4. PUBLIC AND MEMBER QUESTIONS

Public Questions

Notice of question to be given in writing or by email by 12 noon, Friday 16 December 2022, to the Council's Monitoring Officer via this link: [Public Question Form](#) and to be dealt with in accordance with Standing Order 10.

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

Statements and Petitions

Statements

Notice of representations to be given in writing or by email by 12 noon, Friday 16 December 2022, to the Council's Monitoring Officer (committeeservices@wirral.gov.uk) and to be dealt with in accordance with Standing Order 11.

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

Petitions

Petitions may be presented to the Board if provided to Democratic and Member Services no later than 10 working days before the meeting, at the discretion of the Chair. The person presenting the petition will be allowed to address the meeting briefly (not exceeding three 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. If a petition contains more than 5,000 signatures, it will be debated at a subsequent meeting of Council for up to 15 minutes, at the discretion of the Chair. 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. EARLY YEARS UPDATE (Pages 5 - 56)

6. WIRRAL PLACE UPDATE REPORT (Pages 57 - 84)

The PDF files below may not be suitable to view for people with disabilities, users of assistive technology or mobile phone devices.

Please contact jennifersmedley@wirral.gov.uk if you would like this document in an accessible format.

7. FIRE, HEALTH AND DEPRIVATION (Pages 85 - 92)

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Please contact jennifersmedley@wirral.gov.uk if you would like this document in an accessible format.

8. TOBACCO CONTROL - KHAN REVIEW - WIRRAL'S RESPONSE (Pages 93 - 106)

9. COMMUNITY, VOLUNTARY & FAITH SECTOR REFERENCE GROUP UPDATE (Pages 107 - 134)

10. COST OF LIVING ACTION GROUP UPDATE (Pages 135 - 144)

11. WIRRAL NEIGHBOURHOOD CARE MODEL (Pages 145 - 162)

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12. CO-OPTION OF CHAMBER OF COMMERCE (Pages 163 - 166)

13. WORK PROGRAMME (Pages 167 - 172)

Terms of Reference

The terms of reference for this committee can be found at the end of this agenda.

HEALTH AND WELLBEING BOARD

Wednesday, 2 November 2022

Present:

Councillor Janette Williamson	Chair
Councillor Amanda Onwuemene	Wirral Council
Simon Banks	Place Director, NHS Cheshire and Merseyside
David Bradburn	Director of Public Health
Mike Gibbs	Wirral University Teaching Hospital
David Hammond	Wirral Community Healthcare Trust
Elizabeth Hartley	Assistant Director, Early Help and Prevention
Louise Healey	Department for Work and Pensions
Graham Hodgkinson	Director of Adults' Care & Health & Strategic Commissioning
Matthew Moscrop	Wirral Community Policing
Michael Norton	Wirral Metropolitan College
Karen Prior	Healthwatch Wirral
Sally Shah	Interim Director of Regeneration and Place
Lauren Woodward	Merseyside Fire & Rescue Service

36 **APOLOGIES FOR ABSENCE**

Apologies were received from:

Councillor Tom Anderson
Councillor Yvonne Nolan
Tony Bennett and Karen Howell, Wirral Community Health Care Foundation Trust
Sue Higginson, Wirral Met College
Sir David Henshaw and Janelle Holmes, Wirral University Teaching Hospital

37 **DECLARATIONS OF INTERESTS**

There were no declarations of interests.

38 **MINUTES**

Resolved: That the minutes of the meeting held on 29 September 2022 be approved as a correct record.

39 **PUBLIC AND MEMBER QUESTIONS**

No questions, statements or petitions were received.

40 **WIRRAL WORKLESSNESS SUPPORT SERVICE**

The Interim Director for Regeneration and Place introduced her report which detailed part of the Wirral Ways to Work programme and the Wirral Worklessness Support Service to increase opportunities for people, particularly from deprived communities, to allow local people to benefit from the regeneration programme. Officers from Involve Northwest, the incumbent suppliers of the Council commissioned Worklessness Support Service contract, then presented the report. Their work had originally focussed on people on benefits but since the Covid-19 pandemic had broadened, although it still aimed to enable clients to achieve sustainable, long-term employment. Over the previous year, 836 people had been helped into employment and 87% of people tended to remain so. As well as direct placements they helped people overcome barriers with goal setting, confidence building and advice. They had noted trends including people searching for second jobs for financial reasons, a reduction in zero-hours contracts, increase in carers seeking work, and people seeking sociable work rather than working from home.

Resolved – That the report and supporting information contained in Appendices 1 and 2 of this report be noted.

41 **WIRRAL PLACE UPDATE REPORT**

The Place Director, NHS Cheshire and Merseyside/Wirral, presented his report which provided an update on the development of Wirral as a “place” within the Integrated Care System (ICS) and of the working arrangements of NHS Cheshire and Merseyside in the borough. It detailed the formation and meeting of the Place Based Partnership Board. It also detailed the drafting of the Health and Care Partnership Strategy and that it was decided to utilise existing documents. The biggest challenge for the body was the lack of capacity in domiciliary care, although it was noted that the Council had led on this with recruitment campaigns.

Resolved – That

- 1. this report be noted and similar updates be received at future meetings.**
- 2. the Place Director be endorsed to co-ordinate the submission of the Cheshire and Merseyside Health and Care Partnership Strategy in consultation with the Director of Public Health, and that the submission be based upon the information contained in the Wirral Health and Wellbeing Strategy 2022-2027 and Outcomes Framework.**
- 3. the Cheshire and Merseyside Health and Care Partnership Strategy be considered at a future meeting.**

42 **A TOWN DEAL FOR BIRKENHEAD - PROGRAMME UPDATE**

The Interim Director of Place and Regeneration introduced this report which provided an update on the conditional grant of £25 million to deliver the Town Investment Plan, which supported the delivery of growth and regeneration of Birkenhead. The objective of Town Deal, a programme from the Department for Levelling Up, Housing and Communities’ (DLUHC) which provided the funds, was to contribute towards the ambitions for a thriving and inclusive economy, creating jobs and opportunities for all. It was intended that there would be significant health and wellbeing outcomes as a result of the projects being delivered. 12 local projects had been approved including the Joy project which had a defined focus on health and wellbeing with associated outputs.

Resolved – That the report be noted.

43 QUALITATIVE INSIGHT PROGRAMME

The Senior Public Health Manager presented this report which provided an update on the development of the Wirral qualitative insight team and outlined a proposed workplan for the team to support the delivery of the Wirral Health and Wellbeing Strategy. The team consisted of expertise to enable the generation of qualitative insights and applying scientific analysis to inform policy, improve public services, and deliver positive results for people and communities in Wirral. Their work recognised the importance of communities to help shape and deliver services.

Resolved – That

1) the development of the Wirral qualitative insight team be noted;

2) the proposed work programme aligned to the Wirral Health and Wellbeing Strategy Priorities be approved.

44 WORK PROGRAMME

Resolved: That the proposed work programme for the remainder of the 2022/23 municipal year be noted.



HEALTH AND WELLBEING BOARD

Wednesday 21 December 2022

REPORT TITLE:	EARLY YEARS UPDATE
REPORT OF:	DIRECTOR OF CHILD, FAMILY AND EDUCATION

REPORT SUMMARY

This report provides the Health and Wellbeing Board with an update of Early Years partnership work relating to:

- Early Years Strategy
- First 1001 Days Programme
- Link to the Family Hubs initiative

The report links to the Health and Wellbeing Strategy Priority 3: Ensure the best start in life for all children and young people

The report details the organisational, structural and partnership activity undertaken over the previous 18 months.

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

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

This matter affects residents across the borough.

This report does not relate to a key decision.

RECOMMENDATIONS

The Health and Wellbeing Board is requested to:

1. Note and endorse the progress made in integrated working across Early Childhood Services, Public Health and Wirral's voluntary, community and social enterprise sector (VCSE), including the Early Years Strategy and Family Hubs developments.
2. Agree to future updates on outcomes of the Early Years Strategy and Family Hubs.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATIONS

- 1.1 Wirral Council and its partners are committed to working together with families and communities to achieve the very best start in life for children. It is a collective ambition that all children in Wirral are happy, healthy, and grow into confident, capable and resilient young adults.
- 1.2 Support from the Health and Wellbeing Board will strengthen partnership efforts to build and strengthen integrated working detailed in the Early Years Strategy, and demonstrated through the 1001 First Days programme, which provide the foundation for the development of the Family Hubs model in Wirral.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 No other options have been considered.

3.0 BACKGROUND INFORMATION

3.1 Early Years Strategy

- 3.1.1 In 2019, Wirral's early years partnership commenced work on an Early Years Strategy. Whilst completion and publication was delayed due to the Covid-19 pandemic, the extended timescales have allowed for meaningful co-production with parents and families to take place and learning from recent experience to be incorporated.
- 3.1.2 It is acknowledged that the Covid-19 pandemic has meant that there is an increased number of families requesting and accessing early years support across the system, as well as an increased amount of settings and partners identifying additional support needed for young children, therefore the need to work together effectively as an early years system is imperative.
- 3.1.3 The strategy sets early years into both a local and national context, considering key learning from work such as *The Allen Review (2011)* and *Marmot Review (2010)*. Local performance information informs priorities as the strategy defines "school readiness" and communicates an early years vision for Wirral. Priority areas within the strategy include:
 - A Unique Child
 - Positive Relationships
 - Enabling Environments
 - Learning and Development

The strategy builds on existing strengths such as the "Parenting Journey" and existing partnerships. It includes an Outcomes Framework that contributes to both Wirral Plan objectives and the Health and Wellbeing Strategy.

- 3.1.4 Wirral children's voices have been at the heart of the development of the strategy, understanding what they felt supported them, to be "*Ready to Learn, Ready for School, Ready for Life*". In addition to coproduction with parents, this has enabled partners to understand parent's wishes and needs when developing the strategy and empower them as their child's first educator.
- 3.1.5 The strategy aims to promote a shared responsibility of early years outcomes between parents, communities, educational settings, and shares the ways in which this can and will be done. An example of this is the pressing need for workforce retention and development in the early years sector.
- 3.1.6 The Early Years Strategy is being launched in December 2022. Thereafter an early year steering group will oversee delivery of the strategy, ensuring that all partners are working towards a common outcomes framework, with progress on these outcomes being reported to the Health and Wellbeing Board at regular intervals.
- 3.1.7 The development and profile of the Early Years strategy will support the local early help system to collaborate in providing help at the earliest point of life.

3.2 Wirral's First 1001 Days Programme

The First 1001 Days include pregnancy and the first two years of a child's life. There is clear, compelling evidence that this is a significant and influential phase in a child's development. What happens during this period lays the foundation for every child's future health, wellbeing, learning and earnings potential. It sets the groundwork for children's developing emotional wellbeing, resilience and adaptability; the competencies they need to thrive.

- 3.2.1 In 2020, Koala North West (KNW) and Foundation Years Trust (FYT) approached Early Childhood Services and Wirral Community Health and Care NHS Foundation Trust (WCHCT) 0-19 Services 0 – 19 Services to collectively develop an application to the Dept of Health and Social Care (DH&SC) for funding to create Wirral's 1001 First Days programme, which would improve integration between services offered for families of children between 0 – 2 years, providing a seamless offer which families could easily navigate. This application was supported by the Director of Children's Services and the Director of Public Health. KNW, as the lead agency, and FYT were awarded the funding and the programme was jointly launched by all partners in April 2021.
- 3.2.2 Service delivery is focused in Wirral's five most disadvantaged wards and on the Black, Asian and Ethnic Minority communities. Services incorporate increased breastfeeding initiation (including antenatal advice); peri-natal mental health support, improved language and communication by age 2.5 and improved health outcomes.
- 3.2.3 Beyond the delivery of services, a key aspect of the programme is to embed systemic change across the early years sector, enhancing collaborative working to improve families' experience of support in the first two years of a child's life. All partners committed to this element of the programme, recognising that integrated services are a vital component of promoting the best start in life for all Wirral's children.

3.2.4 Data sharing arrangements between Early Childhood Services (ECS), KNW and FYT allows all families registering with the First 1001 Days programme to be collated centrally by KNW, which has enabled the partners to follow the families and understand which services they are accessing within the partnership. KNW and FYT are additionally sharing outcomes on families registered to First 1001 Days with their organisations, facilitating a more detailed illustration of the parents' journeys.

3.2.5 Impact of the programme in Year 1:

- 756 from the Boroughs most deprived wards and an additional 173 BAME families supported.
- An additional 1,116 families across the rest of Wirral accessed universal services for 0-2's from KNW & FYT
- Breastfeeding rates increased from 3% to 20% from baseline figures in the target wards.
- Various outcomes on perinatal mental health are collected through the Programme, with between 74% and 85% of parents reporting reduced isolation and stress, improved relationships with their infants and improved mental health.
- Strongly linked to school readiness, 71% of parents reported improvements in their child's early language development, 80% reported increased understanding of how their babies learn and 69% said they had opportunities to help their children develop (such as reading more together).
- During Year 1, the main focus on health outcomes was through preventative awareness raising and support on respiratory infections in infants and young children, which has led to the Little Lungs Parent Champion service offer across Wirral. Key health messages were also threaded through other programme streams.
- A strong peer volunteer support model across the service offer is increasing knowledge within the community around early childhood development and taps into parents' expertise.
- An external evaluator is contracted to assess the impact of the grant. The summary report attached as an Appendix captures the Year 1 evaluation.

3.2.6 The aim of achieving a more collaborative approach across the partnership is being driven by senior strategic management. Delivery teams now have increased understanding of each other's service offers: to date, 280 families were accessing services from more than one partner. Increased awareness of partners' services is helping parents to confidently access services beyond the organisation they 'land' with, which enhances the support the families receive. 90% of families reported that the First 1001 Days programme had increased their knowledge of the services available to them and how to access them.

More effective integrated working is being achieved through systematic collaboration, such as:

- Regular joint locality meetings, where support for specific families is discussed.

- Monthly operational management meetings, where joint programme planning takes place.
- Monthly strategic leadership meetings, where progress is reviewed, and collective strategy is developed.
- 1001 Days network, which includes regular email updates to 85 professionals across 25 organisations and network meetings attended by the same organisations.

3.2.7 FYT and KNW are part of the new Family Toolbox Alliance, grounding the First 1001 Days under the umbrella of Wirral's early help system.

3.2.8 DH&SC representative are scheduled to meet the First 1001 Days leadership team in December 2022 to learn more about the success of the programme.

3.3 **Link between First Days, Wirral's Early Years Strategy and Family Hubs.**

3.3.1 The vision for Family Hubs in Wirral is to **ensure access and inclusion, broaden and cement relationships and align and connect services.**

The learning from the First 1001 Days programme has provided a clear set of recommendations to help us build on the experience of the last 18 months to develop Wirral's Family Hub model. Combined with the objectives laid out in the Early Years Strategy, Wirral is in a strong position to develop its Family Hubs model, in contrast to areas that haven't brought together key partners within the early years system. The First 1001 Days programme will be transitioned into the Family Hubs' Start for Life agenda, enabling the sustainability of the programme in the long term (notwithstanding the points made in section 4.0 below).

3.3.2 The Family Hub model has six key areas of support for the Start for Life agenda, each of which is already embedded across the partnership. The sections below explain how they are delivered through the First 1001 Days programme. Families registered to the First 1001 Days programme can access each of these services and are able to get information about them from all partners within it.

3.3.4 **Parenting Support:** Our offer includes volunteer led in-home peer support for new parents from Koala NW, as well as a family worker, pre-birth and infant team offers which is both on a 1:1 basis and in groups within Children's Centres.

3.3.5 **Parent–infant relationships and perinatal mental health support:** The combined offer includes specialist support through the Perinatal and Infant Mental Health Service (PIMHS) and Video Interaction Guidance (VIG) along with volunteer support. Focusing on supporting those early relationships between parent and baby with an understanding that this can be difficult, particularly if parents are experiencing emotional or mental health problems. The offer includes weekly peer support from a PIMHS Volunteer matched to the family. We also offer the Womb to World programme for parents-to-be and the accredited Baby Incredible Years course. Baby yoga and baby massage are aimed at new parents to improve attachment. A Dad's Reflective Parenting Programme allows dads to talk about what to expect during the

first two years of their baby's life, and how best to manage difficult moments, and in turn this helps to improve relationships across the family.

- 3.3.6 **Early language and the Home Learning Environment (HLE):** We provide an evidence-based programme which specifically targets the HLE and school readiness by increasing parents' understanding of early learning and how to promote it through play and reading together. This is enhanced by one-to-one sessions for families that need additional support from professionals and volunteers. Programmes are available for families whose children are suspected of having language delays. The Imagination Library book gifting scheme ensures all babies born within the five wards are able to receive free books. We are additionally contracted to deliver the newly branded 'Start for Life' HLE campaign developed by DfE and DH&SC.
- 3.3.6 **Infant feeding:** We offer antenatal breastfeeding advice and clinics (with midwifery) as well as post-natal breastfeeding peer support. This is enhanced by a closed online support group for 24/7 support from staff, volunteers, and other mothers.
- 3.3.7 **Parent and Carer Panels:** Each Children's Centre has a locality advisory board, which is inclusive of parents, and we are in the process of planning for a structured coproduction approach which is to be coordinated between the Family Hub team and the Family Toolbox Alliance.
- 3.3.8 **Publishing the Start for Life offer:** The First 1001 Days programme has a joint offer published through the new Family Toolbox website, as well as being made available directly to parents and professionals in the First 1001 Days network. This is in addition to the service promotion completed by individual partners.

4.0 FINANCIAL IMPLICATIONS

- 4.1 Funding secured from the DH&SC to establish the First 1001 Days programme is time-limited. The DH&SC is eager to see sustainability in local approaches following the end of funding. The funding has enabled delivery, collaborative working and provided the skills and knowledge to form the Family Hubs model. It should be noted that the Transformation Fund awarded to Wirral for developing Family Hubs is for workforce development and infrastructure and does not include any specific funding for voluntary, community and social enterprise sector. The Family Hubs Steering Group is exploring opportunities to second a part-time staff member from the Early Help Alliance into the Family Hubs delivery team.

5.0 LEGAL IMPLICATIONS

- 5.1 There are no legal implications arising from this report.
- 5.2 The Children and Families Act 2014 sets out the statutory requirements and responsibilities for the local authority and partners in providing support and services

for children, young people and families. This legislation is underpinned by statutory guidance: Working Together to Safeguard Children (2018), which states that, “Local areas should have a comprehensive range of effective, evidence-based services in place to address assessed needs early.” The family hubs programme will support Wirral Council in meeting its statutory responsibilities to meet need early.

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

- 6.1 Sustainability of programmes beyond the lifetime of the DH&SC funding is a significant resource implication for the voluntary organisations leading the First 1001 Days Programme, however as a now strong early years partnership we are confident that this work will become a key part of the Family Hubs agenda and is integral to the Early Help Alliance arrangements.
- 6.2 Funding for the Family Hubs programme will provide capacity to facilitate this transformation programme, with two fulltime Best Start for Life Co-ordinators and one fulltime Programme Manager. This resource will be managed within Children’s Services and will work alongside wider programmes such as Co-location Programme, Resilient Communities, Town Deal, and other linked initiatives.
- 6.3 The capital funding received through the Family Hubs grant will finance the anticipated costs to upgrade assets, ensuring that hubs (both physical and virtual) are accessible and inclusive.
- 6.4 Wirral is being supported by the National Family Hubs Network, Anna Freud Centre and has access to a Regional Family Hubs Advisor. Ecorys have been commissioned by the Department for Education to work with Wirral Council on the development of the Theory of Change model and ongoing evaluation.

7.0 RELEVANT RISKS

- 7.1 Risk registers for both the Early Years Strategy and Family Hubs programme are in place and will be monitored by relevant steering groups.
- 7.2 Early years, as supported by extensive research and bodies of evidence, are crucial to long-term outcomes for people. The Early Years Strategy and work to achieve collaborative partnership services are fundamental to the Health and Wellbeing Strategy, Children’s Services outcomes and Wirral Plan objectives.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 Engagement with parents, children and families is consistently sought in the Early Years Sector. With each Children’s Centre benefiting from an Advisory Board and parent volunteers, involvement in programmes of work is standard practice. KNW and FYT regularly consult with parents on the design and delivery of programmes and families’ feedback was sought when developing the 1001 First Days programme. ECS, FYT, KNW and other VCSE organisations collaborated on seeking parent input on the Early Years Strategy.

9.0 EQUALITY IMPLICATIONS

- 9.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. An Equality Impact Assessment has been produced for the Early Years Strategy.

10.0 ENVIRONMENTAL AND CLIMATE IMPLICATIONS

- 10.1 Being accredited to UNICEF's Baby Friendly Initiative, Wirral's Children's Centres and 0-19 Community NHS Trust are promoting, wherever possible, breastfeeding to parents. Breastfeeding can have a positive impact on climate as it significantly reduces carbon footprint.

11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 As detailed in this report, Wirral Council works with many community partners, supporting them to develop their capacity, secure external funding, and provide opportunity for volunteering and employment for local people. Lifelong learning is promoted through the Children's Centre Offer, working with families to increase social mobility. Each Children's Centre, through their Advisory Board, works at community-level to ensure that centres are responding to the needs of their local area, taking a strengths-based approach and promoting community wealth.

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APPENDICES

Appendix 1 – Early Years Strategy
Appendix 2- First 1001 Days Year 1 Summary Report

BACKGROUND PAPERS

EARLY YEARS AND HEALTH, Health and Wellbeing Board 9 February 2022

TERMS OF REFERENCE

This report is being considered by the Health and Wellbeing in accordance with Section C of its Terms of Reference:

“(c) To provide a local governance structure for local planning and accountability of health and wellbeing related outcomes”

Early Years Strategy 2022-2026

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Foreword

Ready to learn, ready for school, ready for life.



Wirral is a great place to grow up and the Early Years Strategy sets out from the earliest start of life how well growing up will be in Wirral. Setting out a focus from birth to beyond will secure foundations that will be long lasting through early childhood, adolescence and into adulthood.

The Wirral Plan (2021-2026) has a vision 'to create equity for people and place and opportunities for all to secure the best possible future for our residents, communities and businesses', inclusive of 'working together for brighter futures for our children, young people and their families by breaking the cycle of poor outcomes for all regardless of their background'.

Our ambition for this strategy is that all children get the best possible start in life. This can only be achieved if we change the way we do business and provide the most effective support to children and their families so that they feel safe, have good health and achieve their full potential.

Evidence tells us that what happens during pregnancy and in the Early Years shapes children's physical health, their language and communication, and their emotional wellbeing.

We must bear that in mind with the most recent

disruption to early childhood services due to the COVID-19 pandemic, whilst babies were still being born and children were still developing in their earliest days, weeks, months their opportunities for critical learning and socialisation experiences were limited.

As such the indirect impact of COVID-19 on young children's development has been extensive and multifaceted and the full impact is yet to be known.

Therefore, we are committed to the delivery of high-quality Early Years services, and early intervention that is equally accessible to all through a continuum of support from conception through to age five. The strategy is based around our vision for babies and young children which is for them to be: resilient, independent, effective communicators, happy with good friendships and most importantly –

Ready to Learn, Ready for School and Ready for Life.

Elizabeth Hartley
Interim Deputy Director Children's Services

Introduction

Every baby and child living and growing up in Wirral deserves the best possible start in life.

Wirral Council and their partners will focus on making Wirral great for children, young people and their families, driven by the voice of the child, young person and their families.

We will build on a model that is integrated and responsive to needs to ensure children and young people are given the best possible opportunities to achieve their ambitions through a united approach across services within Wirral, such as health, early years, community and voluntary services and schools. We aim to 'Raise aspirations, celebrate achievement and improve attainment for all children, young people and families to reach their full potential' (Wirral Partnership Board Objective).

This strategy has been co-produced and is intended to be a guidance document for parents/carers, key stakeholders and all early years professionals working across health, family support, PVI settings, childminders, children's centres, nursery and primary schools on Wirral. In particular, professionals can use this document to reflect upon the effectiveness of service provision in supporting school readiness and to consider any development required.

Every baby and child living and growing up in Wirral deserves the best possible start in life and the best support that allows them to fulfil their potential. As

Professor Sir Michael Marmot stated: 'The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years has lifelong effects on many aspects of health and well-being. ('The Marmot Review – 10 Years On')

Children develop quickly in their early years and a child's experiences between birth and age five has a major impact on their future life chances. We want all our children on Wirral to be happy, healthy and grow into confident, capable and resilient young adults. Our children starting school will all have different experiences, as will their families and carers.

How good and positive those experiences are by the time they start school will depend on a whole range of factors, like where they grow up, the family they grew up in, the opportunities they have to play and learn and the support they have in their own communities.

A lack of attachment and stressful experiences in the early years can impact negatively on physical and emotional development. There is capacity for healing through changing circumstances, taking nurturing approaches and supporting resilience through family support, childcare providers, schools, communities and services. Children feeling safe is also critical to support them into adulthood.



This strategy is for all Wirral children in their earliest years, with a keen focus on the impact on child development when living with family circumstances such as; child poverty, worklessness, Domestic Abuse, Mental Health and Parental Conflict, for example: the strategy sets out to empower families and their wider communities

to keep them and their children safe and well cared for; having the personal resources to cope in difficult situations; knowing where to go for help; and finding help from services that understand and respond to differences in personal circumstances. This strategy will be subject to an annual review by a multi-agency partnership group.

Context: What do we know?

A child's experience during the early years is critical to their physical, cognitive and social and communication development.

Research informs us how critical a baby's first 12 months of life are and thereafter first 1001 days, particularly in terms of brain development. Positive attachment and interactions from 'every touch, movement and emotion in a young child's life translates into an explosion of electrical and chemical activity in the brain' (UNICEF: 2001).

A child's early brain development can be stifled by such factors as inadequate nutrition, poor health and limited access to clean water. Furthermore, research outlines the correlation of early childhood development, during this period, with later success in school and the character of adolescence and adulthood.

Furthermore, a child's experience during the early years is critical to their physical, cognitive and social and communication development. During this development phase the foundations are put in place for the rest of that child's life and is a once in a lifetime opportunity to give that child the 'best start in life'.

Both the Allen report (2011) and the Marmot review (2010) recognised the importance of giving every child the optimum conditions and how investing in this period of a child's life influences their school readiness, educational attainment, economic participation and long term health.

Furthermore the ability to communicate thoughts,

feelings, desires and to be understood is a fundamental human right and need, yet for nearly 30% of children entering our schools on Wirral this basic ability is not as well developed as it might be.

Some of these children will have complex speech, language and communication needs (SLCN), a significant number will have needs which if identified and addressed promptly in the early years, can be expected to resolve. Between these groups are the children who have significant SLCN but whose needs can be appropriately met by a well-trained workforce in collaboration with specialist speech and language therapists.

Wirral strives for 100% of our children achieving their full speech and language potential and the Wirral Communication and Language Pathway (2021) will help to contribute towards all children's communication skills.

The Wirral Communication and Language Pathway has been co-produced for all those with an interest in or working with children under 5 years. The pathway details a child's journey from pre-birth, 0-1 years, 1-2 years and 2-3 years with advice and guidance.

The triad within the C+L Pathway demonstrates the pathway to support a child's early language development.

Legislation, policy and research in a national context

<ul style="list-style-type: none"> • The Children Act 1989 	<ul style="list-style-type: none"> • Reflect 1989 United Nations Convention on the Right of the Child • Welfare of children is paramount 	<p>SEND code of practice: 0-25 2014</p>	<ul style="list-style-type: none"> • Duties of LAs, health bodies, schools and colleges to provide for those with special educational needs under part 3 of the Children and Families Act 2014.
<ul style="list-style-type: none"> • The Children Act 2004 • Placed responsibility on safeguarding partners to plan together to safeguard children. 	<ul style="list-style-type: none"> • Introduced Early Help • Introduced Common Assessment Framework 	<ul style="list-style-type: none"> • The Childcare Act 2016 	<ul style="list-style-type: none"> • Extended the entitlement to 30 hours free childcare over 38 weeks of the year for three- and four-year-olds in families where all parents are working.
<ul style="list-style-type: none"> • Healthy Child Programme: Pregnancy and the First 5 Years of Life 2009 	<ul style="list-style-type: none"> • A universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, supplemented by advice around health, wellbeing and parenting. 	<ul style="list-style-type: none"> • Better Births: Improving outcomes of maternity services in England 2016 	<ul style="list-style-type: none"> • A Five Year Forward View for maternity
<ul style="list-style-type: none"> • Equalities Act 2010 (this superseded the Disability Discrimination Act 1995) 	<ul style="list-style-type: none"> • Legally protects people from discrimination in the workplace and in wider society. • Replaced previous anti-discrimination laws with a single Act. • Introduced protected characteristics 	<ul style="list-style-type: none"> • Early Years Workforce Strategy 2017 • 'Unlocking Talent, Fulfilling Potential' 2017 	<ul style="list-style-type: none"> • The government's plans to help employers attract, retain and develop early years staff. • The government's national plan to support children and young people to reach their full potential.
<ul style="list-style-type: none"> • Child Poverty Act (2010) 	<ul style="list-style-type: none"> • Places a duty on LAs to prepare a 'local child poverty needs assessment' setting out the needs of children living in poverty in the area. • LAs have a duty to prepare a child poverty strategy to "set out the measures they propose to take to reduce and mitigate the effects of, child poverty". 	<ul style="list-style-type: none"> • Best Start in Life and Beyond 2018 • School Nurseries Capital Fund 2018 	<ul style="list-style-type: none"> • Improving public health outcomes for children, young people and families. Guidance for 'Healthy Child Programme for 0-19 years. • To create more school-based nursery places for disadvantaged children.
<ul style="list-style-type: none"> • The Children and Families Act 2014. 	<ul style="list-style-type: none"> • Introduced a 26-week time limit for courts to decide whether or not a child should be taken into care. • Education, Health and Care Plan to support children and their families from birth to 25 years. • All state-funded schools to provide free school lunches for all pupils in Reception, Year 1 and Year 2. • Amendments made to the law to protect children in cars from the dangers of second-hand smoke. 	<ul style="list-style-type: none"> • Professional Development Fund Programme 2019 • Statutory framework for the early years foundation stage 2021 	<ul style="list-style-type: none"> • To provide high-quality, evidence-based professional development support for Early Years Practitioners in pre-Reception settings. • Setting the standards for learning, development and care for children from birth to five

Local context

149

CHILDREN LOOKED AFTER (CLA) 0-5YRS

Higher than neighbours and compared to national levels
(May 2022)



48

CLAs UNDER 2YRS
A significant rise within the total number of CLAs
(May 2022)

31-34%

LOWER OUTCOMES FOR CHILDREN LIVING WITH DOMESTIC ABUSE

Compared to their peers at Key Stage 4



LACK OF SUFFICIENT PARENTAL EMPLOYMENT INCOME

Key driver for child and family poverty



WIRRAL'S UPTAKE OF EYFE
HIGHER
THAN NATIONAL & STATISTICAL NEIGHBOURS
(Spring 2022)



83% 2 YEAR OLDS 91% 3 YEAR OLDS
87% 3&4 YEAR OLDS

2019

GLD ACHIEVEMENT BELOW NATIONAL AVERAGE

National: 71.5%
Wirral: 69.3%

EARLY C&L DEVELOPMENT
REDUCED
FOR MOST VULNERABLE CHILDREN (FSM)



67.3%
FREE SCHOOL MEALS 2018

67.2%
FREE SCHOOL MEALS 2019

CLA - Children Looked After
EYFE - Early Years Funding Entitlement
GLD - Good Level of Development
C&L - Communication & Language
FSM - Free School Meals

1 IN 3
CHILDREN LIVING IN POVERTY
within Bidston and St. James, Birkenhead and Tranmere, Seacombe and Rock Ferry

Local context

Percentage children achieving at least the expected level of development in C&L across statistical neighbours

Area	2017	2018	2019
Wirral	78.7%	79.9%	77.9%
North West	79.3%	79.8%	73.8%
Stat Neighbours	80.3%	80.1%	79.6%
England	82.1%	82.4%	82.2%

Percentage children achieving GLD

	2018	2019
Children Looked After	61.5%	57.7%
Children with SEND	19.6%	18.4%

The latest figures are from the EYFSP end of academic year data 2019 due to the disruption of assessments and education caused by the COVID-19 pandemic. There was no EYFSP data 2020/2021.

Percentage children achieving GLD and at least expected level of development in C&L across the Liverpool City Region

Good Level of Development (GLD)			
Area	2017	2018	2019
England	70.7%	71.5%	71.8%
Wirral	69.4%	70.5%	69.3%
Liverpool	62.1%	66.1%	64.9%
Knowsley	67.1%	68.3%	67.8%
Sefton	70.3%	70.8%	68.8%
Halton	60.9%	64.5%	66.1%
St Helens	67.1%	69%	70.2%

Communication & Language (C&L)			
Area	2017	2018	2019
England	82.1%	82.4%	82.2%
Wirral	78.7%	79.9%	77.9%
Liverpool	77.4%	79.1%	78.3%
Knowsley	80.1%	79.1%	79.7%
Sefton	81.4%	81.0%	78.8%
Halton	76.4%	78.9%	79.1%
St Helens	79.4%	79.2%	79.7%

Child Health Profile (March 2021)

	Wirral	England
Smoking at time of baby delivery	12.5%	10.4%
Low Birth rate	2.7%	2.9%
Sustained breastfeeding at 6-8 weeks	36%	48%
Obesity (at reception age)	9.5%	9.9%
Tooth decay	No data	23.4%
A&E attendances 0-4 years	893 (rate per 1k)	655 (rate per 1k)

Data source: chimat@phe.gov.uk | fingertips@phe.org.uk

The impact of COVID-19 on children under five, their parents and the early years system

Many young children had their usual access to playgrounds, outdoor space, toddler groups, and children centres prohibited.

There are concerns that the impact of the pandemic will have a significant adverse effect on babies, born and unborn, who are experiencing this crisis at a particularly critical stage in their development, and will also have an impact on the wellbeing and development of 2-4 year olds.

Families who were already experiencing multiple adversities may have found that problems intensified during COVID-19 and were unable to access the same level of support from family and friends and social networks in their community. At the same time, they may have been unable to access the same level of professional support through community, health, and specialist services.

For other families, the extraordinary circumstances that arose from the pandemic created new hardships and vulnerabilities which may not be readily identified by professionals and may take some time to emerge. Many young children also had their usual access to playgrounds, outdoor space, toddler groups, and children centres prohibited which supports key developments of physical, communication and social skills.

This may have negatively impacted on the wellbeing and development of children, particularly those from more disadvantaged backgrounds. In these instances they may have been living in overcrowded accommodation, had limited garden access, or limited digital resources to facilitate play and therefore learning at home.

Ultimately leading to concerns that the pandemic will have further embedded the existing development gap between disadvantaged children and their peers when they start school.

As a result, an increased range of educational, socioeconomic and health inequalities needs could unfold throughout the lifespan of this Strategy, which calls for all to 'build back better', through this co-produced document.



What can we do to address COVID-19 impact and 'Build Back Better'?

Positive early interactions in the first 1001 days can be further reinforced with high quality early education that is shown to support development from pre-birth to pre-school. This provision must be organised and delivered collaboratively to address access and health inequalities that impact families in their communities.

Young children from less affluent backgrounds targeted to engage with school-ready activities, to halt the inflated gap developed through 'lockdowns' between toddlers from higher and lower income families by 24 months. Proactive outreach and support for parents with children eligible to take up of the disadvantaged 2-year-old offer, which has seen a 20% dip during COVID-19.

Sustainability support and planning with early years providers, who continue to find their feet as small businesses', having been impacted by both reduced staffing and financial circumstances.

Nurture confidence in parents that are understandably fearful of their baby or young child starting or taking up a place at an early education setting.

Review how the learning and development Progress Check at Age 2 can resume across all EYFS provision, which was disapplied on a temporary basis.

Integrate the Progress Check at age 2 with the Healthy Child 2-year developmental review to gain a 'holistic' view of each individual child's journey to be 'ready for school'.

Mobilise the whole early years system to identify and intervene at the earliest opportunity where Special Educational Needs and Disabilities (SEND) may need additional resource or funding. Be engaging, influential and aspirational in this Strategies aims and objectives.

Our early years vision

Wirral is committed to working in partnership to achieve the very best start for its youngest children.

What do we mean by 'early years'?

For the purposes of this strategy, early years is from pre-birth to five years old. This broad definition of early years is in recognition of the importance of a healthy pregnancy, good parenting and high-quality education and childcare in influencing outcomes.

Wirral is committed to working in partnership to achieve the very best start for its youngest children in delivering the Early Years Foundation Stage (EYFS) Statutory Framework for children between birth and age five with fidelity and consistency. The framework is mandatory for all early years providers in England.

The EYFS sets the standards that all early years providers must meet to ensure that children learn and develop well and are kept healthy and safe. The Wirral Early Years strategy will use the EYFS guiding principles as our key priorities:

- Every child is a unique child, who is constantly learning and can be resilient, capable, confident and self-assured.
- Children learn to be strong and independent through positive relationships.
- Children learn and develop well in enabling environments, in which their experiences respond to their individual needs and there is a strong partnership between practitioners and parents and/or carers.
- Children develop and learn in different ways and at different rates.

Definition of school readiness

Wirral Council has adapted UNICEF's description of School Readiness consisting of three interconnecting strands:

Child ready

Focusing on children's learning and development

Family ready

Focusing on parental and caregiver attitudes and involvement in their children's early learning and development

School/early years provision/services ready

Focusing on the school/early years environment along with practices that foster and support a smooth transition into primary school and promote the learning of all children. Considered together and connected appropriately, these strands maximise each child's likelihood of success as they progress through their time in school to be ready for life.

Child Ready

All children develop well and are effective learners whatever their needs may be.

Family Ready

Parents have high expectations for their children and the skills to help them develop and grow.

School Ready

All children have access to good and outstanding learning environments.



School readiness and self-regulation

Self-regulation skills are vital to leading fulfilling and successful lives.

A prominent aspect of school readiness for Wirral's children is self-regulation, which is consistently linked with successful learning, including pre-reading skills, early mathematics and problem solving.

Research suggests that improving the self-regulation skills in the early years is likely to have a lasting impact on later learning at school and also have a positive impact on wider outcomes such as behaviour and persistence. There are indications that children from disadvantaged backgrounds are more likely to begin nursery or reception with weaker self-regulation than their peers.

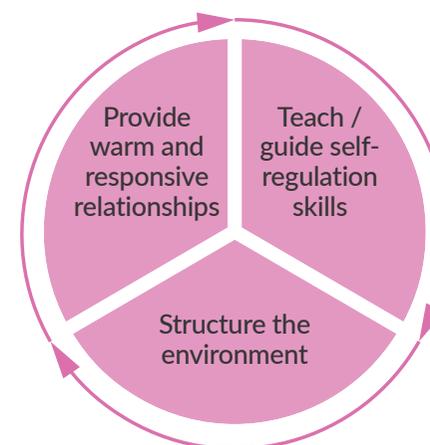
Self-regulation is:

- Controlling feelings and behaviours
- Self-soothing/bouncing back from upset
- Being able to curb impulsive behaviours
- Being able to concentrate on a task
- Being able to ignore distractions
- Behaving in ways that are pro-social (like getting along with others)
- Planning
- Thinking before acting
- Delaying gratification
- Persisting in the face of difficulty

These skills are vital to leading fulfilling and successful lives.

Strategies to help children develop self-regulatory skills

- **Positive Relationships** – Provide a warm and responsive relationship where children feel respected, comforted and supported in times of stress and confident that they are cared for at all times
- **Enabling Environments** – Create an environment that makes self-regulation manageable, structured in a predictable way that is physically and emotionally safe for children to explore and take risks without unnecessary stressors.
- **Learning and Development** – Teach self-regulation skills through modelling, suggesting strategies, providing frequent opportunities to practice and scaffolding to support children to use self-regulation skills.



Local level definition

The five key aspects of school readiness identified through consultation are:



What is important for parents is that these skills are emerging as they enter Reception classes and secure as they transition into Year 1.



Consultation and co-production

Wirral will approach its development of children and services and go forward with them into adulthood.

Consultation was carried out with children, parents, carers, practitioners, partners, and professionals, 'MY CHILD CAN... Be ready to learn, ready for school, ready for life' was co-produced.

100 parents of children aged 0-5 across Wirral were consulted to inform this strategy. Sharing their views and priorities for their children as they grow up in Wirral.

Five questions were created around the four key

elements of the Early Years Strategy: My Child Can, My parent will, My setting/school will, and My community will.

In-line with the results of the consultations and acknowledging key skills and attributes nurtured in the earliest years Wirral will approach its development of children and services and go forward with them into adulthood.



Parent consultation aspirations

What parents told us through consultation - we set out the Key Objectives and Priorities:

I can support my child by:

- Providing a healthy diet, opportunities for exercise and a good sleep routine
- Keeping them safe – teaching them how to keep themselves safe too
- Reading and sharing books with them
- Listening to them – letting them have a voice. Allowing them to express themselves and be who they want to be
- Love them – lots of cuddles, praise and care

Hopes and dreams for my child:

- To be healthy, happy and safe
- To have a good education leading to a great job that they enjoy
- Good social networks – family, friends and community
- Be a kind, confident person who is loving, independent and funny.

School/nursery can support my child:

- More childcare places, at affordable rates, and flexible hours
- Communicate better with parents – keep me informed
- Help parents how to find out about available nursery places and costs
- Respect children's culture
- Better mental health support for children

My child can support themselves to achieve:

- Be confident, kind and helpful to others
- Be able to communicate effectively – have good language skills
- Be brave to explore new things
- Enjoy healthy food
- Have a healthy lifestyle – lots of family time

The community can support my child:

- Better access to leisure facilities like swimming and clean parks
- Provide better public transport
- Lots more groups for parents and 0-5s – open access and free
- Support for families with disabled children or parent
- Advertise 'what's on' better so we don't miss out on events or activities



Key objectives and key tasks



Key objectives:

- An early intervention and preventative approach that is inclusive in supporting children, young people and families to build resilience and take responsibility for their own health and wellbeing.
- Children get the best start in life, so they are able to learn and develop resilience, capability, confidence and self-assurance through positive relationships.
- Raise awareness of the importance of early childhood development in building community capacity to promote health and wellbeing using local assets.

Key tasks:

Breaking the Cycle

- Challenge barriers by having a one system coordinated approach across services throughout the earliest years and school.

Continuous Improvement

- Co-produce with families and communities effective universal and targeted services throughout localities with aspirations for improved outcomes.
- Provide challenge, training and support for parents and professionals in early years.

Creating a Culture of Inclusion

- Empower parents and carers of children with SEND to challenge the workforce to be a champion of their child's voice.
- Ensure all provision is ready for the child and at each transition point each child's needs are identified

Creating a Culture of Inclusion our people to make it happen

- Invest in the early years practitioners of tomorrow
- Better collaboration between the statutory services and the voluntary/charity sector.

Our Priorities

We aspire for all children on Wirral to develop these key skills in their earliest years that will secure foundations for their journey through school and into adulthood;

- Resilience
- Communication & Language
- Positive sense of Self
- Manage Emotions
- Collaborate
- Independence

Linking our priorities to the aspects within the Early Years Foundation Stage; Unique Child, Positive Relationships, Enabling Environments and Learning and Development it will give a consistent approach and understanding of the requirements of us all in supporting children to be 'Ready to Learn, Ready for School and Ready for Life'.



Our priorities

A unique child

Each child is unique and their experiences in the very earliest years from conception make a significant difference to their lifelong health, wellbeing and life chances.

These experiences and environment influence neurological and biological development. Children

develop in different ways and rates of development vary from child to child and from time to time. Giving children the best start in life to ensure they are able to learn and develop skills so they are ready for each step on their journey from birth, to school and beyond.

How we will do this is: By parents, partners and communities understanding how each child learns and develops in complex and diverse ways; professionals will access quality training opportunities to maintain a highly skilled workforce; parents can access services to support their understanding of their child's development; Early interventions and support, such as Portage, will be available in a timely manner for those children who need it or have SEND.

My child can...	My parent will...
<ul style="list-style-type: none"> • Build resilience and manage stress • Develop effective speech and language • Develop a positive sense of self and others • Manage emotions and collaborate with others • Make independent choices. 	<ul style="list-style-type: none"> • Help me to keep trying, even when I'm not sure I can. • Play and talk with me and listen to me • Help build my confidence, let me know we are all valued and have a place in the world. • Be warm and responsive, showing me that emotions are allowed and how I can manage them. • Give me choices, so I get to know what I like and don't like.
My setting / school will...	My community will..
<ul style="list-style-type: none"> • Provide play and self-initiated activities so I can choose, innovate, take responsibility, face challenge and think critically • Create an environment that makes me want to talk and chat to me about what I see. • Plan the environment to meet my needs and interests and celebrate all my achievements. • Help me to develop my skills to self-regulate in order to modify my behaviour and interact with others. 	<ul style="list-style-type: none"> • Be nurturing, but also show me ways to deal with life when it doesn't go right. • Respect and celebrate diversity giving me a sense of place and belonging • Provide opportunities and services to address my unique needs. • Provide safe places for me and my friends to play together. • Provide lots of experiences for my family to enjoy.

Our priorities

Positive relationships

Children growing up in healthy stable and nurturing family environments are more likely to be better prepared for school and life, and to experience better outcomes.

The key protective factor to enable infants to reach their potential is the quality of the interactions they receive. Mothers, fathers and carers are key factors as they are the experts about their child/children's lives and

parenting is the key factor influencing children's social and emotional development. They are the child's greatest educator and role model.

Parents, carers and practitioners need to support children towards responsible self-care and regulation. Resilient families are the key to optimising children's development.

My child can...	My parent will...
<ul style="list-style-type: none"> • Build close attachments with adults who are important to me. • Develop friendships and engage with peers. • Take turns, share and work together in a group. • Communicate feelings and wishes with others. • Interact with others with care, empathy and respect. 	<ul style="list-style-type: none"> • Nurture my emotional resilience. • Parent me positively in a healthy stable environment. • Get more support for me if needed. • Chat, read and play with me. • Develop my social circles where I can actively play, learn and develop.
My setting / school will...	My community will..
<ul style="list-style-type: none"> • Listen and respect my parent/carers voice. • Meet my individual needs through a keyworker system. • Get specialist support if I need it. • Be a champion of my personal, social and emotional development. • Create an environment that includes co-regulation strategies to support the development of self-regulatory skills. • Develop my communication skills so I can build positive relationships. 	<ul style="list-style-type: none"> • Co-produce a vision of a positive community for me to grow up in. • Work together and support each other to help me develop. • Deliver a partnership model for early help and prevention. • Have safe places where I can play, learn and make friends. • Value the voice of the child in all service developments.

How we will do this is: By parents, partners and communities understanding how relationships are key to building a child's sense of belonging and self-esteem through; access to better information for new parents, such as First 1001 Days, parents/carers along the Parenting Journey; train practitioners and professionals on strategies to develop speech, language and communication and trauma informed practices; effective universal/targeted/specialist services to identify and offer support; promoting inclusion and challenging barriers; sharing information securely and sensitively and listen, respect and value everyone's views.

Our priorities

Enabling environments

How we will do this is: By parents, partners and communities having access to opportunities of continued professional development, training and support: reach out to and support parents of eligible children of the disadvantaged 2-year-old offer, encourage good take up of 3 + 4 year free entitlements, nurture high quality early educational settings, prepare disadvantaged children for the start of their school journey, empower parents to challenge accessibility barriers for children with SEND and celebrate co-production of Wirral's Children Centres services which complement the community early help offer.

The definition of 'a child's lived experience' is what a child sees, hears, thinks and experiences on a daily basis that impacts on their personal development and welfare whether that be physically or emotionally.

Quality and consistency in the provision of all early years services is vital so that every child makes good progress and no child gets left behind. Evidence shows

that higher quality provision which offer children security, comfort, choice, engagement and opportunity has greater developmental benefits, particularly for the most disadvantaged children, leading to better outcomes. Children thrive within inclusive environments that support their individual and diverse motivations, interests and needs.

My child can...	My parent will...
<ul style="list-style-type: none"> • Be confident and experience a sense of accomplishment and a feeling of success. • Have a sense of belonging, safety, and security. • Play, explore, and learn through independent choices. • Have a voice or way of communicating that will be heard and understood. • Move freely and coordinate space, through exploration and risk-taking. 	<ul style="list-style-type: none"> • Understand the importance of the home learning environment. • Provide consistent routine and boundaries for me. • Talk with me about the world around us. • Access advice and guidance to provide a safe environment at home. • Seek out time and support if required to help me transition particularly when leaving me.
My setting / school will...	My community will..
<ul style="list-style-type: none"> • Create an environment that does not rush, providing time and space to focus on what interests me in a consistent and predictable day. • Provide balanced time between indoor and outdoor, loud, and quiet times, bright and dark areas, warm and cool, with activities adapted to be accessible and inclusive. • Provide a language rich environment. • Provide opportunities to develop core strength, stability balance, spatial awareness, coordination, and agility. 	<ul style="list-style-type: none"> • Promote spaces that are rich and varied, well managed and protect me from harm and abuse. • Nurture an environment that is warm, welcoming, and ensuring a sense of community. • Use language my family and I understand. • Involve me and my family in setting community values. • Bring all professionals together where I need support to access services to help me and my family have an improved daily lived experience.

Our priorities

Learning and development

How we will do this is: By parents, partners and communities engaging through our Children Centres and community groups, with a strong focus on early intervention, prevention and tackling inequalities. Home Learning Environment (HLE) supports vulnerable children and engages families in learning. That every child, no matter their circumstance, can make progress, given the right support at the right time in order to reach their full potential. That parental conflict is resolved in a timely manner. Capturing the child's voice through the Supporting Families, Enhancing Futures (SFEF) model. That inclusion and opportunity celebrate diversity.

All children develop at their own pace and all children are unique. Children learn best when they feel safe and valued. Emotional self-regulation provides the foundation for learning and development. Effective learning must be

meaningful to a child so that they are able to use what they have learned and apply it to new situations. They need learning and development opportunities which are planned around their needs and interests and reviewed regularly.

My child can...	My parent will...
<ul style="list-style-type: none"> • Have self-belief in reaching my full potential. • Be motivated to make sense of the world around me, through curiosity and inquisitive thinking/learning. • Create logical and critical thinking through play and exploration. • Self-regulate emotions and behaviours, embracing learning and grow into a self-regulating young person/adult. • Communicate and vocalise my needs and interests to adults. 	<ul style="list-style-type: none"> • Be my first and most important educator, from birth to school readiness, nurturing attachment, and healthy development. • Understand the importance of home learning and take every opportunity to Chat, Play, Read, and Sing with me. • Expose me to various interactions of personal, social, emotional, and physical activity. • Show warmth and sensitivity, using appropriate discipline without harshness. • Access services and early educational childcare settings to enrich my learning experiences and develop good attendance behaviours.
My setting / school will...	My community will..
<ul style="list-style-type: none"> • Provide varied and rich developmentally appropriate learning opportunities that are motivating, fun and enjoyable. • Provide opportunities for self-initiated learning and exploratory play, balanced with sustained shared thinking to stretch my abilities. • Provide keyworkers with a high level of practitioner knowledge, skills, and expertise to track, monitor and improve my outcomes from their starting points. • Respond to differences in learning styles and can adapt play and learning opportunities, adopting a graduated approach when required. • Hear my voice and involve me and my parents/carers in my next steps. 	<ul style="list-style-type: none"> • Ensure I have access to high quality and engaging childcare, that is rated Good or Better. • Have available clear pathways from universal to specialist support that is jargon free and easy to navigate through. • Be innovative in bringing together Children Centres, Voluntary / Charitable Organisations, 0-19 Health & Wellbeing services and statutory agencies, in delivery of interventions to support my developmental progress and transitions. • Work together to identify my merging needs and engage with specialists on my identified needs for targeted/ specialist support. • 'Start the Conversation' - help me shape my community, help me live a healthy and happy life.

The parenting journey

We can lay a foundation of health and wellbeing whose benefits last a lifetime – and carry into the next generation.

Wirral's Early Years partnerships have a vision that every baby has loving and nurturing relationships in a society that values emotional wellbeing and development in the First 1001 days, from pregnancy, as the critical foundation for a healthy and fulfilling life.

There is clear, compelling evidence that this is a significant and influential phase in development. This is an age of opportunity. What happens during this period lays the foundation for every child's future health, wellbeing, learning and earnings potential.

It sets the groundwork for children's developing

emotional wellbeing, resilience and adaptability; the competencies they need to thrive. During this period we can lay a foundation of health and wellbeing whose benefits last a lifetime – and carry into the next generation.

Both the First 1001 Days Pathway (koalanw.co.uk/1001-days-programme) and Wirral Parenting Journey (wirral.gov.uk/early-years-and-childcare/parenting-journey) sets out an integrated approach from antenatal to school readiness and signposts parents to the partners and services that are available to give support along the way.



Working in partnership

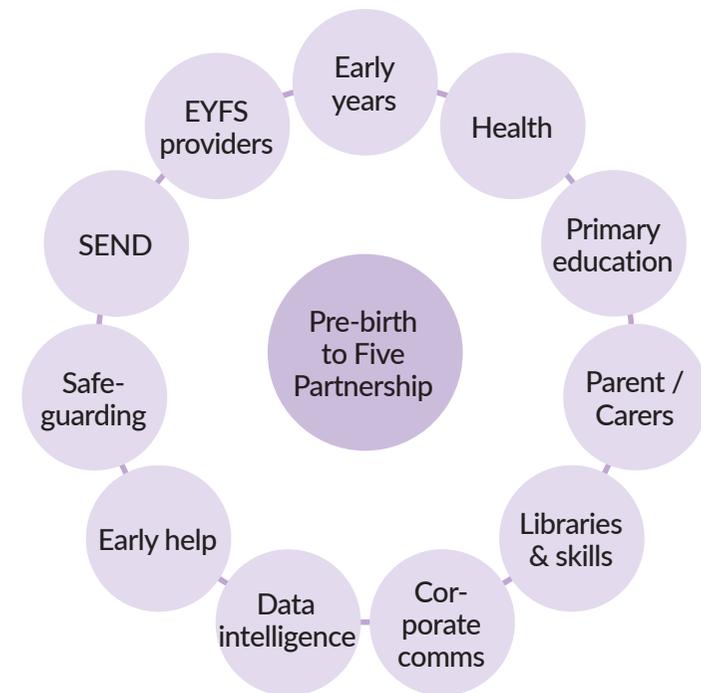
Wirral Council and partners have a clear vision for integrated services and a 'whole system' approach to be able to move towards more aspirational outcomes for children and families.

The Strategy for Early Years is an opportunity to move towards a new vision for early years which will integrate universal early years' services with more targeted and specialist support for vulnerable groups/geographic areas. For instance, aligning the aims of Better Birth, Healthy Child Programme and Early Years Foundation Stage (EYFS) will support the delivery of a shared outcomes framework with shared objectives for commissioning, resources, delivery models and workforce.

As a result, effective partnerships and integrated working will lead to co-production, transparency and strengthened communication across Wirral's early years system.

Key partners:

- Parents, carers and families
- Maternity services
- Public Health
- Health Visiting
- Voluntary, Charitable and Social Enterprise (VCSE) services
- Local authority services
- Early Years providers
- Schools
- Faith sector



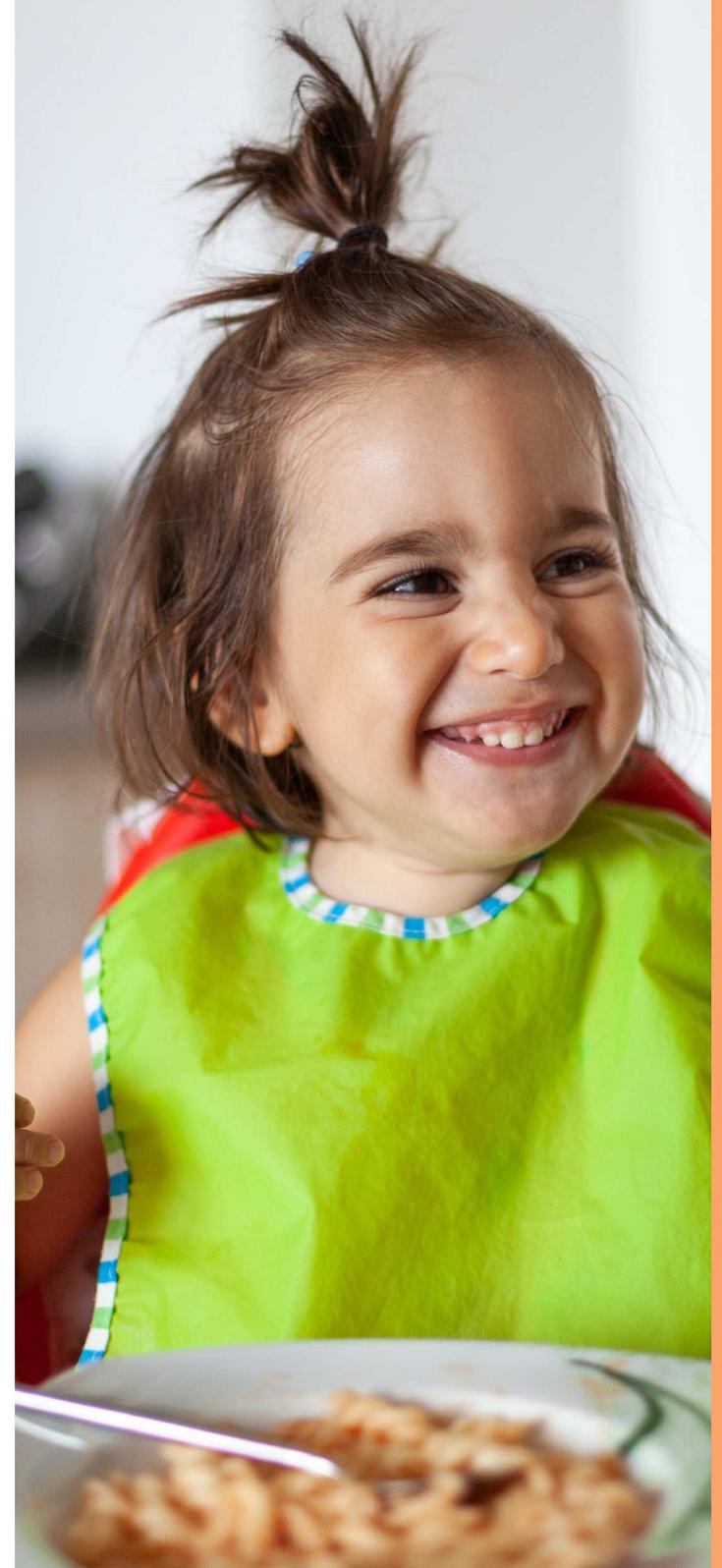
Workforce development

To deliver this Strategy there will be a need for a continual programme of training and development across all early year's professionals.

A committed and supportive early years partnership will collectively strive for the development of a well-qualified and highly motivated workforce with the appropriate knowledge, skills, and experience to deliver better outcomes for all Wirral's children from birth to age five.

To deliver this Strategy it is identified there will be a need for a continual programme of training and development across all early year's professionals. That there will be a need to commission experts, in specific fields of child development to train and upskill the workforce. That collaboratively regular auditing of and observing skills will help identify gaps.

Acknowledging the benefits in utilising skill sets from across the borough and pooling of resource to meet demand and grow capacity. Through working together across the various partnerships creating a workforce that delivers consistent messages will give parents a better understanding of child development, that will enable them to help their child thrive.



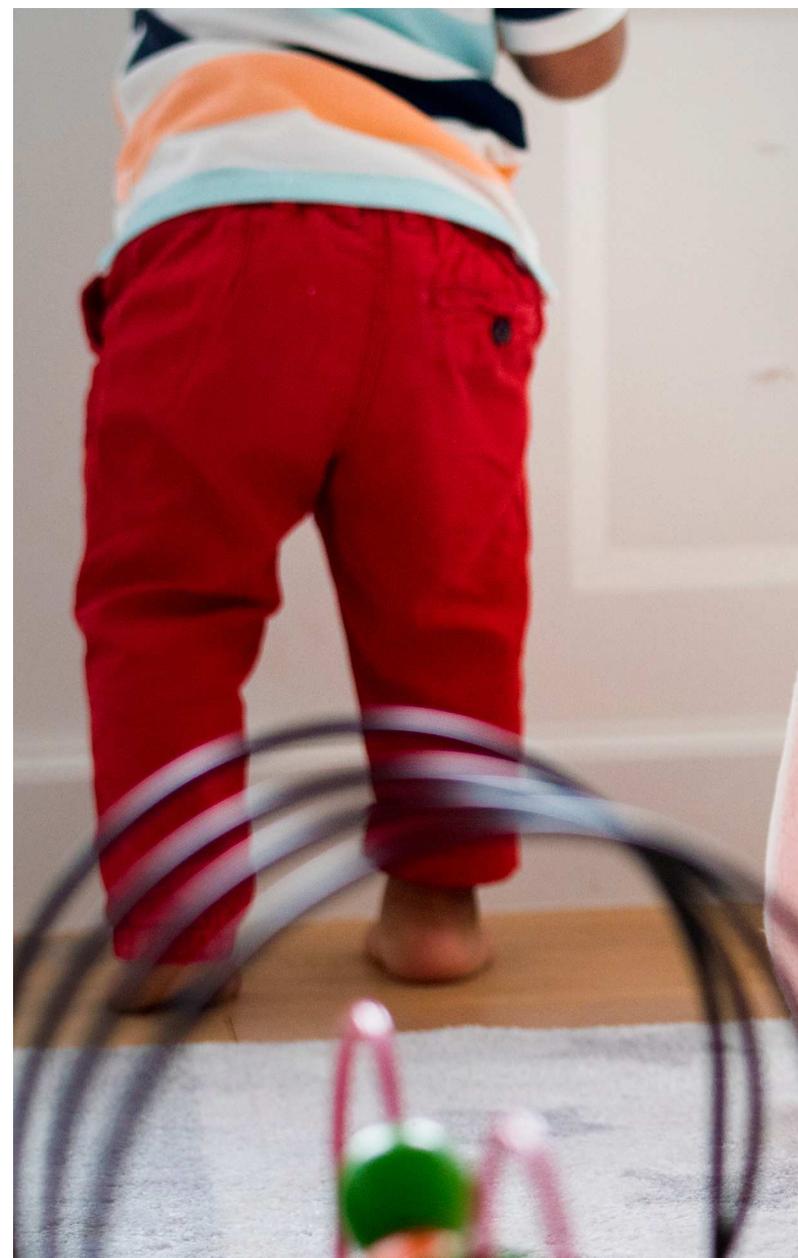
All women experience safe and positive pregnancies and childbirth that results in the birth and care of healthy babies...

	...are resilient, capable and coping	...make independent choices	Develop a positive sense of self	Manage emotions	Collaborate with others	Develop effective speech and language
Aims	<ul style="list-style-type: none"> Achieve developmental milestones between 12 months to 5 years Narrow the attainment gap at the end of Foundation Stage between those on FSM and those not. 	<ul style="list-style-type: none"> All children from 0-5 years are safe and healthy and access health reviews All children aged 2-4 years take up their free entitlements 	<ul style="list-style-type: none"> All women experience safe and positive pregnancies and childbirth that results in the birth and care of healthy babies Achieve attainment milestones at 5yrs 	<ul style="list-style-type: none"> To improve percentage of all children achieving a Good Level of Development particularly in personal, social and emotional. 	<ul style="list-style-type: none"> All early years providers rated 'good' or 'outstanding' Integrated systems to support children with SEND 	<ul style="list-style-type: none"> Parents and their children have a love of books. All children achieve the ELG for Communication & Language
Poulation indicators	<ul style="list-style-type: none"> Number of A&E attendances of 0-4 yrs. Number of hospital admissions (0-5 yrs) caused by unintentional and deliberate injuries rate per 10,000. Number of infant deaths Number of low birth weight full term babies 	<ul style="list-style-type: none"> Number of mothers initiating breastfeeding Number of mothers sustaining breastfeeding 6-8 weeks Number of women accessing peri-natal mental health support Percentage of mothers smoking at time of delivery. 	<ul style="list-style-type: none"> Number of CLA 0-5 yrs Number identified with emerging SEND needs Percentage 3-4 year olds eligible take up their free entitlement. Percentage 2 year olds eligible take up their free entitlements Percentage of 4-5 year olds classified as overweight or obese. 	<ul style="list-style-type: none"> Percentage of infants who receive a 6-8 wk developmental check Percentage of babies who receive a 9-12 month health visitor review pre 12 months. Percentage of 2-2½ year olds who receive a health visitor review Percentage of 2½ year integrated progress checks completed 	<ul style="list-style-type: none"> Percentage of early years providers rated 'good' or 'outstanding' Percentage of children who achieve ELGs in all three Prime Areas. Percentage of children attaining the ELG in Communication & Language 	<ul style="list-style-type: none"> Percentage of children eligible for free school meals achieving a Good Level of Development compared to those not eligible Percentage of children who are looked after and/or SEND achieving a GLD Percentage of children with good level of attendance at their early years establishment
Performance & quality of service measures	<ul style="list-style-type: none"> Engagement in health and pre-natal support services Engagement in post-natal services Maternity Voices/ Customer journey feedback. 	<ul style="list-style-type: none"> High level engagement in Children Centre activities and services High level engagement in voluntary & community activities and services Good collaborations across organisations Effective intervention programmes being delivered. 	<ul style="list-style-type: none"> High quality of Personal Education Plans (PEPs) Aspirational targets set for learning and development attainment Analysis of non take up of eligible EYFE places. Family Information Parent Satisfaction surveys. 	<ul style="list-style-type: none"> High level take up of 'First 1001 Days' activity High number of children being supported through the Graduated Approach Case studies and impact reporting. 	<ul style="list-style-type: none"> Majority of Wirral early years providers delivering high quality childcare High level of quality Ofsted ratings of settings Sufficiency assessment demonstrates strong market of childcare Workforce Development Framework. 	<ul style="list-style-type: none"> High proportion of eligible families take up EYPP and DAF Robust monitoring of progress of our vulnerable children Auditing and monitoring of funding places and attendance.

What will success look like?

‘Investing in early childhood development is a cost-effective way to boost shared prosperity, promote inclusive economic growth, expand equal opportunity, and end extreme poverty’

UNICEF 2018 ‘Early Childhood Education





Acknowledgments

With sincere thanks to:

- Elizabeth Hartley - Interim Director of Children's Services
- Carol Fenlon Head of Service - Early Childhood Service
- Wirral Early Childhood Services team managers and staff
- 0-19 Community Health Trust
- Foundation Years Trust
- Koala Northwest
- Wirral Creative and Digital team
- All the Wirral Primary Schools who facilitated consultations with children, took part in school ready surveys and joined working groups

And finally, a special thank you to all parents and children in Wirral who helped to shape this early years strategy by agreeing to be part of the consultation.



Contact information

Family Information Service

fis@wirral.gov.uk

Early Years Quality Improvement & Training Team / Business Team

0152 666 3980

fis@wirral.gov.uk

Early Years SEND team and Early Years Portage Team

eysend@wirral.gov.uk

Children's Centres

Birkenhead locality

2 Brasseley Street, CH41 8DA

Ionic St, Rock Ferry, CH42 2BL

Wallasey locality

St Paul's Road, CH44 7AN

South and West locality

Gratrix Road. Ch62 7BW

Health Visiting Team

Birkenhead, Wallasey, South & West:

0151 514 0219

wchc.nhs.uk/services/wirral-0-19-health-and-wellbeing-service

Local Offer

local.offer.wirral.org

Providing information for children and young people with SEND

Hungry Little Minds

hungrylittleminds.campaign.gov.uk Simple fun activities for kids, from new born to five

Tiny Happy People

bbc.co.uk/tiny-happy-people Tiny Happy People is to help parents develop their child's communication skills

Foundation Years Trust

foundationyearstrust.org.uk

FYT support parents and carers of children 0-5 in their vital role as a child's first and most important educator.

Community Midwives

with.nhs.uk/our-locations/wirral-women-and-childrens-hospital/maternity-services/labour-care/community/community-midwives

Community midwives liaise and work closely with the hospital based midwives and obstetricians, local GPs, Health Visitors, Social Workers, Physiotherapists and other allied professionals to try to ensure support for families to meet their needs.

Koala Northwest

koalanw.co.uk

Delivering a diverse range of services for the benefit of families

Further information

**What to expect in the Early Years
Foundation Stage: a guide for parents**
bit.ly/3DIOa7Z

Development Matters 2020
bit.ly/3dqXTVW

EYFS Statutory Framework
bit.ly/3f8rKma

Birth to 5 Matters
birthto5matters.org.uk

Healthy Child Programme
bit.ly/3xGKTSQ

The Marmot Review – 10 years on
bit.ly/3BBOZg6

The Allen Report 2011
bit.ly/3BXHNMR

UNICEF 2015
uni.cf/3BX37lp

**UNICEF 2018 - Early Childhood
Development in the UNICEF Strategic
Plan 2018-2021**
[unicef.org/media/48126/file/UNICEF_
Strategic_Plan_2018-2021-ENG.pdf](https://unicef.org/media/48126/file/UNICEF_Strategic_Plan_2018-2021-ENG.pdf)

Wirral's First 1001 Days



Strengthening collective action to improve outcomes for Wirral Children, and empowering parents to nurture and support their children to achieve their potential

Summary Report April 2021 - March 2022



Introduction

The 1001 Days Programme was funded through the Department of Health and Social Care (DHSC) & Public Health England's (PHE) "VCSE Health and Wellbeing Fund Starting Well 2020/21", which supported the expansion of existing delivery to improve health outcomes for children from preconception to two and a half years old.

The 1001 Days project is funded to be delivered from April 2021 to March 2023. A final report will be produced accounting for all project activity to March 2023.

While the grant specifically funds some services delivered by Koala NW and the Foundation Years Trust, it has facilitated a cross-agency service redesign that aims to strengthen collective action to empower parents to nurture and support their children to achieve their full potential. 1001 Days is a universal approach across the borough with targeted activities in Wirral's five most deprived wards; Bidston & St James, Birkenhead & Tranmere, Rock Ferry, Seacombe, and Leasowe & Moreton East; and with the BAME community.

Delivery is centred around four goals, each of which included specific outcome indicators:

1. Increase breastfeeding initiation rates
2. Increased perinatal mental health support
3. Improved speech & language by age 2.5
4. Improved health outcomes

Despite challenges in reaching the original project aims, strong progress has been made during the first year of activity.

Overall Take Up Of The 1001 Days Programme

The target for families who have been referred in was 2,000, and so far a total of 1,930 families had been referred in - representing some 97% performance with a further 6 months of delivery ahead.

Several formal Department Health & Social Care KPIs were established as part of the funding agreement and are measured quarterly:

April 2021-March 2022

	Q1	Q2	Q3	Q4	Total
Wirral Families who have been referred in	271	401	487	771	1,930
Families who have engaged	247	319	460	846	1,872
Families from high deprived areas referred into service	136	223	259	138	756
Families from BAME groups referred into service	6	40	94	33	173
% of families high deprived areas completing programme	11%	23%	20%	31%	31%
% of families BAME groups completing the programme	2%	12%	20%	42%	42%

With a target of 2,000 families, at the end of Quarter 4 a total of 1,930 families had been referred in - representing some 97% performance with a further year of delivery ahead.

At the end of Year 1, a total of 235 children had completed project activities - representing a mix of those who have reached 2.5 years or those who have concluded shorter programmes of support - whilst many others will remain within 1001 Days moving between different types of support.

Goal 1: Increase Breastfeeding Initiation Rates

Feedback data shows that most wards have an increased level of breastfeeding due to 1001 Days (for example an increase from baseline of 20% in Bidston & St James), with only Leasowe & Moreton East experiencing a reduction that indicates a specific focus during Year 2 of activity.

Goal 2: Increased Perinatal Mental Health Support

Feedback evidences that the majority of families report an improvement in the four outcome indicators; 85% of families experienced a decrease in isolation, 83% a reduction in stress/anxiety, 74% improved parent-infant relationship, and 76% improved perinatal mental health. Parents frequently tell us that they don't know if they are 'doing a good job' with their children, which can be a source of stress and an inability to cope. The high percentages indicate that 1001 Days is having the intended impact on parents understanding of their role and their confidence within that role.

Goal 3: Improved Speech And Language By Age 2.5

Feedback demonstrates most families have positive outcomes; 71% report improved children's communication and language, 80% increased parental understanding of early development, 67% increase in parents reading more with their child, 69% increase in parents providing opportunities to enhance development. The fact that a higher percentage of parents report 'increased understanding of their child's early development' than the percentage of those that have changed their behaviour with regards to reading more or introducing more opportunities to enhance learning, is a trend that we often see. Changing habits is a longer-term goal more easily achieved once there is clarity on *why* something is important, which will be a focus in Year 2.

Goal 4: Improved Health Outcomes

In Year 1 there was a lack of consistent data collection on the number of families reached with generic public health messages, and the difference this made. In the last six months, health messaging was focused on the predicted winter RSV surge, which was also an opportunity to share wider health messages. Information regarding RSV was shared with every new parent in the five wards, and with parents with older children 0-2.5 years through promotion at play groups, nurseries, through the wider 1001 Days network. In Year 2 activity will link with public health to ensure that teams are not only providing specific information on priorities such as smoking and obesity during the first 1001 days but that public health messaging is threaded more effectively across the whole 1001 Days programme.

Project Overview

Strategic Context

The overall programme enables system partners to work together with the VCSE sector to promote equalities and reduce health inequalities by building the evidence base about good practice, sharing lessons and widening the adoption of interventions with a proven track record. The programme's three objectives are to:

- 1 Encourage co-production in the creation of person-centred, community-based health and care which promotes equality for all
- 2 Enable the voice of people with lived experience and experiencing health inequalities to inform national policy making and shape service delivery
- 3 Build evidence of sustainable, scalable solutions to mitigate and prevent inequalities impacting on health and wellbeing of communities.

Service Delivery

While the grant from the Department of Health & Social Care specifically funds some services delivered by Koala NW and the Foundation Years Trust, it has facilitated a cross-agency service redesign that aims to strengthen collective action to improve outcomes for Wirral's children, and central to this ambition is empowering parents to nurture and support their children to achieve their full potential.

1001 Days was promoted across Wirral but there was a more targeted focus on support for BAME families, and also targeting Wirral's five most deprived wards:

- Bidston & St James
- Birkenhead & Tranmere
- Rock Ferry
- Seacombe

Voluntary and Statutory Sector Collaboration

Throughout the development of the PIMHS service Koala NW have had the privilege of building strong working relationships with their clinical partners. Intervention between Koala NW Video Interaction Guidance (VIG) guiders and a VIG practitioner within the health visiting service allowed practitioners to think about encompassing the VIG core skills within their practice and the challenges presented during the pandemic. Staff felt more supported when presented with more complex cases. The Specialist Perinatal Mental Health Health Visitor was a vital source of support providing advice and guidance when staff were supporting women and their families during the perinatal period.

More recently Koala NW's PIMHS Lead and the Specialist Perinatal Mental Health Visitor collaborated to deliver a multi-agency perinatal and infant mental health training session for Koala NW staff and Wirral health visitors. Feedback from participants highlighted the need for more multi agency training and practitioners found this useful particularly when thinking about local perinatal pathways and sources of support in the community.

Targets

The project has a mix of targets split between; standard DHSC monitoring KPIs, four goals established in the original application form, and a wider ambition the project partners have for systemic change. While DHSC KPIs are reported directly to DHSC every six months, the project goals and partner ambitions are the focus of this report. The impact that the project seeks to deliver within these is summarised below:

Increase Breastfeeding Initiation Rates

- Increased breastfeeding Initiation Rates
- Increased 6-8 week breastfeeding rate

Increased Perinatal Mental Health Support

- Decrease in parents experiencing isolation
- Reduction in parents' stress/ anxiety
- Improved parent-infant relationship
- Improved parent perinatal mental health

Improved Speech & Language By Age 2.5

- Improved children's communication and language
- Increased parental understanding of importance of child's early development
- Increased access to books and resources

Improved Health Outcomes

- Health promotion messages are shared with families
- Improved parental understanding of relevant public health messages

Systemic Changes To Early Years System

- Collective services are co-designed with families
- Increased data sharing identifies a child's journey by age two
- Data collection is achievable and efficient
- Improved partnership working across all sectors at all levels

Community-Based Provision

“Koala NW welcomed Silver Birches to their Hub. Silver Birches is a maternal mental health service which offers support for individuals seeking support following psychological distress arising directly from experiences within maternity and birch. We hope that offering clinical support in the heart of the community, in venues such as Koala NW will not only be accessible to individuals but help support pathways between services.”

Silver Birches Clinical Practitioner

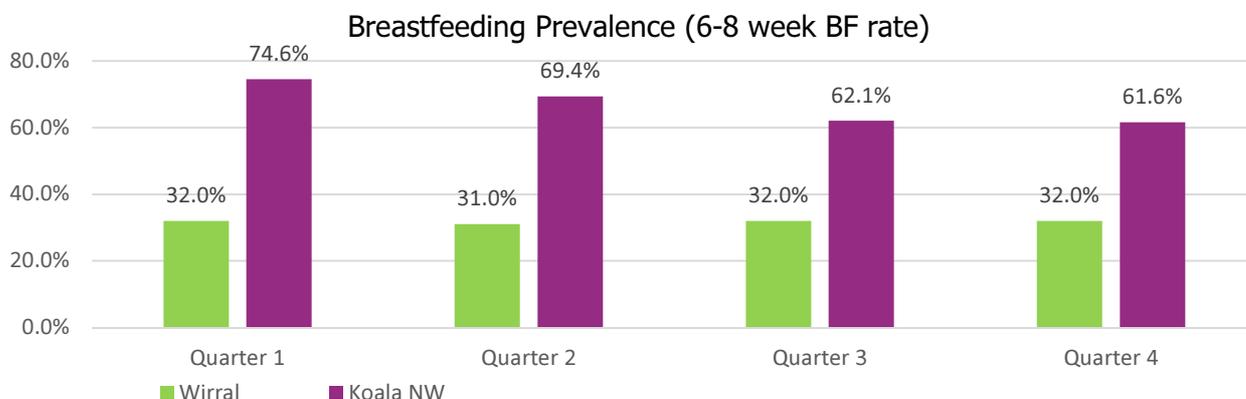
Outcomes

Between Koala NW, the Foundation Years Trust, and Children Centres common parent feedback questions have been included in our standard questionnaires. However, we have not yet identified the best way to collate the outcomes data from all three organisations and in this report, outcomes data from Koala NW and the Foundation Years Trust only, is used to demonstrate the journey of change for families accessing 1001 Days services. It should be noted that although well over 1800 families have engaged with 1001 Days services across the partnership, a lower number had completed feedback surveys by the time this Year 1 report was written. This was for three reasons:

- Outcomes data from children’s centre is not yet integrated into overall results but we aim to have identified the way to do this over the next year.
- Not all parents that are currently accessing services have reached the stage where they are ready to give feedback.
- Particularly in group-based services, some parents were not available during the assessment period and consequently their feedback was not captured in this reporting period.

Breastfeeding:

The below chart shows the number of families that had been referred to Koala NW (in plum), against those that had not (in green).



Perinatal Mental Health:

Ward	Decrease In Isolation	Reduction In Stress/ Anxiety	Improved Parent-Infant Relationship	Improved Perinatal Mental Health
Bidston & St James	34	33	27	27
Birkenhead & Tranmere	39	38	36	38
Leasowe & Moreton East	26	25	22	22
Rock Ferry	24	24	22	23

Seacombe	29	29	25	26
Total (all 5 Wards)	152 (85%)	149 (83%)	132 (74%)	136 (76%)

Speech & Language:

Ward	Improved children's communication and language	Increased parental understanding of early development	Increase in parents reading more with their child	Increase in parents providing opportunities to enhance development
Bidston & St James	21	31	22	24
Birkenhead & Tranmere	36	38	33	35
Leasowe & Moreton East	25	24	23	22
Rock Ferry	20	22	19	20
Seacombe	24	28	23	22
Total (all 5 Wards)	126 (71%)	143 (80%)	120 (67%)	123 (69%)

The fact that a higher percentage of parents report 'increased understanding of their child's early development' than the percentage of those that have changed their behaviour with regards to reading more or introducing more opportunities to enhance learning, is a trend that we often see. Changing habits is a longer term goal that is more easily achieved once there is clarity on *why* something is important. Having said that, a significant majority of parents are reporting that they are doing more to support their child's development.

"Both my children have thoroughly enjoyed having Lucy come in to our homes and run the Story Explorer sessions. I found I struggled leaving the house sometimes as I suffer with anxiety and have experienced PND this time around so having Lucy come in to our home to run the sessions was honestly amazing. Lucy was so lovely and the girls just took to her instantly. And for me, I really looked forward to some adult conversation."

Parent, Story Explorers

Multiple Providers To Support Mental Health

"Mum has a 1-year-old son, she had a psychotic breakdown after being tortured by her ex-partner. She was not offered any support and her baby was taken into care. She has spent the past 12 months getting mentally healthy and fighting to get full custody of her son.

Back in July Mum was attending a group with another organisation, and the Lead was concerned how mum would cope over the summer holidays while the groups were not on, so she contacted me. Mum's son was having a phased return with the goal of having full custody at the end of August, so it was vital that appropriate support remained in place. I offered mum emotional and practical support ... and offered mum the opportunity to attend events over the summer holidays but she did not feel ready to attend any other groups. Mum started attending her original group again in September and she has requested that I maintain the support as well."

1001 Days Practitioner

Recommendations For Systemic Changes To Systems And Delivery

Learning from the first year of delivery, as well as specific consultation with partners and stakeholders, has identified several recommendations to help shape and inform Year 2:

- **Antenatal Activities;** reiterate with midwifery services the importance of developing a joined-up strategy between all partners and of having representation on 1001 Days strategic board. This should be actively supported by the commissioning service, the Health and Wellbeing Board and the ICP.
- **Breastfeeding;** midwifery agree to data sharing with 1001 Days so Wirral has an opt out service for all pregnant women to receive information about breastfeeding and wider 1001 Days programme.
- **Mental Health;** introduce opportunities for workforce development on supporting mental health and understanding of the pathway available to families, across the 1001 Days partnership's staff. Also that 0-19 Specialist Perinatal Mental Health Visitor to work closely with 1001 Days partners.
- **Speech and Language;** revisit the Speech & Language pathway with staff across the partnership to generate better understanding of what the different programmes offer, including services offered by VCSE partners, and whether they provide a progression for families or are complementary programmes. Also that recognising that services change, a short annex could be added to the core S&L pathway document, and updated through the SLN group. This would also create an accessible document for parents that could be available through local resources such as the Family Toolbox website.
- **Health Messaging;** health messages to be reviewed across the partnership to see where existing provision on health can be better integrated into other service provision, perhaps inviting staff who deliver health messages into other partner's groups.
- **Use of Data As a Tool;** review the data that is collected through the 1001 Days programme and whether the data collected currently is useful to be able to respond to families' needs. The second step would then be to introduce regular data analysis into Ops manager's meetings to better inform service development. This also requires a deeper understanding, and acknowledgement of, the parameters of each partner's data collection. Also that refreshing the parent journey may also benefit a review of the data collected and ensure that all aspects of 1001 Days are linking suitably and that families get a genuinely joined-up service. This could be led through the Early Years Strategy Group.
- **Evidence For Family Access;** case study gathering across the programme is increased where families have accessed a high number of services across 1001 Days, to track their feedback and level of need.
- **Families See One Service;** generate more opportunities for staff teams to present the 1001 Days programme to families, as a collective. This could be promotion events in each Ward

and jointly managed stalls/activities at other events that take place through the year. Also facilitate visits between staff teams to other organisation's groups, so that they can introduce their services in the area and provide contact details. Also ensure senior management are actively supporting and scheduling for these activities. Also that in Year 2 of the programme, a priority should be to bring community midwives and health visitors into shared sessions.

- **Adopting A One Team Approach;** hold an annual face to face review with Ops and Strategic Group to share the findings of the report and to develop the coming year's action plan together, to continue to embed the understanding of 'one team'. Also explore the possibility of developing volunteer opportunities for 1001 Days, across the partnership, which could help to bring the partners together. This could introduce a layer of support that is aware of all aspects of the project and as such can equitably and fully promote the support available to families, or to partners or wider stakeholders. It was reported that a collaboration of Wirral-based voluntary organisations has recently developed a working group to look at a borough wide approach to shared volunteering, which could be beneficial.
- **Acknowledgement of Sectors and Roles;** maximise the opportunity of Ops Managers meetings and an annual face to face review to acknowledge differences and to openly and collectively plan for ways in which staff teams can express their concerns and identify solutions. Previous recommendations will contribute to addressing these concerns, as will recommended ideas to undertake a piece of work to assess the details of the various Language & Communication programmes. This could help to increase the sense of equity between teams.
- **The Need for Greater Strategic Buy-In;** Year 2 presents the opportunity for Health partners to collaborate more regularly at a senior strategic level. Attention should also be paid to ensuring that senior management commitment is demonstrated through facilitating opportunities for operational staff to be actively involved in building partnership with partners. It is true for all partners within the First 1001 Days that to achieve the desired level of collaboration, staff need allocated time to integrate, from senior and management level, to operational level.
- **Specific Needs of BAME Families;** 1001 Days partners to plan and co-design with organisations working specifically with BAME communities, how they can be brought into the strategic development of the 1001 Days programme. This may result in further funding being sought which includes these partners.
- **Locality Meetings;** given this difference in understanding, it may be prudent to review the Terms Of Reference for the Locality Meetings and consider their role in relation to the wider Operational, Manager, and Network meetings that occur. It would be advisable to establish a reporting and communications pathway, so that the objective of the meetings is clear to all.
- **Negative Impact of Covid;** as restrictions have now eased and partners are returning to pre-Covid mode of operation, the opportunity to both bring in Health partners as a priority and to engage more normally with families has returned and planning ahead should

acknowledge that change. Equally, there are opportunities to continue a blended offer to families which is both face to face and virtual and to recognise the value in both approaches.

- **Ensuring Commonality of Terminology;** the Operations Team should review how we collectively brand our programmes and see where we can use the same terminology so that families and professionals are clear about the content and objectives of the various service offers.

WHY THE FIRST 1001 DAYS ARE SO IMPORTANT...

The first 1001 days of a child's life, from conception to age 2, is a window of opportunity. It is a time of particularly rapid growth and brain development. Leading child health experts agree that the care given during the first 1001 days has more influence on a child's future than at any other time in their life.

- From around 8 weeks pregnant babies respond to touch
- By 23 weeks pregnant babies can hear sounds from the outside
- By the age of 2 a child's brain is already 80% developed.

To support parents and carers with the important role they play during this time, there are a range of services to try that can help babies to develop.

"Yeah of course, well any information that is gonna help me have a better bond and relationship with my daughter I'm all ears!"

KOALA
North West
Supporting children & their families

MY FIRST 1001 DAYS

☎ 0151 608 8288
🌐 koalanw.co.uk
✉ admin@koalanw.co.uk
📍 KoalaNorthWest

Koala North West
Woodchurch Lane
Birkenhead
Wirral CH42 9PH

"I understand him more now and what he likes, we enjoy playing together so much!"

Registered Charity Number: 1130517 Company Number: 7314767

My First 1001 Days
Explore Your Baby's 1001 Days Pathway

Safe and Soothe
Engage and Explore
Support your baby's learning
Clean and Responsive
Building my brain

Supporting you to give your child the best start through those first critical 1001 days and beyond. What is your baby entitled to? Join us on the 1001 days journey

0151 608 8288 admin@koalanw.co.uk

Case Study Of Family Moving Through A Range Of Services

"Mum contacted Koala NW in September 2021 having seen a post on social media, shared by Wirral maternity Voices. We phoned to introduce ourselves and our services. She was unable to attend the 'Connecting in Utero' Womb to World session, as it clashed with a prior appointment, so the Koala NW team invited her to a breastfeeding group in her locality at Seacombe children's centre, in which Koala NW presented a 'New Mums frequently asked questions' session, which Mum found very interesting and during which, she was able to meet other local mums and the community staff at the Children's Centre. Mum attended the 'Golden Hour' and the 'Fourth Trimester' Womb to World sessions at Leasowe. She attended with her partner and they were both welcomed warmly into the intimate group. Reporting that after the sessions they felt less 'terrified' and much more 'excited' about the imminent arrival of their first baby. In the baseline assessment Mum reported that she did not know where to access services for herself and her baby, she did not feel confident to help with her child's learning and development and she was not sure if her baby was enjoying their relationship. Following the support from Koala NW and Children's Centres, her answers to all of the above had positively changed. Mum now feels very confident to support her child's developmental journey, and she agrees that she sees the world through her unborn baby's eyes."

3.0 Future Development



HEALTH AND WELLBEING BOARD

21st DECEMBER 2022

REPORT TITLE:	WIRRAL PLACE UPDATE REPORT
REPORT OF:	PLACE DIRECTOR (WIRRAL), NHS CHESHIRE AND MERSEYSIDE

REPORT SUMMARY

The purpose of this report is to update the Health and Wellbeing Board on the development of Wirral as a “place” within the Integrated Care System (ICS) and of the working arrangements of NHS Cheshire and Merseyside in the borough.

This report affects all wards and is for information.

RECOMMENDATION/S

The Health and Wellbeing Board is recommended to:

1. Note this report and receive similar updates at future meetings.
2. Note the minutes of the Wirral Place Based Partnership Board held on 13th October 2022.
3. Note the Wirral submission for the Cheshire and Merseyside Health and Care Partnership Strategy which, when ratified, will be brought to a future meeting.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 It is important to ensure that the Health and Wellbeing Board is engaged in the development of the Integrated Care System (ICS), the impact on Wirral as a place and the work of NHS Cheshire and Merseyside (also referred to as the Integrated Care Board (ICB)) in the borough. Regular briefings will continue to be provided to keep members of the Board informed of progress.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 The arrangements to establish ICSs and ICBs are statutory under the provisions of the Health and Social Care Act 2022, there are no other options pertaining to how ICSs will be constituted and governed.
- 2.2 The Place Director reports to many forums in the borough. This report has historically been received by the Health and Wellbeing Board as this Board provides strategic oversight of all matters pertaining to the health and wellbeing of the borough, including activities in the health and care sector. The Place Based Partnership Board will receive more detailed reports pertaining to health and care strategy and delivery.

3.0 BACKGROUND INFORMATION

3.1 NHS Cheshire and Merseyside

- 3.1.1 Under the Health and Care Act 2022, NHS Cheshire and Merseyside is responsible for implementing the overall NHS strategy in Cheshire and Merseyside, assigning resources, securing assurance, and ensuring partners that the right activities are focused on securing the best outcomes for our communities.
- 3.1.2 NHS Cheshire and Merseyside Board meetings are meetings in public and are held monthly, the meeting venues move around Cheshire and Merseyside. Wirral will be hosting this meeting on 26th January 2023, probably in the Floral Pavilion. Details of previous Board meetings can be found at [Meeting and event archive - NHS Cheshire and Merseyside](#) and notice of forthcoming meetings can be found at [Upcoming meetings and events - NHS Cheshire and Merseyside](#).

3.2 Wirral Place Based Partnership Board

- 3.2.1 NHS Cheshire and Merseyside is working with each of the nine places in the Cheshire and Merseyside Integrated Care System (ICS) to establish robust governance and assurance mechanisms through strong partnership arrangements. The Wirral Place Based Partnership Board (WPBPB) is the forum where NHS Cheshire and Merseyside will conduct business pertaining to the Borough transparently in the public domain and in collaboration with system partners. These arrangements will also support further delegation of decision making and resources to each borough.

3.2.2 The WPBPB met for the first time on 13th October 2022. The approved minutes from this meeting can be found Appendix 1 of this report. The Health and Wellbeing Board is asked to note these minutes.

3.2.3 The WPBPB also met on 10th November 2022, the ratified minutes are not available at the time of writing (17th November 2022) as they need to be approved at the meeting on 8th December 2022. The papers and agenda for the November meeting can be found at [Agenda for Wirral Place Based Partnership Board on Thursday, 10th November 2022, 10.00 a.m. | Wirral Council](#). There is also a meeting planned for 8th December 2022, the papers for this meeting will be available at [Agenda for Wirral Place Based Partnership Board on Thursday, 8th December 2022, 10.00 a.m. | Wirral Council](#).

3.3 Integrated Care Partnership Strategy and Five-Year Joint Plan

3.3.1 On 29th July 2022 the Department of Health and Social care issued statutory guidance that requires each ICP to produce and publish an ICP Strategy by December 2022. There will also be a requirement to publish a “five-year joint forward plan” by April 2023. This means that the Cheshire and Merseyside Health and Care Partnership would need to sign off the strategy in December 2022 and the five-year joint forward plan in February 2023.

3.3.2 The C&M HCP have agreed that the December strategy publication should be developed from existing documents and that each Place should contribute to it with their local plans. Each Place is therefore being asked to develop short (3-4 page) summaries of their local plan using the life course approach, standard metrics (for example Marmot beacon indicators) and free text sections to describe key actions and deliverables.

3.3.3 At the last meeting of the Wirral Health and Wellbeing Board on 2nd November 2022, it was agreed that the Wirral submission should be based upon the information contained in the Health and Wellbeing Strategy 2022-2027 and Outcomes Framework. These were approved by the Wirral Health and Wellbeing Board on 29th September 2022. There is also additional information, including life course diagrams, that can be accessed on the Wirral Intelligence Service website - <https://www.wirralintelligenceservice.org/state-of-the-borough/>.

3.3.4 The Wirral submission for the Cheshire and Merseyside Health and Care Partnership Strategy, correct as of 9th November 2022, is attached in Appendix 2. In addition to this submission, documentation was provided setting out the detail of Wirral health and care plans and programme deliverables, alongside a link to the Wirral Health and Wellbeing Strategy 2022-2027. The only outstanding return was what is being referred to as the “tartan rug” for the borough. Each place is being asked to submit this document, which demonstrates the progress made against key public health and Marmot indicators/outcomes.

3.3.5 As reported to the NHS Cheshire and Merseyside Executive Team on 17th November 2022, a draft Cheshire and Merseyside Health and Care Partnership Strategy will be shared with stakeholders by 29th November 2022 for feedback by 13th December 2022. The final draft will be produced for 15th December 2022 in advance of the Health and Care Partnership Board meeting on 22nd December 2022.

3.3.6 The Health and Wellbeing Board is asked to note the submission for the Cheshire and Merseyside Health and Care Partnership Strategy which, when ratified, will be brought to a future meeting.

3.4 Place Review Meetings

3.4.1 Each of the nine Places in Cheshire and Merseyside will have quarterly review meetings with NHS Cheshire and Merseyside. The first of these review meetings for Wirral took place on 24th October 2022. In addition to the Place Director, the Chief Executive, Assistant Chief Executive, Director of Performance and Planning and Associate Director of Programme Delivery and Assurance attended from NHS Cheshire and Merseyside. Wirral system partners were represented by the Chief Executive, Wirral Community Health and Care NHS Foundation Trust, the Chief Strategy Officer, Wirral University Teaching Hospitals NHS Foundation Trust and a representative of the Primary Care Networks in Wirral.

3.4.2 The meeting commenced with a presentation from the Place Director, which covered system actions around urgent care and the outcome of the Place Maturity self-assessment. These slides are included in Appendix 3 of this report. Formal feedback has yet to be received following the review meeting. The next review meeting is due on 23rd January 2023.

4.0 FINANCIAL IMPLICATIONS

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

4.2 NHS Cheshire and Merseyside is accountable for NHS expenditure and performance within the ICS and in each place. In 2022/23 the Place Director is a budget holder, with the intention to move more delegated authority to them and place partners from 2023/24.

5.0 LEGAL IMPLICATIONS

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

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 NHS Cheshire and Merseyside will continue to work with each place to develop local teams and ensure the appropriate deployment of resources to support borough-based delivery.

7.0 RELEVANT RISKS

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

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

7.3 NHS Cheshire and Merseyside is developing a risk management and assurance framework, which will include place. This will enable the WPBPB to manage risks identified in their work directly or through supporting governance arrangements.

8.0 ENGAGEMENT/CONSULTATION

8.1 NHS Cheshire and Merseyside will work with system partners to continue to develop and update their communication plan to ensure that all key stakeholders are engaged as place arrangements develop.

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

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

8.4 The Wirral Place Based Partnership Board has voluntary, community, faith, and social enterprise (VCFSE) sector representation, which will be embedded in all elements of population planning, decision making and delivery. VCFSE sector intelligence and insight will be collated, including wider community feedback, to ensure the Wirral Place Based Partnership Board can hear from critical voices within different communities, escalate priority issues, and act on these issues.

9.0 EQUALITY IMPLICATIONS

9.1 Wirral Council and NHS Cheshire and Merseyside have a legal requirement to make sure their policies, and the way they carry out their work, do not discriminate against anyone. The Council and NHS Cheshire and Merseyside 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. No Equality Impact Assessment is required for this report.

9.2 Impact assessments were undertaken as part of the legislative process for the Health and Care Act 2022, which led to the establishment of ICSs. These can be found at [Health and Care Act 2022: combined impact assessments - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/collections/health-and-care-act-2022-combined-impact-assessments).

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 There are no direct environmental or climate implications as a result of this report.

10.2 Wirral Council and NHS Cheshire and Merseyside are committed to carrying out their work in an environmentally responsible manner, and these principles will guide the development of the Place-based Partnership in Wirral.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 Community Wealth Building in Wirral focusses on partnerships and collaboration. These partnerships are led by Wirral Council with external partners and stakeholders, including residents. NHS Cheshire and Merseyside will support the Council in community wealth building by ensuring health and care organisations in the borough have a focus on reducing health inequalities and contribute to the development of a resilient and inclusive economy for Wirral.

REPORT AUTHOR: Simon Banks

Place Director (Wirral), NHS Cheshire and Merseyside
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APPENDICES

Appendix 1	Wirral Place Based Partnership Board, 13 th October 2022, Approved Minutes
Appendix 2	Wirral Place Submission for Cheshire and Merseyside Health and Care Partnership Strategy
Appendix 3	Place Review Meeting Slides

BACKGROUND PAPERS

- Health and Care Act, 2022 - <https://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>
- NHS England website, integrated care section - <https://www.cheshireandmerseyside.nhs.uk/>
- NHS Cheshire and Merseyside website - [Home - NHS Cheshire and Merseyside](#)
- [Guidance on the preparation of integrated care strategies - GOV.UK \(www.gov.uk\)](#)

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Previous reports presented to Health and Wellbeing Board:	
Integrated Care System Project Update	16 th June 2021
Integrated Care System and Integrated Care Partnership Developments	20 th July 2021
Integrated Care System Developments	29 th September 2021
Integrated Care System Project Update	3 rd November 2021
Integrated Care System Update	15 th December 2021
Integrated Care System Update	9 th February 2022
Integrated Care System Update	23 rd March 2022
Integrated Care System Update	28 th July 2022
Integrated Care System	29 th September 2022

<p>Wirral Place Update Report</p> <p>Previous reports presented to Adult Social Care and Public Health Committee:</p> <p>Strategic Developments in the NHS Proposals for Integrated Care Partnership Integrated Care System and Integrated Care Partnership Developments Integrated Care Partnerships Update Integrated Care System Integrated Care System</p> <p>Previous reports presented to Partnerships Committee</p> <p>Strategic Developments in the NHS Strategic Developments in the NHS Strategic Developments in the NHS Integrated Care System Integrated Care System Update Integrated Care System</p>	<p>2nd November 2022</p> <p>2nd March 2021 7th June 2021 29th July 2021 13th October 2021 3rd March 2022 25th July 2022</p> <p>9th November 2020 13th January 2021 29th June 2021 28th September 2021 2nd February 2022 1st March 2022</p>
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WIRRAL PLACE BASED PARTNERSHIP BOARD

Thursday, 13 October 2022

Present:

Simon Banks	Place Director
Suzanne Edwards (in place of Tim Welch)	Cheshire and Wirral Partnership NHS Foundation Trust
Tom Pharoah	Clatterbridge Cancer Centre NHS Foundation Trust
Karen Howell	Wirral Community Health and Care NHS Foundation Trust
Matthew Swanborough (in place of Janelle Holmes)	Wirral University Teaching Hospital NHS Foundation Trust
Councillor Mary Jordan	Wirral Council
Councillor Yvonne Nolan	Wirral Council
Councillor Jason Walsh	Wirral Council
Paul Satoor	Wirral Council
Dave Bradburn	Wirral Council
Graham Hodgkinson	Wirral Council
Carly Brown (in place of Simone White)	Wirral Council
Karen Prior	Healthwatch Wirral
Dr Abel Adegoke	Primary Care Provider
Dr David Jones	Primary Care Provider
Dr Stephen Wright	Primary Care Provider
Carol Johnson-Eyre	Voluntary, Community and Social Enterprise Sector
Justine Molyneux	Voluntary, Community and Social Enterprise Sector

1 **ELECTION OF CHAIR FOR THE MEETING**

The Head of Legal Services started the meeting and asked for nominations for somebody to Chair the meeting.

On a motion moved Councillor Yvonne Nolan, seconded by Karen Howell, it was –

Resolved – That Simon Banks, Place Director be elected Chair for the duration of the meeting.

Simon Banks in the Chair

2 **WELCOME AND INTRODUCTION**

The Chair welcomed members of the Board and those watching at home to the first meeting of the Wirral Place Based Partnership Board, which had been delayed due to the passing of Queen Elizabeth II. The Chair outlined the purpose of the Board in bringing together representatives of the Council, NHS Cheshire and Merseyside, NHS providers and the Community, Voluntary and Faith Sector into a forum for NHS Cheshire and Merseyside to conduct its business in Wirral.

3 APOLOGIES

It was reported that apologies for absence had been received from Janelle Holmes, Tim Welch and Simone White.

4 DECLARATIONS OF INTEREST

The Chair invited members to declare any disclosable pecuniary and any other interests in connection with any item(s) on the agenda and to state the nature of the interest.

No declarations were made.

5 PUBLIC AND MEMBER QUESTIONS

The Chair reported no public questions, statements or petitions had been received.

6 ELECTION OF CHAIR AND VICE-CHAIR FOR THE MUNICIPAL YEAR

The Chair invited a discussion and proposals on the election of the Chair and Vice-Chair for the remainder of the 2022-23 municipal year.

A discussion ensued where it was suggested that the Chair should be neutral given the Place Director's role in presenting reports to the Board. The counter view was made that the Place Director should be the Chair during the development of the Board whilst a process was developed to select an appropriate Chair.

It was felt that clarification was required on the time commitment and responsibility for the Chair and Vice-Chair of the Board.

It was moved by Councillor Yvonne Nolan, seconded by Paul Satoor, that Simon Banks be elected Chair for the first three meetings.

Following a discussion, Simon Banks moved an amendment to the motion, to include an additional resolution 'that the Wirral Place Governance Group be requested to work on a proposal on how to elect a Chair, to be reported back to the Board in December 2022.' This was seconded by Paul Satoor. The amendment was accepted.

The Board then discussed the election of Vice-Chair and noted that in the absence of the Chair, the Board could elect a temporary Chair for that meeting.

The substantive motion was then put, and it was –

Resolved (unanimously) – That

(1) Simon Banks be elected as Chair of the Wirral Place Based Partnership Board for the first three meetings.

(2) the Wirral Place Governance Group be requested to work on a proposal on how to elect a Chair, to be reported back to the Board in December 2022.

7 **WIRRAL PLACE BASED PARTNERSHIP BOARD: TERMS OF REFERENCE**

The Assistant Director for Strategy and Partnerships at Wirral Council introduced the report which provided an update to the Wirral Place Based Partnership (WPBP) Board on the development of the Terms of Reference for the board, the newly established Joint Strategic Commissioning Board and the recommended process of nominating a Chair and Deputy for the WPBP Board.

The Terms of Reference of the Place Based Partnership Board were detailed, including the process for their development and approval. The Terms of Reference for the Joint Strategic Commissioning Board Sub-Committee were also detailed, where it was outlined that this body was a formal Sub-Committee of the Adult Social Care and Public Health Committee with delegated responsibility for the Section 75 fund and would sit in common with the Place Based Partnership Board where required. It was further clarified that the Terms of Reference of the Joint Strategic Commissioning Board Sub-Committee were defined in the Council's constitution, but the Terms of Reference of the Place Partnership Board were within the gift of the Board to amend and approve.

The Board discussed its Terms of Reference and it was felt that it was timely to review them given they were last approved in March 2022, to further consider the issues of representation, quoracy and public attendance. A further discussion took place in relation to public attendance, where it was clarified that the Board should meet in public in accordance with the NHS guidance, but that a process for considering development items not in public should be considered.

On a motion by the Chair, seconded by Councillor Mary Jordan, it was –

Resolved – That the Place Director, in consultation with the Wirral Place Governance Group, be requested to review the Terms of Reference and processes for the Wirral Place Based Partnership Board, for further consideration by the Board in December 2022.

8 **WIRRAL PLACE BASED PARTNERSHIP BOARD SUPPORTING GOVERNANCE AND ASSURANCE - NEXT STEPS**

The Place Director NHS Cheshire and Merseyside introduced the report which set out the four key governance and assurance groups that NHS Cheshire and Merseyside would be establishing with partners in Wirral to support the Wirral Place

Based Partnership Board and prepare for additional responsibilities through delegation.

There was a discussion in relation to the most appropriate reporting mechanism for the Wirral Provider Partnership. On a motion by the Chair, seconded by Karen Howell, it was –

Resolved – That the Wirral Place Governance Group be requested to consider the appropriate reporting mechanisms for the Wirral Provider Partnership, to be reported back to the Board in December 2022.

With the agreement of the Board, the Chair altered the order of business.

9 **PROGRESS REPORT: WIRRAL STATEMENT OF ACTION FOR SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND)**

The Director of Quality and Safety NHS Cheshire and Merseyside introduced the report of the Director of Children, Families and Education Wirral Council which provided an update on the Special Educational Needs and Disabilities Transformation Programme and progress on the Wirral Statement of Action, which had been produced in response to an inspection of the local area's services for children and young people with Special Educational Needs and Disabilities (SEND) by Ofsted and the Care Quality Commission (CQC), and subsequently approved by Ofsted on 28 March 2022.

It was intended that the Wirral Place Based Partnership Board would be provided with oversight of the Statement of Action and the progress made, with the Board receiving an update on the 102 actions, of which 82 had been completed. A deep dive session had been held to look at the actions that were not on track, with two actions likely to not meet the deadline for completion which were the Graduated Response where it was felt that further time was needed to properly embed the approach, and the Co-Production Charter, where delays were as a result of the availability of partners in the Department for Education. It was reported that preparations were underway for a monitoring meeting with the Department for Education and NHS England on 16 November 2022.

Members noted the two programmes that had slipped beyond the deadline but supported the approach of ensuring actions were properly delivered. The Board discussed the support partner organisations could offer and it was felt that the Place Based Partnership Board was the most appropriate place for the progress of the actions to be tracked. Suggestions were made about future iterations of the report, including the inclusion of user and service provider perspective.

Resolved – That

(1) the report and progress made to date be noted.

(2) a further monitoring report be received at a future date.

10 **PLACE DIRECTOR OBJECTIVES**

The Place Director NHS Cheshire and Merseyside introduced the report which outlined NHS Cheshire and Merseyside's requirement for each of the nine Place Directors to develop objectives with representatives from their respective places and provided the Wirral Place Directors objectives.

It was outlined that objectives were developed by the Place Director during June and July 2022 in dialogue with key system partners. The objectives reflected the ambitions of the Wirral Plan 2026 and key areas of delivery for the Wirral health and care system in 2022/23. The objectives were approved by the Chief Executive of NHS Cheshire and Merseyside in August 2022. The Board was informed that there was a place outcomes monitoring framework and dashboard underpinning the objectives.

The Board discussed a number of elements of the report including the need for further engagement with the third sector in the delivery of the objectives and the production of future objectives. It was noted that as part of the delivery of the objectives, the Place Based Partnership Board would receive further detail on the winter plans.

On a motion by the Chair, seconded by Councillor Yvonne Nolan, it was –

Resolved – That the objectives of the Place Director (Wirral) be noted and quarterly progress reports on the delivery of those objectives be received, commencing in January 2023.

11 HEALTH AND WELLBEING STRATEGY

The Director of Public Health introduced the report which provided an update on work to develop a Health and Wellbeing Strategy for Wirral. The report detailed the work that had been undertaken to produce the strategy, and it was further reported that the Strategy had now been approved by the Health and Wellbeing Board and would be shared with the Place Based Partnership Board following the meeting.

The Director of Public Health detailed the issues around the worsening gap in life expectancy across Wirral as well as the over declining life expectancy for Wirral residents, with the Health and Wellbeing Strategy recognising the importance of the factors that affect people's health. It was reported that the Health and Wellbeing Board has established a steering group to help deliver the priorities within the strategy with members of the Public Health team identified as leads for each priority and sought co-leads from partner organisations around the table.

Members of the Board discussed the challenges in turning the desired outcomes of the Health and Wellbeing Strategy into implementable actions to improve health outcomes for residents.

Resolved – That the development of the Wirral Health and Wellbeing Strategy be noted.

12 WIRRAL DELIVERY PLAN

The Associate Director for Transformation and Partnerships NHS Cheshire and Merseyside introduced the report which detailed the Wirral Delivery Plan which outlined the Wirral Place key health and care priorities for 2022/23 and how it would adopt a new way of working by adhering to the principles shared in the Plan that would underpin how Place would work together on the delivery of the Plan. It was reported that the plan had been developed collaboratively between commissioners and providers and is cognisant of key national and local strategic plans and policies.

On a motion by the Chair, seconded by Matthew Swanborough, it was –

Resolved – That the Delivery Plan be approved, the priorities within the Delivery Plan be noted, and quarterly progress reports be received commencing in January 2023.

13 **IMPACT OF COST OF LIVING INCREASES ON WIRRAL**

The Cost of Living Lead introduced the report of the Director of Public Health and Place Director for Wirral which provided an overview of the challenges local people were facing caused by the cost-of-living pressures and outlined proposed action to mitigate impacts and support residents.

The report detailed the extensive qualitative and quantitative data analysed to try to understand and project the impacts the pressures would have on residents, linking to the Wirral Intelligence Service latest information. The report further detailed the support available to residents via the Council and other organisations, with £1.2m of Contain Outbreak Management Funding made available to the Community, Voluntary and Faith Sector and a further £0.5m for action to tackle fuel poverty. The report had been considered by the Health and Wellbeing Board and the next steps were outlined, where a multi-agency summit would be organised to support the development of a comprehensive and co-ordinated action plan to support local people.

The Board discussed the opportunities that sharing the Wirral Intelligence Service data with service providers would bring and it was proposed that this be explored further.

Resolved – That the work to develop appropriate collaborative working arrangements and joint action plans to mitigate the impacts of the cost-of-living pressures on residents be noted.

14 **2022/23 POOLED FUND FINANCE REPORT TO MONTH 4 JULY 2022**

The Associate Director of Finance for Cheshire and Merseyside ICB introduced the report which set out the arrangements in place to support effective integrated commissioning, including the budget and variations to the expenditure areas for agreement and inclusion within the 2022/23 pooled fund and the risk and gain share agreement.

In 2022/23 Wirral Health and Care partners had chosen to jointly pool £248.56m to enable a range of responsive services for vulnerable Wirral residents as well as a significant component of Better Care Funding to protect frontline social care delivery. The report provided a summary forecast position of the pooled fund as at Month 4 to 31st March 2023 and the financial risk exposure of each partner organisation. An update was also provided on the preparation of the framework partnership agreement under section 75 of the National Health Services Act 2006 relating to the commissioning of health and social care services, which would be subject to approval and sign off by Cheshire and Merseyside Integrated Care Board (ICB).

It was reported that further hospital discharge funding was due to be announced from NHS England in the coming days which it was hoped would help with issues associated in delays in discharges. A further discussion was had around the work being undertaken as part of the Winter Plan and how that would be matched by the funding available and how any overspend would be dealt with, taking into account further funding streams such as that expected for hospital discharges. The importance of linking the third sector into hospital discharges was also emphasised.

Resolved – That

(1) the forecast £5.9m overspend position due to the Clinical Commissioning Group / Integrated Care Board (ICB)Wirral Place pool commissioned services and the fact that the ICB Wirral Place holds the financial risks on this overspend be noted.

(2) the shared risk arrangements being limited to the Better Care Fund only which was reporting a break-even position be noted.

15 **WORK PROGRAMME**

The Head of Legal Services introduced the report which detailed the annual work programme of items for consideration by the Wirral Place Based Partnership Board. The Board was comprised of members from multiple organisations and the report enabled all partners to contribute items for consideration at future meetings.

Further proposals to be added to the work programme included:

- Monthly updates on the Winter Plan
- Cyclical updates from the Sub-groups
- Year-end finance report for Wirral Place
- Update on strategic estates
- Report on the Anchor Institute Commitments
- Quarterly update from Healthwatch Wirral

On a motion by the Chair, seconded by Matthew Swanborough, it was –

Resolved – That the work programme, with the inclusion of the items suggested, be noted.

**APPENDIX 2 WIRRAL PLACE SUBMISSION FOR CHESHIRE AND
MERSEYSIDE HEALTH AND CARE PARTNERSHIP
STRATEGY**

**Section template - Cheshire and Merseyside Health and Care Partnership (ICP)
Strategy- Place/Health and Wellbeing Board Strategy Summary**

Please note examples provided on subsequent pages:

Please provide:

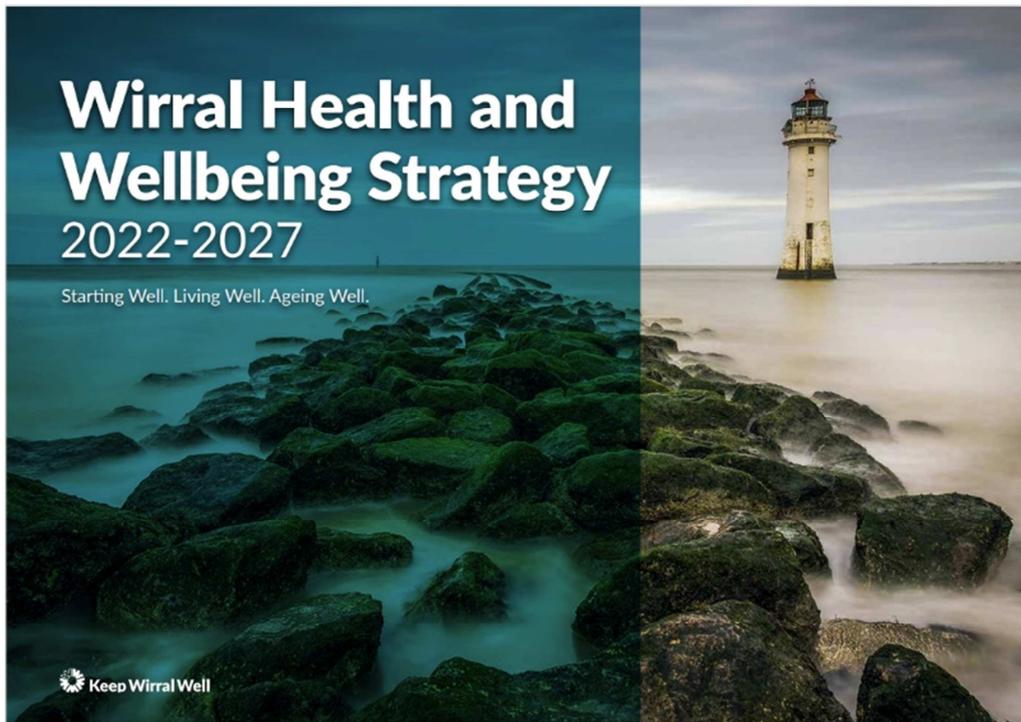
Page 1 Cover Page

To include the cover page of the current Place or HWB Strategy agreed for your Place.

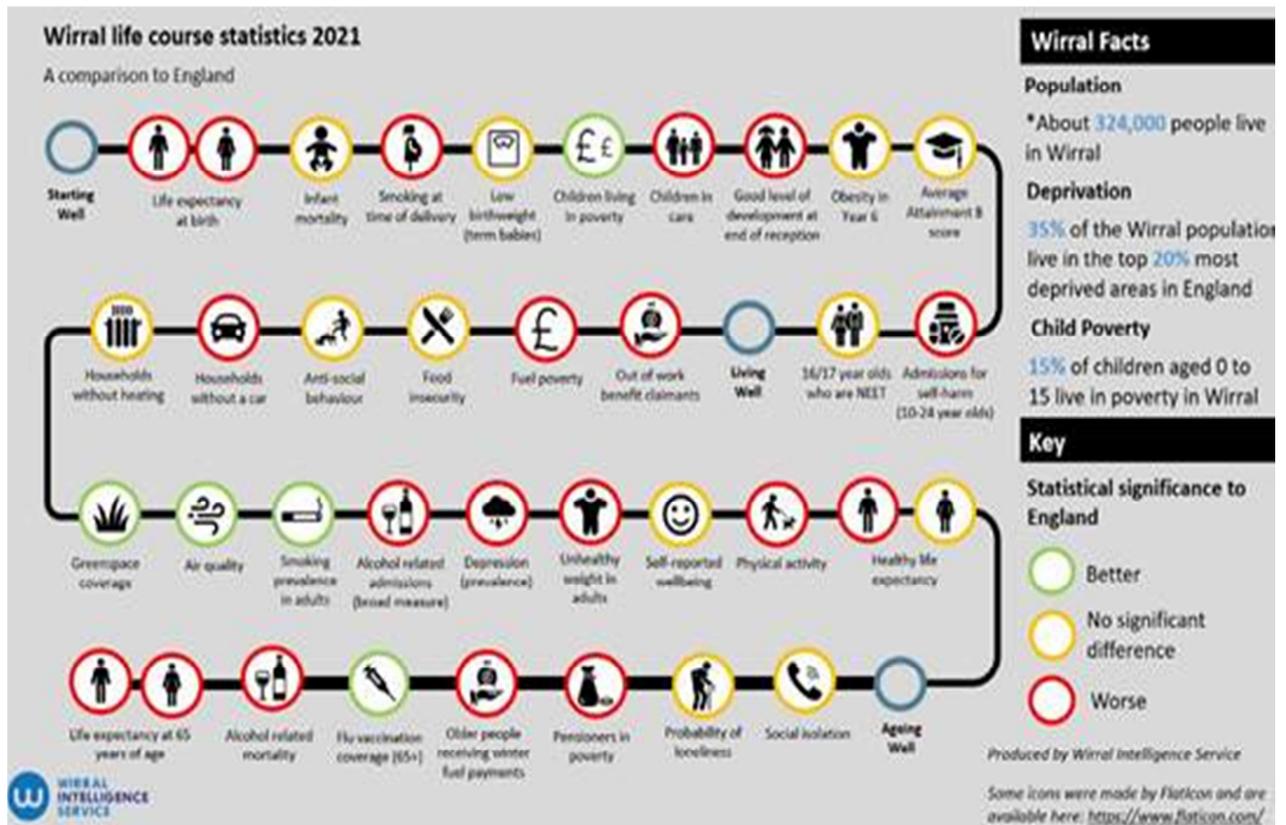
Page 2 A copy of your lifecourse

Page 3 TBC

Page 4/5 (2 pages maximum) A list of your key strategic objectives with a brief description of the actions being taken in relation to this area



Page 2 Life Course



Page 4 and 5 Summary of Objectives, Actions and Measures

Wirral Place has developed a Delivery Plan for 2022/23. This Delivery Plan is focussed on our key health and care priorities that we will need to deliver this year, or progress with significantly. The Plan has been developed collaboratively between commissioners and providers and is cognisant of key national and local strategic plans and policies, including the Wirral Health and Wellbeing Strategy and the wider Borough plan. The programmes of work within the Delivery Plan are within the below themes:-.

- Children and Young People
- Recovery of Health and Care Service Responsiveness
- Enabling Greater Independence and Preparing for Winter 22/23
- Mental health, Learning Disability and Autism
- Primary Care
- Medicine Optimisation
- Wirral Wide Priorities

Within our priorities, each theme has a number of work programmes, each with an identified Senior Responsible Officer and a plan on a page which will demonstrate the milestones and deliverables by each quarter of this financial year. The benefits captured reflect the impact against our principles which will be reported to the Wirral Place Partnership Board.

Each individual work programme will have a full project plan and impact assessments completed which will continue to report to their established respective governance processes. Only the high level detail of the milestones, deliverables and benefits will be shared and monitored as part of this Delivery Plan.

From our priorities, the key programmes of work for Wirral to deliver in year are listed below. The first four will require focussed work in the first two quarters of this year, with the aim of implementation at the beginning of quarter 3.

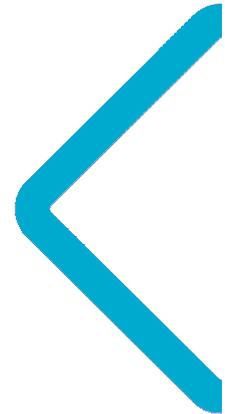
1. SEND – delivery against the milestones of the statement of action
2. Virtual wards/hospital at home
3. Care market sustainability – domiciliary care and care homes- increase responsiveness
4. Review need for Discharge to Assess beds (71 plus 30)
5. Reduce mental health adults out of area placements to zero
6. Place, Neighbourhood and locality delivery (including schools)
7. Workforce transformation
8. Improve transition planning for young people with complex needs, focussing on personalised transition planning and reducing reliance on long term specialist care home provision.

Increase uptake of Direct Payments and Personal Health Budgets



Cheshire and Merseyside

Wirral Place Review Meeting 24th October 2022



Areas for discussion



Cheshire and Merseyside

- **Urgent Care**
 - Action plan for reduction in NCTR (non-criteria to reside).
 - Place wide report on urgent care system to include use of social care indicators.
 - Developed winter plans including your approach to delivery and oversight through winter period.
- **Place Maturity self-assessment**
 - Key outputs
 - Identification of areas of support the Central Team could provide.
 - Impact of delegation/governance changes.

Urgent Care



Urgent Care – No Criteria To Reside (NCR)

- ~220 at WUTH against 95% recording level.
- Daily tracking of people by Pathway and readiness for discharge.
- Internal report to check accuracy including those subject to ongoing care within hospital.
- System Discharge Cell and Discharge Director.
- Exploring 'lift and shift' of Pathway 1 waiters to residential care beds.
- Separate Integrated Discharge Team support function targeting NCR.
- End of Life Personal Care (Fast Track) expansion by end of year.
- Overall Winter Plan aims to support reduction in NCR - need assurance on delivery and impact.

Urgent Care – System Indicators Overview (1)

- Daily operational performance reporting to Chief Operating Officers.
- Currently refining our Urgent and Emergency Care (UEC) triggers and tolerances.
- Tracking whether the system is meeting the targets and whether there is any change to common cause variation.
- Example of breakdown of metrics circulated prior to Place Review Meeting.
- Activity levels remain high and system flow blockages are being felt strongest in the acute and mental health inpatient facilities.
- General practice also reporting high demand for services.
- Home First and Virtual Wards are new services with less than one month data.
- Capacity in care homes is good but placing and matching is problematic. Domiciliary care availability is below pre-pandemic levels.

Urgent Care – System Indicators Overview (2)

Data as of 17th October 2022

- ED 4 Hour Performance YTD: 76.67% All types & 50.91% Type 1 (7 from 9 in C&M)
- NEL: Marginal reduction compared to last year.
- NCR 220~ / G&A Occupancy ~98%/ Mental Health ~100%
- Ambulance: See and Treat/Hear and Treat @ C&M Average
- Ambulance Turnaround Times >60: Ave 5 per day.
- Type 3/Walk In Centre Activity - Rising activity trend since April 2022 and last year.
- UCR : 220 per month.
- D2A LOS >32 days v 21 day LOS target (Pathway main challenge but 27 down to 11 waiting now).
- Care Market Hours per month circa 30% less than pre covid (3,300/2,300).
- Care Home Capacity: ~340 but less admissible on the day.

Urgent Care– Winter Plan (1)

- Developed by system partners in Wirral through Chief Operating Officers Group, Strategy and Transformation Group and A&E Delivery Board (AEDB).
- Operational delivery alongside change programmes (see accompanying information).
- Minimum ~£6.5m investment, mapped and agreed with Wirral Place Finance Investment and Resources Group.
- Key initiatives include: Virtual Wards, HomeFirst, Care Market Sufficiency, 71+22 D2A, Pathway 1 Step Down Beds, Frailty and Respiratory @ Front Door & EOL Personal Care.



Wirral University Teaching Hospital
NHS Foundation Trust

Primary Care Partnership



Wirral Community
Health and Care
NHS Foundation Trust



Cheshire and
Wirral Partnership
NHS Foundation Trust



Cheshire and Merseyside



Urgent Care – Winter Plan (2)

- AEDB yet to sign off plan – meeting 25/10/22.
- Key risk of hospital occupancy vs ability of schemes to deliver reduced G&A utilisation.
- Delivery and oversight covered in supporting information, headlines:
 - Daily operational reporting.
 - Minimum weekly and up to daily Chief Operating Officer oversight of UEC and WP delivery.
 - Escalation to Place Director/Wirral System CEOs Group if required.
 - Fortnightly Strategy and Transformational Group oversight of new investments and review of existing initiatives.
 - AEDB monthly.



Wirral University Teaching Hospital
NHS Foundation Trust

Primary Care Partnership

WIRRAL



Wirral Community
Health and Care
NHS Foundation Trust



Cheshire and
Wirral Partnership
NHS Foundation Trust



Cheshire and Merseyside



8



Cheshire and Merseyside

Place Maturity Self Assessment



Wirral University Teaching Hospital
NHS Foundation Trust

Primary Care Partnership

WIRRAL



Wirral Community
Health and Care
NHS Foundation Trust



Cheshire and
Wirral Partnership
NHS Foundation Trust



Cheshire and Merseyside



Category	Summary	Development Need	NHS C&M Support
Ambition and Vision	<ul style="list-style-type: none"> Established. Ambition and vision developed by partners. Clear links to Wirral Plan 2026. 	<ul style="list-style-type: none"> Ensure ambition communicated and understood. Alignment with new strategies, plans and objectives. Reporting of impact to Place Based Partnership Board. 	<ul style="list-style-type: none"> Affirmation of importance of "place". Communication and engagement support. Engagement in HCP Strategy and any NHS plans. Place based finance and performance reports to demonstrate impact.
Leadership and Culture	<ul style="list-style-type: none"> Established place leadership and partnership working. Evolving culture (new people involved and new governance - need to revisit). 	<ul style="list-style-type: none"> Values and behaviours and ways of working. Conclude MoU with VCFSE. Wider primary care and provider engagement. Developed communications and engagement approach. 	<ul style="list-style-type: none"> Development programme for PBPB. Support for MoU. Support for wider engagement of primary care and providers. Place focused support for communications and engagement activities.

Category	Summary	Development Need	NHS C&M Support
Design and Delivery	<ul style="list-style-type: none"> Established. Finance, planning and delivery of services, estates (including sustainability) local working arrangements being built upon. 	<ul style="list-style-type: none"> Connectivity to new place governance arrangements. Alignment with new strategies, plans and objectives. Alignment with NHS C&M/ICS programmes. 	<ul style="list-style-type: none"> Continue to develop place governance. Clarity on alignment of place and wider system programmes. Scheme of delegation for Place Director. Clear resource allocation to Place Director. Place reporting mechanisms.
Governance	<ul style="list-style-type: none"> Developed with partners. Established overall, with some elements evolving. Wirral Council and historic CCG relationship transposed into new arrangements. Provider collaboration evolving from strong position. 	<ul style="list-style-type: none"> Finalised Terms of Reference for PBPB and supporting groups. Continue to develop shared/aligned governance across system. Clarity on delegation to place for (a) Council – NHS C&M and (b) NHS C&M – Place. 	<ul style="list-style-type: none"> Ensure congruence of place governance with NHS C&M requirements. Formal approval of place governance arrangements. Clarity on delegation to place.



HEALTH AND WELLBEING BOARD

21st December 2022

REPORT TITLE:	FIRE, HEALTH AND DEPRIVATION
REPORT OF:	MARK THOMAS, DIRECTOR OF PREVENTION MFRS

REPORT SUMMARY

The Vision of Merseyside Fire and Rescue Service (MFRS) is *'To be the best Fire & Rescue Service in the UK. One team, putting its communities first.'*

Our staff are recognised for their ability to lead - saving, protecting, and improving lives - helping those who need us. We are driven to transform the lives of our communities and our corporate ambition is to tackle the inequality that puts our most vulnerable at risk. The Service Organises to Protect, Prevent and Respond. In relation to Prevention, the Service commits to undertake 60,000 home safety visits every year – 9,000 of these visits are delivered in Wirral.

This report is constructed in relation to Prevention activities, through which, MFRS will contribute towards:

- Reducing the number of fatalities, serious injuries, and Accidental Dwelling Fires (ADF).
- Identifying, targeting, and visiting the most at risk community members through information sharing agreements, direct partner referrals and Indices of Multiple Deprivation (IMD) data.
- Ensuring through quality assurance, we will deliver professional, high quality and effective interventions to the communities in Merseyside.
- Raising awareness of the importance of having working smoke alarms installed and fire safety education through targeted HFSC visits.
- Providing improved health and well-being for community members in Merseyside through Safe and Well interventions.
- Developing and sustaining a highly skilled, effective, and competent workforce.

RECOMMENDATION/S

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

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION

This briefing is for the information of Board members only, to enable Board members to understand the strategy adopted by Merseyside Fire and Rescue Service to identify how the Service reaches those most vulnerable from fire. To demonstrate the clear link between Fire and deprivation. To highlight the need for joint working in targeting those in our society who are most vulnerable and to request support of the Board in this respect.

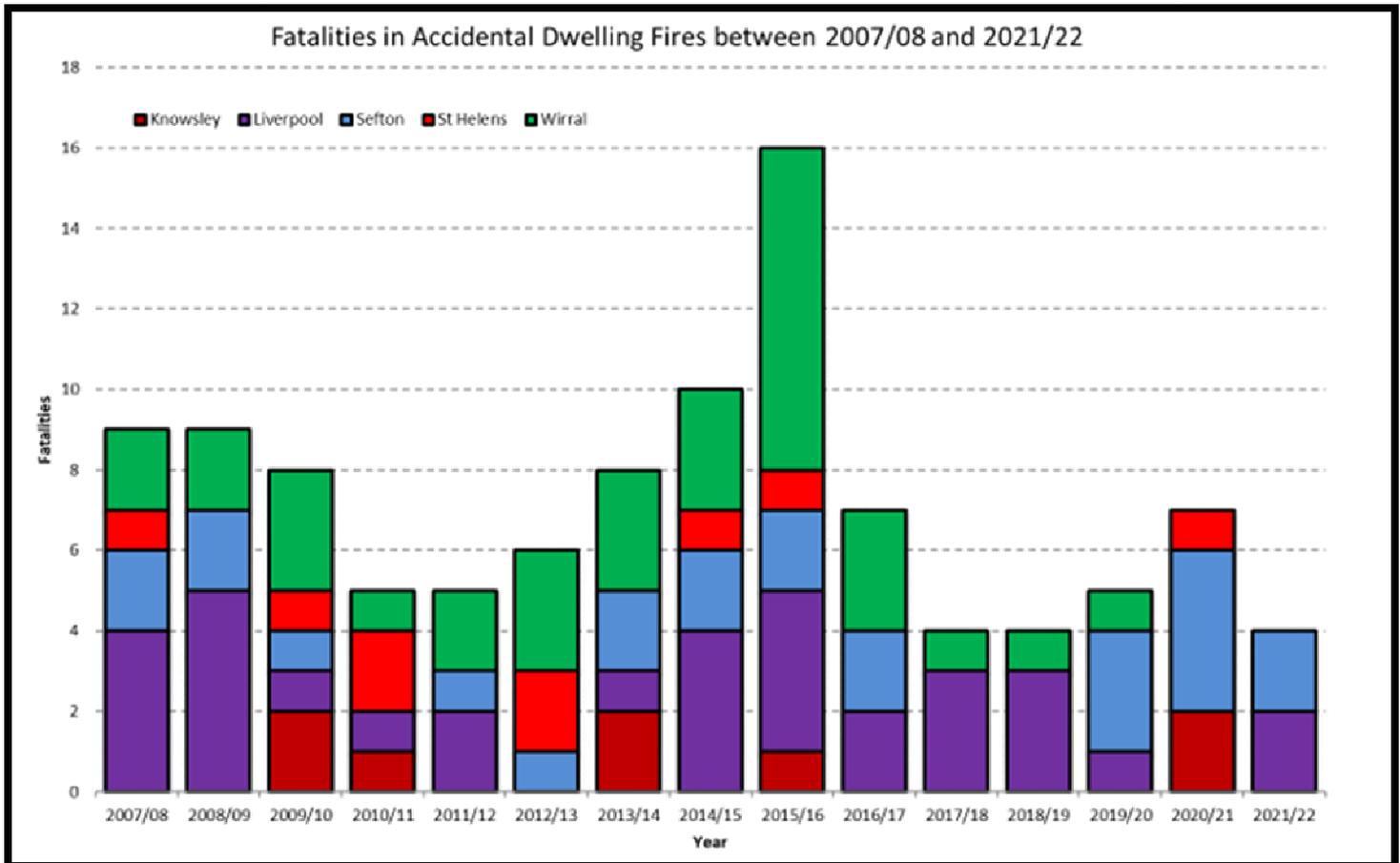
2.0 OTHER OPTIONS CONSIDERED

The report is for information and no other options had been considered.

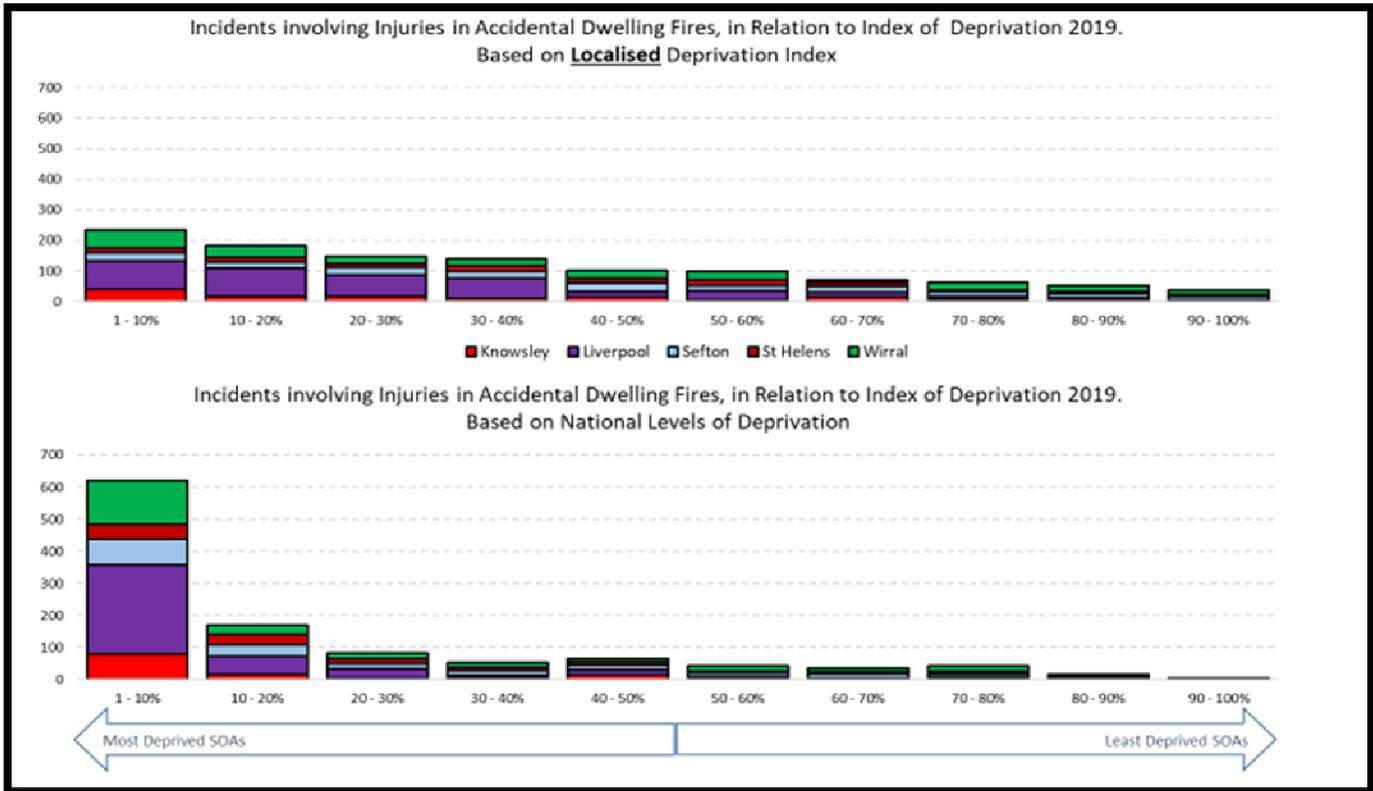
3.0 BACKGROUND INFORMATION

3.1 In the last 15 years there have been 108 fire fatalities in Merseyside – 31 of these have taken place in Wirral.

3.2 As indicated in the chart below, in Merseyside, from 2012-13, the count of fatalities increased year on year leading to a 10 year high of 16 during 2015/16. Implementation of the Home Safety Plan in 2015 led to more effective and targeted working. Fire fatalities reduced to 7 during 2016-17 to a new low of 4 during 2017-18.

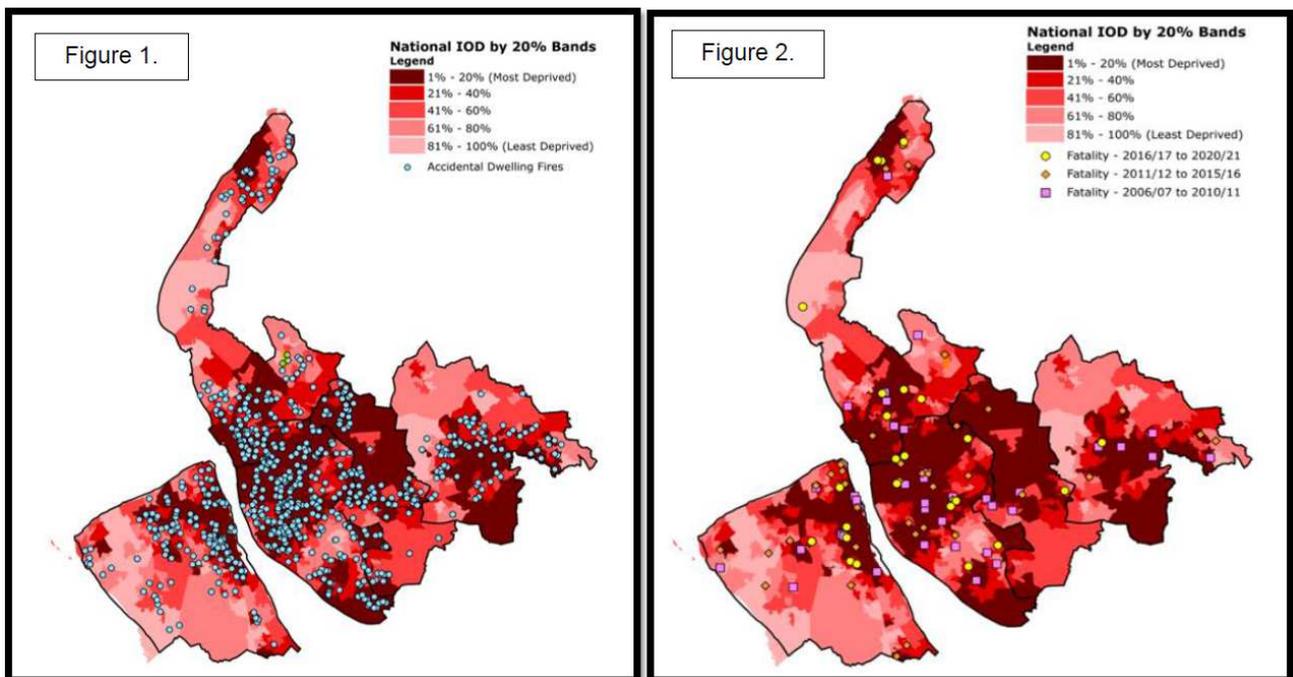


3.3 The chart below identifies that when using national IMD 2019 data there is a clear link between fire injuries and deprivation, with most injuries occurring within the most



deprived decile. When a localised deprivation index is applied the chart is flatter in shape, though there is still a clear link between there being more fire injuries in more deprived areas than not.

3.4 Deprivation and fire



The charts above show Index of Multiple Deprivation data in respect of accidental dwelling fires (fig.1) and Fire fatalities (fig. 2)

Our plans

- 3.5 The Home Safety Plan 2015-2018 was introduced in response to the rise in fire fatalities, serious injuries, and accidental dwelling fires across Merseyside. Our newest plan, 2021-2024 seeks to adopt a more agile and flexible approach to respond to emerging issues because of our learning from the Covid-19 pandemic (2020/21).
- 3.6 Operational Crews utilise status reports that are populated using NHS Exeter Data which targets individuals who are over 65 years of age and have either never been visited by MFRS, or not received a visit in the last two years. Our priority is to engage with over 60% of over 65's during our Home Fire Safety Check visits
- 3.7 In respect of high-risk individuals, MFRS have a centralised referral system which is managed by our contact centre Fire Service Direct. This has introduced a consistent and effective process that has seen performance increase by over 50% with approx. 10,000 high risk (Safe and Well Visits) delivered annually by Prevention Advocates.
- 3.8 Whilst a targeted and intelligence-led approach has proved successful, the power of a direct referral from a partner agency – detailing the exact issues and vulnerabilities - cannot be underestimated, this will remain a key objective of our Plan.
- 3.9 The purpose of our Home Safety Plan is to provide a framework to direct the delivery of MFRS resources for the purpose of preventing accidental dwelling fires and associated fire fatalities or injuries in line with the Services Integrated Risk Management Plan (IRMP).
- 3.10 Our Plan for 2021-2024 will build on the success we have achieved over the last three years and by using the analysis set out in our Historical Analysis of Fatalities in Accidental Dwelling Fires between 2006/07 – 2020/21 document, we will focus on the priority areas below:

INTELLIGENCE LED AND TARGETED APPROACH TO INDIVIDUALS AT RISK OF FIRE IN THE HOME

- 3.11 We will build on the collaborative work we are currently involved in with our partners to enhance our Vulnerable Persons Index and through the use of the IMD and Information Sharing Agreements we will target properties that meet one or more of the criteria below:
 - An individual who lives in the top 2 deciles of the IMD.
 - An individual over 65 who has never been visited/not been visited in the last 24 months.
 - An individual known to Adult Social Care.
 - An individual known to Revenue and Benefits filtered by Disability or Lone Occupancy.
 - An individual known to have extreme mobility issues.
 - An individual who is known to have fuel poverty or isolations issues.This will allow our Operational Crews to target those most at risk from fire in our communities and generate high risk visits for our Vulnerable Person Advocates to

follow up by completing a more holistic Safe and Well visit. Additionally, we will continue to consider other data sources that can enhance the intelligence led targeted approach.

3.12 Expected outcomes for this priority will be:

- A reduction in fatalities and serious injuries from Accidental Fires in the Home.
- A reduction in Accidental Dwelling Fires through appropriate fire safety education.
- Ensuring that properties visited have working smoke alarms installed.
- Enhanced partner working and shared understanding of the risk and vulnerability profile.

ENGAGING RELEVANT STAKEHOLDERS TO INFLUENCE DIRECT REFERRAL PATHWAYS

3.13 We will ensure that Information Sharing Agreements provide us with an overarching view of high-risk people living in Merseyside. We know the most effective way for us to identify high risk people and in turn be able to provide an appropriate preventative intervention at the earliest opportunity is through our partner agencies and other professionals working in the heart of our communities using a direct referral pathway to our Fire Service Direct contact centre to allocate to one of our Vulnerable Persons Advocates. To achieve this, we will:

- Use our membership at strategic, tactical and service delivery meetings to raise the awareness of our work and the benefits of early identification and intervention.
- Continue to engage with domiciliary care workers, housing provider frontline staff and other relevant partners who deliver services directly with vulnerable people to ensure they can identify fire safety issues and refer appropriately.
- Promote collaborative working to encourage where possible joint visits ensuring that all relevant key agencies can engage with vulnerable individuals.
- Through Safe and Well Checks encourage a two-way referral process with health professionals identifying those who require assistance with their health and wellbeing.

3.14 Expected outcomes for this priority will be:

- Ensuring those most vulnerable in our communities are identified and receive effective interventions at the earliest opportunity.
- Reacting appropriately to the continued impact of an ageing population and people living independently in our communities.

ENGAGING WITH SPECIALISED HOUSING, REGISTERED PROVIDERS AND PRIVATE RENTED SECTOR

3.15 The National Fire Chief's Council (NFCC launched) 'The Fire Safety in Specialised Housing' guidance to reduce the risk of fire for vulnerable residents in Sheltered Accommodation, Extra Care and Supported Living. It's aim is to clarify and build upon existing working practices to adopt a person-centred approach to identifying risks to vulnerable residents in these types of premises. MFRS suffered 3 fatal fires in Specialised Housing in April 2020 and have created a methodology to address these risks in 2021. To achieve this, we will:

- Ensure a collaborative approach between MFRS Protection and Protection Teams to support the responsible person for specialised housing in completing a person-centred fire risk assessment for individuals who demonstrate the characteristics, behaviours and capabilities that may lead to a fire in the premises.
- Engage with Registered Providers and Private Rented Sector Landlords to identify tenants who are at risk of having a fire in their property.
- Work with Local Authorities, Registered Providers and Private Sector Landlords to raise fire safety awareness and environmental standards in the Rented Sector, particularly in accommodation above commercial premises.
- Refresh the Cost Recovery initiative to generate income from Registered Providers, Private Landlords, and low risk individuals in respect of the provision and installation of smoke alarms and other risk reduction equipment.

3.16 Expected outcomes for this priority are:

- To improve environmental and safety standards within private rented properties and ensure vulnerable tenants receive a Home Fire Safety Check and understand the risk of fire in the home.
- To raise fire safety awareness and compliance levels in respect of The Smoke and Carbon Monoxide Alarm Regulations in the Private Rented Sector.

3.17 **REVIEW AND EVALUATION**

This Plan will be reviewed and evaluated on an annual basis to ensure that it continues to meet the needs of the Authority, business community and the people of Merseyside. Monitoring will also give confidence that the Plan delivers against its stated goals, is effective and provides best value to the communities of Merseyside.

4.0 **FINANCIAL IMPLICATIONS**

4.1 Fire and associated injury/fatality, as well as being traumatic for those immediately involved, carries a significant cost to the community, both in terms of direct costs and those funds required to support a return to community cohesion.

5.0 **LEGAL IMPLICATIONS**

5.1 MFRS activity in relation to Prevention discharges the duty of the Authority placed under the Fire and Rescue Services Act 2004, the Serious Violence duty and other statutory legislative requirements including the Fire and Rescue National Framework for England 2018, which outlines expectations upon FRS to target their prevention resources on those individuals or households who are at greatest risk from fire in the home.

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

6.1 Using data with our partners with an intelligence-led methodology will result in broader access to fire safety information which will develop better understanding of fire risk leading to fewer fires attended delivering efficiency providing a value for money Service and less cost to the community.

7.0 RELEVANT RISKS

- 7.1 Prevention activity saves lives, whatever the context. Fire prevention is no different. The delivery of targeted Home Fire Safety activity and Safe and Well visits to ensure that those most vulnerable to fire are engaged with and supported will ensure risk to the community is addressed and controlled to its lowest possible level.

ENGAGEMENT/CONSULTATION

- 8.1 MFRS are a key strategic partner within the Merseyside local resilience forum. The Authority delivers its services through its Service delivery Plan and Integrated Risk Management Plan. Details of our targeted prevention activity are included in this plan. We consulted on our latest IRMP between 1st March and 24th May 2021. Full details of the consultation outcomes are available by emailing consultation2@merseyfire.gov.uk.

8.0 EQUALITY IMPLICATIONS

- 9.1 The fatal fire analysis identifies that people with protected characteristics such as age and disability are disproportionately at risk of fire. Over 15 years most fatal fire victims were also White British. The continued monitoring of data is used to underpin and influence our targeting strategies. Working together to identify those most vulnerable, ensures partners deliver services consistently and equitably.
- 9.2 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.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 Not applicable.

11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 MFRS officers are actively engaged with the National Fire Chiefs' Council (NFCC) to inform Prevention policy, directly influencing the professionalising of Prevention activity, and sharing MFRS good practice across the County. Promotion of healthier, well and fire safe communities will allow those communities to prosper.

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BACKGROUND DOCUMENTS

MFRS Integrated Risk Management Plan 2021-2024
The case for adopting the Socio- Economic Duty (LCR)
Wirral Plan 2022-26

- Safe and Vibrant Communities
- Active and Healthy Lives

Wirral Plan 2022-2026:

https://www.wirralintelligenceservice.org/media/3634/wirral_plan_refresh-2022.pdf

English indices of deprivation 2019: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

MFRS IRMP: <https://www.merseyfire.gov.uk/about/our-plans-and-performance/integrated-risk-management-plan-irmp/>

Health Equity – The Marmot review 10 years on:

https://www.health.org.uk/sites/default/files/upload/publications/2020/Health%20Equity%20in%20England%20The%20Marmot%20Review%2010%20Years%20On_full%20report.pdf

SUBJECT HISTORY (last 3 years)

Council Meeting	Date



HEALTH AND WELLBEING BOARD

21st December 2022

REPORT TITLE:	WIRRAL'S RESPONSE TO THE KHAN REVIEW 2030: MAKING SMOKING OBSOLETE
REPORT OF:	DIRECTOR OF PUBLIC HEALTH

REPORT SUMMARY

Smoking is a significant contributor to health inequalities. Good long-term progress has been made in reducing smoking rates in Wirral, with a year-on-year reduction in smoking prevalence rates. However, smoking rates remain highest among some of our most disadvantaged groups. This report provides the Board with a summary on the tobacco control work achieved across the borough to date with a focus on all the factors required to control tobacco. The report also provides a response to the recently published independent Khan Review with a proposal to review local priorities and processes. The report seeks agreement from the Health and Wellbeing Board to refresh Wirral's Local Tobacco Control Plan with support from Health and Wellbeing Board members and that the Plan comes back to Board for approval.

Tobacco control is aligned to Wirral's Health and Wellbeing Strategy and is a core component of delivering the strategy priorities, specifically, 'strengthening health and care action to address differences in health outcomes'. It also supports the implementation of Wirral Plan's strategic ambition to narrow the gap in life expectancy within the Borough.

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 good progress made in reducing smoking prevalence in Wirral but recognise we need to go further in order to address inequalities in smoking rates within the Borough.
- Commit to utilising the Khan review and its recommendations to refresh the Wirral Tobacco Control action plan with all members committing to contribute to this work and to nominate a representative to take this forward.
- To receive the refreshed Wirral Tobacco Control plan once developed for sign off.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 Smoking is a significant contributor to health inequalities and remains the single most preventable cause of illness and death. The Covid-19 pandemic and the subsequent cost of living crisis are exacerbating health inequalities in Wirral. It is those who can afford it the least who spend the most on their smoking addiction. In Wirral alone, smokers spend over £53.59million a year on tobacco. Nearly all this money goes straight out of the local economy as tobacco industry profits or tax. Helping our most disadvantaged smokers to successfully quit is an income maximisation measure that will restore thousands of pounds to family budgets.
- 1.2 The Khan review was a significant independent review into current tobacco control policies which looked into whether government will achieve its ambition to make England smokefree by 2030. This review presents an opportunity to review our local priorities and processes and continue to build on the work achieved across the borough to date with a focus on all the factors required to control tobacco. Working in partnership we need to reach the target groups with the highest smoking rates, break generational smoking patterns, and offer good quality support to those who need it most.
- 1.3 This work is aligned to Wirral's Health and Wellbeing Strategy and is a core component of delivering the strategy priorities, specifically, 'Strengthening health and care action to address differences in health outcomes'. It also supports the implementation of Wirral Plan's strategic ambition to narrow the gap in life expectancy within the Borough.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 Good long-term progress has been made in reducing smoking rates in Wirral, with a year-on-year reduction in smoking prevalence rates. The current smoking rate in Wirral is lower than both regional and national figures, therefore, an option of taking no local action in relation to the Khan review recommendations could be considered. However, the Khan review presents an opportunity to review our local tobacco control priorities and processes and continue to build on the work achieved across the borough to date to prevent avoidable ill health and deaths and reduce health inequalities. Therefore, not acting on the Khan Review has not been considered.

3.0 BACKGROUND INFORMATION

- 3.1 Smoking is the biggest cause of preventable ill health and will drive people deeper into poverty which will intensify health inequalities. Smoking in Wirral contributes to approximately 1,386 deaths annually. It is estimated that one in five deaths each year in Wirral are related to smoking, making it the single greatest preventable risk factor for poor health and early death. Although data shows that Wirral is performing much better than the national benchmark (11.4% vs 13.4%) for smoking prevalence among adults overall, we know, as nationally, that deprivation is strongly associated with higher smoking rates; 6.7% in least deprived areas vs 36.7% in the most deprived areas. Wirral's smoking prevalence average hides the socio-economic gap

and far higher smoking prevalence. Quitting smoking brings immediate benefits in terms of both health and wealth. Smoking continues to pull our most disadvantaged communities further into poverty by costing them billions each year, supporting residents to successfully stop smoking and spend less on tobacco products is a key strand of making people and their families more resilient to the cost-of-living-crisis.

Data on Wirral's tobacco control profile can be found here <https://fingertips.phe.org.uk/profile/tobacco-control>

3.2 Inequalities in smoking in Wirral

1. Around one third of adult tobacco consumption is by people with a current mental health condition, with smoking rates more than double that of the general population. People with mental health conditions die 10 to 20 years earlier, and the biggest factor in this is smoking.
2. 12.5% of pregnant women smoke at the time of giving birth, something which increases the risk of stillbirth, miscarriage and sudden infant death syndrome.
3. Children of parents who smoke are almost 3 times as likely to take up smoking.
4. People in routine and manual occupations are 3 times more likely to smoke than people in other occupations.
5. People living in social housing are 3 times as likely to be smokers than those who have a mortgage ([Smoking habits in the UK](#))
6. In 2019/20 there were 2,899 smoking related admissions to hospital in Wirral.
7. Smokers are 36% more likely to be admitted to hospital and also need social care 10 years before they should. ([Hiding in plain sight: Treating tobacco dependency in the NHS](#))
8. National data ([Statistics on Smoking](#)) tells us that in 2019, a quarter of deaths from all cancers were connected to smoking. 1 in 4 people will die from cancer, this is the leading cause of death in Wirral.

3.3 The cost of smoking in Wirral

The benefits of making smoking obsolete are a multitude – whether in population health, social or economic benefits. Recognising that the poorest, suffer the most from smoking and its effects, our ambition to address health inequalities cannot be fully delivered without tackling smoking. It is estimated that the total cost of smoking to the wider society of Wirral is £69.5 million per annum. The direct cost to healthcare is £15.87 million per year, of which hospital admissions accounts for £5.59million. The Ash Ready Reckoner (<https://ash.org.uk/resources/view/ash-ready-reckoner>) is a tool that breaks down the cost of smoking in Wirral.

3.4 Tobacco Control

Tobacco control is a whole systems approach focusing on every aspect of tobacco. The key components can be seen the infographic below:

Figure 1: Tobacco Control key components



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

3.5 National Tobacco Control Policy

Reducing the number of people who smoke is high on the national agenda. The Government has recently published the Khan Review: Making Smoking Obsolete. The independent review sets out a plan to achieve Smokefree 2030 ambition for England, meaning only 5% of the population would smoke by then, and to address the substantial health and economic disparities caused by smoking. The review makes 15 recommendations for government to achieve a smokefree society, this includes four critical recommendations that are ‘must dos’ for the government, around which all other interventions are based:

1. The case for investment now: provide a minimum additional investment of £125 million per year to fund comprehensive smokefree interventions.
2. Increase the age of sale for all tobacco products from 18, by one year, every year, so we achieve a smokefree generation in this country.

3. Embrace the promotion of vaping as the most effective tool to help smokers quit.
4. Prevention must become part of the NHS's DNA.

The Government has signalled that the new Tobacco Control Strategy and Plan will be published by the end of 2022.

3.6 Tobacco Control in Wirral

Wirral's approach to tackling tobacco in 2015-2020 was driven by the Smokefree Strategy which set out a comprehensive plan intended to drive down rates of tobacco use among adults, young people and expectant mothers. This formed part of Wirral's 'Healthier Lives Pledge', with the aim to "make smoking history for the children of Wirral". In 2018, Wirral took part in an external peer review called CLear (Challenge, Leadership, Results). CLear is a way for local systems to assess, review and improve their tobacco control work. The report can be found in [Wirral's Joint Strategic Needs Assessment Tobacco Chapter](#).

A summary of the key actions from the CLear review are as follows:

- A strong borough wide commitment to build a broader consensus for tobacco control across a wide range of council functions and partners. Maximising the impact of this work across key areas such as community safety, children and young people and debt management.
- Ensure that smoking in pregnancy is a priority for all relevant organisations.
- Use insight from local communities to better understand how to use local resources.
- Develop a sustained, strategic and comprehensive approach to media and communications with a clear vision for Smokefree Wirral.
- Stronger NHS partnership action to prioritise prevention.
- Sustain and maintain underage and illicit tobacco activities led by Trading Standards.

- 3.5 In response to the Khan review an initial mapping exercise has been carried out against the 'local' recommendations, please see Appendix 1. The key headlines from this exercise suggest there is still work to be done in reviewing our local tobacco control priorities and processes with a focus on our health and care system creating opportunities for people to quit; increasing activity to prevent illicit tobacco and underage sales and creating smokefree environments.
- 3.6 Smoking is a complex problem, and there is no one magic bullet. We know that comprehensive, multi-pronged tobacco control approaches are needed to achieve success, and the report's recommendations represent such an approach in getting smoking rates down is essential for levelling up in both health and wealth. The proposed next step is that Board members contribute to a refresh of Wirral's Tobacco Control Plan, using the Khan review as the template for the plan.

4.0 FINANCIAL IMPLICATIONS

- 4.1 There may be future resource implications for system partners to commit resources to refreshing the Wirral Tobacco Control action plan and then delivering local actions. For example, workforce development/staff training to ensure every health

and social care contact offer advice to proactively address smoking and health inequalities.

5.0 LEGAL IMPLICATIONS

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

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 System partners will be asked to commit resources to refreshing the Wirral Tobacco Control action plan and then delivering local actions.

7.0 RELEVANT RISKS

7.1 Without co-ordinated efforts we will not be able to reduce avoidable and unfair inequalities caused by tobacco within the borough.

8.0 ENGAGEMENT/CONSULTATION

8.1 No direct public consultation or engagement has been undertaken in relation to this report.

9.0 EQUALITY IMPLICATIONS

9.1 Any associated local actions may need an Equality Impact Assessment, and this will be done at the earliest opportunity.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 The environmental costs of tobacco production and consumption have not been extensively studied; however, a growing body of evidence demonstrates that the tobacco industry is having a significant effect on the planet's natural resources and vulnerable ecosystem. Every stage of the tobacco supply chain poses serious environmental consequences, including deforestation, the use of fossil fuels and the dumping or leaking of waste products into the natural environment. Post consumption, cigarette butt littering represents not only a public nuisance but are exerting hazardous and toxic effects on the environment and ecosystems where they end up. In Wirral, it is estimated that litter due to smoking results in 10 tonnes of waste annually and 6 tonnes of discarded street litter.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 Achieving the smokefree 2030 target through focussing on all factors required to control tobacco within the Borough will contribute to reducing health inequalities. Helping our most disadvantaged smokers to successfully quit is an income maximisation measure that will restore thousands of pounds to family budgets. To do this tobacco control interventions must be delivered as a whole system approach including universal access to support for smokers to quit, in healthcare but also through community services, using effective evidence-based methods; continued efforts to tackle illicit trade at a local level, proactive targeted communications and

promotion of smokefree spaces and places. This will have a positive impact on local Community Wealth.

REPORT AUTHOR: **Rebecca Mellor**
Senior Public Health Manager
Email: rebeccamellor@Wirral.gov.uk

Appendix 1 - Wirral's response to the Khan Review recommendations.

BACKGROUND PAPERS

- [The Khan Review: making smoking obsolete](#)
- [Wirral Tobacco Joint Strategic Needs Assessment](#)
- [CLear local tobacco control assessment](#)
- [ASH -Smoking and Poverty](#)
- [Tobacco and the Environment \(ASH\)](#)

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

Appendix 1

Wirral's response to the Khan Review recommendations.

Recommendation	Local Response and future opportunities
Part 1: Invest in reaching smokefree 2030	
<p>Recommendation 1. Urgently invest £125 million per year in interventions to reach smokefree 2030, and make smoking obsolete, addressing the health disparities smoking creates (critical intervention). Within this, invest an increase of £70 million per year into stop smoking services, ringfenced for this purpose, distributed according to prevalence data.</p>	<ul style="list-style-type: none"> • Additional investment is a national decision. <p>Opportunities:</p> <ul style="list-style-type: none"> • Explore opportunities with Wirral Integrated Care Board (ICB) to invest in local stop smoking service and embed the offer across all ICB services.
Part 2: Stopping the start – reduce the number of people taking up smoking, particularly young people	
<p>Recommendation 2. Raise the age of sale of tobacco from 18, by one year, every year, until no one can buy a tobacco product in this country (critical intervention). This will create a smokefree generation.</p>	<ul style="list-style-type: none"> • National decision.
<p>Recommendation 3. Substantially raise the cost of tobacco duties (more than 30%) across all tobacco products, immediately. This includes increasing duty rates for cheaper tobacco products, such as hand rolled tobacco, so they are the same as standard cigarette packages. It also includes banning tobacco products at duty-free entry points.</p>	<ul style="list-style-type: none"> • National decision.
<p>Recommendation 4. Introduce a tobacco licence for retailers to limit where tobacco is available. The government should also ban online sales for all tobacco products, ban</p>	<ul style="list-style-type: none"> • National decision.

<p>supermarkets from selling tobacco and freeze the tobacco market to stimulate innovation in tobacco-free alternatives.</p>	
<p>Recommendation 5. Enhance local illicit tobacco enforcement by investing additional funding of £15 million per year to local trading standards. Give trading standards the power to close down retailers known to be selling illicit tobacco. Alternative tobacco products such as shisha need enhanced enforcement.</p>	<ul style="list-style-type: none"> • Additional investment a national decision. • Local Trading Standards team, on limited resources/capacity, carry out intelligence-based test purchasing operations in relation to age restricted sales and illicit tobacco seizure operations. <p>Opportunities:</p> <ul style="list-style-type: none"> • Increase the capacity of local Trading Standards to tackle illicit tobacco and underage sales. • Increased reporting of local intelligence on underage and illicit tobacco sales.
<p>Recommendation 6. Reduce the appeal of smoking by radically rethinking how cigarette sticks and packets look, closing regulatory gaps and tackling portrayals of smoking in the media.</p>	<ul style="list-style-type: none"> • National decision
<p>Recommendation 7. Increase smokefree places to de-normalise smoking and protect young people from second-hand smoke. Strengthen smokefree legislation in hospitality, hospital grounds and outdoor public spaces. Local authorities should make a significant proportion (70% or more) of new social housing tenancies and new developments smokefree.</p>	<ul style="list-style-type: none"> • Smokefree Homes advice is part of the core service offer from ABL (Wirral's Stop Smoking Service). • Smokefree homes advice is provided, with limited capacity, through 0-19s service. • Smokefree Parks voluntary code of practice established circa 2012. <p>Opportunities:</p> <ul style="list-style-type: none"> • Enhanced partnership working (including feedback of outcomes) – with a focus on Primary Care – including NHS Health Checks & social prescribing, Children & Families Services, Adult Social Care

	<p>and Third Sector organisations.</p> <ul style="list-style-type: none"> • Local NHS and Council organisations, Wirral Community Foundation Trust, Wirral University Teaching Hospital, Cheshire and Wirral Partnership, Wirral Council to ensure their grounds are smokefree. • Insight work with social housing tenants to understand the reality of smokefree tenancies. • Pedestrianised areas in Town Deal for Birkenhead to be promoted as smokefree.
<p>Part 3. Quit for good – encouraging smokers to quit for good</p>	
<p>Recommendation 8. Offer vaping as a substitute for smoking, alongside accurate information on the benefits of switching, including to healthcare professionals (critical intervention). The government should accelerate the path to prescribed vapes and provide free Swap to Stop packs in deprived communities, while preventing young people’s uptake of vapes by banning child friendly cartoon packaging and descriptions.</p>	<ul style="list-style-type: none"> • ABL offers a vaping product (UK manufactured) as a form of nicotine supply to support quit attempts. • Vaping and nicotine briefing has been delivered to primary and secondary Headteachers. • Trading Standards promote adherence to current guidance relating to the retail of e-cigarettes. <p>Opportunities:</p> <ul style="list-style-type: none"> • Continued/scale up training of key professional health and care groups around brief motivational advice. • Scale up the provision of prevention and early intervention activity in schools and other young people’s settings. • Commission Trading Standards to develop a database of all retailers in Wirral who retail vaping products and provide them with regular information regarding compliance with guidance.
<p>Recommendation 9. Invest an additional £70 million per year into stop smoking services, ringfenced for this purpose. The government should commission an update to</p>	<ul style="list-style-type: none"> • Additional investment is a national decision. • ABL reflects National Institute for Health and Care Excellence (NICE)

<p>existing quality of service standards guidance and build the provision of good quality stop smoking support across the country. The government should also ensure that any national helpline complements existing local (and national) virtual offers of support. Employers should follow National Institute for Health and Care Excellence (NICE) guidance on stopping smoking to support their employees to quit.</p>	<p>and National Centre for Smoking Cessation Training (NCSCT) guidance and provides evidence based behavioural support (individual, group, brief advice, carbon monoxide monitoring) including self-help materials.</p>
<p>Recommendation 10. Invest £15 million per year in a well-designed national mass media campaign, supported by targeted regional media. This should be nationwide, direct smokers to support and dismantle myths about smoking and vaping.</p>	<ul style="list-style-type: none"> • Additional investment is a national decision. • Continue to use Keep Wirral Well Comms collaborative as the platform to push out local campaigns informed by local insight e.g. Stoptober and maximise proactive communication of stop smoking messages via multimedia platforms. <p>Opportunities:</p> <ul style="list-style-type: none"> • Carry out local insight with local people to develop an informed approach to the promotion of smoke-free environments.
<p>Part 4. System change – the critical role of the NHS, the importance of collaborative working and improving data and evidence</p>	
<p>Recommendation 11. The NHS needs to prioritise prevention, with further action to stop people smoking, providing support and treatment across all its services, including primary care (critical intervention)</p>	<ul style="list-style-type: none"> • Wirral University Teaching Hospital Acute Trust, Community Pharmacy and ABL are working together to include a community pharmacy smoking cessation offer on hospital discharge. <p>Opportunities:</p> <ul style="list-style-type: none"> • Ensure completion of National accredited training for very brief advice on quitting e-learning

	<p>module/s is mandatory staff training across all disciplines.</p> <ul style="list-style-type: none"> • Increase knowledge across health and social care professionals of the harms of breathing in the smoke of others and reduce exposure to second-hand smoke and its associated risks. • Pathway development, where required across all key stakeholders. • Effective signposting to other agencies/services that are able to support clients to address the causal reasons for their smoking (e.g. services that provide support related to debt management, employment, relationships etc).
<p>Recommendation 12. Invest £15 million per year to support pregnant women to quit smoking in all parts of the country</p>	<ul style="list-style-type: none"> • Additional investment is a national decision. • Low birth weight scanning maternity appointments include brief advice and referral to ABL stop smoking practitioner who is onsite. • Rate of carbon monoxide monitoring at maternity appointments is increasing. • Smoking cessation is embedded within midwifery mandatory training. <p>Opportunities:</p> <ul style="list-style-type: none"> • Very brief advice and referral for pregnant smokers at primary care/GP appointment.
<p>Recommendation 13. Tackle the issue of smoking and mental health.</p>	<ul style="list-style-type: none"> • Cheshire and Wirral Partnership will provide the hospital-based service for smoking cessation which will include a referral to ABL. <p>Opportunities:</p>

	<ul style="list-style-type: none"> • Ensure stopping smoking a key part of mental health treatment in acute and community mental health services and in primary care and embed opt out referral pathways.
<p>Recommendation 14. Invest £8 million to ensure regional and local prioritisation of stop smoking interventions through ICS leadership. ICSs and directors of public health must set, and annually report against, clear targets to reduce smoking prevalence in their areas and commission services to allow that reduction to be achieved. The government should set up a support fund to which ICSs can bid for funding to support regional collaboration and partnership.</p>	<ul style="list-style-type: none"> • Additional investment is a national decision.
<p>Recommendation 15. Invest £2 million per year in new research and data. The government should invest in an innovation fund to support the commissioning of new research, data and monitoring of impact at all levels. This will provide improved and accessible information to identify effective evidence-based interventions that should be rolled out. The government must also commission further research on smoking related health disparities, particularly on ethnic disparities and young people</p>	<ul style="list-style-type: none"> • Additional investment is a national decision.



HEALTH & WELLBEING BOARD

Wednesday, 21st December 2022

REPORT TITLE:	COMMUNITY, VOLUNTARY & FAITH SECTOR REFERENCE GROUP UPDATE
REPORT OF:	DIRECTOR OF LAW & GOVERNANCE

REPORT SUMMARY

The report provides the latest updates and proposals from the Community, Voluntary and Faith (CVF) Sector Reference Group. The Reference Group was established as a mechanism to promote the views of the CVF Sector to the Health and Wellbeing Board. Their update is included in Appendix 1.

Appendix 2 provides a Precip of The Community Hub Handbook and The Connected Society, a Policy Toolkit issued recently. It also provides an updated list of publications of which A Community - Powered NHS, Making Prevention a Reality is strongly recommended. These three documents will be the main documents used to inform the delivery of the prototypes, the formation of partnerships and the transformations at community level as required in recent legislation and guidance.

The CVF Reference Group has been involved in the formation of a Transformation and Partnership Steering Group, (T&P SG) with appropriate representation from WBC, Wirral NHS and the CVF-Reference Group.

This work is evolving, and a report of the Associate Director of Transformation and Partnerships will cover the emerging model at the Health and Wellbeing Board

Two further areas of work, in support of the principles and application of working together in partnership, are presented

The matter affects all wards. It is not a key decision.

RECOMMENDATION/S

The Health and Wellbeing Board is recommended to note the contents of the attached reports, and to provide support to the continued development of the programmes for engagement with communities and residents.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 To enable the Health and Wellbeing Board to consider updates and proposals put forward by the Community, Voluntary and Faith Sector Reference Group.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 No other options were considered as part of this covering report.

3.0 BACKGROUND INFORMATION

- 3.1 The Health and Wellbeing Board considered a report at its meeting on 29 September 2021 named 'Formation of the Community, Voluntary and Faith Sector Reference Group' which sought to inform the Board's development of a progressive and effective working partnership with the Reference Group.
- 3.2 It was intended that the Reference Group would provide updates to the Health and Wellbeing Board on the work that it was undertaking.
- 3.3 The Reference Group has provided updates on their work on Local Infrastructure Development in Support of Health and Wellbeing Needs, based on a plan for the establishment of a prototype study in four wards involving community and family hubs and their work on the full utilisation of open green space in support of health and wellbeing needs.
- 3.4 Plans and programmes together with aims and objectives arising from the T&P-SG will be presented in the first part of 2023.

4.0 FINANCIAL IMPLICATIONS

- 4.1 In due course funding will be required for the above programmes

5.0 LEGAL IMPLICATIONS

- 5.1 Any future transfer of land for development of green open space will require agreement on a structured approach

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 There are no direct resource implications arising from this covering report

7.0 RELEVANT RISKS

- 7.1 There are no direct risks associated with this report

8.0 ENGAGEMENT/CONSULTATION

8.1 The establishment of the T&P Steering Group should be able to act as a base to facilitate further extensive partnership and stakeholder working prior to and then during to engagement through consultation with communities.

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.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 There are no direct environment and climate implications associated with this covering report

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 There are no direct community wealth implications associated with this covering report.

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APPENDICES

Appendix 1 Updated report of CVF Reference Group
Appendix 2 Relevant updated publications

BACKGROUND PAPERS

Report to the Health and Wellbeing Board 'Formation of the Community, Voluntary and Faith Sector Reference Group' 29 September 2021

TERMS OF REFERENCE

This report is being considered by the Health and Wellbeing Board in accordance with Section E of its Terms of Reference:

“(e) To drive a collaborative approach to commissioning of improved health and care services which improve the health and wellbeing of local people”

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Report to Health and Wellbeing Board	29th September, 2021
Report to Health and Wellbeing Board	15th December, 2021

Report to Health and Wellbeing Board
Report to Health and Wellbeing Board

9th February, 2022
29th September, 2022

Appendix 1

Next Steps Update: Building Community Infrastructure to improve the health and well being of Communities and Residents on Wirral

Context

Every resident is unique, as also is the environment and the community in which they live.

All individuals, their families, and their communities from time to time need help, some most of the time and some only rarely.

This help is provided through government and its agencies at national, regional, and local level. It is however, increasingly recognised that help from within the community, if structured and readily available, is of considerable value.

It is also known that help within the community, because of its proximity, knowledge and sensitivity, can forestall a worsening of the need and a much speedier response to it. This help can be fully developed through Community Hubs and Family Hubs.

The health of a community, but not of individuals within a community is often determined by the average life expectancy and average healthy life expectancy of its residents.

An unacceptable and growing difference in these measures is found between 'well off' communities and deprived communities. To address this difference government has committed to a levelling up programme and has brought forward a new Health and Care Bill with the specific aim of reducing health inequalities, see below.

In Wirral there are a several deprived communities where the level of life expectancy and healthy life expectancy is unacceptably low.

What is Local Community Infrastructure?

Current systems to deal with Individual, family and community needs, and the effectiveness of structures to ensure collective need is met, were put to the severest test by the Covid pandemic.

In response to the virus communities and their residents using their local knowledge, came together and looked after each other with the support of the health sector, government at all levels, the CVSE sector, and many other partners.

It is widely accepted that local knowledge minimised the impact of the virus and continues to do so.

The virus has also shone a strong light on the lack of knowledge at the most local level held by local authorities and health providers, a deficit which, unless addressed, is likely to continue to limit the effective delivery of services to those most in need in more normal circumstances with the impact of the virus minimised.

The Health and Care Bill introduced in July 2022 legislates for communities and their residents and the CVSE sector to fully participate in the design of new systems addressing the limitations of current systems identified by the pandemic. NHS guidance documents also fully emphasise this requirement and more specifically NHS guidance B1762 Working in Partnership with People and communities published on 4th August.

A precis of B1762, prepared by Community Voice, illustrates the case very strongly, almost mandatory, for people and communities to be involved in the full extent of change programmes being developed by ICP's, ICB's the NHS and key partners. Programmes and plans developed in partnership to harness the local knowledge through the provision of simple and effective systems to address need quickly and effectively and through which communities and residents can make their strongest contribution, leads to a discussion of how best this may be developed and brought forward at the local level.

This discussion will be greatly assisted by recent publications from Locality, New local and the Fuller Report, all of which have been added to the list of key publications

The term Local Infrastructure attempts to describe in general terms what needs to be considered alongside the key elements and features associated with successful approaches adopted in England.

It is a collective term for the agreed system approach taken by each community and its residents working in partnership and in codesign in deciding what is appropriate for them.

The challenge of codesign from the community and resident perspective

Implicit in the Health and Care Bill 2022 is the assumption that communities 'know who they are' and are ready to rise to the challenge of contributing to the codesign of a 'place-based' new approach to improving health and wellbeing and which can help address local need.

Two fundamental points for consideration would seem to arise at the outset, have the boundaries of the community been established and accepted and has the willingness of community and residents, to play a key role in improving health and wellbeing, through representation also been established.

For the purposes of local government, here in Wirral and in most local authorities, place is divided into wards. Within each ward individuals are elected to be the ward's representatives in local government. In Wirral this is currently three per ward. The number is subject to review.

The ward boundaries established for local government are, by and large, acceptable for local government and should represent a start point for discussions about 'place' in the context of a codesigned programme relating to improvements in health and wellbeing. There is also potential for these boundaries to be reviewed.

Subsets of community do exist within wards and their identity needs to be understood. Where possible subsets need to be considered.

To be able to play a key role communities and residents will, within each place, need to find a way to ensure health and wellbeing need, for individual residents, for families, for groups of residents and even for the whole community, is recognised, understood. Appreciated, and then addressed.

Next steps

In many cases need can be identified from within the community, as has often been the case with Covid.

Where services need to be involved, then best practice is found in the establishment of link and help organisations, referred to as community hubs and family hubs. A link organisation is able to provide advice, help to coordinates dialogue and support through efficient signposting, assist with the use of digital systems, and in many other ways.

- Establishment of prototype community link organisations.

It is suggested that four communities, one in each constituency, be established for the prototypes, with oversight from the Health and Wellbeing Board.

- A possible phased approach is outlined below
- This approach should be seen as being under constant review by all partners and participants as brought forward from an initial thoughts document which has been accepted by the HWBB

First phase. Establishing commitment and consensus.

Step 1. Submit for approval to the Health and Wellbeing Board on 9th February the Reference Group's proposal for the establishment of community hubs and family hubs as link organisations within Wirral's communities - Completed

Step 2a. Engage with the Leaders of each political party to secure their approval for discussions with Elected Members of each ward and then secure ward EM's support for discussions to begin with each community they represent and the extent to which they wish to participate in the discussions. – Ongoing but limited to the four prototype wards. Other wards wishing to start exploratory discussions will be warmly welcomed. Four wards, one from each political party have been nominated for the approval of the party leaders and are Rock Ferry, conservative ward yet to be nominated, Birkenhead and Tranmere and Eastham

Step 2b. Engage with all key partners providing services to determine their approval, support, and level of involvement in and for discussions with communities within each ward. Meetings have taken place with the Director of Place, the WBC Chair and the PCN Chair.

Further meetings will be arranged as soon as possible to update key personnel of progress to date

Consideration has been given to establishing regular meetings at an appropriate frequency and these will be monthly through 2023. Chairs of key committees and NHS Trusts will be consulted as to their involvement in the next 10 weeks and other key partners on the HWBB. 2 members of the HWBB-CVF Reference Group have been selected to be members of the newly formed Place Partnership Board chaired by the NHS Director of Place. The Reference Group has actively participated in the development of the draft Health and Wellbeing Strategy being developed by the Director of Health as requested by the Health and Wellbeing Board.

Step 2c Further meetings have taken place with the Director for Adults' Care and Health and with Nesta Hawker Associate Director for Transformation and Partnerships to discuss how the plan/programme could/should be carried forward with the full involvement of the nine neighbourhoods already well established on Wirral. It is considered that this will be of considerable benefit to the plan/ programme set out below. These meetings will develop the scope, structure and aims of linking in the neighbourhoods to the ongoing programme. It is anticipated that more key partners will join the discussions in due course as discussions progress. Two meetings have taken place and agreement reached to form a Transformation and Partnership Steering Group which will meet monthly. A plan to be brought forward in which it is anticipated that partnership working within neighbourhoods will follow the prototypes being established in the wards mentioned above.

The Reference Group has been strengthened with a number of new members with complementary skills and knowledge, who will introduce themselves to the HWBB in due course.

Step 3. Engage with local organisations, in the prototype communities and with individuals active in supporting the health and wellbeing of each community. Contact and discussions are ongoing with CVF volunteers and local organisations through the Community of Practice and Wirral Council CVF Group meetings who wish to be part of the Reference Group and actively participate in the ongoing work programme.

Step 4. Bring all the interests established above together with the aim of developing a best practice plan appropriate to each prototype community with the specific aim of forming a link organisation.

Step 5. Form a community development team (CDT) from within the prototype community to lead discussions for the community.

Updates from CVF-RG members

Briefing Paper - Green Spaces Group - CVF - Reference Group

The CVF-RG proposal for the establishment of a local environmental Green Space Infrastructure plan to improve the quality of and access to local green spaces in Wirral, was approved at the Wirral Health and Wellbeing Board in February 2022. A multi-agency Green Spaces Group has been formed to progress the aim of developing a framework of infrastructure and support that will enable residents'

groups across Wirral to develop community garden initiatives in under-utilised green spaces, for the enhancement of their health and wellbeing.

Access to green spaces is important for health and wellbeing. A longitudinal study from Scotland found that children living in homes with gardens had better social, emotional and behavioural scores (Richardson, 2017). Residential green space during one's childhood has also been found to lead to a lower risk of psychiatric disorder in adolescence and childhood (Engemann et al., 2019). On average, one in eight British households has no garden (ONS, 2020), whilst many Wirral wards do not have a minimum standard of green space (Green Space Index 2022).

The recent Public Health England report (2020) identifies 'new evidence and actions to help local areas consider how good-quality greenspace can support the delivery of health, social, environmental and economic priorities, at a relatively low cost.' The wellbeing value associated with frequent use of local parks and green spaces has been valued at £34.2 billion per year, whilst saving the NHS £111m per year (Fields in Trust, 2018).

The new or enhanced community gardens will provide a range of green social prescribing interventions which can improve mental health outcomes; reduce health inequalities and reduce demand on the health and social care system. These may include gardening, walking, creative health and wellbeing activities that can help prevent or address social isolation, mental and physical health issues and food poverty. The success of this will depend on excellent referral pathway structures, collaborating with local GP's surgeries and PCN's.

The community gardens will provide opportunities for growing, , social interaction, volunteering, training and employment, and collective food production. They can support residents through the demonstration of healthy cooking with home grown or surplus produce, vital during the current cost-of-living crisis. The development of a joined-up co-operative food strategy across the borough (linking with the Liverpool Food Growers Network) can increase local urban food production for the benefit of local residents, and reduce food waste.

Additionally, this proposal for improving access to green spaces can sustain improvements in nature connectedness that can help address global calls for a new relationship with nature required for a sustainable future (Richardson, 2019). This will support Wirral Council's commitment to action following the declaration of Environment and Climate Emergency in July 2019, achieving biodiversity net gain and contributing to the UN SDG's.

One of the most significant issues for local communities, particularly those without resources or a track record, is the acquisition of land for community engagement and activities. The Green Spaces Group has recently agreed to create a Community Land Trust to help overcome those barriers, providing a legal entity for the

acquisition and protection of green space assets from Council, Health, Church, housing associations, etc. for the benefit of local communities.

Within the framework of the Wirral Green Spaces CLT, the aim would be to empower local residents' groups to take ownership of local community garden greenspaces, though more established CVF organisations may be appointed as interim stewards. They will be supported by the CLT through the services of member organisations who can offer assistance with community engagement; horticultural advice, practice and training; in addition to support with organisational management and fundraising.

Grow-Wellbeing CIC is lead member for environmental issues in the CVF-RG, and has brought together a diverse range of public and CVF sector organisations and elected members, who can contribute to a partnership approach to transform urban community greenspaces for health and wellbeing. The founder has recently been elected to represent the CVFSE sector on the Wirral Place Strategy and Transformation Group.

Grow-Wellbeing CIC aims to support healthy communities through nature connection via Forest School, community gardening and nature wellbeing activities. Since its inception, Grow-Wellbeing has collaborated with partners in health, education, social care, environment and the CVF sector in Wirral, Merseyside and Cheshire. It has created employment opportunities, including traineeships for young people, and is an accredited provider of Forest School Leader Training. Grow-Wellbeing is well placed to assist the co-ordination of the development of the Wirral Green Spaces CLT, collaborating with partners and empowering communities.

Duane Chong, Grow-Wellbeing CIC

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Backup Security Company

Introduction

The work of the CVF-RG came to my attention earlier in the year and I have been invited to participate.

I regard the work of CVF-RG and their approach to working in partnership with communities as a significant opportunity to improve health and wellbeing, focusing on health inequalities as the key area for a full and dynamic, much needed, change programme.

To my mind this is an opportunity not to be missed and I have committed my services and resources to the initiative working with like-minded colleagues.

My name is Barry Fox, and my organisation is Backup Security. In one form or another I have been providing a security service on Wirral since 1999. I grew up on the Wirral, am a family orientated man and live in Central Wallasey. More details of my business and contribution to the work of the RG are provided below.

RG colleagues have built up considerable momentum and, working together at pace in 2023 and beyond with all key service providers, seems to me to be just what is needed after the pandemic and through the emerging cost of living crisis.

I originally started Backup Security in 1999, a service including mobile patrols and response units for houses and businesses in areas such as: Wirral, Upton and Ellesmere Port, with the majority of business in Wallasey and Birkenhead. In 2011 I pulled the business back to have a change of direction and went back to teaching martial arts and specialising in applied Goji Ryu karate in a professional capacity, establishing Fox Martial Arts Academy in Wallasey. This ran alongside courses for local primary and secondary schools with training sessions in the academy for different youth offending organisations.

From 2017, I reopened the Backup Security Company, as both someone working in the security sector, and a member of a community affected by antisocial behaviour, I felt greatly concerned and disappointed that attending all domestic burglaries could no longer be possible. I believed that the demand for reliable and efficient security would have further disparity in areas where these services were most required. This prediction was quickly confirmed as not only are we now closely linked with Merseyside Police, but also through the public response and demand that we have garnered in the past few years we have built up a strong business clientele together with numerous residential clients who have entrusted us with their security. Our company has brought a great level of resolve to a serious epidemic of antisocial behaviour. Approximately eight months ago I found myself still frustrated with the high levels of unreprimanded antisocial behaviour and discovered that the most efficient way of combatting this crisis was by acting as a community.

As a result of this I have set up a Facebook Community Site, which has brought together individuals and acted like a more accessible Neighbourhood Watch, combining an online presence, and feeling of stability to individuals who would otherwise feel frightened and isolated. Currently this group has a base of 8100 users. Not only has it contributed to removing some of the delinquency from the streets, but also the paranoia and helplessness from the homes of our users.

I was recently contacted by Community Voice with an offer to provide my insight working on the Reference Group, and I am here today to explain about myself and what I am involved with locally, offering any support that I can provide from experience and expertise in the Security sector.

Transport Group Aims and Objectives

The Transport Group hopes to be part of Transition Town West Kirby and its Aims and Objectives are as follows

- To promote active transport wherever possible, which includes the promotion of a comprehensive range of cycle lanes, but to acknowledge that not everyone is able to take advantage of active transport, in particular elderly, families and those with disabilities.
- To promote low carbon alternatives in public transport
- To promote public transport and active transport as methods of accessing work and leisure activities and *in order to promote better health, both physical and mental, across the whole of Wirral.*

Though transport is technically a regional issue, to the individual it is a highly personal issue. A member of the group was discharged from A&E at Arrowe Park late at night and would not have been able to reach his home had he not had sufficient for a taxi fare at his disposal. At the same time Wirral contains substantial areas of green space which can benefit members of the community in terms of promoting better mental health. The only costs involved may be in gaining access to it.

Public transport everywhere in the UK is currently under pressure because its revenue is expected to 'bounce back' after Covid. However, it is the opinion of the Transport Group that there should be room for a much more dynamic, community needs-led, small-scale (in terms of the size of vehicles) clean, climate-friendly public transport network that can sit alongside the current public transport provision and that should be capable of moving Wirral properly into the 21st century whilst contributing to balancing the health statistics of Wirral between the more and less affluent areas. Put simply, open space saves lives and getting proper access to it can make a huge difference when times are tough.

The transport group wishes to make a small difference to the assumption that motorised transport is always better if it is privately owned. The Group wishes to complement work being undertaken elsewhere in Wirral that aims to break down barriers that exist for those who, for whatever reason, are disadvantaged (in this case, in terms of having transport needs). The question remains as to exactly what support would best serve the communities most severely affected by Wirral's health inequalities, but the aim is to promote small scale pilot projects that would help to shift the nature of transport in the longer term in ways which would improve the overall health of residents, in particular the mental health of those in the more deprived areas of Wirral. Everyone should feel they have the resources to get home from A&E departments or to visit a public open space and enjoy nature. In itself this would assist better mental health across the board.

The current slogan for Merseytravel is 'efficient, green and affordable'. We believe that from the end user's point of view, a start can be made on addressing some of these short journeys, which could, in turn, improve the life chances and health of the section of Wirral's population which most needs to be boosted.

We hope the above shows that the need exists to co-design a system that works for the end user, both 'essential' and other. We acknowledge that some short journeys via some form of transport other than walking would enable more individuals to make better use of our extensive open spaces and our important healthcare facilities.

We feel that the time to make this commitment is now, in the light of the £2 a ride and re-regulation initiatives being facilitated. Wirral is uniquely placed, being at one and the same time at the heart of the Wirral and Cheshire Health Authority and the Merseytravel area.

There has never been a better time to begin to explore some new solutions which could sow the seeds for future health benefits for those in the most need.

Family Hubs Update for Wirral Health and Well-being Board on 21st December 2022

Wirral has made significant progress towards the implementation of Family Hubs across the borough. A Steering group is now in place with representation from the CVF sector including the Family Toolbox Alliance and the Reference Group to the Health and Well-being board. This work is being led under the supervision of Elizabeth Hartley – Assistant Director: Early help and Prevention.

Transformation funding from the government has begun to be used by the creation of a Family hubs staff team. This is made up of Jean Edwards – Project support Officer, Michelle Richards – Parenting Co-ordinator and Barathi Inbara – 1001 days Co-Ordinator. A Family Hubs Programme Manager has yet to be appointed and alternative approaches are under consideration.

Work has begun on the data requirements for Family Hubs with the aim to link up data, so it feeds into the requirements of the supporting families dataset (Old Troubled Families Programme).

The work ahead to make the roll out of Family Hubs across Wirral is considerable and care needs to be taken not to set expectations as to what constitutes a Family Hub without the voice of the community in full participation.

The National Family Hubs Network lays out different types of Family Hubs including Community led, Expanded Civic Buildings, Repurposed Children's Centres, Health Settings, School Based and virtual hubs. The model being, 'rather than a costly outlay on new infrastructure, a family hub model makes use of existing facilities wherever possible and extends and adapts buildings where necessary' and may include GP surgeries, church and faith communities, local libraries, shops etc. This makes access less daunting for families as it is buildings, they are familiar with and people they have built relationships and trust with. (www.familyhubsnetwork.com)

At the recent, Annual Anna Freud National Conference on inclusion within family hubs it was Church Street Family Hub, Westminster that was held up as an example of what could be achieved. It is impressive and based on three stories with a roof

garden and includes a wide range of health services as well as community activities. This is one type of hub and not necessarily suitable or preferable for all families which is why variety of options for families is crucial as one type does not fit all.

Many schools are now acting as family hubs providing extended services and working with CVF organisations and services including food pantries, uniform support, community liaison workers and mental health services e.g., Place to be and ELSA support, bereavement support and so on.

Wirral now have a virtual Family Hub www.familytoolbox.co.uk which is supported by the early help Family Toolbox Alliance made up of 7 VCFS organisations with a growing membership adding in their websites, social media links and other content.

Community Family Hubs on Wirral

Interest is building within the Wirral community about how organisations and place-based projects can become Family Hubs with discussions and questions arising within the sector as to how the work will be progressed. There is still a lot to be done around keeping families at the centre of the process and finding out how we bring our community assets, including the people of Wirral, together for the well-being of families in the most cohesive, cost effective and accessible ways. How do we work together, with families, creatively, using Family Hubs of all types, sizes and forms to improve health inequalities within our borough, providing the help that families and children need at the time they need it and are ready to access it or want it?

Nationally the Gather Movement (a movement of churches and charities committed to community transformation) have also been sharing good practice on how faith-based organisations can develop the work they do to be most effective in supporting families by providing Family hubs and services. A short presentation was given by the C.E.O. of Ferries Family Groups, belonging to the National

Family Hubs Network, representing Wirral as a community-based Family Hub. Liverpool Catalyst similarly have been sharing information to help equip faith-based organisations to develop and support statutory provision across Liverpool City Region (Liverpool were among the first 75 local authorities in the country to receive funding to enable the rollout of Family Hubs).

Progress of the Reference Group Family Hubs Subgroup

The Family Hubs Team is growing but has not met recently as we were waiting for information around the Wirral Family Hubs Staff and Steering Group teams so we could see how the community, voluntary and faith family hubs might work alongside/ in partnership in an informed way and to the benefit of Wirral families. Now that things are beginning to take shape, we should be able to continue to move forward. The most important thing is, we keep the voice of Wirral families at the centre of the discussions.

(See case study below from a Wirral parent on the benefits of a community-based family hub)

Case Study

MY LIFE STORY WITH FERRIES FAMILY GROUPS

(MY FAMILY)

Before I started Ferries Family, I was a mess. I had suffered years of abuse from a very young age. I had been neglected and rejected most of my life. All I ever wanted was to be a family, feel loved, feel like I belonged somewhere and had tried so hard for years and years to make this happen but, it just never seemed to work. Nothing was ever enough or good enough. I was so lost and broken and angry. I had suffered so much trauma since a young age. I just couldn't understand why when, I had so much love to give. I was isolated and afraid. I had a son aged 4 whose dad I ended up with a Restraining Order on. I had a 6-month-old whose dad was in and out of prison and, I had the social all over me when all I live and breath for are my kids. I had always tried to protect them – I didn't see what I was doing wrong. I was then told about Ferries Family Groups. At first I was so frightened to go. I had manic depression and anxiety so was reluctant to go. So many people were already against me. People had already judged me because of the situation I was in.

One day I had a meeting with school, social and police – just so many professionals and I was alone. I just needed someone to listen to me, someone to help guide me – someone to stick up for me when so many people were against me and not even because of me but, because of my baby's dad.

So after the meeting the next day, I joined a group with Ferries Family. I was so lost and broke at first but after a couple of weeks, I started feeling safe. People were listening to me. They wanted to help and support me. I actually felt like I belonged somewhere and that I mattered. I had lost myself; I didn't know who I was anymore. People would sit and play with my child while I had a coffee and a good cry. The support was amazing. After a few months and a

couple of courses, I started finding who I was and started speaking out for what was right for me and my boys. I decided to break free from my relationship and fought hard to get everyone off my back. I turned mine and my babies lives around. I had confidence, I had a safe place and I actually felt like I belonged somewhere and, the people you meet on the groups and courses made me realise I wasn't alone. More people than I had realised had been through similar things and different things but, makes you realise you're not alone and have to share different coping strategies. I stayed as a member for a number of years and spent a lot of time working on myself and my children. As my children grew older, they were diagnosed with multiple additional needs. I didn't have a clue. I only knew about ADHD but, with the help and support from Ferries, I was able to educate myself on all of them. I have had battles with the school and education and, had to go through EHCP process and still the support had always been there – I've never been alone. As I have grown, I have found myself. I turned all my sadness and anger into passion, and I decided I wanted to help and support people, give them the guidance and support they need. If I could just help save one person from making the same mistakes I did or even just guide them on the right path then that would be enough for me. So I decided last year, I was going to do the volunteer training for Ferries Family Groups. I did this and I am now a volunteer for them, and I absolutely love it – I wouldn't stop it for the world and, while I am helping others without realising it, I am helping myself. I am still working on myself. It just doesn't happen overnight but, with the right help and support, it can happen, and Ferries Family Groups was the one for me. They have helped me grow, they have held me, they have supported me so much and most of all, they accepted me and believed in me when I didn't

Appendix 2

Updated List of Reference Papers to the Dec 2022 HWBB meeting Precip' of three recent key documents

- Building strong integrated care systems everywhere. ICS implementation guidance on partnerships with the voluntary. Community and Social Enterprise sector 02.08.2021.
- The Social Value Model. Government Commercial Function, 03.12.2020
- Guide to Using the Social Value Model, Government Commercial Function, 03.12.2020
- True Value, Towards Ethical Public Service Commissioning, Localis, 2021
- A Catalyst for Change, What COVID-19 has taught us about the future of local government, Upstream Collaborative, Nesta, September 2020.
- Changing Local Systems, Practical guidance for people working to improve local response to homelessness, Homeless Link
- Meaningful Measurement, how a new mindset around measurement can support a culture of continuous learning, Upstream Collaborative, Nesta, September 2020.
- Introducing New Operating Models for Local Government, Upstream Collaborative, Nesta, September 2020
- Building Strong Integrated Care Systems Everywhere, ICS implementation guidance on working with people and communities NHS 02.09.2021
- Joint review of partnerships and investment in voluntary, community and social enterprise organisations in the health and care sector. May 2016
- Commissioner perspectives on working with the voluntary, community and social enterprise sector. The Kings Fund, 02. 2018
- Integrating Care, Next steps to building strong and effective integrated care systems across England, NHS, 2020.
- Strategic Commissioning Framework 2018-2020: Wellbeing Hubs, NHS, Northern, Eastern and Western Devon CCG
- Keep it Local, Principles Policy Campaign.
- WBC, Community wealth Building Strategy 2020-2025
- Local Trust, trusting local people, Community Hubs, Understanding Survival and Success. 06.2019.
- Community Hubs, how to set up, run and sustain a community hub to transform local service provision. My Community, Locality.
- Improving Commissioning Through a VCSE Single Point of Contact, Navca, 05. 2017
- Improving Access to Greenspace, A new review for 2020. Public Health England. 03.2020.
- Briefing: The government's levelling up agenda; An opportunity to improve health in England. The Health Foundation, 07.2021

- What a difference a place makes, The growing impact of health and wellbeing boards. Local Government Association, 06.2019.
- Collaboration at place and system: a snapshot of Health and Wellbeing Boards in the Integrated Care Landscape, LGA, 11.2021.
- Defining Co-production, Centre for Innovation in Health Management, 2014
- Community Mental Health Transformation and Building VCSE Alliances. Rethink Mental Illness, 03.2017
- Digging deeper, going further: creating health in communities, what works in community development? The Health Creation Alliance 02, 2021.
- Integrated care partnership (ICP) engagement documentation: Integrated care system (ICS) implementation. 20.2021.
- Addressing national health inequalities priorities by taking a health creating approach. The Health Creation Alliance. 08.2021
- Building healthier communities: the role of the NHS as an anchor institution. The Health Foundation. 2019.
- Community Calling: People want more influence, New Local Aug 2022
- Repairing our Society: A social justice manifesto for a thriving Britain, July 2022
- Working in partnership with People and Communities, NHS England, Statutory Guidance, B1762, July 2022
- Next Steps for integrating primary care: Fuller Stocktake report, May2022
- Principles in practice, lessons and examples from the Keep it Local Network, Locality, August 2022
- Families and Inequalities, Institute of fiscal Studies, Deaton Review, June 2022.
- The Connected Society, A Policy Toolkit for Local Engagement in the Public Realm, Localis.
- The Community Hub Handbook, Locality, Jan 2020.
- Stronger Together: building the foundations for system working in the third sector, Policy Briefing 2(11), Liverpool City Region.
- A Community-Powered NHS, Making prevention a reality, New Local, July 2022.
- The Community Paradigm, New Local, March 2021.

Precis of Recent Key Documents

Localis; The Connected Society, A policy toolkit

This is a 31-page publication in three Chapters, Introduction, Policy Toolkit and, Actions and Policy Options Summary.

Chapter 1 outlines the purpose of the toolkit, the story so far in consultation and engagement and the role of the local state,

Chapter 2 considers, understanding, internalising and practising and.

Chapter 3 provides a one-page summary of options and actions.

The document is based on an exploration of Kensington & Chelsea's experiences and practices.

Public engagement is a complex matter that has developed considerably over recent decades. Various national and local governments have sought to wrestle with consultation and engagement to unlock its latent potential in encouraging resident involvement in the local political process.

This toolkit is an attempt to capture this potential and lay out what it takes for a local authority to make their own public engagements more effective.

In the Introduction the document makes several significant observations

'When it comes to the everyday functions of local authorities and how we interact with them, and them with us as residents or communities, it is remarkably easy to overlook the importance of participation, trust and two-way communications that go into creating strong reciprocal relationships.

How citizens and communities identify with their local area is notoriously tricky to grasp. In the immediate policy context, the government's Levelling Up White Paper has used the rhetoric of 'pride in place' – a helpful springboard.

As a means of improving delivery in a way that respects place-identity, local engagement is an outcome that can arise from consultation processes or other interaction between a council and its community, such as participation and the provision of information. Engagement itself is achieved when the community is and feels part of the overall governance of the community. Councils have an important role in building stronger communities, and engaging communities is a keyway of doing so.

For central government, the idea of local economic generation is affixed to the notion of 'pride in place'. Under objective three of the Levelling Up White Paper there is a goal of restoring 'a sense of community, local pride and belonging'.

There then follows a Policy Options summary which is repeated in Chapter 3. This seems to be so the author(s) can take the reader through each of the options which are to follow in Chapter 2.

The summary is in three sections, Understanding, Internalising and practising, with five, eight and seven bullet points in each respectively.

A section on the story so far then follows.

Reading between the lines it accepts that policies have failed over decades principally because they have been 'top down' and failed to recognise the contribution that lived experience and an intimate understanding of local conditions will make.

The document is critical of the lack of a genuine commitment to ceding power to local communities whilst recognising that this is now changing.

The term 'proactive engagement' described as *moving towards genuine participation for communities', which should be seen as an investment-both economically and socially – that can bring great returns if managed well.*

Furthermore, this investment need not be costly; strong organisational will and well-researched training are some of the most influential success factors for community engagement initiatives, neither of which necessitates costly intervention.

Developing an understanding of how residents and their respective groups or neighbourhoods like to be engaged with and what issues concern them specifically, thus tailoring the approach to their preference, is the type of proactivity a local authority should be striving toward.

The document then moves on to discuss *the nebulous concept of 'pride of place' as used in the governments mandate to deliver levelling up, concluding it is far too obtuse and interpretive as a concept to be pursued as an outcome in of itself.*

Rather, when considering how to bridge notions of local identity and community pride, with more concrete matters of redevelopment and regeneration, the absence of shame is a more useful way to invoke place pride.

Identifying and targeting where shame is most sharply felt locally and where decline is most tangible, is where engagement becomes more prudent.

Followed by a consideration of resources and capacity.

The perceived costs of public engagement are high for councils already anxious about funding. Funding cuts experienced by local authorities over the last decade have left them in a position of only being able to focus on what is immediately pressing when it come to policymaking. In turn, this has impacted negatively on the capacity of local authorities to engage in bottom-up resident community engagement and large-scale regeneration projects.

Resources and funding, while undeniably useful and conducive to innovation, are less influential in the success of community engagement initiatives. Best practice examples in community engagement are often of local authorities who have found ways to overcome a lack of financial support.

Of particular interest is the report of the effect on the civil society, but no definition of civil society is provided.

Through the process civil society is strengthened and becomes more competent at sharing responsibilities with the local authority, taking pressure of the organisation. Effective, well-managed community engagement, particularly on matters of community infrastructure, can see success beget success.

Similarly, a strong civil society, is often cited as integral to the success of community engagement initiatives.

Research has found that civil society is often built and strengthened through the process on engagement. Indeed, local movements will often stay focused and involved in community issues beyond the community engagement initiatives of local

government, suggesting that civil society has strengthened as an outcome of initial engagement initiatives.

In Chapter 2 under the heading of Understanding a debate about pride of place and shame in the local context. It argues that shame is arguably a more effective basis on which to pursue effective engagement and subsequent policy.

By accepting the presence of shame, identifying it through engagement, internalising willingness to address where shame is felt most, and strategizing to minimise its presence locally, local authorities will find that pride in place will become more visible, given the dialectical nature of the relationship between the two concepts.

Developing this line of argument leads them to a four-step process,

1. *Identify shame through engagement*
2. *Analyse and internalise findings*
3. *Develop policy and strategy working towards the absence of shame*
4. *Communicate the process and deliver results*

The chapter continues by considering the types of participation.

- Reactive: engaging in response to complaints or external pressures
- Directive: engaging residents with pre- or semi-determined outcomes
- Proactive: strategic engagements to pre-empt local issues and develop better policy.

The article warns of a fourth hidden typology, pseudo engagement- where a local authority depicts themselves to be taking consultation, engagement and, participation seriously, but fail to follow through with results in policy or practice.

It then considers the appropriateness of the above in the local context considering which would be most suitable for optimisation, recognising that this will need very careful judgement with flexibility.

Reference to redlines in discussions would have a very negative effect ultimately limiting the engagement process.

Recognising the inevitable co-habitation of all three typologies, the publication argues that embedded proactivity is the ideal to be working towards.

The document then considers the above in the public realm and the need for local infrastructure where engagement and conversation can take place. Local centres, where they still exist, are considered the natural hubs for engagement and relationship building. These are considered to form a critical part of placemaking in the current context.

Chapter 2 then considers internalising with five separate sections, Commitments, Ongoing engagements, Absorbing consultation findings, Priority setting and Actions and policy options.

Making commitments and having them publicly available is arguably the first step required for any engagement strategy. Whether it is the design of the process,

matters of scope, purpose, outputs or outcomes, commitments are the foundation on which trust with residents is built-a scaffolding that can be pointed towards when intentions will inevitably be questioned.

Ensuring that ongoing engagements are relational in scope, with open-ended, strategic channels of communication, allows for a shared vision of placemaking to be negotiated and developed. Resident participation in these processes should not be confined to specific instances of consultation, instead facilitating room resident participation throughout-particularly in matters of refinement, design and delivery.

Absorbing consultation findings leading to the identification of trends and patterns of response is important to this process. This is not necessarily a matter of what responses are most populous, but rather what is most distinct and significant to residents.

Crucial to priority setting is the importance assigned to each action, as this will heavily influence how much of a priority any given issue should go on to have. If a local authority is unable to capture the importance of such issues at this stage, this risks significant dissonance between a council's eventual practice and what was raised by residents during consultation and engagements, thus causing further disillusionment with local government and its processes.

And finally, Chapter 2 considers Practising, Who participates, Modes of participation, Trust and relationships and communication.

The question of who participates in engagement is a major factor in the relative success or failure of initiatives.

Good communication is critical in actively demonstrating that good practice is happening in the council because of an ongoing push towards wider engagement genuine participation.

The document identifies two forms of communication, Advocacy communication and Collaborative communication.

Advocacy communication is a one-way frame, wherein which a local authority is speaking of residents through a series on monologue-like modes. When used as part of an integrated communication strategy, advocacy has a noble role in informing resident and catalysing dialogue.

Collaborative communication adopts a communication frame, encourages a more contextualised engagement process that is conducive to building relationships and open, ongoing dialogue between a local authority and its residents.

Summary/precis of A Community-Powered NHS, Making prevention a reality, Localis, July 2022

This is a 120-page document from Localis, co-authored by Adam Lent, Grace Pollard and Jessica Studdert, under the Chair of Professor Donna Hall.

Quotes are provided on the first page from Prof Donna Hall, Raj Jain, NHS Cheshire and Merseyside Integrated Care Board and Prof Chris Ham, Co-Chair NHS Assembly.

A page of acknowledgements then follows leading to an 8-page Executive Summary. The main part of the document is comprised of 105 pages in five chapters'

1. The NHS at Risk. 6 pages
2. The origins of the demand crisis. 18 pages
3. Why community power? 16 pages
4. What does community-powered healthcare look like? 41 pages
5. Creating a community-powered NHS. 26 pages

Finally on 2 pages a conclusion is brought together titled 'A moment to seize'.

An Appendix then lists and thanks those organisations who responded to a call for evidence.

The Community Hub Handbook: How to run a successful hub and make your neighbourhood thrive

This document, funded by Local Trust and Power to Change, written, and published by Locality in January 2020 is 98 pages long with eight sections starting with an Introduction (2pages), and then the main part of the document in 56 pages comprising of four steps and further subdivided into 12 sections.

A further 20 pages covers Resources and Links and is followed by 7 pages on External Links and finishing with a glossary of 5 pages.

It covers everything you would need to know in running a Community Hub

The Introduction makes the following observations,

'Unlike community centres and similar building, hubs are multipurpose.'

'Spreading the knowledge and tools to help community hubs survive and thrive is much needed, and not just by those 'do-ers' who typically get involved in running community spaces. Local, accessible meeting places directly benefit people living nearby, and it's increasingly recognised that they matter nationally too.'

A welcoming venue packed with positive, nurturing and inclusive activities fosters social capital – a vital ingredient in every local economy. When people have a place to meet, they can build trust, share concerns and identify solutions that may develop into successful projects, local services or social enterprises.

Where hubs are also community led or owned, they have the potential to alter the self-belief and ambition of local residents too.

'There are multiple examples of communities hatching imaginative resident-led schemes, self-financing housing projects, sustainable energy developments and transformation of green spaces and sports grounds are a few examples.

'Resident -led projects build resilience, energise civic life and change individuals driven by passion into community leaders with the skills and experience to transform their neighbourhoods'.

'The most successful community hubs are those collaborative efforts, where many people in the community are involved.'

The Handbook then sets out the four steps beginning with a 3-page process aimed at establishing what a community hub is. It does this by examining what are common features, what they provide and how they are funded. It suggests there are four types of community hubs based on the size of their annual turnover, less than £100K is a micro-organisation, between £100 and £250K a small organisation, £250K up to £750K a medium organisation and above £750K a larger organisation.

They then provide a three-question check list to help an organisation determine if it likely to be a community hub.

Finally, it directs the reader to three case studies, Ripon Community House, Meadow Well Connecting and Colindale Communities Trust as examples.

Almost any organisation which *'with a focus on a clearly defined area and community, delivers a wide range of services to the local community that meet community needs and which operates from one or more buildings'*, will be a community hub.

The second step, Getting started is set out in 21 pages, sub divided into five sections of between three and six pages culminating in a check list. 6 case studies are offered at the end of the section.

The five sections are:

- Understanding what your community needs. 6 pages.
- Building a positive and effective team, 3 pages
- Having a positive culture-involving lots of people from across the community, being accountable and embracing change, 3 pages
- Providing services local people value and which can be paid for, 5 pages, and
- Building positive relationships with others, 5 pages

It is clear from reading through this step that considerable knowledge and experience is being provided. This needs to be matched with the opportunity created by the nation's change programme.

Step 3 deals with Acquiring community hub premises and comprises two sections in 9 pages as follows

- Ensuring that the building is an asset, rather than a liability, 4 pages
- building or improving community hubs, 4 pages

The advice in these sections is extensive and if followed, with appropriate risk analysis set against a fully developed business case will be invaluable. 4 case studies are provided.

Finally Step 4 concerns the ongoing management of the premises and the organisation. It comprises 23 pages with 3 sections,

- Managing an attractive, welcoming and well used building, 12 pages
- Running a tight financial ship, 4 pages
- Having effective structures and processes, 7 pages

This is guidance and advice which applies to all business ventures. It is well set out and if followed will ensure that risk is minimised and outcomes positive and progressive.

5 case studies are provided.

There then follows a section titled Resources and Links

This is extensive running to 28 pages offering revenue and capital tools and guidance in the form of spreadsheets, measurement of social value and financial returns, and extensive external links as to where to get help and guidance. Finally, there is a five-page glossary.

In summary, providing the reader can understand it all, it is an excellent and well thought through document aiming to ensure outcomes are by and large positive.



HEALTH and WELLBEING BOARD
Wednesday 21 December

REPORT TITLE:	COST OF LIVING ACTION GROUP UPDATE
REPORT OF:	DIRECTOR OF PUBLIC HEALTH

REPORT SUMMARY

This report is an update from actions undertaken by the Cost-of-Living Action Group to address the impact of the increase in cost of living on residents and businesses in the Borough.

This supports the pledges in the Wirral Plan:

Brighter Futures to ensure children get the best start in life and are not subject to, as much as possible the impact of families in poverty. The support provided across the system will help families to mitigate the impact of the cost-of-living crisis.

Inclusive economy by supporting residents and businesses to maintain employment to ensure household income is forthcoming and employment opportunities are available

Active and Healthy Lives to ensure residents do not suffer long term impact of poor physical and mental health as a result of the crisis and help and support is available through partners to prevent this at an early stage as possible

The report affects all wards in the borough.

RECOMMENDATIONS

The Health and Wellbeing Board is recommended to: -

1. Note the actions completed by the Cost-of-Living Action Group in addressing cost of living challenges in the borough.
2. Ensure all partners participate in the Keep Wirral Well communications programme and promote Wirral Infobank and warm hubs both to their clients and employees as part of their Anchor Institution work as detailed in the Health and Wellbeing Strategy.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 Following the Council's Policy and Resources Committee in November 2022 the Health and Wellbeing Board were nominated to take the lead strategic role for action to tackle cost of living challenges in the borough.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 Each partner develops its own response to the cost-of-living crisis this has the danger of duplicating action, lack of coordination and promoting confusion, this option was therefore not pursued.

3.0 BACKGROUND INFORMATION

- 3.1 The economic backdrop in the UK has changed considerably over the past few months with higher oil, gas and commodity prices, fears of rising and persistent inflation and its damaging impact on consumers' cost of living, little indication of an imminent end to Russia-Ukraine hostilities and supply chain bottlenecks exacerbated by war in Ukraine and lockdowns in China. As reported nationally in the media, this is having a significant detrimental impact on funding and income available for residents and their ability afford their day-to-day bills and expenditure.
- 3.2 There are increasing reports of residents making choices between heating or eating, being isolated in their homes due to no available money to pay for fuel or electricity and having to prioritise food over other basic but important needs.
- 3.3 The impact of this creates a consequential longer-term impact for residents who may fall into poverty, face eviction from their homes and suffer significant mental and physical health issues. These issues will not only affect the most vulnerable in the Borough that the Council and its partners would be aware of, but also those who ordinarily would have been able to manage and therefore would not usually have sought support; but are likely to find themselves in more challenging circumstances
- 3.4 A cost-of-living action group has been established to co-ordinate Wirral's operational response to the cost-of-living crisis, working with residents, partners, communities & businesses impacted by current and predicted high energy costs and rapidly rising inflation. Although initially reporting updates through the Policy & Resources Committee, at the November meeting it agreed that to ensure strategic oversight by partners on activity taking place to mitigate cost of living challenges, future reporting would be to the Health & Wellbeing Board.

Key actions taken, following the November Policy & Resources Committee update include:

3.5 **Wirral Partnership Summit**

On the 16th November the Wirral Partnership Summit in Birkenhead Town Hall saw representatives from sectors including housing, health, and the community, voluntary and faith sectors attend a ground-breaking conference held to strengthen their relationships and ensure they were all working together for Wirral residents, businesses and communities.

The aim of the Summit was to bring key partners together to learn about existing services and see what more can be done to tackle cost-of-living challenges being faced by residents and businesses in Wirral.

The Summit heard that struggling residents increasingly need more and more help with emergency food, fuel, and debt support and how there is a new cohort of people accessing these types of services for the first time, while those that have accessed the services previously now have more complex problems.

Other issues raised included the sustainability of businesses and even the Charity, Voluntary and Faith (CVF) organisations which help people but find themselves increasingly at risk due to their own rising fuel costs and impacts on staff and volunteers who support these services. It heard that charitable donations are down up to 50% compared to 2021, placing even greater pressure on the sector at a time of rising demand for their help.

There was also discussion about how the wider health and care system is under additional pressure and hospital admissions may increase, for example, if people cannot afford to run medical equipment from home.

Also highlighted were concerns about health and safety in homes, as more people may be using electric blankets and lighting candles and fires to keep warm.

Key actions and next steps include:

- Focus on communicating and highlighting what support exists. Partners agreed that there is a good range and variety of support services, but there is a need to ensure it is all listed and co-ordinated in a single place and as a single Wirral offer on partner websites and using Wirral InfoBank.
- We need to ensure that information, advice and support is communicated accessibly e.g. for BAME residents and Easy Read. Also consider digital exclusion and continue to use community outreach, connectors and local neighbourhood outreach.
- We should promote community spirit by better communicating the work done by residents.
- We need to consider how best to reach and communicate with the new cohort that might not traditionally require support.
- Businesses in Wirral are also being impacted. Rising energy bills and input costs are a major concern. SMEs face specific challenges, and some sectors are being

particularly hard hit – including retail, hospitality and construction. We are having ongoing discussions with local business and the Chamber to understand the specific issues being faced by businesses and will hold a further Summit to focus on those.

- Further Partnership Summits will take place in the coming months. As well as addressing the cost-of-living issues, future Summits will focus on other joint priorities, including tackling health and wealth inequalities across Wirral, addressing the Climate Emergency, and securing inward investment to provide local opportunities for training, apprenticeships and jobs for young people and school leavers.

3.6 **Communication Plan**

Our communications approach aims to showcase and signpost the support available across the borough from a wide range of partners, not just the council itself.

The three-point plan will focus on:

- Increasing awareness of services and support available
- Promoting and signposting to support to reduce further hardship
- Decreasing the stigma associated with seeking/ accessing support

The content of the communications plan will be led by insight work and will promote partner interventions and local, regional, and national policy updates. Given the wide and varied stakeholder group, it is suggested that this is presented as a visual element – not a brand, but more of a ‘stamp.’ This will build on the already established Health & Wellbeing brand of ‘Keep Wirral Well’ and incorporate a cost-of-living strapline as illustrated below:

Keeping Wirral Well 
Cost of living support

In terms of delivery, and in order to avoid confusion and ensure access to the right information at the right time, all support offers will be categorised into 8 broad areas of support:

- ...With Living Costs
- ...With Housing Costs
- ...With Energy Costs
- ...Food
- ...Families with Children
- ...Employment, Education & Training
- ...For Businesses
- ...To stay Safe & Well (Inc. Warm Spaces)

An icon led visual concept will be created in order to support and enhance ease of communication. This style will lead all social, digital, print, and tangible messaging. See Appendix 1.

3.9 **Warm hubs**

£1.2 million has been allocated from the Contain Outbreak Management Fund (COMF) to increase capacity within the Community, Voluntary and Faith (CVF) sector to support residents facing cost-of-living challenges. The funding will allow trusted third sector organisations to increase the capacity of their services and support those communities and vulnerable residents most in need. The criteria for grants addressed the following themes: fuel poverty, food poverty, warm hubs and vulnerable groups. The grant process closed on Friday 14th October, with 92 applications received totalling £4,943,744.045. Two thirds of all applications were for warm hubs. All submissions were evaluated in accordance with a rigorous process approved by the council's internal audit team. All submissions were evaluated across two panels the second being a cross directorate panel of senior officers. The proposed successful applications were presented to the COMF working group on 10th November 2022. It was agreed by the COMF working group that applications could be awarded following due diligence checks across the venues to ensure quality and safety in the hubs. These checks are in the process of being undertaken by the Health Protection Team. Once all venues have been contacted a full list of all warm hubs will be available on Wirral Infobank. Co-ordination and promotion of warm hub provision will be crucial across all partners to ensure residents are aware of when and where they can access warm hub provision.

Evaluation of the impact of warm hubs on residents' health and wellbeing will be undertaken. The findings of the evaluation will be reported to the Board for discussion and debate however it is important to note that this funding is non recurrent, any future funding of this work would need to be met from mainstream budgets.

3.10 **Maximising New External Funding Streams**

Where possible within the limits of eligibility criteria, targeted interventions have been proposed within new sources of external funding in order to target support to tackle cost of living impacts. At its Cabinet meeting in October 2022, the Liverpool City Region Combined Authority approved a first tranche of UK Shared Prosperity Fund for the VCF sector to implement community measures for those most in need as a direct response to the cost-of-living impacts. This will include support for key VCF infrastructure funding as well as direct financial management support for residents. Looking forward, Wirral Council is planning to secure a share of the LCR UK Shared Prosperity Funds specifically for town centres, to complement the existing business support offer that is free at the point of access for businesses of all sizes and sectors in Wirral.

3.11 **Dashboard**

A dashboard is in development to monitor the impact of cost of living challenges on local people and inform partners response. A full report on the dashboard will be available for the next meeting of the Health and Wellbeing Board.

4.0 FINANCIAL IMPLICATIONS

- 4.1 The current funding available to the Council to mitigate cost of living challenges for local people were included in the November P&R report.
- 4.2 In summary, there is £5,735,345 of financial support available through various funding streams. Of this funding, £1.17m is yet to be allocated. The Cost-of-Living Action Group are in the process of evaluating insight and evidence to determine where the allocation of funding would be the most beneficial for residents. In addition, we are awaiting information from the Department for Work and Pensions to allow us to identify residents who only receive Housing Benefit and no other means tested benefits. This information will enable the council to support this group who to date have received limited national support.

5.0 LEGAL IMPLICATIONS

- 5.1 Many of the services and support mechanisms provided by the Council are carried out through a variety of legal powers that assist those functions, having regard to the public sector equality duty, best value, and other requirements.
- 5.2 As well as exercising its powers under these specific provisions, the Council has a wide-ranging general power of competence that will enable it to act in this way to secure the best interests of the Borough, its economy, and the persons resident or present in its area.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 A cost-of-living officer action group has been established to respond to strategic and operational issues being reported by residents and the organisation.

7.0 RELEVANT RISKS

- 7.1 Failure to recognise and respond to cost-of-living challenges will put residents at risk from a number of consequential impacts, if they are not able to access funding required to afford their basic needs. This includes:
- Falling into poverty
 - Poor physical and mental health
 - Evictions from accommodation and the impact on health of poor housing
 - A decrease in educational attainment
 - Loss of employment, business and livelihoods
 - Exposure to unscrupulous individuals e.g., loan sharks
 - Negative impacts on community safety caused by potential increases in theft, burglary, and other relevant crime

- Increased safeguarding risk of the grooming and exploitation of children, young people, and vulnerable adults, posed by organised crime gangs/county lines activity

7.2 The Council itself is not insulated from the current situation with a consequential impact on staff mental and physical wellbeing, significantly increasing fuel prices impacting on building running costs, a large reduction in income where customers can no longer afford to pay for services and increased cost of inflation on Council contracts. In parallel the Council is also currently reviewing the impact of these and other increasing operational costs on its own budget situation and service provision. Many programmes of support that have been in place for families throughout the pandemic, with others being established in response to the recent rises in inflation. This will help to mitigate some of the effects of the increased cost of living. The Council has developed, alongside partners, a universal response which focuses on the helping all residents, and a targeted response which focusses support and signposting on specific resident groups most in need.

7.4 Failure of partners to recognise the impact on their organisations of the crisis and to plan accordingly will result in poor financial management and potential budget overspends, meaning they will be unable to respond to the crisis effectively and will not be able to manage the budget position

7.5 If the Health and Wellbeing Board does not respond to the crisis in terms of fulfilling its community leadership role, the consequential impact on residents will be long-term and will result in exacerbated financial and capacity pressures on partners.

8.0 ENGAGEMENT/CONSULTATION

8.1 Consultation is ongoing with partners as to the response to the crisis as part of the normal and frequent dialogue that takes place. Partners have been working together for some time to determine the impact and the mitigations that are already in place and what additional support can be provided.

8.2 We spoke to local people and the community voluntary and faith sector to understand the challenges they are facing, and the support offer they require. A copy of the full report can be found here <https://www.wirralintelligenceservice.org/state-of-the-borough/cost-of-living-crisis-2022-23/> .

9.0 EQUALITY IMPLICATIONS

9.1 The Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. An Equality Impact Assessment is a tool to help council services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision or activity. The EIA for this work is attached at <https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments>.

9.2 There is scope for there to be fundamental equality implications as a result of the cost-of-living crisis. Several pieces of insight have been undertaken with local people to inform the work programme ensuring the voice of residents and those who are particularly vulnerable are informing policy and communications. The reports are available to view at the following link <https://www.wirralintelligenceservice.org/state-of-the-borough/cost-of-living-crisis-2022-23/>

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 Actions to mitigate the cost-of-living crisis will also contribute towards attainment of Wirral Cool 2 Strategy, and the Councils carbon net zero target by 2030. For example:

- Heating and powering buildings currently makes up 40% of the UK's total energy usage. Support provided to reduce risks of fuel poverty may include improving the energy efficiency of homes, which will have a beneficial impact on reducing carbon emissions.
- Initiatives related to supporting people in food poverty may also support the reduction of food waste.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 By its nature, the activity identified in this report will take place across Wirral and will be based around the local public sector and community organisations active in the Borough. There will be an impact on the wealth of residents and businesses from the crisis as available income will be limited and businesses may fail. Anchor institutions will, as part of the system-based response will work as much as possible to mitigate any impact from the crisis, but it is inevitable that the implications for community wealth will be detrimental.

REPORT AUTHOR:

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APPENDICES

Appendix 1 – Concept for Cost of Living communication campaign

BACKGROUND PAPERS

Local Government Association, Cost of Living Evidence Hub: <https://www.local.gov.uk/our-support/safer-and-more-sustainable-communities/cost-living-hub>

Cost of Living Crisis, Wirral Intelligence Service JSNA (Joint Strategic Needs Assessment), Wirral Council:
<https://www.wirralintelligenceservice.org/state-of-the-borough/cost-of-living-crisis-2022/>

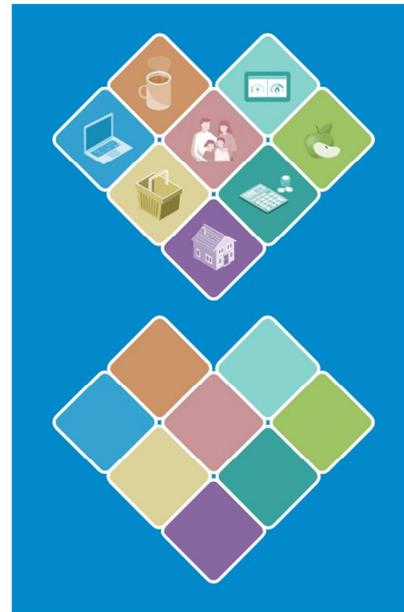
SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Policy and Resources Committee	31 August 2022
Policy and Resources Committee	5 October 2022
Policy and Resources Committee	9 November 2022

Appendix 1 – Concept for Cost of Living communications campaign



- Icon led visuals to support and enhance communication
- Can use as a whole to communicate COL or separate tiles when referring to individual areas of support
- Softer tones and non-invasive imagery
- Has potential to be used without icons as a COL 'trademark'





HEALTH AND WELLBEING BOARD

21st DECEMBER 2022

REPORT TITLE:	WIRRAL NEIGHBOURHOOD CARE MODEL
REPORT OF:	ASSOCIATE DIRECTOR FOR TRANSFORMATION AND PARTNERSHIPS

REPORT SUMMARY

The COVID-19 pandemic has rapidly accelerated the integration of care in the community in many areas. The transformative potential of organisations working together at a neighbourhood level to meet local needs has never been clearer.

This report outlines the proposed model and approach to developing a neighbourhood care model on Wirral. The paper builds upon previous work considered across Wirral's Care and Health system and refreshes previous approaches with a revised 'bottom up' approach proposed with regard to how key organisations can come together to tackle health inequalities on Wirral. The paper is brief as it supports a PowerPoint presentation to the board that describes the model and a proposed programme timeline for implementing the model.

RECOMMENDATION

The Health and Wellbeing Board is recommended to consider and note the proposed model for neighbourhoods and the proposed programme and associated timeline.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 Health inequalities in Wirral are increasing and intelligence shows that variances in health outcomes are clearly shown between the most deprived and least deprived wards in Wirral. These are shown in the attached presentation. By adopting a new approach where people living in communities are actively involved in addressing health inequalities that are particular to their neighbourhood, we will work together across all partners to reduce the health inequalities.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 Previous approaches to reducing health inequalities have had little impact and this new approach will also enable the broader aspects that determine health inequalities to be addressed.

3.0 BACKGROUND INFORMATION

- 3.1 Tackling health inequalities is a priority both for the NHS and the Integrated Care Board and also for Wirral Council. This proposed model will enable the implementation of the priorities within the Health and Wellbeing Strategy and also the Wirral Plan. It will also reflect the priorities within the currently draft Cheshire and Merseyside Integrated Care Board (ICB) Strategy. Developing a neighbourhood model is a priority work programme of the Wirral Delivery Plan.
- 3.2 The attached presentation describes the current situation with health inequalities and outcomes on Wirral and nationally it is acknowledged that the current cost of living crises will have a further detrimental impact on our most vulnerable population. The proposed model is to adopt a neighbourhood care model and a 'bottom up' approach. Each neighbourhood will have a core group, chaired by a local community champion, with representation from across their neighbourhood, their health and care providers and local councillor. This group will be supported by Council and ICB managers who will provide population health dashboards to each neighbourhood and support with adopting a quality improvement methodology to their work. Each neighbourhood will agree their own particular priority for addressing their health inequalities using their population health dashboard and also local intelligence. The focus will be on prevention and the wider determinants of health.

4.0 FINANCIAL IMPLICATIONS

- 4.1 Programme support will be required to provide the infrastructure for the development of Neighbourhoods it is expected that transformation money will be available to support this work from the Integrated Care System

5.0 LEGAL IMPLICATIONS

- 5.1 There is no direct legal requirement to work at neighbourhood level, this is a best practice model. Organisations should however use resources to best effect, and under place arrangements there is an opportunity to discharge statutory responsibilities in a more targeted way based upon local need and priorities.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 Leadership from the programme will be overseen through the Strategic transformation Group under place partnership arrangements. Resources will be made available through system partners as appropriate to deliver upon place priorities.

7.0 RELEVANT RISKS

7.1 If we do not address our health inequalities in a different way this will result in our health outcomes deteriorating further. It is also acknowledged that adopting this new approach will not have an immediate impact on improving our health inequalities.

8.0 ENGAGEMENT/CONSULTATION

8.1 As part of the development of each of the neighbourhood core groups there will be engagement events in each of the neighbourhoods. Engagement with health and care providers is ongoing.

9.0 EQUALITY IMPLICATIONS

9.1 The potential impact of the proposals contained within this report have been reviewed and the impact review is attached –

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

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 There are no direct environment and climate implications. It is likely that neighbourhood arrangements could require less travel by staff across the Borough, however this has not been measured.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 Neighbourhood working is likely to play a role in supporting the development of resilient local communities and community support organisations in relation to the delivery of care and health services. Community voluntary faith and social enterprise sectors may benefit from working more closely with key statutory organisations more closely linked at neighbourhood level.

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APPENDICES

Appendix 1: Presentation regarding the neighbourhood model.

BACKGROUND PAPERS

Health and Wellbeing Strategy

TERMS OF REFERENCE

This report is being considered by the Health and Wellbeing Board in accordance with sections a) and b) of its Terms of Reference:

“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”

SUBJECT HISTORY (last 3 years)

Council Meeting	Date



Wirral Neighbourhoods Care Model

How we will address Health Inequalities

Proposed Model and Approach

Why do we need to change?



Historic approach to health inequalities has not delivered

Inequalities and unexplained variances in health outcomes continue

Impact of pandemic and cost of living crisis increasing health inequalities

Levels of deprivation increasing

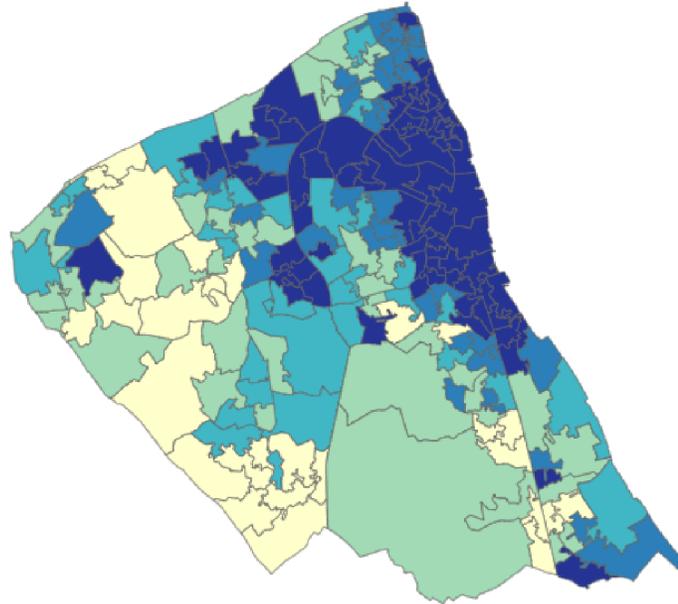
Joint working in pandemic has shown real benefits

Neighbourhood and PCN footprints not changing

INDICES OF DEPRIVATION

IMD 2019 by Deprivation Quintile and LSOA

Deprivation Qu... ● 1 (Most Deprived) ● 2 ● 3 ● 4 ● 5 (Least Deprived)



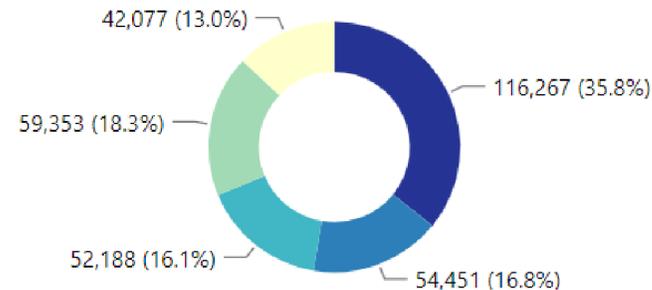
Most Deprived Summary

In total **72** out of **206** LSOAs are in the most deprived 20% national quintile, this means that for the **total population** there are **116,267** out of **324,336** (**35.8%**) people living in the 20% most deprived areas of England.

Least Deprived Summary

In total **28** out of **206** LSOAs are in the least deprived 20% national quintile, this means that for the **total population** there are **42,077** out of **324,336** (**13.0%**) people living in the 20% least deprived areas of England.

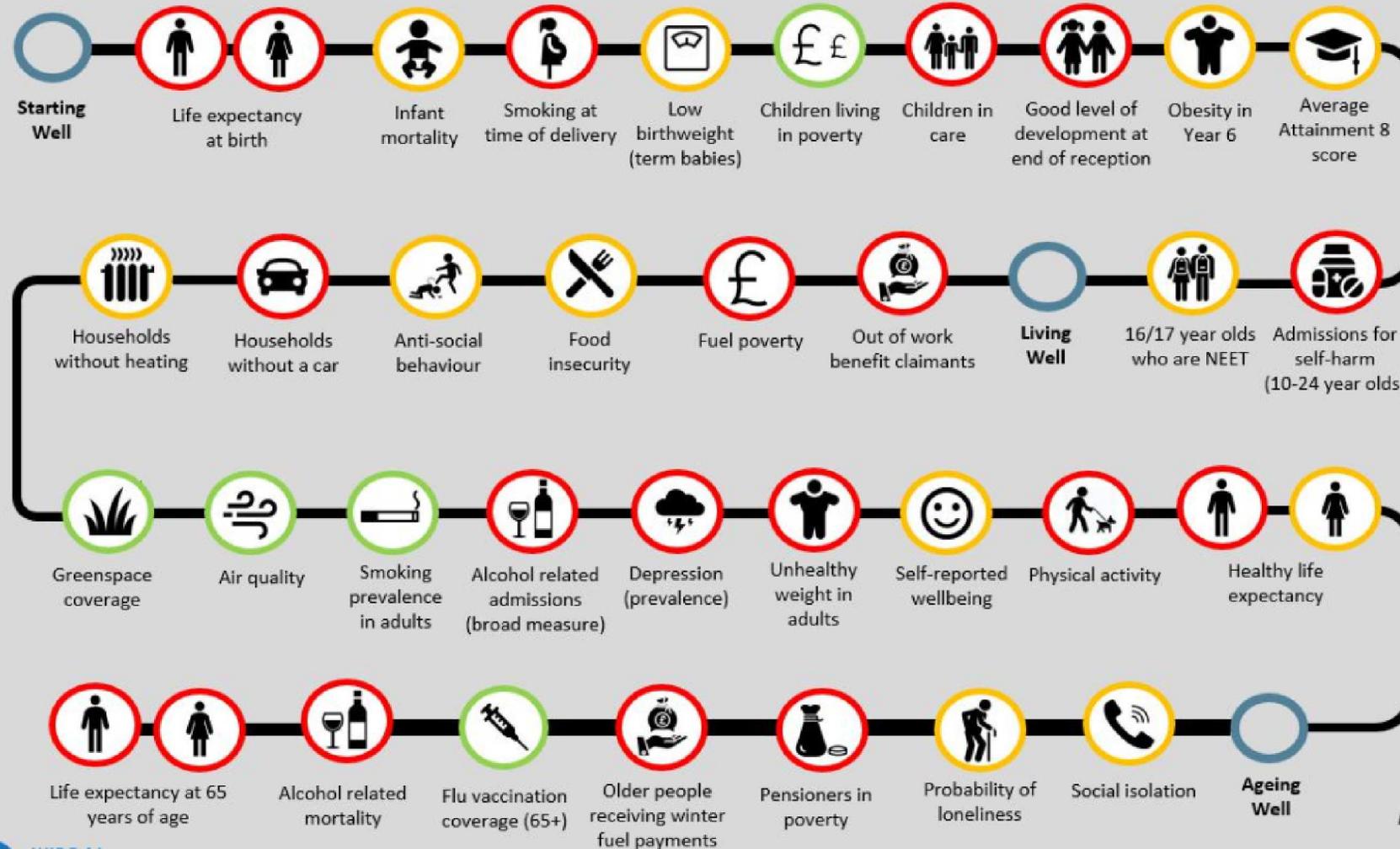
Percentage of Population by IMD Quintile



Wirral's Outcomes

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/>

LIFE EXPECTANCY

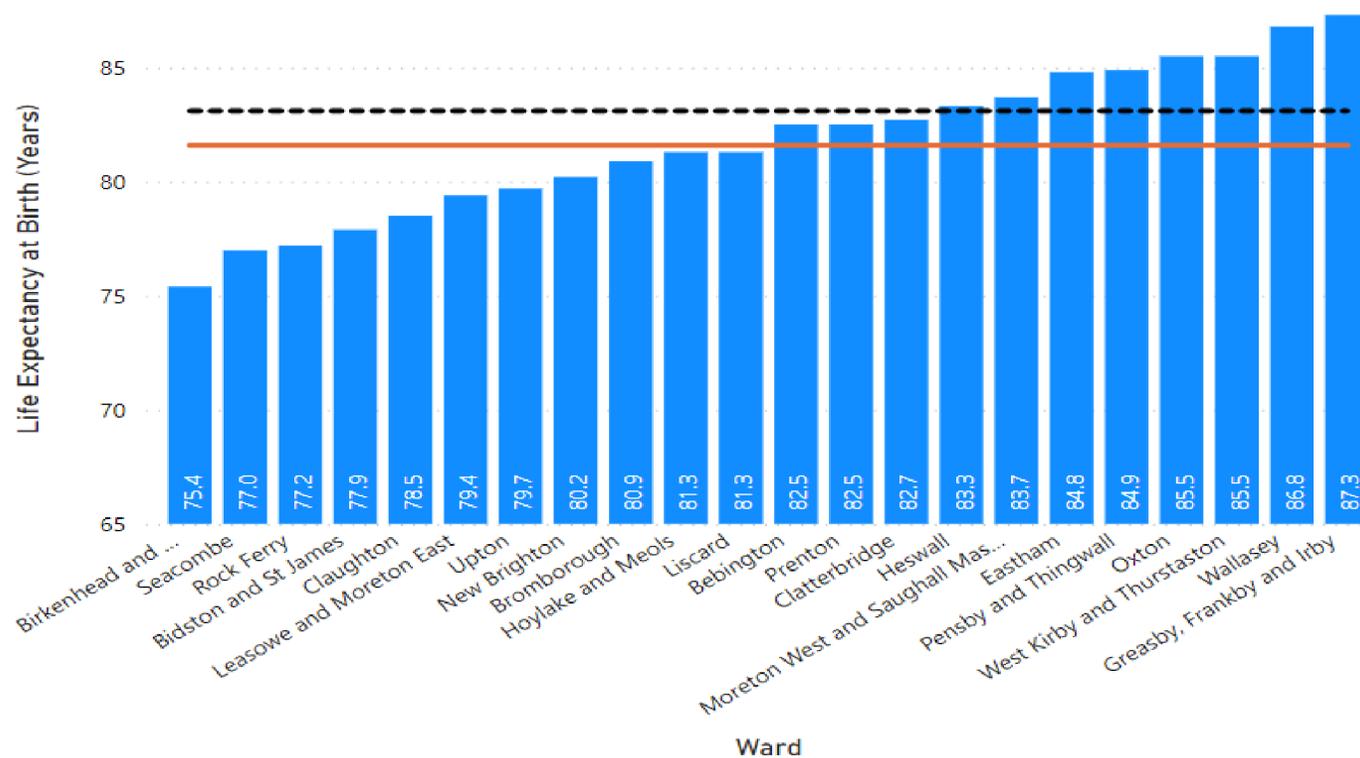
Female			Male		
2013-15	2014-16	2015-17	2016-18	2017-19	2018-20

[Click here to view Trend](#)

Life Expectancy at Birth by Ward

Wirral Life Expectancy

● Life Expectancy ● England ● Wirral



81.6

England Life Expectancy

83.1

Gap in Life Expectancy between Quintile 1 and Quintile 5

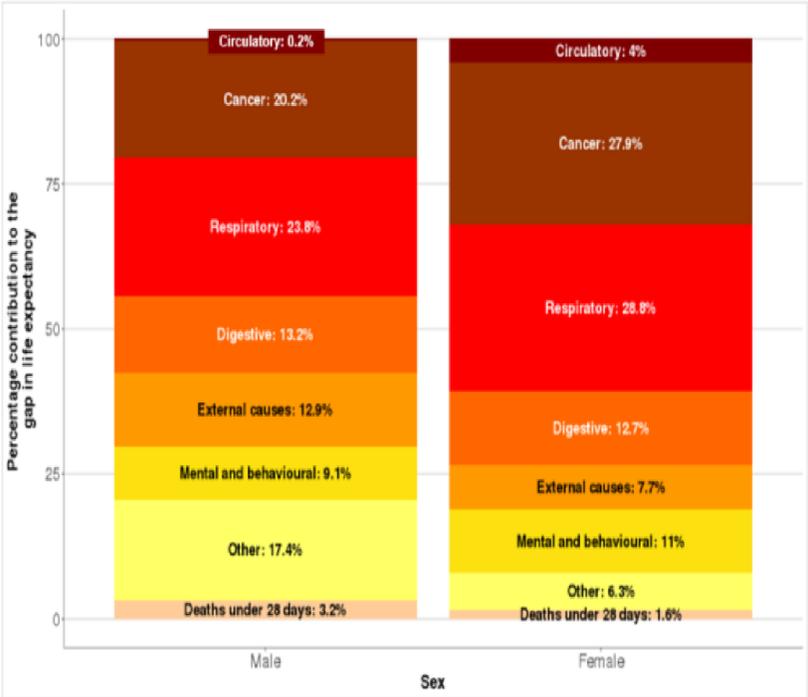
8.5 years

Gap in Life Expectancy between Decile 1 and Decile 10

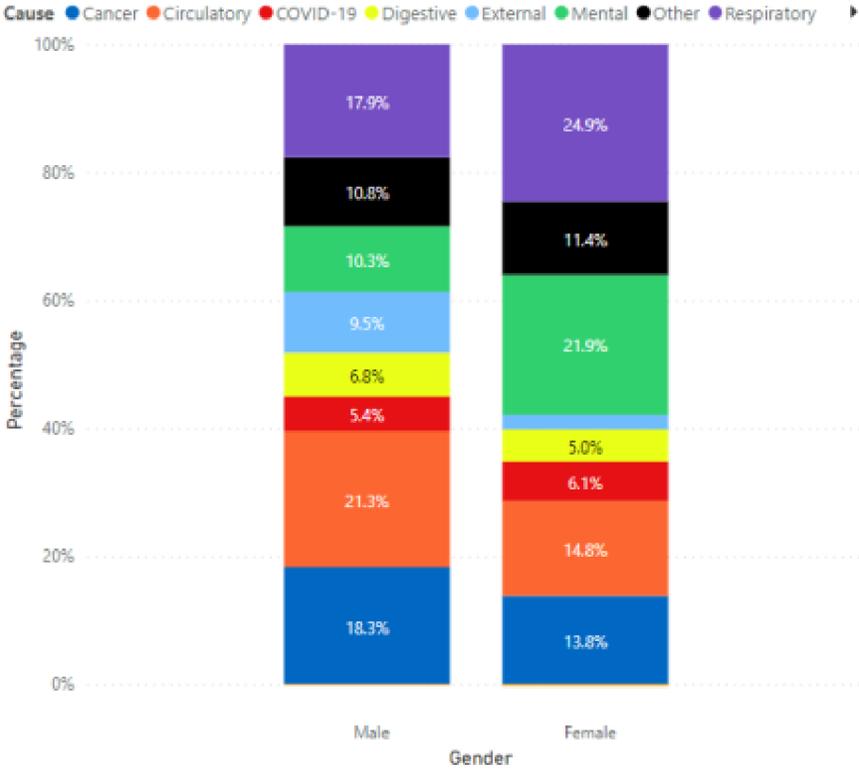
10.0 years

The high burden of disease in deprived areas generates higher use of health and social care services, higher unemployment, and lower productivity.

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



Life expectancy gap between most deprived and least deprived quintile by cause



The chart on the left shows in 2018-20, the gap in life expectancy between quintile 1 and quintile 5 by cause.

For males, the gap was 9.7 years. The main causes of excess deaths in quintile 1 that contributed to this gap are:

- Circulatory conditions 21.3%
- Cancer 18.3%
- Respiratory conditions 17.9%

For females, the gap was 8.5 years. The main causes of excess deaths in quintile 1 that contributed to this gap are:

- Respiratory conditions 24.9%
- Mental & behavioural causes 21.9%
- Circulatory conditions 14.8%

Wirral Health Inequalities Electoral Ward Profiles

Indicator																						Wirral	England	
	Bebbington	Bidston and St James	Birkenhead and Tranmere	Bromborough	Clatterbridge	Claughton	Eastham	Greasby, Frankby and Irby	Heswall	Hoylake and Meols	Leasowe and Moreton East	Liscard	Moreton West and Saughall Mase	New Brighton	Oxton	Pensby and Thingwall	Prenton	Rock Ferry	Seacombe	Upton	Wallasey			West Kirby and Thurstaston
Total Population	15,669	16,256	16,926	16,427	13,986	14,201	14,195	13,728	13,126	13,451	15,086	16,086	13,958	15,162	13,784	13,024	14,786	14,751	15,609	16,924	14,658	12,543		
Population aged 65 years and over	3,375	2,340	1,948	3,021	4,146	3,244	3,392	4,058	4,374	3,602	2,785	3,012	3,402	3,396	3,325	3,775	3,067	2,251	2,066	3,633	3,535	3,602		
Black and Minority Ethnic Population (Census, 2011)	683	836	1,682	659	512	831	410	487	653	723	648	768	476	922	835	460	735	820	846	764	587	764		
IMD Score, 2019	17.1	60.6	61.5	30.8	11.4	37.3	17.9	9.5	6.3	12.2	39.3	39.1	24.8	32.0	21.3	15.3	23.5	54.2	58.0	33.8	15.6	12.6	29.6	21.7
Income deprivation, IMD 2019	9.9	37.7	36.7	16.7	6.5	21.1	9.9	6.0	4.3	7.4	23.5	21.1	14.7	18.0	11.6	9.9	13.6	33.2	33.8	20.8	8.9	7.6	17.4	12.9
Older people in Poverty, English Indices of Deprivation, 2019	10.6	36.3	40.1	17.9	7.4	21.8	12.1	7.4	5.1	8.9	25.6	21.5	18.0	19.7	13.2	13.7	15.7	29.9	31.4	22.3	11.6	9.1	16.6	14.2
Child Poverty, English Indices of Deprivation, 2019	11.7	45.2	41.1	20.0	5.9	24.9	11.5	5.7	4.0	5.6	29.2	25.8	18.2	20.2	11.2	8.3	13.8	41.9	41.5	25.6	9.6	6.4	21.8	17.1
GCSE Achievement	73.9	44.1	37.4	62.2	72.8	54.5	57.2	69.5	79.9	73.0	46.7	48.9	59.3	49.5	64.2	69.3	68.7	53.1	39.2	53.1	61.1	76.9	59.1	56.6
Fuel Poverty, 2020	13.1	23.2	22.4	16.0	9.3	15.8	11.1	8.4	8.0	11.1	16.0	17.7	11.0	15.2	10.8	10.7	13.6	22.1	21.7	13.8	11.7	9.0	14.4	13.2
Emergency hospital admissions in under 5s	173.8	183.1	190.7	176.4	202.2	197.0	174.0	168.6	142.8	171.4	187.5	176.8	199.4	151.9	224.1	139.9	183.0	214.9	211.4	198.0	163.5	123.0	182.9	140.7
Emergency hospital admissions for injuries in under 5 years olds	108.0	163.7	174.0	97.5	112.8	155.2	117.6	122.4	80.5	125.1	140.4	130.4	129.2	131.1	102.8	120.6	120.7	140.5	152.6	120.7	112.4	109.5	130.8	119.3
Emergency hospital admissions for injuries in under 15 years old	82.1	130.0	124.7	82.0	80.8	119.1	87.3	89.8	73.9	92.2	110.3	111.7	89.9	107.4	104.5	99.0	78.4	110.7	105.4	111.5	72.8	81.7	99.9	92.0
Emergency hospital admissions for injuries in 15 to 24 years old	127.0	219.2	326.9	160.8	82.1	196.3	119.6	106.7	102.5	126.1	192.2	165.3	183.5	163.1	171.7	141.0	171.6	259.3	175.7	188.6	122.9	156.0	174.0	127.9
Emergency hospital admissions for intentional self harm	95.7	214.8	302.8	128.4	64.3	210.1	109.3	53.7	85.2	82.7	153.9	162.9	134.8	163.3	126.8	98.0	126.5	227.9	229.2	168.0	68.5	94.0	147.9	100.0
Emergency hospital admissions for all causes, all ages	107.2	176.2	180.7	127.9	101.8	148.4	112.4	94.7	84.9	102.8	150.7	134.2	125.3	122.5	122.5	104.9	120.3	180.2	165.2	137.2	96.2	94.1	125.5	100.0
Emergency hospital admissions for coronary heart disease	109.2	151.3	154.3	105.4	84.3	118.2	111.5	100.2	77.3	82.1	127.0	115.1	127.3	98.9	117.7	101.7	93.8	151.6	164.9	118.4	92.2	85.3	110.0	100.0
Emergency hospital admissions for Myocardial Infarction (heart attack)	66.5	108.3	120.3	79.2	62.7	88.2	75.7	84.7	69.6	70.9	101.7	85.0	85.8	68.3	96.7	71.3	73.5	91.6	126.6	105.0	73.0	67.7	83.3	100.0
Emergency hospital admissions for stroke	89.9	125.4	143.9	94.9	84.9	101.1	85.5	74.1	81.8	79.9	131.4	110.5	79.2	88.0	97.8	90.7	86.4	118.1	152.5	87.4	69.3	84.0	94.6	100.0
Emergency hospital admissions for hip fracture in 65+	79.3	145.2	122.3	107.5	106.8	112.9	79.6	69.0	79.3	101.5	128.7	109.6	89.1	115.6	133.3	74.0	89.9	156.6	119.2	101.8	67.0	78.0	99.0	100.0
Incidence of all cancers	111.4	134.6	113.9	104.8	103.9	104.7	118.3	102.3	101.4	100.1	118.8	101.9	116.1	100.5	103.0	115.5	111.0	130.3	119.4	109.6	100.9	102.1	109.3	100.0
Incidence of breast cancer	109.6	79.6	89.4	97.6	103.0	98.3	114.4	104.2	114.7	129.8	92.0	83.9	106.2	99.0	117.8	133.6	115.6	82.8	84.5	114.5	98.7	114.5	104.8	100.0
Incidence of colorectal cancer	119.9	135.4	100.8	93.9	108.6	104.6	126.1	111.2	114.9	113.7	136.6	89.9	144.8	104.8	98.8	113.4	121.3	104.3	156.5	96.3	103.0	100.0	112.8	100.0
Incidence of lung cancer	97.7	204.0	222.5	121.5	74.7	112.3	109.8	74.1	53.3	69.4	150.1	146.4	126.1	132.0	98.2	90.6	115.2	171.8	180.5	125.0	82.8	78.7	112.8	100.0
Incidence of prostate cancer	108.8	93.6	52.6	89.0	117.5	86.9	107.8	108.8	105.9	101.8	99.3	78.1	74.9	66.0	115.2	119.7	110.3	98.8	69.4	86.6	94.7	101.8	96.3	100.0
Deaths from all cancer, all ages	99.6	157.2	140.6	108.5	103.6	106.9	114.8	93.9	90.2	99.9	128.0	112.8	108.9	115.3	96.5	101.6	95.6	144.4	142.4	110.7	97.0	87.1	108.6	100.0
Deaths from all cancer, under 75 years	91.8	188.4	165.5	113.8	91.4	111.7	122.0	79.4	73.1	94.0	143.8	127.7	105.0	105.2	104.8	95.0	112.3	151.8	160.0	121.8	96.1	82.7	112.5	100.0
Deaths from all causes, all ages	109.6	164.4	166.1	121.7	104.8	140.7	94.0	74.4	85.1	107.1	122.9	131.7	101.2	123.4	92.0	85.9	100.0	164.5	156.1	122.2	81.1	79.9	110.3	100.0
Deaths from all causes, under 75 years	99.7	215.5	233.1	128.0	85.1	121.3	111.4	68.1	71.7	84.0	145.4	140.5	107.8	124.1	96.1	85.6	117.3	185.3	193.7	136.9	86.2	75.6	119.7	100.0
Deaths from causes considered preventable, under 75 years	96.6	266.9	293.2	128.4	68.4	118.5	111.7	65.8	51.0	75.7	159.6	159.6	115.7	124.9	88.4	71.9	113.4	214.6	219.8	151.7	82.8	69.6	124.7	100.0
Deaths from circulatory disease, all ages	92.8	138.5	145.1	117.4	90.6	110.5	86.3	71.6	81.9	85.8	125.2	114.2	99.0	111.1	81.9	79.7	90.9	118.9	154.9	92.4	84.7	74.8	97.8	100.0
Deaths from circulatory disease, under 75 years	86.9	196.9	235.3	123.6	62.3	107.2	101.9	56.8	79.7	54.3	145.3	120.7	89.5	114.3	74.8	74.2	115.0	129.9	222.8	124.3	73.2	64.1	107.2	100.0
Deaths from coronary heart disease, all ages	89.6	155.1	158.4	119.7	80.3	95.6	83.3	71.6	69.7	78.7	120.7	107.7	89.2	101.6	80.2	87.2	91.1	118.9	161.4	83.8	77.9	60.0	93.9	100.0
Deaths from respiratory diseases, all ages	120.1	232.0	203.7	140.6	97.2	156.8	116.3	72.0	78.5	104.5	181.2	164.5	132.2	151.9	96.8	82.6	131.8	211.8	207.9	150.5	88.4	76.2	126.8	100.0
Deaths from stroke, all ages	93.7	104.7	123.7	118.4	105.0	142.1	102.2	78.6	84.1	89.7	147.4	147.0	94.3	161.6	91.8	75.1	112.0	131.4	142.3	100.0	82.2	99.8	107.0	100.0

Our Proposed Refreshed Model

Community power is not a model that can be simply transferred from place to place. Its evolution is determined by the particular communities who ultimately should influence and lead decisions and the nature of support.

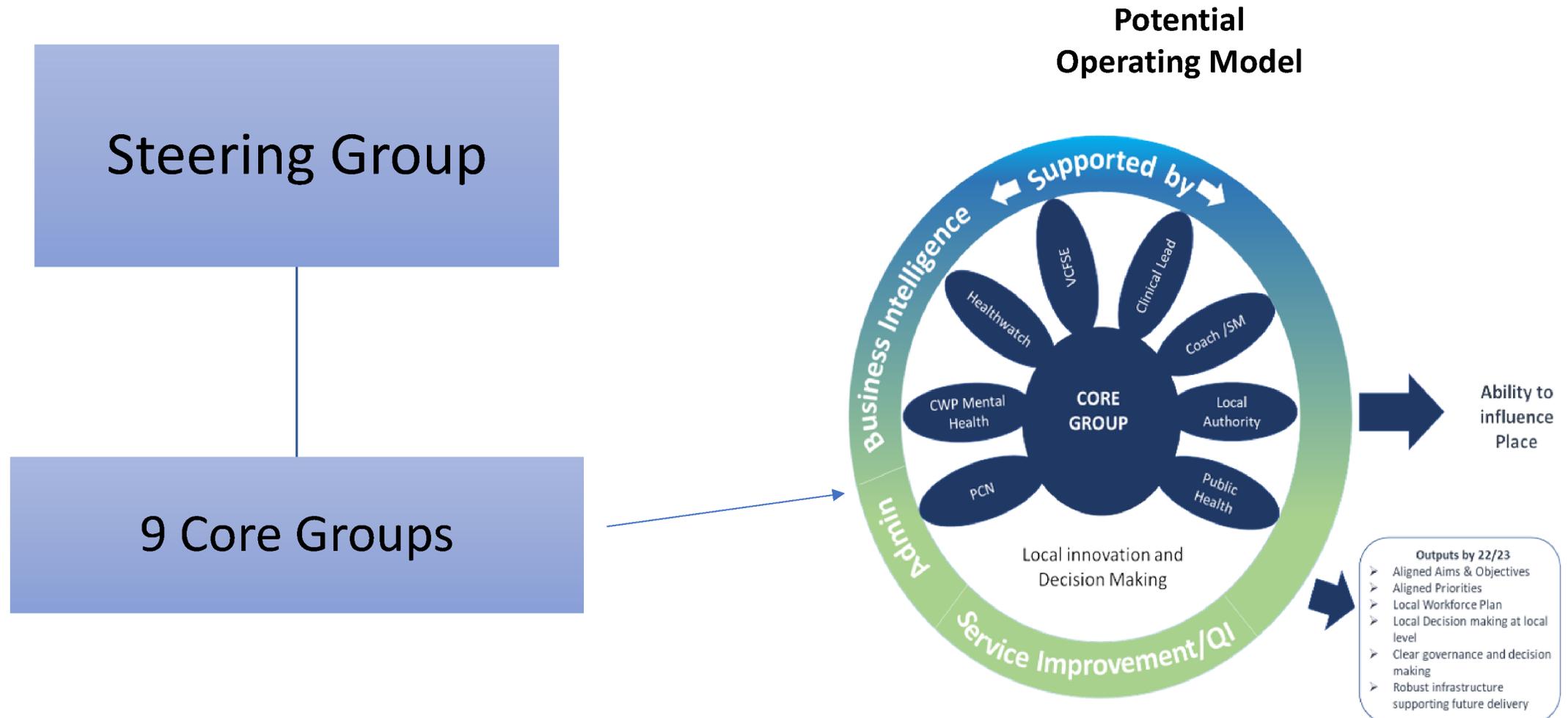
- Neighbourhoods Care Communities will form the foundation for how we on Wirral and our health and care system will tackle health inequalities
- It will be led by community leaders - bottom up approach to tackling health inequalities.
- Population health and local intelligence joined – focus on deep local insight
- Each Neighbourhood will decide their particular priority to focus on
- Enable the change – principle to test out as long as you don't bankrupt or cause harm – transformation funding for each neighbourhood
- Relationships in the neighbourhood are key
- Work will be prevention focused – wider determinants and clinical approach
- Community participation in decision-making
- Understand the neighbourhood to ensure there is a community asset approach
- Our aim to move to community paradigm

Three NHS paradigms: state, market and community

The NHS	State paradigm	Market paradigm	Community paradigm
Key organisational principle	Standardisation	Efficiency	Prevention
Key problems seeking to solve	Treating illness	Treating illness more efficiently	Preventing illness, alongside treatment when needed
Locus of power	Clinician and Whitehall bureaucrat	Clinician and manager	Clinician and community
View of service user	Deficit-led: primarily a passive patient	Transaction-led: a customer with choice determined by provider	Asset-led: a participant in their own health and wellbeing
View of communities	Not in the purview of services	A source of treatment alternatives through social prescribing	Equal partners with deep insight into effective service response
Implementation method	Top-down, uniform model of provision	Targets, performance management and productivity drives	Devolution, culture change and deep community engagement
Organisational relationships	Separate specialist organisations	Competition between organisations	Collaboration and shared community-led mission across organisations
Funding model	Centrally planned funding model	Activity-based funding model	Place-based funding allocations, joint investment in prevention
Accountability	Whitehall	Whitehall, across an increasing number of arms-length bodies	Local accountability in the context of a national outcomes framework
Approach to engagement	Not widely pursued	Patient feedback sought through closed surveys	Community participation viewed as essential to service design
Attitude to data	Quantitative data informs decision-making at the top	Quantitative data informs performance management within different services	Quantitative data, combined with qualitative community insights, informs prevention shift

These key to our principles

Our Proposed Model

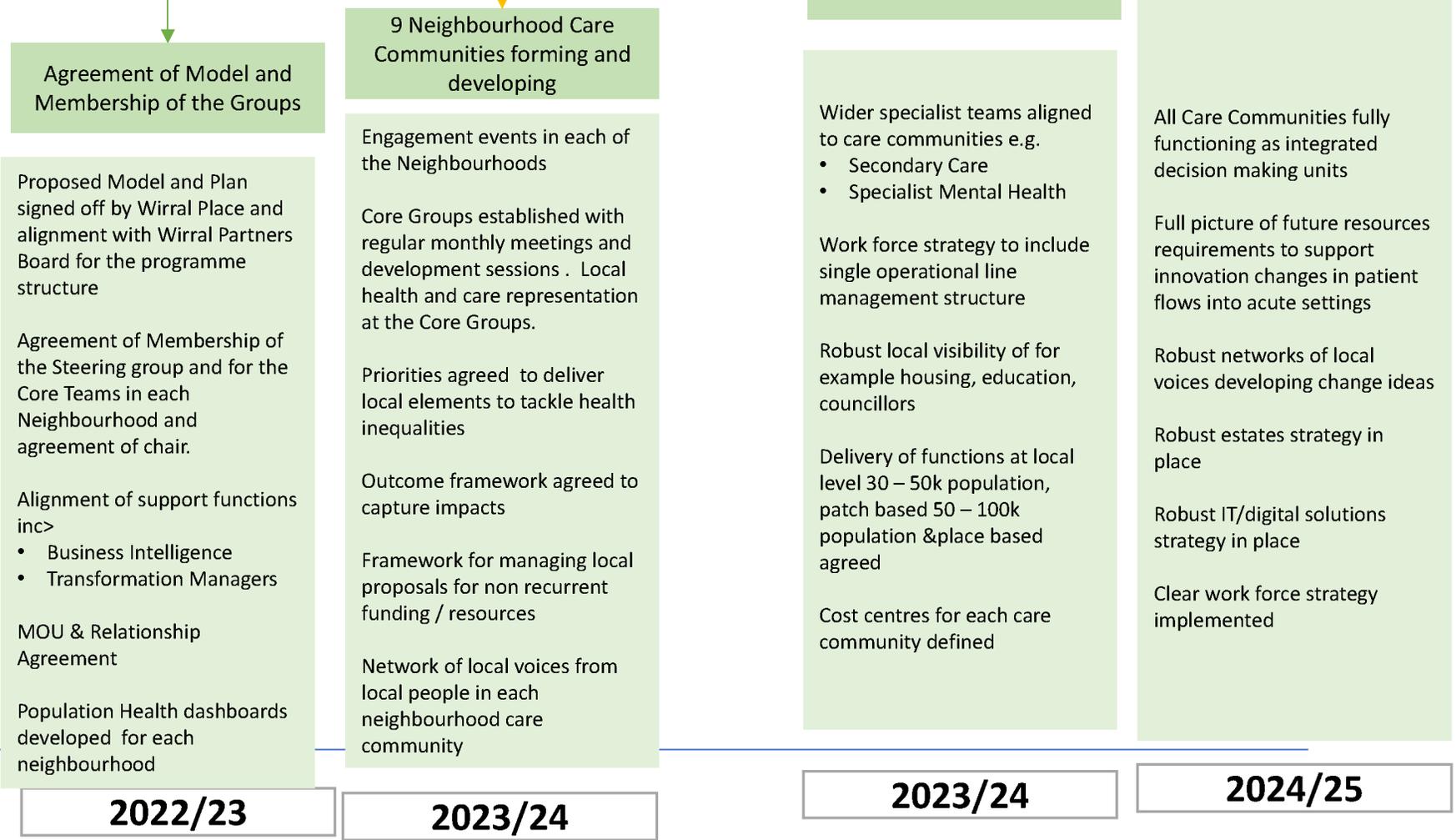


High Level Programme Time Line

This potential future model will need agreement by Wirral Place

High Level Plan (Draft)

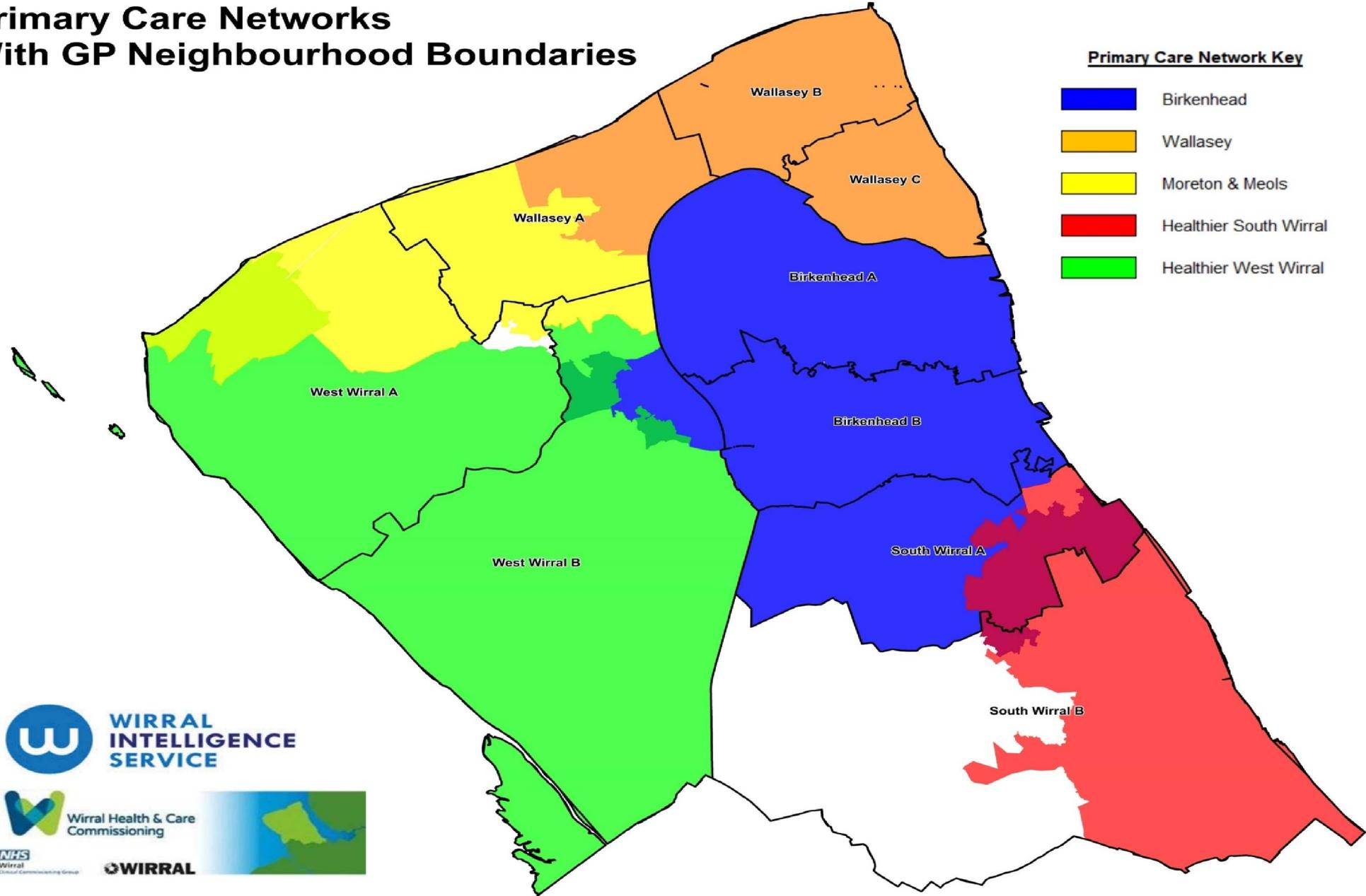
Goals



What we need to develop now

- Steering Group and Core group membership to be agreed and start to meet monthly – need to identify support from Place management team
- Relationships are key and the bottom up approach – must allow time for this
- Get champions ‘shiny stars’ and GP champions
- Identify if there is potential to start with two communities – prototypes
- Support with quality improvement/ service improvement resource
- Engagement events in each neighbourhood – Eastern Cheshire had up to 157 people
- Population health dashboards for each – including activity eg ED attendance etc.
- Have a relationship document which outlines the specific objectives of each care community and the governance
- Everyone has to accept the model – this is how we work here - growing a community-focused organisational culture across all organisations in Wirral
- Measure maturity of each core group as we progress
- Name the neighbourhoods!

Primary Care Networks With GP Neighbourhood Boundaries



Primary Care Network Key

-  Birkenhead
-  Wallasey
-  Moreton & Meols
-  Healthier South Wirral
-  Healthier West Wirral





HEALTH AND WELLBEING BOARD

Wednesday, 21 December 2022

REPORT TITLE:	CO-OPTION OF CHAMBER OF COMMERCE
REPORT OF:	DIRECTOR OF LAW AND GOVERNANCE

REPORT SUMMARY

This report recommends a co-option to the Board.

RECOMMENDATION/S

The Health and Wellbeing Board is recommended to Co-opt onto the Health and Wellbeing Board a representative from Wirral Chamber of Commerce.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 To confirm and formalise the co-option of the Executive Director, or her nominated reserve, Wirral Chamber of Commerce.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 An alternative option was to not include Wirral Chamber. However, including a representative of Wirral Chamber of Commerce allows them to be more involved in discussion on the health and wellbeing work undertaken on the Wirral.

3.0 BACKGROUND INFORMATION

- 3.1 The Health and Wellbeing Board is a partnership body and has historically invited attendees from various organisations to participate in meetings or be co-opted to the Board to support effective decision-making.
- 3.2 Wirral Chamber of Commerce supports and represents local businesses and provides business support services to enable them to compete and grow.
- 3.3 Officers feel that the Health and Wellbeing Board would benefit from representation from the Chamber to support public-private sector partnership working and help Wirral be a vibrant place where businesses, community and residents can thrive.

4.0 FINANCIAL IMPLICATIONS

- 4.1 There are no financial implications.

5.0 LEGAL IMPLICATIONS

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

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 There are no resource implications.

7.0 RELEVANT RISKS

- 7.1 Having an unclear membership risks decision making not being taken in accordance with the defined Terms of Reference.
- 7.2 Not having a representative from the Chamber risks clients and companies from that sector not having a voice when the Board considers policies that may affect them.

8.0 ENGAGEMENT/CONSULTATION

8.1 No additional consultation has been undertaken.

9.0 EQUALITY IMPLICATIONS

9.1 There are no direct equality implications.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 There are no direct environmental and climate implications.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 The Chamber are part of an effective public-private sector partnership to stimulate business and community wealth in Wirral and help it to be an area recognised for investment, job creation, social wellbeing and economic inclusion.

REPORT AUTHOR: **Mike Jones**
Principal Democratic and Member Services Officer
michaeljones1@wirral.gov.uk

APPENDICES

None.

BACKGROUND PAPERS

The Health and Social Care Act 2012
Council Constitution

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Health and Wellbeing Board membership	16 June 2021



HEALTH AND WELLBEING BOARD

WEDNESDAY 21 DECEMBER 2022

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

REPORT SUMMARY

The Health and Wellbeing Board, in co-operation with the other Policy and Service Committees, is responsible for proposing and delivering an annual Committee work programme. This work programme should align with the corporate priorities of the Council, in particular the delivery of the key decisions which are within the remit of the Committee. It is envisaged that the work programme will be formed from a combination of key decisions, standing items and requested officer reports. This report provides the Committee with an opportunity to plan and regularly review its work across the municipal year. The work programme for the Health and Wellbeing Committee is attached as Appendix 1 to this report.

Following the adoption of a revised Constitution by Council on 25 May 2022, the Terms of Reference for Committees were updated so that the agenda of any Committee or Sub-Committee shall only include those items of business that require a decision, relate to budget or performance monitoring or which are necessary to discharge their overview and scrutiny function. The Committee is therefore asked to consider whether any items for future consideration on its work programme need to be reviewed to comply with the revised Constitution. It is proposed that issues on the existing work programme that are for information purposes only can be considered via other means, such as briefing notes or workshops.

RECOMMENDATION

The Health and Wellbeing Board is recommended to note the proposed Health and Wellbeing Board work programme for the remainder of the 2022/23 municipal year.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 To ensure Members of the Adult Social Care and Health Committee 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 Committee.

3.0 BACKGROUND INFORMATION

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

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

Terms of Reference

- 3.2 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 Committee's ability to undertake its responsibility to provide strategic direction to the operation of the Council, make decisions on policies, co-ordinate spend, and maintain a strategic overview of outcomes, performance, risk management and budgets may be compromised if it does not have the opportunity to plan and regularly review its work across the municipal year.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 Not applicable.

9.0 EQUALITY IMPLICATIONS

- 9.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. An Equality Impact Assessment is a tool to help council services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision or activity.
- 9.2 This report is for information to Members and there are no direct equality implications.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

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

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 This report is for information to Members and there are no direct community wealth implications.

REPORT AUTHOR: Mike Jones
email: michaeljones1@wirral.gov.uk

APPENDICES

Appendix 1: Health and Wellbeing Board Work Programme

BACKGROUND PAPERS

Wirral Council Constitution

Forward Plan

The Council's transformation programme

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

HEALTH AND WELLBEING BOARD

AGENDA PLANNING 2022-23

Meeting Dates	Report Title	Lead(s)
FEB 2023	Health Protection Strategy	Dave Bradburn & Elspeth Anwar / Helen Stott
8 th Feb		
Deadline for Reports 19 th Jan	ICS Development	Simon Banks, Place Director, Wirral ICS

OTHER MEETINGS

22 March 2023, 2pm

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FUTURE ITEMS – WAITING TO BE SCHEDULED

Item	Approximate timescale	Lead Departmental Officer
Integrating Family Hubs, Emotional/Mental Wellbeing Work, Young People's Risk Model	TBC	Children's Services & Public Health - TBC
Education White Paper to reduce impact of educational inequalities (linking curriculum/skills development to emerging employment landscape) (Title TBC)	TBC	Children's Services & Public Health – TBC
Qualitative Insight Programme	TBC. Linked with JSNA	Nikki Jones, Senior Public Health Manager, Wirral Council
Environment & Climate Emergency Update	TBC	Mike Cockburn, Assistant Director, Parks and Environment

Community Safety Initiatives	TBC	Mark Camborne/ Dave Bradburn with input from Matthew Moscrop
Healthy Housing (Title TBC)	TBC	Lisa Newman, Head of Housing, Wirral Council (Nikki Jones working on report too)
Role of Anchor Institutions	TBC	Public Health – TBC
HWB strategy update	TBC - Linked to the Anchor report	Dave Bradburn
Partnership Approach to School Readiness	TBC	Children's Services & Public Health - TBC
Active Travel Update (Title TBC)	TBC	Julie Barnes, Strategic Transport Infrastructure Lead, Wirral Council
Breaking the Cycle Programme	TBC	Children's Services & Public Health - TBC
Built Environment & Health Impacts	TBC	Keith Keeley, Head of Regeneration Strategy, Wirral Council & Public Health

Health and Wellbeing Board – Terms of Reference

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- (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.

