

Appendix

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

Context

This is a first thoughts document following the favourable outcome from previous reports from the Reference Group to the Health and Wellbeing Board and ongoing plans and partnerships being developed.

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 is bringing forward a new Health and Care Bill in April 2022 with the specific aim of reducing health inequalities.

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.

In recognition of the benefit of local knowledge the Health and Care Bill due for introduction in April 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.

The terminology which frames the new legislation is simply 'working together in full partnership', initially on codesign of new approaches with a key contribution from communities and their residents but then on appropriate measures and structures within community that enables the new approach to flourish.

Harnessing the local knowledge and providing simple and effective systems, whereby communities and residents can make their strongest contribution to need, leads to a discussion of how best this may be developed and brought forward at the local level.

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.

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

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.

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.

Step 3. Engage with local organisations, both in the communities and with individuals active in supporting the health and wellbeing of each community.

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

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

Second phase Outline codesign and formation of a community link organisation (CLO).

Step 1. Establish a codesign team with representation from all key partners and stakeholders but with the full involvement of the Community Development Team (CDT)

Step 2. Propose for agreement the aims and objectives of the community link organisation

Step 3. Explore possible options for the siting and development of the community link organisation.

Step 4. Present options and proposal, with preferences, to the community through the CDT for their approval.

Third phase Preparation of a CLO business plan

Step 1. CDT to establish a team for the preparation of the business plan working with the CLO

Step 2. Business team to agree the framework for investment and returns on investment and the associated legal framework.

Step 3. Prepare business plan for submission for approval.