



Health and Wellbeing Board

Date:	Thursday, 23 March 2023
Time:	2.00 p.m.
Venue:	Wallasey Town Hall

Contact Officer: Mike Jones
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Website: <http://www.wirral.gov.uk>

Please note that public seating is limited therefore members of the public are encouraged to arrive in good time.

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AGENDA

1. WELCOME AND INTRODUCTION
2. APOLOGIES FOR ABSENCE
3. 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.

4. MINUTES (Pages 1 - 6)

To approve the accuracy of the minutes of the meeting held on 21 December 2022.

5. PUBLIC AND MEMBER QUESTIONS

Public Questions

Notice of question to be given in writing or by email by 12 noon, 20 March 2023 to the Council's Monitoring Officer via this link: [Public Question Form](#) and to be dealt with in accordance with Standing Order 10.

For more information on how your personal information will be used, please see this link: [Document Data Protection Protocol for Public Speakers at Committees | Wirral Council](#)

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

Statements and Petitions

Statements

Notice of representations to be given in writing or by email by 12 noon 20 March 2023 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.

6. WIRRAL PLACE UPDATE (Pages 7 - 32)

7. WIRRAL HEALTH PROTECTION STRATEGY (Pages 33 - 86)

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

8. BETTER CARE FUND (BCF) PLAN (Pages 87 - 106)

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

9. INTERIM CHESHIRE AND MERSEYSIDE HEALTH AND CARE PARTNERSHIP STRATEGY (Pages 107 - 164)

The Appendices may not be suitable to view for people with disabilities, users of assistive technology or mobile phone devices. Please contact Simon.Banks@cheshireandmerseyside.nhs.uk if you would like this document in an accessible format.

10. HEALTH AND WELLBEING STRATEGY IMPLEMENTATION PLAN UPDATE (Pages 165 - 170)

11. COMMUNITY VOLUNTARY AND FAITH SECTOR REFERENCE GROUP UPDATE (Pages 171 - 186)

12. WORK PROGRAMME (Pages 187 - 192)

Terms of Reference

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

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HEALTH AND WELLBEING BOARD

Wednesday, 21 December 2022

Present:

Councillor Janette Williamson	Chair
Simon Banks	Place Director, NHS Cheshire and Merseyside
David Bradburn	Director of Public Health, Wirral Council
Louise Healey	Department for Work and Pensions
Graham Hodgkinson	Director of Adults' Care & Health & Strategic Commissioning
Kevin Johnson	Merseyside Fire and Rescue Services
Matthew Moscrop	Wirral Community Policing
Councillor Yvonne Nolan	Wirral Council
Matthew Swanborough	Wirral University Teaching Hospital NHS Foundation Trust

45 **APOLOGIES FOR ABSENCE**

Chair welcomed everyone and gave the webcast notice

Apologies for absence were received from:

- Councillor Tom Anderson
- Councillor Kathy Hodson
- Councillor Amanda Onwuemene
- Rachel Bennett, Magenta Living
- Julie Gray, Clatterbridge Cancer Centre NHS Trust;
- Karen Howell for Wirral Community Health Care NHS Trust
- Paul Satoor, Wirral Council
- Karen Prior and Kirsteen Shepherd, Healthwatch
- Mark Thomas, Merseyside Fire and rescue
- Simone White, Wirral Council

46 **DECLARATIONS OF INTERESTS**

There were no declarations of interests.

47 **MINUTES**

Resolved:

That the minutes of the meeting of the Health and Wellbeing Board on 2 November 2022 be agreed as a correct record.

48 **PUBLIC AND MEMBER QUESTIONS**

No questions, statements or petitions were received.

49 EARLY YEARS UPDATE

The Children's Centre Operational Manager introduced the report of the Director of Child, Family and Education which provided an update of Early Years partnership work relating to: Early Years Strategy; First 1001 Days Programme; and Link to the Family Hubs initiative. The report detailed the organisational, structural and partnership activity undertaken over the previous 18 months.

Koala North West (KNW) and Foundation Years Trust (FYT) worked with the Council and NHS to collectively apply for funding to create Wirral's 1001 First Days programme to improve integration between services offered for families of children between 0 – 2 years, providing a seamless offer which families could easily navigate. The bid was successful and representatives of the two organisations were present to help present the report.

The 1001 first days programme was to provide the foundation for the development of Family Hubs in Wirral to ensure access and inclusion, broaden and cement relationships and align and connect services.

The Chair thanked the partners for the work they had done and Members noted that there would be further feedback on progress. and that the work was crucial to the Health and Wellbeing Strategy.

The Chair noted that in the recommendations the correct title of the sector was the Voluntary, Community Faith and Social Enterprise sector (VCFSE) and the recommendation would be amended to reflect this.

Resolved: That

- (1) the progress made in integrated working across Early Childhood Services, Public Health and Wirral's voluntary, community, faith and social enterprise sector (VCFSE), including the Early Years Strategy be noted and endorsed; and**
- (2) future updates on outcomes of the Early Years Strategy and Family Hubs be provided.**

50 WIRRAL PLACE UPDATE REPORT

The Place Director (Wirral), NHS Cheshire and Merseyside, 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. Most recently available meeting minutes were included. Progress on the development of the Health and Care Partnership Strategy were noted, and members were informed that the Strategy was to be approved on 17 January 2023, with Wirral's submission being based upon the information contained in the Health and Wellbeing Strategy 2022-2027 and Outcomes Framework.

Resolved - That

- (1) this report be noted and similar updates be received at future meetings.**
- (2) the minutes of the Wirral Place Based Partnership Board held on 13th October 2022 be noted.**

- (3) **the Wirral submission for the Cheshire and Merseyside Health and Care Partnership Strategy be noted which, when ratified, will be brought to a future meeting.**

51 **FIRE, HEALTH AND DEPRIVATION**

The representative from the Merseyside Fire and Rescue Service presented the report of the Director of Prevention at the Merseyside Fire and Rescue Service. The Service existed to Protect, Prevent and Respond. In relation to Prevention, the Service committed to undertake 60,000 home safety visits every year – 9,000 in Wirral – and had several areas of prevention which it contributed toward. It was very aware of the connection between fire, health and deprivation and when fire fatalities were at a peak in 2015/2016 they changed their approach to focus on prevention including considering trends and detailed data to identify areas and lifestyle factors to target, including receiving direct referrals for individuals who could be contacted for a fire safety check.

Members praised the approach taken and asked about detail of the tackling of different aspects and lifestyles such as hospital discharges.

Resolved: That the contents of this report be noted.

52 **TOBACCO CONTROL - KHAN REVIEW - WIRRAL'S RESPONSE**

The Senior Public Health Manager for Healthier Lives introduced this report which provided a summary of the work undertaken to date on tobacco control and the challenges that remained. Smoking had been noted as a significant contributor to health inequalities and good long-term progress had been made in reducing smoking rates in Wirral. However, smoking rates remain highest among some of the most disadvantaged groups. The report also provided a response to the recently published independent Khan Review with a proposal to review local priorities and processes.

Members praised the work done to date and noted related ongoing issues such as addiction, cost and vaping.

Resolved: That:

- (1) **the good progress made in reducing smoking prevalence in Wirral be noted but it be recognised that we need to go further in order to address inequalities in smoking rates within the Borough.**
- (2) **the Khan review and its recommendations to refresh the Wirral Tobacco Control action plan be utilised with all members committing to contribute to this work and to nominate a representative to take this forward.**
- (3) **the refreshed Wirral Tobacco Control plan be received for sign off once developed.**

53 **COMMUNITY, VOLUNTARY & FAITH SECTOR REFERENCE GROUP UPDATE**

Representatives of the Community, Voluntary and Faith Sector Reference Group (CVFRG). Presented this report which provided the latest updates and proposals from the Reference Group. Three documents - The Community Hub Handbook; The Connected Society; and A Community - Powered NHS, Making Prevention a Reality

– were to be the main documents used to inform the delivery of the prototypes, the formation of partnerships and the transformations at community level. The CVFRG had been involved in the formation of a Transformation and Partnership Steering Group, with appropriate representation from Wirral Council, Wirral NHS and the CVFRG. It was noted that the workers for CVFRG were volunteers. The representatives spoke of the health value of green space infrastructure including some planned community gardens and there were seven pilot social prescribing projects to enable people to have health benefits from the gardens.

Resolved: That the contents of the attached reports be noted, and the continued development of the programmes for engagement with communities and residents be supported.

54 **COST OF LIVING ACTION GROUP UPDATE**

The Director of Public Health introduced this report which provided 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.

The Chair commended the work done as there was political will, partnership working and commitment on all sides.

Resolved: That: -

- (1) the actions completed by the Cost-of-Living Action Group in addressing cost of living challenges in the borough be noted.**
- (2) 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.**

55 **WIRRAL NEIGHBOURHOOD CARE MODEL**

The Associate Director for Transformation and Partnerships presented this report which proposed a refreshed model to tackle inequalities in communities. It was to use dashboards to track statistics on population health and outcomes for particular neighbourhoods matched with local intelligence. The proposed model was for a steering group then each neighbourhood have nine core groups with organisation representatives.

Members noted that the approach was an infrastructure shift with primary care needs aligned with the communities they served.

Resolved: That the proposed model for neighbourhoods and the proposed programme and associated timeline be noted.

56 **CO-OPTION OF CHAMBER OF COMMERCE**

The Head of Legal Services presented this report which recommended a co-option to the Board of representatives from the Wirral Chamber of Commerce as a supporter of businesses as part of the delivery of the Health and Wellbeing Strategy and Wirral Plan to support inequalities. The co-option would be non-voting and focussed on assisting the board to deliver the Health & Wellbeing Strategy.

Resolved: That a representative from Wirral Chamber of Commerce be Co-opted onto the Health and Wellbeing Board.

57 **WORK PROGRAMME**

Members considered the work programme for the remainder of the Municipal Year. The Chair requested that the Partnership Summits should continue following a successful initial event.

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

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HEALTH AND WELLBEING BOARD 23rd MARCH 2023

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 not a key decision.

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 10th November 2022, 8th December 2022 and 12th January 2023.
3. Request the minutes of the Wirral Place Based Partnership Board from 9th February 2023 and 9th March 2023 when approved.

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. 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 Health and Wellbeing Board has asked that it should receive minutes from the WPBPB. Appendix 1 contains the approved minutes from the following meetings of the WPBPB:

- 10th November 2022
- 8th December 2022
- 12th January 2023

The Health and Wellbeing Board is asked to note these minutes.

3.2.3 The WPBPB also met on 9th February 2023, the ratified minutes are not available at the time of writing (24th February 2023) as they need to be approved at the meeting on 9th March 2023. The papers and agenda for the February meeting can be found at [Agenda for Wirral Place Based Partnership Board on Thursday, 9th February 2023, 10.00 a.m. | Wirral Council](#). The papers for the March meeting will be available on the Wirral Council website when published. The Health and Wellbeing Board is asked to request these minutes once approved by the WPBPB.

3.3 Planning for 2023/24 – Developing a Wirral Health and Care Delivery Plan

3.3.1 On 23rd December 2022, NHS England published the priorities and operational planning guidance for 2023/24. NHS England is asking systems to focus on the following tasks for 2023/24:

- Prioritise recovering core services and productivity.
- Return to delivering the key ambitions in the NHS Long Term Plan (LTP)
- Continue transforming the NHS for the future.

3.3.2 ICBs have been asked to work with their system partners to develop plans to meet the national objectives set out in this guidance and the local priorities set by systems. To assist them in this, the planning guidance identifies the most critical, evidence-based actions that systems and NHS providers are asked to take to deliver these objectives. These are based on what systems and providers have already demonstrated makes the most difference to patient outcomes, experience, access and safety. These evidence-based actions are grouped into 14 areas:

- Urgent and Emergency Care
- Primary Care
- Community Health Services
- Elective Care
- Cancer
- Diagnostics
- Maternity
- Use of Resources
- Mental Health
- Learning Disability and Autism
- Population Health including prevention and health inequalities
- Workforce
- System working
- Digital Maturity

- 3.3.3 For 2023/24 the NHS is being asked to work with partners to produce two interrelated plans – an Operational Plan and a Joint Forward Plan. The Operational Plan should be triangulated across activity, workforce and finance, and signed off by NHS Cheshire and Merseyside and partner trust and foundation trust boards before the end of March 2023. NHS England has separately set out the requirements for plan submission. The production of the Operational Plan is linked to the agreement of contracts with providers for 2023/24.
- 3.3.4 The Joint Forward Plan (JFP) will need to be developed through engagement with partners. This will include working with the Cheshire and Merseyside Health and Care Partnership (HCP) to reflect system strategy and priorities in the JFP. The JFP will therefore be a shared delivery plan for the HCP Strategy, place-based Health and Wellbeing strategies and universal NHS commitments. It will include specific objectives, trajectories and milestones. The plan will also describe the approach and response to consultation with partners. Health and Wellbeing Boards must be involved and must include a statement of their opinion of final JFP. The JFP will be reviewed and updated annually. The JFP is the subject of a separate paper to this Health and Wellbeing Board.
- 3.3.5 Anticipating the publication of the planning guidance, and the need to produce a Wirral response to this guidance, a series of four workshops were established in Wirral by the Place Director. These workshops involved all NHS provider trusts, primary care, Wirral Council (adult health and care, children and young people’s services and public health), Healthwatch Wirral and the voluntary community faith and social enterprise sector (VCFSE). The purpose of these workshops was to support a Wirral response to the planning round 2023/24 that is cognisant of national and Cheshire and Merseyside priorities and deliverables but also includes borough priorities.
- 3.3.6 These workshops will complement work through the Strategy and Transformation Group, Finance Investment and Resources Group and other system meetings to produce a refresh of the Wirral Health and Care Delivery Plan for 2023/24. Whilst this process is being led by NHS Cheshire and Merseyside it has been conducted in partnership and collaboration with key stakeholders in Wirral. As the Wirral Health and Wellbeing Board will receive a final version of the JFP, the Operational Plan and Wirral Health and Care Delivery Plan will come to the Wirral Place Based Partnership Board for approval.

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 second of these review meetings for Wirral took place on 13th January 2023. Given the operational pressures in the health and care system at the time, this meeting was conducted via MS Teams and involved the Place Director (Wirral) and the Associate Director – Finance and Performance (Wirral) from NHS Cheshire and Merseyside and the Director of Adult Care and Health, Wirral Council as well as colleagues from NHS Cheshire and Merseyside.

3.4.2 The review meetings provide an opportunity to discuss key issues how NHS Cheshire and Merseyside is working in each Place with partners and to explore development priorities and options to support ongoing development. The meeting on 13th January 2023 covered the following areas:

- Review of actions from 24th October 2022.
- Financial performance – (i) 2022/23 place forecast and recurrent cost improvement plan (CIP) delivery and (ii) early insight on 2023/24 plans, including progress on recurrent CIP.
- Non-Criteria to Reside (NCTR) progress and the use of the Adult Social Care Hospital Discharge Fund.
- Primary Care.
- Tobacco dependency.

The Place Director gave a presentation on each of these areas, provided supporting evidence and took questions with the support of Wirral Place colleagues.

3.4.3 Detailed feedback from the Wirral Place review meeting held on 24th October 2022 was received by the Wirral Place Based Partnership Board on 12th January 2023. Feedback from the meeting held on 13th January 2023 was provided to the WPBPB held on 9th March 2023. The next review meeting is due on 9th May 2023 and will be held in person. The Place Director will invite members of the Place Based Partnership Board to attend this meeting.

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/publications/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
 email: simon.banks@cheshireandmerseyside.nhs.uk

APPENDICES

Appendix 1 Wirral Place Based Partnership Board Approved Minutes

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](#)
- NHS England, *The NHS Long Term Plan*, 7th January 2019, [NHS Long Term Plan » The NHS Long Term Plan](#)
- NHS England, *2023/24 Priorities and Operational Planning Guidance*, 23rd December 2022, [NHS England » 2023/24 priorities and operational planning guidance](#)

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
Wirral Place Update Report	2 nd November 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>21st December 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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APPENDIX 1

WIRRAL PLACE BASED PARTNERSHIP BOARD

Thursday, 10 November 2022

Present:

Simon Banks	Place Director
Tim Welch	Cheshire and Wirral Partnership NHS Foundation Trust
Jo Chwalko (in place of Karen Howell)	Wirral Community Health and Care NHS Foundation Trust
David McGovern (in place of Janelle Holmes)	Wirral University Teaching Hospital NHS Foundation Trust
Councillor Mary Jordan	Wirral Council
Councillor Yvonne Nolan	Wirral Council
Paul Satoor	Wirral Council
Elspeth Anwar (in place of Dave Bradburn)	Wirral Council
Graham Hodgkinson	Wirral Council
Simone White	Wirral Council
Kirsteen Sheppard (in place of Karen Prior)	Healthwatch Wirral
Dr Abel Adegoke	Primary Care Provider
Dr David Jones	Primary Care Provider
Dr Stephen Wright	Primary Care Provider

16 **WELCOME AND INTRODUCTION**

The Chair welcomed the members of the Board, officers and those watching the webcast to the meeting.

17 **APOLOGIES**

Apologies for absence were received from Dave Bradburn, Janelle Holmes, Karen Howell, Carol Johnson-Eyre, Justine Molyneux, Karen Prior and Councillor Jason Walsh.

18 **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.

Simon Banks declared a personal interest in item 9 'Transforming Care for People who have a Learning Disability and or Autism' as the senior responsible officer for Transforming Care across Cheshire and Merseyside.

Councillor Mary Jordan declared a personal interest in item 10 'Wirral Winter Plan 2022-2023' as her son was a GP.

19 **MINUTES**

Resolved – That the minutes of the meeting held on Thursday, 13 October 2022 be approved as a correct record.

20 **PUBLIC AND MEMBER QUESTIONS**

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

21 **HEALTH AND CARE PARTNERSHIP STRATEGY**

The Place Director (Wirral) NHS Cheshire and Merseyside introduced the report which provided an update on the development of the Cheshire and Merseyside Health and Care Partnership Strategy and how Wirral as a “place” would contribute to this Strategy. It was reported statutory guidance required each ICP (Integrated Care Partnership) to produce and publish an ICP Strategy by December 2022 and there would also be a requirement to publish a “five-year joint forward plan” by April 2023. This meant 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.

The Cheshire and Merseyside Health and Care Partnership had agreed that the strategy should be developed from existing documents and that each Place should contribute to it with their local plans. The Wirral submission would be based upon the information contained in the Health and Wellbeing Strategy 2022-2027 and Outcomes Framework, as well as drawing upon the information on the Wirral Intelligence Service website.

Following a discussion on measuring public health outcomes, it was confirmed that the Health and Care Partnership would be collating the public health performance indicators on a Cheshire and Merseyside footprint, but that these would still be considered at Place to ensure Wirral's specific outcomes were considered.

Resolved – That

(1) the proposal that the Wirral submission for the Cheshire and Merseyside Health and Care Partnership Strategy is based upon

the information contained in the Wirral Health and Wellbeing Strategy 2022-2027 and Outcomes Framework be supported, and that the Place Director coordinates the submission with the Director of Public Health.

(2) a copy of the Cheshire and Merseyside Health and Care Partnership Strategy be received at a future meeting.

22 WIRRAL DEMENTIA STRATEGY 2022-2025

The Head of Mental Health Commissioning (Wirral Place) introduced the report which provided detail on the Wirral Dementia Strategy 2022-2025, which had been produced to review the ambitions outlined in the previous 2019-2022 strategy, which were not achieved due to the impact of Covid-19, and defined the priority areas, actions, and outcomes over the next four years to meet the vision for how dementia care and support would be delivered across all wards within the borough. The focus of this strategy was structured around NHS England's Well Pathway for Dementia and focused on recovery from Covid-19, and better integration across health and care services to deliver the best outcomes for the population who may have dementia, as well as those who care for them. Greater alignment of services and more creative responses to people's needs and aspirations would lead to individuals being diagnosed with dementia earlier and having more community-based support in place to enable them to live independently for longer.

It was reported that currently there were over 3,000 people aged 65+ with a dementia diagnosis and projections estimated that the total numbers of people living with dementia in Wirral would more than double to over 7,000 by 2035. The Board discussed the diagnosis rate in detail, where it was noted that the national diagnosis rate target was 66.7% and it was felt that locally there should be ambitions to improve this. Further discussions took place in relation to the close links between dementia and regeneration and housing, and the role of Primary Care in supporting the strategy.

On a motion by Councillor Mary Jordan, seconded by Dr Abel Adegoke, it was –

Resolved – That

(1) the Wirral Place Dementia Strategy 2022-2025 be approved.

(2) quarterly updates on progress be provided to the Place Based Partnership Board.

23 SOCIAL CARE REFORM

The Assistant Director for Care and Health, and Commissioning for People (Wirral Council) introduced the report of the Director of Care and Health which detailed the Social Care Charging Reforms and the implications for people who access care and support services and the considerations that were required for the Council's Adult Social Care services. The report set out the key elements of the proposed changes to social care, which included:

- a lifetime cap on the amount anyone in England will need to spend on their personal care
- a more generous means-test for Local Authority financial support
- the ability for self-funders to ask their council to arrange their care
- moving towards a fair rate of care in respect of councils' fees to providers

The plan announced the creation of a new Health and Social Care Levy to fund the changes and provided for a 1.25 percentage point increase to National Insurance contributions for the 2022 to 2023 tax year, however this had since been reversed and officers were awaiting further guidance about the support arrangements. The reforms were still due to come into effect in October 2023.

It was reported that in Wirral, there were approximately a further 900 people who were self-funding their own care who would come forward for assessment under the reforms, with an approximate further 1400 people receiving chargeable domiciliary care or other care in their own home who would be impacted by the changes. The full financial impact of the changes were still not fully understood, but an estimated cost of £1m was estimated to implement the changes including IT system changes and staffing.

It was reported that the report was being considered by the Place Based Partnership Board as the reforms would have an impact on the whole of the health and care system. The ongoing issues with retention and recruitment in social care were outlined, as well as the importance of engagement with the social care workforce at an early stage to assist with the implementation of the changes. The need for engagement with the third sector was also highlighted. The Assistant Director outlined that the use of online self-assessment would be encouraged and staff and the third sector would be engaged in this process as early as possible.

On a motion by Councillor Yvonne Nolan, seconded by Simone White, it was

—

Resolved – That

(1) the approach to the Council’s implementation of the charging reforms be endorsed.

(2) the significant impact of the social care charging reforms, including on the Adult Care and Health budget and resources as well as the wider health and care system be recognised.

24 **TRANSFORMING CARE FOR PEOPLE WHO HAVE A LEARNING DISABILITY AND OR AUTISM - UPDATE REPORT**

The Associate Director of Transformation and Partnerships (NHS Cheshire and Merseyside) introduced the report which detailed the Transforming Care Programme, which was a national programme led by NHS England aimed at improving health and care services so that more people with learning disabilities and/or autism can live in the community, with the right support, close to home and have the same opportunities as anyone else.

The report provided an update on the delivery of the programme, including the number of inpatients which was reported as 4 adults and over the target of 2 adult inpatients, but that 3 of these patients had discharge destinations planned. It also updated on the number of inpatients for Children and Young People, with 1 young person remaining in specialist placement and work ongoing to prepare for discharge into the community with the necessary and appropriate levels of support. It was reported that care treatment reviews had successfully prevented two admissions from taking place which was welcomed by the Board.

The Board discussed the complex needs of residents with learning disabilities or autism and issues they faced around hospital discharge and choice of care. It was argued that the local target for Annual Health Checks should exceed the 70% national target.

Resolved – That the report be noted.

25 **WIRRAL WINTER PLAN 2022-2023**

The Associate Director of Transformation and Partnerships (NHS Cheshire and Merseyside) introduced the report which provided a summary of Wirral Health and Care System’s preparations for winter 2022/23. It was reported that Wirral like other places across Cheshire and Merseyside was facing ongoing significant challenges within Urgent and Emergency and Care (UEC) pathways and that winter may be more challenging than most in respect of the cost-of-living crisis. In response, Wirral’s plan included initiatives within hospital such as new Virtual Wards to support people with Frailty and Respiratory conditions as well as out of hospital investment being made into

securing more GP appointments, community beds and domiciliary care capacity.

Joint work between the NHS and Wirral Council was underway to support people affected by the cost-of-living crises such as introducing Warm Hub locations. The plan had been developed across Health and Care Partners within Wirral such as the local hospital, community trust, primary care, social care and voluntary sectors. Wirral's plan was still to be submitted for evaluation to NHS Cheshire and Merseyside Integrated Care Board (ICB) and NHS England.

Following updates from provider representatives, a discussion ensued on the capacity of emergency care in hospitals, which was reported at 99.2% capacity with the capacity protocol having been implemented twice in the week leading up to the meeting. The Board considered the system approach to dealing with hospital capacity including a focus on preventative measures and communications to the public about what other services were available and often more appropriate than emergency hospital care. It was noted that the winter plan for 2022/23 had notable differences to previous winter plans with an emphasis on the home first approach.

Resolved – That the preparations being made by Wirral's Health and Care System partners for Winter 2022/23 be noted.

26 **2022/23 POOLED FUND FINANCE REPORT TO MONTH 5 AUGUST 2022**

The Associate Director of Finance (Cheshire and Merseyside) 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.

It was reported that there was an overspend of £8.2m which was due to the CCG/ICB Wirral place pool commissioned services. This element of financial risk lay with the ICB and was predominantly due to Continuing Health Care and Mental Health packages of care (activity and price) operational pressures, which was being investigated, and therefore the ICB would meet the costs of this overspend. A deep dive into the main areas and a financial recovery plan had been requested and was now in the process of being developed. Mitigations had been identified and the Board was advised that a reduced figure was expected to be reported at the next meeting.

The Board discussed the mitigations that had been identified and it was outlined that further details on these could be shared with members. The financial recovery plan was being reviewed and it was proposed that the detail should be shared with the Board.

On a motion by Tim Welch, seconded by Dr David Jones, it was –

Resolved – That

- (1) it be noted that the forecast position for the Pool at Month 5 as currently a £8.2m overspend position due to the Clinical Commissioning Group / Integrated Care Board (ICB) Wirral Place pool commissioned services and that the ICB Wirral Place holds the financial risks on this overspend.**
- (2) it be noted that due to the overspend financial position an urgent financial recovery plan was now being developed and in progress identifying responsible leads, actions and next steps, and that an update be provided to the January 2023 meeting of the Place Based Partnership Board.**
- (3) it be noted that the shared risk arrangements were limited to the Better Care Fund only, which was reporting a break-even position.**

27 **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.

It was noted that it had been agreed that the financial recovery plan would be reported back to the January 2023 meeting.

Resolved – That the work programme be noted.

WIRRAL PLACE BASED PARTNERSHIP BOARD

Thursday, 8 December 2022

Present:

Simon Banks	Place Director/ Chair
Dr Abel Adegoke	Primary Care Provider
Graham Hodgkinson	Wirral Council
Ali Hughes (in place of Karen Howell)	Wirral Community Health and Care NHS Foundation Trust
Carol Johnson-Eyre	VCSE
Dr David Jones	Primary Care Provider
Councillor Mary Jordan	Wirral Council
David McGovern (in place of Janelle Holmes)	Wirral University Teaching Hospital NHS Foundation Trust
Martin McDowell	NHS Cheshire and Merseyside
Justine Molyneux	VCSE
Councillor Yvonne Nolan	Wirral Council
Paul Satoor	Wirral Council
Andy Styring	Cheshire and Wirral Partnership NHS Foundation Trust
Councillor Jason Walsh	Wirral Council

28 **WELCOME AND INTRODUCTION**

The Chair welcomed the members of the Board, officers and those watching the webcast to the meeting.

29 **APOLOGIES**

Apologies for absence were received from:
David Bradburn, Director of Public Health, Wirral Council
Janelle Holmes Wirral University Teaching Hospital
Karen Howell, Wirral Community Health and Care NHS Foundation Trust
Karen Prior, Healthwatch Wirral
Simone White, Director of Children's Services, Wirral Council
Tim Welch, Cheshire and Wirral Partnership NHS Foundation Trust

30 **DECLARATIONS OF INTEREST**

The Chair asked for members to declare any interests in any items on the agenda. No interests were declared.

31 **MINUTES**

Resolved –

That the minutes of the meeting held on 10 November 2022 be approved as a correct record.

32 **PUBLIC AND MEMBER QUESTIONS**

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

The Chair proposed amending the order in which the agenda items were considered with item 8 (Key Issues Relating to Quality and Safety) being heard first at the request of the presenter. This was agreed.

33 **KEY ISSUES RELATING TO QUALITY AND SAFETY: (REPORT FROM THE QUALITY AND SAFETY GROUP)**

The Director of Quality and Safety at NHS Cheshire and Merseyside presented this report which identified key issues identified relating to Quality and Safety through the Wirral Quality and Performance Group and other relevant sources. The report included: Issues of concern, issues of a general update, and issues for assurance. The report also highlighted where appropriate the actions that have taken place and the timescale of completion.

Members highlighted the issue of the increase in mental health problems and provision of care, including an increase in patients being placed in beds out of the area due to problems in community provision locally. The issue of the spread of C Difficile was also highlighted, which was to be investigated in trials in January 2023.

Resolved – That the areas of concern contained within the report, and the actions that are being taken be noted.

34 **WIRRAL PLACE BASED PARTNERSHIP BOARD TERMS OF REFERENCE REVIEW**

The Assistant Director – Communications & Corporate from NHS Cheshire and Merseyside presented this report which summarised the action taken by the Place Governance Group to progress points raised at the first formal meeting of the Wirral Place Based Partnership Board on 13 October 2022. The report presented revised Terms of Reference.

Several points of clarification were requested including:

- A wish to see reports from all of the reporting groups
- Specified representatives or level of representation from the constituent bodies

- The specific quorums for Council officers and Members and voting rights

The Chair suggested that the recommendations be amended in the light of the discussion:

Councillor Mary Jordan moved new recommendations: That the Wirral Place Based Partnership Board

1. note the work to progress the actions detailed in the report and note that further work will be undertaken, with the terms of reference being draft;
2. ask the Place Governance Advisory Group to address the issues raised by the Place Based Partnership Board at its meeting on 8 December 2022 and
3. The Place Director remains as chair for the remainder of the Municipal Year and until a system is agreed regarding frequency and change of Chair and Vice Chair.

This was seconded by Councillor Yvonne Nolan.

Resolved – That

- (1) the work to progress the actions detailed in the report be noted and further work be undertaken, with the terms of reference being draft;**
- (2) the Place Governance Advisory Group be asked to address the issues raised by the Place Based Partnership Board at its meeting on 8 December 2022; and**
- (3) the Place Director remain as chair for the remainder of the Municipal Year and until a system is agreed regarding frequency and change of Chair and Vice Chair.**

35 **WIRRAL PLACE BASED PARTNERSHIP BOARD SUPPORTING GROUPS TERMS OF REFERENCE REVIEW**

The Assistant Director – Communications & Corporate from NHS Cheshire and Merseyside presented this report which set out the four key governance and assurance groups that NHS Cheshire and Merseyside had established with partners in Wirral to support the Wirral Place Based Partnership Board and prepare for additional responsibilities through delegation. The report set out progress to date and draft terms of reference. It was noted that the groups were replicated in each of the nine Places in the Cheshire and Merseyside Integrated Care System.

Members pointed out consistency errors and made wording suggestions.

The Chair suggested amended recommendations in the light of the discussion. These were proposed by Carol Johnson-Eyre and seconded by Alison Hughes.

Resolved – That

- (1) the work to establish the supporting governance and assurance mechanisms to support the work of NHS Cheshire and Merseyside and the WPBPB in the Borough be noted;**
- (2) the establishment of the four supporting groups be endorsed;**
- (3) amended terms of reference be brought back to the February Board meeting for approval.**

36 2022/23 POOLED FUND FINANCE REPORT TO MONTH 6 SEPTEMBER 2022

The Chief Finance Officer of NHS Cheshire and Merseyside presented this report which provided a description of the arrangements that had been put in place to support effective integrated commissioning. It set out the key issues in respect of: a) budget and variations to the expenditure areas for agreement and inclusion within the 2022/23 shared (“pooled”) fund; and b) risk and gain share arrangements. The report also provides an update 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 will be subject to approval and final sign off by Cheshire and Merseyside Integrated Care Board (ICB).

The pooled finances were on target for a balanced position, and there was one major risk which was around the continuation of discharge and assessed beds. There had been an overspend but a financial recovery plan was in place.

Resolved – That

- (1) the forecast position for the Pool at Month 6 be noted as a £5.3m overspend position due to the Clinical Commissioning Group (CCG) / Integrated Care Board (ICB) Wirral Place pool commissioned services and that the ICB Wirral Place holds the financial risks on this overspend.**
- (2) it be noted that the shared risk arrangements are limited to the Better Care Fund only, which is reporting a break-even position.**

37 ELECTION OF CHAIR TO THE JOINT STRATEGIC COMMISSIONING BOARD SUB-COMMITTEE

The Head of Legal Services introduced this item, which was to elect a Chair from amongst the three Councillors who were members of Wirral Council’s Adults, Social Care and Public Health Committee who sat on the Wirral Place Based Partnership Board. This was because a decision was required on the following agenda item and the decision had to be made by the Joint Strategic Commissioning Board Sub-Committee, which was a Sub-Committee of the Adults, Social Care and Public Health Committee and which sat in common

with the Wirral Place Based Partnership Board but with only the three Councillors having voting rights.

Nominations were invited for the role of Chair. Councillor Jason Walsh nominated Councillor Yvonne Nolan. This was seconded by Councillor Mary Jordan.

There were no other nominations so Councillor Yvonne Nolan sat as Chair.

38 **ADULT SOCIAL CARE DISCHARGE FUND**

The Place Director introduced this report which set out the purpose of the Adult Social Care Discharge Fund, how the resources have been allocated, the conditions attached to the funding and how this impacted on Wirral as a Place. The Adult Social Care Discharge Fund was a national allocation of resources to local authorities and the NHS from His Majesty's Government. The deadline for submission of the Wirral plans for the Adult Social Care Discharge Fund was 16th December 2022.

The funding was being released in two tranches in December 2022 and January 2023 and there were some specific conditions set by the Department of Health and Social Care (DHSC). The NHS allocation was to allow movement from hospital, supporting discharge using a home first policy, with metrics to track performance. There is a share of £2.1 M with schemes funded at actual rather than planned cost so funds can be reinvested if schemes were not effective.

The Director for Care Health and Strategic Commissioning explained that the local authority allocation was £1.5 M, with the same deadline of 16 December and the same chief officers from the NHS and Council working on it, but the focus was different. The Council's allocation was focussed on the care market, sustainability and capacity and also on the domiciliary care market, looking at admissions and discharges with a proportion to support 'charge to assess', where assessment is carried out at home to avoid hospital admissions.

Members discussed the schemes and plans involved.

The three elected Members sitting as the Joint Strategic Commissioning Board Sub-Committee Resolved – That

- (1) the approval of the Wirral plan for the Adult Social Care Discharge Fund be delegated to the Director of Adult Social Care and Health, Wirral Council in consultation with the Place Director, NHS Cheshire and Merseyside.**
- (2) a further update report on the submission be brought to the next meeting of the Joint Strategic Commissioning Board and Wirral Place Based Partnership Board.**

The Place Director resumed the Chairing of the Wirral Place Based Partnership meeting.

39 **WIRRAL PLACE BASED PARTNERSHIP 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. It was noted that it had been agreed that the financial recovery plan would be reported back to the January 2023 meeting.

Changes to the work programme were made and noted by officers.

Resolved – That the work programme be noted.

WIRRAL PLACE BASED PARTNERSHIP BOARD

Thursday, 12 January 2023

PRESENT:

Simon Banks	Place Director/ Chair
Dr Nick Cross	(in place of Karen Howell) Wirral Community Health and Care NHS Trust
Suzanne Edwards	(in place of Tim Welch) Cheshire and Wirral Partnership NHS Trust
Carol Johnson-Eyre	VCFSE
Councillor Mary Jordan	Wirral Council
David McGovern	(in place of Janelle Holmes) Wirral University Teaching Hospital NHS Foundation Trust
Justine Molyneux	VCFSE
Councillor Yvonne Nolan	Wirral Council
Tom Pharoah	Clatterbridge Cancer Centre NHS FT
Kirsteen Sheppard	Healthwatch Wirral
Councillor Jason Walsh	Wirral Council
Paul Satoor	Wirral Council
Graham Hodgkinson	Wirral Council
Elsbeth Anwar	Wirral Council
Liz Hartley	Wirral Council
Dr David Jones	Primary Care Provider
Steven Wright	Primary Care Provider

ALSO PRESENT:

Lorna Quigley	NHS Cheshire and Merseyside
Martin McDowell	NHS Cheshire and Merseyside
Mike Chantler	NHS Cheshire and Merseyside

27 WELCOME AND INTRODUCTION

The Chair welcomed the members of the Board, officers and those watching the webcast to the meeting.

28 APOLOGIES

Apologies for absence were received from:

Abel Adegoke	Chair, Primary Care Council
Dave Bradburn	Wirral Council
Janelle Holmes	Wirral University Teaching Hospital
Karen Howell	Wirral Community Health and Care NHS Trust
Tim Welch	Cheshire and Wirral Partnership NHS Trust
Simone White	Wirral Council

42 **DECLARATIONS OF INTEREST**

The Chair asked for members to declare any interests in any items on the agenda. No interests were declared.

43 **MINUTES**

Resolved – That, subject to Dr Steven Wright being noted as present and Dr David Jones being noted as not present, the minutes of the meeting held on 8 December 2022 be approved as a correct record.

44 **PUBLIC AND MEMBER QUESTIONS**

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

45 **PLACE DIRECTOR OBJECTIVES UPDATE**

The Place Director, NHS Cheshire and Merseyside, introduced this report which provided an update on progress against objectives approved in October 2022 to reflect the ambitions of the Wirral Plan 2026 and key areas of delivery for the Wirral health and care system in 2022/23. Good progress was indicated against the key core objectives, notably: rolling out the 'Virtual Wards' initiative across the Wirral to support people in their homes; Hypertension work; working with Council leaders on tackling the cost of living crisis; future work would also begin to develop a workforce plan.

Members praised the work undertaken and offered suggestions such as Local Representative Committees to co-ordinate front line work and restoring some services, such as dentistry, to pre-pandemic levels.

Resolved: That the progress against these objectives be noted and that the Board receive quarterly progress reports on their delivery.

46 **WIRRAL DELIVERY PLAN - DELIVERY UPDATE**

The Place Director, NHS Cheshire and Merseyside, introduced this report which was an update of progress on the Wirral Delivery Plan which outlined the Wirral Place key health and care priorities for 2022/23. He highlighted that significant progress had been made, notably with SEND (Special Educational Needs and Disability), Virtual Wards, care market sustainability and discharge to assess and reablement. Closures of care providers was a worrying issue but the successes were welcomed.

Resolved: That the update of the progress of the key priority programmes within the Delivery Plan be noted.

47 **PLACE PARTNERSHIP BRIEFING - NHS CHESHIRE AND MERSEYSIDE PUBLIC ENGAGEMENT FRAMEWORK**

The Assistant Director – Communications & Engagement for NHS Cheshire and Merseyside introduced this report which provided an update and sought the involvement of Place partnerships in the development of NHS Cheshire and Merseyside’s Public Engagement Framework and the ten principles that the framework was built around. The partnerships were seen as key to developing effective public involvement mechanisms for local people that, in turn, could inform the work of Integrated Care System (ICS) partners. The request was being taken to all nine Places in Cheshire and Merseyside. It was noted that many partners already had methods of involving people and communities at a local level and that there was a legacy framework from the Clinical Commissioning Groups.

Members offered help in contacting digitally inactive residents and noted there was already a strong brand of Keep Wirral Well.

Resolved That

- (1) the ten key principles for working with people and communities, as set out in NHS Cheshire and Merseyside’s draft Public Engagement Framework (pg.13) and NHS England’s Working in partnership with people and communities: statutory guidance be endorsed.**
- 2) the feedback and comments on the draft Public Engagement Framework be noted.**

48 **PLACE REVIEW MEETINGS**

The Place Director, NHS Cheshire and Merseyside, introduced this report which provided an update on the quarterly review meetings with NHS Cheshire and Merseyside which took place on 24th October 2022 and included a self-assessment on four aspects of the performance and governance of the Place. Feedback and requests were received at the meeting.

Resolved That

- (1) the presentation that was given at the Place Review Meeting on 24th October 2022 be noted.**
- (2) the feedback from NHS Cheshire and Merseyside following the Place Review Meeting be noted.**
- (3) an update on the actions taken in response to this feedback be provided.**

49 **2022/23 POOLED FUND FINANCE REPORT TO MONTH 7, SEPTEMBER 2022**

The Chief Finance Officer for NHS Cheshire and Merseyside introduced this report which provided a description of the arrangements that had been put in place to support effective integrated commissioning. It set out the key issues in respect of: a) budget and variations to the expenditure areas for agreement and inclusion within the 2022/23 shared (“pooled”) fund; and b) risk and gain share arrangements. In 2022/23 Wirral Health and Care partners had chosen to jointly pool £248.97m 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.

Resolved: That it be noted that

- (1) the forecast position for the Pool at Month 7 is currently a £5.7m overspend position. This is due to CCG / ICB Wirral Place pool commissioned services overspend of £5.9m offset by an underspend on Local Authority Health and Care commissioned services of £0.2m. The ICB Wirral Place holds the financial risks on the £5.9m overspend.**
- (2) the shared risk arrangements are limited to the Better Care Fund only, which is reporting a forecast break-even position.**

50 **WIRRAL PLACE BASED PARTNERSHIP 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.

Changes to the work programme were made and noted by officers, including a report on SEND, a presentation on what the Community, Voluntary, Faith and Social Enterprise sector can offer strategically and operationally, a quality and safety report, and a report on the estates team.

Resolved – That the work programme be noted.

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WIRRAL HEALTH AND WELLBEING BOARD

23 March 2023

REPORT TITLE:	HEALTH PROTECTION STRATEGY 2023-2027
REPORT OF:	DIRECTOR OF PUBLIC HEALTH

REPORT SUMMARY

This report updates the Wirral Health and Wellbeing Board on the partnership work undertaken to develop a Wirral Health Protection Strategy. The pandemic has heightened the profile of health protection, and whilst a challenging period it has provided us with significant learning, and important lessons that Wirral's Health Protection Board need to build on moving forward. As we recover and learn to live with COVID-19 now is the right time to refresh our local strategic approach to health protection in Wirral.

An effective local approach to health protection is vital to improve health and wellbeing, protect the local economy, and reduce health inequalities. The Strategy sets out our collective approach to ensuring we have a resilient health protection system in Wirral.

Wirral's Health Protection Strategy will contribute to the Wirral Plan aims, in particular 'Active and Healthy Lives', supporting Wirral residents and communities to live safely with COVID-19 and protect the health of communities from infectious diseases and environmental hazards.

The Health Protection Strategy supports the delivery of Wirral's Health and Wellbeing Strategy, particularly the priorities to 'Strengthen health and care action to address differences in health outcomes' and to 'Create safe and healthy places for people to live that protect health and promote a good standard of living'.

This is not a key decision and relates to all Wards.

RECOMMENDATION/S

The Health and Wellbeing Board is recommended to endorse the Wirral Health Protection Strategy 2023-2027 and Delivery Plan. An annual report will provide the Board with an update on progress.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 This report provides an overview of the Health Protection Strategy and Delivery Plan for Wirral which places collective responsibility for local system partners to align policy, strategy, and resources wherever possible in protecting and improving health of residents.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 Strategic planning helps local system partners work together to establish a clear vision, prioritise resources, determine a clear direction of travel, and to set goals and health outcome targets. We could have not developed a local strategy; however, the absence of a post-pandemic plan could exacerbate the burden of ill health, impacting negatively on health outcomes, inequalities, system pressures and the local economy.

3.0 BACKGROUND INFORMATION

- 3.1 The COVID-19 pandemic highlighted the fundamental importance of a robust and resilient approach to health protection, demonstrating its role as an essential element of a quality healthcare system. During a time of great uncertainty, Wirral Council and system partners demonstrated significant commitment and professionalism in delivering a dynamic, flexible, and comprehensive response that focused on protecting our population's health.
- 3.2 The Strategy provides a framework for Wirral that aims to protect residents from all hazards associated with key health protection threats, and not those solely associated with infectious diseases. It has been co-developed by assessing local health protection needs and the strategic aims and priorities have also importantly been aligned with those of system partners, Wirral's Health and Wellbeing Strategy and the Wirral Plan.

3.3 Strategic vision, aims and objectives

Our vision is to continue protecting people and communities in Wirral from the impact of infectious diseases and environmental hazards in order to improve health and wellbeing, protect the economy, and reduce health inequalities, with the aim Wirral has a high-performing health protection system that works effectively with local, regional, and national partners. The Strategy sets out how, through taking a preventative and proactive local approach, we will ensure we:

- Are prepared for future hazards;
- Help to save lives and reduce harm through an effective local response
- Collaborate and build local knowledge, skills and capacity

3.4 Health protection priorities for Wirral

Following consultation with a wide range of local and regional partners and reviewing local intelligence, we have agreed priority areas we consider require collective action. These are:

- Ongoing COVID-19 response, including being prepared for new variants;
- Strengthen infection prevention and control;
- Reduce the impact of antimicrobial resistance (AMR);
- Reduce vaccine preventable diseases amongst adults and children;
- Strengthen preparedness, resilience and response to outbreaks, major incidents and emergencies;
- Reduce health harms from climate and environmental hazards;
- Reduce the harmful impact to health of Tuberculosis and blood-borne viruses, including Hepatitis B, Hepatitis C and HIV.

3.5 Delivery Plans for each priority are included which sets out the case for change, current performance, agreed system priorities, how we will measure success (agreed outcomes), and the accountable lead group for delivery. A number of steering groups have been identified as already existing or will be established to drive progress against our agreed priorities. These include, for example, an Air Quality Steering Group, a local Resilience Partnership Group, and a range of Immunisation Steering Groups.

3.6 Case studies are included within the report to illustrate our collective approach to delivering this Strategy, and the preventative and proactive approach we will be taking locally.

3.7 Underpinning the delivery of our local Strategy are four strategic enablers:

- insight, intelligence, and evaluation;
- workforce development;
- communication and engagement; and
- clear governance and strong multi-agency partnership working.

3.8 The enablers are based upon the important lessons learnt from the COVID-19 pandemic we need to ensure we build on moving forward. Health protection priorities, whether related to reducing infectious diseases or environmental hazards, can be scientific and specialised. We will locally work together to ensure that we engage the right people in the right way, to translate key messages and ensure everyone understands the role they can play across the identified priorities, with a key focus on driving action and improvement in outcomes.

3.9 Progress against the Strategy and Delivery Plan will be monitored by the Health Protection Board. The Health Protection Board is chaired by Wirral's Director of Public Health, consisting of partners from UK Health Security Agency (UKHSA), Integrated Care Board (ICB), Environmental Health, NHS England (NHSE), Local NHS Trusts, Health and Social Care, Emergency Planning and Public Health. We recognise that how we work together will be crucial to delivering this Strategy. Wirral

Health Protection Board partners have agreed guiding principles for collective action which are included within the Strategy.

4.0 FINANCIAL IMPLICATIONS

4.1 The Strategy places collective responsibility for local system partners to align policy, strategy, and resources wherever possible in protecting and improving health. There are no direct financial implications in relation to this decision. Taking action to identify and address health protection priorities aims to help reduce the financial and economic implications of ill health on the local system.

5.0 LEGAL IMPLICATIONS

5.1 The Director of Public Health has primary responsibility for the health of the local community. This includes being assured that the arrangements to protect the health of the communities that they serve are robust and are implemented.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 The Strategy places collective responsibility for local system partners to align policy, strategy, and resources wherever possible in protecting and improving health. Wirral's Health Protection Service (funded until March 2024) will work with system partners to support the delivery of the Strategy.

6.2 There are no additional resource requirements identified at this time in relation to this decision.

7.0 RELEVANT RISKS

7.1 By not identifying and taking action to address local health protection priorities there are a range of direct and indirect risks that impact on individuals, communities, health services and the economy. Local system partners will support honest and open discussions regarding system risk and risk mitigation. These include risk of:

- poor individual and population health outcomes such as ill health, premature mortality, or negative impact on quality of life
- insufficient system resilience to support the prevention and management of outbreaks of infectious disease or incidents that affect health
- excessive pressure on emergency, health and social care services and related opportunity cost of ill health
- personal, societal, and business economic impact of ill health
- lowered community resilience
- impact on system partners' business continuity measures

7.2 The Wirral Health Protection Service is funded until March 2024 currently, there is a risk that post this date we will not have sufficient local capacity to deliver a proactive and preventative approach. This risk will be managed by system partners and ensuring clear roles and responsibilities and a shared approach to Strategy delivery. Future proposals related to public health funding towards the delivery of this Strategy

post March 2024 will be included within a planned review of Public Health expenditure to be undertaken during 2023.

- 7.3 A risk register will be held, managed, and reviewed on a quarterly basis by Wirral's Health Protection Board. Health Protection Board Partners will record relevant risks within their own established processes. Wirral Council's Public Health / Health Protection risks will be recorded within the Directorate Risk Register and where appropriate, within the Corporate Risk Register.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 Protecting the health of the people of Wirral from infectious diseases and environmental hazards requires collaborative action, therefore this Strategy has been developed following wide consultation and outlines how local partners will work effectively together to achieve our collectively agreed vision, aims and objectives.

9.0 EQUALITY IMPLICATIONS

- 9.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. An Equality Impact Assessment is a tool to help Council services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision or activity. The Strategy and Delivery Plan seek to positively address equality implications, providing focus on those most vulnerable and at risk.

- 9.2 An Equality Impact Assessment for the Health Protection Strategy is available at: <https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments>

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 Environmental hazards such as air pollution and climate change pose a significant current and future threat to the health of local people. The Strategy and Delivery Plan seek to address these challenges through collective action, with a focus on those most exposed and at risk in order to reduce inequalities in impact.

11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 Health protection interventions not only help to reduce morbidity and premature mortality and improve quality of life, but are cost-saving, both to health services and the wider economy. Protecting people and communities in Wirral from the impact of infectious diseases and environmental hazards will not only improve health and wellbeing but also protect local business and the economy. Many infectious diseases and environmental hazards disproportionately affect our most vulnerable residents, children and older people, and those living in less affluent areas; therefore, a robust and effective local health protection response will be vital in order to reduce health inequalities.

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APPENDICES

Appendix 1 – Wirral Health Protection Strategy 2023-27 and Delivery Plan

BACKGROUND PAPERS

Wirral Health and Wellbeing Strategy 2022-27

<https://www.wirralintelligenceservice.org/strategies-and-plans/wirral-health-wellbeing-strategy-2022-27/>

Wirral Intelligence Service – Health Protection

<https://www.wirralintelligenceservice.org/strategies-and-plans/health-protection/>

Wirral Plan 2021-26

<https://www.wirralintelligenceservice.org/strategies-and-plans/wirral-plan-2021-2026/>

Living safely with respiratory infections including COVID-19

<https://www.gov.uk/guidance/living-safely-with-respiratory-infections-including-covid-19>

Wirral Health Protection Challenges: A call to action

<https://democracy.wirral.gov.uk/documents/s50056549/Wirral%20Health%20Protection%20Challenges.pdf>

TERMS OF REFERENCE

This report is being considered by the Health and Wellbeing Board in accordance with Sections (a, b, c) 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
- c) To provide a local governance structure for local planning and accountability of health and wellbeing related outcomes

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Wirral Adult Social Care and Public Health Committee	31 January 2023

Wirral Health Protection Strategy 2023-2027

Protecting people and communities in Wirral from the impact of infectious diseases and environmental hazards in order to improve health and wellbeing, protect the economy, and reduce health inequalities.

Foreword

Wirral Council has co-developed a Health Protection Strategy with members of Wirral's Health Protection Board. The Board is a subgroup of Wirral's Health and Wellbeing Board with members from a range of Council services, NHS Cheshire and Merseyside Integrated Care Board (ICB), local NHS Trusts, NHS England and the UK Health Security Agency.

Learning from the pandemic, the strategy aims to ensure that we are prepared and resilient to be able to identify future health protection hazards and provide an effective response to reduce the impact of ill health. The strategy also aims to protect residents from wider health protection threats as well as infectious diseases. As COVID-19 demonstrated health protection issues can have wide ranging impacts not just on the health and care sector, but across all sections of society. An effective and collaborative approach to health protection is not only essential for improving health and wellbeing but will help to reduce disruption to our local economy, reduce health inequalities through protecting our most vulnerable residents, support our children and young people to achieve by keeping children in school, and reduce pressure within our already stretched health and social care services.

The strategy has been developed by assessing current performance, local health protection needs and consulting with partners. The priorities identified within this strategy are not new and are recognised system challenges for all local partners. We have a strong existing local partnership approach to build on with established leads from across sector partners and a number of multi-agency steering groups already in existence to drive progress against our agreed priorities. Case studies are also included which illustrate how we currently work in partnership.

Foreword

All system partners are currently under severe financial pressure with no sign of easing. These financial challenges highlight why it is more important than ever for us to align our priorities and work collectively to help improve health outcomes for our residents, making the best use of existing resources. To support the delivery of this strategy we will develop an implementation plan outlining priority activities, key milestones, issues and risks and mitigation measures (including resource and financial risks) for the forthcoming year which will be overseen by the Wirral Health Protection Board.



A handwritten signature in blue ink that reads 'Dave Bradburn'.

Dave Bradburn
Director of Public Health for Wirral
Chair, Wirral Health Protection Board

Introduction

Health protection seeks to protect individuals and communities from the impact of infectious diseases and environmental hazards as well as ensuring we are prepared for, and able to respond to, emergencies. Protecting the health of the public has a long history; Dr Edward Jenner introduced a pioneering approach in 1796 to prevent smallpox using virus from cows "cowpox" and this innovative approach led to the development of today's safe and effective vaccines.

An effective local health protection response is vital to improve health and wellbeing, protect the local economy, and reduce health inequalities.

In Wirral we have a strong history of working together on this agenda. In 2018 we developed a Health Protection Call-to-Action Report setting out how Wirral Partners would work together to ensure we have robust health protection arrangements in place to deliver against identified health protection priorities. Good collective progress was being made, however in 2020 the COVID-19 pandemic hit which became the sole focus for action. The pandemic has heightened the profile of health protection, and while a challenging period it provided us with significant learning and important lessons we need to build on moving forward. As we recover and learn to live with COVID-19 now is the right time to refresh our local strategic approach to health protection in Wirral.

This strategy sets out our collective approach to ensuring we have a resilient health protection system in Wirral.

This strategy outlines what we aim to achieve and where we will focus our efforts for the next four years. No single agency can address these issues in isolation, protecting the health of the people of Wirral from infectious diseases and environmental hazards requires collaborative action. Therefore, this strategy has been developed following wide consultation and outlines how local partners will work effectively together to achieve our collectively agreed vision, aims and objectives.

Why focus on Health Protection?

- Health protection issues are a cause of significant morbidity and mortality in Wirral; much of the harm caused is avoidable and preventable.
- Health protection contributes to health inequalities within our borough. Many infectious diseases and environmental hazards disproportionately affect our most vulnerable residents; children and older people, and those living in less affluent areas.
- Health protection interventions are cost-saving, both to health services and the wider economy.
- A robust health protection response plays a key role in protecting the NHS and its most vulnerable patients. For example, by reducing pressure on the system and cost through collaborative work on immunisation to reduce infectious diseases, or through effective infection control interventions that significantly improve quality of life and reduce hospital admissions for the elderly, frail and care home residents.
- Environmental hazards such as air pollution and climate change pose a significant current and future threat to the health of local people. These challenges require collective action, with a focus on those most exposed and at risk in order to reduce inequalities in impact.
- The local COVID-19 response has demonstrated what we achieve collectively. We need to build on the lessons provided by COVID-19 and maintain our collective approach, ensuring we are prepared for and able to respond to future emergencies.

How we have developed the strategy

Protecting the health of our local communities involves a wide range of individuals and organisations, this strategy has therefore been developed following wide consultation and discussion with local and regional partners. As part of the development of the strategy, we have worked to identify and understand relationships with and between key partners, and develop local clarity regarding roles and responsibilities. This has included a range of Local Authority services, local NHS partners, and the UK Health Security Agency (UKHSA).

The UKHSA is the responsible national agency for protecting every member of every community from the impact of infectious diseases, and environmental health threats. UKHSA is currently finalising their three-year strategy and we have discussed our local strategy and approach with regional UKHSA colleagues to ensure our local strategy aligns and enables local delivery of key regional and national objectives.

The Cheshire and Merseyside Health and Care Partnership 5 year strategy includes health protection as a key priority and outlines a commitment that the newly developed Cheshire and Merseyside Integrated Care system will work closely with local partners and commit resources to ensure there are robust health protection arrangements in place in local areas.

We also work closely with colleagues across the Liverpool City Region and Cheshire and Merseyside footprints, and we have shared our local approach and sought feedback to ensure where appropriate we progress joint work on wider footprints in order to benefit our local residents and partners.

Wirral is an active member of the Cheshire and Merseyside Health Protection Leads Forum. This forum is chaired by a Director of Public Health and includes representation from the nine local authority public health teams, UKHSA, and NHS England. We will work through this forum to explore economies of scale and resource and funding opportunities.

Strategic Vision, Aim and Objectives

Following consultation, we have agreed the following collective strategic vision, aim and objectives:



Vision

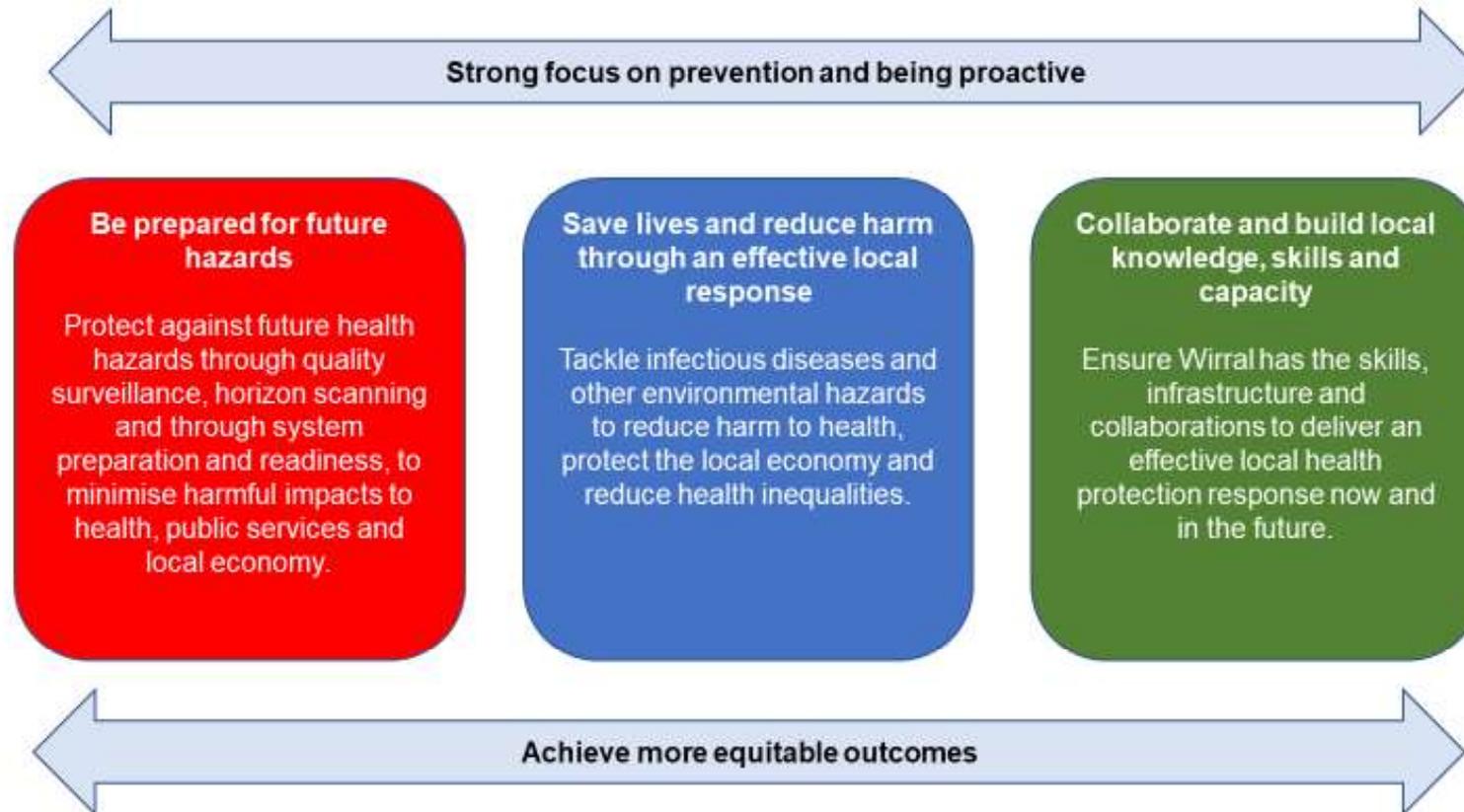
- All people in Wirral are protected from infectious diseases and environmental hazards and where such hazards do occur we minimise their impact.



Aim

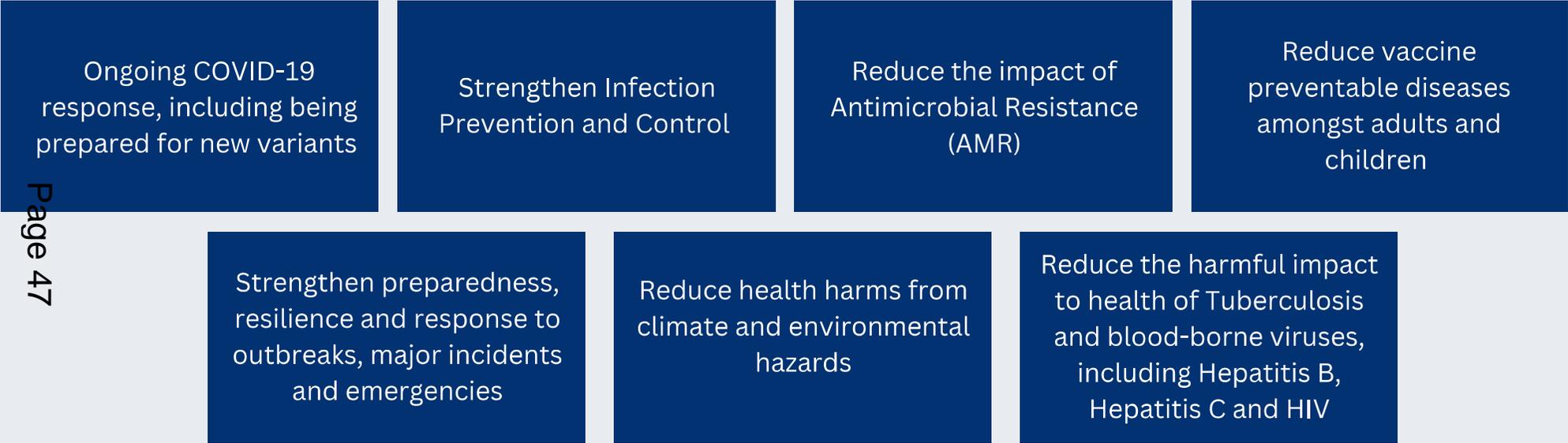
- Wirral has a high-performing health protection system that works effectively with local, regional, and national partners.

Strategic Objectives



Health Protection Priorities for Wirral

Following consultation with a wide range of local and regional partners and reviewing local intelligence, we have agreed priority areas we consider require collective action. These are:



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Delivery Plans for each priority are included below. For each priority the delivery plan sets out the case for change, current performance, agreed system priorities, how we will measure success (agreed outcomes), and the accountable lead group for delivery.

Local System Enablers

Underpinning the delivery of our local strategy are four strategic enablers, which will ensure we protect individuals and communities from the impact of infectious diseases and environmental hazards through ensuring we have a resilient health protection system in Wirral.

Insight, intelligence, and evaluation Page 48	Being innovative and proactive in our approach, we will gather evidence bases to ensure we have a clear and common understanding of health protection challenges in Wirral. This will include gathering secondary intelligence and primary insights from local residents, organisations and partners to make sure we are addressing the issues and responding in a way that is best suited to the needs of our communities. Our evidence bases will be published on our Joint <u>Strategic Needs Assessment website</u> . We will develop effective local surveillance systems. We will ensure we measure progress and outcomes against our agreed strategic priorities. We will ensure we learn and build on what works and celebrate and share successes.
Workforce development	We will work collectively to build support and retain a skilled and resilient workforce to enable the delivery of this strategy. We will develop and upskill knowledge across wider system partners to support the delivery of the key identified health protection priorities.
Communication and Engagement	The COVID-19 pandemic highlighted the importance of effective communication and engagement. We will tailor local messages to ensure they reach our local communities. We will build upon the successful Community Champions' programme developed during the pandemic to disseminate messages and understand local issues and barriers to action
Clear governance and strong multi-agency partnership working	No single agency can deliver this strategy in isolation - protecting the health of the people of Wirral from infectious diseases and environmental hazards is everybody's business. We will ensure we have robust governance and accountability mechanisms in place.

How we will Deliver the Strategy

The Wirral Health Protection Board has responsibility to ensure that Wirral has a robust health protection system and will take the lead in delivering the strategy. The Wirral Health Protection Board is chaired by the Director of Public Health; core members of the local health protection system represented on the Wirral Health Protection Group include:

- Public Health
- Environmental Health
- Children's Services
- UK Health Security Agency
- Adult Social Care
- NHS England
- Cheshire and Wirral Partnership NHS Foundation Trust
- Corporate Resilience
- Wirral Community Health and Care NHS Foundation Trust
- Communications
- Wirral University Teaching Hospital NHS Foundation Trust
- NHS Cheshire and Merseyside Integrated Care Board (ICB)

To support the delivery of this strategy we will develop an implementation plan with priority activities, key milestones, and metrics for the forthcoming year. We are also developing an outcomes framework, which will add further detail to key performance metrics and the key milestones as defined in the implementation plan. These outputs will be completed once the strategy is finalised and will report into the Wirral Health Protection Board. The Wirral Health Protection Board feeds into the Wirral Health and Wellbeing Board; updates on progress, issues and risks (including resource and financial risks) regarding strategy implementation, will be closely monitored by the Wirral Health Protection Board and escalated as appropriate for resolution.

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How we will Deliver the Strategy

Good System Leadership: Guiding Principles for the Wirral Health Protection Board

We recognise that how we work together will be crucial to delivering this strategy. Wirral Health Protection Board partners have agreed the following guiding principles for collective action:

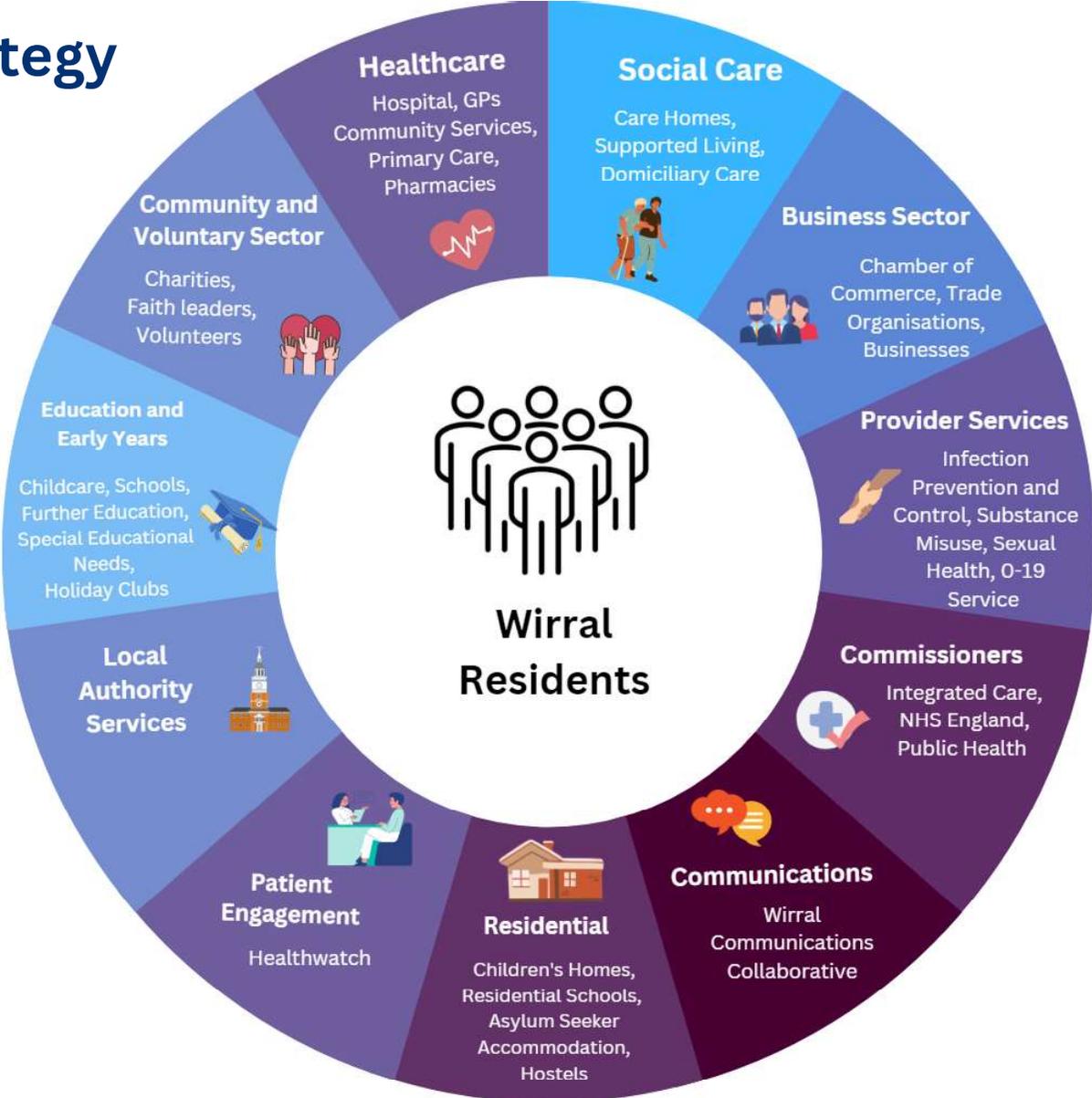
- Local system partners take collective responsibility for protecting the public's health, focusing on learning, and achieving together to provide high-quality health protection for local populations.
- Local system partners see themselves as part of wider population health systems, and seek to align policy, strategy, and resources wherever possible to best protect and improve health.
- Local system partners will work collectively to build support and retain a skilled and resilient workforce.
- Local system partners will support honest and open discussions regarding system risk and risk mitigation.

Under the Wirral Health Protection Board, a number of subgroups have been identified or established to drive progress against our agreed priorities. These subgroups will drive wider engagement across Wirral to deliver improvement in outcomes.

Health protection priorities whether related to reducing infectious diseases or environmental hazards can be scientific and specialised, with a focus on technical guidance but not always its implementation. We will locally work together to ensure that we engage the right people in the right way, to translate key messages and ensure everyone understands the role they can play across the identified priorities, with a key focus on driving action and improvement in outcomes.

How we will Deliver the Strategy

The wider partners who will be engaged in the delivery of this strategy are numerous and include:



How we will Measure Success

An effective local health protection response is vital to improve health and wellbeing, protect the local economy, and reduce health inequalities. COVID-19 has had a detrimental impact across all of our identified local priorities, with performance and health outcomes being worse than pre-pandemic levels. This is reflected across the whole of the country. As COVID-19 demonstrated health protection issues can have wide ranging impacts, not just on the health and care sector but across all sections of society. The successful delivery of this strategy will support the following high-level outcomes:

- Improvements in health and wellbeing outcomes.
- The protection of our most vulnerable residents from harm e.g., care home residents, those living in hostels, asylum seekers.
- Reduced demand on our local health and care system.
- Avoiding disruption to local businesses and supporting the local economy.
- An improvement in children's health and emotional wellbeing e.g., through enabling children to be able to access education settings.

The priorities identified within this strategy are not new and are recognised system challenges for all local partners. We have a strong existing local partnership approach to build on with established leads from across sector partners and a number of multi-agency steering groups already in existence to drive progress against our agreed priorities. Given our strong history of local collaborative work we have been able at this stage to also develop more detailed delivery plans outlining key indicators for how we will measure success for each priority, these are outlined in the delivery plans in the next section and currently reflect our high-level intentions for improvement against each of the identified priorities. As we develop our strategy implementation plan these measures will be further strengthened and refined into specific and measurable improvement targets for each priority with agreed timelines for delivery.

DELIVERY PLANS

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We have worked with a wide range of partners to develop agreed delivery plans for each identified priority area. For each priority the delivery plan sets out the case for change, current performance, agreed system priorities, how we will measure success (agreed outcomes), and the accountable lead group for delivery.

ONGOING COVID-19 RESPONSE, INCLUDING BEING PREPARED FOR NEW VARIANTS

Case for change	<p>COVID-19 has been the biggest challenge faced in living memory. It is essential that lessons are learned from this experience and built upon to enhance service delivery and system resilience. There is now not only an imperative to restore service provision while remaining prepared for possible future waves of the virus and other respiratory infections, but to build on this learning to bring about positive change and renewal so that collectively, through strengthened relationships, we can support the greatest possible improvements for everyone, well beyond this crisis.</p>
Page 54 Current performance	<p>In Wirral aligned to the national picture the impacts of COVID-19 have not been felt equally – the pandemic has both exposed and exacerbated longstanding inequalities in our borough. People who have been worst affected by the virus are generally those who had worse health outcomes before the pandemic, including people from ethnic minority communities and those living in poorer areas.</p> <p>Throughout the pandemic we have seen that COVID-19 cases and the number of people admitted to hospital with COVID-19 are higher in our more deprived areas. Conversely our affluent wards in Wirral have had the lowest numbers.</p> <p>We have also seen this pattern reflected in the location of workplace settings affected by outbreaks – with those affected by outbreaks also being located within our more deprived wards on the east side of the borough.</p>

	<p>We know there is no single factor that means our more deprived communities are at higher risk of transmission, rather this is due to a combination of factors including financial, occupation, demographics and household composition, attitudes and behaviours and trust in local, regional and national response systems.</p> <p>Accessing vaccination and implementing basic infection prevention and control measures remain key to protecting against severe illness and reducing the risk of hospitalisation, which help to reduce pressure on local healthcare services.</p>
<p>Page 55 What we will do</p>	<p>In order to strengthen system preparedness, resilience, and response, to be able to manage healthcare pressure we will:</p> <ul style="list-style-type: none"> • Continue to work with regional partners to develop and enhance our local surveillance. • Focus our local efforts on protecting people, communities, and settings at highest risk of adverse outcomes due to COVID-19 – prevention and outbreak management. • Develop a local respiratory infection ‘wave plan’ to help prepare for, and strengthen Wirral’s system resilience and sector specific response to increases in local prevalence (future waves), and emergence of new variants (link to resilience priority). • Work collectively to increase uptake of COVID-19 vaccination (link to vaccination priority). • Contribute to the national COVID-19 inquiry and implement lessons learned as they emerge.
<p>How we will measure success/ outcomes</p>	<ul style="list-style-type: none"> • Reduction in COVID-19 cases and outbreaks in vulnerable groups and high-risk settings e.g., care homes • Reduction in COVID-19 hospital admissions • Reduction in COVID-19 deaths
<p>Accountable lead</p>	<p>Wirral Health Protection Board</p>

STRENGTHEN INFECTION PREVENTION AND CONTROL

Page 56
Use for change

The COVID-19 pandemic has highlighted the importance of Infection Prevention and Control (IPC) measures to prevent against the spread of infectious diseases. Locally we have excellent specialist infection prevention and control teams within our local trusts and the community. However, IPC is everybody's business and organisations need to take ownership of challenges and solutions to keep patients, professionals, and communities safe. Public awareness of the importance of following the rules of good hygiene was also raised during the pandemic, these simple measures (e.g. hand washing), remain the key tools in helping to prevent the spread of infections.

Reducing healthcare-associated infections (HCAI) remains a high priority locally as HCAI pose a serious risk to patients, increasing morbidity, mortality, and excess costs, all of which can be prevented through effective collaborative action. In the UK, the total annual cost of HCAI is estimated to be £774 million.

Additionally, further system issues have emerged as critical during the COVID-19 pandemic, such as discharging patients to high-risk settings, the segregation of patients suspected or known to have the infection, or systems for surveillance of healthcare-associated transmission.

Effective infection prevention and control (IPC) is essential to:

- Keep people safe and deliver high quality care
- Prevent avoidable infections and hospital admissions
- Reduce excess costs on health and care system

The Wirral health and care system currently faces several issues suggesting infection prevention and control practices could be strengthened:

We experience high rates of healthcare-associated infections:

- Clostridioides difficile (C. diff) rates for Wirral are higher than England and the Northwest

We have experienced and locally managed and supported a number of outbreaks of COVID-19, influenza (flu), diarrhoea and vomiting across local health and care residential settings (hospital, care homes and supported living settings).

We have also experienced and locally managed and supported infectious disease outbreaks in wider community settings including education settings, primary care, domiciliary care, day centres, hostels and asylum seeker accommodation.

COVID-19 has not gone away, and we are currently experiencing cases and outbreaks of other infectious diseases at a greater scale than before the pandemic.

Infection prevention and control is one of the most cost-effective interventions against anti-microbial resistance. Not only do measures help to prevent infections, they help to reduce the overuse of anti-biotics which drives resistance.

Coupled with immunisation programmes, infection prevention and control measures play a significant role in reducing the risk of outbreaks of disease, and are therefore a key enabler for health and social care services to operate effectively.

<p>What we will do</p> <p>Page 58</p>	<p>In order to prevent the spread of infectious diseases and reduce the incidence of healthcare associated infections (HCAI) we will ensure effective system wide infection prevention and control (IPC) measures are in place across Wirral health and care and wider economy. We will:</p> <ul style="list-style-type: none"> • Develop a system plan for reducing healthcare associated infections (HCAI) to ensure improvements and learnings are embedded and sustained. • Supported by NHS England, undertake an externally led system peer review with the aim of reducing Clostridioides difficile rates. • Develop a training and communications campaign across the health and social care system to promote infection prevention and control as a critical component of safety and quality of care under leadership of Directors of Nursing and Medical Directors. • Ensure effective infection prevention control is included as a key measure to keep people safe and maintain service quality within local system winter plans. • Develop a Winter Wellness communications campaign and utilise the Wirral Health Protection Service to promote the importance of infection prevention and control community wide, particularly to vulnerable settings and communities.
<p>How we will measure success/ outcomes</p>	<ul style="list-style-type: none"> • Reduction in Healthcare Associated Infections. • Reduction in transmission and outbreaks within health and care and community settings.
<p>Accountable lead</p>	<p>Wirral Infection Prevention and Control Forum</p>

REDUCE THE IMPACT OF ANTIMICROBIAL RESISTANCE (AMR)

Page 59

base for change

Antimicrobial Resistance, (AMR), is a national and global priority, currently estimated to cause approximately 2,000 UK deaths a year and more than 700,000 deaths globally. Antimicrobial resistance is a current problem and will be a growing issue in the future unless we act now. In 2018, there were over 60,000 severe antibiotic-resistant infections in England, an increase of 9% on the previous year, this number is predicted to increase and therefore deaths due to AMR are predicted to rise.

The ability of bacteria to become resistant to the effect of antimicrobials is an inevitable evolutionary process. Misuse and over-use of antimicrobial agents exacerbates the development of antimicrobial resistance. Infections caused by resistant microorganisms often fail to respond to the standard treatment, resulting in prolonged illness, higher health care expenditure, and a greater risk of death. Limited development of new antimicrobials to treat infections caused by resistant organisms exacerbates the AMR problem.

Without effective antibiotics even minor surgery and routine operations could become high-risk procedures, leading to prolonged illnesses and higher numbers of deaths.

Prevention of infection is the starting point for Antimicrobial Stewardship. Collaborative working within the system-wide Infection Prevention and Control (IPC) agenda is integral to reducing the spread of antimicrobial resistant organisms and infections.

The UK approach to addressing the AMR problem is set out in a 20-year vision for improving antimicrobial resistance and the UK five-year action plan for antimicrobial resistance 2019 to 2024.

We have recently reviewed intelligence related to antibiotic prescribing and have found that the local picture suggests reducing antibiotic prescribing is a local priority.

- Antibiotic prescribing in primary care in Wirral is high compared to the national average and matched peers (areas with similar populations).
- Wirral is the 4th highest prescriber of broad-spectrum antibiotic nationally and the highest prescriber within Cheshire and Merseyside.
- Wirral has the highest prescribing in England for antibiotics for urinary tract infections (UTIs) yet admissions for UTI are the 5th highest in England.
- Since the end of COVID restrictions a significant increase in antibiotic prescribing has been observed in primary care.
- Within secondary care prescribing targets for reduction of broad-spectrum antibiotics are being met. However, the rate of prescribing of intravenous antibiotics is higher than peer organisations.

Work has recently been undertaken with system partners to develop a Wirral AMR strategy 2022-25. The strategy outlines the system wide approach to Antimicrobial Stewardship (AMS) in Wirral to reduce inappropriate antibiotic use, reduce antimicrobial resistance (AMR) and improve patient safety.

<p>What we will do</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 61</p>	<p>In order to reduce the impact of antimicrobial resistance we will:</p> <ul style="list-style-type: none"> • Deliver the Wirral antimicrobial resistance strategy and work as a system to optimise antibiotic prescribing and reduce the risk of antibiotic resistance. • Develop education for healthcare staff, patients, and carers. Take a system wide approach to deliver education using shared resources, videos and accessible forms across all organisations and sectors to improve public awareness and reduce public demand for antibiotics for self-limiting infections. • Prevent and improve the management of urinary tract infections in adults aged 65 years and over (promoting hydration messages and local roll out of the quality improvement project “To Dip or Not to Dip”). • Support antibiotic reviews and intravenous (IV) to oral antibiotic switches in secondary care. • Address the high usage of broad spectrum antibiotics in primary care.
<p>How we will measure success/ outcomes</p>	<ul style="list-style-type: none"> • Reduction in total antibiotic prescribing - Wirral to meet or fall below the national average. • Reduction in broad-spectrum antibiotic prescribing in primary care to allow GP practices to meet the national target of 10% or less. • Reduction in antibiotic prescribing for Urinary Tract Infection - Wirral to meet or fall below the national average. • Reduction in admissions to hospital for UTI by 10% or more based on the 2019 admission rate.
<p>Accountable lead</p>	<p>Wirral Antimicrobial Resistance Strategy Group</p>

REDUCE VACCINE PREVENTABLE DISEASES AMONGST ADULTS AND CHILDREN

Page 62

Case for change

Vaccines protect against serious disease and premature death, helping people of all ages live longer, healthier lives. NHS England is accountable and responsible for the routine commissioning of national immunisation programmes and local system partners work with commissioned providers to develop community-focused approaches that put vaccination at the heart of prevention, to help people stay well.

The UK's current routine immunisation schedule provides protection against 14 infections, including measles, rubella, meningococcal disease, tetanus, whooping cough and polio. Most vaccinations are given during childhood, some vaccines such as COVID-19 and seasonal flu are offered to people across a range of ages, their carers and health and social care staff, and the vaccine to protect against shingles is offered to adults only (i.e. those aged 70-79).

Despite recent reports of vaccine fatigue, COVID-19 and seasonal flu vaccinations remain a high priority in preventing outbreaks, severe illness and hospitalisation. The co-circulation of COVID-19 and seasonal flu poses significant challenge and pressure on already stretched health and care services.

Childhood immunisation uptake rates have been slow to recover from pre-pandemic levels. Of significant concern is the downtrend in Wirral's measles, mumps and rubella (MMR) vaccination uptake rate. Not being able to attain herd immunity levels ($\geq 95\%$) increases the potential for the resurgence of measles, which is highly contagious and can cause serious complications including blindness, pneumonia, meningitis, seizures and in some cases, death.

Immunisation programmes coupled with simple, effective infection prevention and control measures play a significant role in reducing the risk of outbreaks of disease, and are therefore a key enabler for effective health and social care and emergency service provision.

Seasonal influenza vaccinations 2021/22:

- Wirral maintained an overall high uptake of the flu vaccine in those aged 65+ years (82.57%) in 2021/22, however there were inequalities in coverage, with some practices achieving less than 70% during the season.
- Influenza vaccine uptake in residents who are defined as ‘clinically at risk’ (because they have an underlying health condition) was higher in Wirral than in England however coverage within some GP practices was less than 1 in 3 of their eligible population.
- Several GP practices vaccinated less than 1 in 4 of their 2-3 year old population, with the lowest practice uptake rate for 2021/22 being just 1.2%.

COVID-19 vaccinations 2021/22:

- As at December 2021, nearly 10,000 people aged 50 and over in Wirral remain unvaccinated
- When cross-referencing the population against known COVID-19 risk factors:
 - nearly half of this cohort live within the most deprived quintile of Wirral;
 - around 1 in 5 were identified as being mildly to severely frail; and
 - more than 1 in 10 had three or more long term health conditions

Measles, Mumps and Rubella (MMR) 2021/22:

- Uptake for the MMR 1 vaccine was 98.09% in 2017/18, falling to 96.14% in 2021/22. This was a larger decrease (1.95%) than nearly two thirds of other local authorities.
- For MMR 2 (two doses by 5 years of age), uptake in 2017/18 was already below the 95% target (93.78%) and decreased by more than 3% to 90.46% by 2021/22. This is nearly 5% below the national herd immunity target of 95%. This decrease was greater than over 75% of other local authorities in England, placing Wirral in the worst quartile.
- As well as decreasing uptake, there are considerable inequalities within Wirral, with uptake in some practices as low as 66.67% for MMR2 in 2021/22.

<p>What we will do</p> <p>Page 64</p>	<p>In order to help reduce the incidence of vaccine preventable disease we will:</p> <ul style="list-style-type: none"> • Update the Vaccination and Immunisations Joint Strategic Needs Assessment and develop an immunisations data surveillance dashboard. • Work collaboratively to develop an Immunisation Locality Plan for Wirral, identifying key actions and clarifying roles and responsibilities. Initial focus will be on improving seasonal influenza, COVID-19 and MMR immunisation uptake rates, and reducing variation in coverage. • Explore and implement new strategies to reduce vaccine inequalities. • Develop and implement a shared communications plan and work with community engagement groups to target messages at under-vaccinated groups, as appropriate. • Continue to develop community and outreach solutions for under-vaccinated groups and deprived communities to support ease of access.
<p>How we will measure success/ outcomes</p>	<ul style="list-style-type: none"> • Increase uptake of seasonal influenza immunisation. • Increase uptake of COVID-19 vaccinations and boosters \geq nationally set objectives. • increase uptake of two doses of MMR vaccine in the routine childhood vaccination programme.
<p>Accountable lead</p>	<p>Wirral Strategic Immunisation Group</p>

STRENGTHEN PREPAREDNESS, RESILIENCE AND RESPONSE TO OUTBREAKS, MAJOR INCIDENTS, AND EMERGENCIES

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base for change

The COVID 19 pandemic has required an extended and unprecedented response on a global scale, lasting over two years. In this context emergency preparedness resilience and response (EPRR) functions as with other aspects of service delivery, have been operating in a business continuity environment for an extended period of time. Now we are living with COVID-19 a return to business-as-usual practices has resumed, and for EPRR this means a return to the standard planning cycle, with a renewed impetus and focus across the local partnership.

Local emergency preparedness helps to be able to predict and minimise the effects of an incident or crisis which can help to reduce ill health and injuries, protect the community, and maintain business continuity. During the pandemic we developed action-based learning which helped to ensure that as a system our response was flexible, dynamic and co-ordinated. We recognise the need to build on this and collectively plan our response for a wide range of incidents and emergencies that could affect health and patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease, or a major transport accident.

Under recent changes Integrated Care Boards (ICBs) have replaced local Clinical Commissioning Groups. They have been given additional EPRR responsibilities and are now Category 1 responders, alongside Local Authorities. It is therefore timely to review local EPRR arrangements and collaborative working arrangements.

<p>Current performance</p>	<p>The Civil Contingencies Act 2004 requires for organisations in the health system (emergency services, local authorities, NHS bodies) to prepare for adverse events and incidents. Merseyside Resilience Forum provides a mechanism for coordinating local emergency preparedness, response and recovery activity, and provides a key interface between national government and the local areas. Cheshire and Merseyside Integrated Care Board has responsibility for representing the NHS at Local Resilience Forum level and now chair Cheshire and Merseyside Health Resilience Partnership. Both forums operate primarily at regional level.</p> <p>Recognising the opportunities and value in strengthening local preparedness, resilience and response at place level, Wirral's Health Protection Board has designated EPRR a new priority. Current performance is yet to be determined and to facilitate this, a new baseline from which to measure progress will be established through the newly formed Resilience Partnership.</p>
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<p>What we will do</p> <p>Page 67</p>	<p>In order to strengthen preparedness, resilience and response to outbreaks, major incidents and emergencies we will:</p> <ul style="list-style-type: none"> • Establish a Wirral Health Resilience Partnership forum to bring together local emergency planning leads. • Develop a Wirral community risk register and a common understanding of potential hazards and threats and assure ourselves effective mitigations are in place, or take action if not. • Undertake local training exercises and scenario planning to test our local preparedness. • Ensure robust extreme weather plans are in place, covering heat waves, cold weather preparedness linked to winter planning, and flooding. • Develop a system-wide emergency plan to effectively respond to outbreaks of infectious disease for example, measles or avian flu. • Educate, empower and support high-risk settings to effectively respond and self-manage outbreaks and incidents.
<p>How we will measure success/ outcomes</p>	<ul style="list-style-type: none"> • A shared understanding of local, national and global threats, and potential hazards by system partners. • Increased capability and competence of workforce to respond to emergencies and incidents through training and exercising in a risk-based approach.
<p>Accountable lead</p>	<p>Wirral Health Resilience Partnership</p>

REDUCE HEALTH HARMS FROM CLIMATE AND ENVIRONMENTAL HAZARDS

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Case for change

Environmental hazards such as water and air pollution, extreme weather, or chemical exposures can affect human health in a number of ways, from contributing to chronic diseases such as cancer to acute illnesses.

The Chief Medical Officer's Annual Report for 2022 focused on air pollution. The report notes that progress has been made in reducing outdoor air quality but that there is more progress to make, and highlights that improving indoor air quality also needs to be a focus for action.

The World Health Organisation describe air pollution as the greatest environmental threat to health and a leading cause of non-communicable disease, such as heart attack or stroke.

Climate change can affect the social and environmental determinants of health – clean air, safe drinking water, sufficient food and secure shelter. In addition, adverse effects of climate change (such as flooding) can affect mental health and wellbeing.

Climate change is causing long term changes to our weather patterns with increased incidence of hotter, drier summers and longer, wetter winters. These changes will lead to increased incidence of heatwaves and extreme cold which in recent years has seen excess deaths.

Climate change and air pollution are closely linked, and strategies to mitigate the impacts of climate change has co-benefits of reducing air pollution and improving public health.

These impacts will not fall equally locally, and we know our most vulnerable residents e.g., young and old or those on low income are least able to respond to the threat posed by such hazards and will be the most affected unless we can locally mitigate such impacts.

Local Authorities in England have duties regarding local air quality management under the Environment Act 1995. The Local Authority must regularly review and assess air quality in their areas and determine whether or not the air quality objectives are likely to be achieved. Wirral Council produces [an annual air quality status report](#) that is submitted to the Department for Environment Food and Rural Affairs.

In Wirral we have recently updated our [air quality joint strategic needs assessment](#). Locally we monitor for two individual pollutants: nitrogen dioxide and particulate matter. Monitoring results have not indicated any breaches of the UK air quality objective levels for air pollution. Wirral Council has not declared any air quality management areas in the borough. National modelling shows that the average fraction of deaths attributable to particulate air pollution in Wirral is below the England average. The most up to date figures (2020) show that the England average is 5.6%, the Northwest, 5% and Wirral being 4.9%.

To limit the impacts of climate change in Wirral, and to contribute to global efforts, the longstanding Climate Change Partnership for Wirral 'Cool Wirral' has set a climate change target for Wirral to be 'net carbon neutral' by 2041, to be delivered through the [Cool2 Climate Strategy for Wirral](#).

In July 2019 Wirral Council declared an Environment and Climate Emergency and made the commitment to being net carbon neutral by 2030, by approving the Council's Environment and Climate Emergency Policy in March 2021.

The NHS became the world's first health service to commit to reaching carbon net zero, in response to the profound and growing threat to health posed by climate change. With around 4% of the country's carbon emissions, and over 7% of the economy, the NHS has an essential role to play in meeting the net zero targets.

Delivering a [Net Zero Health Service \(2020\) report](#) sets out a clear ambition and two evidence based targets:

- The NHS Carbon Footprint: for the directly controlled emissions, net zero by 2040.
- The NHS Carbon Footprint Plus: for emissions the NHS influences, net zero by 2045.

<p>What we will do</p> <p>Page 71</p>	<p>In order to reduce the health harms from climate and environmental hazards we will:</p> <ul style="list-style-type: none"> • Develop a Wirral air quality strategy (DEFRA has stipulated all LAs must have an air quality strategy from 2023 onwards), this will be developed in collaboration with system partners. • Extend membership of the Wirral Air Quality Group to include health partners and other anchor organisations. • Embed actions to improve air quality and reduce CO₂ emissions into local regeneration programmes e.g., through the implementation of measures to promote active travel and reduce vehicle usage. • Work with NHS partners who use their Sustainable Development Management Plans to deliver on the air quality and climate goals in the NHS Long Term Plan and share how they are supporting patients and staff to reduce the health impacts of air pollution and climate change. • Build upon local initiatives to raise awareness of climate change and air quality and the behavioural changes that can positively impact on these issues.
<p>How we will measure success/ outcomes</p>	<ul style="list-style-type: none"> • Reduction in emissions of CO₂ and achieved trajectories to achieve the ambition of being net carbon neutral by 2041 • Reduction in exposure to nitrogen dioxide and particulate matter
<p>Accountable lead</p>	<p>Wirral Air Quality Steering Group Cool Wirral Partnership</p>

REDUCE THE HARMFUL IMPACT TO HEALTH OF TUBERCULOSIS AND BLOOD-BORNE VIRUSES, INCLUDING HEPATITIS B, HEPATITIS C AND HIV

The COVID-19 pandemic has had a significant impact on the detection, control and prevention of infectious diseases, including HIV, Hepatitis B and C, and Tuberculosis (TB). The most deprived and underserved population have been adversely affected, including prevention, testing, diagnosis and delay in treatment. In 2019, it was estimated that 6% of people living with HIV infection in England were undiagnosed. In the same year, 41% of all new diagnoses were made late, considering that late diagnosis is the most important predictor of morbidity and premature mortality among people with HIV infection.

In 2020, Hepatitis C virus (HCV) remains the most common infection among people who injected drugs (PWID) in the UK. The significant proportion of individuals not tested in 2020 indicates there is scope for improvement, particularly due to the risk of re-infection.

Nationally TB incidence has decreased dramatically since 2011. However, the rate of decline reversed in 2019, increasing by 2.4% and then, in 2020, recorded incidence fell. This may indicate undetected and unreported cases which need to be investigated.

Although new infections have reduced over the years and national strategy has had great impact in reducing blood-borne virus infection and TB in England, the elimination of these communicable diseases is still to be reached. As cases reduce and become harder to find, strategies need to evolve and adapt, and become more tailored to meet local need.

Current performance

In Wirral, the latest national data shows that overall, the incidence of Hepatitis B and C, HIV and TB is low, however:

- The number of new cases of acute Hepatitis B is higher than the North-West region and national rate.
- The Hepatitis C detection rate is lower than England and the percentage of eligible persons who have received a Hepatitis C test was 84.3%, below the national 95% target.
- The number of new cases of TB (three-year average) is lower than England and the North-West Region, which may indicate undiagnosed cases.
- The new HIV diagnosis rate is better than in England. However, the proportion of HIV late diagnosis in people first diagnosed with HIV in the Wirral is higher than North-West region and for England.

What we will do	<p>In order to reduce the harmful impact to health of Tuberculosis and blood-borne viruses, including Hepatitis B, Hepatitis C and HIV we will:</p> <ul style="list-style-type: none">• Undertake a Joint Health Needs Assessment during 2023/2024.• Continue to build on local collaborative work with multiple partners to increase case-finding and reduce late diagnosis for HIV, Hepatitis C and TB.• Ensure prevention and behaviour change strategies such as harm reduction has been prioritised by commissioners and providers to reduce onward transmission of and avoidable deaths from blood-borne viruses, particularly among underserved population.
How we will measure success/ outcomes	<ul style="list-style-type: none">• Achieve the micro-elimination of Hepatitis C in Wirral• Achieve national treatment across and completion targets for TB, Hepatitis and HIV• Reduction in the number of people being diagnosed late with TB, Hepatitis and HIV
Accountable lead	Wirral Health Protection Board

CASE STUDIES

Case studies are included to illustrate our collective approach to delivering this strategy, and the preventative and proactive approach we will be taking locally

CASE STUDY

INCREASING COVID-19 VACCINATION UPTAKE

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Background

The COVID-19 vaccination programme aims to protect those who are at highest risk from serious illness or death from COVID-19. Since the implementation of the vaccination programme there has been variation in uptake predominantly associated with economic inequalities and reflecting existing patterns of health inequalities within the borough. There is a linear relationship between vaccine uptake and income deprivation (IMD) with the lowest rates of vaccine uptake in the areas with highest deprivation.

Action

A COVID-19 Vaccination Health Inequalities subgroup was set up to bring together a range of system partners to support the roll-out of the COVID-19 vaccine programme, identifying and tackling inequalities in vaccine coverage. The group undertook a [COVID-19 needs assessment](#) to identify key cohorts associated with risk of poor health and outcomes. A local dashboard was also developed to show variation in uptake by cohorts, deprivation, and ethnicity.

The needs assessment and dashboard highlighted target at-risk groups with lower vaccine uptake. Local engagement was undertaken to gather insight of barriers facing those with different ethnic backgrounds and communities.

Response

Based on intelligence and insight, a range of interventions to increase confidence, improve convenience and tackle complacency have been developed to drive uptake of the vaccination in targeted population groups and localities. This has included:

- Community outreach clinics, pop-up clinic, and a vaccination bus within wards with lowest vaccination uptake. This offer was supported by significant community engagement in each area, to encourage residents to get their vaccination and to discuss concerns, utilising existing community networks such as community connectors, community champions, BAME link workers, social prescribing link workers, the Humanitarian network and partner organisations.
- Targeted work with local hostels including briefing sessions for hostel staff/key workers (Communications and Engagement activity), an outreach vaccination offer provided across hostel sites, incentives for vaccination take up.
- Targeted work with local social care providers to tackle vaccine hesitancy and barriers to take up the local vaccination offer.
- Proactive phone calls with high-risk unvaccinated cohorts by local social prescribing workforce and local public health team. The calls aimed to ensure there are opportunities to listen to and discuss hesitancy and feedback was utilised to provide accessible/alternative vaccination locations.

Outcome

Local initiatives have been evaluated and there is strong evidence that targeted work has an impact on vaccination uptake, and this has led to additional people being vaccinated. Key to the success of this approach was joint working between NHS, Local Authority, community voluntary and faith sector and local communities. This approach provides significant learning for us to embed across wider programmes and priorities in the future.

CASE STUDY

WIRRAL HEALTH PROTECTION SERVICE

CASE STUDY: HEALTH PROTECTION SERVICE

During the COVID-19 pandemic the Wirral public health team built local capacity to prevent, manage and respond to COVID-19 outbreaks. Since moving into the next phase of the pandemic and out of emergency response mode, we have taken the opportunity to reflect on lessons learnt during the pandemic and develop a local health protection service, to support the delivery of our wider health protection priorities.

The objectives of the Health Protection Service are to:

- Be ready to respond to outbreaks and focused on preserving life and safeguarding the vulnerable.
- Be at the forefront of prevention as well as control and management of communicable diseases – providing advice, support and guidance to communities and settings to Keep Wirral Well.
- Protect health and improve outcomes by supporting delivery of effective action across wider Wirral health protection priorities e.g., strengthening preparedness and emergency planning and protecting Wirral communities from environmental hazards

The Wirral Health Protection Service does not duplicate effort but works collaboratively with internal and external specialist services and partners including the UK Health Security Agency (UKHSA), Infection Prevention and Control (IPC) services, Environmental Health, NHS partners, Adult Social Care, Children's and Health and Safety.

See examples of some of the proactive and preventative work being undertaken by the team in the following pages.

"The Wirral Health Protection Service provides additional local capacity and enables us to take a proactive and preventative approach to improve health and wellbeing, protect the economy, and reduce health inequalities."

Supporting Winter Preparedness

The Wirral Health Protection Service is working together with local partners to prevent and alleviate winter pressures, with a focus on protecting the most vulnerable and reducing excess winter deaths.

Key actions include:

- Creating resilience across local communities by promoting infection prevention and control measures within community settings, preventing and managing outbreaks, and promoting flu and COVID 19 vaccine uptake.
- Developing and sharing resources promoting key winter wellness messages. The team is out and about visiting community venues to increase knowledge and winter preparedness against infectious diseases, this also includes signposting people to support related to cost-of-living pressures.

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Resources have been developed for:

- Care homes
- Domiciliary care
- Supported living managers
- Carers
- Local businesses
- Housing
- Hostels
- Asylum seeker hotels
- CVF sector venues e.g., warm hubs
- Alcohol and drug user services
- School/nurseries headteachers
- Council settings



Product recall linked to a Salmonella Outbreak

The Wirral Health Protection Service provided support to UKHSA, Food Standards Agency (FSA) and the Environmental Health team by undertaking spot checks of local food premises in respect of the salmonella outbreak associated with a children's chocolate product.

The FSA was concerned that products may still be available which should have been withdrawn as they were a risk to health. There were over 100 cases linked to this outbreak in the UK, the majority of the cases were in children under 5 years of age.

Salmonella infection can be severe, and many children affected in this outbreak have been very unwell and hospitalised. The FSA was therefore asking that checks were undertaken to ensure compliance with the product recall message. The team completed 299 visits to local retailers and found the recalled products still on sale within 64 of these premises.

Following the visit all 64 premises removed the products from sale, therefore reducing the risk to health of local children. The team also reinforced the communication route for product recalls and the importance of complying with future messages to protect health.

UKHSA Update regarding the outbreak:

<https://www.gov.uk/government/news/ukhsa-update-on-salmonella-cases-linked-to-confectionary-products>



Raising awareness of Tuberculosis within high-risk settings

Last year the UK Health Security Agency (UKHSA), working with NHS England (NHSE), launched a 5-year action plan to drive down tuberculosis (TB) cases in England. Tuberculosis is a serious infectious disease, which can be life-threatening without appropriate treatment. TB disproportionately impacts on under-served populations such as asylum seekers, those who have ever been homeless, spent time in prison or misused drugs and other substances making the detection of cases and ensuring treatment compliance challenging.

Working closely with the Wirral TB service the Wirral Health Protection service have run a local awareness and engagement campaign entitled 'Not every Cough is COVID!'

This project involves engaging with managers of local hostels, asylum seeker accommodation, Wirral Ways to Recovery and third sector organisations to raise awareness about TB and its symptoms and treatment.

Sixty-eight local high-risk premises were contacted and provided with information materials on TB and its symptoms and details regarding local referral pathways. The project has helped to strengthen the relationship between Wirral TB service and local third sector organisations including Wirral Multicultural Organisation.

CASE STUDY

REDUCING ANTIBIOTIC PRESCRIBING FOR URINARY TRACT INFECTIONS

Background

The Wirral Antibiotic Steering Group has reviewed prescribing data locally to identify areas for improvement. This data highlighted that Wirral has the highest prescribing for antibiotics for urinary tract infections (UTIs) in the country while also having high rates of older people admitted to hospital due to their urinary tract infections. Dehydration increases the risk of UTIs among older residents which can lead to multiple avoidable complications including confusion, falls, and hospital admission.

Action

Local stakeholders were brought together to review the intelligence and develop an improvement project. Following discussion, it was decided to take an upstream approach to reducing antibiotic prescribing for UTIs locally by focusing on the prevention of UTIs from occurring through improving hydration.

The project aimed to improve health and reduce the number of urinary tract infections in older people by:

- improving hydration of patients in nursing homes, care homes, and domiciliary care through education of staff, carers, and residents.
- improving hydration of older people attending day centres, by education of their carers, and staff members and implementation of evidence-based strategies such as protected drinks time and fluid intake monitoring.
- improving hydration in older people by engaging with wider community settings across the Wirral economy through provision of information, leaflets and posters.

Water makes up two thirds of our body. It is vital we drink enough fluid to maintain a healthy balance. Most people get dehydrated by not drinking enough fluids or by losing fluids and not replacing them.

Busting the myth

Tea and coffee are dehydrating - FALSE!
All non-alcoholic fluids count towards your fluid intake. However, decaffeinated versions are healthier choices.

Who can help?

Your GP or other healthcare professional can provide you with advice or information about preventing dehydration or can provide information on other services which might be able to help.

Other useful Contact:
• **Health Protection Service**
Monday to Friday, 9am - 5pm.
Email: healthprotection@wirral.gov.uk

For further information visit nhs.uk/conditions/dehydration

This leaflet does not replace advice from medical or healthcare professionals.

If you have been advised to restrict fluid intake by a healthcare professional, this leaflet is not suitable for you.

If you're seriously concerned about someone, please call NHS 111 or 999 in an emergency.

Health Protection Service is part of Public Health Wirral Council. Review date: August 2022

Keep Wirral Well NHS

Response

The Wirral Health Protection Service used data on the UTI incidence for residents in care homes in West Wirral to identify homes where residents have the highest rates of UTI to engage with them and understand the barriers to attending training and implementing the resources. The insight gathered has been used to design training for care homes delivered by the community Infection Prevention and Control team with good engagement to date.

The Wirral Health Protection Service has visited local day centres and domiciliary care providers to engage with managers and identify gaps and needs. This work was supported by the local bladder and bowel service who provided specialist advice.

To date the Wirral Health Protection Service has contacted and visited 152 settings across Wirral including community centres, libraries, leisure centres, local churches, pharmacies, and GPs to promote hydration messages. These visits have been targeted at the over-65 cohort for example engagement sessions have been run at local “knit and natter” groups. The information has been well received by members of the public and staff locally, with people showing interest in key messages from the material (i.e. being previously unaware that foods and other drinks than water help to hydrate).

Outcome

The project is currently ongoing however we have already locally seen a reduction in antibiotic prescribing for UTIs and a reduction in UTI related hospital admissions. The project has also developed relationships with wider community organisations which can be utilised for engagement around wider health protection priorities for example sessions are also being run with community groups on keeping well over winter, promoting COVID-19 and flu vaccination uptake and key infection control messages.



HEALTH AND WELLBEING BOARD

THURSDAY 23 MARCH 2023

REPORT TITLE:	BETTER CARE FUND (BCF) PLAN
REPORT OF:	DIRECTOR OF CARE AND HEALTH

REPORT SUMMARY

This report provides assurance to the Health and Wellbeing Board that the 2022/23 Better Care Fund (BCF) Plan met the requirements and was approved by the National Health Service England (NHSE).

It affects all Wards and is not a key decision.

RECOMMENDATION/S

The Health and Wellbeing Board is recommended to note and accept Wirral's BCF Plan for 2022/23.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 It is a mandatory requirement that BCF Plans are submitted to the NHSE.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 The submission of the BCF Plan is mandatory, which excludes the consideration of other options.

3.0 BACKGROUND INFORMATION

- 3.1 The pooled fund equates to 58.4m. The Council contributes 21.4 m with an additional 4.7m for Disabled facilities Grants (DFG). The Section 75 agreement funds services that enable people to stay safe, well and independent at home for longer and protects frontline social care delivery. The BCF is an enabler for integration, supports admission avoidance, a Home First approach and is responsive to place based priorities. The pooled fund and integrated commissioning and service delivery arrangements enable a focus on the best outcomes for people and it is necessary to have robust mechanisms in place to review their impact from an Integrated Care Board (ICB) perspective and to meet national, mandated BCF guidance. A Section 75 pooled fund agreement must be updated to set out the detail of budget areas that are being pooled in 2022/23 and the associated governance. There is a mandatory legal requirement to have a Section 75 agreement in place to draw down the elements of the pool relating to the BCF. Healthy Wirral remains the key programme for the delivery of health and care outcomes in Wirral.

National Conditions

- 3.2 The BCF Plan for 2022/23 required: -
- a narrative plan Appendix 1
 - a completed BCF planning template, including: – planned expenditure from BCF sources (Background Papers)

Mandated Financial Contributions

- 3.3 The contribution to social care spending from the minimum Integrated Care Board ICB contribution is maintained in line with the percentage uplift in the ICB minimum contribution to the BCF. The uplift will correspond with the minimum expectation for social care spend in 2022/23. The purpose of this condition is to ensure that support from the NHS for social care services with a health benefit is maintained in line with the overall growth in the ICB minimum contribution to the BCF.

BCF National Conditions

- 3.4 Wirral's Plan provided evidence that the national conditions of the fund as set out below were met, as well as ambitions and plans for performance against BCF national metrics and any additional contributions to BCF Section 75 agreements. (Appendix 1 and Background Papers).

- A jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board. It is permissible for plans to be accepted retrospectively.
- NHS contribution to Adult Social Care to be maintained in line with the uplift to ICB minimum contribution. This will include reablement services to promote independence, support for carers and early intervention and prevention services.
- Investment in NHS commissioned out-of-hospital services.
- Plan for improving outcomes for people being discharged from hospital.

The plan reported on: -

- Additional funds included and pooled within the Section 75. Whilst these contributions are not subject to the conditions of the BCF, there is a requirement to record them in the planning template.
- The impact the BCF has had on reducing health inequalities and equality for people with protected characteristics.
- Provision of a range of responsive services to vulnerable people and the protection of frontline social care delivery.
- The preventative role it played in enabling people in Wirral to be as independent as possible.
- The detail of budget areas that are being pooled in 2022/23 and the associated governance.

Improved Better Care Fund (IBCF)

- 3.5 IBCF funding can be allocated across any or all the four purposes of the grant in a way that Local Authorities working with ICBs determine best meets local needs and pressures. No fixed proportion needs to be allocated across each of the purposes. The grant conditions for the IBCF also require that the Local Authority pool the grant funding into the local BCF. This funding does not replace, and must not be offset against, the NHS minimum contribution to Adult Social Care (national condition two). Winter monies are now included within the IBCF and are no longer limited to winter, this has enabled us, on the basis of estimated current demand, to invest in good quality and sustainable social care services. Examples include funding awarded to MIND, to avoid admission to hospital, Age UK to support safe and sustainable discharge and additional social work capacity. These schemes increase independence and reduce pressures on the NHS.

Disabled Facilities Grant (DFG)

- 3.6 DFG funding continues to be allocated through the BCF. The statutory duty to provide DFGs to those who qualify for them is placed on local housing authorities. Wirral's plan demonstrated that sufficient funding is allocated from the DFG to continue to meet their statutory duty to provide adaptations. The DFG is pooled into the BCF to promote joined-up approaches to meeting people's needs to help support more people of all ages to live in suitable housing so they can stay independent for longer. MEDEQUIP service consolidates the impact of adaptations through the provision of a range equipment that avoids admissions, expedites discharges and enables people to remain at home for longer.

Home First

- 3.7 Wirral's plan provided evidence that local partners had an agreed approach to support safe discharge, the principles of the Home First approach had been adopted including funding for reablement.

Care Act Duties

- 3.8 The BCF contributes to the delivery of Care Act duties and supports the principles adult social care reform 'People at the Heart of Care' through the provision of support to carers and increasing the capacity to deliver statutory social work assessments.

4.0 FINANCIAL IMPLICATIONS

- 4.1 Whilst the forecast for the current budget is reported as balanced, there is a risk that a pressure could be realised due to the extension of the D2A beds, this will be closely monitored. It is however possible the pressures will be mitigated by the allocation of National Discharge Funding. Any financial risks associated with BCF are reported on at the monthly Place Based Partnership Board (PBPB).

5.0 LEGAL IMPLICATIONS

- 5.1 In June 2013, The Better Care Fund (BCF) was announced requiring the NHS and local government to create a local single pooled budget to incentivise closer working around people, placing their wellbeing as the focus of health and care services, and shifting resources into social care and community services for the benefit of the people, communities and health and care systems.
- 5.2 The Better Care Fund requires integrated care boards and local authorities to agree a joint plan, owned by the Health and Wellbeing Board. These are joint plans for using pooled budgets to support integration, governed by an agreement under section 75 National Health Service Act 2006.
- 5.3 The submission of a BCF Plan is mandatory. Failure to do so would expose the ICB and the Local Authority to scrutiny from NHSE.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 There are no resource implications as the mandated financial contribution from the Local Authority is pre-determined by NHSE.

7.0 RELEVANT RISKS

- 7.1 The submission of a BCF Plan is mandatory. Failure to do so would expose the ICB and the Local Authority to scrutiny from NHSE.
- 7.2 The report was approved by the Regional Team on 19 October 2022. We received approval from the BCF National Fund on on the 9 January 2023.
- 7.3 The financial position and any associated risks are reported to the Place based Board on a monthly basis.

7.4 Service delivery risks are discussed at the monthly Council/ICB meeting and are escalated to the Place Base Board meeting if necessary.

8.0 ENGAGEMENT/CONSULTATION

8.1 In developing the plan, the involvement of local NHS Trusts, social care providers, voluntary and community service partners and local housing authorities enabled us to demonstrate our alliance-based approach to integrated, person-centred services across health, care, housing and wider public services locally and our overarching approach to support people to remain independent at home.

9.0 EQUALITY IMPLICATIONS

9.1 This report has no equality implications, however BCF associated actions may have an impact and these will be subject to a separate assessment.

9.2 The PDF file may not be suitable to view for people with disabilities, users of Assistive Technology or mobile phone devices. Please contact the report author if you would like this document in an accessible format.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 There are no environmental or climate indications that will be generated by any recommendations included in this report.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 The BCF primarily funds local services at a neighbourhood level, offering both employment opportunities for local people and one of the primary goals of the BCF is to reduce inequalities experienced by people in receipt of the services it funds.

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APPENDICES

Appendix 1 – BCF Narrative Plan

BACKGROUND PAPERS

Completed BCF planning template, including planned expenditure from BCF sources.

TERMS OF REFERENCE

It is a National, mandatory requirement that the End of Year Template is approved by the Health and Wellbeing Board.

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Health and Wellbeing Board (S75 Agreement)	29 September 2021
Adult Social Care and Public Health Committee (Pooled Fund Arrangements)	13 October 2021
Health and Wellbeing Board (Better Care Fund)	9 February 2022

BCF narrative plan template

This is a template for local areas to use to submit narrative plans for the Better Care Fund (BCF). All local areas are expected to submit narrative BCF plans but use of this template for doing so is optional. Although the template is optional, we encourage BCF planning leads to ensure that narrative plans cover all headings and topics from this narrative template.

These plans should complement the agreed spending plans and ambitions for BCF national metrics in your area's BCF Planning Template (excel).

There are no word limits for narrative plans, but you should expect your local narrative plans to be no longer than 15-20 pages in length.

Although each Health and Wellbeing Board (HWB) will need to agree a separate excel planning template, a narrative plan covering more than one HWB can be submitted, where this reflects local arrangements for integrated working. Each HWB covered by the plan will need to agree the narrative as well as their excel planning template.

An example answers and top tips document is available on the Better Care Exchange to assist with filling out this template.

Wirral Health and Wellbeing Board

Health and Wellbeing Board(s)

Bodies involved in preparing the plan (including NHS Trusts, social care provider representatives, VCS organisations, housing organisations, district councils)

The following bodies whose services are partially or fully funded by the BCF have been involved in preparing this plan:

- Wirral Council,
- The ICB, Wirral Place
- Wirral Community Health and Care NHS Foundation Trust (CT)
- The Cheshire and Wirral Partnership NHS Foundation Trust (CWP)
- A range of social care providers including the voluntary sector

The governance of the BCF currently sits within the jurisdiction of the Joint Health and Care Commissioning Executive Board (JHCCEG).

The Wirral Place Based Partnership Board will form a sub-group Joint Committee in common to sign off Section 75 agreements including BCF post ICB establishment.

Oversight and approval of the plan will continue to be provided by the Health and Wellbeing Board Wirral.

How have you gone about involving these stakeholders?

The BCF is a workstream of the Living in Wirral Board. The strategic objectives of which are to deliver better health, better care and better value to the people of Wirral.

The Board includes key leaders from the voluntary and community sector, health and social care commissioners and providers. Key to the successful delivery of the programme is to be assured that services fully or partially funded by the Better Care Fund (BCF) improve people's experience of Health and Social Care services, reduce inequalities, and avoid duplication. In addition, and to be assured our citizens are enabled to lead healthy and happy lives, the strategy will:

- ensure pooled resources, intelligence and planning capacity are optimised
- the right care and support are delivered at the right and in the right place
- manages demand and reduces the cost of care
- clear accountability and governance arrangements are in place
- resilient and able to flex to respond to emerging issues in social care delivery

Executive summary

There have been no fundamental changes to the priorities identified in 2021/22.

In this financial year there are several key additional priorities:

- Development of an integrated Home First Service
- Additional D2A capacity
- Additional capacity within social work teams
- An enhanced focus on support for carers
- Implementation of the outcomes of the direct payments review
- Focusing on the role the BCF can play in the response to the Cost-of-Living Crisis

Governance

Currently governance of the BCF sits with the Joint Health and Care Commissioning Executive Group (JHCCEG).

The JHCCEG's role is to undertake the following duties and responsibilities, including formulating recommendations for adoption by Wirral Council's Health and Wellbeing Board, Adult Social Care and Public Health Committee/Children's Committee and NHS Cheshire and Merseyside ICB Wirral Place Governing Body that seek:

- To promote the integration of health and social services generally across Wirral Council and NHS Cheshire and Merseyside ICB Wirral Place
- To recommend for approval to Wirral Council's Health and Wellbeing Board, Adult Social Care and Public Health Committee/Children's Committee and NHS Cheshire and Merseyside ICB Wirral Place Governing Body:
 - Integrated health and care commissioning strategies
 - Large scale health and care transformation programmes.
- To maintain oversight of plans and delivery for specific areas such as:
 - Better Care Fund Schemes
- To ensure effective stewardship of Section 75 pooled monies and address any issues of concern

The Wirral Place Based Partnership Board will form a sub-group Joint Committee in common to sign off Section 75 agreements including BCF post ICB establishment. Oversight and approval of the plan will continue to be provided by the Health and Wellbeing Board.

The minutes of meetings of the JHCCEG are submitted to Wirral Council's Adult Social Care and Public Health Committee/Children's Committee and NHS Cheshire and Merseyside ICB Wirral Place Governing Body regardless of whether there are decisions to note or recommendations for approval contained therein.

The annual Section 75 arrangements are submitted to the Health and Wellbeing Board and to Adult Social Care and Public Health Committee for noting and approval.

The annual Planning Requirements are submitted to the Health and Wellbeing Board for noting.

Elected member workshops can be provided on request and throughout the year in addition to necessary reporting to the Health and Wellbeing Board and Adult Social Care and Public Health Committee to provide assurance that the National Conditions are being met.

Overall BCF plan and approach to integration

The development proposal for the Home First integrated service was undertaken by representatives from the Council, the ICB and both Trusts. Approval for those elements of the service funded by BCF was approved at JHCCEG. The service will enable people to return home with the support of Health Care Assistants and or reablement support provided by commissioned services when they no longer meet the criteria to reside. They will be assessed at home leading to the provision of services or a step up into a residential bed. The potential to optimise an individual's rehabilitation goals will be achieved through a home-based therapy service. This will be supported by the recruitment of:

- Additional therapists by 27/12/22
- Additional Assessment and reablement officers by 12/09/22
- 6 additional social workers by 18/11/22.
- An increased number of Health Care Assistants by 12/12/22
- In 2022/23 BCF will also fund some additional community based D2A beds to ensure there is sufficient flexibility in the system to respond well to any anticipated winter pressures. The PCNs have identified resources to support both approaches. Multi-disciplinary teams are available at a neighbourhood level and as defined by the contractual arrangements with both Trusts.
- Full engagement with the inclusion of the Voluntary Sector and the Community, Voluntary and Faith Sector (CVS) will optimise the utilisation of community assets. One scheme currently under development is the deployment of volunteers to undertake lunch time visits. The intention is that with access to the increased length of time that a volunteer can offer, social isolation will be reduced, and available resources can be more effectively targeted.
- The Medequip contract is currently under review to ensure the provision of equipment is optimised to prevent admission, expedite discharge, and enable people to remain at home for longer
- In 2021/22 the BCF funded the development of 3 additional hospital wards to support people who no longer meet the criteria to reside but had ongoing therapy needs, ensuring that on discharge their independence had been optimised. This service is having an impact and In 2022/23 BCF will also fund some additional community based D2A beds to ensure there is sufficient flexibility in the system to respond well to any anticipated winter pressures.
- The PCNs have identified resources to support both approaches. Multi-disciplinary teams are available at a neighbourhood level and as defined by the contractual arrangements

This model will be supported by the outcomes of the Care Market Sufficiency Programme, key delivery targets include:

- The inception of a digital brokerage model
- An increase in the Moving with Dignity approach
- Digital care planning

Implementing the BCF Policy Objectives (national condition four)

National condition four requires areas to agree an overarching approach to meeting the BCF policy objectives to:

- Enable people to stay well, safe and independent at home for longer
- Provide the right care in the right place at the right time

Please use this section to outline, for each objective:

- The approach to integrating care to deliver better outcomes, including how collaborative commissioning will support this and how primary, community and social care services are being delivered to support people to remain at home, or return home following an episode of inpatient hospital care
- How BCF funded services will support delivery of the objective

Plans for supporting people to remain independent at home for longer should reference

- Steps to personalise care and deliver asset-based approaches
- Implementing joined-up approaches to population health management, and preparing for delivery of anticipatory care, and how the schemes commissioned through the BCF will support these approaches
- Multidisciplinary teams at place or neighbourhood level.

Plans for improving discharge and ensuring that people get the right care in the right place, should set out how ICB and social care commissioners will continue to:

- Support safe and timely discharge, including ongoing arrangements to embed a home first approach and ensure that more people are discharged to their usual place of residence with appropriate support.
- Carry out collaborative commissioning of discharge services to support this.

Discharge plans should include confirmation that your area has carried out a self-assessment of implementation of the High Impact Change Model for managing transfers of care and any agreed actions for improving future performance.

- The integrated Home First model will enable people to stay well, safe and independent at home for longer and will provide the right care in the right place at the right time.
- The extension of the 3 Conversations approach to the assessment of any health and social care needs will be rolled out across the ICB and will include health and social care staff. Whilst not all the services are fully funded by BCF the dependencies and synergies between services commissioned and those funded by the BCF will deliver better outcomes for the residents of Wirral.
The project currently includes two of the Integrated Community Care Teams. There is demonstrable evidence of person-centred working and people being fully involved in their care and support discussions and arrangements. The adoption of this approach gives improved focus on relationships and understanding with people who are supported. It focuses on the personal assets of the individual and those available in the community. There is evidence of people being supported more quickly, and of a more seamless delivery of health and care services where people have multiple needs. Whilst it is difficult to capture the efficiencies derived from this approach work is underway to describe costs avoided. It is anticipated this will have a significant impact on reducing the number of hospital admissions and will expedite discharges.
- Anticipatory Care is one of the three parts of the Ageing Well Framework (with Urgent Community 2 hr Response, and Enhanced Health in Care Homes). It is focused on providing proactive and holistic care planning and coordination for at-risk groups outside of care homes. Wirral will be confirming plans for Anticipatory Care once the NHSE Anticipatory Care Framework is published. An Ageing Well Operational Group has been established, which will oversee this, with Healthy Wirral providing project support as required.
- The Virtual Ward project will provide Early Supported Discharge and Admission Avoidance for people with Frailty and COPD. The Virtual Ward model offers medical oversight and care coordination for people in their own homes, in circumstances where they would otherwise require an acute stay/longer acute stay. The Virtual Ward team will comprise hospital and community staff. Recruitment is underway for the Virtual Ward, which will begin operating in late 2022.

The projects referred to above are in some instances only partially funded by the BCF but support the aspirations of the BCF plan and will ensure better outcomes for Wirral citizens.

Supporting unpaid carers.

Please describe how BCF plans and BCF funded services are supporting unpaid carers, including how funding for carers breaks and implementation of Care Act duties in the NHS minimum contribution is being used to improve outcomes for unpaid carers.

The minimum contribution to carers services funds traditional building-based respite services. A proportion of the Early Intervention and Prevention services now provides grants to carers to enable them to have a break from their role. The review of direct payments is identifying additional and innovative approaches to enhance the overall offer. A personal assistant 'finder service' is also being offered by a voluntary sector provider and the ambition is to develop a similar service but led by people with lived experience. The Home First Service will support carers to access a direct payment and enjoy the flexibility this affords.

The co-production group, suspended during the pandemic will resume imminently and the development and implementation of a Carers strategy will be completed.

Disabled Facilities Grant (DFG) and wider services

What is your approach to bringing together health, social care and housing services together to support people to remain in their own home through adaptations and other activity to meet the housing needs of older and disabled people?

The Housing Services who lead on the Disabled Facilities Grant has had a strong history of ensuring that health, housing and social care work collectively to deliver adaptations and discretionary funding to meet wider BCF objectives.

Occupational Therapists are seconded directly into the Adaptations Team ensuring a holistic approach to matching adaptation requests and technical assessments, including a fast track service for specific adaptations relating to ceiling track hoists, level access showers, lifts and ramps.

The service also delivers and has direct referral pathways for handyperson services supporting health with hospital discharge cases enabling discharge with relevant support thus also assisting with preventing readmissions for the future.

Relevant and regular MDT meetings are held for complex cases which are attended with the respective agencies, enabling a wider approach and options to be assessed including a rehousing hand holding response where adaptations cannot be delivered in the current home. Specific work is also undertaken with key agencies to drive forward responses and improvements in the areas of time critical adaptations with a specific grant programmed developed to respond to this pressure.

Work is currently underway to also look at how care costs can be reduced through specifying lifting equipment that enables single carers to support individuals rather than two, to generate efficiencies in care contracts.

Equality and health inequalities

Briefly outline the priorities for addressing health inequalities and equality for people with protected characteristics under the Equality Act 2010 within integrated health and social care services. This should include

- Changes from previous BCF plan
- How these inequalities are being addressed through the BCF plan and BCF funded services
- Where data is available, how differential outcomes dependent on protected characteristics or for members of vulnerable groups in relation to BCF metrics have been considered
- Any actions moving forward that can contribute to reducing these differences in outcomes

All reports presented to the Health and Wellbeing Board in relation to BCF require an Equality Impact Assessment.

A partnership Cost of Living Crisis Group has been convened to consider the current and potential impact of the crisis currently in receipt of services, some of which are BCF funded. A business continuity exercise is underway with the care market and the hourly rate which is considering the increase in petrol costs for staff and any business risks associated with an increase in utility bills. The hourly rate for workers within the sector has been increased and it now exceeds the Real Living Wage.

The Living Well in Our Community Board continues to optimise the well-established integrated approach to best value commissioning and the strong relationships with the voluntary sector to improve the experience of those people experiencing inequalities and those who require health and social care. A core principle for both is to prevent and reduce inequalities and both groups are the custodians of a range of projects initiated to achieve these outcomes. Those services funded by the Better Care Fund (BCF) will be held to account and required to provide lived experience feedback and specifically demonstrate how they contribute to this agenda. The BCF review framework has been established to standardise how we measure success.

Equality Impact Assessments, and the Health Equity Assessment Tool (HEAT) are deployed when developing or reviewing services and we are adopting the CORE20PLUS5 approach.

The combination of the intentions described above will differential outcomes dependent on protected characteristics or for members of vulnerable groups in relation to BCF metrics have been considered

The Housing Services who lead on the Disabled Facilities Grant has had a strong history of ensuring that health, housing and social care work collectively to deliver adaptations and discretionary funding to meet wider BCF objectives.

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HEALTH AND WELLBEING BOARD 23rd MARCH 2023

REPORT TITLE:	INTERIM CHESHIRE AND MERSEYSIDE HEALTH AND CARE PARTNERSHIP STRATEGY
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 the Interim Cheshire and Merseyside Health and Care Partnership Strategy and plans for 2023/24. This report builds on the reports by the Place Director to previous Health and Wellbeing Board meetings about the development of this strategy.

This report affects all wards and is a non-key decision for information.

RECOMMENDATION/S

The Health and Wellbeing Board is recommended to note the update on the development of the Interim Cheshire and Merseyside Health and Care Partnership Strategy and plans for 2023/24.

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 establishment of the Cheshire and Merseyside Health and Care Partnership (HCP). This report builds on the previous reports by the Place Director (see subject history) and allows Board members to contribute to the ongoing development of our strategy and plans in Cheshire and Merseyside.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 The arrangements to establish ICSs, Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs) are statutory under the provisions of the Health and Social Care Act 2022. There are no other options pertaining to how these will be constituted and governed.
- 2.2 The guidance issued by the Department of Health and Social Care on 29th July 2022 outlining the requiring each ICP to produce and publish a strategy is statutory. The production of the Interim Cheshire and Merseyside HCP Strategy is the only available option.

3.0 BACKGROUND INFORMATION

- 3.1 Integrated Care Partnerships (ICPs) will be statutory committees that are jointly formed between the local NHS integrated care board and all upper-tier local authorities that fall within the ICS area. The ICP brings together a broad alliance of partners concerned with improving the care, health and wellbeing of the population, with membership determined locally. The ICP is responsible for producing an integrated care strategy on how to meet the health and wellbeing needs of the population in the ICS area. The Cheshire and Merseyside Health and Care Partnership (HCP) covers all nine Places in the region including Wirral.
- 3.2 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. As reported to this Board on 2nd November 2022, the HCP agreed that the Cheshire and Merseyside strategy should be developed from existing documents and that each Place should contribute to it with their local plans. The Board agreed that the Wirral submission should be based upon the information contained in the Health and Wellbeing Strategy 2022-2027 and Outcomes Framework and 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 The Wirral submission for the Cheshire and Merseyside Health and Care Partnership Strategy was made on 9th November 2022. The submission was shared with this Board on 21st December 2022. It was agreed at this meeting that the HCP should be brought, when ratified, to a future meeting of the Board. The Interim Cheshire and Merseyside Health and Care Partnership Strategy can be found in Appendix 1 of this report.

3.4 On 23rd December 2022, NHS England published the priorities and operational planning guidance for 2023/24. This guidance set out that each Integrated Care Board must produce a Joint Forward Plan (JFP). The production of a JFP is the responsibility of NHS Cheshire and Merseyside. The JFP will need to be developed through engagement with partners. This will include working with the Cheshire and Merseyside HCP to reflect system strategy and priorities in the JFP. The JFP will therefore be a shared delivery plan for the HCP Strategy, place-based Health and Wellbeing strategies and universal NHS commitments. It will include specific objectives, trajectories and milestones. The plan will also describe the approach and response to consultation with partners. Health and Wellbeing Boards must be involved and must include a statement of their opinion of final JFP. The JFP will be reviewed and updated annually. Appendix 2 sets out the planning requirements and relationships for 2023/24.

3.5 The Interim Cheshire and Merseyside Health and Care Partnership Strategy was considered at the HCP meeting on 17th January 2023. As the HCP is not yet a formal joint committee, and following discussions with Local Authority legal representatives, it was recommended and accepted that the HCP strategy remains as a draft interim document. It was agreed that there should be further work to refine and improve the strategy in parallel to formalising the HCP governance. The following next steps were agreed by the HCP:

- the draft interim strategy document would be published on the NHS Cheshire and Merseyside ICB website alongside those of wider partners at their own organisational discretion. This would allow wider access and engagement on the draft strategy with our public during 2023.
- engagement would take place with our communities and HCP members/partners in refining the content, in partnership with Place Health and Wellbeing Boards.
- work would continue to prioritise the areas contained in the draft interim strategy by reviewing population health intelligence and then reviewing, and agreeing, the priorities at a workshop in the March 2023 HCP meeting.
- that NHS Cheshire and Merseyside ICB consider the prioritised areas identified within this draft interim strategy when developing the ICB Five Year Joint Forward Plan, by June 2023 (draft by March 2023) and all HCP members use the interim draft strategy to inform their own organisational plans.
- the HCP would develop an annual plan which details work programmes which deliver these shared priorities and have clear and measurable outcomes. The work programmes will recognise the response to our immediate service pressures as well as our longer-term objectives as members of the HCP.
- the development of a system financial strategy that supports delivery of the final approved HCP Strategy, recognising that this would most likely extend beyond the end of March when the NHS planning process would be completed as part of the NHS operational planning process
- work between Partners would continue with the intention to establish the HCP as a Statutory Joint Committee from July 2023.

- 3.6 NHS Cheshire and Merseyside will be working with stakeholders from across the HCP, including members of Wirral Health and Wellbeing Board to ensure that the Five Year Joint Forward Plan reflects both the priorities from the HCP Interim Strategy, the Health and Wellbeing Board Strategy and NHS operational planning guidance. This will act as a delivery plan for the HCP with a particular focus on the priority actions for 2023-24. As stated above, the JFP will require the ratification of the Health and Wellbeing Board.
- 3.7 The Health and Wellbeing Board is recommended to note the update on the development of the Interim Cheshire and Merseyside Health and Care Partnership Strategy and plans for 2023/24.

4.0 FINANCIAL IMPLICATIONS

- 4.1 Developing a financial strategy that complements this work will happen during 2023 in reflection of the budgetary projections. As the priorities and plans for 2023-24 are developed it will be possible to develop more detailed. This will enable prioritisation as an HCP.

5.0 LEGAL IMPLICATIONS

- 5.1 The Health and Care Act 2022 established new NHS bodies known as Integrated Care Boards and required the creation of Integrated Care Partnerships in each local area. The Health and Care Act 2022 did not change the statutory duties of Health and Wellbeing Boards as set in the Health and Social Care Act 2012.
- 5.2 Each Health and Wellbeing Board is responsible assessing the health and wellbeing needs of their population and publishing a joint strategic needs assessment and publishing a joint local health and wellbeing strategy , which sets out the priorities for improving the health and wellbeing of its local population and how the identified needs will be addressed, including addressing health inequalities, and which reflects the evidence of the assessing the health and wellbeing needs of their population and publishing a joint strategic needs assessment.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 The Integrated Care System will struggle to provide the capacity and resources to deliver the wide range of areas included in the interim strategy. To mitigate this the strategy is being prioritised to allow for more detail delivery plans to be developed and targeted at those areas with the greatest impact on population health and reducing inequalities.

7.0 RELEVANT RISKS

- 7.1 There is a risk that the financial resources to implement the strategy will not be available in a constrained financial environment.

- 7.2 There is a risk that it will take time to develop and mature the HCP membership and relationships to maximise the full benefits of system working.
- 7.3 There is a risk that a lack of resources to implement the breadth of priorities identified in the strategy could lead to a more limited scale of improvement in the health of our population.
- 7.4 To mitigate these risks the strategy is being prioritised to allow for more detailed delivery plans to be developed targeted at those areas with the greatest impact on population health and reducing inequalities.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 The local approach was designed following discussions with a range of stakeholders including the HCP founder members meeting in September, the Directors of Public Health network, Health and Wellbeing Board feedback from the 9 Places, ICB Executive and Board discussions, Healthwatch organisations and the ICS Population Health Board. The approach taken has been to build from our existing Cheshire and Merseyside strategic plans, and associated documents, pulling the work together into a single strategy.
- 8.2 The content has been further developed through engagement with a range of stakeholders including, Champs Public Health Collaborative, Directors of Public Health, Population Health Board, Health and Wellbeing Boards and subject matter experts related to specific areas such as Healthwatch, ICS programme leads and voluntary community faith and social enterprise (VCFSE) representatives.
- 8.3 The Cheshire and Merseyside Joint Health Scrutiny Committee have also received a copy of the report and provided feedback. The feedback received will be used to support development of the plans within individual programmes of work.
- 8.4 A further period of engagement has been agreed by the HCP, providing additional time and opportunity to enable the full breadth of HCP member partners to add their perspective and expertise to the strategy and identifying the highest priority areas within it. This extended engagement period will also allow the HCP to undertake engagement with our citizens on the priorities and plans, alongside our Place Health and Wellbeing Boards to maintain a single joined up conversation about our plans. It is envisaged that we will utilise existing and established forums across Cheshire and Merseyside to gain further feedback from citizens, the findings of which will be reported back to the HCP as well as to inform the Cheshire and Merseyside Five Year Joint Forward Plan.

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.

9.2 This report provides an update on the development of the strategy for the Cheshire and Mersey HCP. The strategy is a high-level strategy and therefore does not contain sufficient information to enable an effective Equality Impact Assessment. Impacts would be considered as decisions for implementation are made that would impact on residents.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 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 HCP Strategy.

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.

11.2 The key focus of the draft interim HCP strategy is to reduce health inequalities. It is also intended to support this the Cheshire and Merseyside All Together Fairer recommendations and Beacon Indicators. These are embedded as strategic objectives in the document.

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APPENDICES

Appendix 1 Interim Cheshire and Merseyside Health and Care Partnership Strategy
Appendix 2 The planning requirements and relationships

BACKGROUND PAPERS

- [Guidance on the preparation of integrated care strategies - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/guidance-on-the-preparation-of-integrated-care-strategies)
- NHS England, *2023/24 Priorities and Operational Planning Guidance*, 23rd December 2022, [NHS England » 2023/24 priorities and operational planning guidance](https://www.nhs.uk/2022/12/23/nhs-england-2023-24-priorities-and-operational-planning-guidance/)

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
-----------------	------

Previous reports presented to Health and Wellbeing Board:

Integrated Care System
Wirral Place Update Report
Wirral Place Update Report

29th September 2022
2nd November 2022
21st December 2022

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Cheshire and Merseyside Health and Care Partnership (ICP) Interim Strategy

2023-2028





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Section 1 - Foreword

For too long health and care organisations across Cheshire and Merseyside have struggled to bridge the gap between health and social care, ill-health prevention and treatment – despite much well-meaning effort.

The development of Cheshire and Merseyside Health and Care Partnership – our statutory Integrated Care Partnership – provides a once-in-a-lifetime opportunity to combine our efforts and collective resources to make tangible improvements across our communities.

Consisting of representatives from across our communities, the NHS, local authorities, voluntary sector, housing, police, education and fire and rescue, and local businesses our Partnership Board provides a multi-agency forum to assess the health, public health and social care needs of people across Cheshire and Merseyside – and develop a combined strategy to address them.

Joining up health and care is nothing new – we have been working towards this for years and will continue to build on this excellent work by supporting innovation and learning from examples of best practice across Cheshire and Merseyside and beyond.

Tackling health inequalities is our shared key aim. As a ‘Marmot Community’, we are truly committed to improving the health and wellbeing of our population and in doing so focussing on reducing inequalities.

We are already well-placed to not only understand what the key issues are across Cheshire and Merseyside – but how to measure our collective progress in tackling them.

Published in May 2022, the landmark report [All Together Fairer: Health Equity and the Social Determinants of Health in Cheshire and Merseyside](#) features 22 Beacon Indicators to help measure our progress against the key themes.

This strategy sets out how we will work together to address the key challenges facing people across Cheshire and Merseyside. Over the coming year we will work to develop this strategy, and the detailed plans sitting behind it, and as part of this ensure the voice of our communities is at the heart of everything we do.



Cllr Louise Gittins
Chair



Raj Jain
Vice Chair



XXX
Vice Chair (TBC)



Section 2 - About the Health and Care Partnership

Our health is affected by many things outside of our genetic make-up – such as housing, unemployment, socio-economic disadvantage, financial stress, experiences in childhood, domestic abuse, poverty and lifestyle choices. This can only truly be addressed via a partnership between our communities, the NHS, local government, the voluntary sector and others.

For years health services, such as GP practices and hospitals, and care services were run by separate organisations with different objectives. Now, building on ever-closer collaboration, not least in response to the Coronavirus (COVID-19) pandemic, the health service and local authorities have come together with system partners to form Cheshire and Merseyside Health and Care Partnership – our Integrated Care Partnership.

The Health and Care Partnership is currently moving towards operating as a statutory committee consisting of health and care partners from across the region and provides a forum for NHS leaders, local authorities and other key organisations to come together, as equal partners, and take collective action.

A vital role of the partnership is to assess the health, public health and social care needs of Cheshire and Merseyside and to produce a strategy to address them – thereby helping to improve people’s health and care outcomes and experiences and ensuring we reduce variation across our communities. In making our decisions on where to invest our resources we will prioritise based on evidence.

By working in partnership, health and care organisations across Cheshire and Merseyside will be better supported to combine our assets to improve efficiency and

reduce duplication. By working across Cheshire and Merseyside we can ensure that we learn from each other and adopt what’s working well to collectively improve.

The core membership of [Cheshire and Merseyside Health and Care Partnership](#) includes:

- NHS Cheshire and Merseyside Integrated Care Board
- Local authority partners
- Ambulance Service
- Police
- Fire and Rescue Service
- Voluntary, community and faith sector
- Local Enterprise Partnership
- Primary care
- Provider collaboratives
- Social care provider
- Adult social care
- Children’s services
- Public health
- Carers
- Housing
- Healthwatch
- Education.



Working together as Partners

As a Partnership we will apply a set of principles to our relationships, including:

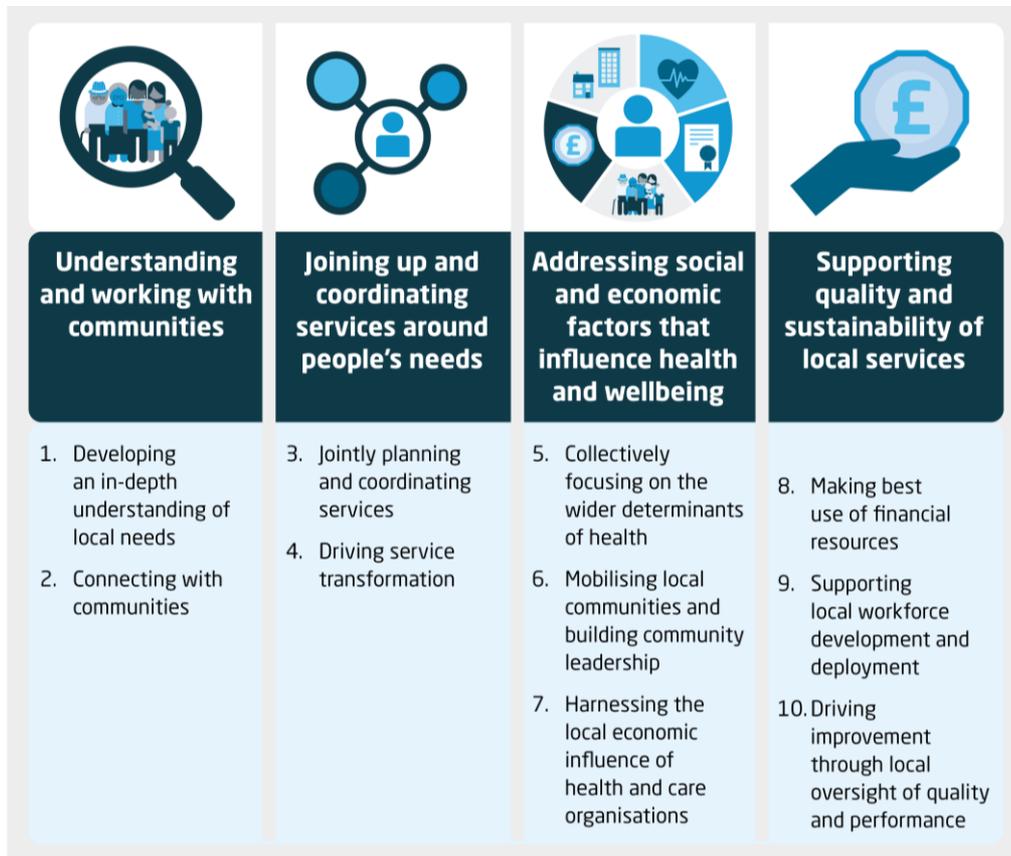
- building from the bottom up
- following the principles of subsidiarity
- having clear governance, with clarity at all times on which statutory duties are being discharged
- ensuring that leadership is inclusive and collaborative
- avoiding duplication of existing governance mechanisms
- being led by a focus on population health and health inequalities.

This strategy builds on local joint strategic needs assessments and health and wellbeing strategies and will be further developed with the involvement of local communities and independent health and care consumer champion Healthwatch. We will ensure that the voice of our population will be central to our planning and decision making. Whilst the document doesn't aim to describe all the work happening across our nine Places in Cheshire and Merseyside it is intended to describe many of the key areas of work being undertaken collectively and which complement existing Health and Wellbeing Board Strategies and Place Plans - hence the inclusion of summaries of Cheshire and Merseyside's nine Place Plans in Section 10.



Much of the work outlined in this document will be delivered in localised Place-based partnerships. The infographic below - courtesy of the King's Fund - sets out the key functions of Place-based partnerships:

Figure 1 Key functions of place-based partnerships



Charles A, Ewbank L, Naylor C, Walsh N, Murray R (2021). Developing place-based partnerships: the foundation of effective integrated care systems. London: The King's Fund. Available at: www.kingsfund.org.uk/publications/place-based-partnerships-integrated-care-systems

Working with people and communities

Across Cheshire and Merseyside, partners are committed to involving people and communities to harness the knowledge and lived experience of those who use and depend on the local health and care system and provide an opportunity to improve outcomes and develop better, more effective services, removing barriers to accessing services where they exist.

Healthwatch, the community, voluntary and faith sector, local authorities, NHS

organisations and other partners already have well-established ways of engaging with people and communities, and we need to build on these strengths and assets, and recognising the vital role played in both creating and delivering solutions to local challenges.

If we are to help reduce inequalities and close the gap on the disparities in access to, experience of and outcomes for health and care, we must collaborate, cocreate and coproduce solutions to the design, development and delivery of local services.



Developed by NHS England, the Local Government Association, Healthwatch England and the National Association for Voluntary and Community Action, the 10 key principles that will guide how we work with people and communities in Cheshire and Merseyside are:

10 key principles	
 <p>1. Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.</p>	 <p>2. Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions.</p>
 <p>3. Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect.</p>	 <p>4. Build relationships with excluded groups, especially those affected by inequalities.</p>
 <p>5. Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners.</p>	 <p>6. Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.</p>
 <p>7. Use community development approaches that empower people and communities, making connections to social action.</p>	 <p>8. Use co-production, insight and engagement to achieve accountable health and care services.</p>
 <p>9. Co-produce and redesign services and tackle system priorities in partnership with people and communities.</p>	 <p>10. Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places.</p>

These principles have recently been the subject of national public consultation and published in [statutory guidance](#).

Now Cheshire and Merseyside Health and Care Partnership has been established on a new statutory footing, partners have been asked to endorse and collectively 'sign up' to these principles - as a first step in co-producing a coherent and connected

approach to public involvement in Cheshire and Merseyside.

We recognise the incredible contribution made by our communities, with hundreds of thousands of people providing unpaid care to support others, and who freely give their time and skills through volunteering and contributing to developing their local community.

The Voluntary Community, Faith and Social Enterprise Sector

Across Cheshire & Merseyside there are over 15,000 voluntary, community, faith and social enterprise (VCFSE) organisations, ranging from national charities and social enterprises employing a large workforce to informal grassroots and volunteer-led groups supporting people in their local community.

We recognise the key role which the VCFSE sector plays in contributing to the delivery of a population-based model of care in Cheshire and Merseyside, focused on the needs and wishes of individuals. VCFSE help us by working closely with us to shape local services that support both health and wellbeing for local people and deliver choice and person-centred care. Through this document you will see examples of this.

VCFSE are important members of our HCP Board, including holding a Board Vice Chair role, and we will continue to build trusting relationships with VCFSE leadership and providers building our understanding of VCFSE capacity, potential barriers and enablers and opportunities for co-designing population health-based solutions which are embedded in communities.

Building on community assets we will work with VCFSE to identify and explore known and emergent gaps in provision, recognising and harnessing the reach of VCFSE to voices seldom heard and to provide us with the rich insight of VCFSE as a cornerstone of our communities.

In line with our commitment to achieve value for money we see growing investment in VCFSE as an important way of delivering our priorities described in this document. We will support VCFSE to maximise opportunities for non-financial support that builds sector resilience and organisational sustainability including enabling access to VCFSE workforce development at scale.

The HCP will support overarching principles when working with VCFSE:

- Embedding VCFSE as key partners in our processes of planning, service delivery and re-design, co-designing outcomes to maximise the knowledge, data and expertise contained within the sector to deliver evidence-based solutions
- Commitment to supporting VCFSE sector investment, both financially and organisationally and with shared plans, enabling VCFSE to have the capacity to engage as equal partners
- Build on existing infrastructure and VCFSE assets through Place Based sector partnership Infrastructure, VS6 (Liverpool City Region) and CWIP (Cheshire and Warrington).



Section 3 – About this document and our approach to developing this strategy

This document describes our current strategic priorities endorsed as an interim draft strategy by the Cheshire and Merseyside Health and Care Partnership. Whilst many of the partner organisations within our HCP have worked collectively for some years we are now evolving in recognition of the Health and Care Act 2022.

During 2023 we will move the Health and Care Partnership onto a more formal footing by forming a Statutory Joint Committee, and at this point look to formally approve a final version of this strategy.

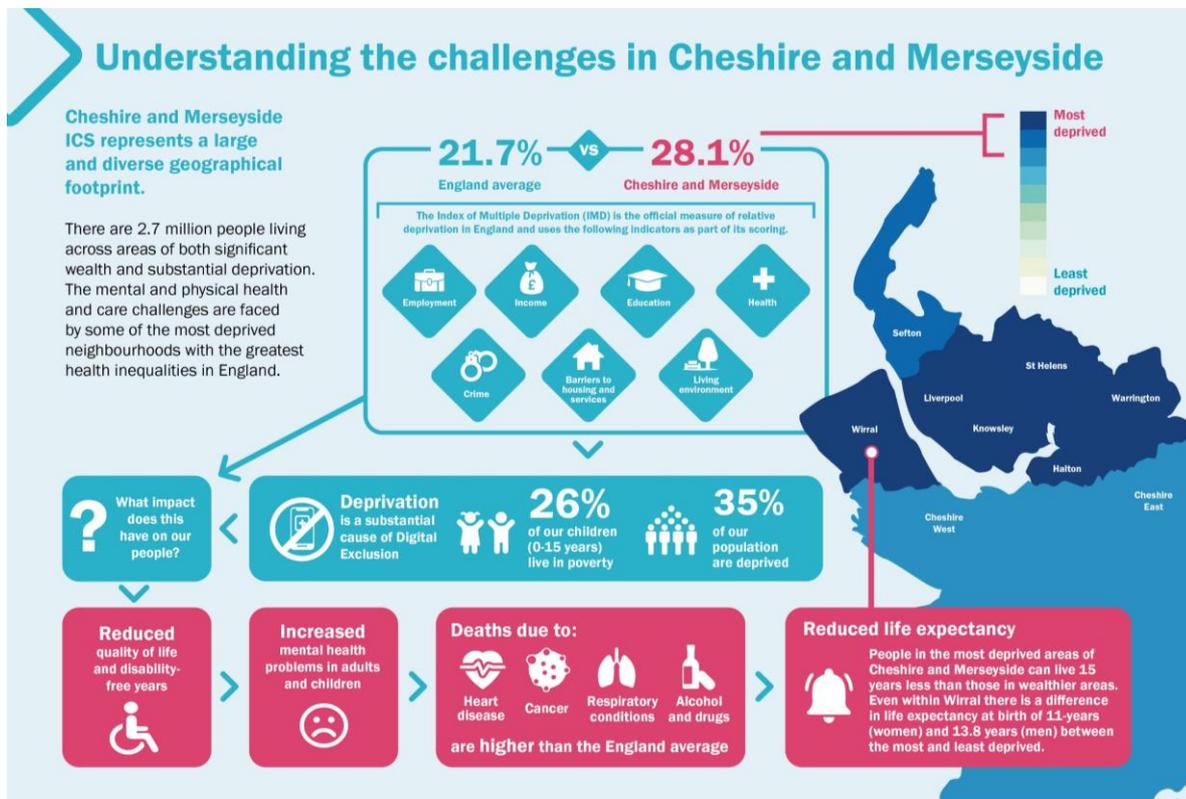
We have developed this interim draft strategy as the start of our journey and it describes the shared areas of focus, we have already been working together on over recent years, as well as reflecting some of the current challenges we face. We recognise that as we develop, in the coming months and years, we will wish to develop and refine the content of our strategy in terms of working with our communities to reassess our priorities and as our relationships as partners mature to identify increasingly integrated innovative solutions to deliver our key shared objectives.

During 2023 we will focus on a number of key activities to further develop this strategy;

- Connect more effectively with our communities to ensure our Place and HCP plans accurately continue to reflect a shared view of our priorities
- Developing a Prioritisation Framework that helps us to ensure our annual plans will deliver the greatest benefit to our population
- Co-producing detailed work programmes which deliver these shared priorities and have clear and measurable outcomes. The work programmes will recognise the response to our immediate service pressures as well as our longer-term objectives
- Agreeing how we measure and report on these outcomes in order that we have trajectories that allow us to assure ourselves as to the progress we are making as an HCP and effectively communicate progress to our population
- Producing a summary version of our strategy, and annual plan, for our citizens, which provides a clear and concise description of our strategic priorities
- Formalising the arrangements of the HCP as a Statutory Joint Committee to oversee finalising this strategy and the associated delivery
- Develop a system financial strategy that supports delivery of this HCP strategy.

Section 4 – Our population profile and challenges

There are long standing social, economic and health inequalities across Cheshire and Merseyside, with levels of deprivation and health outcomes in many communities worse than the national average. There are pockets of deprivation across every one of the nine Places across Cheshire and Merseyside. It is well documented, through evidence-based research, that social deprivation has a direct impact on long-term health outcomes:



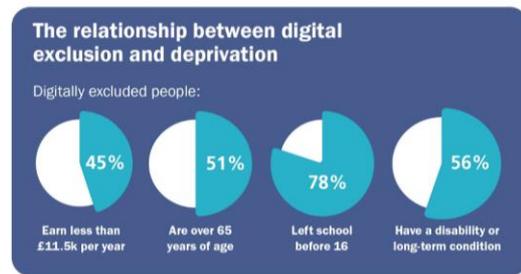
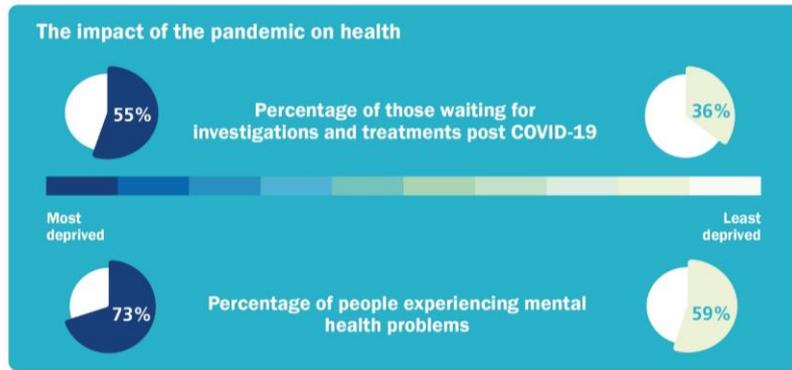
- Life expectancy for women living in most deprived areas across Cheshire and Merseyside is 9.5 years lower than those living in the least deprived
- For women with a learning disability, life expectancy is 18 years lower than those without
- Of the 7% population from ethnic minority population groups, 1/5 experience disproportionate access to services based on language barriers
- Liverpool has comparatively high numbers of asylum seeking and refugee families and who are disproportionately impacted by poverty
- The number of Looked After Children is 47% higher than the England average
- The geography of Cheshire and Merseyside is diverse with a mix of urban but also rural areas which present different challenges in relation to social isolation, limited public transport, increased fuel poverty and loneliness.

Deprivation has a direct impact on mental health and socioeconomically disadvantaged children and adolescents are two to three times more likely to develop mental health problems. One in four people experiencing a mental health problem is in significant debt, and people with mental health problems are three times more likely to be in financial difficulty.¹

The pandemic has damaged the health of the nation over and above the immediate impact of COVID-19 itself and the numbers awaiting investigations and treatments has increased significantly.

Digital exclusion is another facet of deprivation and socioeconomic inequalities. If the ICS is to drive digital and data enabled improvement to health outcomes, then it is essential to ensure digital skills and access to technologies is in reach for those most in need.

In this complex backdrop digital and data are key enablers to supporting aligned provision and ensure that the public experience maximum benefit from addressing the many factors that impact physical and mental health, wellbeing and independence.



In responding to these challenges, we are faced with increasing need and demand for services both resulting from the impacts of COVID-19, cost of living crisis and an ageing population at the same time as budgetary and workforce pressures. The challenge of sustaining health and care services in parallel to delivering our strategic intent to reduce inequalities and prevent ill health is a real challenge and we recognise the need to innovate and do things differently is key to responding to this.

Listening to you - the Healthwatch perspective

The COVID-19 pandemic combined with cost-of-living pressures have exacerbated inequity in access to health and care services across Cheshire and Merseyside.

Many people struggle to get GP appointments, find it difficult to get through on the phone and – when they do – often complain about the difficulty accessing an appointment. While the introduction of telephone and online consultations during the COVID-19 response was entirely appropriate, they do not work for all – for example people with hearing loss, non-English speakers, people without access to online options, and people who may struggle to communicate without face-to-face contact.

There is inconsistency in arrangements from practice-to-practice. More work is required to raise awareness and understanding of the different roles in general practice – and what they can and can't help people with.

Even greater issues around access are noted in NHS dentistry, with a huge number of people unable to register with an NHS dentist and access appointments.



Those living in areas of deprivation or with more difficult lives are more likely to suffer as a result because people who are either not registered with a dentist or who have missed a legacy appointment find it harder to get dental care. Find there are no appointments left and some are faced with the only availability being to look out of their local area, an option which is not viable for many due to the related time and cost implications. For some, there is also a danger that long waits for treatment mean slower diagnosis of serious conditions, such as throat cancers.

More people have been waiting for elective/planned care and this can have a serious impact on people's mental health and pain management, with a lack of communication often leading to an impact on other health and care services.

Accessing social care is often difficult too, with many care packages offered during the COVID-19 response now being reassessed, and the impact of the significant problems with recruiting and retaining social care workforce.

The impact of COVID-19 and repeated lockdowns on people's mental health was profound – both for those with existing mental health conditions and those without. There are pockets of excellent work across Cheshire and Merseyside to help support people, but do not address the variation and inconsistency that exists, with more isolated communities typically less well-served. Waiting lists for diagnosis and access to mental health support remain long.

The impact of Covid-19 on our children and young people has been highlighted with factors such as [missed schooling, delays accessing services and the consequent](#)

[impact on mental health and future life opportunities.](#)

Cost of living pressures are impacting people's ability to travel to care appointments, while there is anecdotal evidence of people being forced to choose which medications to proceed with on their prescriptions. There are also hidden costs for people who either receive care or care for themselves at home – for example, the cost of charging medical equipment or calling their local GP practice or hospital.

Person-centred hospital discharge processes are not consistently embedded. Too many patients stay on wards for too long, not just because of the lack of packages of care outside of hospital but because of inconsistent discharge processes. Every person who arrives on the ward should know when they are due to leave and what the criteria for discharge is. Lack of communication with patients and their families can lead to an over-reliance on services and a deterioration in people's physical and mental health.

It is concerning when access to urgent care support is not easy, whether through primary care, social care, ambulances, accident and emergency departments or the various other services.

As a result of health and care integration, opportunities to learn from good and less good practice and from patient feedback must be seized and shared – for example patient complaints, concerns, and compliments.

We are committed to working with our public, VCFSE, Healthwatch and system partners recognising that the knowledge of how services are, and should, work is best understood in local communities.



Section 5 - Our Vision, Mission and Objectives



Our Strategic Objectives

Tackling Health Inequalities in outcomes, experiences and access (our eight Marmot principles)

We will:

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

- Strengthen the role and impact of ill health prevention
- Tackle racism, discrimination and their outcomes
- Pursue environmental sustainability and health equity together.

We have also developed a set of [“Beacon Indicators”](#) to support measurement of our progress. We are developing improvement trajectories to measure progress in our delivery plans.

Improve population health and healthcare

We will:

Focus on prevention of ill health and improved quality of life by:

- Delivering the Core20plus5 clinical priorities for [adults](#) and [children and young people](#)
- Reduce deaths from cardiovascular disease, suicide and domestic abuse
- Reduce levels of obesity, respiratory illness and smoking as well as harm from alcohol
- Improve early diagnosis, treatment and outcome rates for cancer
- Reduce maternal, neonatal and infant mortality rates
- Improve satisfaction levels with access to primary care services
- Improve waiting times for elective and emergency care services
- Improve diagnosis and support for people with dementia
- Provide high quality, accessible safe services
- Provide integrated, accessible, high quality mental health and wellbeing services for all people requiring support.

Enhancing productivity and value for money

We will:

- Develop a financial strategy focused on investment on reducing inequality and prioritise making greater resources available for prevention and well-being services

- Plan, design and deliver services at scale (where appropriate) to drive better quality, improved effectiveness and efficiency
- Maximise opportunities to reduce costs by procuring and collaborating on corporate functions at scale
- Develop whole system plans to address workforce shortages and maximise collaborative workforce opportunities
- Develop a whole system estates strategy
- Develop a thriving approach to research and innovation across our Health and Care Partnership.

Helping to support broader social and economic development

We will:

- Embed, and expand, our commitment to social value in all partner organisations
- Develop as key Anchor Institutions in Cheshire and Merseyside, offering fair employment opportunities for local people
- Promote our involvement in regional initiatives to support communities in Cheshire and Merseyside
- Implement programmes in schools to support mental wellbeing of young people and inspire a career in health and social care
- Work with Local Enterprise Partnerships to connect partners with business and enterprise.

During 2023 a comprehensive set of measurable indicators and improvement trajectories will be developed to enable us to demonstrate progress against our priorities.



Section 6 – All Together Fairer - Tackling health inequality, improving outcomes, experiences and access to services

In 2019, health and care leaders across Cheshire and Merseyside outlined their collective commitment to tackling health inequalities by agreeing to become a “Marmot Community”. Following unavoidable delays due to the COVID-19 pandemic, nine Place-based workshops were held across Cheshire and Merseyside in November and December 2021, attended by a wide-range of health, care and voluntary sector leaders.

Health inequalities are avoidable and unfair differences in health status between groups of people or communities. The [All Together Fairer programme](#) deliberately and specifically focuses on social determinants of health as our health is largely shaped by the social, economic and environmental conditions in which we are born, grow, live and work in.

Shifting to a social determinants of health approach means acting on the drivers of ill-health as well as treating it. The prevention agenda must focus on improving living and working conditions and reducing poverty, as well as promoting healthy behaviours. It is almost impossible to live healthily when in poverty.

[Social determinants of health are encompassed by the eight Marmot principles, which Cheshire and Merseyside Health and Care Partnership has adopted in full.](#)

Local authorities and the NHS cannot take on the required actions to reduce health inequalities alone, however. Partnership working with the voluntary, community, faith and social enterprise sector and other public services and businesses to influence wider conditions is required. In addition to the eight Marmot principles, Cheshire and Merseyside

A learning framework including social and cultural factors, capability and skills development will be used to drive social value-based approaches to health improvement. Capability will be developed to support delivery of the ambitions in ‘Place-based All Together Fairer’ programmes, linked with other local government activity and complement Cheshire and Merseyside-wide work.

There is already a strong theme of working the programme through local Health and Wellbeing Boards and into wider local government strategy.

Health and Care Partnership has taken on board the following system-wide recommendations for action:

We will:

1. Increase and make equitable funding for social determinants of health and prevention
2. Strengthen partnership for health equity
3. Create stronger leadership and workforce for health equity
4. Co-create interventions and actions with communities
5. Strengthen the role of business and the economic sector in reducing health inequalities
6. Extend social value and anchor organisations across the NHS, public service and local authorities
7. Develop social determinants of health in all policies.

And:

- Use our agreed set of local Marmot “[Beacon Indicators](#)”, developed in partnership with hundreds of local stakeholders, to help Cheshire and Merseyside Health and Care Partnership to monitor delivery of our actions on the social determinants of health.
- Take action required across **all** the areas to help reduce health inequalities.

Prevention pledge

The NHS Prevention Pledge – aims to improve the health of our population and is already adopted by a number of NHS Trusts across Cheshire and Merseyside – is aimed at embedding ill-health prevention within core service delivery and Trust environments. It comprises **14 core commitments** on cross-cutting prevention themes including:

- Reduction of preventable risk factors e.g., healthier catering offer, smokefree sites
- Workforce development, staff health and wellbeing
- Increasing social value and working towards Anchor Institution principles
- Working with partners at Place to build community capacity e.g., social prescribing
- Addressing health inequalities and strengthening diversity and inclusion.

The Prevention Pledge takes a system-wide approach to promoting wellbeing and tackling health inequalities. Working in tandem with the Cheshire and Merseyside Marmot Community Programme, the Prevention Pledge supports NHS Trusts to address findings from the Public Health England 'Disparities Review' published in 2020 and NHS England's Core20PLUS5 initiative.

Many of the Pledge commitments align with the themes set out in the review including the impact of obesity, diabetes, cardiovascular disease, COVID-19, mental wellbeing, increased alcohol consumption, poor diet, increased deconditioning and the impact on unemployment and inequalities.



We will:

- Work to ensure all NHS Trusts across Cheshire and Merseyside have adopted the NHS Prevention Pledge in full
- Ensure prevention and reduction of health inequalities features as a key priority across all Cheshire and Merseyside NHS Trust corporate strategies
- Expand the Pledge to providers across our wider system.

Responding to cost-of-living pressures

There is strong evidence that living in cold homes exacerbates a wide range of physical and mental health conditions, with prevalence expected to increase throughout winter 2022-23.

Data from 2020 shows that a higher percentage of homes in Cheshire and Merseyside are estimated to have experienced fuel poverty than in England as a whole.

Worrying about having enough money to pay bills or buy food can lead to stress, anxiety and depression. Being unable to afford sufficient food leaves people malnourished. Being unable to keep a home warm leaves people at risk of developing respiratory diseases at a time of year when respiratory admissions to hospital typically surge. As respiratory admissions rise, A&E performance typically declines, leading to reduced flow through hospital and ambulance teams less able to reach acutely ill patients at home.

Taking action:

Each Place, alongside NHS Providers, has carried out an assessment to benchmark current activity on tackling fuel poverty against National Institute for Health and Care Excellence (NICE) guidance.

Examples of good practice at Place-level in responding to fuel poverty include:

- Adding “vulnerability to cold” to assessments prior to discharge from health or social care settings to home
- Supporting eligible people to access fuel grants and benefits
- Triangulation of data to help identify those most at risk
- Promotion of optimised care for people with Chronic Obstructive Pulmonary Disease (COPD)
- Inclusion of cold home risk assessment in Fire and Rescue Service “safe and well” checks.

We will:

- Take action to help address the impact of cost-of-living pressures; sharing good practice across our Places
- Work to reduce deprivation and income inequality
- Work to improve housing quality and energy efficiency
- Address health needs via NHS interventions.



Section 7 - Improve population health and healthcare

We are committed to improving the health of our population with our key focus of reducing inequalities and increasingly prevention of ill health and poor outcomes described earlier.

The Cheshire and Merseyside system is diverse, and this section of our strategy describes some of the collective programmes we are working on. There is a wide range of other priorities which aren't described here but are equally important to us, including long term conditions, life limiting illnesses and a range of other vital services which our population relies upon, and which work takes place at either a regional or Place based level.

Our approach to population health builds on the existing successful joint working and progress made with our Population Health Board coordinating this activity and linking our programmes together, under the leadership of our Directors of Public Health and [Champs Public Health Collaborative](#).

Core 20 Plus 5:

[Core20PLUS5](#) is a national approach to inform action to reduce healthcare inequalities. The approach defines a target population – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement.

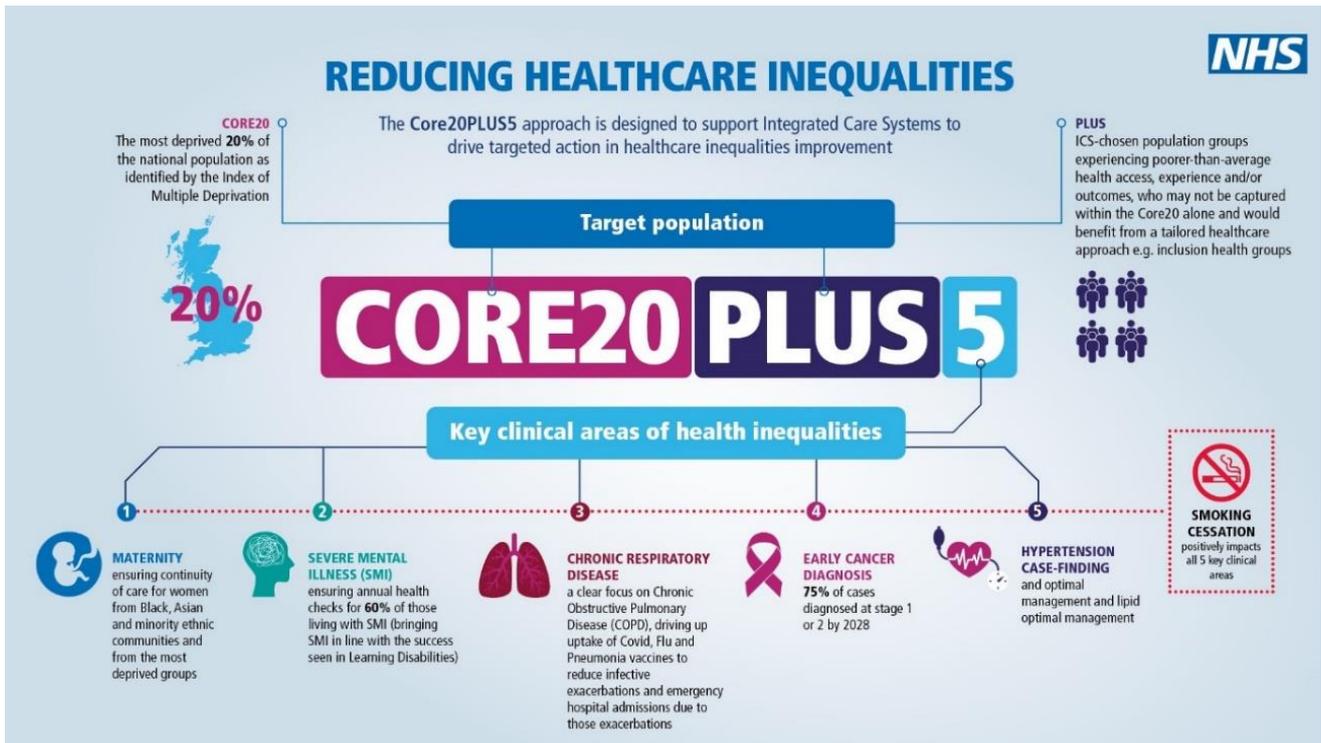
Core20

The most deprived 20% of the national population. For Cheshire and Merseyside this is more than 900,000 of our 2.7m population.

PLUS

PLUS population groups are groups who may be excluded in society, often referred to as "groups". In Cheshire and Merseyside, we do this in our Places where the variations in our population make up can be best reflected.

[Inclusion health](#) groups include: people experiencing homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system, victims of modern slavery and wider socially excluded groups.



5

There are five clinical areas of focus which require accelerated improvement.



Maternity

We will ensure continuity of care is the default model of care for all women most at risk in pregnancy including those from ethnic minority population groups and from the most deprived groups.



Severe mental illness

We will ensure annual health checks for 60% of those living with severe mental illness. This sits as part of our wider Mental Health programme of work described later.



Chronic respiratory disease

The Cheshire and Merseyside Respiratory Network – which consists of clinicians, commissioners and patient representatives – has agreed a number of key priorities.

We will:

- Implement four key pathways to improve the speed and accuracy of diagnosis and quality of care in relation to breathlessness, obstructive sleep apnoea, asthma and chronic obstructive pulmonary disease (COPD)
- Continue to support greener prescribing of asthma inhalers and expand smoking cessation services – including the CURE programme - to all NHS Trusts across Cheshire and Merseyside
- Intensify efforts to reduce maternal smoking

- Improve access to pulmonary rehabilitation including the short-term reduction in waiting times and developing and implement a Cheshire and Merseyside-wide pulmonary rehabilitation programme which offers services closer to home, harnesses new ways of working and adopts a population health approach
- Drive up uptake of COVID, flu and pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations.



Early cancer diagnosis

The Cheshire and Merseyside Cancer Alliance – accountable to NHS England – leads on cancer on behalf of the Integrated Care System. It is an NHS organisation that brings together healthcare professionals, providers, commissioners, patients, cancer research institutions and voluntary sector partners to improve cancer outcomes.

The Cancer Alliance supports innovation and strategic commissioning to ensure the long-term sustainability of modern and effective cancer services and has six core workstreams:

- Prevention and early detection
- Primary care
- Faster diagnosis
- Personalised care
- Workforce
- Health inequalities and patient experience.

[Further details here.](#)

We will:

- Work collaboratively across Cheshire and Merseyside to build on best practice and implement new initiatives to prevent cancer and reduce inequalities
- Support Primary Care with the implementation of the early cancer diagnosis agenda, including initiatives to increase cancer screening
- Reduce waiting times for diagnosis and treatment
- Work with healthcare professionals to provide improved, personalised, and faster treatments and care
- Invest in the skills and education of cancer professionals and support workers
- Reduce unwarranted variation in care, access, experience, and outcomes
- Reduce health inequalities for vulnerable communities, who have been affected by cancer.

The Cancer Alliance's Health Inequalities and Patient Experience Team has been nominated for a number of high-profile awards, for our targeted work to reduce inequalities. As an example of this we undertook a successful [campaign](#) to increase awareness of the heightened risk of prostate cancer in Black men, compared to the rest of the population.



Cardiovascular disease (CVD)

Cheshire and Merseyside's cardiovascular disease (CVD) programme seeks to support our communities to have the best possible cardiovascular health.

The programme is supporting recovery from the impact of the COVID-19 pandemic on key CVD risk factors and, as a minimum, will achieve the national ambitions for their detection and management by 2029 – with year-on-year progress being made towards that goal.

In the short-term, a CVD, stroke and respiratory dashboard will be further developed to enable greater understanding of CVD inequalities across Cheshire and Merseyside to support targeted interventions – particularly among underserved communities.

A range of approaches in different health and community settings will make every contact count and improve the systematic and targeted detection, diagnosis, management and control of conditions, while flagship digital innovations and programmes will facilitate widespread adoption of new delivery models and quality improvement work e.g. BP@home, Digital First in Primary Care, Virtual Wards and apps.



[Visit the happy hearts website for more information.](#)

By 2024 we will:

- Have diagnosed and optimally treated 25% of those with familial hypercholesterolaemia.

By 2029 we will:

- Have detected at least 85% of those with Atrial Fibrillation & anticoagulated 90% of those at high risk of stroke
- Have diagnosed at least 80% of those with high blood pressure & be treating 80% of them to target
- Have provided at least 75% of the people aged 40 to 74 with a validated CVD risk assessment and cholesterol reading and 45% of those at highest risk of CVD will be treated with statins
- Have reduced the numbers of strokes and heart attacks.



Smoking

In addition to the “5” clinical focus areas we recognise that smoking impacts across all the five, and our population more generally.

We will:

- Focus on reducing smoking prevalence through not only existing Place-based community smoking cessation activities but we will prioritise implementation of the NHS tobacco dependency treatment pathways in maternity, mental health and acute inpatient services
- Aim to reduce smoking prevalence rates from 12.5% to 5% by 2030.

Children and Young People



Children and Young People's Transformation Programme



As a partnership we have an established Cheshire and Merseyside's children and young people's transformation programme (Beyond). This works collegiately with the Cheshire and Merseyside Directors of Children's Services (DCS) Forum to ensure there is an agreed set of priorities and objectives.

With its multi-agency focus on prevention and early intervention, Beyond supports our key strategic objective to give every child the best start in life, with programme priorities explicitly designed to tackle local challenges in innovative ways.

The voices of children and young people and their families / carers are key to delivery and links are establishing with Place participation partners to inform ongoing design and delivery of our approach through co-production.

We are planning to create a joint three-year strategy and a Children and Young People Partnership Board for Cheshire and Merseyside which is accountable to NHS Cheshire and Merseyside and brings together the work of the Beyond Transformation Programme, the Directors of Children's Services Forum and the range of work across the whole system which contributes to better outcomes for children and young people.

All priorities are linked to the crosscutting Starting Well themes, **CORE 20+5 for CYP** and Marmot indicators to ensure a population health approach aimed at tackling the wider determinants of health inequalities.

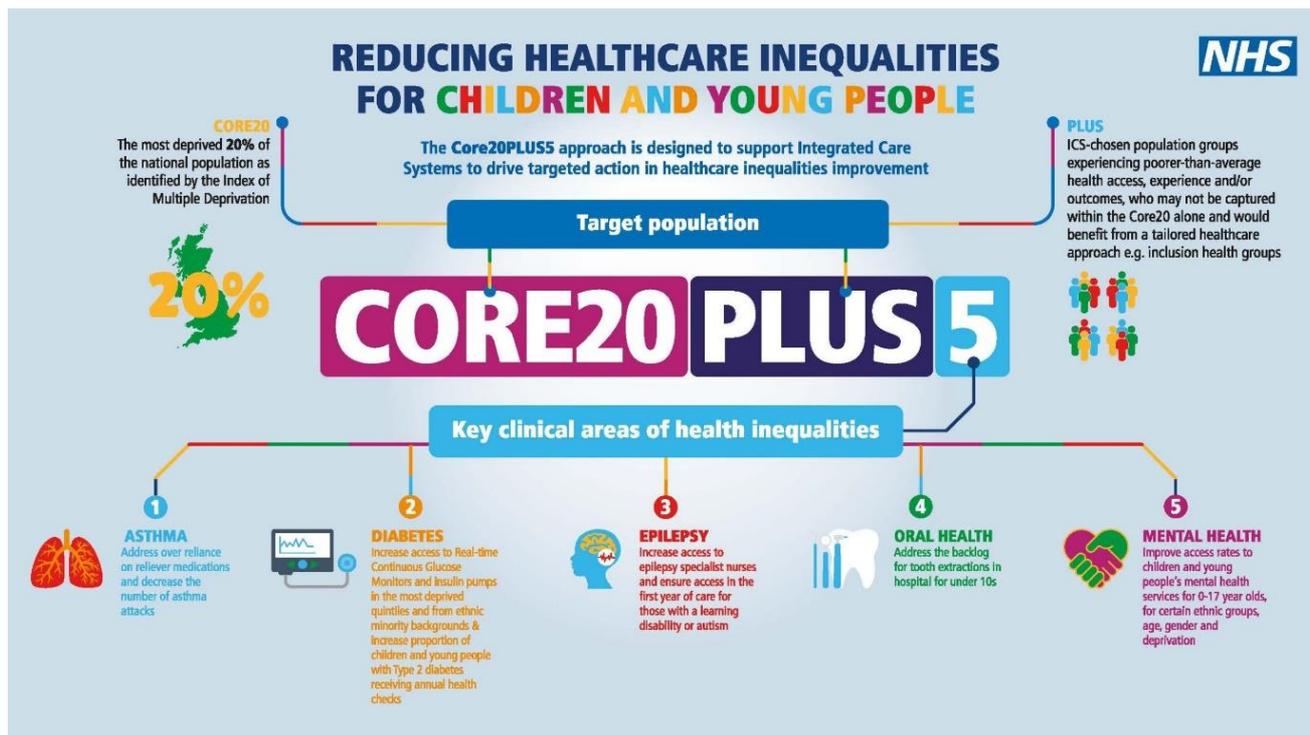
We will:

- Listen to children, young people and their families to co-create solutions that work for them
- Establish a single line of sight of the outcomes for CYP, driving improvements in health and social care to address the impact of health inequalities
- Deliver programmes of work in line with CORE 20+5 for CYP
- Work in partnership between Social Care, Health and the Third Sector. support preventative work, spreading examples of good practice
- Implement targeted interventions around alternatives to hospital care, reducing variation in diabetes and epilepsy care and early intervention around healthy weight and obesity
- Implement the recommendations of the Asthma Bundle
- Deliver the ambition of the national Family Hubs and Start for Life programme (2022-2025), including strengthening the work of Children's Centres

- Establish multi-agency “gateway” meetings in all nine Places to support children in crisis
- Develop a model of best practice for safe places for CYP who need alternatives to hospital care due to emotional well-being or social needs

- Implement a health and care workforce strategy and plan for Cheshire and Merseyside that supports integration and collaboration.

The national approach to [Core20PLUS5](#) has identified a range of priorities to improve the health of children and young people and which we will deliver through our Beyond Programme



We will:

- Address over-reliance on reliever medications and decrease the number of asthma attacks
- Increase access to real-time glucose monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds and increase proportion of CYP with type 2 diabetes receiving annual health checks
- Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism
- Address the dental backlog by increasing the number of tooth extractions, in

hospital, for children aged 10 years and under

- Improve access rates to CYP mental health services for 0-17-year-olds, certain ethnic groups, age, gender and deprivation.

PLUS

In delivering our objectives we have a focus on ensuring we prioritise our PLUS population groups. With specific consideration being taken for the inclusion of young carers, looked after children/care leavers and those in contact with the justice system.

Maternity Neonatology and Women's Health

The recently published [Women's Health Strategy for England](#) has highlighted the significant inequalities that women face in accessing and receiving health care compared to men. We are committed to addressing the issues outlined in this report and reducing gender and intersectional gender health inequality.

This includes working closely with our communities to co-design solutions and overcome barriers to accessing services such as language barriers, poor experience of care and the impacts of poverty and exclusion.

In addition to the collective work happening across Cheshire and Merseyside our Places work on a range of complementary priorities; e.g. increasing rates of breast feeding.

We will:

- Develop a co-produced women's health strategy for Cheshire and Merseyside
 - Accelerate preventative programmes to reduce the risks to women, birthing people, and their babies from ethnic minority population groups, socially deprived, under-represented and protected characteristic groups
- 
- Continue to co-produce interventions and services with all women and birthing people across Cheshire and Merseyside and implement recommendations from the National Maternity Transformation

Programme to improve the safety and outcomes for maternity and Neonatal services

- Continue to prioritise the restoration of gynaecological services, surgery and screening, post-pandemic
- Deliver actions identified in the national women's health strategy and continue to deliver key priority and preventative programmes in response to population need
- Support maternity providers to deliver the priorities outlined in national reviews of services and strategies, e.g. Ockenden and East Kent, and the new single delivery plan to improve the safety and care of maternity and neonatal services, and [digital strategy](#)
- Further develop community hubs for maternity and women's health across Cheshire and Merseyside.

Learning Disability and Autism

On average people with a learning disability and / or autism die 22-26 years earlier than the general population. This makes it crucial that, as a Health Care Partnership, we tackle the long waits people can experience accessing a diagnosis and treatment for their learning disability or autism and take specific action to tackle health inequalities in access to physical health care.

We have established processes to ensure we codesign improvements to services, working with service users, experts by experience and self-advocates.

We will:

- Ensure people receive services in appropriate environments by reducing



the number of people in specialist in-patient services to no more than 70 adults and 11 people under 18 per million of the population by March 2024

- Reduce unnecessary emergency admissions to hospital and support increased discharges through ongoing development of community services and collaborative working by March 2025
- Reduce the gap in life expectancy for people with a learning disability and / or autism compared to the general population by at least 20% by 2028
- Increase the percentage of people with a learning disability and/or autism or who receive an annual health-check and a health care plan to at least 85% by 2028
- Implement the new learning from death reviews (LeDeR) policy to review the deaths of people with a learning disability and identify learning, opportunities to improve and promote good practice
- Work with partners to redesign pathways to reduce waiting times for autism assessment and diagnosis
- Continue to develop services to support schools, children and young people in crisis and their families, children and young people with autism, eating disorders and issues relating to transgender
- Develop a digital single point of access for emotional health and wellbeing. In support of the Transforming Care programme – for children and young people with learning disabilities and / or autism – ensure key workers are in place across Cheshire and Merseyside and that young people aged 14+ have access to annual health checks and personalised care short breaks.

Mental Wellbeing

The Government's Prevention Concordat for Better Mental Health is underpinned by a prevention-focused approach to improving people's mental health and helping to achieve a fairer and more equitable society.

In Cheshire and Merseyside our CHAMPS public health collaborative is leading delivering on the Consensus statement by addressing the following factors:

- 1. Protective factors** – maternal and infant mental health, early years support, family and parenting support, connecting with others and forming good relationships, good education, stable, secure, good quality and affordable housing, good quality work, a healthy standard of living, accessible safe and green outdoor space, arts and cultural activities, community cohesion.
- 2. Risk factors** – poverty, socio-economic inequalities, child neglect and abuse, unemployment, poor quality work, debt, drug and alcohol misuse, homelessness, loneliness, violence, discrimination of any kind.

We will:

- Using population health intelligence, research and engagement to better understand local needs, performance and identify gaps
- Work collaboratively to ensure all parts of the system are working effectively to deliver on mental health inequalities, linking work areas to the population health board and mental health oversight group
- Take action on prevention / promotion of positive mental health to help reduce mental health inequalities

- Use innovation through commissioning community-based schemes e.g. arts, culture and creative health interventions
- Define performance indicators and outcome measures and report on progress quarterly
- Follow the leadership of the lead Director of Public Health for Suicide Prevention and Mental Health and governance by the Mental Health Oversight Group and the Population Health Board.

Mental health

We have established a Mental Health Programme, with oversight of the implementation of the NHS Long Term Plan ambitions for mental health and drives delivery of whole system all age mental health transformation.

The programme leads on priorities deemed best undertaken 'at scale' – as agreed by commissioners, public health representatives, North West Ambulance Service, Police, local authorities and voluntary sector representatives.

We will:

- Continue to roll out school / college-based Mental Health Support Teams
- Work with the ambulance service, Police, hospitals and local authorities to address delays in Mental Health Act assessment processes
- Continue to recruit Mental Health Practitioner roles for primary care
- Implement a First Response Incident Support Service to enable an appropriate health response to mental health crisis
- Continue to increase the range of alternative crisis services to A&E and hospital admission

- Develop a specialist Perinatal Mother and Baby Unit
- Establish places of safety outside of emergency departments in all of Cheshire and Merseyside's nine Places
- Reduce care variation by standardising care pathways through strong Place-based partnerships
- Use artificial intelligence and modelling to support better anticipatory care models in mental health services, risk management in inpatient services and earlier intervention in community-based services.

Suicide Prevention

Our aspiration is for Cheshire and Merseyside to be a region where all suicides are prevented, where people do not consider suicide as a solution to the difficulties they face and where people have hope for the future. Our mission is to build individual and community resilience to help improve lives and prevent people falling into crisis by tackling the risk factors for suicide.

The focus for the system's suicide prevention, suicide bereavement and mental wellbeing work programmes are aligned to the key priorities within the new [No More Suicide Strategy](#):

- a. Leadership and Governance.** Ensuring an effective partnership and collaborative approach taking account of lived experience
- b. Prevention.** Focusing on awareness, skills, and knowledge, supporting suicide prevention in other strategies and work programmes, and through communication and engagement

- c. Intervention.** Focusing on training and safety planning across the organisations working to improve self-harm support and pathways, improving access to mental health support, and ensuring implementation of safe care
- d. Postvention.** Focusing on bereavement services, including postvention support and working with the media
- e. Data, Intelligence, Evidence, Research.** Focusing on better data capture. Evidence on interventions that work and supporting research where there are known gaps.

We will:

- Develop a system action plan to follow the new Suicide Prevention strategy
- Increase awareness of suicide risks, promote suicide prevention messaging and promote suicide bereavement support services
- Build capability and capacity of the wider workforce within the suicide prevention network
- Work with Mental Health Trusts to implement safer care standards across Cheshire and Merseyside
- Ensure data and research on suicide prevention and suicide bereavement is fed into all areas of suicide prevention and bereavement work
- Maintain and strengthen the Real Time Surveillance systems in Cheshire and Merseyside
- Implement a commissioned 'postvention' service offering resources and support to people bereaved and affected by suicide
- Create more peer-to-peer support groups.

Dementia

In parts of Cheshire and Merseyside the rates of dementia are higher than the national average, reflecting the age profiles in our communities, and improving dementia care is important for our population across our nine Places.

We will:

- Consistently, across our Places, exceed the national standard of 66% of expected dementia diagnosis rates
- Offer personalised care through the use of innovative digital technology and our integrated community multidisciplinary teams support to help more people live independently for longer
- Provide support to carers.

Reduction of harm from alcohol

Our strategic aim across Cheshire and Merseyside is to deliver preventative and treatment interventions that reduce alcohol harm and drug dependency through proactive co-production and delivery. This complements a range of local activity being delivered in our Places.

We will:

- Support prevention, detection and early intervention – for example through expansion of projects with the Police and homeless charities
- Work with the Cheshire and Merseyside Pathology Network to develop an intelligent liver function test (iLFT) programme which all GPs across Cheshire and Merseyside are able to access

- Ensure that, by 2028, people transitioning from hospital to community on an alcohol pathway will wait no more than seven days to be seen - improving the care people receive and reducing the risk of readmission including expansion of alcohol care teams.

Addressing Overweight and Obesity

Overweight and obesity is a significant problem across Cheshire and Merseyside affecting populations across the life-course. National Childhood Measurement Programme data for Year 6 overweight and obesity figures in C&M shows that five of the nine local authorities perform worse than the England average. Over 60% of the adult population within C&M are overweight or obese, with 59% of GP practices in the sub-region having an obesity prevalence higher than the national average.

We are supporting local authorities to address overweight and obesity through the [Food Active](#) programme, and delivering a new system-wide [Strategic Overweight and Obesity Programme](#) with the aim of addressing the social, environmental, economic and legislative factors that influence healthy weight, with a specific focus on areas of higher deprivation.



All Together Active – Physical Activity

We want a Cheshire and Merseyside in which far fewer people suffer health inequalities resulting from physical inactivity by encouraging and supporting people to move more, removing barriers to participation in physical activity and increasing opportunities to be physically active and get involved in sport.

We will:

- Support each of Cheshire and Merseyside’s nine Places to further develop opportunities to use physical activity as a way of improving population health
- Work to embed movement, physical activity and sport across the Cheshire and Merseyside health and care system
- Have empowered 150,000 inactive people to become more active by 2026, while delivering measurable reductions in health inequalities.

www.champspublichealth.com/all-together-active

Case studies and good practice can and will be found in the [ATA Resource Hub](#).



Carers

Scoping work across Cheshire and Merseyside in July 2022 estimated that there are around 60,000 adult carers registered with commissioned carer support organisations, while more than 3,500 young carers are registered with local commissioned young carer services. ¹

A new strategic system-wide Carers Partnership Group for Cheshire and Merseyside has been established with representation from local authorities, voluntary sector organisations, NHS England, providers and carers with lived experience. Supported by the NHS England national / regional carers team, it reports into the Health and Care Partnership Board. Our mission is to work in partnership with carers and carer support organisations to develop and implement a Carers Strategic Framework for Cheshire and Merseyside. Our vision is for all carers in Cheshire and Merseyside to have the support they need and recognition they deserve.

In line with the NHS Long Term Plan, we will:

- Identify and support carers, particularly those from vulnerable communities
- Adopt carers passports / introduce best practice quality markers in primary and secondary care
- Share caring status with healthcare professionals wherever they present via electronic health record
- Ensure carers understand the out-of-hours options available to them via ‘contingency planning’ conversations

¹ [Carers on the Frontline – A strategic framework for carers in Cheshire & Merseyside](#)



and have appropriate back-up support in place for when they need it. Electronic health records will enable professionals to know when and how to call those plans into action when they are needed

- Implement young carer “top tips” for general practice to include preventative health approaches, social prescribing and timely referral to local support services.

End of Life Care

We are committed to ensuring that when a person reaches the end of their life that they will be supported to die well, with peace and dignity, in the place where they would like to die, supported by the people important to them. End of life care will be personalised to the person who needs it and wants it, available regardless of where they live in Cheshire and Merseyside, or what their illness is and whether an adult or a child.

We will raise public awareness of death and dying so the people of Cheshire & Merseyside are confident enough, and willing to support each other in times of crisis and loss so that at the end of their life people are:

- Treated with compassion and respect
- Helped to remain as independent as possible with a sense of control throughout the course of their illness, supported by skilled, knowledgeable, health and care professionals
- Supported by staff trained to help them to think and plan ahead, if they want to, so they are able to discuss their wishes and preferences of care

- Assured that the needs of their family and those identified as important to them are respected and met, as far as possible during their illness and after their death
- Reviewing and developing services to support end of life care for children and young people in line with the national service specification.

Personalised care

- Personalising health and care is the practice of enabling people to have choice and control over the way their care is planned and delivered, based on what matters to them and their individual strengths, needs and preferences.

Our key guiding principle will be ‘what matters to me’, enabling service users to have greater control. We will work with our communities to embed personalised care approaches (Shared Decision Making, Personalised Care and Support Planning, Supported Self-Management, Personal Health Budgets, Choice, Community based support) in all our programmes of work and pathways developed across our partnership.



We Will:

- Use MECC (making every contact count) to embed conversations about health and healthy behaviours into day-to-day conversations and signpost people to support if needed
- Using social prescribing to ensure people have access to available options to support their self-management such as peer support, health coaching, and support groups in the wider community
- Expanding the knowledge, skills, and confidence of those providing services by training in personalised care approaches such as health coaching, personalised care and support planning, and motivational interviewing
- Extend the offer, support, and use of Personal Budgets for locally agreed priorities such as Children and Young People short breaks.

Adult Social Care

The pressures being seen in adult social care have been increased since the Covid 19 Pandemic adult social care is experiencing significant pressure from:

- Increased referrals for support and increasing levels of need from our population
- Challenges supporting people who need to be discharged from Hospital
- Challenges in sustaining capacity in both the residential and nursing home sector and for home care provision including recruiting and retaining sufficient workforce and maintaining independent sector provider sustainability

- We are seeing a growth in our older population, who in turn are the main users of services leading to increased demand
- The financial and consequent physical and mental health and wellbeing issues being faced as a result of the cost-of-living challenges.

As partners we are committed to innovating to ensure people have access to the services, they need including ensuring we maximise access to technology and support, whilst also delivering a wider prevention offer that enables people to live as long as possible independently with good health and wellbeing.

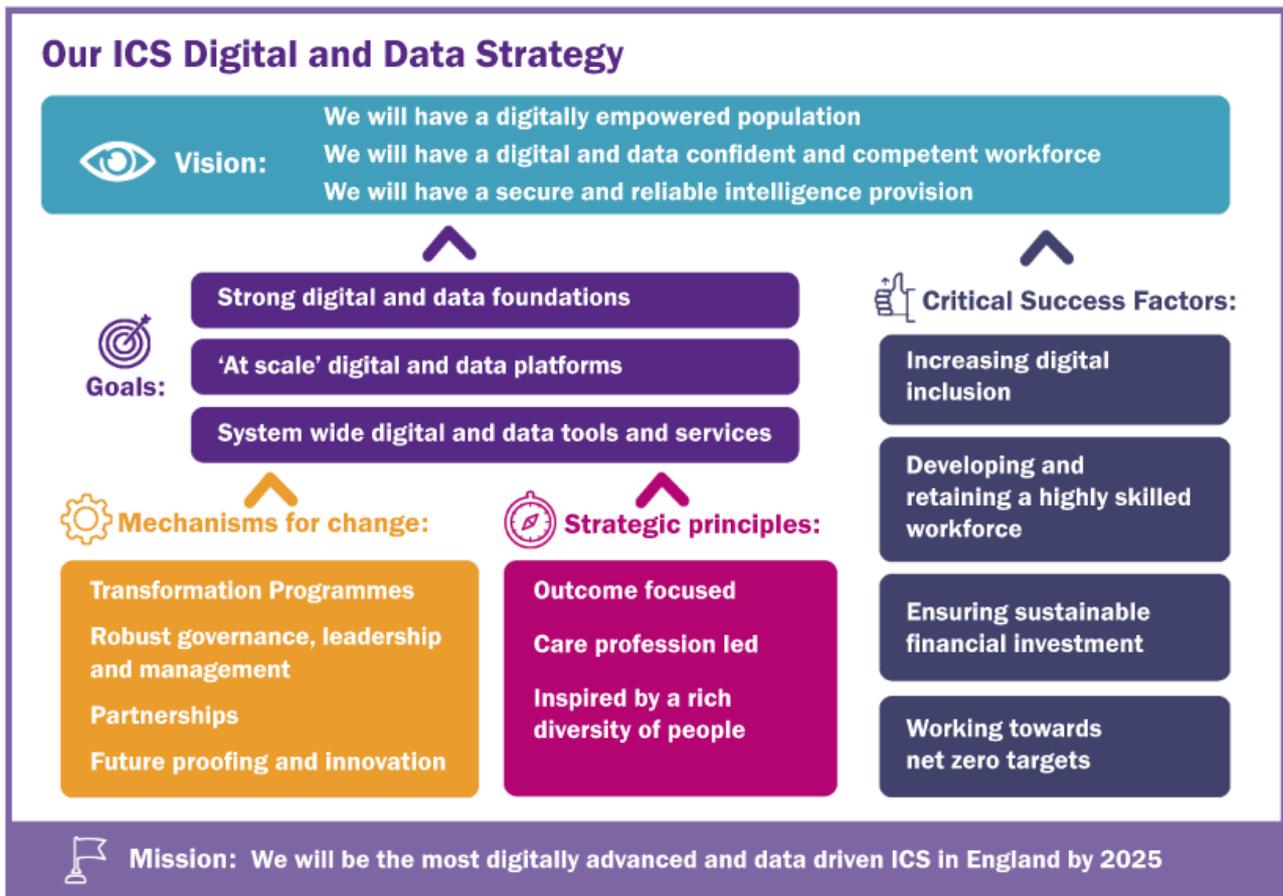
We will:

- Improve access to Home Care and Extra Care Housing, in order to reduce the number of people needing to rely on Residential and Nursing Homes
- We will work with the care market and increase capacity and sustainability
- We will reduce the time spent in hospital by people awaiting access to social care
- We will expand the adult social care workforce by making it an attractive place to work and aligned with our social values and wider workforce plans described elsewhere in this document
- We will build on shared solutions across organisations and communities to maximise expand access to digital and technology that supports our residents.

Digital and Data

Cheshire and Merseyside have ambitious, and highly innovative, plans to be a system where we use data and digital to turn intelligence into action. Our digital and data strategy is the key driver for investment in key IT systems and underpinning IT infrastructure to support health and care delivery.

The data generated supports health and care professionals to better target care and, therefore, better meet the health and care needs of the population. There has been rapid adoption of digital tools such as team collaboration software, video consultations, remote monitoring and the adoption of digital diagnostics, which has changed the way health and care staff work. We have recently updated our digital strategy.



We will:

- Build strong digital and data foundations, including a levelling up of digital infrastructure
- Deliver 'at scale' digital platforms such as shared care records, patient empowerment portals, person-held records, remote care and digital diagnostics
- Develop system-wide population health and business intelligence services.

We are already seeing the benefits of our approach into infrastructure, such as Combined Intelligence in Population Health Action (CIPHA) which supports a range of innovative programmes in Cheshire and Merseyside. System P is a whole system approach to addressing multiagency, multisector challenges that negatively impact population health and will deliver transformational change in service provision through collaborative working. It aims to take

a predictive, preventative and precise approach to population, patient, and person health outcomes, supported by joined up data and intelligence.

Research and Innovation

Cheshire and Merseyside Integrated Care System has as an ambitious vision for research in our region. Our population is recognised to have been poorly served by research opportunities in the past. That, when coupled with significant health need, highlights the need to work differently. As we have moved to an Integrated Care System, we are now creating an Integrated Research System as well.

Steps towards this include the ICS's contribution to the North West Region development of a Secure Data Environment (SDE) for research and clinical trials, using funding from NHS England.

We are working closer between our academic institutions, HCP partners (including population health), research partners (including National Institute for Health and Care Research, National Cancer Research Institute and Academic Health Science Network) and industry.

Our ICS is investing in the clinical leadership to realise this ambition with Director and Deputy Director of Research (reporting to the Medical Director) to work closely with our stakeholders to develop the best performing research network in the country.

Furthermore, in our initial months as an ICS, we have already won competitive grant funding securing £100k to work on winter fuel poverty and interventions, as well as a community research development programme as lead in collaboration with Lancashire and South Cumbria ICS. Such awards recognise the significant ambition and

high-quality research partnerships that our system will further develop on behalf of our patients.

Mersey Care NHS Foundation Trust and the University of Liverpool are leading the development of a Mental Health Research for Innovation Centre (M-RIC) funded through the Office of Life Sciences as part of the UK Governments 'Health Missions' that aims to bring translational research to those areas currently least well served by research awards yet with the greatest need.

Alongside this, work by the CHAMPS public health collaborative is already underway to strengthen research capacity and capability between the nine local authorities in Cheshire and Merseyside and regional academic partners.

This is an emerging and developing programme of work with a network of research champions and academic partners. It is strongly recommended that partners across Cheshire and Merseyside adopt evidence-based approaches informed by best practice and research in relation to our shared goal to tackle health inequalities.

We will:

- Establish a Cheshire and Merseyside Research Development Hub
- Create a network of research champions across our system
- Deliver annual learning events to showcase latest research and to enable the sharing of skills, toolkits and research to support in-house evaluation of projects
- Contribute to the development of a North West Secure Data Environment (SDE) for research.

Health Protection

Cheshire and Merseyside ICS works closely as partners, including Local Authorities, ICB, UK Health Security Agency (UKHSA), Office of Health Improvement and Disparities (OHID) NHS England and across the local NHS Providers and other stakeholders in each of our nine Places.

Key relationships are with Directors of Public Health who have a statutory duty, as directed by the Secretary of State for Health, to ensure there are robust health protection arrangements in place in our local areas. Directors of Public Health are supported by Consultants in Public Health who often have a lead responsibility for health protection amongst other areas of public health.

As Category 1 emergency responders the ICS partners are members of our two Local Resilience Forums (Cheshire Resilience Forum and Merseyside Resilience Forum). We are also a key member of the Local Health Resilience Partnership through which we ensure there are robust arrangements in place to protect the health of the population and to give assurances to Directors of Public Health. Through effective planning we are ready for any future health protection risks, and we do this across local and sub-regional footprints, in order to prevent health protection risks where possible, but are ready to deal with consequence management when necessary to save lives and reduce harm.

We ensure that we learn and improve together, collaborating where it makes sense do things together.

Using the assets and strengths we have available, we will:

- Critically assure the effectiveness of our approach and clarify any catch-up activity that is required, including from our experiences responding to COVID-19

- Develop a view of common health protection risks and shared mitigation plans, and ensure we have robust clinical pathways in place to deal with issues such as tuberculosis (TB), dispensing of antivirals
- Implement scenario planning activities to maximise our system readiness and ensure that contingency arrangements are known and understood and deliverable, including supporting UKHSA in response to outbreaks and threats if required, and supporting NHS preventative work – especially in respect of transfer of screening and immunisation commissioning
- Continue to develop health protection data, intelligence, surveillance and analytics as part of our early warning system to provide timely communication and access to accurate data to enable effective health protection advice and action
- Further develop our workforce training and development plans including Continued Professional Development
- Undertake a review of local Health Protection arrangements, on behalf of the nine Directors of Public Health, to develop a thematic analysis and identify opportunities to strengthen clinical pathways for TB prevention, management and treatment; dispensing antivirals; deploying resources in workplaces, schools and other settings in the event of an outbreak of infectious notifiable diseases including measles, TB and other infections. This builds on the successful pathway that has been developed for offering vaccination support to prevent the spread of monkeypox

- To work with UKHSA and local authority commissioned community infection prevention and community infection control teams to better utilise this resource in order to prevent as well as manage infections within care homes and other settings
- Contribute to local Health Protection Boards to strengthen our networked arrangements between local authorities, primary care, the NHS and UKHSA to ensure good understanding of roles and responsibilities, especially in respect to planned changes to screening and immunisations and the role of primary care in delivery.

Doing things differently.

We understand that knowing how to access the right services isn't easy and that it is our role to find ways to work our communities to

improve this. We have lots of examples of things we've done, and will continue to do so, but to illustrate a very small number of these:

Our approach to:

- [Bringing COVID-19 Vaccinations and a physical health check programme to our communities through our "living well bus"](#)
- [Providing a community eyecare service for homeless communities](#)
- [Improving Maternal Mental Health with VCSE small grants](#)
- The use and impact of arts, culture and creative health interventions as a powerful tool in public health approaches which is backed up by a strong evidence base, we have a range of examples here are a couple;
 - [Liv Care](#)
 - [Theatre Porto](#).



Section 8 - Enhancing quality, productivity and value for money

As was described in section 2 we know that sometimes the experiences and outcomes our population experience could be improved. This section outlines some of our work to ensure we continuously improve.

Quality assurance and improvement

Strengthening collaboration and partnership-working across health and social care provides a significant opportunity to improve the quality of health and care across Cheshire and Merseyside.

The Integrated Care System supports and aligns with the key requirements of quality oversight, as set out by the National Quality Board (NQB) in its 2021 'Shared Commitment to Quality' guidance.

We will:

- Ensure the fundamental standards of quality are delivered – including managing quality risks, including safety risks, and addressing inequalities and variation
- Continually improve the quality of services, in a way that makes a real difference to the people using them
- Work with all of care providers and statutory partnerships in achieving the highest regulatory standards
- Develop and agree a single understanding of quality across the partnership, working together to deliver shared quality improvement priorities, based upon the needs of our population - as well as having collective ownership and management of quality challenges
- Further develop and strengthen our approach to reciprocal and meaningful engagement with service users, working together in an open way with clear accountabilities for quality decisions
- Develop and agree quality assurance and improvement actions across partners through the evolution of the Cheshire and Merseyside System Quality Group (SQG), Quality and Performance Committee and Place-based partnerships, ensuring we are responsive to the lived experience of our diverse population
- Work with our Health and Care Scrutiny Committees to ensure local oversight and assurance around the actions the Partnership is taking to deliver our plans.



Access to Dentistry

A number of factors have led to challenges accessing NHS Dentistry, including a backlog of care needs following the COVID-19 pandemic, workforce recruitment and retention issues and a national NHS dental contract structured more towards treatment than prevention.

On July 19th, 2022, an initial package of reforms to the NHS Dental Contract were announced. Changes include:

- Revised terms to incentivise more effectively treating patient's needs, including supporting higher needs patients
- A focus on adherence to appropriate personalised appointment intervals
- Taking steps to maximise access from existing NHS resources, including through funding practices to deliver more activity in year, where affordable
- Improve information about service availability for patients.

Additional investment has been committed within Cheshire and Merseyside, through to March 2024 to focus on prioritising three key cohorts of patients:

- Urgent Dental Care
- Care Required following an Urgent Treatment
- Routine care where the patient is part of a nationally recognised priority group.

We will:

- Invest in an Advice Triage Helpline service
- Continue to work with partners to develop an oral health strategy to implement sustainable improvements in access to dentistry; including with Health

Education England and Cheshire and Merseyside Local Professional Network.

Access to General Practice

In line with national standard operating procedures, face-to-face access to General Practice was limited during the early stages of the pandemic with a move to telephone and online consultations.

Whilst in 2022 the total number of patient appointments is now higher than in 2019, the proportion of in-person appointments remains lower. Variation in appointment availability is being analysed to support local improvement planning and sharing of good practice to improve access where patients need it.

We will:

- Support our Primary Care Networks in addressing the workforce challenges they are experiencing. As part of the national Additional Roles Scheme our Primary Care Networks will continue to grow their broader clinical teams, whilst also working as part of local care community teams to reduce duplication. A number of key programmes to help retain and recruit to General Practice workforce are underway
- Support Primary Care Networks to develop in line with the Fuller Stocktake in relation to the future development for primary care within integrated systems.

All of our Places have developed plans, based on key priorities in reducing inequalities, for their local populations - with sharing of good practice to expand schemes that are shown to work.

Common service plans already developed include acute visiting services, use of additional roles, switching of routine capacity

to different parts of the day/week, integration with existing services to maximise capacity and access for patients e.g., tele-dermatology, spirometry clinics, ear irrigation, chronic disease reviews and ensuring we maximise the skills and capacity available in other key services such as our community pharmacies and optometrists.

Community Pharmacy

Community Pharmacy has demonstrated its ability to provide improved access to services for our population.

We will:

- Develop new commissioning models that will expand the range of services and capacity available in Community Pharmacy, in order to improve access to a clinical care and improved health outcomes taking pressure of other parts of the system to improve wider, and more local, access to services
- Enable our population to have access to services directly by integrating systems between providers and sectors and encourage providers to make maximum use of national services
- Integrate Community Pharmacy fully into our local workforce and digital programmes to ensure services are integrated into our local models and pathways with a commitment to support community pharmacy contribute to local structures.

Elective Care Recovery Programme

The COVID-19 impact led to closed wards and beds, and staff diversions to service intensive care departments and urgent care wards during peak times. This unprecedented

pressure, and inability to ring fence staff and beds, led to cancellations and cessation of elective services, particularly among “non-urgent” patient groups.

The Cheshire and Merseyside elective waiting lists grew from having no patients waiting more than 52 weeks before the pandemic, to more than 2,200 patients waiting more than 104 weeks by January 2022.

The Elective Recovery and Transformation Programme:

The Elective Recovery and Transformation Programme (ERTP) was established in January 2021 by the Cheshire and Merseyside Acute and Specialist Trusts (CMAST) Provider Collaborative.

The ERTP programme has been working with Trusts to support recovery of activity levels back to pre-COVID levels and reduce in the waiting list backlog as well as a range of transformation schemes to improve outcomes and reduce health inequalities.

The three immediate system-wide priorities are waiting list management, use of system resources and reducing variation.

We will:

- Complete potential for harm reviews of those who have been waiting a long period and waiting well initiatives
- Eliminate waits of 104+ weeks whilst reducing waits of 78 weeks and 52 weeks through 2023 and 2024
- Establish more elective hubs, separating elective and emergency care to ringfence elective surgery, moving towards a system-level waiting list and maximise use of independent sector capacity
- Aim for top decile performance across all Trusts by implementing Getting it Right First Time and best practice pathways,

individual Trust-level efficiency plans and sharing good practice.

To support these aims the following programmes have been developed:

ERTP Programme Workstreams

Risk stratification & cohorting

- Prioritisation and reducing clinical risk of surgery
- Identifying patients for "waiting well" support
- Identifying patients for HVLC pathways
- Linking primary care data (CIPHA)
- Cohorting patients for IS and mutual aid
- Defendable decision-making

Waiting well and prehabilitation

- Reducing risk of decompensation while waiting
- Supporting lifestyle changes to reduce clinical risk of surgery
- Prehabilitation advice and support (Sapien)
- Fitness for surgery

Provider focus

- Top decile provider performance
- Theatres "deep dives"
- GIRFT pathways & HVLC lists
- Strengthening non-elective & critical care capacity
- Separation of green and hot site activity
- Mutual aid

Increased capacity

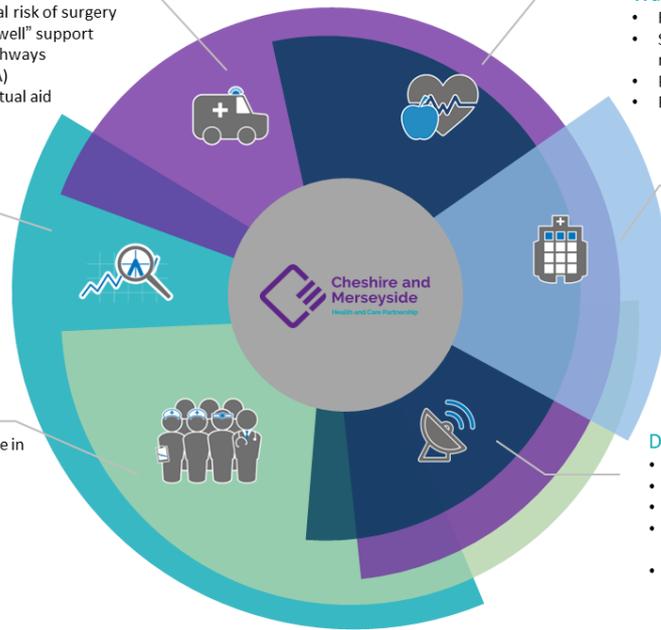
- 2 elective hubs to be mobilised, Additional sites to be identified
- Shared approach to PTL to reduce variation in WL
- Focus on 104+ weeks and P2
- Rapid upscale of IS usage
- Cohorting the right patients for different sites
- GIRFT pathways and top decile
- Strengthened IS offer

Workforce innovation

- Shared and ringfenced workforce in elective hubs
- "Theatre Right" staffing
- Innovation in role redesign

Digital innovation & system working

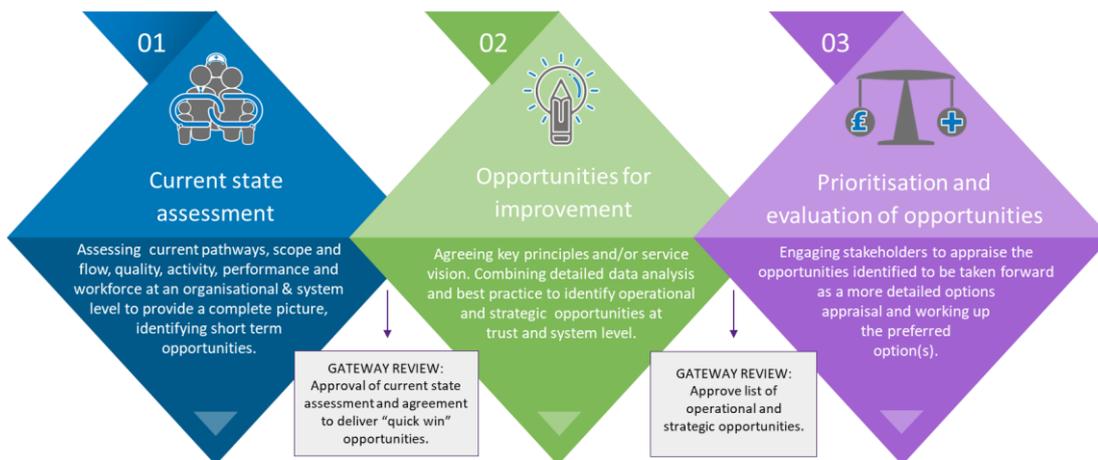
- System level command centre
- Shared PTL concepts and mutual aid
- End to end pathway redesign
- Expansion of virtual wards and remote monitoring (AMITY)
- Shared elective hub facilities & pathways



The Clinical Pathways Programme

The Clinical Pathways Programme (CPP) is focused on transformation of clinical pathways for the long term, improving resilience in smaller NHS Trusts and ensuring that specialisation and consolidation occur where this will provide better outcomes and value.

Cheshire and Merseyside Clinical Pathways Programme Approach



A range of criteria have been used to agree priority specialities for the CPP reviews, including the current waiting list positions, ability to recover activity levels, and services

that were considered "fragile" (i.e. where services had closed / limited access).



Access to NHS Diagnostic Tests

More than 80% of patient pathways include a test and so this programme of work is vital to support delivery of almost every other aspect of work in Cheshire and Merseyside.

We will:

- Achieve the six-week waiting time target for routine NHS diagnostic tests by March 2025 (with no over 13 weeks during 2023)
- Deliver 120% of pre-pandemic levels of diagnostic activity by March 2023
- Reduce clinically inappropriate demand
- Use innovation, new technology and digital solutions
- Implement standardised test bundles for key symptomatic pathways so that patients receive the same high quality and timely diagnostics regardless of their location.

Ensuring we have the right services to avoid the need for avoidable hospital admissions

We know that we have higher rates of hospital admissions than our peers. Much of the focus of responding to the causes of this happens within our Place based plans (see Section 10), for example we know that in many of our Places we have high rates of admissions following a fall, and helping our residents prevent falls is a priority for that Place.

As an ICS we are focussed on ensuring that the right personalised services are there to support our population when they need

increased support. Our Mental Health, Learning Disability and Community Services Provider Collaborative is working with partners to consistently implement these models, and build the capacity and capability across our system. We have three key areas of work we are focussing on:

Urgent Community Response provides rapid access (within 2 hours) to patients in their own home who, with clinical intervention, can be treated without the requirement of a hospital admission or attendance at A&E, for example following a fall. Whilst the service has been established across all areas of Cheshire and Merseyside, we are developing the model to achieve consistency of referral sources, availability of workforce, communication and engagement with stakeholders and approach to service delivery.

As part of this programme, we will:

- Review how we currently work and share the different ways of working across Cheshire and Merseyside, allowing us to learn from each other and develop plans to apply best practice
- Develop a dynamic business intelligence model that will allow us to track capacity and demand for intermediate care. This will support further development of service delivery, either at place, a collaboration of places, or indeed across Cheshire and Merseyside
- Develop shared workforce development plans.

Workforce

In Cheshire and Merseyside, we work to ensure health and care careers are attractive and encourage people from all backgrounds to consider working in health and care. We aim to retain the highly skilled and committed staff we already have, by enabling flexible and new ways of working, having supportive employment models and ensuring that we have the right skills, competencies and equipment to enable staff to work to their potential.

All staff across the health and care system are important to us and we recognise that we are also supported by a huge number of unpaid volunteers and carers. Our plans will help to ensure that they too are appropriately developed and trained.

To achieve the Health and Care Partnership's priorities we need to change the way we work. We will have new teams, new roles, and we will need to work across multiple organisations and places.

Many staff will work, and want to work, in communities - where they live, and we can offer careers to support this. This strategy does not replace the need for individual organisations to have in place their own strategies and plans but rather focuses on those areas that we can and should do better by working collectively together.

We will:

- Create the conditions for staff to work in the health and care system to end our reliance on agencies
- Up-skill and re-skill staff to work in an integrated system with different competencies / new roles
- Promote staff health and wellbeing and optimise the time staff are in work

- Embed new culturally competent ways of working
- Enable multiple models of employment and engagement
- Develop leadership and talent management
- Work as system partners to develop a social care academy to show the equal priority with clinical training.
- Deliver our public sector equality duty (2010 Act) to be an employer of choice for all staff, investing in positive action to attract, recruit, develop and retain staff from unrepresented groups

Specialised NHS Services

From 2024 NHS Cheshire and Merseyside – an Integrated Care Board (ICB) – will take responsibility (currently with NHS England) for commissioning a range of specialised services. This change will more effectively enable us to integrate the national / regional priorities within our wider Cheshire and Merseyside plans

Our approach is not being developed in isolation and we will work closely with colleagues from across neighbouring ICBs whilst integrating pathways with our local partners and building on our priorities to reduce inequalities and improve population health.

Finance

Cheshire and Merseyside Health and Care partners have combined budgets of £4.4bn meaning we are a significant part of the local economy, in terms of employment and procurement of services.

Whilst all HCP partners are facing significant financial pressures; driven by the levels of funding allocated to us and income raised, alongside the increasing needs of our population, taking an integrated approach presents us with the best way to respond to this challenge and to deliver the priorities described in this document. By working together to spend the limited resources available in the most efficient and effective way we can gain the best value and outcomes for our population.

This will be delivered through integration of budgets and plans at a Place level (see section 10), as well as working on the shared objectives and plans described through this document.

Cheshire and Merseyside ICS will develop its system-wide financial strategy in the first half of 2023, and this will both underpin and

support our ambitious system plans alongside long-term financial sustainability.

We will:

Include in our financial strategy:

- An allocation strategy to determine how we will best use our resources to support reduction in inequalities, prevention of ill health and improve population health outcomes
- Financial mechanisms to support health and care integration and a system wide financial regime and funding flow including how we use pooling of budgets across partners and sectors
- Identify key productivity and efficiency opportunities maximised through effective incentives
- System-wide estates and capital requirements and plans
- Supports transformation which will deliver efficiency through integrated working at both a Cheshire and Merseyside and Place level across health and care partners as well as focus on structural instability in services.



Section 9 - Helping to support broader social and economic development

Social Value and Anchor Institutions

The term anchor institutions refers to large organisations whose long-term sustainability is tied to the wellbeing of the populations they serve. As partners we are a significant part of our local economy, including in terms of as employers, purchasers from the local supply chain as well as being embedded in our communities.

As one of a group of Social Value Accelerator Sites across the UK, we're dedicated to exploring and learning more about how social value can practically and effectively be embedded at scale across Cheshire and Merseyside, within the NHS, Local Authorities and Voluntary, Community, Faith and Social Enterprise sector (VCFSE) and business organisations.

We have co-produced "[The Social Value Award](#)" with all sectors which also encourages organisations from the Voluntary Community Faith and Social Enterprise as well as business sectors to embed social value.

Our definition of Social Value is: The good that we can achieve within our communities, related to environmental, economic and social factors;

- Our approach to building capabilities, strengths and assets and enabling people to live a 'valued and dignified life'
- An enabler for the growth of 'Social Innovation' and helps to reduce avoidable inequalities – linked to the Marmot Principles (see Section 5)

- A requirement of 'Anchor Organisations' to use our purchasing power to build capabilities, strengths and assets within our communities, ensuring that Cheshire and Merseyside is a great place to live and work.

We will:

- Work together across sectors to achieve social value outcomes, foster innovation and reduce avoidable inequalities
- Protect health and social care services for future generations
- Give a voice to local communities
- Embed social value across the entire commissioning cycle including procurement
- Make every penny count, growing local wealth, health and our environment
- Create opportunities for social innovation
- Facilitate shared learning, encouraging innovation and best practice in exploring social value.



As an Anchor System we will:

- Sign up to the fair employment charter for Liverpool City Region and Cheshire and Warrington and commit to the real living wage and creating equality within our local job sector
- Pledge to employ and purchase locally, in the first instance
- Pledge to work closely with partners and, where possible, ensure our buildings are viewed as local, community assets
- Measure and evidence the progress made as a result of becoming an Anchor Institution
- Expand the roll-out of the Prevention Pledge
- Develop an Anchor Network Progression Framework to help organisations self-assess / progress ambitions.

Our Green Plan

Climate change poses a threat to our health as well as our planet. The environment is changing, that change is accelerating, and this has direct and immediate consequences for our patients, the public and our partners.

Across our organisations, we are committed to achieving net zero by 2040 (or earlier). All our NHS and local authority partners have well established plans too.

We are:

- Transforming the way we use technology to provide health and care
- Decarbonising estates and enhancing sustainable food in hospitals
- Reducing the environmental impact of products we use, including medicines
- Phasing out single use plastics and improving the way both staff and patients travel when accessing health services.

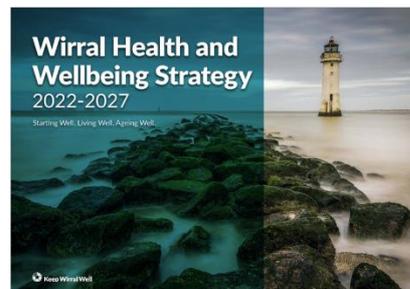
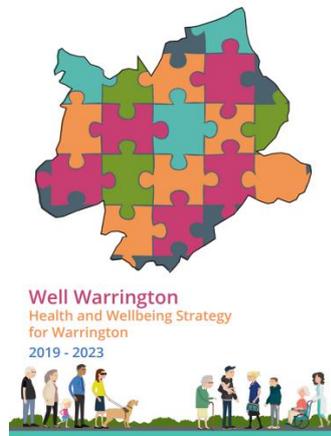
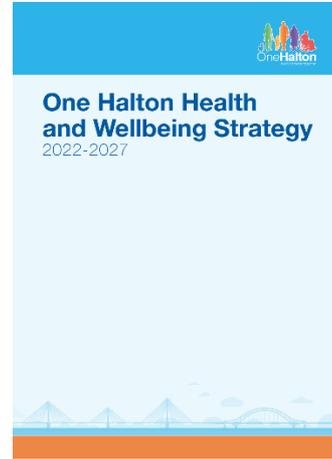
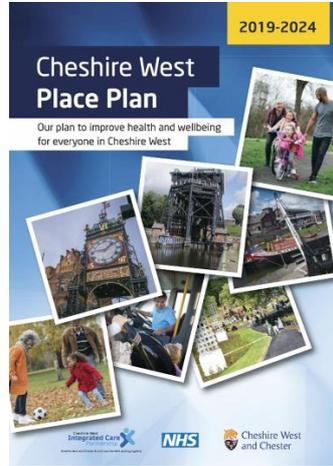
In order to achieve our commitments, we are working with partners in new and innovative ways, including local councils, the NHS Innovation Agency and Liverpool John Moores University.

Examples of Improvements already achieved include:

- The installation of more than 300 solar panels at Wirral Community Health and Care NHS FT, St Catherine's site Phasing out the use of the anaesthetic gas desflurane - most NHS Trusts across Cheshire and Merseyside have now phased it out completely
- Reducing the use of nitrous oxide by the equivalent of 443 tonnes of CO₂ – the same as charging more than 50 million smartphones!
- Introducing more cycle to work schemes
- Liverpool Health and Chest Hospital NHS Foundation Trust has introduced reusable theatre gowns, saving more than 23 tonnes of carbon dioxide emissions each year and £22,000 **which was reinvested into patient care.**



Section 10 - Health and Wellbeing Board Strategies and Place Plans (links to docs to be provided)



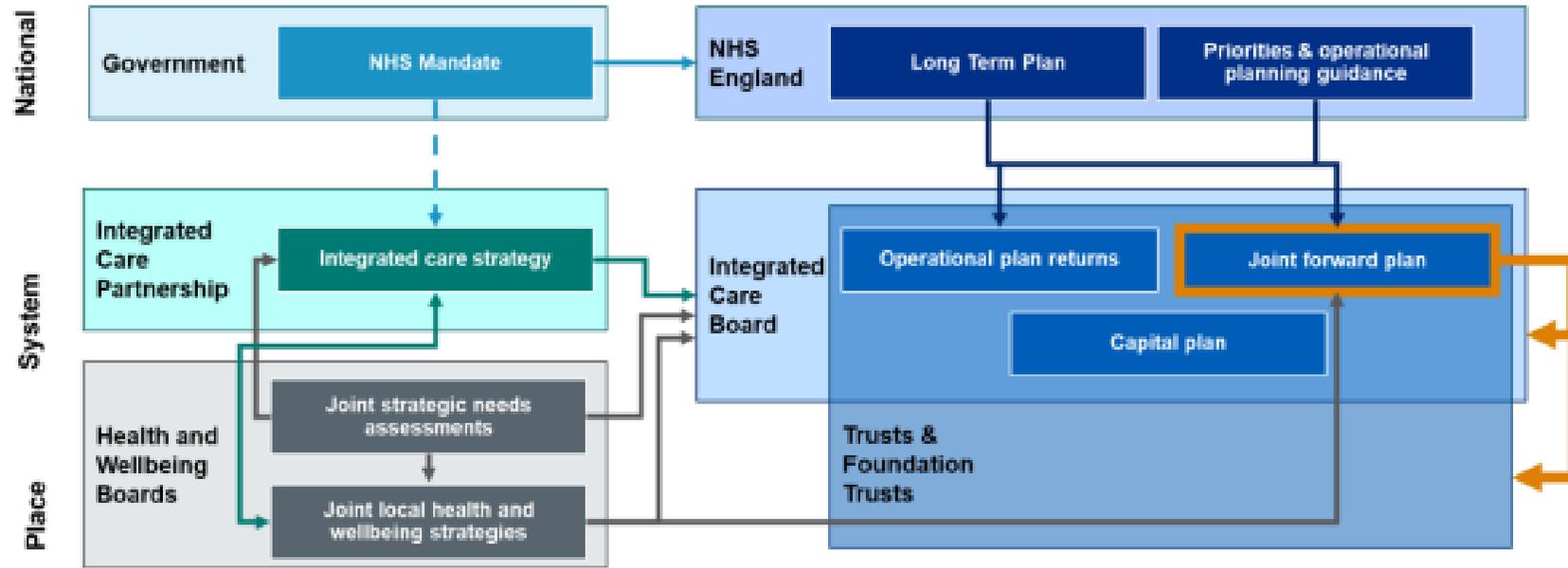


Section 11 - Glossary

[A Glossary of terms is available here.](#)

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Appendix 2 The planning requirements and relationships



Key Dates:

- Draft Operational Plan submission: 23 February 2023
- Final Operational Plan submission: 30 March 2023
- Draft Joint Forward Plan available by 30 March 2023
- Final JFP published by 30 June 2023 (to allow feedback and consultation from partners including Health and Wellbeing Boards and NHS England)

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HEALTH AND WELLBEING BOARD

23 March 2023

REPORT TITLE:	HEALTH AND WELLBEING STRATEGY IMPLEMENTATION PLAN UPDATE
REPORT OF:	DIRECTOR OF PUBLIC HEALTH

REPORT SUMMARY

This report summarises the plan to implement the next phase of the Health and Wellbeing Strategy for 2022–2027. In order to ensure that the Strategy has an impact on inequalities and on population-level health outcomes, it is essential that there is a clear and strong implementation plan and that system leaders are fully aware of their responsibilities in relation to delivery.

The priorities of the Health and Wellbeing Strategy are aligned to the ambitions of the Wirral Plan 2021-2026 and will inform the themes of the forthcoming refresh to the Wirral Plan.

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

RECOMMENDATION

The Health and Wellbeing Board is asked to note and approve the implementation plan.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 This report gives an update on the progress of the work taking place to implement the Wirral Health and Wellbeing Strategy which was developed in collaboration and published in September 2022.
The Strategy will support the Health and Wellbeing Board to fulfil its statutory duties and enable it to hold the wider system to account in order to maximise health outcomes for local people.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 National guidance sets out the requirement for Health and Wellbeing Boards to produce a joint Health and Wellbeing Strategy. No other options have been considered.

3.0 BACKGROUND INFORMATION

- 3.1 The Health and Social Care Act 2012 set out the statutory duty of Health and Wellbeing Boards to produce a Health and Wellbeing Strategy that would influence policy, commissioning and services beyond the health and care sector, in order to make a real impact upon the wider determinants of health. Wirral's Health and Wellbeing Strategy 2022-2027 was approved by the Health and Wellbeing Board on 29th September 2022. The full strategy can be found here:
<https://www.wirralintelligenceservice.org/strategies-and-plans/wirral-health-wellbeing-strategy-2022-27>.
- 3.2 The priorities of the Health and Wellbeing Strategy are aligned to the ambitions of the Wirral Plan 2021-2026 and will inform the themes of the forthcoming refresh to the Wirral Plan. The strategy has been strongly informed by the recommendations of the recent Marmot report for Cheshire & Merseyside, "All Together Fairer".
- 3.3 The Strategy describes five key priorities for the Health and Wellbeing Board to focus joint efforts across the Wirral system to improve the health of the local population and to address local inequalities. The priority areas are as follows:
- Create opportunities to get the best health outcomes from the economy and regeneration programmes.
 - Strengthen health and care action to address differences in health outcomes.
 - Ensure the best start in life for all children and young people.
 - Create safe and healthy places for people to live that protect health and promote a good standard of living.
 - Create a culture of health and wellbeing, listening to residents and working with partners.
- 3.4 The themes and priorities of the strategy were agreed and developed locally by the partners that made up the Health and Wellbeing Strategy Working Group, which

included representation from the Voluntary Community Faith and Social Enterprise (VCFSE) Sector. Resident input was obtained via a programme of qualitative insight to inform the strategy themes and priorities.

3.5 IMPLEMENTATION PLAN

In order to ensure that this Strategy makes a meaningful impact on the lives of our residents, in particular those with greatest need, it is essential that the Health and Wellbeing Board is able to hold the wider Wirral system to account on the identified priorities and areas for action. To do this, a clear structure of leadership and accountability is required.

3.6 The proposal to achieve this is as follows:

- a) Each priority theme area will have both a named System Lead and a named Public Health Lead. Whilst the Director of Public Health is the Senior Responsible Officer for the Health and Wellbeing Strategy, it is not the responsibility of Public Health to deliver all of the strategy's outcomes. The outcomes of this strategy cannot be achieved unless the Wirral system takes responsibility for driving and achieving progress in the identified priorities. On this basis, we believe that combining essential Public Health leadership skills with a system lead who has a greater depth of knowledge and experience within each of the themed areas would provide the best chance of successfully implementing the strategy.
- b) The joint leads for each of the priority areas will be responsible for:
 - Assessing the current 'state of play' within the priority theme, including an updated picture of existing routes and structures through which to exert influence
 - Agreeing the areas to focus on for most potential gain (i.e. for most impact on inequalities and/or largest shift in population health outcomes)
 - Identifying what is required from the wider Wirral system to achieve gain in that area
 - Overseeing the development of plans to address the key areas, crossing into the other priority theme areas wherever relevant
 - Identifying the quantitative and qualitative markers that will show evidence of progress within the priority theme areas
 - Escalating issues/barriers/support needs through the Health and Wellbeing Strategy Implementation Group and reporting progress through this and the Health and Wellbeing Board.

3.7 The strategy will need to maximise its potential impact by linking strongly to existing strategies/plans that have the potential to deliver (or act as a catalyst for) the outcomes of the Health and Wellbeing Strategy (e.g. Wirral's Economic Strategy, Community Wealth Building Strategy, Early Years Strategy, Wirral Health & Care Plan). The joint leads will need to identify these as part of their initial assessment.

- 3.8 It is proposed that the Consultants in Public Health work together to support the Director of Public Health in ensuring that progress is maintained and that the delivery system works as efficiently as possible.
- 3.9 It is proposed that Priority Area 5, “Create a culture of health and wellbeing, listening to residents and working with partners” will become an enabling factor, running throughout the other four priority themes, rather than being a stand-alone priority area.
- 3.10 The input of the Voluntary Community Faith and Social Enterprise (VCFSE) Sector will be reviewed in order to ensure that a fair and meaningful input is secured.
- 3.11 The original Health & Wellbeing Strategy Working Group has transitioned to become the Health and Wellbeing Strategy Implementation Group, with a revised Terms of Reference and a membership of the joint leads for each of the priority themes. This group will oversee progress, challenge where necessary and identify solutions to address barriers to progress.
- 3.12 To ensure that the voice of Wirral residents and communities is reflected within the strategy, a programme of engagement commenced during 2022 and will continue throughout the life of the strategy. There will also be a series of community-based events with the intention of bringing particular aspects of the strategy ‘to life’ for our local partners, including our residents.
- 3.13 The joint leads will be required to identify areas of progress to report into the Health and Wellbeing Board. This will ensure that the agenda of the Health and Wellbeing Board remains close to the intended outcomes of the strategy and that board members are informed about progress across all priority areas. A development programme for members of the Health and Wellbeing Board will also be considered as a way of equipping members with the necessary context and key information to enable them to challenge and support to maximum effect. It is proposed that in addition to the quarterly reports to the board on an aspect of progress within each priority theme, there will be a yearly review of impact of the overall strategy.

4.0 FINANCIAL IMPLICATIONS

- 4.1 Implementation of the strategy will include aligning existing resources more appropriately and using the strategy to lever in and focus additional resources across the system.

5.0 LEGAL IMPLICATIONS

- 5.1 Development of a Health and Wellbeing Strategy is a legal duty under the Health and Social Care Act 2012.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 There is a need for ongoing commitment from Council officers along with a wide range of partners to deliver the priorities within the Health and Wellbeing Strategy.

The roles of joint leads for each priority area will require significant focus and capacity.

7.0 RELEVANT RISKS

- 7.1 Any risks related to the development of the Health and Wellbeing Strategy implementation will be identified via the Health and Wellbeing Implementation Group and reported to the Health and Wellbeing Board where necessary.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 A programme of engagement with local people in order to ensure that this strategy remains relevant and impactful is ongoing. The strategy will be delivered in partnership with representatives across the Wirral system, including residents.

9.0 EQUALITY IMPLICATIONS

- 9.1 The Health and Wellbeing Strategy has been underpinned by equality and diversity impact assessments and strives to address the inequalities that have been highlighted. Ongoing impact assessment of the strategy implementation will be undertaken to ensure that equality and diversity impacts are considered and addressed. An Equality Impact Assessment for the Health and Wellbeing Strategy can be located at <https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments>.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 The link between both internal and external environments and health is well-evidenced. The delivery of the Health and Wellbeing Strategy will support and supplement the 'Cool Wirral 2' partnership strategy to tackle climate impacts. Work with partners to tackle indoor air pollution will also be important.

11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 The Health and Wellbeing Strategy will support the delivery of the concepts of community wealth building e.g. community resilience increasing local employment opportunities.

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APPENDICES

N/A

BACKGROUND PAPERS

<https://www.wirralintelligenceservice.org/strategies-and-plans/wirral-health-wellbeing-strategy-2022-27>

TERMS OF REFERENCE

This report is being considered by the Health and Wellbeing Board in accordance with Sections (a, b, c) 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
- c) To provide a local governance structure for local planning and accountability of health and wellbeing related outcomes

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Health and Wellbeing Board	29 September 2022 15 June 2022 23 March 2022 9 February 2022 3 November 2021



HEALTH & WELLBEING BOARD

Thursday, 23rd March 2023

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 an updated list of publications of which ‘A Community - Powered NHS, Making Prevention a Reality’ is strongly recommended. ‘Creating health and wealth by stealth, community anchor organisations, prevention services, and the wider determinants of health, Locality, Power to Change and VCSE Health and Wellbeing Alliance, January 2023’ is also recommended.

These 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 aims and objectives of the development of Community Hubs, agreed with local elected Members, together with an action plan are being developed which will complement and extend the plans for engagement with communities, as already approved by the HWBB, to specific neighbourhoods.

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:

- (1) the continuing progress of the CVF Reference Groups work on Community Hubs, Family Hubs and Green and Open Spaces,
- (2) the contents of the attached reports, and the continuing involvement and support to the delivery of the Council’s approved Health and Wellbeing Strategy and to the continued development of work 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. The principal aim of the CVF Reference Group is to build and support the development of local infrastructure, in support of ongoing programmes and plans to meet the health and wellbeing needs of Wirral's communities and residents.
- 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 With the Director of Social Care and colleagues, the Director of Public Health, the Assistant Director – Transformations and Partnerships – Wirral, and representatives of the CVF-Reference Group (CVF-RG), an agreement to form a Transformation and Partnerships Steering Group to align neighbourhoods with the ongoing work of the CVF-RG at the level of community, which already has the support of the Health and Wellbeing Board. A Transformation and Partnerships Healthcare Steering Group has now been formally set up.
- 3.5 The CVF Reference Group have continued to be involved in the further development and delivery of Health and Wellbeing Strategy through participation in the Council's Working Group and with CVF Sector stakeholders.

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 4 pilot Community Hubs, agreed with local elected members and the Health and Wellbeing Board 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

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Report to Health and Wellbeing Board	29 th September, 2021
Report to Health and Wellbeing Board	15 th December, 2021
Report to Health and Wellbeing Board	9 th February, 2022
Report to Health and Wellbeing Board	29 th 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 and previously put forward to the Health and Wellbeing Board by the CVF Reference Group, 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 coordinate 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 was suggested and agreed 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 with progress to date
- 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 elected members 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

Other wards wishing to start exploratory discussions will be warmly welcomed. Four wards, one from each political party were put forward and are Rock Ferry, conservative ward yet to be nominated (possibly West Kirby and Thurstaston), Birkenhead and Tranmere and Eastham. Initial meetings and discussions have been held with elected members in 3 of the wards with a positive response to work with the CVF Reference Group going forward to further develop community hubs within their wards.

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 and CVF Sector Groups of progress to date. Consideration is being given to establishing regular meetings at an appropriate frequency through 2023.

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.

Another member of the CVF Reference Group has also been elected to serve on the Wirral Place Strategy and Transformation sub group.

The CVF Reference Group has actively participated in the development of the Council's Health and Wellbeing Strategy as requested by the Health and Wellbeing Board and is a member of the Working Group to continue with its development and delivery.

Step 2c Meetings took place with the Director for Adults' Care and Health and with the NHS 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 model already established on Wirral culminating in the setting up of a Transformation and Planning Healthcare Steering Group with CVF representation.

The CVF Reference Group will continue to focus on its work with elected members and communities identified in the 4 prototype wards and input into the TPSG as and when required and requested.

The CVF 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 their communities and health and wellbeing of each community. Contact and discussions are ongoing with CVF volunteers and local organisations in addition through the Community of Practice(COP), Strategic Leaders Network Group(SLNG) and Wirral Council CVF Group(formerly the Humanitarian Cell) 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 community hub organisation.

Step 5. Form a community development team (CDT) from within the prototype of the CVF Reference Group 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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<https://www.wirral.gov.uk/sites/default/files/all/About%20the%20council/climate%20change/Cool2-Strategy-2020.pdf>

World Health Organisation (2017) Urban green spaces; a brief for action at:
<https://www.who.int/europe/publications/i/item/9789289052498>

Family Hubs Update

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.

COMMUNITY SAFETY AND ENGAGEMENT

The CVF Reference Group were recently requested to assist in providing a coordinated response to youth anti-social behaviour, on the Leasowe housing estate and is in the process of being planned. This behaviour was brought to the attention of the CVF-RG by a member of our group and older members of the estate seeking help.

Several meetings have taken place to discuss the severity of the anti-social behaviour and how it might be addressed working in partnership with all key stakeholders.

Meetings to discuss how to address the behaviour working with WBC Officers and Ward Elected Members are arranged. The meetings will have been held by the time of the HWBB meeting and a verbal update will be given to the HWBB meeting.

In due course arrangements will be made to meet with the youths to discuss their behaviour, its impact on the community, their grievances and factors giving rise to the resident's concerns.

It was felt appropriate to invite WBC youth workers from East Moreton to join the discussions to ensure a ward approach could be considered.

A significant contribution to these meetings/discussions will be provided by Emily Harding who has been invited to join the Reference Group as the youth lead. The Reference Group is pleased to have Emily join the team and are sure she will make strong contribution to this work programme. Emily will introduce herself to the members of the HWBB

Matters associated with the development of the community infrastructure needs of the estate will form an integral part of these discussions.

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Appendix 2 Relevant updated publications

Reference Papers to the CVF Reference Group Update to the HWBB, March, 2023

- Creating health and wealth by stealth, community anchor organisations, prevention services, and the wider determinants of health, Locality, Power to Change and VCSE Health and Wellbeing Alliance, January 2023.
- The impact of community anchor organisations on the wider determinants of health, Locality, Power to Change and VCSE Health and Wellbeing Alliance, March 2022
- Community Hubs, how to set up, run and sustain a community hub to transform local service provision. My Community, Locality.
- Working in Partnership with People and Communities, NHS England, Statutory Guidance, B1762, July 2022. Community Calling: People want more influence. New Local Aug 2022
- 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.
- 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.
- Repairing our society; A social justice manifesto for a thriving Britain, July 2022.
- Next steps for integrating primary care: Fuller Stocktake report, May 2022
- 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 Community paradigm, New Local, March 2021.
- A Community Powered NHS, New local, August 2022
- The Community Hub Handbook, Locality, January 2020.
- A policy Toolkit, Recovery and Renewal on the Kent High Street; Localis, 2022.



HEALTH AND WELLBEING BOARD

THURSDAY 23 MARCH 2023

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 2023/24 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.

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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 2023-24

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
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
Review of Terms of Reference of HWB	TBC	
Cost of Living Report	TBC	Rose Boylan/Dave Bradburn

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Health and Wellbeing Board – Terms of Reference

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- (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.

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