



Health and Wellbeing Board

Date:	Thursday, 29 September 2022
Time:	2.00 p.m.
Venue:	Wallasey Town Hall

Contact Officer: Mike Jones
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Please note that public seating is limited therefore members of the public are encouraged to arrive in good time.

Wirral Council is fully committed to equalities and our obligations under The Equality Act 2010 and Public Sector Equality Duty. If you have any adjustments that would help you attend or participate at this meeting, please let us know as soon as possible and we would be happy to facilitate where possible. Please contact committeeservices@wirral.gov.uk

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

AGENDA

1. DECLARATIONS OF INTERESTS

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

2. APOLOGIES FOR ABSENCE

3. MINUTES (Pages 1 - 4)

To approve the accuracy of the minutes of the meeting held on 28 July 2022.

4. PUBLIC AND MEMBER QUESTIONS

Public Questions

Notice of question to be given in writing or by email by 12 noon, Monday 26 September to the Council's Monitoring Officer (committeeservices@wirral.gov.uk) and to be dealt with in accordance with Standing Order 10. For more information on how your personal information will be used, please see this link: [Document Data Protection Protocol for Public Speakers at Committees | Wirral Council](#)

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

Statements and Petitions

Statements

Notice of representations to be given in writing or by email by 12 noon, Monday 26 September to the Council's Monitoring Officer (committeeservices@wirral.gov.uk) and to be dealt with in accordance with Standing Order 11.

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

Petitions

Petitions may be presented to the Board if provided to Democratic and Member Services no later than 10 working days before the meeting, at the discretion of the Chair. The person presenting the petition will be allowed to address the meeting briefly (not exceeding three minute) to outline the aims of the petition. The Chair will refer the matter to another appropriate body of the Council within whose terms of reference it falls without discussion, unless a relevant item appears elsewhere on the Agenda. If a petition contains more than 5,000 signatures, it will be debated at a subsequent meeting of Council for up to 15 minutes, at the discretion of the Chair. Please give notice of petitions to committeeservices@wirral.gov.uk in advance of the meeting.

Questions by Members

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

5. HEALTH AND WELLBEING STRATEGY (Pages 5 - 34)

6. PUBLIC HEALTH ANNUAL REPORT 2022 (PHAR) (Pages 35 - 46)

7. **COMMUNITY, VOLUNTARY AND FAITH SECTOR REFERENCE GROUP UPDATE (Pages 47 - 72)**
8. **WIRRAL PHARMACEUTICAL NEEDS ASSESSMENT (PNA) 2022 – 2025 (Pages 73 - 80)**
9. **INTEGRATED CARE SYSTEM (Pages 81 - 98)**
10. **COST OF LIVING (Pages 99 - 104)**
11. **CO-OPTION OF REGISTERED SOCIAL LANDLORD (Pages 105 - 108)**
12. **WORK PROGRAMME (Pages 109 - 114)**

Terms of Reference

The principal role of the Health and Wellbeing Board is to discharge functions pursuant to sections 195 and 196 of the Health and Social Care Act 2012.

The Health and Wellbeing Board will not be responsible for directly commissioning services, but will provide oversight, strategic direction and coordination of the following activities:

- (a) To develop a shared understanding of the needs of the local community through the development of an agreed Joint Strategic Needs Assessment
- (b) To seek to meet those needs through leading on the ongoing development of a Health & Wellbeing Strategy
- (c) To provide a local governance structure for local planning and accountability of health and wellbeing related outcomes
- (d) To work with HealthWatch in Wirral to ensure appropriate engagement and involvement within existing patient and service user involvement groups takes place
- (e) To drive a collaborative approach to commissioning of improved health and care services which improve the health and wellbeing of local people
- (f) To consider and take advantage of opportunities to more closely integrate health and social care services in commissioning and provision
- (g) To review the financial and organisational implications of joint and integrated working across health and social care services, ensuring that performance and quality standards of health and social care services are met, and represent value for money across the whole system
- (h) To establish a key forum for local democratic accountability relating to commissioning against agreed health outcomes
- (i) To develop and update the Pharmaceutical Needs Assessment (PNA)
- (j) To ensure the Better Care Fund plan is monitored regarding its progress and performance and ensure the health and social care partners effectively plan regarding the implications of this work.

HEALTH AND WELLBEING BOARD

Thursday, 28 July 2022

Present:

Councillor Janette Williamson	Chair
Councillor Kathy Hodson	Wirral Council
Councillor Yvonne Nolan	Wirral Council
Councillor Amanda Onwuemene	Wirral Council
Dr Faouzi Alam	Cheshire & Wirral Partnership NHS Foundation Trust
Tony Bennett	Wirral Community Health Care NHS Foundation Trust
Suzanne Edwards	Cheshire & Wirral Partnership NHS Foundation Trust
Graham Hodgkinson	Director of Adults' Care & Health & Strategic Commissioning
Nick McCormack	Merseyside Fire and Rescue
Paul Satoor	Chief Executive, Wirral Council
Kirsteen Sheppard	Healthwatch Wirral
Mathew Swanborough	Wirral University Teaching Hospital
Simone White	Director of Children, Families and Education
Julie Webster	Director of Public Health, Wirral Council

12 DECLARATIONS OF INTERESTS

There were no declarations of interests.

13 APOLOGIES FOR ABSENCE

Apologies for absence were received from:

- Councillor Tom Anderson,
- Simon Banks Chief Officer, NHS Wirral CCG and Wirral Health and Care Commissioning,
- Karen Howell and Michael Brown Wirral Community Health and Care NHS Foundation Trust
- Sir David Henshaw, Wirral University Teaching Hospital NHS Foundation Trust,
- Mark Thomas, Merseyside Fire and rescue
- Ian Thomson, Magenta Living
- Helen West, Partnership Manager, Department for Work and Pensions

14 MINUTES

Resolved:

That the minutes of the meeting of the Health and Wellbeing Board on 15 June 2022 be agreed as a correct record.

15 **PUBLIC AND MEMBER QUESTIONS**

There were no questions, petitions or statements received.

16 **THE ROLE OF HEALTH AND CARE PARTNERS IN REDUCING HEALTH INEQUALITIES**

The Director of Public Health presented her report which set out how the response to the pandemic, changes to NHS, the formation of the Place Based Partnership Board and the Health and Wellbeing Strategy could provide opportunities for positive local action to reduce the health inequalities which the pandemic had revealed. The report detailed the framework and actions which would enable the Place Based Partnership to have a clear focus on tackling the inequalities.

Resolved: That

- (1) the strong focus on reducing health inequalities within the NHS both nationally and locally be noted;**
- (2) the proposed approaches to reduce health inequalities being adopted by the Wirral Place Based Partnership be supported.**

17 **INTEGRATED CARE SYSTEM**

The Director of Adult Services presented the report of the Place Director Which was first of a series of updates on the development of the Integrated Care System and the work of the Integrated Care Board which commenced on 1 July 2022. The Wirral Place Based Partnership Board membership had been agreed and was being formed to meet formally in September 2022.

Resolved:

That the report be noted and it be noted that similar updates will be received at future meetings.

18 **JOINT STRATEGIC NEEDS ASSESSMENT**

The Director of Public Health presented her report which updated the Board on the progress of Wirral's Joint Strategic Needs Assessment, and followed on from the Board's decision, at the meeting of 15th December 2021, to provide oversight for the Joint Strategic Needs Assessment and to ensure all partners were working collectively in Wirral, using the same intelligence to support joint decision making. There was a plan to launch in September 2022 a 'state of the borough' profile and a website with statistics and qualitative data in terms of narratives of residents. A Joint Strategic Needs Assessment Steering Group was needed to oversee this process on behalf of the Board. Representatives for it would be invited from the organisations who made up the Health and Wellbeing Board. Terms of reference for this Group would be circulated to members after the meeting and nominations were invited.

Members praised the draft website and were encouraged that the data on it would be local as well as national and could be broken down to Ward level,

Resolved: That

- (1) the ongoing development of the Wirral Joint Strategic Needs Assessment and website be noted and supported in line with the Wirral Health and Wellbeing Strategy priority areas;**
- (2) the establishment of a Joint Strategic Needs Assessment Steering Group, to help set the strategic direction and provide oversight of Joint Strategic Needs Assessment development, be supported. All members of the Health and Wellbeing Board are requested to nominate a representative to be a member of the Group.**

19 SPORTS AND PHYSICAL ACTIVITY STRATEGY REPORT UPDATE

The Director of Neighbourhood Services and the Modernisation Officer (Leisure) introduced this report which was an update on the Sports and Physical Activity Strategy to show the early progress and impact. The aim of the strategy was to help people to move more for the health and social benefits it can bring, including weight loss and reduced medication. Funding had been utilised from Public Health England and the work was supported and enabled by many partner organisations and utilised Council facilities and open spaces.

Members were informed of the much reduced costs of the Strategy compared to medical interventions.

The Director of Public Health proposed an additional recommendation that the Place Based Board be asked to take the Strategy and actions forward to make sure leisure services work was embedded in NHS work.

This was seconded by the Chair and agreed.

Resolved: That

- (1) the update provided by the Director of Neighbourhoods be noted.**
- (2) the Place Based Partnership Board be asked to take forward the actions to link the Sports and physical activity strategy with local Place work.**

20 WIRRAL COMMUNITY HEALTH & CARE NHS FOUNDATION TRUST'S (WCHC) ORGANISATIONAL STRATEGY (2022-2027)

The Chief Strategy officer at the Wirral Community Health & Care NHS Foundation Trust presented his report which provided an overview of the Trust's Organisational Strategy (2022- 2027). The Trust's strategy supported the Wirral Plan with regard to reduction of inequality through improving population health and supporting people to live independent and healthy lives. The Strategy also aligned with the draft HWB strategy, the Integrated Care Strategy and the Integrated Care Board priorities. It addressed social value principles of providing opportunities locally for employment and education and removing barriers to access.

Members commented that the Strategy made connections that enabled organisations to work more effectively at the local level.

Resolved:

That the publication of Wirral Community Health and Care NHS Foundation Trust's Organisational Strategy (2022-2027) be noted.

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

The Assistant Director for Education presented the report of the Director of Children, Families and Education which provided an update on progress towards the Wirral Statement of Action (WSOA). In September 2021, the local area's services for children and young people with Special Educational Needs and Disabilities (SEND) was inspected by Ofsted and the Care Quality Commission (CQC). As a result of the inspection, the local area was required to submit a WSoA to address the areas of improvement which had been identified. The WSoA had been approved by the Ofsted on behalf of the CQC. The WSoA identifies six workstreams which will guide the improvement plan for SEND, each with a dedicated workstream lead from the local authority and the Integrated Care Partnership (ICP). There was to be a reinspection within 18 months.

Resolved: That

- a) the health and local authority actions contained within the report be noted,**
- b) the progress made to date on the actions in the Wirral Statement of Action be endorsed; and,**
- c) a further monitoring report be received at a future date.**

22 HEALTHWATCH WIRRAL UPDATE JUNE 2022

The Business Development Volunteer Lead at Healthwatch Wirral presented the report of the Chief Executive Officer of Healthwatch Wirral with monitoring statistics and feedback covering the period March to May 2022. 48% of online feedback related to hospitals and 24% was about GPs. Wirral University Teaching Hospital was the most common theme for contacting (18%), then complaints advocacy. Topics concerned were wide ranging and overall themes were consistent – access to appointments for GPs and dental services; communication with GP and with the hospital.

Members explained that Wirral University Teaching Hospital operated three hospitals and on one, Clatterbridge, there was three organisations and capacity was planned to increase.

Resolved:

That the report be noted.

23 WORK PROGRAMME

Resolved:

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



WIRRAL HEALTH AND WELLBEING BOARD

29th September 2022

REPORT TITLE:	HEALTH AND WELLBEING STRATEGY
REPORT OF:	DIRECTOR OF PUBLIC HEALTH

REPORT SUMMARY

This report presents the Health and Wellbeing Strategy for 2022 – 2027 and sets out the proposals for monitoring the progress of delivery of the Strategy.

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

The priorities of the Health and Wellbeing Strategy 2022-2027 are aligned to the ambitions of the Wirral Plan 2021-2026, to 'create equity for people and place' and will contribute directly or indirectly to all five of the Wirral Plan themes:

- Sustainable Environment
- Brighter Futures
- Inclusive Economy
- Safe and Pleasant Communities
- Active and Healthy Lives

RECOMMENDATION/S

The Health and Wellbeing Board is recommended to:

1. Receive and approve the Health and Wellbeing Strategy 2022 – 2027
2. Agree to monitor progress against the Strategy through the proposals within this report.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 This report presents the new Health and Wellbeing Strategy 2022 – 2027 to the Health and Wellbeing Board, see appendix 1. The Strategy will support the Board to fulfil its statutory duties and enable it to hold the wider system to account 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, other options have therefore not been considered.

3.0 BACKGROUND INFORMATION

- 3.1 The Health and Social Care Act 2012 established Health and Wellbeing Boards and set out their statutory duties. This included the requirement to produce a joint Health and Wellbeing Strategy which describes how the Board, working with partners, will improve health and wellbeing.
- 3.2 National guidance states that a Health and Wellbeing Strategy should provide a framework for improving health and wellbeing in the area. The Health and Wellbeing Strategy should influence policy, commissioning and services beyond the health and care sector, in order to make a real impact upon the wider determinants of health. The Strategy should enable the Board to address shared local issues collectively, in addition to the work as individual organisations.
- 3.3 The implementation of a local Health and Wellbeing Strategy will help to set local priorities for joint action, following the identification and assessment of the needs and priorities of the local population, adopting an outcomes-based approach, and considering those issues which matter the most to local people.
- 3.4 A key priority for the Health and Wellbeing Strategy is to enable the Board to hold the system to account on the identified priorities and areas for action, ensuring that plans are delivered, meet local resident needs, and are aligned to a strategic outcomes framework.

4.0 WIRRAL'S HEALTH AND WELLBEING STRATEGY

- 4.1 Wirral's Health and Wellbeing Board agreed in November 2021 for a Working Group to be established with representation from partners to produce a local Health and Wellbeing Strategy. The Board has received regular updates throughout the development of the Strategy, on the progress of the Working Group.
- 4.2 The Strategy takes forward the recommendations of the 2021 Public Health Annual Report and is aligned to the All Together Fairer Report for Cheshire and Merseyside Health and Care Partnership, delivered through the Marmot Communities Programme.

- 4.3 The Director of Public Health has led on collaboration and engagement across the Council and with partner organisations as well as community representatives to inform the Strategy. Feedback from the Working Group and individual input has been received from all system and partner leaders which has been used to develop the strategy's principles, priorities and deliverables. Through this collaborative approach, the Working Group has ensured that the Strategy aligns with other relevant plans and strategies, either existing or in development.
- 4.4 To ensure that the voice of Wirral residents and communities is reflected within the strategy, a programme of engagement commenced during 2022, overseen by the Working Group. Working with the Health and Wellbeing Board Reference Group, and the Community, Voluntary and Faith Network, as well as other partners and groups, resident input has been obtained via a programme of qualitative insight to inform the Strategy. This programme of work will continue to support the ongoing delivery and monitoring of the Strategy implementation.
- 4.5 The Strategy describes five key priorities for the Health and Wellbeing Board to focus joint efforts to improve the health of the local population, addressing inequalities, working in partnership with residents:
1. Create opportunities to get the best health outcomes from the economy and regeneration programmes.
 2. Strengthen health and care action to address differences in health outcomes.
 3. Ensure the best start in life for all children and young people.
 4. Create safe and healthy places for people to live that protect health and promote a food standard of living
 5. Create a culture of health and wellbeing, listening to residents and working together.

The Strategy sets out how each of the priorities will be achieved and details the initial areas for focus.

- 4.6 The Working Group has identified the importance of holding the system to account on the delivery of the Strategy and monitoring its impact over time. A range of quantitative and qualitative measures will support the Health and Wellbeing Board oversight of the strategy deliverables. Appendix 2 maps the Health and Wellbeing Strategy priorities, alongside the Marmot and Public Health Annual Report recommendations, setting out the indicators that will be used to support the Health and Wellbeing Board oversight of the strategy deliverables and measuring progress. Regular performance reports will be made to the Board, including a 12 monthly review of impact over the last period, and setting priorities for the next 12 months.
- 4.7 To deliver the ambitions and priorities of the Health and Wellbeing Strategy will require the ongoing commitment of all members of the Health and Wellbeing Board. Board meetings should have a clear focus on the priorities of the Strategy. To support the delivery of the Strategy, it is proposed that we build on the success of bringing together the Working Group to collaborate on the Strategy development, developing a Health and Wellbeing Board Steering Group, responsible for developing and overseeing a more detailed Implementation Plan.

5.0 FINANCIAL IMPLICATIONS

- 5.1 The cost associated with the design and production of the Strategy, is being met from the Public Health grant. There is no assumption that the Public Health grant will reduce, if this risk materialises, the strategy will have to be reviewed in line with the funding available.
- 5.2 There may be financial implications for the delivery of the strategy. The Health and Wellbeing Strategy sets out our approach for reducing health inequalities, however there are significant financial constraints across the system meaning the focus must be on how we can work in different ways as a system to deliver the priorities within the system funding available .

6.0 LEGAL IMPLICATIONS

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

7.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 7.1 The work referenced within the report was developed by existing officers and partners.
- 7.2 There is a need for ongoing commitment of officer time from partners to oversee the implementation and monitoring of the Health and Wellbeing Strategy, keeping the Health and Wellbeing Board regularly updated on progress and engaging with their respective organisations.
- 7.3 There may be resource implications for partners, services and programmes as a result of the implementation of the Health and Wellbeing Strategy.

8.0 RELEVANT RISKS

- 8.1 Any risks related to the development of a Health and Wellbeing Strategy will be identified and reported to the Health and Wellbeing Board.

9.0 ENGAGEMENT/CONSULTATION

- 9.1 A programme of engagement with local people on the development of the new Health and Wellbeing Strategy is ongoing, delivered in partnership with representatives across the Health and Wellbeing Board, community, voluntary and faith sectors.

10.0 EQUALITY IMPLICATIONS

- 10.1 There are no direct equality and diversity issues arising directly as a result of this report. However an Equality Impact Assessment will be undertaken on the Health and Wellbeing Strategy to ensure that equality and diversity impacts are considered and addressed.

11.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 11.1 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 the NHS will also be important to tackle poor indoor environments caused by indoor air pollution e.g. smoking.

12.0 COMMUNITY WEALTH IMPLICATIONS

- 12.1 The Health and Wellbeing Strategy will support the delivery of the concepts of community wealth building e.g. community resilience.

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APPENDICES

Appendix 1: Health and Wellbeing Strategy 2022 – 2027

Appendix 2: Outcomes Framework

BACKGROUND PAPERS

Public Health Annual Report 2021: 'Embracing Optimism - Living with Covid-19'

SUBJECT HISTORY (last 3 years)

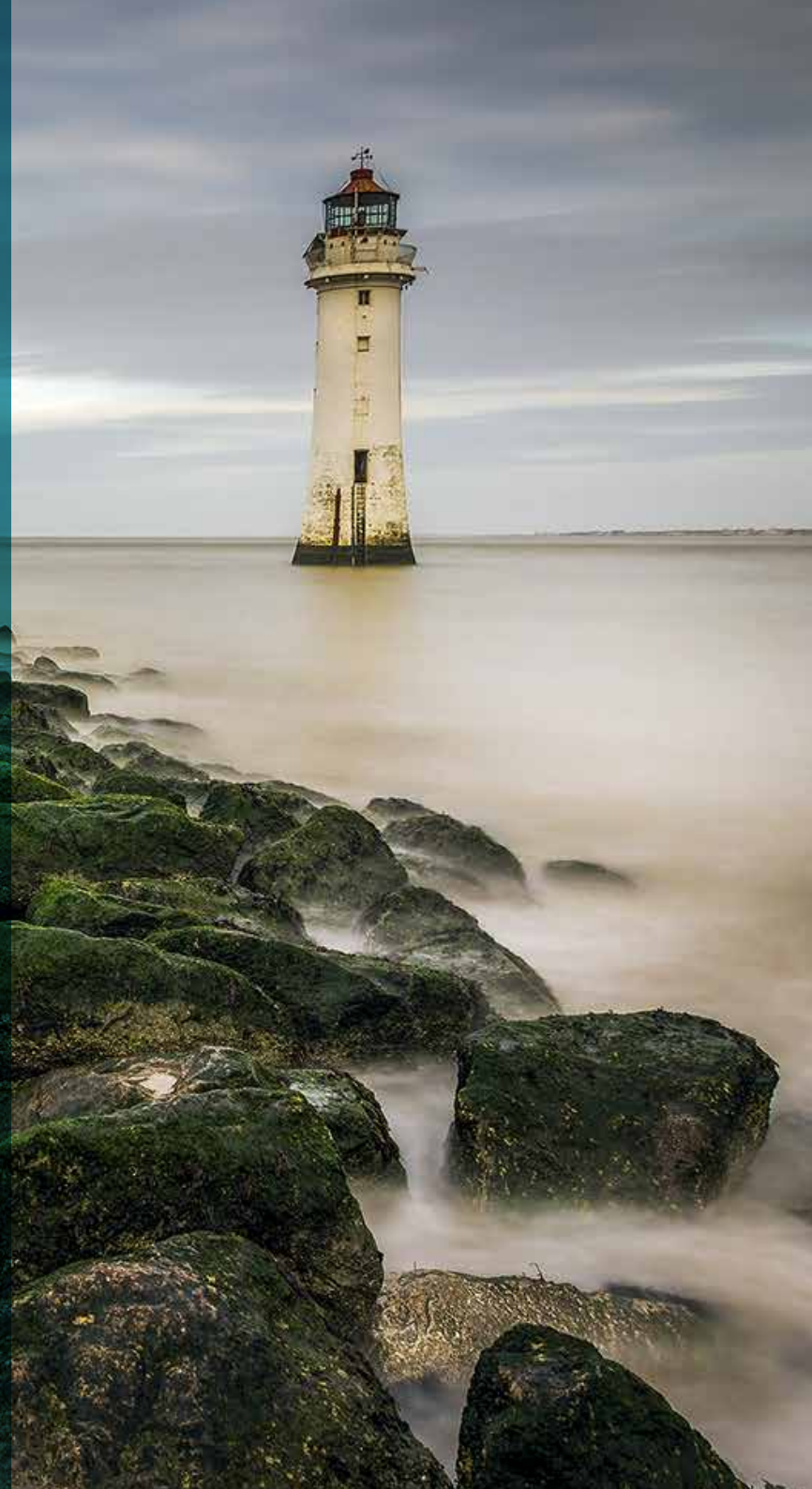
Council Meeting	Date
Health and Wellbeing Board Developing a Health and Wellbeing Strategy	15 th June 2022
Health and Wellbeing Board Developing a Health and Wellbeing Strategy	23 rd March 2022
Health and Wellbeing Board Marmot Communities Programme Update	9 th February 2022
Health and Wellbeing Board Developing a Wirral Health and Wellbeing Strategy with support from the Marmot Community Programme	3 rd November 2021

Health and Wellbeing Board 2021 Public Health Annual Report: Embracing Optimism – Living with COVID-19	29 th September 2021
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Wirral Health and Wellbeing Strategy 2022-2027

Starting Well. Living Well. Ageing Well.

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Wirral Health and Wellbeing Board Chair - Cllr Janette Williamson

Being healthy gives us opportunities, freedom and independence. And when everyone is healthy our communities thrive and prosper. Ultimately the health of the population mirrors the welfare of its residents and when everyone is healthy, everyone benefits.

The COVID-19 pandemic reminded us of this and how much we all value being healthy as individuals and as a community. The pandemic also highlighted the devastating impact of poor health on people, their families and friends, our public services and the economy. These impacts were not felt equally, and the pandemic underlined the enduring differences in health experienced by some people and communities.

Further challenges are now being faced by local people, with the rising cost of living having an impact on residents, many of whom will be experiencing hardship for the first time in their lives. This will present further challenges to improving the health of the population.

Over the last century, we have made great progress to improve health, with life expectancy improving and illness and deaths from preventable respiratory diseases, heart disease and cancer reducing. However, in more recent decades increases in life expectancy have significantly slowed, and over the last couple of years have worsened.

Whilst some communities continue to experience better health than others, differences in health mean that some people die earlier than others and spend more of their life in poor health. This is not acceptable. Nor is the impact on our people, community and services. Working together we must improve the health of those experiencing the worst impacts of poor health faster.

We want everyone in Wirral, no matter who they are or where they live, to enjoy all the benefits of being healthy. Our Health and Wellbeing Board partnership is committed to making this a reality. We have listened to what local people have told us about what they need to stay well and what we know about what works to help. This Strategy sets out our ambition and describes how we will achieve it, focusing on the things which can make the biggest difference when we work together.

We have a once in a lifetime opportunity to build on the shared commitment and effort demonstrated during the pandemic to tackle our most deep-rooted health challenges.



A handwritten signature in blue ink that reads "J Williamson".

Cllr Janette Williamson,
Chair,
Wirral Health and Wellbeing Board

Embracing opportunity

We are proud of our borough; our local partnerships are strong and our community spirit abundant.

Wirral is an amazing place. Named as one of the happiest places to live in the UK, we are surrounded by beautiful beaches, parks and historic, industrial and maritime architecture. It is a great place to grow up, live and work. We are proud of our borough; our local partnerships are strong and our community spirit abundant. Wirral is however a borough of contrasts with some of the most affluent and deprived wards in the UK and where life expectancy varies by around 10 years between the rural and urban areas that sit alongside each other.

Over decades, we have made notable progress in supporting people to live healthier lives, and have reduced deaths from heart disease, respiratory illness and cancers, taking action on things that cause these illnesses. However this trend of improving healthy life expectancy has stalled in more recent times. People in Wirral do not live as long as the England average, and within Wirral this difference is even greater with people living in the east of the borough dying around 12 years earlier than those living in the west and with more years lived in poor health.

The pandemic revealed the vulnerabilities in the health of local people and reinforced the differences

in health across Wirral. These differences are not limited to COVID-19 and have been evident across a range of health indicators for many years whether it is breastfeeding, tooth decay, hospital admissions for alcohol, obesity, diabetes, heart disease or cancer. Depending on where you live these disparities also exist in education, housing, employment and community safety. For the first time in decades life expectancy is falling and falling faster in the most deprived areas and differences in health have worsened.

The conditions and environment in which we are born, grow, live and work are the main reasons for these differences. Whilst there are some things that cannot be changed, such as our age and genes, we know that good work, our surroundings, money, housing, education and skills, transport, our family, friends and communities make us healthy and keep us well. Making sure people have access to health care is important but on its own does little to improve health. Local people have told us that it is easier to keep well when they have a decent job, a safe and secure roof over their head, feel good about themselves and enjoy stable relationships, interests and have good friends. This Strategy concentrates on increasing action on these things.

Embracing opportunity

This strategy complements the work of individual organisations and contributes to the delivery of the Wirral Plan.

Whilst there are considerable health and economic challenges, nationally and globally, that we must withstand it is an exciting time for Wirral. We have a unique and timely opportunity to make a big difference. The programme of regeneration in the borough is one of the biggest in Europe and will create a world class standard of economic opportunity, digital connectivity and growth for Wirral and our residents. The new Integrated Care System offers an opportunity to further improve health outcomes through stronger collaboration between health services and partners. And the relationship between partners and with residents has never been stronger being underpinned by a plan for Wirral which aims to drive inclusive economic growth as well as improving services for health and social care, families, the environment and housing.

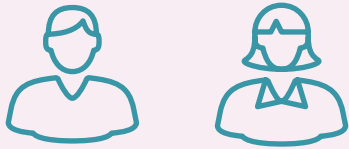
This Strategy has been developed by the Health and Wellbeing Board, which is a collective of local organisations including the Council, NHS, Healthwatch, the Community, Voluntary and Faith Sector, Merseyside Fire and Rescue Authority, Merseyside Police, the Department for Work and Pensions and Wirral Metropolitan College. Every area is required to have

a Health and Wellbeing Board. Our job is to improve the health and wellbeing of the local population, as a partnership committee, producing a joint assessment of health needs and a joint health and wellbeing strategy.

This is our Strategy. It focuses on our mutual priorities, resources and assets that will make the biggest difference to improving health in Wirral. It sets out our shared ambition, solutions and approaches using the best of our combined strengths and capabilities. It is built upon what you have told us about being healthy and what we know works to help.

This Strategy complements the work of individual organisations and contributes to the delivery of the Wirral Plan. It is also a key part of the vision for the Integrated Care System, that has a duty to work closely with the Health and Wellbeing Board. More broadly it supports the local delivery of All Together Fairer, Cheshire and Merseyside's collaborative approach to reducing differences in health outcomes. It is important that these other strategic commitments continue to be delivered as part of our overall approach to realise this Strategy.

State of the Borough



78 82

Life expectancy has worsened in recent years and is lower than the England average



12 years

A child born today in Greasby, can expect to **live 12 years longer** than a child born in Tranmere



18 years

People in Wirral are spending around **18 years of their lives in poor health**



115,000

1 in 3 people in Wirral live in areas reported as the **most 20% deprived in England**



1 in 4

people in Wirral will **die from Cancer** - this is the leading cause of death



1 in 5

Wirral people **have Circulatory problems** such as heart disease - the 2nd highest cause of death



50%

Poor mental health accounts for more than half of all people out of work, due to a health condition



1 in 3

working age adults in the most deprived area of Wirral, are **claiming out of work benefits**



Cancers

circulatory & respiratory diseases are **more likely in Wirral people**, compared with England overall



Children

achieving a good level of development in Wirral at the end of Reception has worsened



Lower

achievement of children receiving Free School Meals at Reception age



22%

of people in Wirral **earn below the Real Living Wage**, a fall in recent years, from 30% in 2018

Our ambition

Five priorities which, by working together, will make the biggest difference to improving health for everyone.

We want Wirral to be a place where everyone has the opportunity to live a healthier life, no matter who they are or where they live.

We will turn this ambition into a reality by focusing on the following five priorities which, by working together, will make the biggest difference to improving health for everyone and to help reduce health differences within Wirral:

Our Priorities

- 1** Create opportunities to get the best health outcomes from the economy and regeneration programmes.
- 2** Strengthen health and care action to address differences in health outcomes.
- 3** Ensure the best start in life for all children and young people.
- 4** Create safe and healthy places for people to live that protect health and promote a good standard of living.
- 5** Create a culture of health and wellbeing, listening to residents and working together.





Priority 1

Create opportunities to get the best health outcomes from the economy and regeneration programmes

Our health and the economy are the twin pillars of a resilient, thriving and prosperous society. The economy is also a major reason for the differences experienced in health outcomes. Wirral is at an important point in its economic history. We have embarked on a transformational regeneration programme along the 'Left Bank' of the River Mersey stretching from New Brighton to Bromborough, underpinned by the Birkenhead 2040 Framework and Local Plan. There are new opportunities with the transformation of Seacombe, and developments in Birkenhead Town Centre, all of which provides a unique and unprecedented opportunity for positive change.

We will use our significant regeneration programme to drive health improvement in the areas where health is poorest by addressing the income and employment issues that cause ill health. With Community Wealth Building principles at its heart to help build an inclusive, fairer economy, our inclusive economic growth will generate jobs and prosperity for the people of Wirral in the future. The ambition and scale of these programmes gives us the greatest opportunity in generations to redress the economic and health differences within Wirral, and between England.



Once I find a job, things will get better. It will be a distraction for me and I won't be stuck in the house thinking all day."

I have been thinking about going to college - doing a part time craft course in Liverpool. But you have to buy your own equipment, and they don't provide help. Every step I take, there's something else to block the way."

To do this we will

- Complement the Wirral Economic and Community Wealth Building Strategies focusing on the role of the Health and Wellbeing Board member organisations as businesses and local employers, support for people unable to work due to ill health and creating communities that are flourishing and connected.
- Enable people to live well, helping those who are unemployed into work or training and helping them to benefit from economic and regeneration programmes.
- Use our individual organisations' resources and assets as local anchor institutions to ensure, how we spend our money, use our buildings, who we employ and how they develop, benefits the Wirral economy and health of our residents.
- Build Health Impact Assessment into our regeneration schemes to ensure living, working and community conditions benefit health.
- As partners, align capital infrastructure projects and asset plans with the place regeneration programme for Wirral, where they are mutually beneficial for local people.

We will initially focus on

- Making sure that services help people, who are unemployed and those experiencing health related worklessness, responding to the current economic challenges, the cost of living crisis and the aftermath of the pandemic.
- Piloting the Healthy Cities Tool, in a regeneration area, to measure health impacts; applying the learning into planning and how we can use this in other major redevelopment and regeneration schemes.
- Reviewing our individual anchor institution plans to learn from each other and identify opportunities to work together so that they have more reach into our communities and support the work of this Strategy, the Wirral Plan and the current financial challenges experienced by our residents and businesses.



Priority 2

Strengthen health and care action to address differences in health outcomes

We all want the very best health and wellbeing for our families, friends, communities and for ourselves. And when we need to access health and care services, we want these to provide us with excellent care and the best outcomes. Preventing mental and physical health conditions before they develop is better for everyone. It helps people to be healthier for longer and reduces pressure on health and care services so that everyone can get the right quality care, treatment and support when they need it most. Focusing on preventable conditions, targeting those most at risk, will also help us to reduce differences in health outcomes.

The new Integrated Care System is a partnership that brings NHS services together with local

authorities and other local partners to collectively plan health and care services to meet the needs of the local population. As part of the developing Integrated Care System arrangements, we have an opportunity to ensure Wirral's Place Based Partnership builds on the collaboration achieved through the pandemic and has a clear focus on reducing health differences in Wirral.

This opportunity is being matched by action. The Wirral Place Based Partnership is committed to ensuring reducing health differences runs through everything we do. This work is already underway with the agreed 2022/23 operational plan outlining how reducing inequalities will be embedded across all priorities.



I don't see anyone at the moment, I just take the meds. Some days it's so bad I don't want to get out of bed."

I have been unable to work since 2001 due to a number of chronic and painful health problems. I knew from early on that my health wasn't going to improve. I had no support network, couldn't see a future for me and it felt as if my life was over."

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To do this we will

- Make sure that all local people have easy and timely access to health and care services shaped around them to screen, diagnose, treat and prevent disease as early as possible through the Integrated Care Partnership and Wirral Place Plan.
- Address differences in health outcomes by changing the way we deliver health and care services focusing on population health outcomes, with an understanding of needs within our communities and an emphasis on those who can benefit most.
- Increase interventions that prevent health problems and offer support at an early stage focusing on people and communities at greatest risk of poor health outcomes. For example through joint efforts to provide opportunities for all Wirral residents to be more active, increasing vaccination uptake, tobacco control and fuel poverty.
- Ensure high quality and safe health and care service delivery with strong attention to good infection prevention and control to prevent avoidable harm.
- Assist people to age well by keeping them healthy and connected to their communities for as long as possible in their own home.
- Use our collective resources and our role as an anchor institution to deliver across other key priorities within this strategy e.g. employment, regeneration, housing, climate change.

We will initially focus on

- Making sure that the new Wirral Place Plan delivers on the work of the health and care collective to improve health, empower individuals and create a sustainable health and care system.
- Ensuring access to high-quality disaggregated data to measure performance and outcomes, including by deprivation and ethnicity. In particular, all organisations should review and improve the quality and accuracy of their data on patient ethnicity.
- Developing integrated, seamless support services within local areas, delivering health and care services with local people as equal partners.
- Using the Core20PLUS5 approach to guide and drive local action.
- Systematically assess health inequalities related to our work programmes and collectively identify and implement actions to help reduce differences in health outcomes.
- Ensuring a collective approach to protecting the health of Wirral Communities from infectious diseases and environmental hazards. With a strong focus on improving quality, infection and prevention control and reducing inappropriate antibiotic prescribing, which will keep people safe and support health and care service resilience.
- Implementing new ways of reducing illness and deaths from alcohol and drug misuse, through the development of a Wirral substance misuse strategy aligning work and priorities between the Wirral Health and Wellbeing Board and the Safer Wirral Partnership Board (Safer Wirral).



Priority 3

Ensure the best start in life for all children and young people

We know that having a safe, loving and nurturing start in life supports children to enjoy happy and fulfilling lives, which is something we want for all children growing up in Wirral. We also know that most of the poor health experienced in later life is the result of what happened in the earlier stages in life. Bad experiences in childhood can impact on health for life and can also carry through into future generations. Unfortunately, not all of our children and young people have the same life chances that enable them to live their best life. That is why this is a priority.



Help our parents look after themselves, so that they can look after us.”

When we don't have extended family support I don't know anywhere to go for help when I've got the baby.”

To do this we will

- Work together to support parents and carers to help their children to achieve a good level of development in their early years, and to prepare them for the school years (i.e. School Readiness). To have the biggest impact, we will focus most of our efforts in communities that need it the most, in order to reduce the unfair differences that too many of our children experience.
- Support parents and families (through a partnership approach) to address the issues that result in family disadvantage e.g. by improving employment opportunities, reducing levels of debt, improving housing conditions for struggling families.
- Make sure that help is provided to families, children and young people at an early enough stage to prevent issues from escalating to the point of having a major impact on their lives.
- Align what is taught in our schools and further education settings to the emerging training and employment opportunities associated with Wirral's regeneration programme.
- Redesign and improve our support and prevention services so that wherever possible, they are based in the heart of local communities and are easily accessible, integrated, modern and adaptable to the changing needs of children, young people and families.

We will initially focus on

- Developing a system-wide understanding of what School Readiness means and agree partner responsibilities for taking action (including those of parents and carers).
- Consulting with partners and local communities to produce 'Family Hubs' model for our future, where the local system will come together to provide high-quality, whole-family, joined up family support services.
- Identifying the elements of 'Cradle to Career', 'Breaking the Cycle' and '1001 Days' programmes that are making the biggest difference to local families, through evaluation and ongoing discussions with local people.
- Working with educational settings to understand how to better align what is taught locally, with Wirral's employment opportunities and skills gaps. This will also include an assessment of the impact of newer emerging qualifications (e.g. 'T' levels).
- Agreeing, together with young people, families and other partners, what is needed to properly help our young people to deal (at an early enough stage) with the variety of issues that can cause them problems (e.g. mental health, substance misuse, sexual exploitation).

A photograph of a young man and woman embracing outdoors. The man is wearing a red polo shirt and grey shorts, and the woman is wearing a light blue denim jacket and a patterned skirt. They are standing in front of a blurred background of trees and a building. The image is partially covered by a dark blue overlay on the right side.

Priority 4

Create safe and healthy places for people to live that protect health and promote a good standard of living

We know that where we live, and spend most of our time, has a huge influence on how healthy we are and how easy it is to stay well. You have told us that feeling safe where you live and having a secure home is important for your health and wellbeing. Creating safe, healthy and sustainable places and communities will make a big difference to reduce the variance in health between our communities.

Improvements to existing housing, alongside wider regeneration activity for new homes, is crucial. Having a home that is affordable and of a good

quality is fundamental to achieve in life chances; without this there are so many barriers which widen the inequality health gap.

The current financial climate threatens the standard of living for everyone but especially for people already experiencing hardship and the global environmental emergency also compromises our health. We want everyone to live in thriving communities, enjoy where they live and in homes that support health using the opportunities we have within Wirral to make a positive impact.



No one invests in this area... have you seen it?

There are some pretty hopeless people."

I'd like to get involved in doing a bit more locally - but I don't know where to start. Is there a list somewhere of things that need doing?"

To do this we will

- Complement the existing strategies and programmes that set out to improve the living and working conditions and environments in Wirral, such as the Climate Emergency Strategy, the Council's Local Plan, targeted housing programmes, Economic Strategy, Active Travel Strategy and Wirral Community Safety Strategy, making sure that they improve health.
- Enable people to connect with other people in their communities, feel safe and love where they live.
- Enable people to be active by providing a wide range of facilities within local communities including parks, open spaces, safe cycling and walking routes.
- Make sure there is an integrated information and advice offer to enable people to access support when they need it.
- Build on the progress made during the pandemic to support people who are homeless and ensure that housing programmes reflect the changing needs of residents to address the challenges that have emerged.
- All work together to respond to the environmental and climate emergency.

We will initially focus on

- Developing a partnership approach to the current cost-of-living crisis to ease the impact on people already experiencing financial hardship, prevent people becoming financially insecure and to help people when they need it.
- Making sure all Wirral Partners participate in the ongoing development and delivery of the Wirral COOL 2 Strategy and develop individual plans to collectively support Wirral's Climate Emergency Strategy.
- Implementing the new Local Plan in a way that improves health through the design of places and new homes, alongside existing homes, and access to services through co-location.
- Work together with partners to deliver the priorities of the Wirral Community Safety Strategy 2021-25, supporting residents to feel safe where they live, work and visit.



Priority 5

Create a culture of health and wellbeing, listening to residents and working together

Together, and only together, can we shift the long-standing health challenges in our borough. We are all part of the solution. To develop this Strategy we have listened, and talked, to local people and community groups working across Wirral. Building on the incredible teamwork between local people and organisations during the COVID-19 pandemic, we will continue to work together to do the things that we know make a difference to you.

We will also need you to take control and responsibility for your own health and wellness. We will need you to keep telling us about your health and how we can work with you to support you to do this.



This feels very different, being asked to be involved in the Strategy from the beginning rather than it being written by officers and handed to us.”

We’ve learned down the years to trust each other and continue to build that trust which has been a key feature of this initiative.”

To do this we will

- Continue listening to, and working with, local people and community groups to deliver this plan, feeding back what we have done together.
- Build on the strengths and assets of individuals and communities to protect and build health into all that we do.
- Every year we will measure how well we are working together by monitoring the difference this Strategy is making to local people listening to what you tell us about your health.
- Provide information about health as a single Wirral system and in a way that you want it.

We will initially focus on

- Working with the Health and Wellbeing Insight Group to establish an ongoing programme of community insight with local people linked to the Strategy priorities, to measure impact, and influence ongoing action and Strategy delivery.
- Connecting the work of the Community, Voluntary and Faith Network (formerly known as the Humanitarian Cell) and the Health and Wellbeing Board to make sure we are working together to support the delivery of this Strategy whilst reflecting the real time priorities of local people.
- Engaging proactively with communities to ensure that our actions are meeting the needs of local people and that we are doing things in a way that involves people with lived experience in the design of places and services.
- Equipping our workforce with the skills and tools to support people to improve health based on the things that matter to you and which builds on your strengths.
- Establishing a whole Wirral approach to media campaigns through the Keeping Wirral Well collaborative.

Our commitment

Improve health and support people when they are unwell or need help.

Wirral Health and Wellbeing Board brings together leaders from local organisations to focus on the things that we can do together to prevent people from becoming unwell and to make sure that we are doing all that we can to reduce differences in health outcomes. This is in addition to the work of the individual organisations, that make up the Board, to improve health and support people when they are unwell or need help.

Together, we have developed this 5-year Strategy, listening to, and learning from what you have told us. It relies on us all to achieve our ambition for Wirral. To do this we have all agreed that we will:

- Work as a Wirral collective to improve health and care outcomes for people and communities.
- Continue to listen to, and work with communities, so they are able to take control for their own health and wellbeing and live their lives as healthily and independently as they can.
- Focus on the things that together make the biggest difference to improving health.
- Make sure that everything that we do improves everyone's health, targeting our efforts to the people and communities where health is poorest.
- Do what we've committed to; individually and together.



Delivering this Strategy

There are many opportunities but there are also challenges.

This Strategy describes our 5-year ambition and includes the action we will initially focus on to start to make this happen. The actions will be reviewed and updated each year. There are many opportunities but there are also challenges. This plan is therefore a live document and may be refreshed in response to changes in the health of local people, what you tell us or developments in legislation, local and national policy.

Delivery of this ambitious Strategy requires the ongoing commitment and drive of all Health and Wellbeing Board members as we move into the new strategic landscape that also includes the Integrated Care System. All partners need to build and strengthen shared capacity across the system to support these priorities and improve the health and wellbeing of the people of Wirral.

An Implementation Plan will set out more details around how the actions will be delivered. A steering group, representing Health and Wellbeing Board Members will oversee the delivery of the Strategy.

Health and Wellbeing Board meetings will have a clear focus on issues related to the wider determinants of health. The meetings will provide partners with the opportunity to collaborate and where appropriate provide mutual challenge so that we are constantly driving forward better, more integrated, working based around the needs of the population.



Wirral Health and Wellbeing Board members, July 2022

Delivering this Strategy

Board members will work proactively to champion Wirral's Health and Wellbeing Strategy priorities.

Board members are system leaders who collectively set the direction of travel for health and wellbeing in Wirral. Additionally, they are all senior members of their own organisations and will work proactively to champion Wirral's Health and Wellbeing Strategy priorities.

For each priority, Board members will regularly report to the Health and Wellbeing Board on progress being made against actions and outcomes identified in the Strategy. This will provide the opportunity to share what is working well locally, and also act as a challenge to ensure that effective actions are being prioritised and as a means to identify barriers to progress that the Board can support partners to address. It will also enable actions and activity to flow across the system linking to the Integrated Care Board and Integrated Care Partnership, to place or locality level as well as other system boards where appropriate. These systems and processes will be refined throughout 2022-23 as the Integrated Care System develops.

To understand the impact that the Strategy may be having, we will track high-level indicators for each priority over time so we can demonstrate that we have begun to 'turn the curve' and address key health and wellbeing challenges in Wirral.

Making sure we do what we say we will

Through the Health and Wellbeing Board we will work on your behalf to ensure we do what we have committed to. The Board will continue to monitor the overall health and wellbeing of Wirral, but this represents an assessment of health rather than a measure of the success of this Strategy. Each year we will therefore review the difference this Strategy is making using health data and what you tell us about your health. We will publish regular updates and report on our progress.

We will hold ourselves to account by monitoring the progress we are making and work together to resolve any challenges to improvement collectively. Just as the actions to deliver on our ambitions must be developed and delivered together, we are reliant on the delivery of the wider ambitions in the Wirral Plan and the individual work of all the organisations that make up the Health and Wellbeing Board.

For more information on Health and Wellbeing in Wirral

This Strategy is built on data, research and what you have told us. It also supports the work of the organisations that make up the Health and Wellbeing Board. For more detail on this information, and to follow the work of the Health and Wellbeing Board, links are provided below:

Wirral Plan 2021 - 2026

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

State of the Borough

<https://www.wirralintelligenceservice.org/state-of-the-borough/>

Annual Report of the Director of Public Health for Wirral 2020 - 2021

<https://www.wirralintelligenceservice.org/local-inequalities/2021-public-health-annual-report/>

Wirral Economic Strategy 2021 - 2026

<https://www.wirralintelligenceservice.org/strategies-and-plans/wirral-economic-strategy/>

Wirral Place Based Partnership Plan

<https://www.cheshireandmerseyside.nhs.uk/your-place/wirral/>

All Together Fairer

<https://www.champspublichealth.com/all-together-fairer/>

Health and Wellbeing Board

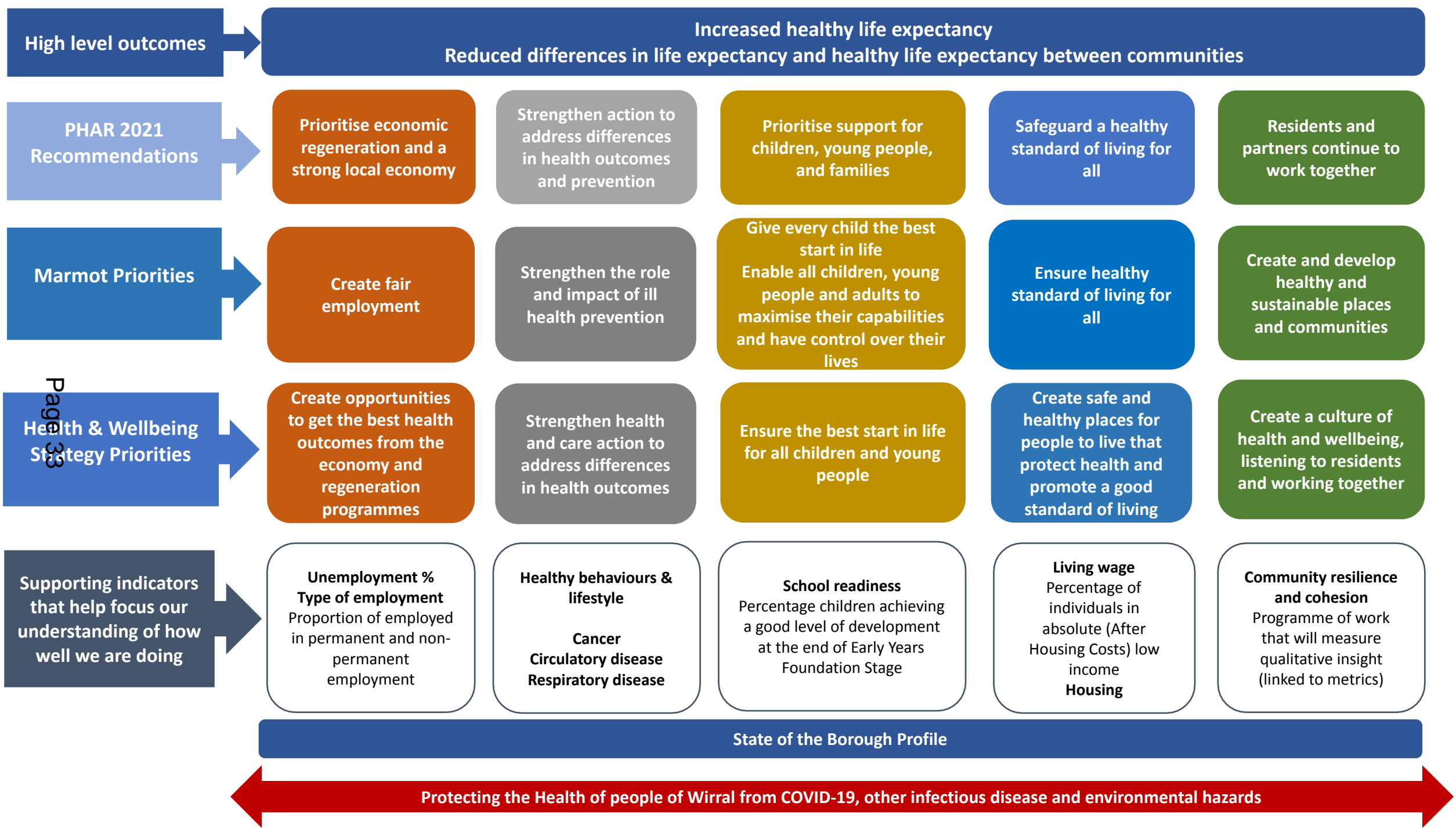
<https://democracy.wirral.gov.uk/mgCommitteeDetails.aspx?ID=630>

Acknowledgements

This Strategy has been jointly developed by representatives of the member organisations of the Health and Wellbeing Board. Local resident insight obtained over recent years about the priorities of this Strategy, has been used to inform and refine each priority and what we have committed to do. Resident comments have contributed to the Strategy content, for which we are very grateful. The Health and Wellbeing Board would like to thank everyone who has participated in the development of this Strategy.



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HEALTH AND WELLBEING BOARD

29 September 2022

REPORT TITLE:	PUBLIC HEALTH ANNUAL REPORT 2022 (PHAR)
REPORT OF:	DIRECTOR OF PUBLIC HEALTH

REPORT SUMMARY

The Public Health Annual Report (PHAR) is the independent annual report of the Director of Public Health and is a statutory requirement. This year the 2022 report is presented in two parts:

- A video which focuses on the key role of the Community, Voluntary and Faith sector in supporting local people and residents to be resilient in challenging circumstances
- A State of the Borough report which uses a range of statistics to report on health and wellbeing in the borough, which can be explored via the [Wirral Intelligence Service website](#).

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

The work highlighted in the report supports the following priorities of the Wirral Plan 2026:

- Brighter Futures - Working together for brighter futures for our children, young people and their families by breaking the cycle of poor outcomes for all regardless of their background.
- Safe and Vibrant Communities - Working for safe and vibrant communities where our residents feel safe and are proud to live and raise their families.
- Active and Healthy Lives - Working to provide happy, active and healthy lives for all, with the right care, at the right time, to enable residents to live longer and healthier lives.

RECOMMENDATION/S

The Health and Wellbeing Board is recommended to:

1. Endorse the Public Health Annual Report (video), acknowledging the role of the local Community, Voluntary and Faith sector in the local response to the COVID-19 pandemic and the huge contribution it continues to make for residents and the local economy.
2. Support the ongoing development of the State of the Borough website and receive an annual report on key indicators, themes, and the progress being made to improve health in Wirral.

SUPPORTING INFORMATION

1.0 REASONS FOR RECOMMENDATION/S

- 1.1 We need residents' engagement to tackle the entrenched health inequalities we have in the borough, which have been exacerbated by the pandemic. This year's Public Health Annual Report illustrates the key role that the Community, Voluntary and Faith Sector plays in taking forward action to address these inequalities.

2.0 OTHER OPTIONS CONSIDERED

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

3.0 BACKGROUND INFORMATION

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

- Social isolation
- Healthy schools and children
- Domestic violence
- The roles of the Council and NHS in promoting health and wellbeing
- Problem gambling
- The role of culture in health and wellbeing
- Embracing Optimism – Living with COVID-19

The first stages of the COVID-19 pandemic were really challenging as we had minimum information on a new virus, how to manage or treat it. We had to make difficult decisions based on first principles and at pace. The introduction of lockdowns was a difficult time for everyone, but we all came together to keep each other safe. For this year's Public Health Annual Report, I thought it was important to hear stories from different community, voluntary and faith organisations about how they met the immediate response of the pandemic and are now dealing with living with COVID-19 and the new challenges we are facing.

We need our residents' support to tackle the entrenched health inequalities we have in the borough, and which have been exacerbated by the pandemic and now the cost-of-living crisis. This year's Public Health Annual Report illustrates the key role that the Community, Voluntary and Faith Sector plays in taking forward action to address these inequalities. This is also reflected in the Health and Wellbeing Board Strategy as a priority with the sector as a key partner to develop and deliver the plan.

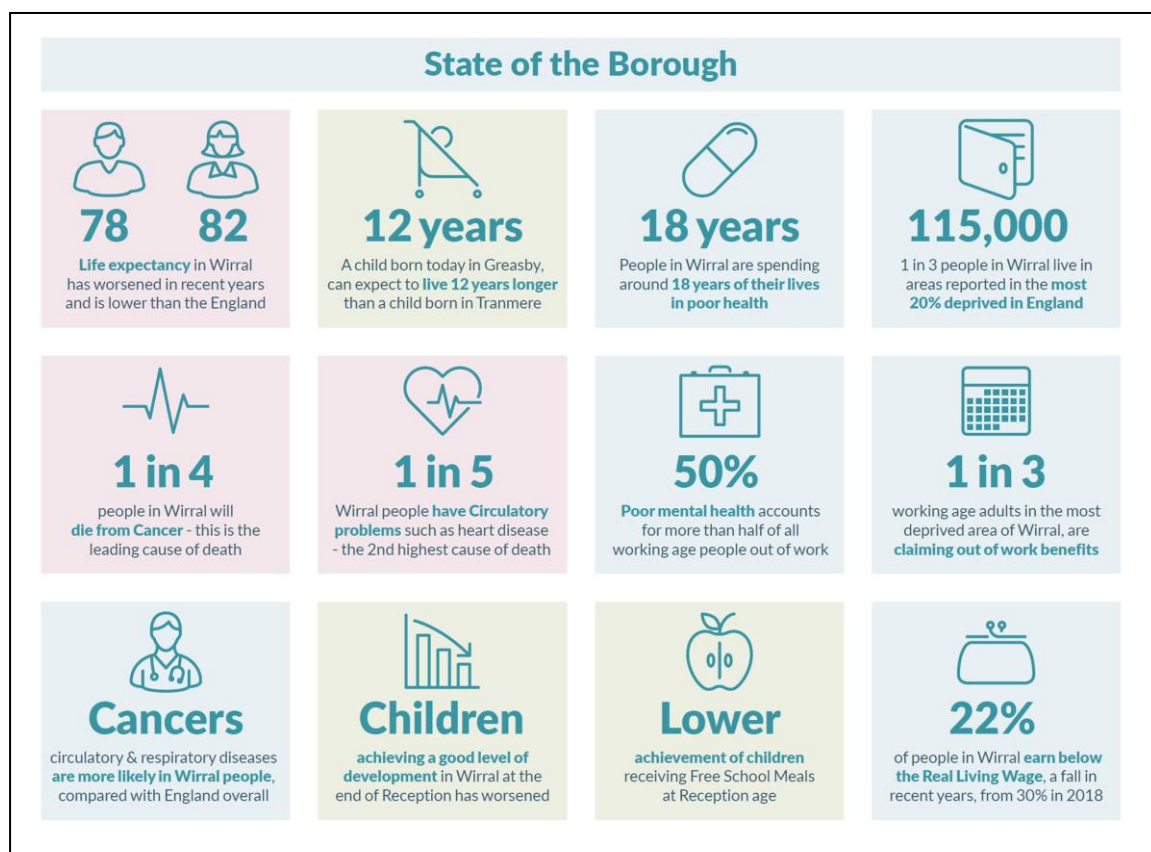
To support work to tackle health inequalities and ensure we are targeting interventions where they can really make a difference, we have developed an

interactive State of the Borough website to provide an up-to-date picture of Wirral using a range of statistics and insight from local people.

- 3.2 In Wirral we have a history of strong grass root community organisations who are the bedrock of our local communities. The community, voluntary and faith sector continues to play a hugely important role in Wirral, contributing to the local economy and providing a wide range of activities and services that support and enable residents in many ways. The sector is a key and equal partner in the delivery of many of our strategic plans; providing a bridge between the public sector and local people to help inform plans and services locally.
- 3.3 Local people have shown us that when times are tough, they are there for each other and never more so than throughout the global COVID-19 pandemic, when communities of all different shapes and sizes rallied together to ensure people had their basic needs met such as food and essential medication.
- 3.4 Communities and residents adjusted quickly to adapt to new ways of communicating ensuring people were looked after and not isolated. Many local groups and organisations were instrumental in these efforts from delivering food hampers to the elderly, supporting families to isolate, and walking their dogs.
- 3.5 They worked closely with Wirral Council to ensure that the voice of communities guided us as to how we supported local people. It is important that we do not lose the relationships that we gained during the pandemic.
- 3.6 Whilst we have made great progress to support people to live healthier lives in Wirral, health inequalities are stubbornly persistent. Even prior to COVID-19, Wirral already had some of the poorest health outcomes in the country, with high numbers of socially and economically vulnerable people and extensive, prevailing health inequalities. Within Wirral the difference in life expectancy between those living in the most and least deprived areas is 12 years for men and 10 years for women. The impacts on individuals, communities, services, and the economy are enormous, and the repercussions of the pandemic will aggravate these further.
- 3.7 Continuing to tackle health inequalities, and reduce its impact on our community, will be a key task long into the future and one which will benefit every resident. Although some things that influence our health cannot be changed, such as our age and genes, there are many important factors that, collectively, we can change. Issues such as poverty, unemployment, poor housing, and unhealthy environments are major contributors to this health gap. The pandemic has shown us what we can achieve when we all work together and the speed at which we can make change happen. The cases studies in the Public Health Annual Report provide examples of great practice in the borough and how the action of the community, voluntary and faith sector is key.
- 3.8 I have presented the 2022 Public Health Annual Report in the form of a video so that we can hear first hand from local groups who have worked closely with residents for many years to hear from them the challenges people face but also the amazing response and impact they have had in their communities. In the video we hear from:
 - Quirky Café, Hoylake

- Deen Centre, Birkenhead
- Make it Happen, Birkenhead
- Seacombe Family Centre

- 3.8 To ensure that work to tackle health inequalities is targeted where it can have the greatest impact, we have developed an interactive State of the Borough website to provide an up-to-date picture of Wirral using a range of statistics and insight from local people.
- 3.9 The State of the Borough paints a picture of Wirral using a range of statistics and can be accessed at <https://www.wirralintelligenceservice.org/state-of-the-borough/>. A presentation of the website will be provided at the meeting.
- 3.10 The website will be constantly refreshed as new data is released throughout the year and a summary report presented in 12 months alongside the 2023 Public Health Annual Report. The following graphic is a summary of key statistics which are being used to direct strategic plans e.g. Health and Wellbeing Strategy.



4.0 FINANCIAL IMPLICATIONS

- 4.1 There are no financial implications arising directly from this report. Where additional resources are required outside of the annual budget, this will be reported to

Members to determine whether these resources should be redirected from elsewhere.

5.0 LEGAL IMPLICATIONS

- 5.1 There are no legal implications arising from this report. The Public Health Annual Report is a statutory duty on Directors of Public Health under the Health and Social Care Act 2012.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

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

7.0 RELEVANT RISKS

- 7.1 The impacts of the pandemic on the health and wellbeing of the local population are still emerging and therefore not fully understood.
- 7.2 The services and resources of all Wirral partners are pressured and stretched. The work highlighted in this report is intended to support and inform the local system to plan and enable the borough to recover effectively for everyone.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 The community, voluntary and faith sector have been engaged in the production of this report.

9.0 EQUALITY IMPLICATIONS

- 9.1 An Equality Impact Assessment has been produced and is available at <https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments>

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

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

11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 The Public Health Annual Report illustrates the relationship between the community, voluntary and faith sector and the concept of resilient communities. The Community Wealth Building Strategy needs a strong community, voluntary and faith sector to achieve its ambitions to improve the economic, social and health outcomes of the borough and reducing disparities in health.

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APPENDICES

Public Health Annual Report 2022 – video transcript

BACKGROUND PAPERS

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Cabinet	16 July 2018
Health and Wellbeing Board	18 July 2018
Cabinet	30 September 2019
Council	14 October 2019
Health and Wellbeing Board	13 November 2019
Adult Care and Health Overview and Scrutiny Committee	19 November 2019
Adult Social Care and Public Health Committee	13 October 2021
Adult Social Care and Public Health Committee	26 September 2022

Julie Webster, Director of Public Health

Looking back over the past two years, it's fair to say that everybody stepped up to really help each other during the pandemic. It's been a really tough time for the whole community and for individuals, and I want to say thank you for all the hard work and effort you've all done to help to keep us safe.

What the pandemic has done has shone a spotlight on the deep-seated health inequalities that we have within our borough, which unfortunately have been with us for far too long.

For this year, the Public Health Annual Report is focusing on the role of the Community, Voluntary and Faith sector who really stepped up to the mark and helped us to ensure that we had a really good, robust response to the pandemic.

And I want to thank all our Community, Voluntary and Faith sectors, colleagues and friends for the work that they did during the pandemic.

We need to be where people are at, not where we think they should be. We need to walk alongside them and for everybody's health to be important to everybody as it was right at the beginning of the pandemic. Therefore, we need good citizen engagement in all the work that we do.

Amy Butterworth, 'Make it Happen'

My name is Amy Butterworth, I am the CEO of make it happen. So, make it happen was born in 2019 and it started off as community shop on Market Street, and the whole essence was about giving back to the community and providing a space for people to buy clothes on a pay as you feel model and food as a social supermarket where people can pay a percentage amount less than what they do in supermarkets.

We started that off on a journey, then it grew, and we had a couple of customers open five days a week, we went to six days a week and that was over 2019. So, in COVID 19 pandemic we continued the operation six days a week. We didn't stop, not even for Christmas. What we realised very quickly, our diversity of the customers was changing day by day and we were finding a lot of the BAME community were joining us and that meant we had to diversify the food that we were providing. We provide a lot more international foods, Halal foods. We also were going out, picking up donations, we were bringing them here, we were quarantining them and we went through over 13,000 bags of donations over the period of COVID.

We intercepted over 134 tonnes of food throughout that period and 107 tonnes of food got gifted or sold to the local community to make sure everyone was getting what they needed, and 27 of them went to other providers. So, nursing homes that were struggling because we weren't having a full occupancy, we were supporting local hostels, we were supporting local businesses, who could open for a certain period of time and after lockdown again, we were

supporting individual families and also our volunteers who were self-isolating for various reasons.

So that was a very proud moment for the community. What we are doing now we continue to run our Pay as you Feel shop. We have our social supermarket that provides varied food for the community to purchase. We provide work placements for Wirral Met College and the four local universities for social care students and student nurses to get an insight into community engagement.

We also have our place of contribution whereby a number of grant funded projects run that includes Adult Inclusion Project, a volunteers development project and a Community Engagement project both inside place of contribution and in the wider community. We work locally with local businesses up and down Market Street in the local area.

A number of organisations all come together on a bi-monthly basis called the Community of Practice and that's a space where anyone and everyone gets to talk about their organisation. So, we work with organisations far and wide.

Ibrahim Syed, Wirral Deen Centre

My name is Ibrahim Syed. I am the lead trustee of the Wirral Deen Centre. The Wirral Deen Centre is a mosque and community centre open to everyone. So, a good way to remember what we stand for. WDC is a place of worship, W for Worship, D for Deen which means guidance for life and C is for Centre and Community.

So, the vision for the Wirral Deen Centre is to be a community hub where all people come together and be in a place of worship, but also a centre for the whole community and not exclusively any particular group.

So, the pandemic was quite difficult for everyone. It has impacted the BAME community, the Muslim community in particular and there's been quite a lot of bereavement. So, we've been at the heart of bereavement support providing funeral services. So, across Merseyside Liverpool city region we were the only mosque operating washing facilities. So, we worked with the NHS Trust as well providing people with helplines and things like that.

We also helped isolated people with shopping, food supplies and so on and so forth. But what we felt is that we wanted to serve the whole community.

So many of our congregations and our members of the community are in restaurant businesses so we teamed up with them, teamed up with Tranmere Rovers and we did a number of feed in the wider community initiatives where we took food to places like Beechwood and Woodchurch, Birkenhead North YMCA, Rock Ferry and so on and so forth. So, we did a number of those initiatives.

We also set up a test centre in the Pakistan Association and that culminated in a testing centre that was put up in the Hamilton Building.

We've worked with public health, Tranmere Rovers, Wirral Change and other community organisations to get lots of messages out around vaccinations through our social media to our networks and then post pandemic we've tried to really kind of reinvigorate the community.

So recently we've been successful with a community and voluntary sector bid that was awarded by Wirral Council and through that we've put in for a project which has already started that focus on education, community engagement.

So we've got a couple of team members that we've recruited through that and we're working with schools, we're working with community members to kind of offer any sort of support and advice that we can.

I'm very much committed to not being just a BAME organisation, so we're here for the whole community and that's a really important part of our message that we're here to serve the whole community and the community engagement café - Cafe Dower is a really exciting part of our vision and it's a kind of a natural way of people to come together and relax.

Jo Simpson, Seacombe Children's Centre

My name is Jo Simpson. My job role is within Wirral Borough Council. I'm one of the early childhood locality managers, which is part of Wirral's Early Childhood Services and Children's Centres.

Seacombe Children's Centre is a hub for families with children under five. So, there's lots of different services running here. We have health services, such as Midwifery, the 0-19 team, health visiting services. We also have appointments with physiotherapy and speech and language teams. So really trying to support all family's needs in the one place.

We also have support such as the food bank, CAB services and general universal groups that run for families such as baby massage, baby yoga, baby babble so really focusing on the primary as a learning for children.

We also have more specialist support with our family support teams who can offer one to one support in the home.

Throughout COVID Children's Centres had to change the way we delivered services. We were used to large groups coming into the children's centre and we had to change our delivery to providing more outreach, virtual support and providing parcels to the community.

The centre did remain open, and this enabled vital health appointments, domestic abuse support and allowed families to walk in if they were in crisis.

We use social media on our My Child Can Facebook account and we provided lots of different activities and videos that families could do in the home. These focused around the

really important things for child development such as physical development, communication and language, bonding, and attachment.

As well as this within the children's centres, we had immunization clinics, so this was for older children and for our COVID vaccinations throughout the summer. This enabled people to access those vaccines within their community and was more accessible than going elsewhere for appointments.

Another initiative we have been working towards is the critical 1001 days with our partners in Koala Northwest and Foundation Trust and public health services. We have been able to build up a partnership to enable families to access a seamless support service for families with children under 5.

Post Pandemic Children's Centres have returned back to normal delivery – we're back to providing drop-in sessions and drop-in activities for families to access as and when they need to.

Suzanne Rippon, Quirky Café

Hi, I'm Suzanne, I am the owner of the Quirky Café.

It's like the hub of the community. We do lots of groups and workshops. We have a community shop.

I bought the café 3 years ago in the August and 6 months in the lockdown hit. I suffer really bad myself with mental health and anxiety and I didn't want anyone else to feel the way I did so I didn't want to leave the shutters down and just give up. I put the shutters up and started doing take away coffees, meals for people and it started snowballing from there.

We were talking to people, so they knew there was always someone here to speak to.

So, the life tree came from the lockdowns because so many people were suffering – and coming out of the lockdowns we looked at how do people connect again, so we started doing some workshops and things outside – as it was still quite nice – but socially distanced, and little events inside people were donating stuff to us.

People were losing their jobs and didn't want to cook for themselves, so we started a little shop, and its snowballed now to the point that we are going to get bigger premises. Its gone bigger and bigger like the life tree... Basically the life tree is the community.

For example, I have set up a walking group because one of my customers said they wanted to get walking as their mental health was really suffering. We also do mums and tops which is a lady who used to come in the shop – and we step her up in a little group.

As you can see through the lockdown this has all grown into something quite big and quite powerful really.

We are empowering people to find who they are again, and we will be the people who stand behind them and give them guidance.

The council were quite good to be fair. I was very new opening, but they offered us grants that kept us going and I used that to buy some stock to be able to provide the meals for people who kept it going through paying the bills – and keeping the doors open for what we wanted to achieve.

The community kept me going – they kept me from a really dark place because they just rallied round so much – it's been fantastic what they have done.

I'm really proud of the team, and what we have achieved through the pandemic and after for the community – and how the community have come together and helped us – and they keep on helping – we are stronger than ever.

Julie Webster, Director of Public Health

Communities have shown us that when times have been tough, they are there for each other and for the local people.

Many of our Community, Voluntary and Faith partners offered a response 24/7 throughout the pandemic.

We need to make sure that they are able to maintain that response and are able to work closely with us – and to have their voice and the voice of local people in all that we do so that the borough is that thriving, exciting place that we all want it to be.

Strong grassroots community organisations are the bedrock of Wirral, and this was shown no more clearly than during the response to the pandemic.

It's so important that Community, Voluntary and Faith sector organisations are seen as those key partners in the response to local health inequalities that I've certainly talked about in previous Public Health annual reports.

We need to build on the relationships that we built during the pandemic – and actually for many years before that – to continue to take the work forward that's needed to tackle health inequalities and to make sure that the voice of local people, and local organisations, are helping us to shape the future of the borough.

My role as Director of Public Health is to promote and protect the health of residents. However, I can only do that with the help and support of local residents and our local communities, and particularly the Community, Voluntary and Faith sector.

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HEALTH AND WELLBEING BOARD

Thursday, 29th September, 2022

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

REPORT SUMMARY

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

Appendix 2 provides a Precip of NHS Publication B1762, Working in Partnership with People and Communities statutory guidance and other relevant publications issued in 2022 to date.

The publications all advocate working in partnership with people and communities.

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

RECOMMENDATION/S

The Health and Wellbeing Board is recommended to note the content of the reports of the Community Voluntary and Faith Sector as appended to this report.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

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

2.0 OTHER OPTIONS CONSIDERED

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

3.0 BACKGROUND INFORMATION

- 3.1 The Health and Wellbeing Board considered a report at its meeting on 29 September 2021 named 'Formation of the Community, Voluntary and Faith Sector Reference Group' which sought to inform the Board's development of a progressive and effective working partnership with the Reference Group.
- 3.2 It was intended that the Reference Group would provide updates to the Health and Wellbeing Board on the work that it was undertaking.
- 3.3 The Reference Group has provided updates on their work on Local Infrastructure Development in Support of Health and Wellbeing Needs, based on a plan for the establishment of a pilot 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. Additionally, two further areas of work, in support of the principles and application of working together in partnership, are presented covering direct support at community level and assistance in resolving community nuisance when needed.

4.0 FINANCIAL IMPLICATIONS

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

5.0 LEGAL IMPLICATIONS

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

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 covering report.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 Meeting structures have and will need to be established further with the Director of Place, the Leader of the Council, the Chair of the PCN, Senior Council Officers, HWBB Reference Group, Elected Members of the proposed pilot wards, and will

need to include other key partners represented on the HWBB in due course. Any proposals will also need to align with other emerging work streams and delivery infrastructures being developed by the National Health Service and Wirral Borough Council which are currently in progress.

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 Any actions arising from the reports submitted by the CVF Reference Group may require Equality Impact Assessments to be undertaken at the appropriate time.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 There are no direct environment and climate implications arising from this covering report.

11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 There are no direct community wealth implications arising from this covering report.

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APPENDICES

Appendix 1. Update on ongoing work of the HWBB-CVF Reference Group.

Appendix 2. Precis of NHS Publication B1762, Working in Partnership with People and Communities statutory guidance and other publications issued in 2022 to date.

BACKGROUND PAPERS

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

Updated on 09 February and 14 June, 2022

Council Constitution

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Health and Wellbeing Board	29 September 2022
	9th February, 2022
	15th June, 2022

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Appendix 1

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

Context

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

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

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

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

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

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

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

What is Local Community Infrastructure?

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

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

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

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

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

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

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

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

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

The challenge of codesign from the community and resident perspective

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

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

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

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

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

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

Next steps

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

Where services need to be involved, then best practice is found in the establishment of link and help organisations, referred to as community hubs and family hubs. The 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 pilot community link organisations.

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

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

First phase. Establishing commitment and consensus.

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

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

Step 2b. Engage with all key partners providing services to determine their approval, support, and level of involvement in and for discussions with communities within each ward. **Meetings have taken place with the Director of Place, the WBC Chair and the PCN Chair. Consideration is being given to establishing regular meetings at an appropriate frequency. Chairs of key committees and NHS Trusts will be consulted as to their involvement in the next 10 weeks and other key partners on the HWBB. 2 members of the HWBB-CVF Reference Group have been selected to be members of the newly formed Place Partnership Board chaired by the NHS Director of Place. The Reference Group has actively participated in the development of the draft Health and Wellbeing Strategy being developed by the Director of Health as requested by the Health and wellbeing Board.**

Step 3. Engage with local organisations, in the pilot communities and with individuals active in supporting the health and wellbeing of each community. **Contact and discussions are ongoing.**

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

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

Second Phase – Outline Codesign and formation of a Community Link Organisation

Third Phase – Preparation of a business plan for a Community Link Organisation

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Precis of NHS Publication B1762, Working in Partnership with People and Communities; Statutory Guidance issued 4th July 2022

Introduction

The brokerage Community Voice (CV) was requested by the Community, Voluntary and Faith Reference Group (CVF-RG) to the Wirral Health and Wellbeing Board (HWBB) to provide a summary of B1762 as it relates to its endeavours to establish, through the HWBB, appropriate infrastructure developments at community level aimed at addressing health inequalities. Presentations to the HWBB on the 29th of September 2021, the 9th of February 2022 and the 15th of June 2022 refer.

CV was requested to establish the CVF-RG in 2021 and has continued to provide help and support to its endeavours.

CVF-RG has recognised that, for full active participation of people and communities in meeting the challenge of addressing unacceptable levels of health, structures need to be put in place so that comprehensive and effective engagement in partnership can take place, structures that are acceptable to each community and its people.

Precis of B1762

The 84-page guidance provides a clear and comprehensive guidance as to how new structures, established principally for addressing health inequalities, as set out in the Health and Care Act 2022 and with the establishment of Integrated Care Systems (ICSs), Integrated Care Boards (ICBs), must work in partnership with both people and communities for best outcomes.

Forewords (key extracts)

‘People and communities are at the heart of everything the NHS does. Working with people and communities is critical if we are to create a health and care service which offers personalised care, is tailored to the needs of everyone, and which works for everyone.’

To achieve real impact, we need systems to look beyond those who are typically involved – building partnerships across traditional boundaries and working with people, communities and those who represent them to create real change.’

Edward Argar, Minister of State for Health

‘Through Integrated Care Systems (ICSs) – particularly now they are underpinned by statutory Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs) – we have an opportunity to further strengthen the relationship with the communities we serve collaboratively, with our Local Government and Voluntary Sector Partners. The involvement of our people and communities sits right at the heart of this relationship; we can’t achieve best outcomes in the most effective way, without working with the people we treat and care for.’

Amanda Pritchard, Chief Executive, NHS England

Executive summary (key extracts)

‘While involving people and communities is a legal requirement, working with them also supports the wider objectives of integration including population health management, personalisation of care and support and addressing health inequalities and improving quality. The legal duties provide a platform to build collaborative and meaningful partnerships that start with people and focus on what

really matters to our communities. However, the ambition is for health and care systems to build positive, trusted and enduring relationships with communities in order to improve services, support and outcomes for people.

There are clear benefits to working in partnership with people and communities. It means better decisions about service changes and how money is spent. It reduces risks of legal challenges and improves safety, experience and performance. It helps address health inequalities by understanding communities' needs and developing solutions with them. It is about shaping a sustainable future for the NHS that meets people's needs and aspirations.

This guidance is structured around 10 principles. These have been developed from good practice already taking place, and will help organisations achieve the benefits of effective working with people and communities:

Applying the principles means taking a variety of approaches to working with people and communities, depending on context and objectives. Regardless of the approach used, organisations should start with existing insight about the needs and experiences of their communities, and work with partners that already have links to them. They should also consider taking community-centred approaches – ones that recognise the strengths within communities and that build on existing assets that support people's health.

B1762 recognises the need to clarify terminology which is particularly helpful as follows

Terminology

*In this guidance we talk about **working in partnership with people and communities**. We use this phrase to cover a variety of approaches such as engagement, participation, involvement, co-production and consultation. These terms often overlap, mean different things to different people, and sometimes have a technical or legal definition too.*

*By **people** we mean everyone of all ages, their representatives, relatives, and unpaid carers. This is inclusive of whether or not they use or access health and care services and support.*

***Communities** are groups of people that are interconnected, by where they live, how they identify or shared interests. They can exist at all levels, from neighbourhood to national, and be loosely or tightly defined by their members.*

***Community-centred approaches** recognise that many of the factors that create health and wellbeing are at community level, including social connections, having a voice in local decisions, and addressing health inequalities.*

The introduction to the guidance sets out the aims and objectives of the new system, its ambitions, and expectations.

A section of the aims are set out and are summarised below

*This guidance aims to spread effective practice across all systems by building on the expertise and experience that exists and approaches already being applied. It provides **practical advice and signposts to further information including training and resources**. It also shares learning from areas where partnership is already making the vision a reality and makes clear the difference that working with people and communities makes.*

Who the guidance is for is made clear and expects that it will be followed. Departure from it will require explanation.

How the guidance should be used and by whom is described in nine bullet points and what the new arrangement should and will look like, with reference to people and communities.

It makes clear what the legal duties on public involvement are and where they fall, pointing out that ICPs, place-based partnerships and provider collaboratives have specific responsibilities to participation which it summarises in tabular form. A number refer to people and communities.

The **triple aim duty, below**, established in earlier legislation, which requires the new systems organisations to have regard to ‘all likely effects of their decisions in relation to the following three areas, applies,

1. health and wellbeing for people, including its effects in relation to inequalities
2. quality of health services for all individuals, including the effects of inequalities in relation to the benefits that people can obtain from those services
3. the sustainable use of NHS resources.

A statement, accompanied by a diagram that ‘*Effective working with people and communities is essential to deliver the triple aim*’ is set out. Other legal duties that lead to effective working with people and communities, and which will also inform, and support organisations are listed

The rhetorical question *Why work in partnership?* lists nine reasons in an illustrative diagram and seven of which are accompanied by a short paragraph of explanation as set out below.

These reasons lie at the heart of the guidance.

Improved health outcomes

Working in partnership with people and communities creates a better chance of creating services that meet people’s needs, improving their experience and outcomes. People have the knowledge, skills, experiences, and connections services need to understand in order to support their physical and mental health. Partnership working contributes to defining ‘shared outcomes’ that meet the needs of their communities. This is particularly relevant in the context of population health management and reducing health inequalities.

Value for money

Services that are designed with people and therefore effectively meet their needs are a better use of NHS resources. They improve health outcomes and reduce the need for further, additional care or treatment because a service did not meet their needs first time.

Better decision-making

We view the world through our own lens and that brings its own judgements and biases. Business cases and decision-making are improved when insight from local people is used alongside financial and clinical information to inform the case for change. Their insight can add practical weight and context to statistical data, and fill gaps through local intelligence and knowledge. Challenge from outside voices can promote innovative thinking which can lead to new solutions that would not have been considered had the decision only been made internally.

Improved quality

Partnership approaches mean that services can be designed and delivered more appropriately, because they are personalised to meet the needs and preferences of local people. Without insight from people who use, or may not use, services, it is impossible to raise the overall quality of services. It also improves safety, by ensuring people have a voice to raise problems which can be addressed early and consistently.

Accountability and transparency

The [NHS Constitution](#) states: 'The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff.' Organisations should be able to explain to people how decisions are made in relation to any proposal – and how their views have been taken onboard. Transparent decision-making, with people and communities involved in governance, helps make the NHS accountable to communities. Engaging meaningfully with local communities build public confidence and support as well as being able to demonstrate public support for proposals.

Participating for health

Being involved can reduce isolation, increase confidence, and improve motivation towards wellbeing. Individuals' involvement in delivering services that are relevant to them and their community can lead to involvement at a service level and to more formal volunteering roles and employment in health and care sectors. It is well recognised that doing something for others and having a meaningful role in your local community supports mental health. Getting involved can be health creating – being part of a community and being in control is good for our health.

Meeting legal duties

Although this should not be the primary motivation, failure to meet the relevant legal duties risks legal challenge, with the substantial costs and delays that entails, and damage to relationships and trust and confidence between organisations, people, and communities.

Translating these benefits in reducing health inequalities is considered through joint solutions and collaborative approaches recognising the key component of community involvement.

Also considered is the essential element of building the culture of partnership working and what and how this can be achieved,

Finally, ten principles for working with people and communities are listed with some case studies, broken down through accompanying bullet points, a 'how it might be done' booklet. This looks like an instruction manual for internal consumption but fails the ultimate test of setting out how to progress. In short, although it is of considerable value it is nevertheless top down with the intention of doing to and not doing with.

There then follows in Annex A, Implementation, a summary of the many ways working in partnership may be done with accompanying Case Studies. This is undoubtedly very helpful also but still fails the ultimate test of forming the partnership first and then helping and supporting each community and its people to make informed joint decisions assisted by the partners.

A section on collaboration between the NHS and other partners seems a little out of place as this guidance is for people and communities.

Somewhat surprisingly in the final section on Legal duties and responsibilities, section B3 Service Reconfiguration and Public Consultation this inherent conflict is brought to the fore in the following statements

A critical success factor is open community and stakeholder involvement from the first stage of considering change. This means involving people at the earliest opportunity in co-designing what the future health and care services for their area looks like. It means building on the conversations that systems should already be having with people about what a health community might look like and using their existing approaches as a starting point for producing service change proposals.

One of the most important early steps to take is to build long-term relationships and invest resources in developing partnership approaches with key community and political leaders, including politicians, faith leaders and VCSE sector organisations. Clinical Senates also bring a public perspective to significant service reconfiguration. They bring together clinicians, patients and other partners to assist commissioners and providers to make the best decisions about healthcare for the populations they represent. Clinical Senates will assure the contents of a service change's Pre-Consultation Business Case (PCBC), including approving the involvement of patients and the public in any clinical modelling that has been undertaken.

Precis Summary

The guidance firmly points to the importance of establishing community infrastructure to enable full, worthwhile working partnerships with people and communities, to operate and be effective in ensuring the wishes of people and communities are met.

It highlights the inherent conflicts largely due to legal considerations aimed at ensuring people's protection which tend to limit people's rights to play a key part in working in partnership and setting out what they would wish for their community.

Compromise will always be inevitable, but it ensures that the journey can begin with confidence, hope, and the much-needed search for local solutions to local challenges, particularly for those in greatest need.

PMW 29.07

Precis of Recent Publications relating to Working Together in Partnerships with People and Communities in line with the Health and Care Act 2022 and 'Levelling Up'

Repairing our Society; A social justice manifesto for a thriving Britain. July 2022, The Centre for Social Justice

This is a 19-page report, with 93 references and a list of 16 of their own publications since 2018 on various aspects of social justice.

Executive Summary

The summary argues the case, by and large from a financial position, for change based on the premise that our society is in need of repair but that the nation should be optimistic by virtue of its unlimited potential for that change.

It points up the strength of our small charities, as community organisations and the success of Universal Credit. It aims to speak directly to the incoming Prime Minister.

In the turbulence of the last two years, we have witnessed the strength of our small charities, as community organisations served at the very heart of the local response to the pandemic – reaching vulnerable people the state could not get near – providing food parcels, human connection, and so much more. While some parts of the state strained under the demands of unprecedented pressure, Universal Credit delivered, and is widely recognised as one of the most advanced and sophisticated social security systems in the world.

A plan for a stronger society is then presented aimed at bringing forward the strengths within communities.

The UK as a nation continues to devote eyewatering levels of public funds to filling the empty gaps in our society

If an incoming Prime Minister is serious about tackling these deep – and costly – social challenges, there are huge gains to be made in reducing the overall size of the state long-term.

The cost of family breakdown has been estimated by the Relationships Foundation to be £51 billion. Reoffending costs £18 billion, debt problems £8 billion, while the cost to society of low numeracy alone is estimated at £20 billion per year.

If we want to reduce the scale and the need for public spending, we need a society made up of strong families and thriving communities. We need safer streets, more resilient finances, and to provide the very best start for children.

A manifesto is then presented which sets out a vision for change that they claim,

‘Would transform the prospects of those who are struggling most in our society’.

Five key strands to this vision are presented, Stronger Families, Safer streets, A brighter start, Resilient finances and Thriving communities, all of which have relevance within the Reference Group’s pilot programme and plan presented at the June 2022 HWBB.

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The following statements from the five strands seem relevant to the Reference Group submissions to the HWWB

1. Stronger Families.

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Recent estimates put the cost of family breakdown to our society at £51.1 billion per annum. This cannot go on.

Strengthening families must be at the core of the new Government’s plan to repair our society.

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The Government should continue and complete the roll out of Family Hubs to all local authorities. These provide a one-stop-shop for aiding children's health and wellbeing, improving relationships, and helping to reduce parental conflict. The Government has pledged £18 million in funding for 2023-24; we support the doubling of this funding to £36m, taking a "test and learn" approach towards the initial 75 local authorities through the Evaluation Innovation Fund.

5. Thriving Communities

Community matters.

Thriving local community relationships underpin opportunity – both social and economic – enabling higher productivity and prosperity. And a sense of community built on trusted relationships between neighbours is key to ensuring those who are vulnerable or isolated get the help they need.

If we strengthened our community life as a nation, this would reap dividends in mental and physical health, educational outcomes, social deprivation, social mobility, and democratic participation.

But we need to get community infrastructure right, too. As our research has shown, people's primary concern when it comes to new housing developments is the area becoming too busy. We must take a wholesome approach to community planning – not just delivering identikit 'units' of 'housing stock', but liveable, characterful homes in attractive communities. That means providing a real choice of transport including walkable options to reach practical, usable community facilities such as GPs, schools, shops, and other local infrastructure.

We advocate moving from a 'high street' model to a 'hub street' model as more retail takes place online. By anchoring useful facilities in and around our town centres as 'hubs', we can revive our sense of shared civic life in our built environment.

Reviving community life means Government grasping the immense potential of the small charity sector, which has delivered throughout the pandemic and more recently during the cost-of-living crisis.

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Despite the current challenges, there is real optimism that the new reforms to health and social care— if properly supported to embed and succeed – can provide the backdrop for transforming how primary care is delivered in every community in the country.

We are weeks away from the inception of the new ICSs and with it the biggest opportunity in a generation for the most radical overhaul in the way health and social care services are designed and delivered. Primary care must be at the heart of each of our new systems – all of which face different challenges and will require the freedom and support to find different solutions. In an extraordinary and welcome display of common purpose across health and care, each of the CEOs of the 42 new systems has added their signature to this report.

But these new systems alone can't fix all the problems: we need action at every level. This report sets out a limited number of recommendations for NHS England, the Department of Health and Social Care (DHSC), and other national bodies that will enable local systems to drive change in their communities and neighbourhoods. This includes ensuring future national policy is designed to support and enable local systems to do what they need to do rather than apply a one-size-fits-all approach.

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*It is the collective judgement of the people who have engaged closely in our stocktake that the vision for integrating primary care set out in this report is achievable if we create both the conditions **to enable locally led change and the supporting infrastructure to implement it**: indeed, as demonstrated by many of the case studies contained in this report, systems are already working in this way.*

Locally led, nationally enabled change is a consistent theme in pandemic success stories. This report offers a vision for transforming primary care led by integrated neighbourhood teams that will be supported to lead change, drawing from the wealth of positive change already underway.

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This requires two significant cultural shifts: towards a more psychosocial model of care that takes a more holistic approach to supporting the health and wellbeing of a community; and realignment of the wider health and care system to a population-based approach – for example, aligning secondary care specialists to neighbourhood teams.

*The key ingredient to delivering this way of working is leadership – fostering an improvement culture and a safe environment for people to learn and experiment. **We heard consistently throughout our engagement that a 'top-down' approach of driving change and improvements risks alienating the workforce and communities and hinders development of trusting relationships**: something emphasised in the King's Fund literature review.*

A case study of the success of an integrated clinical pharmacy service in **Wirral** is highlighted.

A section on working with people and communities is of significance

Throughout the stocktake, we heard that the PCNs that were most effective in improving population health and tackling health inequalities, were those that worked in partnership with their people and communities and local authority colleagues. This partnership focuses on genuine co-production and personalisation of care, bringing local people into the workforce so that it reflects the diversity of local communities, and proactively reaching out to marginalised groups breaking down barriers to accessing healthcare

Working in this truly integrated way with people and communities offers the NHS a real opportunity to deliver more effective and sustainable change and paves the way for a much bigger prize: creating the space and opportunity to do far more on the most pressing challenge for health and social care systems: tackling the determinants of ill health and helping people to live happier and healthier lifestyles.

Ultimately, these integrated teams – rooted in the community and working across the spectrum of health and care – are the central conduit through which we can deliver the new model of integrated care

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The overarching lessons are covered in five sections, Building the Foundations, Putting Principles into Practice, Going Further to Embed Transformation, Overcoming External Challenges, and Lessons for Community Organisations. Which are subdivided into seventeen lessons with summaries provided for each.

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- *It is important to work quickly to turn high-level endorsement into something meaningful and visible to build momentum.*
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- *Different types of organisations have different strengths, which can be unlocked by working in partnership.*
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The results are presented in nine headlines as follows:

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- *People want more control and influence but within existing governance structure.*
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- *Most people would support a politician's commitment to community power.*

In the introduction the report sets out the challenge as follows,

Everything feels polarised. Politics is polarised; debates are at the extremes; people's circumstances are oversimplified. The complicated and nuanced needs of people and communities are not being sufficiently heard. And the ideas and insights they have are not shaping services they want. It's time for a different approach.

For decades, policy debates have tended to oscillate between the idealised versions of either a centralised state-led approach and a market-led approach. This polarisation misses the crucial third approach that starts with people in their communities. This approach puts individuals at the heart in a way that a state-dominated model can't but, crucially, also recognises people as community members in a way a market-led model can't. We've missed this nuance for far too long.

There are a series of disconnects: communities and the Westminster politicians that represent them; communities and those that develop policies and design services; communities and the agency to solve problems.

These issues have been brought into sharp focus by the overlapping crises of the cost of living, dissatisfaction with public services, poor representation and distrust of national politicians, and the sense that people feel they don't control their own destinies. Communities need to be heard and asked directly about issues they see for themselves and what could help overcome them.

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Precis of Recent Publications relating to Working Together in Partnerships with People and Communities in line with the Health and Care Act 2022 and ‘Levelling Up’

Repairing our Society; A social justice manifesto for a thriving Britain. July 2022, The Centre for Social Justice

This is a 19-page report, with 93 references and a list of 16 of their own publications since 2018 on various aspects of social justice.

Executive Summary

The summary argues the case, by and large from a financial position, for change based on the premise that our society is in need of repair but that the nation should be optimistic by virtue of its unlimited potential for that change.

It points up the strength of our small charities, as community organisations and the success of Universal Credit. It aims to speak directly to the incoming Prime Minister.

In the turbulence of the last two years, we have witnessed the strength of our small charities, as community organisations served at the very heart of the local response to the pandemic – reaching vulnerable people the state could not get near – providing food parcels, human connection, and so much more. While some parts of the state strained under the demands of unprecedented pressure, Universal Credit delivered, and is widely recognised as one of the most advanced and sophisticated social security systems in the world.

A plan for a stronger society is then presented aimed at bringing forward the strengths within communities.

The UK as a nation continues to devote eyewatering levels of public funds to filling the empty gaps in our society

If an incoming Prime Minister is serious about tackling these deep – and costly – social challenges, there are huge gains to be made in reducing the overall size of the state long-term.

The cost of family breakdown has been estimated by the Relationships Foundation to be £51 billion. Reoffending costs £18 billion, debt problems £8 billion, while the cost to society of low numeracy alone is estimated at £20 billion per year.

If we want to reduce the scale and the need for public spending, we need a society made up of strong families and thriving communities. We need safer streets, more resilient finances, and to provide the very best start for children.

A manifesto is then presented which sets out a vision for change that they claim,

‘Would transform the prospects of those who are struggling most in our society’.

Five key strands to this vision are presented, Stronger Families, Safer streets, A brighter start, Resilient finances and Thriving communities, all of which have relevance within the Reference Group’s pilot programme and plan presented at the June 2022 HWBB.

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Recent estimates put the cost of family breakdown to our society at £51.1 billion per annum.³¹ This cannot go on.

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HEALTH AND WELLBEING BOARD THURSDAY 29TH SEPTEMBER 2022

REPORT TITLE:	WIRRAL PHARMACEUTICAL NEEDS ASSESSMENT (PNA) 2022 – 2025
REPORT OF:	DIRECTOR OF PUBLIC HEALTH

REPORT SUMMARY

The Health and Wellbeing Board has responsibility for the publication and update of the local Pharmaceutical Needs Assessment. The process for producing a new Pharmaceutical Needs Assessment for Wirral began in Spring 2020 with a view to its publication in March 2021. However, due to the COVID-19 pandemic the publication date was put back to September 2022 as per national direction.

This report provides the final Pharmaceutical Needs Assessment for 2022 – 2025 following the period of public consultation between April and June 2022, requiring signing-off for publication of this new Pharmaceutical Needs Assessment for Wirral on or before 30th September 2022.

The completed Wirral Pharmaceutical Needs Assessment 2022-2025 can be accessed via Appendix One.

In addition, there is a Consultation Report that details the public consultation process and results as required to be produced by national legislation (Appendix Three).

The proposed actions affect all wards within the borough.

The decision requested is not a key decision.

There are several opportunities for community pharmacies to contribute to the Wirral Plan, these are outlined on page 36 of the PNA. Some examples are as follows:

- Support people to adopt healthy lifestyles through advice, signposting and medicines management (Wirral residents live healthier lives)
- Signposting and advice to support action to tackle the wider determinants of health e.g., reducing fuel poverty and optimising finance (Wirral residents live healthier lives)
- Raising awareness/reducing stigma re mental health, promoting access to community based interventions e.g., smoking cessation (Active and healthy lives)

RECOMMENDATION/S

The Health and Wellbeing Board is recommended to approve the final Wirral Pharmaceutical Needs Assessment (2022 to 2025) for its mandatory publication on or before 30th September 2022.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The local Health and Wellbeing Board has the responsibility for the publication and update of the local Pharmaceutical Needs Assessment (PNA) as a consequence of the 2013 Health & Social Care Act.
- 1.2 The Pharmaceutical Needs Assessment provides a detailed review of existing pharmacy provision, including current service provision and an assessment of population needs that direct future provision.
- 1.3 The Pharmaceutical Needs Assessment process has completed the statutory 60-day public consultation (April - June 2022) as outlined in the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.
- 1.4 Following this consultation period, and the required amendments to the final Pharmaceutical Needs Assessment, being incorporated into the final document, alongside a specific Consultation Report, to lead onto the sign-off of the final Pharmaceutical Needs Assessment and its publication on or before 30th September 2022 (*see Appendix One*).

2.0 OTHER OPTIONS CONSIDERED

- 2.1 Not applicable as this is a mandatory process as set out in The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.
<https://www.legislation.gov.uk/ukxi/2013/349/contents/made>
- 2.2 By not undertaking, and publishing, a review of local pharmaceutical services, then the Council could be challenged to justify its alleged failure to discharge its duty.

3.0 BACKGROUND INFORMATION

- 3.1 From April 2013, Health and Wellbeing Boards became responsible for the publication and update of the local Pharmaceutical Needs Assessment which provide a detailed review of existing pharmacy provision, including current service provision and opening hours as well as an assessment of population needs.
- 3.2 The Health and Social Care Act 2013 provides the legislation that requires the Health and Wellbeing Board to produce a new Pharmaceutical Needs Assessment every three years. To date Wirral has produced three Pharmaceutical Needs Assessments in 2011, 2015 to 2018 and the current version 2018 to 2021.
- 3.3 Since 2014, the approach has been led by Public Health, and since 2017 produced by Wirral Intelligence Service, with support from local and sub-regional partners. This Pharmaceutical Needs Assessment (2022-2025) is being coordinated by the Pharmaceutical Needs Assessment Development Group and is on track to meet the necessary delivery timeframe.
- 3.4 NHS England primarily uses the Pharmaceutical Needs Assessment to inform their local commissioning decisions regarding community pharmacy services. It also informs councils and new local Integrated Care Boards for planning purposes.

- 3.5 There is a legal requirement for the Wirral Health and Wellbeing Board to publish an updated Pharmaceutical Needs Assessment before the 30th September 2022.

4.0 FINANCIAL IMPLICATIONS

- 4.1 There are no direct financial implications for Wirral Council.
- 4.2 NHS England will use the Pharmaceutical Needs Assessment as the basis for future commissioning decisions in relation to community pharmacy services in Wirral.

5.0 LEGAL IMPLICATIONS

- 5.1 There is a mandatory requirement for the local Health and Wellbeing Board to produce a Pharmaceutical Needs Assessment every three years. This has been extended by initially 12 months and then a further 6 months to account for the impacts of the COVID-19 pandemic.
- 5.2 The next Pharmaceutical Needs Assessment (for 2025 - 2028) will need to be published before 1st October 2025.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 There are no additional resources required to complete the Pharmaceutical Needs Assessment. The work is led by Wirral Council's Intelligence Service and Public Health teams in collaboration with Cheshire and Merseyside Councils to ensure consistency in approach and production.

7.0 RELEVANT RISKS

- 7.1 The key risk was that the new Pharmaceutical Needs Assessment was not delivered within the required timeframe of on or before 30th September 2022. This potential risk has been mitigated with detailed project plan and PNA Development Group leadership.
- 7.2 With other Cheshire and Merseyside Pharmaceutical Needs Assessment leads within Local Authorities, NHS England Community Pharmacy and Community Pharmacy leads, review of the process is being undertaken to consider future improvements to the delivery of a future Pharmaceutical Needs Assessment approach.

8.0 ENGAGEMENT/CONSULTATION

8.1 Pharmacy Survey – Contractors and provision - Complete

A Pharmacy Survey was conducted between June and August 2021. Responses were collated and incorporated into this first final draft of the new Pharmaceutical Needs Assessment.

8.2 Public Survey – Pharmacy Services - Complete

A public survey was conducted during November 2021. Responses were collated and incorporated into this first final draft of the new Pharmaceutical Needs Assessment.

- 8.3 **Formal consultation on a draft Pharmaceutical Needs Assessment - Complete**
As part of the production of the new Pharmaceutical Needs Assessment, there is a mandatory requirement to consult with a wide group of consultees including a mandated consultee groups (*listed in Appendix Two below*).
- 8.4 This consultation was held for 67 days (legislation requires a minimum of 60 days) from Tuesday 5th April and Friday 10th June 2022. This was undertaken using the council engagement platform, 'Have Your Say'. Please see *Appendix Three - Statutory Consultation Report and Appendix Four - EasyRead version of same report* – for full results of consultation.
- 8.5 **Headlines from formal consultation on a draft Pharmaceutical Needs Assessment are:**
- Fifty-one (51) responses were received, forty-four (44) via the online facility and seven (7) via paper copies
 - 94% (n~48) agreed that the purpose and need for a PNA was accurately reflected in the draft local Pharmaceutical Needs Assessment.
 - 88% (n~45) agreed that the draft PNA describe the types of services that are, and can be, provided across Wirral
 - 78% (n~40) agreed the Pharmaceutical Needs Assessment 2022-2025 reflected the health and other needs of our population. Some respondents were unsure (n~7 or 14%) and 4 believing it did not reflect local health needs (8%).
 - 80% (n~41) agreed with the key findings and conclusions of the draft Wirral Pharmaceutical Needs Assessment 2022-2025
 - 16% (n~8 of 51) felt there was further information about local pharmacy services that could have been included in the draft Wirral Pharmaceutical Needs Assessment 2022-2025. The majority, 84% where either happy everything was included or unsure if anything needed to be added. It was felt that the suggested further information, that could be added, was already covered within the report.

9.0 EQUALITY IMPLICATIONS

- 9.1 Equality Impact Assessments have been produced where appropriate for surveys and consultations and used to inform any final decisions.
- 9.2 The equality issues that could be envisaged from the consultation of this report have been recorded, and actions to mitigate incorporated, into an EIA and this is published at <https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments>

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 Wirral Council is committed to conducting its work in an environmentally responsible manner, and these principles will guide the development of the Pharmaceutical Needs Assessment.

11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 The Pharmaceutical Needs Assessment does not directly impact community wealth building, but it does direct NHS England commissioning intentions, and as such the level of community pharmacy services in Wirral.

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

BACKGROUND PAPERS

1. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. <https://www.legislation.gov.uk/uksi/2013/349/contents/made>

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Wirral Pharmaceutical Needs Assessment (PNA) 2022 – 2025 2022 – 2025 draft PNA for consultation	23/03/2022
Wirral Pharmaceutical Needs Assessment (PNA) 2022 – 2025 2022 – 2025 development and publication	29/09/2021
Pharmaceutical Needs Analysis 2021 – 2024 development and publication	11/03/2020
14/03/2018 - Health and Wellbeing Board	14/03/2018

APPENDICES

Appendix One: FINAL Pharmaceutical Needs Assessment (2022-2025)
Appendix Two: Mandatory Engagement List - as per legislation
Appendix Three: Statutory Consultation Report
Appendix Four: EasyRead version of Statutory Consultation Report

Appendix One: FINAL Pharmaceutical Needs Assessment (2022-2025)

- [Wirral Pharmaceutical Needs Assessment \(PNA\) 2022 – 2025](#)
- Or use link <https://www.wirralintelligenceservice.org/media/3639/final-wirral-pna-2022-to-2025-final-september-publishing-v5-acc-chkd.pdf>

Appendix Two: Mandatory Engagement List - as per legislation

Consultation on pharmaceutical needs assessments - consultee list (minimum requirements and extended list)

According to pharmaceutical regulations the draft document must be distributed for comment to: <https://www.legislation.gov.uk/ukxi/2013/349/regulation/8/made>

- Local Pharmaceutical Committee (LPC)
- Local Medical Committee (LMC)
- Any persons on the pharmaceutical lists
- Dispensing doctors (if situated within Wirral boundary)
- Any Essential Small Pharmacies (known as LPS chemists) contracted under the Local Pharmaceutical Services provisions by NHS England
- Local Healthwatch
- Any consumer or community group that Wirral H&WBB consider having an interest in the provision of pharmaceutical services
- Any local NHS trust or NHS Foundation Trusts in the area
- NHS England/NHS Commissioning Board
- Neighbouring Health and Wellbeing Boards

The draft Pharmaceutical Needs Assessment invite to comment has been extended to:

- Councillors and Committees
- Wirral Partnership
- GPs, Practices, and other Primary Care Staff
- Wirral Health and Care Commissioning (covering NHS Wirral Clinical Commissioning Group, Wirral Council Adult Social Care and Public Health)
- Cheshire and Wirral
- Neighbouring Local Authorities
- Neighbouring Local Pharmaceutical Committee
- Neighbouring Local Medical Committee
- Local Dental Committee
- Local Ophthalmic Committee

Patients and Public

- Patient Participation Groups
- Older People's Parliament
- Voluntary Sector Groups
- Community Sector Groups
- Faith Sector Groups

Other Methods considered:

- Press releases to variety of outlets
- Council and Partners websites
- Wirral Intelligence Service Website and Bulletin
- Council Engagement Contacts via email distribution
- Local Pharmaceutical Committee website and bulletin

Note: Four hard copies of the draft Pharmaceutical Needs Assessment (2022-2025) were placed in accessible main libraries for the duration of the consultation period (one per constituency). All opportunities to widen engagement identified in the EIA and other opportunities were explored in this process to extend access wherever possible.

Appendix Three: Statutory Consultation Report

- [Wirral Pharmaceutical Needs Assessment 2022 – 2025 - Statutory Consultation Report](#)
- Or use link <https://www.wirralintelligenceservice.org/media/3637/final-wirral-hwbb-pna-appendix-11-consultation-report-for-september-2022-v4-accchkd.pdf>

Appendix Four: EasyRead version of Statutory Consultation Report

- [Wirral Pharmaceutical Needs Assessment 2022 – 2025 - EasyRead version of Statutory Consultation Report](#)
- or use link <https://www.wirralintelligenceservice.org/media/3638/final-wirral-pharmaceutical-needs-assessment-easyread-post-consultation-report-july-22-accchkd.pdf>



HEALTH AND WELLBEING BOARD

29th SEPTEMBER 2022

REPORT TITLE:	INTEGRATED CARE SYSTEM
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 Integrated Care System (ICS), the impact on Wirral as a place and working arrangements of NHS Cheshire and Merseyside in the borough.

This report affects all wards and is for information.

RECOMMENDATION/S

The Health and Wellbeing Board is recommended to note the report and receive similar updates at future meetings.

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 NHS Cheshire and Merseyside (also referred to as the Integrated Care Board (ICB)) working arrangements 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, so there are no other options to consider.

3.0 BACKGROUND INFORMATION

3.1 NHS Cheshire and Merseyside

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

3.2 Wirral Place Based Partnership Board and Supporting Governance

- 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 four groups proposed in this paper mirror committees established in NHS Cheshire and Merseyside at an ICS level and groups established in the other eight places in Cheshire and Merseyside. Appendix 2 demonstrates how these groups will fit into Wirral system governance. Each of these groups will provide reports to the WPBPB. The four groups are:

Finance, Investment and Resources Group – this will support the development and delivery of our Wirral place financial strategy, oversee financial delivery, and provide assurance on the arrangements in place for financial control and value for money across the system. The group will also take a Wirral system view on use of resources in areas such as digital, estates, sustainability, and workforce.

Quality and Performance Group – this will provide the Place Based Partnership Board, and NHS Cheshire and Merseyside (via the Quality and Performance Committee), with assurance that health and care partners have insight and understanding of quality and performance issues at place level and confidence about maintaining and continually improving against each of the performance dimensions of quality of (safe, effective, person-centred, well-led, sustainable, and equitable) of their services. This set out in the Shared Commitment to Quality and enshrined in the Health and Care Bill 2021. This includes reducing inequalities in the quality of care, coupled with a focus on performance.

Primary Care Group - to oversee exercise of the NHS Cheshire and Merseyside's statutory powers in place relating to the provision of GP primary medical services under the NHS Act 2006, as amended by the Health and Care Act 2022, and other primary care services as delegated in future.

Strategy and Transformation Group – this Group will develop and review Wirral place strategic and operational plans to deliver national, Cheshire and Merseyside and local priorities. The Group will ensure that these plans secure continuous improvement, with a focus on health inequalities, and are delivered within financial allocations. The Group will receive assurance on the delivery of strategic and operational plans and associated work programmes.

3.2.3 These groups are being established in September 2022. The Terms of Reference are still being developed with NHS Cheshire and Merseyside, the four groups and system partners. It is intended that the Terms of Reference will be ready for adoption at a future meeting of the WPBPB.

3.2.4 If Wirral as a place receives further delegated authority from NHS Cheshire and Merseyside, these groups could become committees of the WPBPB.

3.3 Integrated Care Partnership Strategy and Five-Year Joint Plan

3.3.1 Under the Health and Care Act 2022, Integrated Care Partnerships (ICPs) operate as statutory committees consisting of health and care partners from across an ICS, including voluntary, community, faith, and social enterprise (VCFSE) organisations. The ICP for our ICS is known as the Cheshire and Merseyside Health and Care Partnership. It provides a forum for NHS leaders and local authorities to come together, as equal partners, alongside key stakeholders from across Cheshire and Merseyside. A key 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.

3.3.2 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. There will also be a requirement to publish a “five-year joint forward plan” by April 2023. This means that the Cheshire and Merseyside Health and Care Partnership would need to sign off the strategy in December 2022 and the five-year joint forward plan in February 2023.

3.3.3 The guidance recognises that ICPs and ICBs are still just developing and that both the strategy and five-year joint forward plan will evolve as further intelligence becomes available. It is therefore likely that there will be further updates to this guidance and a requirement to regularly refresh and update the strategy and five-year joint forward plan so that they are “live” documents.

3.3.4 The Strategy will be built from local Place plans but will focus on areas where work can take place across the whole of Cheshire and Merseyside or across more than one borough. The guidance outlines the need for the Strategy to consider the following areas:

- Personalised care
- Addressing disparities in health and social care
- Population health and prevention
- Health protection
- Babies, children, young people and their families, and healthy ageing
- Workforce
- Research and innovation
- Health-related services
- Data and information sharing

It is also anticipated that there will be sections on climate change and sustainability, anchor institutions and social value, quality improvement, and finance, capital, and estates.

3.3.5 At the time of writing a work programme is being put together to outline how the Cheshire and Merseyside Health and Care Partnership will produce these two key documents. The Health and Wellbeing Board will need to be engaged in the development of the Strategy and the Wirral Place Based Partnership Board involved in the Joint Forward Plan, ensuring that these translate to Wirral and reflect the needs of our borough.

3.4 Winter Plan

3.4.1 On 12th August 2022, NHS England published a series of documents outlining the next steps for planning for winter 2022/23, including a board assurance framework, aimed at ensuring there is enough capacity and resilience to meet the pressures of the busy winter period. The national objectives and associated measures for planning for winter 2022/23 can be found in Appendix 3.

3.4.2 NHS Cheshire and Merseyside have established a Winter Plan Operational Group (WPOG) to develop and oversee production of local and system winter plans, based on local and national objectives and areas of focus, and informed by the letter issues on 12th August 2022. This group is meeting weekly with the intention of having the first return of the plan submitted during week commencing 26th September 2022.

Finalised plans will be produced in October 2022, for implementation from November 2022.

- 3.4.3 The Wirral Place Based Partnership Board will receive the final winter plan for our borough.

3.5 Place Director Objectives

- 3.5.1 NHS Cheshire and Merseyside's Chief Executive asked each of the nine Place Directors to develop objectives with representatives from their respective places. The intention was that the objectives of the Place Director are align to, owned, and delivered by each place collaboratively.
- 3.5.2 The attached objectives (Appendix 4) were developed by the Place Director during June and July 2022 in dialogue with key system partners. The objectives reflect the ambitions of the Wirral Plan 2026 and key areas of delivery for the Wirral health and care system in 2022/23. The objectives also link to the strategic aims of NHS Cheshire and Merseyside. The objectives were approved by the Chief Executive of NHS Cheshire and Merseyside in August 2022.

3.6 Cost of Living

- 3.6.1 NHS Cheshire and Merseyside is concerned about the impact of cost of living increases on our population as a whole and upon our workforce. Every Place Director has been set an objective that requires action to work with system partners to mitigate the impact of cost of living increases on our population and to support the health and care workforce.
- 3.6.2 The Place Director has engaged with officers from Wirral Council to ensure that any initiatives undertaken in health and care align with and augment Local Authority actions. The Place Director has also convened an action group of partners from across health and care to ensure that a coordinated effort is made to support, as far as is possible, the people who access our services and the people who deliver them.

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 will be 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 Membership
Appendix 2	Wirral System Governance Map
Appendix 3	Winter Planning 2022/23 – National Objectives and Measures
Appendix 4	Place Director Objectives

BACKGROUND PAPERS

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

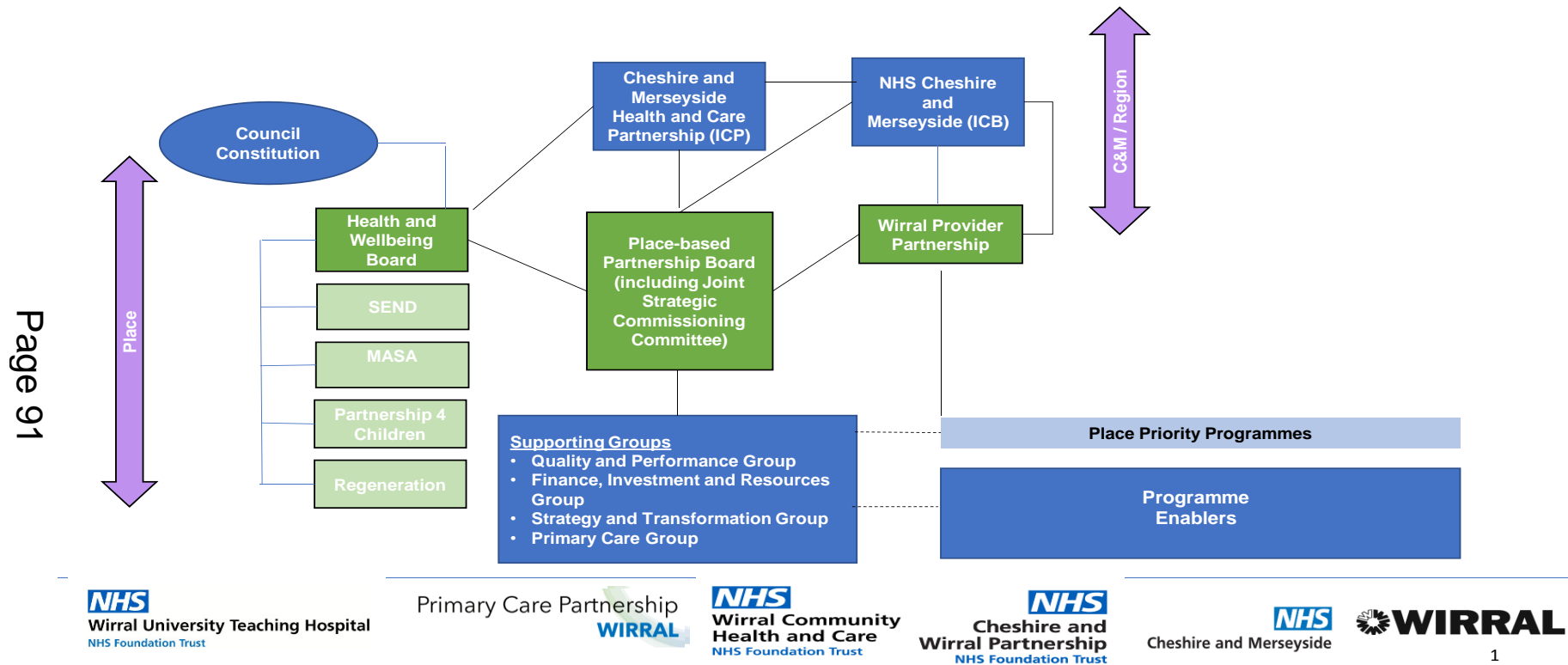
- [Guidance on the preparation of integrated care strategies - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/guidance-on-the-preparation-of-integrated-care-strategies)
- [NHS England » Next steps for urgent and emergency care letter and framework](#)

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Previous reports presented to Health and Wellbeing Board: <p>Integrated Care System Project Update Integrated Care System and Integrated Care Partnership Developments Integrated Care System Developments Integrated Care System Project Update Integrated Care System Update Integrated Care System Update Integrated Care System Update Integrated Care System Update</p>	<p>16th June 2021 20th July 2021 29th September 2021 3rd November 2021 15th December 2021 9th February 2022 23rd March 2022 28th July 2022</p>
Previous reports presented to Adult Social Care and Public Health Committee: <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>2nd March 2021 7th June 2021 29th July 2021 13th October 2021 3rd March 2022 25th July 2022</p>
Previous reports presented to Partnerships Committee <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>9th November 2020 13th January 2021 29th June 2021 28th September 2021 2nd February 2022 1st March 2022</p>

Nominated Representative	Organisation	Status
Simon Banks, Place Director	NHS Cheshire and Merseyside	PLACE member JCSC Voting Member (1)
Tim Welch, Chief Executive	Cheshire and Wirral Partnership NHS Foundation Trust	PLACE member
Tom Pharoah, Director of Strategy	Clatterbridge Cancer Centre NHS Foundation Trust	
Karen Howell, Chief Executive	Wirral Community Health and Care NHS Foundation Trust	
Janelle Holmes, Chief Executive	Wirral University Teaching Hospital NHS Foundation Trust	
Councillors Mary Jordan, Yvonne Nolan and Jason Walsh	Wirral Council	PLACE member JCSC Voting Member (1)
Paul Satoor, Chief Executive Julie Webster, Director of Public Health Graham Hodgkinson, Director of Care and Health Simone White, Director of Children's Services	Wirral Council	PLACE member
Karen Prior, Chief Executive	Health Watch	PLACE member
Dr Abel Adegoke, Dr David Jones (Dr John Mottram deputy) and Dr Stephen Wright	Primary Care Providers	PLACE member
Carol Johnson-Eyre and Justine Molyneux	Voluntary, Community, and Social Enterprise sector (VCSE)	PLACE member

APPENDIX 2 WIRRAL SYSTEM GOVERNANCE MAP, AUGUST 2022



APPENDIX 3 WINTER PLANNING 2022/23 – NATIONAL OBJECTIVES/MEASURES



Winter Planning - National Objectives / Measures

Prepare for variants of COVID-19 and respiratory challenges , including an integrated COVID-19 and flu vaccination programme.	Increase capacity outside acute trusts , including the scaling up of additional roles in primary care and releasing annual funding to support mental health through the winter	Increase resilience in NHS 111 and 999 services , through increasing the number of call handlers to 4.8k in 111 and 2.5k in 999.	Target Category 2 response times and ambulance handover delays , including improved utilisation of urgent community response and rapid response services, the new digital intelligent routing platform, and direct support to the most challenged trusts.
Reduce crowding in A&E departments and target the longest waits in ED , through improving use of the NHS directory of services, and increasing provision of same day emergency care and acute frailty services.	Reduce hospital occupancy , through increasing capacity by the equivalent of at least 7,000 general and acute beds, through a mix of new physical beds, virtual wards, and improvements elsewhere in the pathway	Ensure timely discharge , across acute, mental health, and community settings, by working with social care partners and implementing the 10 best practice interventions through the '100 day challenge'.	Provide better support for people at home , including the scaling up of virtual wards and additional support for High Intensity Users with complex needs

The following six specific metrics, key to the provision of safe and effective urgent and emergency care, will be used by both NHS England and Integrated Care Boards to monitor performance in each system through the Board Assurance Framework:

- 111 call abandonment
- Mean 999 call answering times.
- Category 2 ambulance response times.
- Average hours lost to ambulance handover delays per day.
- Adult general and acute type 1 bed occupancy (adjusted for void beds)
- Percentage of beds occupied by patients who no longer meet the criteria to reside.

APPENDIX 4 PLACE DIRECTOR (WIRRAL) OBJECTIVES, AUGUST 2022

Strategic Aims of Integrated Care Systems

1. Improve outcomes in population health and healthcare
2. Tackle inequalities in outcomes, experience, and access
3. Enhance productivity and value for money
4. Help the NHS support broader social and economic development

No	ICS aims	Core Objective	Critical success factor (How will you measure the objective has been achieved?)	By when (Date)	<i>Planned progress in-year</i> (e.g. deliverable(s) and date(s) in year to support achievement)
1	1-4	Work together to deliver NHS Operational Planning Priorities 2022/23 and local Place priorities, aligned to Wirral Plan 2026 and Health and Wellbeing Strategy.	<p>Agreed Wirral Place Plan.</p> <p>Refresh Wirral Place Plan as new guidance emerges.</p> <p>Demonstrate progress of delivery of Wirral Place Plan through reporting to Wirral Place Based Partnership Board (WPBPB).</p>	<p>September 2022.</p> <p>As required.</p> <p>Initial framework for November 2022.</p>	<p>Ratification by WPBPB.</p> <p>Development of Wirral Place outcomes monitoring framework and dashboard modelled on good practice from other Places.</p>
2	1-3	Work together to enable greater independence for adults and older people in their own homes and local environment.	We will demonstrate this by delivering a virtual ward service model in Wirral during 2022/23 for frailty and acute respiratory illness.	<p>December 2022</p> <p>March 2023</p>	<p>Baseline 20 frailty beds mobilised.</p> <p>Baseline 10 acute respiratory illness beds mobilised.</p> <p>Additional 10 (total 30) frailty beds mobilised.</p>

No	ICS aims	Core Objective	Critical success factor (How will you measure the objective has been achieved?)	By when (Date)	Planned progress in-year (e.g. deliverable(s) and date(s) in year to support achievement)
					Additional 15 (total 25) acute respiratory illness beds mobilised.
3	1-2	Work together for brighter futures for our children, young people, and their families by breaking the cycle of poor outcomes for all regardless of their background.	We will demonstrate this by the delivery of the key milestones in our SEND Action Plan, moving Wirral towards the removal of the Statement of Action.	March 2023	The SEND Action Plan is monitored by the Department for Education and NHS England. Progress and milestones will be demonstrated in reporting to these organisations, which will be shared with WPBPB.
4	1-2	Work together to provide happy, active, and healthy lives for all, with the right care, at the right time to enable residents to live long and healthier lives.	<p>We will demonstrate this through developing enhanced case finding for hypertension, using digital technologies (AccuRx), and working with Primary Care Networks, to identify those most at risk and provide appropriate support.</p> <p>80% of people that are diagnosed with hypertension receive treatment, according to the target in NICE guidelines.</p>	<p>March 2023</p> <p>January 2023</p> <p>March 2023</p>	<p>No. of new Hypertension diagnoses in the past 12 months. (Variable by PCN) Baseline: 2,430 (Total no. of Hypertension Floreys sent Jan22-Jun22) Target: – 7,000 (Aug22-Jan23 - 5% monthly increase per PCN from Jun22 onwards) (To be validated by clinical lead)</p> <p>BPQI Toolkit uptake increase Baseline: 78% Target: 90% by Mar23 (To be validated by clinical lead)</p> <p>Increased response rate for Hypertension floreys Baseline: 35% Target: 50% by Mar23 (To be validated by clinical lead)</p>

No	ICS aims	Core Objective	Critical success factor (How will you measure the objective has been achieved?)	By when (Date)	Planned progress in-year (e.g. deliverable(s) and date(s) in year to support achievement)
				March 2023	BP@Home recordings for Hypertensive patients Baseline: 4,270 Aug21-Mar22 Target: 4,700 Aug22-Mar23 (10% increase) (To be validated by clinical lead)
				March 2023	Metrics dashboard (under development): https://app.smartsheet.eu/b/publish?EQBCT=b2b16fecdf7e44bbc806d79cd62f182f9
5	3-4	Work together for a prosperous, inclusive economy - helping businesses to thrive and creating jobs and opportunities for all.	We will demonstrate this by producing a health and care workforce strategy and plan for Wirral that supports integration and collaboration in our place, across organisations.	September 2023 January 2023 March 2023	Re-establish Wirral Place Workforce Group. Wirral Place workforce strategy and implementation plan. An increase in available Care and Reablement Workforce from baseline levels and a concomitant reduction in turnover. Current Baseline Workforce:828 Trajectory: To be determined
6	1-3	Work together to ensure that primary care is integrated into	Engage primary care (general practice, community optometry, community pharmacy and	September 2022	Secure representation from primary care on WPBPB and Primary Care Committee. Secure representation from primary care in

No	ICS aims	Core Objective	Critical success factor (How will you measure the objective has been achieved?)	By when (Date)	<i>Planned progress in-year</i> (e.g. deliverable(s) and date(s) in year to support achievement)
		Place governance and delivery mechanisms in Wirral.	community dental services) in governance and engagement arrangements in Wirral. Support PCNs to become the essential core building block for integrated care.	October 2022 Ongoing October 2022 October 2022 October 2022 December 2022	Wirral Provider Partnership arrangements. Ongoing engagement with Local Representative Committees, Primary Care Council, Primary Care Network Clinical Directors and emerging Wirral Primary Care Collaborative. Engage PCNs in development of revised neighbourhood/care communities strategy for Wirral. Ensure primary care is engaged in the Wirral Provider Partnership. Revisit PCN maturity matrix (October 2021) and update assessment, with the addition of peer feedback. Develop plan to progress each PCN at least one step on the framework/maturity matrix.
7	1, 2 and 4	Work together to mitigate the impact of cost-of-living increases on our population	We will work together to mitigate the potential impact of cold homes and fuel poverty on our population and health and care services in Winter 2022/23.	Complete	Complete the baseline assessment tool for Excess winter deaths and illnesses associated with cold homes (NICE public health guideline NG6). Consider the outcomes of the baseline assessment tool and how these will impact on

No	ICS aims	Core Objective	Critical success factor (How will you measure the objective has been achieved?)	By when (Date)	<i>Planned progress in-year</i> (e.g. deliverable(s) and date(s) in year to support achievement)
				August 2022	place-based actions.
				September 2022	Wirral Council to lead a strategic, population-based approach to mitigation of cost-of-living increase. Health and care to augment and align with this strategy and support operational delivery.
				October 2022	Use local population health intelligence to target those cohorts who are at greater risk of fuel poverty and ill health, developing campaigns and targeted interventions involving all partners in Wirral.
8	3 and 4	Work together to maximise the use of public sector estate and ensure that this is linked to Wirral Council's Local Plan and regeneration work.	Ensure that Wirral place governance links health and care providers into Wirral Council's Strategic Estates Board (SEB).	September 2022	Representation from NHS on SEB.
				September 2022	Ensure Wirral Health and Care Estates Group has inclusive membership.
				September 2022	Establish Finance, Investment and Resources Group to report to WPBPB, through which estates and sustainability issues will be reported.
			Produce an integrated Estates Strategy	October 2022	Baseline of current estate owned or leased by health and care sector.
				November 2022	Align NHS provider's strategic estates deliverables and work plans, considering Wirral SEB intentions and NHS Cheshire and Merseyside requirements.

No	ICS aims	Core Objective	Critical success factor (How will you measure the objective has been achieved?)	By when (Date)	<i>Planned progress in-year</i> (e.g. deliverable(s) and date(s) in year to support achievement)
				December 2022	Draft strategy produced.
				February 2023	Final strategy agreed.



HEALTH & WELLBEING BOARD

Date: 29th September 2022

REPORT TITLE:	COST OF LIVING
REPORT OF:	DIRECTOR OF PUBLIC HEALTH

REPORT SUMMARY

This report provides a current overview of the challenges local people are facing because of cost-of-living pressures and outlines proposed action to mitigate impacts and support residents.

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

The activities outlined in this report support the vision of the Wirral Plan 2021-2026, to 'create equity for people and place' and will contribute directly or indirectly to delivering the five themes of the plan:

- Sustainable Environment
- Brighter Futures
- Inclusive Economy
- Safe and Pleasant Communities
- Active and Healthy Lives

RECOMMENDATION/S

The Health and Wellbeing Board is recommended to:

- (1) Commit to taking action to address cost-of-living pressures
- (2) Develop appropriate collaborative working arrangements and joint action plans to mitigate the impacts of the cost-of-living pressures on residents

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 To provide members of the Health and Wellbeing Board with an update on the pressures local people are facing due to cost-of-living pressures and proposed activity to mitigate impacts and support local people.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 Other options considered include not taking local action in relation to the cost-of-living pressures or to act as individual organisations. These options pose a risk to the health and wellbeing of residents, risk duplication of effort and an uncoordinated approach. Therefore, they have not been considered.

3.0 BACKGROUND INFORMATION

- 3.1 Cost-of-living pressures are having impacts on people in every part of our borough. Price rises driven by energy price inflation are having an impact on most households, with those on the lowest incomes likely to be hardest hit (particularly as benefit uplifts fail to keep pace with inflation).
- 3.2 By driving people deeper into poverty, or by pushing those who had previously been coping into financial hardship, it is very likely that the rise in cost of living is going to intensify health inequalities.
- 3.3 Poverty, poor health outcomes and health inequalities are inextricably linked. Marmot and others have set out that the lower one's social and economic status, the poorer one's health is likely to be. People living in the poorest neighbourhoods in Wirral will, on average, die twelve years earlier than the people living in the richest neighbourhoods. People living in poorer areas also spend more of their lives with a disability – an average total difference of seventeen years.
- 3.4 Extensive qualitative and quantitative analysis has been collated to understand current and projected impacts on residents, as well as reviewing evidence for local action that can be taken to mitigate the impacts; this can be found here: <https://www.wirralintelligenceservice.org/state-of-the-borough/cost-of-living-crisis-2022-23/> .

Pressures on the cost of living pose a significant risk to health, wellbeing, social care and public health because:

- Low-income households spend a larger share of their income on energy and food; the Office for Budgetary Responsibility (OBR) is projecting real disposable incomes to fall by 2.2% this year (this would be the largest decline on record), which will therefore particularly affect low-income households and push more people into poverty.
- It is already well evidenced that deprivation is associated with poorer health outcomes (including through stress; anxiety; substance misuse, diet etc.),

further inflationary pressures are likely to widen already existing health inequalities.

- Rates of fuel poverty have increased since summer 2021 largely due to the increasing cost of fuel, which is predicted to continue to rise. Homes that are cold due to fuel poverty exacerbate health inequalities. Cold homes can cause and worsen respiratory conditions, cardiovascular diseases, poor mental health, dementia, hypothermia, and problems with childhood development. In some circumstances, health problems may be exacerbated to a degree that they may cause death.

3.5 How we currently support residents in Wirral

- 3.5.1 The Government has taken action to respond to cost-of-living pressures. Earlier this year a Council Tax rebate of £150 per Band A-D house was announced, along with a repayable £200 loan scheme to offset increasing energy bills. Whilst recent government announcements have increased the support available, including increasing the energy bill discount to £400 and making it non-repayable, and making a £650 payment to low-income households on certain means-tested benefits. We are also awaiting more detail regarding the energy cap announcement made by the Prime Minister on the 8th September 2022.
- 3.5.2 At a local level we have been taking action to support our communities for some time: Wirral Council and the Integrated Commissioning Board currently spends £1.4m per annum to support residents in financial need through the Ask Us Wirral contract delivered by Wirral Citizen's Advice and Age UK Wirral.
- 3.5.3 External support is already available to help ease pressures through one-off financial assistance packages. This includes the Council Tax Support Scheme, Emergency Financial Support Scheme and Discretionary Housing Payments.
- 3.5.4 Wirral Council has established a 'Cost of Living Action Group' chaired by the Chief Executive to co-ordinate local action. The group's mission is to "mitigate the impact on people already experiencing financial hardship, to prevent others from becoming financially insecure and to prepare to support people when they need help".

3.6 Next Steps

- 3.6.1 It is proposed that the action group be widened to include Strategic Partners and that a multi-agency partnership summit be organised to develop a comprehensive and co-ordinated action plan to support local people.
- 3.6.2 A grants programme, utilising £1.2m of Contain Outbreak Management Funding (COMF), will provide community, voluntary and faith sector organisations with an opportunity to apply for funding for initiatives to support residents. Grants of up to £200,000 will be made available to take action to address food and fuel poverty. A further £0.5m of the COMF grant has been identified for action to tackle fuel poverty.
- 3.6.4 Working is taking place across the health and social care sector to support our most vulnerable residents.

- 3.6.5 We are in discussion with Merseyside Fire and Rescue Authority to enhance their safe homes scheme.
- 3.6.6 A collaborative, wide-ranging communications campaign will promote the financial and non-financial support more widely across the Borough. The method for communications will be through current channels, as well as utilising Community Champions to promote key messages. A copy of the communications plan will be shared with all Members to enable them to share the information with residents and promote the messages across the whole Borough.

4.0 FINANCIAL IMPLICATIONS

- 4.1 Cost-of-living pressures will continue to have financial implications for Wirral residents, but will also affect businesses, CVF sector, the Council and partner organisations. The funding identified to support the CVF grants and fuel poverty support is through the COMF grant, which is one-off funding, required to be spent by 31st March 2023.

5.0 LEGAL IMPLICATIONS

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

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

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

7.0 RELEVANT RISKS

- 7.1 Continuing engagement from the Community, Voluntary and Faith Sector is key as is the contribution from Wirral partners. As part of this work relevant risks will be identified related to the workstreams outlined.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 An extensive piece of engagement collated from resident feedback has been carried out by the qualitative insight team. A copy of the report can be found here:
<https://www.wirralintelligenceservice.org/state-of-the-borough/cost-of-living-crisis-2022-23/>

9.0 EQUALITY IMPLICATIONS

- 9.1 Through the Mental Health Alliance a group of people with lived experience have supported the development of this work programme and have provided scrutiny of engagement and outputs to ensure they are inclusive.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 Actions to mitigate the cost-of-living crisis will also contribute towards attainment of Wirral Cool 2 Strategy, and the Councils carbon net zero target by 2030. For example:
- Heating and powering buildings currently makes up 40% of the UK's total energy usage. Support provided to reduce risks of fuel poverty may include improving the energy efficiency of homes, which will have a beneficial impact on reducing carbon emissions. The grant scheme may also reduce home energy use via the provision of warm hubs if established.
 - Initiatives related to supporting people in food poverty may also support the reduction of food waste.

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APPENDICES

N/A

BACKGROUND PAPERS

Cost of Living Crisis, Wirral Intelligence Service JSNA, Wirral Council:

<https://www.wirralintelligenceservice.org/state-of-the-borough/cost-of-living-crisis-2022/>

Citizens Advice Bureau, Cost of Living Crisis dashboard:

<https://wearecitizensadvice.org.uk/our-new-cost-of-living-dashboard-the-crisis-were-seeing-unfold-aac74fb98713>

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

Institute of health equity. Fuel poverty, cold homes and health:

<https://www.instituteofhealthequity.org/resources-reports/fuel-poverty-cold-homes-and-health-inequalities-in-the-uk/read-the-report.pdf>

SUBJECT HISTORY (last 3 years)

Council Meeting	Date



HEALTH AND WELLBEING BOARD

Thursday, 29 September 2022

REPORT TITLE:	CO-OPTION OF REGISTERED SOCIAL LANDLORD
REPORT OF:	DIRECTOR OF LAW AND GOVERNANCE

REPORT SUMMARY

This report recommends a co-option to the Board to represent Registered Social Landlords.

RECOMMENDATION/S

The Health and Wellbeing Board is recommended to Co-opt onto the Health and Wellbeing Board the Chief Executive, or their representative, of Magenta to represent Registered Social Landlords.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 To confirm and formalise the co-option of a representative of Magenta onto the Board as a representative of Registered Social Landlords.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 An alternative option was to not include a representative of Registered Social Landlords (RSL). However, including a representative of Registered Social Landlords allows them to be more involved in discussion on the health and wellbeing work undertaken on the Wirral.
- 2.2 There was the option of selecting another representative of the housing sector but this would inevitably be a company that was smaller than Magenta as the largest RSL and therefore bring less breadth of experience and industry awareness. Magenta chaired the Strategic Housing Partnership which was an important link for the HWB with all Housing Providers.

3.0 BACKGROUND INFORMATION

- 3.1 The Health and Wellbeing Board is a partnership body and has historically invited attendees from various organisations to participate in meetings or be co-opted to the Board to support effective decision-making.

Registered Social Landlords

- 3.2 Registered Social Landlords are independent housing organisations registered with the Homes and Communities Agency (HCA) under the Housing Act 1996. Most are housing associations, but there are also trusts, co-operatives and companies.
- 3.3 Officers feel that the Health and Wellbeing Board would benefit from representation from the Housing sector and envisaged this to be achieved through a lead Registered Social Landlord (RSL). This is a key strategic role as healthy homes promote good physical and mental health. Good health depends on having homes that are safe and free from physical hazards. In contrast, poor quality and inadequate housing contributes to health problems such as chronic diseases and injuries and can have harmful effects on childhood development. In the refreshed Health and Wellbeing Strategy for 2022 there is a section that specifically references the importance of Housing to Health and Wellbeing and sets out a number of deliverables.
- 3.4 Magenta are Wirral's largest social landlord with houses, bungalows and apartments across Wirral and Cheshire. They offer a range of modern energy efficient accommodation with secure tenancies, no deposits and lower rent than the private sector. They are a not-for-profit organisation, owning and managing just under 13,000 properties and employing around 500 staff. Magenta chaired the Strategic Housing Partnership which was an important link for the HWB with all Housing Providers.

4.0 FINANCIAL IMPLICATIONS

4.1 There are no financial implications.

5.0 LEGAL IMPLICATIONS

5.1 Any individual co-opted to the Health and Wellbeing Board will be a non-voting member.

5.2 Changes to the formal membership as defined in the Constitution would require endorsement by the Constitution and Standards Committee and approval by Council.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 There are no resource implications.

7.0 RELEVANT RISKS

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

7.2 Not having a representative of RSL risks clients and companies from that sector not having a voice when the Board considers policies that may affect them.

8.0 ENGAGEMENT/CONSULTATION

8.1 No additional consultation has been undertaken.

9.0 EQUALITY IMPLICATIONS

9.1 There are no direct equality implications.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 There are no direct environmental and climate implications.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 There were no community wealth implications as a result of this report although the inclusion of RSLs on the Health and Wellbeing Board may have indirect social wealth benefits by influencing the engagement of clients of RSLs in health or wellbeing programmes, and the influence of RSLs in influencing those programmes.

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APPENDICES

None.

BACKGROUND PAPERS

The Health and Social Care Act 2012
Council Constitution

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Health and Wellbeing Board membership	16 June 2021



HEALTH AND WELLBEING BOARD

WEDNESDAY 29 SEPTEMBER 2022

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

REPORT SUMMARY

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

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

RECOMMENDATION

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

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 To ensure Members of the Adult Social Care and Health Committee have the opportunity to contribute to the delivery of the annual work programme.

2.0 OTHER OPTIONS CONSIDERED

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

3.0 BACKGROUND INFORMATION

- 3.1 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.

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 2022-23

Meeting Dates	Report Title	Lead(s)
NOV 2022 2 nd Nov Deadline for Reports 14 th Oct Page 113	Wirral Worklessness Support Programme	Helen Carney, Head of Economic Growth, Wirral Council & Nikki Jones, Senior Public Health Manager, Wirral Council and Bev Staniford
	Healthy Housing (Title TBC)	Lisa Newman, Head of Housing, Wirral Council and Nikki Jones, Senior Public Health Manager, Wirral Council
	ICS Development/ Wirral Place update report	Simon Banks, Place Director, Wirral ICS
	Towns Fund and 'JOY' follow up report	Sally Shah and Kate Pierce/David Hammond/Lee Pennington
	Implementation of the Public Health Annual Report	Dave Bradburn
	Qualitative Insight Programme	Nikki Jones, Senior Public Health Manager, Wirral Council
DEC 2022 13 th Dec Deadline for Reports 28 th Nov	Built Environment & Health Impacts	Keith Keeley, Head of Regeneration Strategy, Wirral Council & Public Health
	Health Disparities White Paper (2022) – A Local Response	Public Health – TBC
	Breaking the Cycle Programme	Children's Services & Public Health - TBC
	Role of Anchor Institutions	Public Health – TBC
	ICS Development	Simon Banks, Place Director, Wirral ICS
	Active Travel Update (Title TBC)	Julie Barnes, Strategic Transport Infrastructure Lead, Wirral Council

Meeting Dates	Report Title	Lead(s)
	HWB strategy update	Dave Bradburn
	Fire, Health and Deprivation	Mark Thomas
	Partnership Approach to School Readiness	Children's Services & Public Health - TBC
FEB 2023 8 th Feb Deadline for Reports 19 th Jan Page 114	Integrating Family Hubs, Emotional/Mental Wellbeing Work, Young People's Risk Model (Title TBC)	Children's Services & Public Health - TBC
	Health Protection Strategy	Elspeth Anwar, Public Health Consultant, Wirral Council and Jennifer Smedley
	Education White Paper to reduce impact of educational inequalities (linking curriculum/skills development to emerging employment landscape) (Title TBC)	Children's Services & Public Health – TBC
	Qualitative Insight Programme	Nikki Jones, Senior Public Health Manager, Wirral Council
	Environment & Climate Emergency Update	Mike Cockburn, Assistant Director, Parks and Environment
	ICS Development	Simon Banks, Place Director, Wirral ICS
	Community Safety Initiatives	Mark Camborne/ Dave Bradburn with input from Matthew Moscrop