



Wirral Health and Wellbeing Board

Memorandum of Understanding

June 2014

**Draft version for approval at
Health & Wellbeing Board meeting on 9th July 2014**

Memorandum of Understanding

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Foreword

The purpose of this Memorandum of Understanding is to ensure that the structure and governance arrangements of the Wirral Health and Wellbeing Board provide an effective and transparent framework with clarity of roles and responsibilities and that effective use is made of public resources for the benefit of local people.

Councillor Phil Davies
Chair

Wirral Health and Wellbeing Board - Memorandum of Understanding

1.0 Introduction

- 1.1 Under the Health and Social Care Act, 2012 all upper tier and unitary local authorities in England took on a new duty to take such steps as they considers appropriate for improving the health of the population of their area. An important step in exercising this duty was the establishment of a Health and Wellbeing Board as a statutory committee of the Council.

The Health and Wellbeing Board has a prescribed core membership but is free to operate with a wider constituency to promote the health and wellbeing of its area. This Memorandum establishes the Wirral Health and Wellbeing Board arrangements for governance, integrated working, joint planning and accountabilities in order to deliver improved outcomes for the health and wellbeing of local people.

2.0 Statement of Commitment

- 2.1 The member organisations of Health and Wellbeing Board are committed to working together at every level to improve the quality of life and wellbeing of the residents of Wirral.

3.0 Vision and mission of the Wirral Health and Wellbeing Board

- 3.1 The vision of the Wirral Health Wellbeing Board is to enable local people to live healthy lives, tackle health inequalities and increase wellbeing in the communities and people of Wirral
- 3.2 The mission of the Wirral Health and Wellbeing Board is to work across professional and agency boundaries to drive innovation make a difference to the health and wellbeing of local people by;

- agreeing priorities and actions to reduce health inequalities and promote health and wellbeing
- developing a Health and Wellbeing Strategy
- developing a framework for the effective performance monitoring of the Health and Wellbeing Strategy
- discussing and evaluating joint performance

4.0 Partnership Principles

- 4.1 Members agree to work together actively to achieve the vision and mission of the Wirral Health and Wellbeing Board on the basis of the following values, which will be reflected in Board members behaviour and decision making framework.

- putting local people first in everything we do, putting the needs of local people and communities before organisational boundaries
- valuing excellence and professionalism wherever it is found

- mutual trust and respect – valuing each person as an individual, taking what others have to say seriously
- being honest about our point of view and what we can and cannot do
- creative and innovative solutions to problems
- removal of barriers to equality of access and opportunity

5.0 Governance and Accountability Arrangements

- 5.1 The Wirral Health and Wellbeing Board requires each partner agency to retain full responsibility for its statutory duties and functions at all times and allows for these duties and functions to be carried out through a system of joint planning and commissioning.
- 5.2 The Board will take responsibility for setting the strategic direction for action to tackle health inequalities and promote health and wellbeing. This includes setting priorities, joint planning, alignment of resources at strategic level and agreeing service models based on service performance and agreed service specifications.
- 5.3 The Board is committed to working with other strategic partnerships in the borough e.g. Wirral Children’s Trust, Wirral Clinical Commissioning Group to ensure activity is aligned to deliver effective partnership working.
- 5.4 Members of the Wirral Health and Wellbeing Board remain accountable to their own organisation and will be responsible for ensuring that approval for all decisions made by the Board is gained from their organisation as appropriate. It is recognised that there are different levels of accountability and risk for individual agencies and organisations.

6.0 Decision Making

- 6.1 Each partner agency accepts collective responsibility for all decisions made by the Board, within the context of their own organisations accountability framework. All decisions will be transparent and informed by open debate, advice, performance reporting and analysis, best practice, risk assessment and option appraisal.
- 6.2 Decision making will be by consensus, wherever possible, but if a consensus cannot be reached, decisions will be taken on a simple majority of those present and voting will be by a show of hands. In the event of a tied vote, the person chairing the meeting may exercise a second or casting vote.
- 6.3 Task and finish groups will be responsible for providing advice to the Board to support the decision-making processes.

7.0 Challenge Process

- 7.1 In exercising collective responsibility for all decisions made by the Board each partner agency will be open to challenge and scrutiny through the formal processes of the accountable body (the Council) and of the other agencies.

7.2 Progress on the delivery of the Wirral Health and Wellbeing Strategy will be performance managed by the Board and an annual review will be published which is open to challenge by any interested party.

8.0 Partner Roles and Responsibilities

8.1 The Local Authority (Council) is responsible for leading the Wirral Health and Wellbeing Board and the Council in the improvement of outcomes for all local people. In this respect the Council is the accountable body for the Wirral Health and Wellbeing Board. The Health and Wellbeing Board is responsible for the development and implementation of the Health and Wellbeing Strategy as the single agreement between the board members on priorities and actions to improve the health and wellbeing of local people.

8.2 National Health Service commissioning organisations are responsible for ensuring that health provision meets the identified needs of local people. Partner health organisations are responsible for ensuring health provision is aligned to the priorities agreed in the Health and Wellbeing Strategy.

8.3 The Voluntary Community and Faith Sector has a significant expertise in the delivery of services and in engaging local people in identifying needs, innovative service models and commissioning priorities. The Voluntary Community and Faith Sector representation is responsible for informing the Wirral Health and Wellbeing Board on these areas of expertise and for ensuring the sector has a voice in identifying priorities and actions in the Health and Wellbeing Strategy.

9.0 The Scope of Involvement

9.1 The Wirral Health and Wellbeing Board will demonstrate clear links to other strategic partnerships to ensure alignment of strategic intent and activity.

9.2 The views of local people are at the centre of strategic planning and service design. The Wirral Health and Wellbeing Board will ensure ongoing high quality consultation with local people is undertaken to empower and engage the wider community. Specific consultation will be carried out during the preparation of the Health and Wellbeing Strategy.

10.0 Leadership

10.1 Each Board member will act on behalf of their organisation as an ambassador for to promote the health and wellbeing of the people of Wirral locally, regionally and nationally. Board members will take responsibility for ensuring the agreed actions are carried out and their agency/sector is fully informed about the work of the Wirral Health and Wellbeing Board and engaged in the delivery of the Health and Wellbeing Strategy.

11.0 Performance Management

- 11.1 Each member of the Board will take full responsibility and accountability for the delivery of the outcomes agreed for the Health and Wellbeing Strategy.
- 11.2 The Board will review progress in achieving improved outcomes on a regular basis. Management information reports will inform the Board of the progress being made in achieving the outcome measures set out in the Health and Wellbeing Strategy.

12.0 Information Sharing

- 12.1 The Board will ensure that information sharing protocols are designed to enable intelligence gathering for effective needs analysis to be carried out on a continuous basis

13.0 Risk Assessment

- 13.1 Risks associated with the delivery of the Health and Wellbeing Strategy will be managed by the Public Health Team and escalated to the Board for formal assessment when necessary.

14.0 Equalities and Inclusion

- 14.1 The Health and Wellbeing Board will operate on the basis of principles that actively value the benefits of diversity and ensure fair treatment and equality of opportunity.
- 14.2 On an annual basis an equalities impact assessment will be carried out through a review of the Health and Wellbeing Strategy.

15.0 Dispute and Conflict Resolution

- 15.1 Members of the partnership:
- Must not use their position improperly, confer on, or secure for themselves or any other person, an advantage or disadvantage
 - Must not unduly influence any person in the paid employment of any of the partner agencies
 - Must ensure that activities are not undertaken for political purposes
- 15.2 Issues of conflict within the partnership will be resolved initially by informal discussion. If this is not successful the issue will be referred to the Chief Executive of each agency who will meet to attempt to resolve the issue. If the issue is still not resolved appropriate alternative dispute resolution (ADR) will be considered.

16.0 Review of the Memorandum of Understanding

- 16.1 This Memorandum of Understanding will be reviewed on an annual basis.

17.0 Wirral Health and Wellbeing Board - Terms of Reference

17.1 Vision

To enable people to live healthy lives, tackle health inequalities and increase wellbeing of the communities and people of Wirral

17.2 Mission

To work across professional and agency boundaries to drive innovation make a difference to the health and wellbeing of local people by;

- agreeing priorities and actions to reduce health inequalities and promote health and wellbeing
- developing a Health and Wellbeing Strategy
- developing a framework for the effective performance monitoring of the Health and Wellbeing Strategy
- discussing and evaluating joint performance

17.3 Purpose

The Health & Wellbeing Board will not be responsible for directly commissioning services, but will provide oversight, strategic direction and coordination of the following activities:

- To develop a shared understanding of the needs of the local community through the development of an agreed Joint Strategic Needs Assessment
- To seek to meet those needs through leading on the on going development of a Health & Wellbeing Strategy
- To provide a local governance structure for local planning and accountability of health and wellbeing related outcomes
- To work with HealthWatch in Wirral to ensure appropriate engagement and involvement within existing patient and service user involvement groups takes place
- To drive a collaborative approach to commissioning of improved health and care services which improve the health and wellbeing of local people
- To consider and take advantage of opportunities to more closely integrate health and social care services in commissioning and provision
- To review the financial and organisational implications of joint and integrated working across health and social care services, ensuring that performance and quality standards of health and social care services are met, and represent value for money across the whole system

- To establish a key forum for local democratic accountability relating to commissioning against agreed health outcomes
- To develop and update the Pharmaceutical Needs Assessment (PNA)
- To ensure the Better Care Fund plan is monitored regarding its progress and performance and ensure the health and social care partners effectively plan regarding the implications of this work

17.3 Core Membership

| Organisation | Representative |
|--|--|
| Wirral Borough Council | <ul style="list-style-type: none"> • All three party leaders • Chief Executive • Director of Public Health • Director of Adult Social Services • Director of Children and Young People's Services |
| Wirral Clinical Commissioning Group | <ul style="list-style-type: none"> • Chair • Accountable Officer |
| HealthWatch | <ul style="list-style-type: none"> • Representative |
| NHS England | <ul style="list-style-type: none"> • Representative from the Local Area Team; Cheshire, Warrington and Wirral |

17.4 Co-opted members

| Organisation | Representative |
|--|---|
| Wirral Borough Council | <ul style="list-style-type: none"> • Portfolio holder for Adult Social Care and Public Health • Portfolio holder for Children and Family Services • Strategic Director for Families & Wellbeing • Representative from Housing |
| Voluntary, community and faith sector | <ul style="list-style-type: none"> • Chief Executive, Voluntary & Community Action Wirral |
| NHS | <ul style="list-style-type: none"> • Chief Executive, Wirral University Teaching Hospital NHS Foundation Trust • Chief Executive, Wirral Community NHS Foundation Trust • Chief Executive, Cheshire & Wirral |

| Organisation | Representative |
|------------------------------------|---|
| | Partnership NHS Foundation Trust <ul style="list-style-type: none"> • Chief Executive, Clatterbridge Cancer Centre NHS Foundation Trust • Representatives from the three divisions of the Clinical Commissioning Group to present annual commissioning plan |
| Police & Fire | <ul style="list-style-type: none"> • Representative from Merseyside Police • Representative from Merseyside Fire & Rescue Service |
| Employment & job skills | <ul style="list-style-type: none"> • Representative from Jobcentre Plus |

17.5 Representatives of other bodies may be invited to participate in Board discussions, or co-opted, to support effective decision-making. Such representatives should be invited bearing in mind the principles of fairness, equality and transparency.

17.6 **Meetings**

Formal meetings will be held 3-4 times during the year. Development sessions will also be held for Board members during the year as required.

Agendas and minutes of formal meetings of the Board will be published on the Council website.

17.7 **Chair**

The Leader of the Council will chair the Health & Wellbeing Board.

17.8 **Decisions**

Where a decision is required, that decision will be made by agreement among a majority of members present. Where a decision needs to be ratified by one or more of the statutory agencies, the ratification process will be in accordance with the agreed process within that particular agency.

17.9 **Agenda Setting Group**

The Agenda Setting Group will agree the draft agenda and pass to Chair of the Health & Wellbeing Board for approval.

17.10 **Minutes**

Minutes of the proceedings of each meeting of the Health & Wellbeing Board will be drawn up, circulated and agreed as a correct record at the subsequent meeting, once any required amendments have been incorporated.

17.11 Support to the Health & Wellbeing Board

The Performance & Public Health Directorate will provide the following key functions to Wirral Health and Wellbeing Board:

- Minute taking and distribution
- Performance management reporting arrangements
- Seek appropriate contributions from partners to support the Health and Wellbeing Board governance framework
- If required, send representation to advise groups in terms of processes relating to governance reporting and standard agenda items

17.12 Review

The membership and terms of reference of the Health & Wellbeing Board will be regularly reviewed (at least annually) to ensure that they remain relevant and up to date.

18.0 Sub-groups

The structure of the Health & Wellbeing Board contains the following sub-groups:

- The **Wirral Health Protection Group** – which will provide assurance to the Board regarding the adequacy of prevention, surveillance, planning and response to health protection issues
- The **Wirral Joint Strategy Needs Assessment (JSNA) Executive Group** which is the way that Board partners discharge their responsibility for ensuring that local people get the sorts of services they need.
- The **Vision 2018 Strategic Leadership Group** which is responsible for transforming the delivery of health and social care in the future.
- The **Wirral Strategic Commissioning Group** which provides the partnership system with strategic oversight and co-ordination from a commissioning perspective.
- **Wirral Tackling Tobacco Group** is responsible for implementing the strategic action plan for tobacco control for the borough.

19.0 Task and finish groups

19.1 Multi-agency task and finish groups will be established as appropriate to progress the work of the Board and Health and Wellbeing Strategy. They will be accountable to the Wirral Health and Wellbeing Board.

19.2 Task and finish groups are responsible for:

- The monitoring and reporting on progress
- Receiving information from and responding to requests from other groups and stakeholders

- Making quarterly performance progress reports highlighting areas of poor performance, issues and risk
- Developing opportunities for multi-agency involvement and networking to share best practice
- Providing support and information to other groups within the Borough.
- Maintaining effective arrangements to consult with local people act on the results of the consultation and provide feedback

19.3 The membership and chair of the groups will be agreed by the Health and Wellbeing Board. Meeting arrangements will be agreed by each group to meet the timescale set by the Health and Wellbeing Board.

Appendix One: Overview of the Wirral Health and Wellbeing Board sub-groups

| Wirral Health & Wellbeing Board | | | | |
|---|---|---|---|--|
| Sub-groups | | | | |
| Joint Strategy Needs Assessment (JSNA) Executive Group | Vision 2018 Strategic Leadership Group | Wirral Strategic Commissioning Group | Wirral Health Protection Group | Wirral Tackling Tobacco Group |

Figure 1: Overview of the Wirral Health & Wellbeing Board sub-groups

Appendix Two: Terms of Reference of sub-group:

Joint Strategy Needs Assessment (JSNA) Executive Group

Terms of Reference

Background

The Local Government and Public Involvement in Health Act (2007) placed the original duty upon Local Authorities and Primary Care Trusts to work together to produce a Joint Strategic Needs Assessment (JSNA) for their local population.

The 2012 Health & Social Care Act now places the Health and Wellbeing Boards on a statutory footing and ascribes specific new functions to them, in addition to joining-up the NHS, social care, public health and other local services. There is a statutory duty on Clinical Commissioning Groups, the Local Authority and the NHS Commissioning Board, to jointly produce and publish a JSNA. The new legislation also places a duty on the local authority and clinical commissioning groups to produce and publish a Health and Wellbeing Strategy for meeting the needs identified in their JSNA.

The new act requires the local authority, clinical commissioning groups, and NHS Commissioning Board, when exercising '*any of its functions*', to have regard to the JSNA findings and the Health and Wellbeing Strategy. These bodies are also required to 'sign off' any commissioning plans and confirm their alignment with their local Health and Wellbeing Strategy.

In each local authority it is the Health and Wellbeing Board that will be responsible for overseeing both the JSNA process and the Health and Wellbeing Strategy.

Purpose of the Executive Group:

Wirral's Health and Wellbeing Board is required to lead the continued development of the local Joint Strategic Needs Assessment (JSNA) process with an emphasis on intelligence and evidence provision e.g. through the JSNA Website. Also oversee the development of the next generation of Pharmaceutical Needs Assessment (PNA) for Wirral.

The Health and Wellbeing Board leads on the development of a Joint Health and Wellbeing Strategy (JHWBS) which is underpinned by the JSNA. The Act places a legal obligation on Clinical Commissioning Groups (CCGs) and the Local Authority as having a 'duty to have regard' to the JHWBS in exercising their commissioning functions.

Therefore the purpose for Wirral's JSNA Executive Group is to give strategic direction and overall programme management to the JSNA and now Pharmaceutical Needs Assessment (PNA) processes so that they meet current and future demands.

Aim of the Executive Group:

The JSNA Executive Group will lead the ongoing development and utilisation of robust joint intelligence and strategic needs assessment to inform strategic planning and strategic commissioning of services in Wirral which in turn inform the Health & Wellbeing Board, its Joint Health & Wellbeing Strategy and future Pharmaceutical Needs Assessment (PNA).

Core Objectives:

- Ensure the development of the JSNA directly supports the production of the Health & Wellbeing Strategy for Wirral
- Influence local leadership to embed JSNA within processes for the planning and coordination of local services and support key commissioning and service provision decisions (local structure)
- Improve the co-ordinated approach to commissioning activity, across Council departments and partner organisations through the utilisation of the JSNA.
- Direct the development and future use of JSNA through the statutory Health & Wellbeing Board.
- Facilitate the development of working relationships with Wirral CCG and their use of JSNA in the commissioning of services in relation to the Health & Wellbeing Board and the production of its Health & Wellbeing Strategy for Wirral.
- Positively influence and develop the working relationships with all local partners and organisations with regard to their systematic use and content development of JSNA specifically the commissioning of services, the future delivery of Wirral's Health & Wellbeing Board and its associated Health & Wellbeing Strategy
- Direct the development of opportunities for public and wider community, service users and providers as contributors to Wirral's JSNA
- Oversee the development and deployment of joint intelligence and data resources across the health and wellbeing strategy board partners and beyond
- Ensure the statutory functions relating to JSNA are met in full and relevant documents are completed and provided in a timely manner.
- Ensure the JSNA is of a suitable quality in its process, production and provide the necessary assurance to the Health & Wellbeing Board.
- Promote the benefits of JSNA utilisation to all partners
- Undertake the management of the current Pharmaceutical Needs Assessment (PNA) and the development and production of a future PNA.

Membership:

Representation will be designated from the following roles and functions:

| Role | Function | Representative | Named and briefed deputy |
|--|---|--|---------------------------------|
| Chair | Head of Public Health* | Julie Webster | - |
| Three statutory lead Directors | Director of Adult Social Services | Graham Hodkinson | Jacqui Evans |
| | Director of Children's Trust (for Julia Hassall) | Nancy Clarkson | Vivian Stafford |
| | Director of Public Health | Fiona Johnstone | Julie Webster* |
| Wirral Council - Joint Intelligence lead officer | Head of Performance and Public Health Intelligence | Tony Kinsella | John Highton |
| Rep for Wirral Clinical Commissioning Group | Wirral CCG (representing all 3 Federated CCGs) | Iain Stewart Chief Operating Officer for Alliance | |
| Rep for Community Action Wirral | Chief Executive, Voluntary & Community Action Wirral (VCAW) | Annette Roberts | Karen Livesey |
| Rep for Wirral Community Trust | Medical Director, | Ewen Sim | Paula Simpson |
| Rep for Wirral University Teaching Hospital | Associate Medical Director Wirral University Teaching Hospital | Melanie Maxwell | Charlotte Simpson |
| Rep for Cheshire & Wirral Partnership NHS Trust | Service Director | Val McGee | Suzanne Edwards |
| HWB & JSNA Communications and Engagement | Head of Communications and Community Engagement | Emma Degg | Tony Hope |
| Lead for Pharmaceutical Needs Assessment | Consultant in Public Health, Wirral Council | Jane Harvey, | Kate Richards |
| NHS England | Deputy Director of Primary Care - Cheshire, Warrington & Wirral Area Team | Glenn Coleman | Pam Soo |

| | | | |
|----------------------------|--|--------------|---------------|
| JSNA Programme Lead | JSNA Programme Lead, Wirral Council | John Highton | Tony Kinsella |
|----------------------------|--|--------------|---------------|

Accountability, Obligations and Responsibilities

Health & Wellbeing Board and JSNA

- Local Authority and Wirral CCG have the duty that is discharged through the Health & Wellbeing Board to prepare JSNA in relation to Local Authority area and with regard to guidance from Secretary of State that considers need or likely need capable of being met or affected by Local Authority or Wirral CCG functions.
- This duty to prepare a JSNA will be exercised through the JSNA Executive Group (and structure) and reporting directly to the Health & Wellbeing Board
- Local Authority and Wirral CCG have the duty that is discharged through the Health & Wellbeing Board to prepare Joint Health & Wellbeing Strategy based on JSNA in relation to Local Authority area with regard to guidance from Secretary of State
- Health & Wellbeing Board requires the JSNA Executive Group to support the work in developing the Joint Health & Wellbeing Strategy as a sub-committee of the full board. Reporting and accountability will be required to the HWBB on a regular and timely basis
- Health & Wellbeing Board, and consequently the JSNA Executive Group, has a duty to involve third parties in preparation of the JSNA and JHWS such as Local HealthWatch and people living or working in the area
- Health & Wellbeing Board has the duty to have regard to the NHS Commissioning Board mandate and statutory guidance in developing the JSNA and JHWS
- Health & Wellbeing Board has the power to consult any other persons it thinks appropriate on preparation of the JSNA and the JSNA Executive Group will act upon this mandate when exercised.

Health & Wellbeing Board and Pharmaceutical Needs Assessment (PNA)

The Department of Health guidance for new Health & Wellbeing Boards in relation to JSNA & Joint Health & Wellbeing Strategies (JWHBS) identifies and directs the HWB as to their responsibility to undertake next generation PNAs as a separate and distinct duty. We have chosen to link these processes. The PNA will inform NHS England decisions on the commissioning of pharmacy services for Wirral.

Local Authority and JSNA

- The Local Authority has a duty to publish the JSNA and Joint Strategic Needs Assessment
- The Local Authority must exercise its duty to have regard to JSNA and JHWS in the exercising of relevant commissioning functions

Wirral Clinical Commissioning Group and JSNA

- Wirral CCG must exercise its duty to have regard to JSNA and JHWS in the exercising of relevant commissioning functions

JSNA Executive Group

- JSNA is a duty of the Local Authority and Wirral CCG under the leadership of the Directors of Public Health, Adult Social Services, Children's Services and Wirral CCG representatives
- JSNA Executive Group members agree to undertake the actions as stipulated above, wherever possible, in the pursuit of meeting the demands and obligations of the Health & Social Care Act 2012
- Each Executive Group member is responsible for establishing communication links with their relevant networks around JSNA in an appropriate and timely manner.
- Each Executive Group member will ensure decisions relating to the JSNA will be communicated through their sphere of influence and provide officer support in the completion of any associated actions
- Each Executive Group member acknowledges that they are entering into these arrangements and will participate in developing the work of the Executive Group on the basis of the demands and necessities of the Health & Social Care Act and its implied duties and obligations for local partners.
- Each Partner agrees to adopt a policy of mutual openness about information and their intentions relevant to the remit of the Executive Group.
- Where decisions of the Group require ratification by other bodies, the relevant Executive Group Member shall seek such ratification promptly following the Group's recommendations.
- Receive communications on behalf of the Health & Wellbeing Board from NHS England in relation to local pharmacy services. Undertake to review and consider the content received and offer a response to the NHS England on behalf of the Health & Wellbeing Board. Such responses and subsequent ongoing dialogue will be reported to the board at the next opportunity.

JSNA Programme Management:

The Project Management for Wirral's JSNA is currently led by Public Health through the JSNA Programme Lead. This project management role includes:

- Managing the JSNA on a day to day basis on behalf of the Executive Group and the wider partners.
- Through the JSNA Programme Lead ensuring the implementation of the work plan and reporting progress to the Executive Group.
- Developing the accessibility of supporting information and data sources
- Ensuring interactive/on-line version remains current to available information.

- Developing and instigating methodology and outcome tracking for ensuring quality of JSNA content, systems, and process for the assurance of the HW.B

Advisory Members

- The JSNA Executive Group can call upon officers to be in attendance at meetings as Advisory Members of the Group.
- The role of Advisory Members is to advise assist and provide information to the Group and where appropriate participate in discussions at meetings of the Group.
- An Advisory Member may nominate a substitute to attend in their place, subject to notifying the Chair before the relevant meeting and that deputy being suitably able to provide the information and analysis seen as required.
- The Group may invite any person to the Group's meetings to advise assist and provide information to the Group as it sees fit on a non-voting basis.

Designated Task Groups

Task Groups will be established to carry out programmes of work as required by the JSNA Executive Group. These will include:

JSNA Engagement Task Group – seeks to ensure the involvement of voluntary, community, third sector, patient and public in the development and interpretation of health and wellbeing joint intelligence.

- Membership will include an engagement facilitator from either the Local Authority or NHS Wirral and representatives from LINK and VCAW. Further membership and terms of reference will be developed by the core group.

Pharmaceutical Needs Assessment Development Group - seeks to undertake the development of the next generation PNA for Wirral.

- Membership to include Head of Public Health, a representative of NHS England, representative of Wirral Local Pharmacy Committee (LPC) Wirral JSNA lead and lead officer for Wirral Council Public Health Team with other co-opted members required to complete the task that could include other public health colleagues, partner engagement leads and others with necessary expertise. Further information on the PNA group and their terms of reference can be viewed [here](#) or contact Kate Richards, Public Health, 0151 606 2000

Any Task Group will designate a representative/s as Chair/Deputy Chair of the Task Group to carry out the following tasks:

Ensure agendas, minutes and meetings are arranged efficiently and papers (pre/post) are circulated to Task Group members accordingly.

Arrange for minutes/actions from the Task Group to be provided to the administrator for the Executive Group for timely distribution to Group members

All Task Groups should have Terms of Reference established and in case of task and finish groups then the clear identification of end date/ completion tasks. Membership must always reflect the coverage of JSNA across partners and other organisations as appropriate and possible.

Nominated representative to attend the JSNA Executive Group as requested to consider specific aspects of the JSNA work plan and raise issues agreed with the Task Group / ensure ongoing communication between the groups and feedback on work plan progress.

Public Statements

Public statements on behalf of the Executive Group can only be made by the Chair and with the prior approval of the Executive Group. Where that is not possible for reasons of time or expediency, any such actions taken by the Chair shall be reported to the next meeting of the Board.

With Executive Group representation from Wirral Council as lead for Health & Wellbeing Board Communications and Engagement then any/all public statements from the chair or the group would be provided through Head of Communications and Community Engagement or their nominated representative

Administration:

Minutes will be taken by a Wirral Council administrator and will be distributed within two weeks of the meeting.

This will include:

- Attending to take minutes of the meeting;
- Keeping a record of matters arising and issues to be carried forward to the next meeting;
- Providing appropriate support to the Chair;
- Collating papers for meetings, circulating them before the meeting;

Executive Group Governance

Frequency of meetings:

- Meetings will be held once every three months but with the proviso of ad hoc meetings if necessary.
- Task Groups will meet as determined by their work programmes.
- Meetings will be held at Old Market House unless otherwise agreed by Executive Group members

Chairing of meetings

- Meetings shall be chaired by Head of Public Health
- In the absence of the nominated chair another member of the group shall chair the meeting

Attendance at meetings:

Members are expected to attend meetings as far as reasonably practicably possible. If members are unable to attend they are expected to send a fully briefed named deputy as their representative to ensure their area of expertise is reflected on the Executive Group. (See table on page 3)

Other colleagues will attend the meeting by invitation as required.

Quorum

A minimum of four members will need to be present for the meeting to be considered able to decide on matters.

- The membership should include at least:
- One of the three directors/deputy director for public health, adult social services or children's services as chair or deputy
- One of the GP Consortia lead officers or GP leads
- One of representatives of Health Information team

Declaration or conflict of interest

Members must declare any conflict of interest in a matter being considered by the Executive Board, that

- Arises from their personal circumstances, or
- Arises in respect of the partner which they represent.
- Any Executive Group member who declares an interest or conflict of interest may, at the discretion of the Chair,
- Be required to leave the meeting while the matter is discussed; or
- Remain in the room but not participate in the discussion;

Leaving the Group

A Group Member shall cease to be a Member of the Group if:

- He or she resigns;
- The partner notifies the Group of a change of representative; or
- The partner ceases to exist.
- Should any partner wish to withdraw from the group, six months' notice must be given in advance to the Chair of the group.

Access to Meetings

The JSNA Executive Group is NOT a public meeting and as such is not open to public to attend

Alterations to the Terms of Reference

The Executive Group will review these terms of reference on an annual basis

Thereafter and subject to the following provisions, the Terms of Reference and associated documentation may be altered at a meeting of the Group.

Dissolution

The Board may be dissolved where:

The members have agreed at an Executive Group Meeting that the group should be dissolved; and

Where the members have agreed a detailed exit strategy which addresses adequately all the consequences of dissolution including:

- The relationship with Wirral's Health & Wellbeing Board
- The relationship with service providers
- Any financial impact of dissolution
- All other relevant issues, including the need to ensure continued compliance with relevant statutory provisions

Members agree to ensure that the minimum of disruption is caused to service users in Wirral by the dissolution

Review

Terms of Reference will be reviewed at least annually.

Membership will be reviewed at least annually.

JSNA Workplan will be reviewed after 3 months and progress at each meeting

Full JSNA will be reviewed at least annually.

Sections of the JSNA will be reviewed as and when new information becomes available and version control will be maintained

Chair will be confirmed annually at a meeting of the Executive Group

Quality of JSNA process and JSNA development.to provide HWB assurance.
(January to March each year)

Date of ratification/date of review

| | |
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| Final Draft | April 2014 |

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| Date of approval: | April 2014 |
| Date for third review: | March 2015 |

**Appendix Three: Terms of Reference of sub-group:
Vision 2018 Strategic Leadership Group**

**TERMS OF REFERENCE OF THE
VISION 2018 STRATEGIC LEADERSHIP GROUP**

Role/Purpose

- To be accountable for delivering a sustainable Wirral Health and Social Care Economy

Tasks

- To agree the strategy and implications of this
- To agree the processes and resources for delivery
- To steer the implementation group
- To enable delivery/resolution of issues
- To resolve conflict/issues

Interfaces

- Health and Wellbeing Board (the Strategic Leadership Group will report to the Health and Wellbeing Board)
- Wirral Joint Strategic Commissioning Group (this group also reports directly to the Health and Wellbeing Board)
- Strategic planning for each organisation needs to link in with the development of the Vision 2018 strategy
- Organisational Boards to be informed and updated by members of the Strategic Leadership Group
- Implementation Group (this group will report to the Strategic Leadership Group), the Implementation Group Chair will be a member of the SLG to provide a link.

Governance and Accountability

The Strategic Leadership Group will be accountable for delivering a sustainable Wirral Health and Social Care Economy. It will hold the Implementation Group to account to lead and manage the successful delivery of the strategy.

The Implementation Group will hold the work-streams identified below to account to organise and manage the delivery of the goals and objectives assigned to the programme of work/enabling groups. The Strategic Leadership Group will report its progress to Health and Wellbeing Board.

The Programme Management Office, hosted by the CCG, will support the Implementation Group in organising and managing programme development and delivery, providing a central function for the programme in collating and reporting overall status. The work-streams will report progress to the Implementation Group on a monthly basis and exceptions and risks to the Strategic Leadership Group.

The members of the group, through the Memorandum of Understanding, will also hold each other to account for delivery of agreed objectives and ensuring each partner contributes appropriately to overall vision and aims.

Work-streams

A number of work-streams to deliver specific elements of the overall aims and objectives will work below the Vision 2018 Strategic Leadership Group. These will be in three broad areas:

Strategy Input

The key work-stream here will be:

- Outcomes and Modelling

Programmes of Work

The key work-streams here will be

- Planned Care
- Unplanned Care
- Long Term Conditions and Complex Needs

Enablers

The key work-streams here will be:

- Communications and Workforce
 - Engagement (sub group)
- Integration - Adults
- Integration - Childrens
- Prevention, Self-Care and Community Development
- Information Technology and Information Governance
- Primary Care Strategy Group
- Finance & Contracting
- Estates

Role of Members

The members of the Strategic Leadership Group will be of senior level within their respective organisations and have the ability to make decisions and escalate issues as appropriate. They will also ensure compliance with governance arrangements. Members will be responsible for disseminating information to and from their organisations, departments or professional groups.

Membership

| Name | Title | Organisation | Role |
|-----------------|-------------------|----------------------------|----------------------------------|
| Neil McKay | Associate Partner | GE Healthcare Finnamore | Chair SLG |
| Peter Colclough | Senior Advisor | GE Healthcare Finnamore | Chair Implementation Group |

| | | | |
|-------------------|--|------|--------------|
| | | | |
| Jon Develing | Interim Accountable Officer | CCG | Commissioner |
| Clare Fish | Strategic Director of Families and Wellbeing | WMBC | Commissioner |
| Fiona Johnstone | Director of Public Health | WMBC | Commissioner |
| Graham Hodgkinson | Director of Adult Social Services | WMBC | Commissioner |
| David Allison | Chief Executive | WUTH | Provider |
| Simon Gilby | Chief Executive | CT | Provider |
| Sheena Cumiskey | Chief Executive | CWP | Provider |
| Dr Peter Naylor | Interim Chair CCG | CCG | Provider |

In cases where members cannot attend for a single meeting, apologies should be sent, however a deputy would not be permissible.

Additional members will be invited as and when required.

It is suggested that also in attendance at the Business Items for Decision are as follows:

| Name | Title | Organisation |
|--------------|-------------------------------|---------------------|
| Paul Edwards | Head of Corporate Affairs | CCG |
| Anna Rigby | Vision 2018 Programme Manager | CCG |

The rationale here is that Paul Edwards will act as the Programme Director for the Vision 2018 PMO supported by Anna Rigby, Programme Manager. These roles will ensure key decisions are implemented through the Programme Management Office and the Implementation Group.

Frequency of Meetings

Monthly (to be reviewed after 6 months)

Communication and Accountability Arrangements

Members will retain accountability to their respective organisational governance arrangements, but with maximum levels of delegated authority from their respective organisations

Resources

In terms of publicity, engagement and other activities related to Vision 2018, member organisations should be prepared to contribute resources on an equitable on-going basis as details arise. In addition, partner organisations will be expected to provide resource to enable members to attend and will not be reimbursed additionally.

Chair/Vice Chair

Chair :

Neil McKay Associate Partner GE Healthcare Finnamore

Vice Chair:

Peter Colclough Senior Advisor GE Healthcare Finnamore

Quorum

2 Commissioners and 2 Providers

Date of Ratification/Date of Review

First draft: 30.05.14

Final Draft: 10.06.14

Date of approval: 18.06.14

Date for review: 18.12.14

Appendix Four: Terms of Reference of sub-group:

Wirral Strategic Commissioning Group

Background

Health and social care integration should improve service quality, drive efficiency and deliver improved outcomes for the residents of Wirral.

The Wirral Health and Social care economy is committed to working towards integrated care services and this group has been formed to provide the partnership system with strategic oversight and co-ordination from a commissioning perspective.

The strategic partnership will enable collective decisions to be made on the review, planning and financial/performance implications of those areas in scope of joint working.

Principles

The suggested core principles of the partnership are listed below:

- To place quality, innovation, productivity and prevention at the heart of its business by considering the impact of decisions on the quality of care and the patient experience
- To engender and demonstrate trust through the partnership approach
- To take a holistic and integrated approach to people (customers and patients)
- To take a holistic and integrated approach to the health and social care system investments and savings. This is to focus on the areas in scope but be mindful of the wider health and social care system.
- To ensure transparent information sharing in relation to business planning – minimising risk from unforeseen / unplanned activity
- To ensure transparent information sharing in relation to performance and financial information
- To share strategic and operational practice
- To provide a focus for the development and reporting of integrated commissioning in the key areas
- To support member organisations to comply with all statutory duties including, but not limited to, the duty to involve and consult the public, the duty to consult

Function

- Define the scope of the integrated commissioning approach for Wirral
- Define models for integrated commissioning
- To identify services for integrated commissioning over the short and long term – informed by cost/risk assessment
- Monitoring and report on progress in line with the agreed strategic vision

Role of Members

The members of the Wirral Integrated Commissioning Group will be of senior level within their respective organisations and have the ability to make decisions and escalate issues as appropriate. They will also ensure compliance with governance arrangements. Members will be responsible for disseminating information to and from their organisations, departments or professional groups.

Membership

| Name | Title | Organisation |
|-------------------|--|-----------------|
| Dr. Abhi Mantgani | Chief Clinical Officer | NHS Wirral CCG |
| Clare Fish | Strategic Director of Families and Wellbeing | Local Authority |
| Fiona Johnstone | Director of Public Health | Local Authority |
| Graham Hodkinson | Director of Adult Social Services | Local Authority |
| Julia Hassall | Director of Children and Young People's Services | Local Authority |
| Dr. Phil Jennings | Chair | NHS Wirral CCG |
| Dr. Pete Naylor | Governing Body GP Representative | NHS Wirral CCG |
| Dr. John Oates | Governing Body GP Representative | NHS Wirral CCG |
| Dr. Mark Green | Governing Body GP Representative | NHS Wirral CCG |
| Paul Edwards | Head of Corporate Affairs | NHS Wirral CCG |
| Tony Kinsella | Head of Performance and Commissioning | Local Authority |
| Mark Bakewell | Chief Financial Officer | NHS Wirral CCG |
| Paul Cook | Head of Challenge & Business Process DASS | Local Authority |
| Andrew Roberts | Head Schools Funding and Resources | Local Authority |

Note: Additional members will be invited as and when required.

Potential work areas within scope of the Strategic Partnership

Strategic workstreams:

- Integration Transformation Fund
- Scoping and agreeing the strategic vision
- Interdependencies with commissioning for Carers services
- To promote improvement in relation to equality standards as well as improved outcomes
- To support the promotion of behavioural change in planning and commissioning services to enable greater independence and promote less dependence
- To oversee resources for any services in scope where necessary

Service Delivery workstreams:

- Drugs & alcohol services
- Voluntary Sector commissioning
- Mental Health/Dementia
- Disability services (learning and physical)
- Continuing care
- Prevention & early intervention
- Urgent care
- Loneliness & social isolation

Frequency of Meetings

Monthly (to be reviewed after 6 months)

Communication and Accountability Arrangements

Members will retain accountability to their respective organisational governance arrangements, but with a strategic aspiration to increase levels of delegated authority.

The group will ensure that the development of the provider landscape discussed through the Vision 2018 Board is aligned to the strategic partnership vision.

The Joint Commissioning Group is accountable to the Health & Wellbeing Board. This will enable the Board to deliver its statutory duty to promote integrated working across health and social care commissioning.

Chair

Chief Clinical Officer of NHS Wirral CCG

Quorum

At least one representative from each of the following areas: Public Health, Families and Wellbeing and NHS Wirral CCG

Administrative Support

Tessa Woodhouse, Commissioning Project Support Officer

Date of Ratification/Date of Review

First draft: 16th September 2013

Final Draft:

Date of approval: 22 November 2013

Date for review:

Abhi Mantgani
Chief Clinical Officer
NHS Wirral CCG

Clare Fish
Strategic Director of Families & Wellbeing
Wirral Council

16th September 2013

Appendix Five: Terms of Reference of sub-group:

Health Protection Group

Terms of Reference

January 2014

Purpose:

To provide assurance to the Director of Public Health and the Health and Wellbeing Board, on behalf of the population of Wirral, that there are safe and effective arrangements and plans in place to protect the health of the population.

To improve integration and partnership working on health protection between the Local Authority, NHS, Public Health England and other local services.

The scope of health protection to be considered will include: prevention and control of infectious diseases, vaccination, screening, health-care associated infections, emergency planning and environmental hazards.

Functions:

1. To provide assurance to the Health and Wellbeing Board that there are safe and effective health protection arrangements and plans.
2. To provide strategic oversight of the health protection system in Wirral.
3. To provide a forum for professional discussion by local partners of health protection plans, risks and their mitigation and opportunities for joint action.
4. To provide oversight of key health protection intelligence, including outcomes and information derived from incidents, complaints and investigations and surveillance of infectious diseases.
5. To produce an annual report, summarising key elements of assurance across the local Health Protection system.
6. To highlight risks and provide recommendations on behalf of the Health and Wellbeing Board about the strategic management of these risks.
7. To share and escalate concerns and risks to commissioners and appropriate bodies when health protection plans and arrangements are inadequate to provide sufficient protection of patients or public safety. The appropriate escalation route will depend on individual concern or risk, e.g. LA management team, CCG, NHS England (CWW), Health and Wellbeing Board, Local Health Resilience Partnership.
8. To share and escalate concerns to commissioners and regulators, where relevant, when a provider's management of healthcare associated infections is or may be inadequate to provide sufficient protection of patients or public safety.

9. To review the reports of significant incidents and outbreaks, consider recommendations for change as a result, and promote quality improvement of the health protection system through encouraging implementation of recommendations.
10. To promote reduction in inequalities in health protection across the Local Authority area.
11. To identify key health protection needs for collaborative work to feed into the Joint Strategic Needs Assessment process.

Proposed Governance Arrangements:

It is proposed that the Wirral Health Protection Group will report on a quarterly basis to the Families and Wellbeing Policy and Performance Committee and will provide an annual report to the Health and Wellbeing Board, through the Director of Public Health. Where there is a need to escalate concerns/risks, this will be done through the Health and Wellbeing Board, Local Health Resilience Partnership, Senior Management team of Wirral Council, CCG, NHS England (CWW) as appropriate.

Chair and Membership

The Director of Public Health will chair the group. Core membership will be as listed below:

| Title | Organisation |
|---|--------------------------------|
| Director of Public Health | Wirral Council |
| Head of Public Health | Wirral Council |
| Consultant in Health Protection | Cheshire West & Chester/Wirral |
| Consultant in Health Protection | Public Health England |
| Head of Emergency Planning | Wirral Council |
| Head of Environmental Health | Wirral Council |
| Champs Health Protection Programme Lead | Champs Collaborative Service |
| Screening and Immunisation Lead | CWW Area Team |
| CCG Chief Nurse/Health Protection lead | Wirral CCG |

Administration of Meetings

Capacity will be identified through the Office of the Director of Public Health to take minutes and distribute papers.

Frequency of meetings

The group will meet on a bi-monthly basis. The schedule of meetings will be agreed at the inaugural meeting.

Extraordinary meetings

In addition, extraordinary meetings may be called as and when appropriate.

Quorum

At least 50% of membership must attend for the meeting to go ahead and a report will be expected by those members unable to attend.

Co-opted members

Additional members can be co-opted to the group as and when required.

Communication of Forum recommendations

All members of the group will assume responsibility for communicating group recommendations to appropriate colleagues following each meeting.

Reporting framework

The group will report to the Families and Wellbeing Policy and Performance Committee on a quarterly basis and will provide an annual report to the Health and Wellbeing Board Health & Wellbeing Board.

Review

Terms of reference will be reviewed on an annual basis

Appendix Six: Terms of Reference of sub-group:

Wirral Tackling Tobacco Group

Main Priorities

To coordinate the efforts to control tobacco use in Wirral by implementing the following:

- Reduce smoking prevalence among over 18 year olds in Wirral to 18.5% by 2015
- Reduce smoking prevalence among 15 year olds in Wirral to 12% by 2015
- Reduce smoking during pregnancy in Wirral to 11% by 2015

Objectives

- Deliver stop smoking interventions on an ‘industrial’ scale and apply them systematically to specific groups.
- Reduce health inequalities through the reduction of smoking prevalence in key vulnerable groups including;
 - Young People,
 - People from Ethnic Minorities,
 - People from Routine and Manual Social Groups,
 - People Living in Deprived Areas,
 - Unemployed people,
 - People with Mental Health Problems,
 - People who are deaf, hard of hearing, blind or partially sighted
 - Offenders
 - Pregnant women
- To implement locally the 6 strands of Healthy Lives, Healthy People – A Tobacco Control Plan for England:
 - stopping the promotion of tobacco;
 - making tobacco less affordable;
 - effective regulation of tobacco products;
 - helping tobacco users to quit;
 - reducing exposure to second-hand smoke; and
 - effective communications for tobacco control

Main Duties and Responsibilities of Tackling Tobacco Group

1. Implement and enforce the tobacco display bans in large shops from April 2012 and for all other shops from April 2015
2. Enforce Smoke free Legislation and legislation to stop tobacco sales from vending machines
3. Support the North of England Tackling Illicit Tobacco for Better Health
4. Implement and monitor evidence-based marketing campaigns to reduce illicit tobacco use
5. Enforce tobacco legislation, particularly on the age of sale of tobacco products and ensure duty is paid on products

6. Consider the evidence for where children obtain tobacco products and explore what action is needed to tackle the main sources
7. Motivate tobacco users to think about quitting, and guide them to the most effective support available
8. Provide a greater range of stop smoking services that are tailored to the needs of community including pregnant women, BME communities and those with mental health problems
9. Increase the number of tobacco users who are offered advice about quitting and referred to local stop smoking services
10. Help users of smokeless tobacco to quit
11. Encourage smokers to change their behaviour so that they do not smoke in their homes or family cars to reduce exposing children to second-hand smoke
12. Engage with young people to prevent children taking up smoking
13. Continue to educate people about the risks of using tobacco
14. Encourage communities to see not smoking as the norm
15. Work with health and social care professionals to help them engage with smokers about quitting and provide referrals to effective stop smoking support.

Meetings will be held quarterly. The chair (and venue) will be nominated and agreed by the majority of the group prior to the next meeting.

Tackling Tobacco Action Plan will be updated on a quarterly basis and each provider will report on progress

Tackling Tobacco Terms of Reference will be refreshed September 2014

Memorandum of Understanding

To encourage transparency and synergy between Local Stop Smoking Services (LSSS) and support the sharing of operational information each provider will update on a monthly basis the timetable of local clinics. Providers are asked to be mindful of any existing provision when they set up new clinics.

Using this approach will help to raise the profile, increase the reach and ensure clarity of the stop smoking support and advice services available to the local population.

Any questions regarding existing clinics should be directed to rebeccamellor@wirral.gov.uk in the 1st instance.