

HEALTH AND WELLBEING BOARD

Wednesday, 29 September 2021

Present:

Councillor Yvonne Nolan	Chair
Councillor Tom Anderson	Wirral Council
Councillor Phil Gilchrist	Wirral Council
Councillor Wendy Clements	Wirral Council
Paul Satoor	Chief Executive
Graham Hodgkinson	Director of Care and Health
Simone White	Director of Children, Families and Education
Julie Webster	Director of Public Health
Dr Paula Cowan	Chair, NHS Wirral Clinical Commissioning Group
Louise Healey	JobCentre Plus
Mark Thomas	Merseyside Fire & Rescue Service
Tony Bennett (in place of Karen Howell)	Wirral Community NHS Foundation Trust
Matthew Swanborough (in place of Janelle Holme)	Wirral University Teaching Hospital NHS Foundation Trust

21 **DECLARATIONS OF INTERESTS**

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

No declarations were made.

22 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Simon Banks, Alan Evans, Liz Bishop, Sue Higginson, Supt Martin Earl, Sir David Henshaw, Michael Brown, Karen Howell, Janelle Holmes, Karen Prior, Abel Adegoke, Sheena Cumiskey and Councillor Janette Williamson

23 **MINUTES**

Resolved – That the accuracy of the minutes of the meeting held on 20 July 2021 be agreed.

24 **PUBLIC AND MEMBER QUESTIONS**

The Chair outlined that a number of public questions had been submitted to the Board, but that they were not within the scope of the Board's Terms of Reference. It was reported that no further questions from either members of the public or Members had been submitted, nor were there any statements or petitions to receive.

FORMATION OF THE COMMUNITY, VOLUNTARY AND FAITH SECTOR REFERENCE GROUP

The Chair of the Community, Voluntary and Faith (CVF) Sector Reference Group introduced the report which detailed the work of the Reference Group and sought to establish a working relationship with the Health and Wellbeing Board. The report detailed the background to the establishment of the reference group and the overall aim of the group and its relationship with the Health and Wellbeing Board.

The Board was advised of the vital role the CVF sector played in a progressive health and care system and highlighted the need for the sector to be aligned to the governance arrangements as part of the Integrated Care System and embedded within how the system operated. It was further reported that there was a need to strengthen communities through developing community assets and harnessing the skills of those in the sector, which would build upon the work of the humanitarian cell. Organisations around the table were encouraged to develop community-based approaches to utilise the extensive knowledge, expertise, and experience in communities on how services can support local residents.

Members across the Board expressed their thanks to the community groups involved in bringing the work together, as well as thanks to the sector as a whole for the work it had undertaken during the Covid-19 response and recognised the vital role the sector would play in developing future working arrangements. It was queried how the change in the way of working could take place, where it was acknowledged that working alongside local people would enable a change in how services were delivered and allow residents to access those wider community services when required.

Resolved – That

- (1) the establishment of a Community, Voluntary and Faith Sector Reference Group be noted.**
- (2) the development of a progressive and effective working partnership with the Community, Voluntary and Faith sector through the Reference Group be supported.**
- (3) the principal aim of the Reference Group be supported to build and support the development of local infrastructure, in support of ongoing programmes and plans to meet the health and wellbeing needs of Wirral's communities and residents.**
- (4) the secondary aim of the Reference Group, to work in full partnership to bring forward the opportunities and benefits for communities and residents arising from Government programmes and new legislation be supported.**
- (5) the use of all available data sources by the Reference Group to inform its contribution to plans and programmes be supported.**

WORKING WITH THE COMMUNITY, VOLUNTARY AND FAITH SECTOR: UPDATE REPORT

The Director of Public Health introduced the report which provided an update on the approach to working with the Community, Voluntary and Faith (CVF) sector to improve health and reduce inequalities. The Health and Wellbeing Board endorsed the proposed approach at its meeting on 31 March 2021 and the report provided a further update on the work being undertaken.

Representatives of the CVF sector were in attendance and provided an update on the ongoing work. It was reported that the project was driven out of the work of the humanitarian cell which was set up in response to Covid-19, and that there was a desire to continue to build on that work. Conferences had been held which involved over 100 organisations in the sector, and during those conferences the sector had identified five key areas for development with task and finish groups being established to take each area forward. These were:

- Increasing collaboration
- Community, Voluntary and Faith Sector representation
- Modernising volunteering
- Behaviours that reflect values
- Tackling health inequalities

The work coming out of these five key areas included working towards a single mechanism for communications, improving collaboration in decision making bodies across the sector and partner organisations and encouraging residents who may not have considered volunteering beforehand to do so through progressing the already modernising ways of working.

It was felt across the Board that the pandemic had highlighted the important role of the CVF sector in Wirral and members acknowledged the need for continued close working with the sector, particularly in the context of the proposed introduction of the Integrated Care System and the wider determinants of health such as regeneration.

Resolved – That the report be noted and the ongoing work programme be endorsed.

27 HEALTHWATCH WIRRAL UPDATE

The Chair informed the Board that the Chief Executive Officer of Healthwatch was unwell and had therefore passed apologies and sought the views of the Board on whether to defer the item. Members continued with a discussion on the information contained within the report which included feedback from health and care users on the quality of service. It was noted that a significant element of the report pertained to access to General Practitioner services which the Partnerships Committee had recently looked at, and that the primary themes from the report could be linked into that work. It was reported that from January to June 2021 there were 791,000 GP appointments in Wirral and it was queried whether this had increased. In response, it was noted that the overall number had increased, but this could be down to the new ways of accessing GP services. Representatives of health providers undertook to take on board the key outcomes from the report.

It was moved by Councillor Yvonne Nolan, seconded by Councillor Wendy Clements, that the Board places on record its appreciation to Healthwatch colleagues for providing the report. The motion was put and agreed by assent. It was therefore –

Resolved – That

(1) the report be noted.

(2) the Board's appreciation for the report be fed back to Healthwatch.

28 **PUBLIC HEALTH ANNUAL REPORT**

The Director of Public Health introduced the report, which provided the Board with the independent annual report of the Director of Public Health. The 2020/2021 Report described enduring health inequalities in Wirral, the immediate impact of the COVID-19 pandemic on these differences in health outcomes and recommended actions that were needed to improve residents' health.

The report detailed how Wirral became one of the first places in the world to respond to Covid-19 when British residents repatriated from Wuhan, China were hosted in Wirral. Since then, it was reported that Covid-19 had affected everyone in the borough but that the pandemic had highlighted the existing health, economic and social inequalities within Wirral. The detail of the health inequalities people in Wirral faced was outlined, including the difference in life expectancy based on geographical location and gender. Comparisons to national statistics in a range of health factors were also outlined to the Board, with issues such as fuel poverty, alcohol misuse and prevalence of depression all worse in Wirral than the national average.

The report presented five key recommendations that had been made to improve the health and wellbeing of residents and reduce health inequalities in Wirral and these were outlined to the Board. They included:

- Prioritise economic regeneration and a strong local economy;
- Safeguard a healthy standard of living for all;
- Increase support for children, young people and families;
- Strengthen action to address differences in health outcomes and prevention;
- and
- Residents and partners continue to work together.

The Board welcomed the report and the recommendations included within it. There was acknowledgement across Council directorates and the organisations represented on the Board that the report detailed the shared priorities. The importance of embedding the recommendations detailed in the report into the work that was ongoing was highlighted.

Resolved – That the recommendations detailed within the Public Health Annual Report be endorsed.

29 **WIRRAL PHARMACEUTICAL NEEDS ASSESSMENT (PNA) 2022 – 2025**

The Director of Public Health introduced the report which detailed the proposed process to produce a new Pharmaceutical Needs Assessment for Wirral. The Health

and Wellbeing Board had the responsibility for the publication and updating 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. The Director of Public Health informed the Board that their endorsement was sought to enable the necessary action to produce the assessment.

Resolved – That

- (1) the Director of Public Health be requested to undertake the necessary steps to produce the next Pharmaceutical Needs Assessment on or before 30th September 2022.**
- (2) the Director of Public Health be requested to produce a further report with the final draft Pharmaceutical Needs Assessment for sign-off prior to public consultation.**
- (3) the Director of Public Health be requested to produce a final report in September 2022 prior to publication of the Pharmaceutical Needs Assessment.**

30

INTEGRATED CARE SYSTEM DEVELOPMENTS

The Director of Care and Health introduced the report which provided an update on the legislative changes that would lead to the establishment of the Cheshire and Merseyside Integrated Care Board and set out the updated policy context for the development of Integrated Care Systems and Integrated Care Partnerships and provides an update on the local governance arrangements, and developments for Wirral's Integrated Care Partnership at "place" level. The importance of the role of the Health and Wellbeing Board in providing oversight of the place-based partnership arrangements was set out, which had been reinforced during the meeting through the collaborative work with the Community, Voluntary and Faith Sector and the importance of tackling health inequalities as highlighted in the Public Health Annual Report.

The report set out the various place-based governance arrangements that had been considered and detailed the workshop session that had taken place with elected members on 14 September 2021 to discuss these options. It was reported that a further system wide governance workshop was planned for 8 October 2021 to further develop these arrangements, with the proposals to then be brought back through the Adult Social Care and Public Health Committee.

It was felt by colleagues across the Board that the system as a whole in Wirral had come together strongly. The issue of how resources would be allocated was raised and it was felt that the more collaboration that took place across the organisations the greater the case Wirral as a place had for increased delegation. The importance of clinical involvement in the developing governance arrangements was highlighted.

Resolved – That

- (1) the legislative developments detailed in the Health and Care Bill that will lead to the establishment of the Cheshire and Merseyside Integrated Care Board (ICB).**
- (2) the preferred model of place-based partnership governance arrangements that would be discussed further at the Adult Social Care and Public Health Committee on 13th October 2021, to develop a Joint Committee between the Council and the Cheshire and Merseyside Integrated Care Board, in which decision making at place level will be jointly carried out in partnership with ICB, local NHS Partners and the Council, be noted.**
- (3) regular reports relating to the developments of the Integrated Care Board and Integrated Care Partnership at system level, and local place-based partnership arrangements for Wirral be received.**
- (4) the Board provides an oversight role in shaping local services through setting the vision, priorities and outcomes for population health and wellbeing in collaboration with Wirral's place based partnership.**

31 **SECTION 75 AGREEMENT**

The Director of Care and Health introduced the report which outlined the proposal in relation to the continuation of the pooled fund arrangement and s75 Agreement between the Council and Wirral Clinical Commissioning Group (CCG) for 2021/22. The report described the proposed arrangements, key principles, content, and value of the 2021/2022 Section 75 and set out the additional funding that the CCG would contribute to the pool. It was outlined to the Board that the role of the Health and Wellbeing Board was in relation to agreeing how the Better Care Fund was used to support health and care outcomes across the borough, and that the overall section 75 agreement would be considered by the Adult Social Care and Public Health Committee to agree the Council's contribution.

Resolved – That

- (1) the proposal in relation to which a decision will be made by the Adult Social Care and Public Health Committee to continue the pooled fund arrangement and s75 Agreement between the Council and Wirral Clinical Commissioning Group (CCG) for 2021/22 be noted.**
- (2) the commissioning pool value of £235m for 2021/22 and the additional funding the CCG would contribute as detailed in Appendix 1 to the report be noted.**
- (3) it be noted that the proposal that the key principles as set out in the pooled fund agreement 2020/2021 be incorporated into the pooled fund agreement 2021/22, including the risk share agreement.**
- (4) it be noted that the shared risk arrangements were limited to the Better Care Fund (BCF) arrangements only, which was currently reporting a break-even position.**

32 **WORK PROGRAMME**

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

A discussion was had on the restoration and development of NHS services after Covid-19, where it was reported that a recovery programme was underway to address the backlog in elective surgery notwithstanding the current increased demand on services, and that it was hoped a fuller update would be brought to the December meeting of the Board. It was proposed that a report on early years and health as well as a report from young people with Special Education Needs and Disabilities be added to the work programme, with the possibility of young people attending a meeting to speak to Board members.

Resolved – That

- (1) The work programme be noted.**
- (2) a report on Health and Early Years be added to the work programme.**
- (3) a report from Young People with Special Education Needs and Disabilities be added to the work programme.**