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 coordinates 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