

Health and Wellbeing Strategy Leads Forum
24 July 2024, held at LCVS, 151 Dale Street, L2 2AH

Action

Minutes

Present:

Ellie McNeil (Chair) (EM)	YMCA
Jacinta Ashdown	Age Concern Liverpool & Sefton
Shantanu Kundu	Be Free Campaign
Debbie Nolan (DN)	Citizens Advice
Richard Davies	LCVS
Rachel Lindsay (notes)	LCVS
Lesley Dixon	PSS
Kevin Peacock (KP)	Options for Supported Living
Dave Carter (DC)	Whitechapel Centre
Andie Griffiths	Bradbury Fields
Donna Healey-Sharpe	Bradbury Fields
Sarah Jane Walker	MSDP
Maxine Ennis	The Rotunda
Hazel Brown	Local Solutions

Apologies

Rachael Stott	PSS
Elaine Mather	Imagine Independence
Kate Daly	Irish Community Care
Jemma Gurrier	The Reader Organisation
Matty Caine	First Person Project
Win Lawlor	Irish Community Care
Andrea Rushton	Blackburn House
Tom Harrison	Local Solutions
Jemma Guerrier	The Reader
Jo Henney	We Are Nugent
Paul Martin	LGBT Foundation
Tracey King	We are Nugent
Joanne Parr	MSDP

1. Welcome and Introductions

Ellie McNeil (EM) welcomed all representatives to the meeting and invited everyone to introduce themselves.

2. Minutes of the previous meeting held on 28th May 2024

The minutes were agreed as a correct record and matters arising were noted.

3. System update including segmentation work and neighbourhood model.

Andrea Astbury gave a system update to the group including segmentation work and neighbourhood model. A copy of Andrea's presentation is attached to the minutes.

The following discussions were noted:

SK raised concerns around the neighbourhood models in that for organisations working in a larger patch, they may need to engage with up to 13 different people. In terms of sector engagement, it was felt that the system was complex because of the way the system has been designed. RD said he would share the information he has and the areas the neighbourhood managers cover.

DC raised concerns that LCC systems weren't talking to each other. Andrea will feed these comments into subsequent meetings.

Andrea asked for views around changing the way LCC work with children and families in order to broker a relationship that is in everyone's interest. This would involve a relatively small pot of funding per family for up to 100 families. The idea would be to test for this year and transfer funding into future years.

DC thinks this sounds good but didn't feel he had any feel around value.

DN felt there could be collaboration in order to tap into other sources of funding ie. income maximation, wellbeing officer etc.

ME said it sounds like a similar model of the Combined Authority called Households into Work. ME also agreed to pull different pots of money together to double the amount of money available to families.

HB felt it could be an excellent way of supporting vulnerable families.

KP said some parts of the system are struggling and felt there is a need to develop a relationship of trust with families.

ME suggested running the model under one roof, reaching out to organisations who are trusted and rooted and bringing services to the table. ME also felt there was a bigger piece of work to be done around linking the data.

In summary:

- Balance of the funding proposition isn't quite right therefore this will be relooked at
- Number probably too large – possibly reduce to 40/50 people
- Micro commissioning pot to be explored
- Need qualitative and quantitative review to take on board peoples experiences and feelings.

4. Rep Feedback

Reps were asked to complete a written report for each meeting they attend, in order for reports to be circulated prior to the meeting.

Debbie Nolan, Complex Lives – long term conditions, healthy families and ICTs – DN reported that the group has had a refocus following the clinical services review and high

Action

RD

intensity use of services including A&E. A lot of the discussions have been halted and given a renewed focus. ICTs – long term conditions – strengthening communities – Cheryl Lowes is to be invited to the next meeting to talk about how the voluntary sector could be involved with this workstream.

Jemma Guerrier, Children and Families - Jemma's report is included with the minutes. It was noted that Liverpool City Council's Housing Strategy Consultation is now live, therefore people were asked to feed into this.

Jacina Ashdown, Falls Prevention – JA said this is the most positive meeting she has been to throughout all of the segments. Falls is a major contributor into admission to hospital. A Communication Strategy will be circulated including messages around falls prevention by rehydration, eye tests, feet care, building up core strength etc.

Kevin Peacock, Neurodiversity – the Disability Segment Group was postponed and the follow up has not been actioned. The Neurodiversity Group are looking to produce a draft strategy and vision statement. The meeting was positive and was represented by neurodiverse people also.

Ellie McNeil, Corporate Peer Challenge, VCS Group – EM reported that there was a broad range of voices giving key feedback about the experience of working alongside the local authority. EM also reported back on some of the issues this group have talked about. There was feedback around the city's lack of fulfilling their statutory duties, particularly around the Home Reduction Act and Assessments for Adult Social Care.

EM also attended the City Region – Cheshire and Merseyside ICB, VCSE Group – Chaired by voluntary sector North West and will circulate the minutes to the group.

There was discussion around how the group influences and the possibility of looking at a different way ie. Inviting senior people and having conversations around the table in order to influence some of that internal work.

5. Marketing and Branding

The group noted Rachael's report.

EM is to circulate Dave Sweeney's report, Director of Partnerships and Strategy to the group around social value.

The following name was suggested which EM will feedback to RS in order to revise:

Health Leadership Coalition

- Putting the third sector first
- or
- Making the third sector a first thought.

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RL

EM

EM

EM

Any further views on the report should be fed back to RS in order for her to bring a more formed view of the report to the next meeting.

6. Mapping Exercise of the current membership of the group

Network meeting as a whole –Initially the set up of the group was done through the Health and Wellbeing Network and organisations were invited to express an interest. It was agreed to formalise membership, therefore EM suggested capping membership at 30 organisations, with a term of 3 years, with a maximum of 2 terms. In order to apply for a seat, organisations would have to have a head office in the Liverpool City Region, commitment to represent the voluntary sector and commitment to bring expertise to the sector. It was agreed that this was a good way forward.

It was agreed that EM would produce a form for all current organisations to complete including the following:

- What they currently cover
- Particular area of interest/expertise

There are currently 22 organisations represented, therefore once we have identified where the gaps are, EM would email organisations informing that there are an additional 8 seats, highlighting the particular areas required. There would then be a voting system.

7. Any other business

There was no other business.

8. Date of next meeting

18th September 2024, 2pm, LCVS, 151 Dale Street

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All

EM

EM

Liverpool Strategic Health and Wellbeing Forum

Representative Feedback Form

This form should be completed when you are unable to attend the meeting and feedback in person.

Name	
Meeting Attended	
Date of the meeting	
Key points from the meeting	
Actions that need to be brought into the group	

Liverpool Strategic Health and Wellbeing Forum

Representative Feedback Form

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Name	Jemma Guerrier
Meeting Attended	Health children and families segment.
Date of the meeting	9 th July 2024
Key points from the meeting	<p>-System update was given to outline the situation with the ICB Recovery Plan. Urgent care, clinical services review. 12 recommendations for acute systems. At Alder Hey, walk ins are a bigger problem than ambulances.</p> <p>-Carly Brown gave an update on The Children's Partnership – on 18th July there will be a visioning session to think big about the model for children's services in the city, in response to the Matt Ashton response. This had been delayed due to Ofsted. Big focus on care leavers. I asked about VCSE involvement in this group. The Reader has been invited to attend this session and I can feedback after it to the wider group if that's helpful.</p> <p>-Update given on 0-19/25 public health service. I've asked for Slides from Simon Bell on this. Data shared – egs 13% increase expected in children in care. Increasing mental health issues etc.</p> <p>Procurement for this service will start end of July. Aiming to have provider in place by Xmas for April mobilisation. Will be 5 year contract with 3 year extension. They are involving CYP in the decision-making via a voice at the panel stage.</p> <p>-Update on Family Hubs given from Claire Campbell. Navigation is a massive issue. New Transformation Manager now in place for the family hubs called Stephanie Critchley. Parenting and perinatal MH, home learning environment, infant feeding are key themes.</p> <p>-There hasn't been an early year's strategy in place so this is now being developed, looking at conception to age 5. Due to be launched end of 2024. Stakeholder workshops will identify priority areas. I asked if VCSE's will be involved in this – Claire has followed up to ask for a steer on this.</p> <p>-Discussion around the cross over of different strategies – fragmented . (egs childrens partnership and early years, school readiness)</p> <p>-LCC Housing strategy consultation is now live.</p> <p>-River of Light festival will have 'Play' as its theme this year – PH looking to work with Culture team to see how this could maximised.</p> <p>-There is mapping work going on to relocate dental training sites.</p>
Actions that need to be brought into the group	<p>-PH asking for input on how to best involve VCSE in the early years strategy. I've said to Claire Campbell that I'll go back to her after my holiday. Egs; if there are workshops, can we send reps. If there is anything to review and comment on, could that be shared. Do any other VCSE's want to get involved from this group? Would appreciate any thoughts from the wider group.</p>

	<p>-Does anyone from the wider group want an update on the Childrens Partnership visioning session?</p> <p>-If any VCSEs have got good examples of youth participation, I'm sure this Segment group would be keen to hear.</p>
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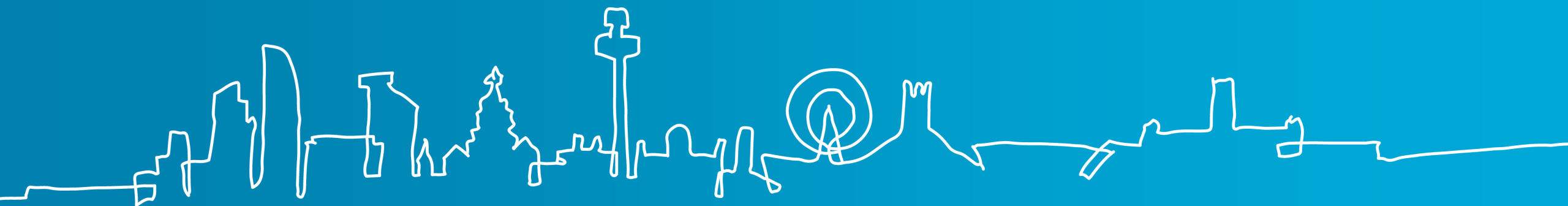
VCFSE Health & Wellbeing Strategy Leads Meeting

Wednesday 25th July

2-4pm

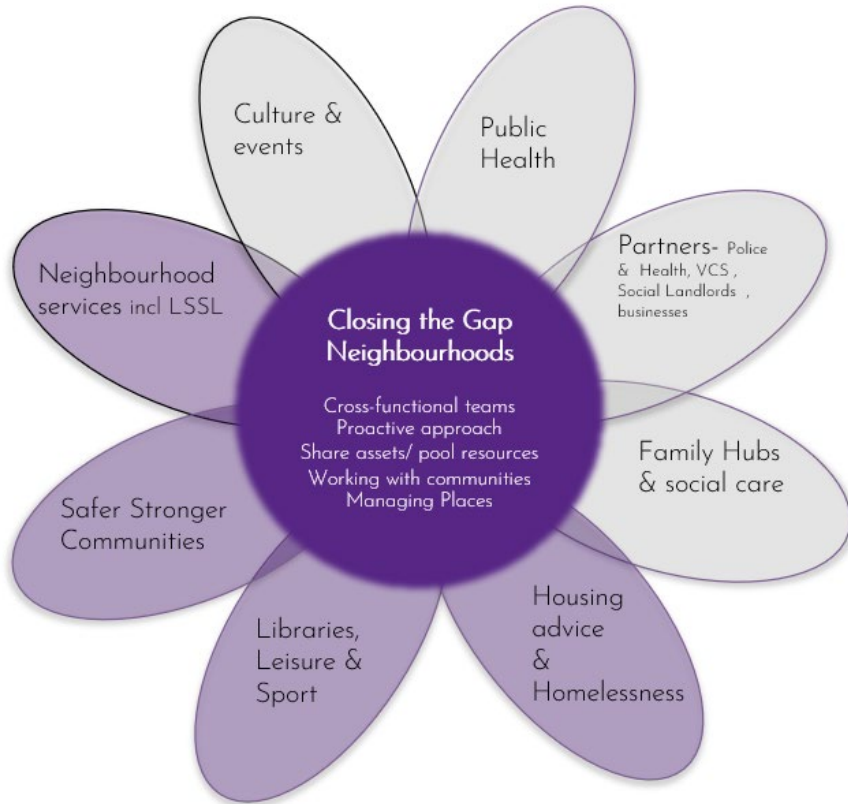
LCVS

Andrea Astbury



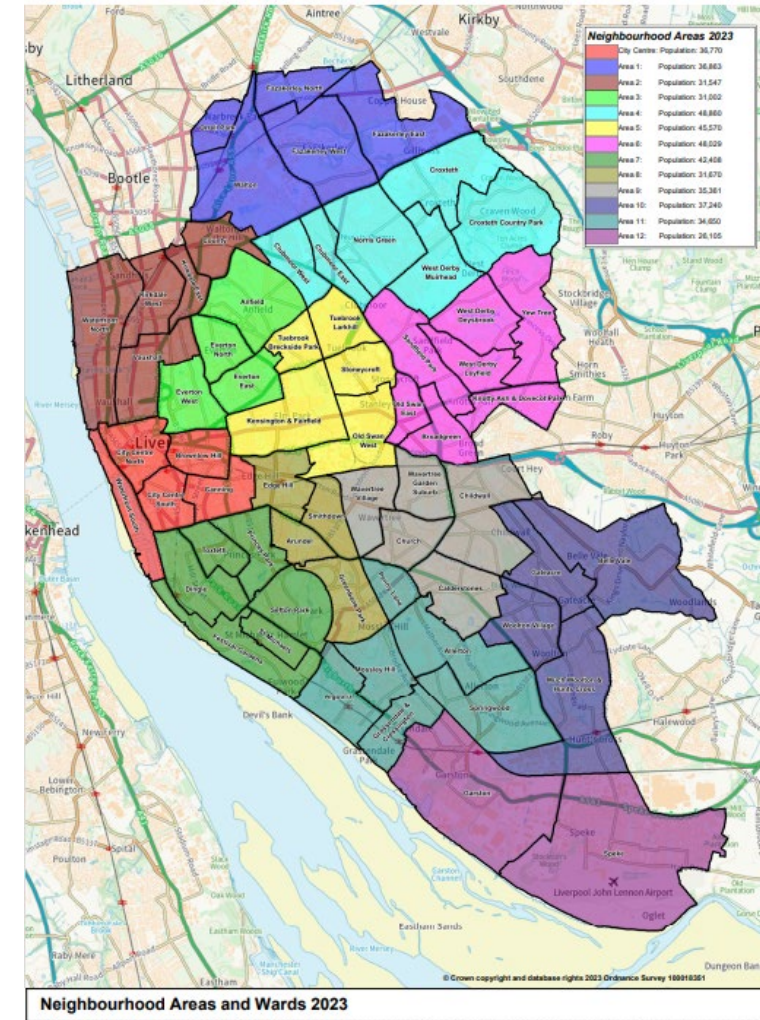
Implementing the Neighbourhood Model within Liverpool City Council

The development of the new Neighbourhoods Model is part of the wider Transformation programme in Liverpool City Council (LCC). The Neighbourhood Model will work on a geographical footprint of 13 neighbourhoods across the city (including the city centre) aiming for populations of between 30-50,000, reflecting the new ward boundaries and what might be considered as natural neighbourhoods across the city. More information about the areas can be found at <https://liverpool.gov.uk/council/key-statistics-and-data/ward-information/neighbourhood-profiles/>.



The Neighbourhood Manager role is intended to:

- Bring people, partners and data/intelligence together to better understand the individual Neighbourhoods challenges and opportunities.
- Identify key issues and lead preventative work required on a Neighbourhood level.
- Understand key projects on a Neighbourhood level and feed their strong local Neighbourhood knowledge and insight into wider strategies and plans.
- Connect multiple service areas within the Council to break siloed working.
- Facilitate regular meetings with cross-functional team and set up task force teams to tackle challenges, through the Team Around the Neighbourhood Approach (TAN)



One Liverpool Neighbourhood Model

Integrated Care Teams

Managing patients with multiple health, social and broader determinant issues

LCC Neighbourhood Model

13 new neighbourhood managers employed by LCC working across directorates and in partnership with Police, Fire, VCFSE and health

Community Teams

Universal and specialist teams working alongside ICTs & PCNs

Primary Care Teams

Delivering a range of core and enhanced services. Working collaboratively at scale within networks, supported by new roles

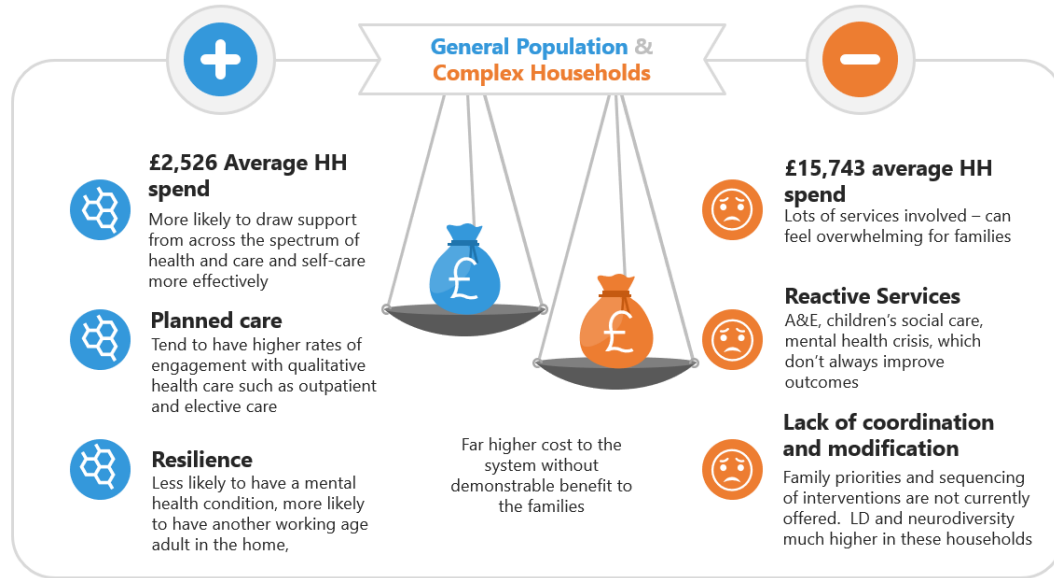


Actions to progress neighbourhood model

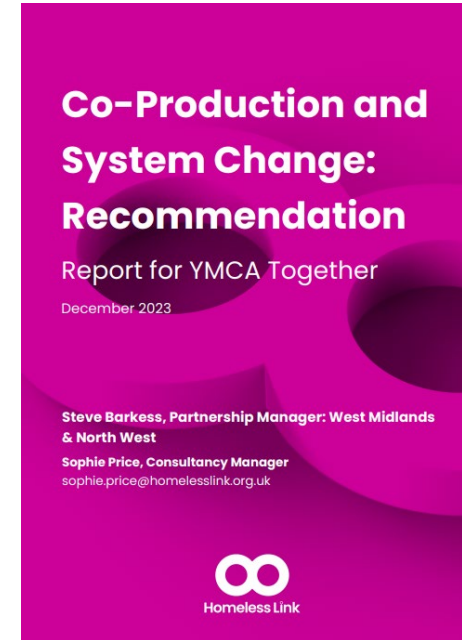
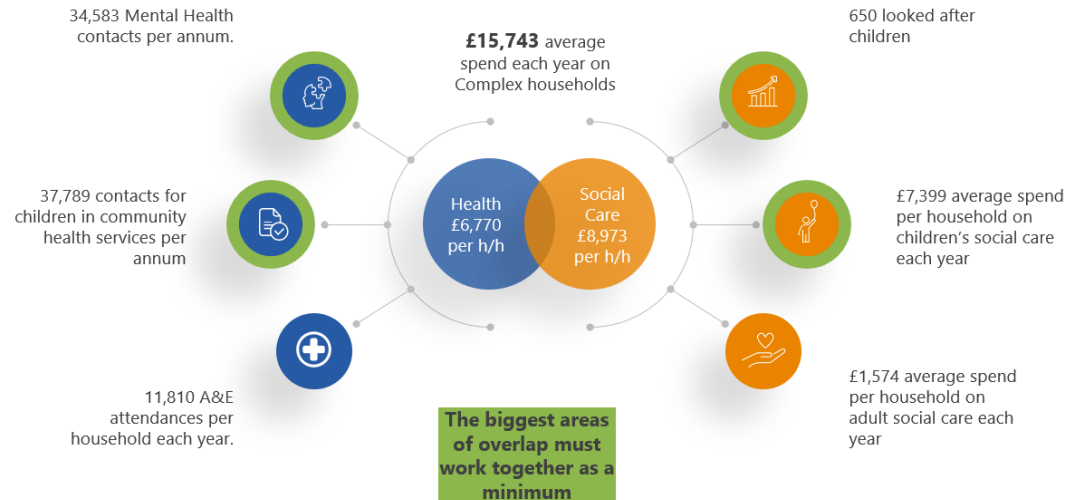
- Share Neighbourhood model and ICT activity over the next month – then consider what can be done jointly
- Pat and Andrea to share structure chart of health system governance and ToR for ICT existing group
- Draft a paper for LSP Delivery Group on Sept 18th with a view to establishing an operational/tactical multi agency group – query whether this should report into the NL Prototype strategic group
- LCC conversation about reporting alongside/into the North Liverpool Prototype and the relationship with the One Liverpool Partnership Board
- Phased approach re health, NM and other partners etc with a focus on alignment – revisit November partnership meeting at first Operational multi agency group (post Sept 18th)

How has the VCFSE sector been engaged in recent months, does the above seem reasonable?

Current Context



4,510 Complex Households in Liverpool



Draft Social Contract Proposition

Examples of Household Support

1. Food poverty or fuel poverty support
2. Purchase of school uniform and equipment
3. Support from Citizens Advice Liverpool
4. Covering the cost of school transport or clinical appointment transport
5. Prioritised for certain appointments, services, or placements e.g. school place, mental health appointment, ADHD support
6. Health literacy support offer
7. Gym membership/activities
8. Payment for additional tuition, extracurricular activities, school trips or school equipment
9. Funds to improve local environment or home e.g. furniture, decoration, cleaning
10. Help finding employment including associated costs e.g. transport, clothes

Expected System Benefits

1. Compliance with vaccinations and immunisations
2. Compliance with asthma medications & inhalers which have associated benefits
3. Stop smoking/improved air quality at home
4. Improved school attendance or attendance & engagement with Family Hubs
5. Attend appointments – reduced DNAs etc
6. Reduced A&E attendances
7. Attend annual health checks or LTC reviews, reduce CVD risk
8. Improved school attendance and engagement
9. Reduction in children social care monitoring/interventions
10. Family connects to local community via VCFSE (potential to contribute positively to their community and benefit personally).
Reduced reliance on statutory services



We would appreciate your thoughts on:

- General appetite of the VCFSE sector to test something like this
- Engagement with potential families to test the premise of this proposal and likely scope
- How we might manage the process of selecting a suitable VCFSE delivery partner(s)
- Appropriate sector representation in the N. Liverpool Prototype group – ensure it is developed appropriately

- Fund of up to circa £280k has been proposed in principle
- Proposed to be managed by the VCFSE sector – suggested £80k to enable this
- It would require health & care services to work differently – we would need to agree that scope
- Anticipate that this could be built upon in future years
- Academic evaluation