Public Document Pack

WIRRAL

Shadow Health and Well Being Board

Date:	**Wednesday, 12 December 2012**
Time:	**4.00 pm**
Venue:	Committee Room 2 - Wallasey Town Hall

Contact Officer: Fiona Johnstone
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AGENDA

1. WELCOME AND APOLOGIES

2. DECLARATIONS OF INTEREST

3. MINUTES (Pages 1 - 12)

The minutes of the last Board meeting (4 September 2012) are attached.

4. DRAFT VISION AND VALUES (Pages 13 - 22)

5. HEALTH AND WELLBEING STRATEGY

5a Mission and Values (Pages 23 – 26)

5b Prioritisation

The Board will receive a presentation on this item.

6. DIRECTOR OF PUBLIC HEALTH - ANNUAL REPORT 2012

The Director will give a presentation.

7. ALCOHOL

7a Strategy (Pages 27 – 46)

7b Consultation (Pages 47 – 48)

8. OPERATIONAL ISSUES

8a Membership (Pages 49 – 52)

9. DATE OF NEXT FORMAL BOARD MEETING

Wednesday 13 March, 2013 at 4.00pm in Committee Room 2, Town Hall, Wallasey

WIRRAL SHADOW HEALTH & WELLBEING BOARD

Minutes of the meeting held on
Tuesday 4 September 2012
NHS Wirral, Nightingale Room, Old Market House

Present:

Cllr P. Davies	Leader of Wirral Council (Chair)
Cllr T. Harney	Leader of the Liberal Democrat Group, Wirral
Mr G. Burgess	Chief Executive, Wirral Council
Ms F. Johnstone	Director of Public Health, Wirral
Mr G. Hodkinson	Director of Adult Social Services, Wirral Council
Mrs D.Hill	Chair, LINks
Dr S. Mukherjee	Medical Director, NHS Cheshire, Warrington & Wirral Cluster
Dr A. Mantgani	Interim Chief Officer, NHS Wirral CCG
Dr M. Green	GP Chair, Wirral NHS Alliance
Mr S. Gilbey	Chief Executive, NHS Community Trust
Mr D. Allison	Chief Executive, Wirral University Trust Hospital
Ms F. Franké	Finance Director & Deputy CEO, Cheshire & Wirral Partnership Trust (representing Sheena Cumiskey)
Ms K. Prior	Community Development Officer, VCAW (representing A. Roberts)
Ms J. Hassall	Acting Director of Children's Services, Wirral Council
Mrs L. Quigley	Interim Chief Operating Officer, NHS Wirral CCG (representing P. Jennings)

Apologies:

Cllr J. Green	Leader of the Conservative Group, Wirral
Cllr A. McArdle	Portfolio Holder for Adult Social Care & Public Health
Mrs S. Cumiskey	Chief Executive, Cheshire & Wirral Partnership Trust
Mr A. Cannell	Chief Executive, Clatterbridge Canter Centre
Dr P. Jennings	Designate Chair NHS Wirral CCG
Dr P. Naylor	Chair, Wirral Health Commissioning Consortium

In attendance:

Prof. L. McMahon	Director LOOP2
Mr T. Kinsella	Head of Performance & Intelligence, NHS Wirral
Mrs E. Degg	Head of Communication & Engagement, Wirral Council
Mr K. Carbery	Public Health Business Manager & Head of Emergency Planning, NHS Wirral
Mrs T. Woodhouse	Executive Assistant, NHS Wirral

1. Welcome and apologies
Cllr Phil Davies welcomed the members to the meeting and took the opportunity to formally record his thanks to Cllr J. Green, who had previously held the position of Chair during his time as Leader of the Council.

Cllr Davies also wished to record his thanks for members' contributions to date and looked forward to working with the group to make even greater strides around health and wellbeing for the population of Wirral.

2. Declarations of Interest
Members were asked to consider whether they had any personal or prejudicial interest in any matters to be considered at the meeting. No declarations of interest were recorded.

However, it was agreed that a register of each member's interests be established in line with Council policy.

It was resolved that:
Fiona Johnstone to establish the register of interests.

3. Minutes of the 14 March 2012 Formal Board
These were accepted as a true record of the proceedings.

Actions arising from the meeting of 14 March 2012:

Item 4: Alcohol presentation by Cheshire & Wirral Partnership in January 2012
Fiona Johnstone proposed that arrangements be made for an in-depth study to be undertaken on Alcohol as part of the Health & Wellbeing Strategy. This would be put on the Forward Plan. Details of the session would be advised and invitations sent to all interested parties.

Action: Fiona Johnstone to advise members of the details regarding this session.

Item 7.1 JSNA icon to be made available to the members – action closed
Fiona Johnstone thanked all members for agreeing to the installation of the JSNA icon on all PC desktops within their organisations.

Item 7.3 Public Health: Integrated Wellbeing model
Copies of the workshop report were requested.
Action: Fiona Johnstone to circulate the report to members.

Item 9: Relationship between the Health & Wellbeing Board and Overview & Scrutiny
Cllr Davies requested further clarity on this issue. Fiona Johnstone advised that she had had preliminary discussions with Cllr Mountney and will be meeting again with a view to proposing that a development session be arranged in order to understand the mutual relationship between the two committees.

Action: Fiona Johnstone to arrange the joint meeting.

4a. Health & Wellbeing Board Strategy
The members received the above report.

In order to meet one of the criteria of the Health & Wellbeing Board, there is a requirement to produce a Health & Wellbeing Strategy for Wirral. This strategy should be based on the needs of the population and then translate into actions that collectively address the underlying problems and lead to improving the health and wellbeing of the people of Wirral. It should also provide the members of the Health & Wellbeing Board with the opportunity to

- explore local issues that previously may only have been addressed in isolation
- develop a consensus on priorities to be addressed across the system and how to make use of collective resources in order to achieve them
- formulate local decisions that drive service change (e.g. investment/disinvestment) according to local needs and to ensure local engagement with local communities.

The Board was advised that the results from the initial survey show that there were clear issues around alcohol and older people.

The draft strategy will be completed at the end of January 2013 and in line with the results of the initial work will focus on the areas of dementia and alcohol.

In considering the report, Cllr Phil Davies suggested that the link to the action plan is key and was interested to hear members' views on the suggested framework.

Graham Hodkinson said that he would be interested in the relationship between the JSNA and the Status Review, which is due to take place, which could be an opportunity to bring in good practice.

Cllr Tom Harney referred the members to table 1 of the JSNA report "Responses to priorities any key issues identified". He considered that in terms of producing a list of categories there was a danger that the said categories would be covering symptoms of other issues that needed to be addressed. He further considered that there is perhaps the need to look at other evidence and to conduct a reality check on what is happening and to go and actively talk to the people of the Borough.

Tony Kinsella responded by saying that any decisions made would have a strong evidence base to support any actions that were approved. Fiona Johnstone endorsed this by saying that the strategy would be outcome based with a prioritisation process based on what partners and the public were saying. Pragmatic decisions would be taken and there would be quite a number of steps to be followed before the first draft would be ready in January.

Dr Mantgani asked members to be mindful that real health issues need to be dealt with as well as the need to understand what impact poverty has on health for instance, which may be beyond the scope of the Board. However, he went on to say that there is a good track record in Wirral of all partners working together, as so often people with employment issues will pass through the primary care system at some stage. Julia Hassall also requested that the family as a whole be considered in any discussions regarding prioritisation of services.

It was resolved that:

- The JSNA framework, as presented, be adopted to produce the Health & Wellbeing Strategy.
- The first draft would be ready for review in January
- It will be further debated at a development session in February.
- It will be endorsed at the March meeting.

4b. Extending Public Engagement
The members received the above report.

This report states that the need to engage with Wirral residents in a comprehensive and effective way was acknowledged by the Shadow H&WB Board at its first meeting. The workstream was established with Voluntary Community Action Wirral (VCAW) taking the lead. The report advised that there are currently mechanisms in place but in order to achieve maximum reach and encourage feedback, more systems and mechanisms need to be developed and put in place.

The Health & Wellbeing Board has acknowledged that the public need to understand how and why their opinions and ideas are being sought and how that information will be used. Full and participatory engagement will achieve this and will give the people of Wirral the opportunity to influence the priorities as well as perhaps taking an interest in their own and their community's health and wellbeing.

It was acknowledge by the Board that existing and new methods of engagement should be explored and where possible utilised. Therefore the need to 'map' all existing engagement arrangements to identify any gaps or overlaps was agreed.

Graham Burgess stated that the concept of joint working in the area of engagement would help with finances and also avoids any duplication of information and is worth exploring across the public sector. Di Hill asked the group to be mindful that in any engagement strategy there needs to be a clear form of words that can be easily understood and related to, and also to be aware that too many questionnaires and surveys may have the opposite effect.

Emma Degg advised the Board that a cross partnership group of communications staff had been established. Following liaison with VCAW and other partners, Emma Degg would produce a paper on a joint way forward for engagement.

It was resolved that:

- Emma Degg to submit a proposal at the next meeting on a joint way forward for engagement.

4c. Communications & Engagement Strategy
The members received the above report.

Emma Degg stated that this report provides the Health & Wellbeing Board with a draft communications strategy, which will drive the promotion and engagement work

required to assist in the delivery of the Board's priorities. A wide range of stakeholders will be involved in or interested in the work of the Board and good communications will be at the heart of ensuring that they remain engaged and able to help shape the future.

As stated during the discussions on engagement, a cross-agency communications and engagement group has been established across the patch to ensure that the work of the Board is promoted and communicated to all stakeholders in an effective, timely, consistent and appropriate manner.

It was resolved that:

- The report was noted and clearly linked with earlier discussions around the work of the JSNA and the Engagement workstreams.

4d. Joint Commissioning and Integrated Delivery Update
The members received the above report.

Graham Hodkinson advised the members that the Health & Wellbeing Board had previously identified that the area of joint commissioning was an important workstream.

The report provides an update on the situation following the NHS reform and the way the respective commissioners have embraced the challenges and opportunities that have become available. The document also provides a clear statement of intent in terms of delivery across the organisations, which are backed up by recommendations of the Wirral Integrated Commissioning Group.

Graham Burgess requested that a list of proposed jointly commissioned services together with a progress report be made available for the next meeting. He would also like to see reference to housing and leisure, areas where public health can influence outcomes. It was also recognised that this approach was the opportunity to co-ordinate the provision of services and would provide the opportunity to learn from each other.

Karen Prior advised that a Procurement Strategy had been submitted to Cabinet some time ago and she would make arrangements to distribute a copy to members. Julia Hassall also requested that reference to children and families be made and Graham Hodkinson in acknowledging this request would amend the Statement of Intent.

Cllr Phil Davies acknowledged that there was a clear appetite to explore this principle. Dr Abhi Mantgani also expressed his full support for the Integrated Commissioning Group and hopes it will build on the excellent joint working arrangements in Wirral.

It was resolved that:

- The Board supports the establishment of the Wirral Integrated Commissioning Group.
- Graham Hodkinson to amend the Statement of Intent to include reference to children and families.

- A follow up report to be produced for the next meeting to include the list of proposed jointly commissioned services.
- Karen Prior to circulate a copy of the Cabinet paper on Procurement Strategy.

5. Wirral Children's Trust delivery of children's services partnership activity through the Children & Young People's Plan

The members received the above report.

Julia Hassall stated that the report details the Children & Young People's (C&YP) arrangements via the Children's Trust Board and invites the Health & Wellbeing Board to consider how the Trust's planning arrangements can link with the work of the Health & Wellbeing Board and the Joint Health & Wellbeing Strategy.

The background sets out that there is a C&YP overarching strategic plan, which is reviewed annually. Currently there is no statutory requirement to produce an annual plan. The plan was carried out by the partner stakeholders and linked to five outcome areas:

1. Being healthy
2. Staying safe
3. Enjoy and achieve
4. Positive contribution
5. Social and economic wellbeing

These priorities were informed through needs analysis including the Joint Strategic Needs Assessment (JSNA) and consultation with young people.

It was further stated that the Trust has a well-defined structure, including a joint commissioning group, which ensures involvement of all parties. In 2011 the Office for Standards in Education Children's Services and Skills (OFSTED) rated Wirral Children's Services as 'performing excellently' with a 4 on a 4-point scale. There is also strong representation from all agencies.

Julia Hassall continued by saying that as the Plan is published for the children, there is a children and young people's version published on the *teenWirral* website. The Board was also assured that clear performance information is produced and returned on a quarterly basis.

In conclusion, Julia Hassall asked that the Board note the content and development of the C&YP Plan and to consider how it can be taken forward in view of any implications for the Joint Health & Wellbeing Strategy and the work of the Board.

Cllr Phil Davies asked the members to give consideration as to how the priorities in the C&YP Plan can be taken into consideration. This report also reconfirmed the need for the Wirral Integrated Joint Commissioning Group to include children's services in any discussions.

Fiona Johnstone advised that she was a member of the C&YP Trust Board and took the opportunity to acknowledge the excellent work that is carried out on behalf of the

younger population. She went on to say that this work is recognised as a key strand and will contribute to the health and wellbeing outcomes of the local population. As such it should be integrated as a key area of work in the overarching Health & Wellbeing Strategy.

It was resolved that:

- The paper was noted
- The key issues of the Children & Young People's Plan be taken into consideration when drafting the Health & Wellbeing Strategy
- C&YP services to be acknowledged as part of the Integrated Joint Commissioning Group.

6. Transition from LINk to Wirral HealthWatch

Before discussing the paper, Fiona Johnstone tabled copies of an updated paper.

Graham Hodkinson advised that the updated report sets out the progress to date regarding the establishment of Wirral HealthWatch. This will be a local corporate body with links to HealthWatch England, being a statutory committee of the Care Quality Commission.

The group was further advised that under Section 183 of the Health & Social Care Act 2012, the Local Authority was charged with a duty to make arrangements with a local body corporate to be known as Wirral HealthWatch; this being the replacement to the local LINks organisation. It was further reported that the local LINk Board and LINk members have been fully updated throughout the transition process. It is hoped that the HealthWatch Board will be in shadow form by the end of the year.

The group was further advised of the timeline moving forward to April 2013 as follows:-

August	write up consultation plan for future delivery of Wirral HealthWatch
September	begin consultation of delivery model of Wirral HealthWatch
October	begin recruitment of Wirral HealthWatch Chief Executive/Manager
December	community interest company (CIC) will be set up
January	employ Wirral HealthWatch Chief Executive/Manager
February/March	prepare the CIC for Wirral HealthWatch delivery
April	launch Wirral HealthWatch

Fiona Johnstone suggested that time be allocated at a future meeting to receive a further progress paper from the transition group.

Di Hill advised that further guidance on the transition was due out in October. She also hoped that throughout the transformation into HealthWatch that the essence of the work of the LINk organisation will not be lost.

It was resolved that:

- The Board continues to support the formation of Wirral HealthWatch and notes the progress to date.
- An update paper from the Transition Group be received and agenda time set aside to discuss progress.

7. Wirral Clinical Commissioning Group

The Committee received an update from Dr Abhi Mantgani on the latest position regarding the Wirral Clinical Commissioning Group.

Following on from the agreement to establish a federation of the 3 commissioning consortia, the group was advised that the following appointments have now been made:

- Chief Financial officer
- Chief Clinical Officer
- Two non-executive lay members – Audit and Governance
  Patient Champion (clinical)

Other appointments will follow to include secondary care doctor and registered nurse.

The group was further advised that the federation is also moving forward with the authorisation process, the outcome of which should be known in December. Authorisation can be granted with or without conditions.

In terms of development, work is progressing on updating IT equipment in surgeries and other premises in order to remove some of the paper-based systems and replace with electronic systems.

Areas of clinical development are also proceeding, including the opening of the breast-screening programme at the new St Catherine's site and work has also been ongoing around the areas of dementia and alcohol awareness.

Dr Mantgani proceeded to advise that as the CCG moves closer to authorisation, members of the Board would be approached to complete a 360° survey. This will take place over the next few weeks and will feed into the authorisation process.

The group was also advised that the CCG recently held a board development day at which their vision/mission statement was discussed and some members of the H&WB Board were part of the group.

Lorna Quigley proceeded to advise some of the words/suggestions that were captured at the development session and advised that the following strapline was eventually put forward as a suggestion.

"Your partner in a healthier future for all"

However, before the CCG mission statement is finalised, the views of the H&WB Board members and other stakeholders would be welcome. Arrangements would be made for a copy of the work captured at the development day to be sent to the members for their comment and feedback.

It was resolved that:

- Lorna Quigley to pass the relevant papers to members with a request that any comments or suggestions be returned by the end of September.

8. Place Based leadership Development Activity (Board Behaviour)

Professor Laurie McMahon presented a summary of output from interviews with Wirral Health & Wellbeing Board members that took place during July and August 2012.

By way of background Professor McMahon stated that one of the priorities that was selected for further work as part of the NHS Leadership Academy's Place Based Leadership initiative, concerned appropriate member behaviour both within and beyond the meetings of the Health & Wellbeing Board.

A project design was agreed by which Board members would be interviewed about what behaviour they thought would help bring about the success of the Board. The analysis of the interviews would then be used to work within the Board to ascertain if a Memorandum of Understanding could be developed.

Professor McMahon proceeded to present the outcome of the analysis, which had resulted in 6 key ideas on which to build and develop the work of the Board and also its members.

1. Role of the Health & Wellbeing Board
2. Formal Processes
3. Coping with Members; multiple roles
4. Recording and reporting
5. Decision-making
6. Member behaviour

Professor McMahon stated that a report would be prepared following his observations of the members at the formal meeting and also the results of the interview process.

Cllr Phil Davies, on behalf of the members, thanked Professor McMahon for his comprehensive presentation.

Fiona Johnstone also thanked Professor McMahon and said the presentation helped to crystallise the key feelings of the members and feedback would be welcome.

Dr Shyamal Mukerjee stated that although members may discuss and deliberate topics in a robust way, and may occasionally disagree on issues, it should be the role of the members to relay a consistent message and to be honest about what can be delivered.

It was resolved that:

- Professor McMahon is thanked for his presentation and verbal report.
- Professor McMahon to forward a copy of the output report.
- Fiona Johnstone to work with Professor McMahon to develop a draft Memorandum of Understanding.
- Emma Degg to draft a key message document.
- Professor McMahon was thanked for his work with the Board over the prior 12 months.

9. Forward Plan

Fiona Johnstone reported that the concept of the Forward Plan would support a proactive approach to the work of the Health & Wellbeing Board. This would be published with the Board papers and will provide transparency in relation to the intended work programme.

All members were requested to notify Fiona Johnstone of any areas for discussion/debate.

It was resolved that:

- All members to forward topics for the Forward Plan to Fiona Johnstone

10. Review of Terms of Reference and Membership

Fiona Johnstone advised that the Terms of Reference for the Health & Wellbeing Board were agreed in December 2011 with a review to take place after 12 months.

Membership: all members were asked to comment on the existing membership. In discussion Graham Burgess suggested that if possible the membership should be limited to 20 in number. It was further suggested that perhaps the group organise a yearly conference for the purposes of reflection and forward planning.

The frequency of meetings was also discussed and it was suggested that the group meet every 6 weeks, alternating between formal board and development sessions.

David Allison voiced his concern regarding the role of the GPs on the Board. He was advised that the GPs were representatives of their respective areas and do not attend in any 'GP' commissioning capacity. Fiona Johnstone reminded the group that as of 1st October Moira Dumma will be taking up the position of Local Area Director for the Cluster and she will be invited to take up a position on the Board. As Local Area Director she will be responsible for commissioning GP services. Again the members were reminded that the Health & Wellbeing Board was not a commissioning body.

All members were asked to consider the current membership and the group was reminded that a case to include representation from Housing had been made earlier.

The final membership will be advised at the next Formal Board meeting.

In conclusion, the members were asked to review the current membership and advise any obvious omissions. Any proposals for additional membership must be accompanied by a rationale for inclusion.

It was resolved that:

- All members review the current membership and advise any changes or omissions to Fiona Johnstone.
- An invitation to join the H&WB Board will be sent to Moira Dumma.
- The frequency of meetings will be every 6 weeks.

11. Date of next Formal Board Meeting

It was agreed that this be held at 4.00 pm on 12 December 2012, Committee Room 2, Wallasey Town Hall.

There being no further business to discuss the meeting closed at 7.45 pm.

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WIRRAL SHADOW HEALTH & WELLBEING BOARD

Meeting Date	12 December 2012	Agenda Item	Item 4

Report Title	Health & Wellbeing Strategy – Development of a Vision and Values
Responsible Board Member	Fiona Johnstone Director of Policy Performance & Public Health

Link To Shadow HWB Function		
	Board development	✓
	JSNA/JHWS	✓
	Health and social care integrated commissioning or provision	

Equality Impact Assessment Required & Attached	Yes		No	✓	N/A	

Purpose	For approval		For comment	✓	To assure	

Summary of Paper	This papers sets out the need for the Board to define its Mission, Vision and Values so that the Strategy can demonstrate how the Board intends to add value by working together. The paper provides examples of these from other areas so as to stimulate discussion which can inform the finalising of our Health & Wellbeing Strategy.		
Financial Implications	Total financial implication	New investment required	Source of investment (e.g. name of budget)
	£ None	£	£
Risks and Preventive Measures	None		
Details of Any Public/Patient/ Service User Engagement	None, but this will need to be consulted upon.		
Recommendations/ Next Steps	The Board is recommended to comment on the information provided and to agree to set up a task group which will bring back proposals for our vision and values to the January meeting of the Board.		

Report History		
Submitted to:	Date:	Summary of outcome:
List of Appendices	Appendix 1: Examples of Mission, Vision and Value statements	

Publish On Website	Yes	✓	Private Business	Yes	
	No			No	✓

Health & Wellbeing Strategy – Development of a Vision and Values

1. Background

The Health and Wellbeing Strategy for Wirral is intended to set out the Board's aspirations for our local community, based on an understanding of the needs of our community as evidenced by our Joint Strategic Needs Assessment.

Recent guidance being developed by the Department of Health states that Joint Health and Wellbeing Strategies are unique to each local area and should explain what health and wellbeing priorities the health and wellbeing board has set in order to tackle the needs identified in their JSNAs. It is also emphasised that this is not about taking action on everything at once, but about setting priorities for joint action and making a real impact on people's lives.

The duty to produce a joint health and wellbeing strategy lies with local authorities and the Clinical Commissioning Groups.

In setting out our priorities it is recommended that we also state our aspirations for health and wellbeing in the Borough as an over-arching set of aims and principles that drive our decision-making. It will be, as mentioned above, more of a rolling programme of tackling priorities, rather than a static document that needs to be re-written each year.

2. Proposal

Delivering better health and wellbeing outcomes is a medium to long-term strategy for the Borough. In order to achieve this, we will need to identify the answers to four key questions which underpin strategic change:

(a) What business are we in? (what is our mission, vision and values)
(b) Where are we going?, (What are our strategic goals)
(c) What are the key issues our strategy must address (strategic analysis and prioritisation
(d) How can we best deliver (strategy formulation – the 'how)

Although our purpose as Health and Wellbeing Boards has been defined by legislation under the Health and Social Care Act 2012, those duties will only be brought to life by the way in which we determine they can be achieved for the populations we serve.

We have set out terms of reference for the Board and we have been undertaking a strategic analysis to inform our prioritisation. In the [next] report the Board will be updated on progress and the process undertaken in determining the priorities for action next year. Additionally it will propose the means by which we will determine the 'how'/key actions to deliver our ambitions.

What remains however, is the need to develop an agreed vision and set of values that have a demonstrable link to a Vision for the Borough as a whole.

The attached appendix illustrates some examples of vision and value statements from other shadow Health and Wellbeing Boards.

Report Author: Fiona Johnstone, Director of Policy, Performance & Public Health

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Appendix 1: Examples of Vision and value statements

Location	Vision	Values/principles	Priorities
Cornwall	"Good health, wellbeing and happiness across Cornwall with fairness of opportunity for all" Mission: To identify priority outcomes (the difference we want to see in people's lives) and some priority actions that will help to deliver those changes	??	**Outcome 1: helping people to live longer** 1. Physical: Enjoying the sun safely 2. Emotional: Reducing harm from alcohol 3. Environmental: Active people and environments 4. Community: Smoke Free communities **Outcome 2: Improving the quality of people's lives** 1. Physical: Long□term conditions support 2. Emotional: caring for the carers 3. Environmental: Design for wellbeing 4. Community: Better self care support **Outcome 3: Fairer life chances for all** 1. Physical: A healthy pregnancy & early years 2. Emotional: Mental health of children & young people 3. Environmental: Better access to services 4. Community: Valuing skills and employment
NHS Derby	"That the people living and working in Derby will be supported to achieve good health and wellbeing through a holistic and integrated approach from beginning to end of life through the promotion of good health and wellbeing alongside the management and treatment of poor health and wellbeing."	1. Knowledge-led decision making 2. Innovation 3. Integration 4. Outcome focused 5. Value	1. Improve health and wellbeing in early years. 2. Promote healthy lifestyles by developing services to prevent and reduce harmful lifestyles 3. Promote the independence of people with LTCs and their carers 4. Emotional and mental ill-health 5.Older people
Cambridge		1. Equitable	1. Ensure a positive start to life for children,

	2. Evidence-based 3. Cost-effective 4. Preventative 5. Empowering 6.Sustainable	young people and their families 2. Support older people to be independent, safe and well 3. Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices 4. Create a safe environment and help to build strong communities, wellbeing and mental health 5. Create a sustainable environment in which communities can flourish 6. Work together effectively
Kingston	1. Sustainability 2. Prevention 3. Marmot's principle of proportionate universalism 4. Early intervention 5. Right response,right time, right person 6. Acknowledging and supporting the vital role that carers play 7. Appropriate involvement of the V&CS 8. Dealing with urgent local issues without neglecting those issues with a longer timescale 9. Promoting self-management, personalisation and choice 10. Local services working seamlessly to benefit the local population 11. Simple and clear access to services	1. Mental health 2. Older people and LTCs 3. Addressing the needs of socially excluded and disadvantaged communities 4. Children and Young People

Haringey	We will reduce health inequalities through working with communities and residents to improve opportunities for adults and children to enjoy a healthy, safe and fulfilling life.	1. Prevention and early intervention 2. 'Think family' 3. Choice, control and empowerment 4. Partnership working 5. Communicable disease priorities	1. Every child has the best start in life 2. A reduced gap in life expectancy 3. Improved mental health and wellbeing
Oxfordshire	1. More children and young people will lead healthy, safe lives and will be given the opportunity to develop the skills, confidence and opportunities they need to achieve their full potential 2. More adults will have the support they need to live their lives as healthily, successfully, independently and safely as possible, with good timely access to health and social care services 3. everyone will be given the opportunity to voice their opinions and experiences to ensure that services meet their individual needs 4. the best possible services will be provided within the resources we have, giving excellent value for the public.		**1. Children and young people** 1: All children have a healthy start in life and stay healthy into adulthood 2: Narrowing the gap for our most disadvantaged and vulnerable groups 3: Keeping all children and young people safer 4: Raising achievement for all children and young people **2. Adult health and social care** 5: Living and working well: Adults with long term conditions, physical or learning disability or mental health problems living independently and achieving their full potential 6: Support older people to live independently with dignity whilst reducing the need for care and support 7: Working together to improve quality and value for money in the Health and Social Care System **3. Health improvement** 8: Preventing early death and improving quality of life in later years 9: Preventing chronic disease through tackling obesity 10: Tackling the broader determinants of health through better housing and preventing homelessness 11: Preventing infectious disease through

			immunisation
Worcestershire	"To improve health and well-being outcomes, adding life to years as well as years to life, especially for those communities and groups with the poorest health"		1. Older people and management of long term conditions 2. Mental health 3. Obesity 4. Alcohol. 5. Acute hospital services.
Halton	"To improve the health and wellbeing of Halton people so they live longer, healthier and happier lives"	1. Prevention/early detection/intervention 2. Quality, cost, resource effectiveness 3. Equity of access 4. Evidence based 5. Community engagement 6. National policy and integrated local working 7. Use of local intelligence 8. Balance between borough level action and targeting within key settings and the Health & Wellbeing Areas 9. All stages of life as appropriate considered 10. Innovation	1. Prevention and early detection of cancer 2. Improved child development 3. Reduction in the number of falls in adults 4. Reduction in the harm from alcohol 5. Prevention and early detection of mental health conditions
St Helens		1. Tackling Inequality 2. Good patient experiences and access to services 3. Integration 4. Effectiveness 5. Sustainability 6. Promote Independence 7. Safeguarding children and adults	1. Give Every Child the Best Start in Life 2. Support for young people 3. Alcohol 4. Obesity 5. Mental health and wellbeing 6. Promote good mental Topic 7. Early detection and effective management of LTCs 8. Reduce unnecessary hospital admissions 9. Support for people with dementia

Middlesborough	"Improve the health and well being of our local population and reduce health inequalities"	1. Working better in partnership 2. Leadership & advocacy 3. Strategic focus on prevention & early help 4. Whole system approach 5. Targeted approach 6. Community engagement	Ensure children and young people have the best health and well being 1. Invest in robust early help with a focus on the family 2. Support emotional health and well being of young people and their families 3. Improve maternal health and early years health and well being outcomes Reduce preventable illness and early deaths 1. Multi□agency approach to improve behavioural and lifestyle risk factors 2. Increase uptake of preventative and early intervention programmes 3. Improve emotional health and well being across the life course Ensure high quality, sustainable and joined up health, social care and well being services 1. Reduce demand on emergency and urgent care services 2. Right care, right time, right place 3. Improve outcomes for people with long term physical and mental health conditions
Durham	"Improve the health and wellbeing of the people of County Durham and reduce health inequalities"	no explicit principles but joint working and integration are mentioned	1. Give children and young people the best possible start in life 2. Reduce the number of people dying prematurely, while reducing the health differences between the least and most healthy communities 3. Improve the quality of life, care and support for people with LTCs and those recovering from ill health or injury to assist them to live as independently as possible 4. Improve mental health and wellbeing of the

population
5. Protect vulnerable people from harm
6. Allow people to die in the place of their choice with the care and support that they need

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WIRRAL SHADOW HEALTH & WELLBEING BOARD

Meeting Date	12 December 2012	Agenda Item	Item 5a

Report Title	Health & Wellbeing Board Strategy Prioritisation Process Update
Responsible Board Member	Fiona Johnstone Director of Policy, Performance & Public Health

Link To Shadow HWB Function		
	Board development	Yes
	JSNA/JHWS	Yes
	Health and social care integrated commissioning or provision	Yes

Equality Impact Assessment Required & Attached	Yes		No		N/A	√

Purpose	For approval	√	To note		To assure	

Summary of Paper	To provide an overview of the prioritisation presentation to be given to the Health & Wellbeing Board on the 12th December 2012.		
Financial Implications	Total financial implication	New investment required	Source of investment (e.g. name of budget)
	£	£	£
Risks and Preventive Measures	N/A		
Details of Any Public/Patient/ Service User Engagement	JSNA Key Issues questionnaire (x2) and engagement event.		
Recommendations/ Next Steps	Agree (1). the key health and social care issues which the Health and Wellbeing Strategy should target and (2) the next steps required to develop appropriate interventions.		

Report History		
Submitted to:	Date:	Summary of outcome:
List of Appendices	N/A	

Publish On Website	Yes	√	Private Business	Yes	
	No			No	√

Report Author: Tony Kinsella (Head of Commissioning, Performance & Intelligence)

Contact details: Telephone (0151 651 3921) / E-mail (tony.kinsella@wirral.nhs.uk)

Health & Wellbeing Strategy Development - Prioritisation Process Update

a. Introduction

1. The aim of this paper is to provide an overview of the prioritisation presentation to be given to the Health & Wellbeing Board on the 12th December 2012.

2. The presentation will specifically focus on the following:

   - The work that has been undertaken (as part of the development of the HWB Strategy) to prioritise the key health and social care issues identified by the JSNA.
   - To propose the next steps required to develop and agree a complementary set of interventions/actions by partners which will address the key issues which the Wirral HWB Strategy will target. The interventions should aim to deliver improved (and measurable) outcomes for Wirral residents.

   Both of these areas will form the foundation for the development of the Health and Wellbeing Strategy.

b. Prioritisation of Key Issues

Joint Strategic Needs Assessment (JSNA)

3. The key health and social care issues identified by the JSNA should underpin the Health & Wellbeing Strategy. Wirral residents and public and voluntary sector stakeholders were consulted on these issues through the JSNA Key Issues document (and questionnaire) and a dedicated engagement session.

4. The feedback from this process identified the following issues as key priorities for the population of Wirral:

   - Alcohol
   - Ageing Population
   - Mental Health
   - Poverty
   - Life Skills

Prioritisation Framework

5. A prioritisation framework has then been developed to refine and prioritise these issues further. The framework has been developed with input from all HWB Board partners and has involved the following:

- Establishment of a dedicated HWB Strategy working group

- Development/agreement of prioritisation criteria (based on existing best practice)
- Production of an evidence matrix to support the agreed prioritisation criteria
- Agreement and utilisation of a ranking methodology (e.g. key issues ranked according to available evidence & preference based ranking scale)

The output from this prioritisation process will be presented to the Board for comments and approval. It will also be supplemented by the results from a follow up questionnaire on the original Key Issues document. It is proposed that these outputs will facilitate the Board in prioritising the key issues which the strategy should target.

c. <u>Prioritisation of Interventions</u>

6. The presentation will propose the next steps (and timescales) required to deliver a coordinated set of interventions which will address the key issues to be targeted by the Wirral HWB Strategy. It is anticipated that these proposals (and planned impact on outcomes) will be presented by to the Board for discussion and approval at the end of January 2013.

d. <u>Strategy Production (and sign off)</u>

7. Finally the presentation will briefly highlight the remaining stages required to deliver the Health and Wellbeing Strategy be the end of March 2013.

Tony Kinsella
Head of Commissioning, Performance and Intelligence (CPI)
Policy, Performance & Public Health

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WIRRAL SHADOW HEALTH & WELLBEING BOARD

Meeting Date	12 December 2012	Agenda Item	Item 7a

Report Title	A strategy to tackle alcohol related harm in Wirral 2013-16						
Responsible Board Member	Fiona Johnstone Director of Policy Performance & Public Health						
Link To Shadow HWB Function	**Board development**						
	JSNA/JHWS						
	Health and social care integrated commissioning or provision						
Equality Impact Assessment Required & Attached	Yes	**X**	No		N/A		
Purpose	For approval	**X**	To note		To assure		

Summary of Paper	Final Draft for the proposed 3 year Strategy to Tackle Alcohol Related Harm in Wirral.		
Financial Implications	Total financial implication	New investment required	Source of investment (e.g. name of budget)
	£ none		
Risks and Preventive Measures			
Details of Any Public/Patient/ Service User Engagement	Service users engaged regularly through an established Alcohol Peer Support group that meets weekly, and through a wider reaching peer support project established by the DAAT. Service users also attend, as standing members, key strategy development and operational delivery groups. The strategy has been developed in response to national guidance. Services referred to are tailored in partnership with service users.		
Recommendations/ Next Steps	For approval. Post approval strategy to be implemented.		

Report History		
Submitted to:	Date:	Summary of outcome:
Health and Wellbeing Board Development Meeting	1st November 2012	Referral to formal Board on the 12th December 2012 for approval.
List of Appendices	APPENDIX 1 : A STRATEGY TO TACKLE ALCOHOL RELATED HARM IN WIRRAL 2013-2016	

Publish On Website	Yes	**X**	**Private Business**	Yes	
	No			No	

Report Author: **Beverley Dajani – Alcohol Strategy Programme Manager**
Contact details: **0151 6435 303**

A strategy to tackle alcohol related harm in Wirral 2013-16

1. Background

Alcohol consumption is acknowledged as an emerging and significant problem for society. The Government's recent National Alcohol Strategy (2012) states that 'binge drinking accounts for half of all alcohol consumed in this country', and binge drinking causes alcohol-related violence; anti-social behaviour; and increasing hospital admissions and re-admissions. These issues are of course pertinent in Wirral.

It is estimated that the annual cost of alcohol-related harm in England is at least £20 billion. This is made up of the cost of dealing with alcohol-related disease, the costs arising from crime and anti-social behaviour, loss of productivity in the workplace and the impact on the families of those who misuse alcohol, including domestic violence. In 2010/11, there were more than 1.2 million hospital admissions linked to alcohol alone and up to 70% of night admissions and 40% of daytime admissions to UK hospital emergency departments are caused by alcohol. At a North West level this means that someone is admitted to hospital every four minutes because of alcohol. It is estimated that the crime and disorder caused by excessive drinking is costing almost £1 billion a year in the North West alone.

In 2010/11 alcohol-related inpatient admissions in England for 55 to 74 year olds was £825.6m compared to £63.8m for 16 to 24 year olds. For this same cohort of older people, the cost of alcohol-related inpatient admission was £1,993.57m, over 3 times greater than the cost of A&E admissions, £636.30m.

The ambition to tackle and combat the ill effects of alcohol misuse in Wirral is paramount. This strategy intends to strengthen the developments already being delivered, services and frameworks already in place, and continue to support communities in a way that enables them to live peacefully and safely. It will provide a direction for the future and will set out how to embrace new opportunities during times of change and economic difficulties.

Wirral's local alcohol strategy will implement the following:

- Prevention programmes that target the most vulnerable people, identifying at an earlier stage people with significant alcohol misuse problems,
- Reducing alcohol related crime by developing more effective links with partners at a neighbourhood level,
- Supporting children, young people and families to tackle the issues of underage drinking and parental alcohol misuse,
- Effective partnerships that work with organisations to combat the ill effects of alcohol misuse.

A STRATEGY TO TACKLE ALCOHOL RELATED HARM IN WIRRAL 2013-2016

Draft 17
B. Dajani
28th November 2012

FOREWORD

Alcohol consumption is acknowledged as an emerging and significant problem for society. The Government's recent National Alcohol Strategy (2012)[1] states that 'binge drinking accounts for half of all alcohol consumed in this country', and binge drinking causes alcohol-related violence; anti-social behaviour; and increasing hospital admissions and re-admissions. These issues are of course pertinent in Wirral.

The first alcohol strategy we produced laid the foundations to tackle alcohol misuse locally. This second strategy sets out how the local partnership intends to build on those foundations and continue to work to tackle the ill effects of alcohol misuse in our communities. It provides a direction for the future and sets out how to embrace new opportunities during times of change and economic difficulties.

This strategy will support national outcomes and deliver local priorities. We will aim to provide further improvements in prevention, treatment and recovery systems by reducing alcohol related hospital admissions and readmissions and ultimately premature death. We will also aim to continue to bear down on alcohol related crime and disorder through the use of legislative powers and intelligence and improve education of young people and families about the risks associated with alcohol misuse.

We will ensure that key stakeholders are a part of the delivery of this strategy. In particular, we look forward to working closely with local people, service users, their families and carers to ensure that our programmes of support match their aspirations and needs.

We hope you find Wirral's strategy to tackle alcohol related harm (2013 - 2016) informative and useful and we look forward to working with you to reduce the harm associated with alcohol in Wirral.

Proposed signatures: HWBB & CSP Members

INTRODUCTION

Alcohol has always played a significant role in British culture, and the vast majority of adults who consume alcohol do so safely and sensibly. However, excessive alcohol consumption is associated with a wide range of problems including anti-social behaviour, violence, ill health and mental health problems.

It is estimated that the annual cost of alcohol-related harm in England is at least £20 billion[2,3]. This is made up of the cost of dealing with alcohol-related disease, the costs arising from crime and anti-social behaviour, loss of productivity in the workplace and the impact on the families of those who misuse alcohol, including domestic violence[4]. In 2010/11, there were more than 1.2 million hospital admissions linked to alcohol alone[5] and up to 70% of night admissions and 40% of daytime admissions to UK hospital emergency departments are caused by alcohol[6]. At a North West level this means that someone is admitted to hospital every four minutes because of alcohol[7]. It is estimated that the crime and disorder caused by excessive drinking is costing almost £1 billion a year in the North West alone[8].

In 2010/11 alcohol-related inpatient admissions in England for 55 to 74 year olds was £825.6m compared to £63.8m for 16 to 24 year olds. For this same cohort of older people, the cost of alcohol-related inpatient admission was £1,993.57m, over 3 times greater than the cost of A&E admissions, £636.30m[9].

Particular concern has centred on the level and pattern of drinking among children and young people in England and its consequences in terms of health, crime, violence and antisocial behaviour[10]. More recently concerns have focused more towards the effect that commercial advertising and social networking have on young people's drinking behaviour[11,12].

The ambition to tackle and combat the ill effects of alcohol misuse in Wirral is paramount. We intend to strengthen the developments we have already delivered, services and frameworks already in place, and we will continue working with, and supporting communities in a way that enables them to live peacefully and safely.

We aim to achieve our ambition through effectively implementing the following:

- Prevention programmes that target the most vulnerable people, identifying at an earlier stage people with significant alcohol misuse problems,
- Reducing alcohol related crime by developing more effective links with partners at a neighbourhood level,
- Supporting children, young people and families to tackle the issues of underage drinking and parental alcohol misuse,
- Effective partnerships that work with organisations to combat the ill effects of alcohol misuse.

HIGH LEVEL STRATEGIC DIRECTION

The Government's Alcohol Strategy, new legislation and national policy have been instrumental in shaping Wirral's direction and approach towards its new strategy.

National Strategy

In March 2012, the Government launched its new Alcohol Strategy. It sets out proposals to crackdown on 'binge drinking', methods to reduce alcohol fuelled violence and disorder and solutions to assist in tackling the problem of people drinking at damaging levels. The strategy is underpinned by specific outcomes, which have been developed to radically reshape the approach to alcohol consumption and reduce the number of people drinking to excess. These outcomes are an appropriate means to benchmark alcohol-related harm and will be embedded in Wirral's aims, priorities, actions and performance outcomes.

Legislation

The introduction of the Health and Social Care Act 2012, Police Reform and Social Responsibility Act 2011 and Localism Act 2011 will each play a role in the way alcohol services will be directed and funded in the future. Local considerations should include:

- Establish a clear, shared local vision for alcohol based on robust local data and intelligence gathering,
- Embrace local powers to take firm action to address alcohol misuse,
- Review the way in which services are commissioned.

Public Health Responsibility Deal

The Public Health Responsibility Deal aims to tap into the potential for businesses and other influential organisations to make a significant contribution to improving public health by helping us to create this environment.

The Public Health Responsibility Deal may have a number of impacts on the Wirral strategy. These could include;

- Local intelligence gathering may need to reflect any change in industry behaviour for example, surveys relating to consumption if measures and labeling change,
- The deal may result in a particular focus on some locally commissioned interventions for example, test purchase operations.

Drug and Alcohol Treatment Policy

The National Treatment Agency (NTA) will in future be responsible for performance managing the specialist alcohol treatment agenda on a national basis. This will support the closer alignment of specialist drug and alcohol treatment policy and will support commissioners in implementing more integrated, and therefore more cost effective, treatment services. This integration also opens up opportunities for service improvement and better workforce development, but will need to be achieved without any detrimental impact on those accessing the services.

STRATEGIC NEEDS ASSESSMENT

Local information, consultation and research have been used to inform the aims, priorities and actions of this strategy. The intelligence gathered has highlighted significant problems that Wirral currently face as a consequence of alcohol misuse.

Some of the more significant findings have been presented to illustrate the scale of the problem and to highlight that this issue is going to take time and increasing resources to combat.

Background and population overview

Covering an area of just over 60 square miles, Wirral has a population of 308,500 (2010). Its major urban centres are to the east, Birkenhead and Wallasey, while the west and south of the Peninsula are more rural and more affluent. The level of deprivation experienced by people living in Wirral is higher than the England average. Almost a third (32.2%) of people living in Wirral are living in the most deprived fifth of areas, compared to one-fifth (19.9%) in England. Men living in the most deprived areas of Wirral to live 14.6 years less than those in the least deprived areas, and women live 9.5 years less.

KEY ISSUES

REGIONALLY

From a Northwest perspective, it is estimated that one in four people are drinking at levels which pose considerable risk to their health, safety and wellbeing[13], leading to unnecessary alcohol related deaths, illnesses and injuries as well as increased crime, family breakdown and unemployment[14].

In 2012, a report commissioned by the North West Employers and Drink Wise North West, on behalf of Local Authorities, estimated that problematic alcohol use was costing the North West more than £3 billion per year[15]. These costs arose from alcohol associated crime, demands on the NHS healthcare and Local Authority social services, as well as the cost of lost workforce productivity[16].

LOCALLY

IDENTIFICATION, PREVENTION, TREATMENT AND RECOVERY

- Alcohol was the most significant contributor to the rise in mortality from liver disease and other digestive disorders in 2008-10 and it is a significant contributor to the life expectancy gap locally.
- Mortality from chronic liver disease (in both the under 75s and those of all ages) in Wirral men was higher than England in 2008-10. Where the main contributor of liver disease is considered to be alcohol.
- In 2010/11, the rates of both alcohol-attributable and alcohol-specific hospital admissions were significantly higher in Wirral for males and females than both the regional and national values.
- During 2011/12, there were 9,241 hospital admissions that were wholly or partly attributable to alcohol consumption in Wirral, a figure which has more than doubled since 2002/03 (n=4276).
- During 2010/11, nearly a quarter of all re-admissions to Wirral University Teaching Hospital (WUTH - Arrowe Park Hospital) were attributable to alcohol (24.95%).
- In 2010/11, females and males in Wirral displayed alcohol-attributable and specific mortality rates that were significantly higher than the North West, However, the months of lives lost due to alcohol misuse in males and females in Wirral in 2008-2011 fell below the North West levels for the first time since 2003.
- 8.5% of all attendances to accident and emergency at WUTH (Arrowe Park Hospital) were alcohol related in 2011/12 with 48% of assault attendances reporting drinking alcohol prior to attendance.
- In 2011, a sexual health needs assessment of young women (aged 20 – 34 years) reported that alcohol was a factor in their failure to use condoms, putting them at risk of sexually transmitted infections and unplanned pregnancy.
- Data collated from a DAAT service user survey (2012), found that over a third of respondents (23 individuals) felt that current service provision in Wirral was adequate and did not require change.
- In 2011, recent qualitative evidence found there is significant alcohol misuse on Wirral among the Irish and Polish communities with links to social isolation, poverty and mental health (2011).

CRIME AND DISORDER AND COMMUNITIES

- The volume of all violent crime in Wirral decreased by 16.5% between 2008/09 and 2011/12 (from 3356 to 2803 offences). Within this data
  - The volume of alcohol-related domestic violence in Wirral increased by 14.9% (from 255 to 293 offences) from 2008/09 to 2011/12.
  - In 2011/12, 36.1% of all violent crime in Wirral was alcohol-related; up from 22.9% in 2008/09.
  - 11.4% of all alcohol-related violent crimes took place at licensed premises in Wirral during 2011/12, compared to 22% in 2010/11.
  - Alcohol-related sexual crime increased by 290% between 2008/09 (10 offences) and 2011/12 (39 offences).
- The wards with the biggest volume increase in alcohol-related crime between 2008/09 – 2011/12 were Birkenhead and Tranmere (up by 167 from 251), and Seacombe (up by 88 from 115).
- During 2010-11, there were 2,621 offender events reported by Merseyside Probation Trust. Of these, 801 (31%) were identified as having an alcohol criminogenic need.
- In 2011/12, 621 individuals were seen a total of 1,639 times by outreach workers across Wirral were alcohol was recorded as being used by 96% of the clients, either alone or in combination with opiates.

YOUNG PEOPLE

- From 2007/08 to 2010/11 the rate of alcohol-specific hospital admissions for those aged under 18 in Wirral (117.9 per 100,000) was significantly higher than both the North West and England values.
- Since 2004/05, the rate of alcohol-specific hospital admission for those aged under 18 years in Wirral fell by 26%, in line with the regional and national trends.
- In 2011/12, 76.2% of alcohol-related violence offenders under the age of 18 were male.
- There was a 34.8% increase in alcohol-related youth violence in Wirral between 2008/09 (86 offenders) and 2011/12 (116 offenders).
- Between 2007/08 and 2008/09 there were 171 emergency department presentations in Wirral by individuals under 18 years of age.
- Of this number female attendances (65%) outnumbered males and were more likely to result in an admission to hospital (53%).

For a more detailed account please refer to Wirral's Joint Strategic Needs Assessment (JSNA) or Wirral's Alcohol Needs Assessment (2011).

STRATEGIC AIMS, THEMES AND PRIORITIES

OVERARCHING AIM

> *'To reduce the harm associated with alcohol misuse in our communities, reducing its detrimental impact on individuals and on families in the borough.'*

We will remain committed to delivering the three core strategic themes from Wirral's previous strategy, whilst the aims, priorities and actions have been developed to,

- Embrace the specific outcomes included in the Government's new National Alcohol Strategy (2012),
- Reflect and respond to the issues highlighted through Wirral's Alcohol Needs Assessment (2011), and included in the Joint Strategic Needs Assessment,
- Incorporate other key priorities identified in other local strategies and plans.

THEMES, AIMS AND PRIORITIES

IDENTIFICATION, PREVENTION, TREATMENT AND RECOVERY

AIM

- To reduce alcohol related harm and in particular its impact on liver disease.

PRIORITIES

- Reduce alcohol related hospital admissions, readmissions and unplanned care,
- Reduce the number of presentations at emergency departments that can be dealt with elsewhere,
- Ensuring effective engagement of repeat attendees at hospital to prevent or significantly reduce representations,
- Change peoples attitudes towards alcohol so that it becomes less acceptable to drink in ways that could cause harm to themselves or others,
- Promote sensible drinking, by promoting early identification of problematic drinking and increase the provision of brief advice for drinkers at greater risk, with increased risk, reducing the number of adults drinking above the NHS guidelines,
- Target the engagement of identified at risk groups, ensuring swifter access to better services,
- Provide effective evidence based interventions and treatment to substantially reduce all levels of problematic drinking,
- Continue to improve the effectiveness of the treatment pathways, ensuring that they are fully compliant with all key national standards,
- Reduce the number of alcohol-related deaths within and outside treatment services,
- Increase the number of people accessing services who go on to use this engagement to become sober and sustain their sobriety,
- Inform and support national policy, legislation and campaigns that assist the local reduction of alcohol related harm.

CRIME, DISORDER AND COMMUNITIES

AIM

- To reduce alcohol related crime, disorder and other types of harm to communities.

PRIORITIES

- Work with key agencies to implement structures and interventions to achieve a reduction in alcohol related
    - Domestic abuse inclusive of repeat victimisation and offending,
    - Violence,
    - Anti-Social Behaviour,
    - Offending.

- Intervene in key locations to improve their reputation as safe places to visit and live,

- Work with businesses and other partners engaged with the night time economy and the wider alcohol industry to reduce alcohol related harm,

- Reduce the availability of and access to alcohol,

- Support the development of workplace policies and initiatives to reduce alcohol harm and ensure these link to Public Health's Responsibility Deal and Wellbeing and Workplace Charter,

- Ensure access to appropriate housing, and associated support, is available for local alcohol misusers, particularly those who are homeless, to support their recovery,

- Inform and support national policy, legislation and campaigns that assist the local reduction of alcohol related harm.

YOUNG PEOPLE, FAMILIES, AND CARERS

AIM

- To promote an alcohol-free childhood.

PRIORITIES

- Ensure early identification and access to effective treatment and support for young people at risk of developing alcohol related problems,
- Reduce both the numbers of 11-15 year olds drinking alcohol and the amounts consumed,
- Reduce the number of young people presenting at the emergency department and being admitted / readmitted to hospital,
- Improve the working partnership between Children's Centre's and specialist alcohol services,
- Increase levels of awareness, knowledge and skills ensuring more young people are deterred from harmful drinking, by
    - Better equipping professionals working with young people, to address the issues of alcohol misuse,
    - Supporting parents, carers and families through targeted evidence based parenting to be able to reduce their own or their children's alcohol misuse,
    - Establishing a new partnership with parents on teenage drinking.
- Reduce access and availability to alcohol,
- Reduce levels of alcohol related violence perpetrated by young people,
- Improve the working partnership between sexual health and alcohol misuse services,
- Inform and support national policy, legislation and campaigns that assist the local reduction of alcohol related harm.

SERVICE USER AND CARER INVOLVEMENT

We will be committed to ensuring that service users and carers are involved in a real and meaningful way in the decision making, planning and implementation of this strategy and future services. We currently engage with various active peer support groups, however we will continue to seek ways of increasing service user involvement and add to the existing peer support initiatives.

Supporting individuals to recover from their alcohol misuse will continue to be a priority for this strategy. Integral to this work, will be continued support for the further development of a recovery community of service users and carers that offers through their personal experience and expertise, assistance, guidance and motivation to others who are at an earlier stage of their recovery process.

IMPLEMENTATION, MONITORING AND EVALUATION

Implementation

Successful implementation of the strategy's aims, priorities and actions will be via a combination of commitment at an executive level, effective partnership working, the provision of continued and where possible additional resources, and reviewing and reshaping the way in which we currently provide our mainstream services.

However, it is recognised that we are in a period where the financial resources available to key partners are under considerable pressure and that budget cuts are imminent. The delivery of this strategy will need to take place within these parameters.

Many of the priorities and action points within the strategy have cross cutting themes. For example anti-social behaviour is a priority for young people and crime, disorder and communities, reinforcing the fact that many of the harms associated with alcohol can not be tackled in isolation and a partnership approach will ensure the problems are tackled in a cohesive and co-ordinated manner.

Monitoring

Data to support key performance indicators will be collected regularly at a local level. It will be monitored by commissioners on behalf of Public Health and the Health and Wellbeing Board, monthly data scrutiny, through contract meetings, wider partnership networks and one off targeted workshops.

Some of the key information that the strategy will be dependent upon is demography, stratified population by age and sex, geography of the population, mortality and morbidity data, Alcohol Attributable Fractions (AAFs), crime and disorder. It is imperative that a quality based performance framework is developed to track this information.

The impact of this strategy and its action will be tracked through the use of a wide range of mechanisms, such as

- National Drug Treatment Monitoring System (NDTMS),
- Alcohol Treatment Monitoring System (ATMS),
- Joint Strategic Needs Assessment (JSNA),
- Hospital Episode Statistics (HES),
- Merseyside Police data,
- Local Alcohol Profiles for England (LAPE),
- Office for National Statistics (ONS).

Evaluation

The monitoring and evaluation of both projects and initiatives will take place on a regular basis, measuring performance in terms of productivity and against specified outcomes. It will also ensure that the desired high levels of quality are also achieved and maintained. Service user consultation, satisfaction surveys and prevalence studies will be regularly undertaken. Furthermore, there will be a continued collaboration with partners to maintain a strong evidence-based approach to the commissioning and development of future services and programmes.

THE FINAL THREE PAGES WILL BE INSERTS PLACED IN A WALLET AT THE BACK OF THE STRATEGY. THEY WILL BE UPDATED ON A BI-ANNUAL BASIS.

IMPLEMENTATION PLAN

IDENTIFICATION, PREVENTION, TREATMENT AND RECOVERY ACTIONS: 2013 – 14

CONTINUED DEVELOPMENTS

- Implement a more targeted social marketing and media approach to the delivery of preventative messages utilising the WHAT? campaign,

- Improve the quality of delivery of the alcohol screening and brief advice programme, ensuring that the right people are identified in the right places,

- Continue to develop and deliver the "Alcohol Shared Care" scheme and ensure every General Practice on Wirral has access to a specialist alcohol treatment practitioner,

- Expand the target group of identified alcohol related repeat attendees at the emergency department, to continue to reduce future presentations and admissions to hospital,

- Review the status and performance of existing treatment pathways for adults and young people to ensure treatment delivery is efficient, effective and complies with national alcohol related policies and standards,

- Increase the opportunities for more clients in recovery to access education, training and employment and healthier lifestyle programmes,

- Ensure that service users, parents and carers are represented and involved in the design, planning, development and delivery of alcohol services in Wirral,

- Work with both young people's and adult's services to increase the availability of, and improve the routes to, age sensitive support and treatment for young adults (18-24),

- Work with specialist services to increase the availability of, and improve the routes to, age sensitive support and treatment for older people i.e. drinkers in the 55-74 year age group,

- Continue to ensure alcohol treatment services target those groups 'most at risk' so that services are more accessible and address the needs of the local population,

- In order to reduce prevalence of alcohol related disease and premature death, continue to comprehensively analyse all alcohol related deaths, both in and out of treatment, to better understand the scale of alcohol related harm and the causal factors of disease and premature deaths.

NEW DEVELOPMENTS

- Recruit a specialist alcohol nurse to work between Wirral University Teaching Hospital (Arrowe Park Hospital), General Practices and Wirral's residential detoxification facility (Birchwood) to strengthen the response to managing alcohol crisis and to facilitate quick access to treatment,

- Redesign Wirral's Alcohol Website making it more accessible and informative to the general public,

- By examining available evidence, identify and implement the most effective interventions to reduce/prevent liver disease through programmes of early identification and detection and prompt treatment for those groups most at risk,

- Establish a clear and coherent segmentation of the Wirral population based on health status/characteristics and drinking profiles to support the increased effectiveness of treatment services through specifically targeted interventions.

- Review the cost effectiveness and service delivery model in place for Wirral's current alcohol treatment programme and consider the case for re-modelling.

IMPLEMENTATION PLAN

CRIME, DISORDER AND COMMUNITIES ACTIONS: 2013 – 14

CONTINUED DEVELOPMENTS

- Increase the number of victims and offenders of domestic violence who receive support, advice, or treatment, where alcohol is a significant factor in their behaviour and lifestyle,

- Review and evaluate the effectiveness of combined criminal justice/treatment systems in place to reduce alcohol related offending including the following; Arrest Referral, Conditional Cautioning and Alcohol Treatment Requirement Schemes,

- Continue to deliver the "Prison Through Care" scheme that engages with prisoners leaving custody who have had problems with alcohol, to connect them effectively with the appropriate community based services on their release,

- Increase the provision of education and training to licensees to reduce the selling of alcohol to a person who is drunk or under the influence of other substances and reduce underage sales,

- Increase the number of targeted communications campaigns that raise awareness of the issues of illegal alcohol, and increase the information and intelligence provided to both the police and Trading Standards,

- Increase the number of licensed premises in Hoylake, West Kirby and New Brighton who adopt the use of a locally developed Charter for Licensed Premises,

- Continue to work with key partners to effectively address the issues relating to street drinkers.

NEW DEVELOPMENTS

- Introduce systems that support on and off licensed premises to improve the labeling of alcohol products, so that people are better informed and have a better understanding of the level of risk represented by their own alcohol consumption,

- Develop clear, robust alcohol misuse responses and implement specific alcohol related actions that respond to the local Homelessness Review (2012),

- Establish a "Community Alcohol Partnership" scheme to contribute to the reduction of underage drinking, proxy sales and youth street drinking,

- Implement a minimum of six alcohol-related work based policies or projects across a range of private and public sector workplaces,

- Develop a comprehensive data collection system, inclusive of health data, that can be utilised to inform and support the licensing application process.

- Actively support sub-regional and regional efforts that seek to influence the delivery of a minimum unit price of 50p.

IMPLEMENTATION PLAN

YOUNG PEOPLE, FAMILIES, AND CARERS ACTIONS: 2013 – 14

CONTINUED DEVELOPMENTS

- Review and evaluate the effectiveness of the "Peer Education" model used to raise awareness of the risks and consequences of alcohol misuse and delivered to young people across secondary schools and other youth settings,

- Increase enforcement activity to address young people drinking in public places, through the delivery of police led multi agency operations that target anti social and risk taking behaviour, particularly that relate to children and young people and alcohol,

- Continue to provide interventions for young people admitted to the emergency department, addressing the presenting issues and reducing the likelihood of future presentations. Ensure the young person's parents or carers are involved,

- Increase the opportunities for Accident and Emergency staff to access training aimed at improving the identification of alcohol-related attendances and support the delivery of brief harm-reduction interventions,

- Review and update the alcohol and drug guidance and policy documents within schools ensuring it is supported and adopted within the school curriculum and practice,

- Continue to provide school based specialist youth service to work in conjunction with other school based agencies, delivering alcohol focused interventions,

- Ensure that all children and young people accessing Health Services in Schools are assessed for alcohol use and signposted / referred to services as appropriate,

- Continue to support and promote a locally developed age verification scheme.

NEW DEVELOPMENTS

- Ensure that specialist substance misuse agencies engage with the Intensive Family Intervention Programmes (IFIP) to provide education, treatment and other support for the families where parents or children are misusing alcohol,

- Recruit a Schools Substance Misuse Advisor to support the promotion, adoption and implementation of the following;
    - Schools Substance Misuse guidance and policy documents
    - Alcohol Alright brief intervention toolkit

- Develop and implement a toolkit to engage and advise young people on risks associated to alcohol, relationships and sexual health,
- Develop a range of bespoke programmes of activities and other interventions to target vulnerable young women misusing alcohol,

- Develop and improve links with the third sector in relation to the delivery of substance misuse education.

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WIRRAL SHADOW HEALTH & WELLBEING BOARD

Meeting Date	12 December 2012	Agenda Item	Item 7b

Report Title	A consultation on delivering the Government's policies to cut alcohol fuelled crime and anti-social behaviour (Home Office)
Responsible Board Member	Fiona Johnstone Director of Policy Performance & Public Health

Link To Shadow HWB Function	Board development	
	JSNA/JHWS	
	Health and social care integrated commissioning or provision	

Equality Impact Assessment Required & Attached	Yes		No	X	N/A	

Purpose	For approval		To note	X	To assure	

Summary of Paper	A consultation on delivering the Government's policies to cut alcohol fuelled crime and anti-social behaviour (Home Office).		
Financial Implications	Total financial implication	New investment required	Source of investment (e.g. name of budget)
	£		
Risks and Preventive Measures			
Details of Any Public/Patient/ Service User Engagement			
Recommendations/ Next Steps	For consideration, completion and submission by the HWBB. Also to cascade to individual agencies to independently consider, complete and submit.		

Report History		
Submitted to:	Date:	Summary of outcome:
Health and Wellbeing Board Development Meeting	1st November 2012	Referral to formal Board on release of the actual consultation document.
List of Appendices		

Publish On Website	Yes	X	Private Business	Yes	
	No			No	

Report Author: **Beverley Dajani – Alcohol Strategy Programme Manager**

Contact details: **0151 6435 303**

A consultation on delivering the Government's policies to cut alcohol fuelled crime and anti-social behaviour

1. Background

The Government has published the consultation on the national alcohol strategy which will run for 10 weeks from 28th November 2012 until 6th February 2013.

This consultation seeks views on a number of measures set out in the Government's alcohol strategy which was published on 23rd March 2012. The Government's Alcohol Strategy, sets out a range of action to tackle the harms caused by excessive alcohol consumption. For more details on the strategy go to: http://www.homeoffice.gov.uk/drugs/alcohol-strategy/.

The Government committed to consult in a number of areas in the Strategy including the level at which a **minimum unit price** for alcohol should be set, the introduction of **a ban on multi-buy promotions** in the off-trade, and the introduction of a new **health-related objective for alcohol licensing linked specifically to cumulative impact**. The Strategy also sets out that we will consult on whether the **mandatory licensing conditions** sufficiently target problems such as irresponsible promotions in pubs and clubs, and whether they should be applied to all sectors, where relevant. Finally, as the Strategy makes clear, the Government is committed to removing unnecessary regulation and to exploring how it can make the day-to-day process of licensing as easy as possible for responsible businesses. In doing so, views on a number of **proposals to cut red tape** in the licensing system will be sought.

As part of the public alcohol strategy consultation, regional road shows will be held and smaller technical groups for a number of the policy areas. The road shows are designed to raise awareness of the wider consultation and will feature interactive table discussions across the five themes of the consultation. Further information and details of how to respond can be found on the Home Office website.

The Cheshire and Merseyside Directors of Public Health welcome the Government's consultation on the national alcohol strategy and will be responding collectively. Their response will include a call for a minimum unit price set at 50p. A minimum unit price of 50p is well supported by public sector partners across Cheshire & Merseyside.

ChaMPs, on behalf of the Cheshire & Merseyside Directors of Public Health, have produced a more detailed paper on Alcohol Harm and the National Alcohol Strategy consultation, which can be found on the ChaMPs website.
http://www.champspublichealth.com

WIRRAL SHADOW HEALTH & WELLBEING BOARD

Meeting Date	12 December 2012	**Agenda Item**	Item 8a

Report Title	Membership of the Board
Responsible Board Member	Fiona Johnstone Director of Policy Performance & Public Health

Link To Shadow HWB Function	**Board development**	✓
	JSNA/JHWS	
	Health and social care integrated commissioning or provision	

Equality Impact Assessment Required & Attached	Yes		No	✓	N/A	

Purpose	For approval		For comment	✓	To assure	

Summary of Paper	This paper provides an update on the statutory responsibilities of Health and Wellbeing Boards, and provides an update on current membership issues.		
Financial Implications	Total financial implication	New investment required	Source of investment (e.g. name of budget)
	£ None	£	£
Risks and Preventive Measures	None		
Details of Any Public/Patient/ Service User Engagement	None,		
Recommendations/ Next Steps	The Board is recommended to (1) Consider whether it wishes to extend or alter the membership of the Health & Wellbeing Board (2) Agree the status of co-opted members of the Board		

Report History		
Submitted to:	Date:	Summary of outcome:
List of Appendices	None	

Publish On Website	Yes	✓	**Private Business**	Yes	
	No			No	✓

Membership Review

1. Background

When Wirral shadow Health and Wellbeing Board (HWB) initially met, it agreed a membership and terms of reference. It also agreed that this membership would be reviewed, and consideration given to whether the membership needed to be altered to acknowledge the learning and development of the board, and to deliver the duties of the Board as described in the Health and Social Care Act when the Act had been passed by parliament.

The Act was passed in 2012, and the following sections describe the duties of the local authority and the boards in respect of their functions and membership.

Health and wellbeing boards Section 194* requires each upper tier local authority to establish a health and wellbeing board (HWB) for the area, as a committee of the local authority under section 102 of the Local Government Act 1972. The section also permits regulations to be made to disapply or modify the provisions of the latter in relation to HWBs. Membership of HWBs must include:

- at least one elected representative, which may be the elected mayor or leader of the local authority and/or a councillor or councillors nominated by them
- the director of children's services
- the director of adult social services
- the director of public health
- representatives of Local Healthwatch and each relevant CCG (a CCG may, with the consent of the HWB be represented by the representative of another CCG which has a boundary within or coinciding with the local authority area)
- additional members may also be appointed by the HWB and by the local authority following consultation with the HWB.

CCGs must co-operate with the HWB in the exercise of the board's functions.

Health and wellbeing boards: functions Section 195* imposes a duty on HWBs to encourage integrated working between commissioners of NHS, public health and social care services for the advancement of the health and wellbeing of the local population. A HWB must provide advice, assistance or other support in order to encourage partnership arrangements under section 75 of the NHS Act 2006.

The section also enables the HWB to encourage those who arrange for the provision of services related to wider determinants of health, such as housing, to work closely with the HWB; and to encourage such persons to work closely with commissioners of health and social care services.

Section 196* requires the functions of CCGs and local authorities of preparing JSNAs and joint health and wellbeing strategies to be discharged by a HWB. It enables the local authority to delegate any of its functions except its scrutiny function to the HWB. This could extend to functions relating to the wider determinants of health. A HWB may inform the local authority of its views on whether the authority is

discharging its duty to have regard to the JSNA and joint health and wellbeing strategy in discharging functions.

Sections 197-199* cover the participation of the NHSCB in HWBs, joint activity between HWBs and information for HWBs. The NHSCB will be required to appoint a representative to participate in the preparation of the JSNA and joint health and wellbeing strategy. It will also be required, upon request of the HWB, to appoint a representative for the purpose of considering a matter in relation to its local commissioning responsibilities, for example primary medical services commissioning. This could also involve taking part in discussions to improve joint working. There is provision for HWBs to work across local authority boundaries by discharging their functions jointly, with advice, if they choose, from a joint sub-committee.

HWBs may request information from the local authority and any person who is represented on or is a member of the board.

2. **Update on Membership**

A number of organisations contacted the Health and Wellbeing Board during the year with the request that they be considered for membership. The position taken was that the shadow Board would revisit the membership, and determine whether it needed to be extended. Members of the Board were also asked to identify whether they felt other organisations or representatives would be valuable for the Board and to provide any rationale for this.

To date, only one suggestion has been made in this respect – that housing should be represented on the Board because of the close links between housing and health outcomes and also in respect to section 195 of the Act as described above.

Additionally, the CCG has been requested to consider who should appropriately represent the CCG since there is now one CCG for Wirral, rather than the three that existed when the Board was first formed.

Finally, in the feedback from the development work facilitators it was suggested that thought be given to clarifying the status of ‘co-optees’ as members.

The membership of the Board as it currently exists, is given in Appendix 1.

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Appendix 1: Membership of the Health and Wellbeing Board

Core Membership

All three party leaders

A representative from each of the three GP Commissioning consortia

Chief Executive Wirral Council

A representative of the NHS Cheshire, Warrington & Wirral Cluster Board

Director of Public Health
Director of Adult Social Services
Director of Children & Young People's Services

LINks

Co-opted membership

Portfolio holder for Social Care and Inclusion
Portfolio holder for Children's Services and Lifelong Learning

Chief Executive, Voluntary & Community Action Wirral

Chief Executive, Wirral University Teaching Hospital NHS Foundation Trust

Chief Executive, Wirral Community NHS Trust
Chief Executive, Cheshire & Wirral Partnership Trust
Chief Executive, Clatterbridge Centre for Oncology NHS Foundation Trust