



## Shadow Health and Well Being Board

<b>Date:</b>	<b>Tuesday, 4 September 2012</b>
<b>Time:</b>	<b>5.00 pm</b>
<b>Venue:</b>	<b>NHS Wirral Nightingale Room, Old Market House, Hamilton Street</b>

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**Website:**

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## AGENDA

1. **WELCOME AND APOLOGIES**
2. **DECLARATIONS OF INTEREST**
3. **MINUTES (Pages 1 - 6)**

The minutes of the last Board Meeting (14 March 2012) are attached.
4. **UPDATE ON PROGRESS WITH WORK STREAMS**
  - 4a **Joint Strategic Needs Assessment to Joint Health & Wellbeing Strategy (Pages 7 – 26)**
  - 4b **Extending Public Engagement (Pages 27 – 30)**
  - 4c **H&WB Communications Strategy (Pages 31 – 36)**
  - 4d **Joint Commissioning and Integrated Delivery (Pages 37 -42)**
5. **WIRRAL CHILDREN'S TRUST DELIVERY OF CHILDREN'S SERVICES PARTNERSHIP ACTIVITY THROUGH THE CHILDREN & YOUNG PEOPLE'S PLAN (Pages 43 - 46)**
6. **HEALTHWATCH (Pages 47 - 52)**
7. **WIRRAL CLINICAL COMMISSIONING GROUP - VISION & MISSION**

**8. PLACE BASED LEADERSHIP DEVELOPMENT ACTIVITY (BOARD BEHAVIOURS) (Pages 53 - 54)**

This item will allow the Board to define the behaviour it wishes to adopt and to receive feedback from the telephone interviews that have been undertaken recently in order that the Board can develop a clear Memorandum of Understanding for future operation.

**9. FORWARD PLAN (Pages 55 - 56)**

**10. TERMS OF REFERENCE & MEMBERSHIP OF THE BOARD (Pages 57 - 62)**

**11. DATE OF NEXT FORMAL BOARD MEETING**

Suggested date Wednesday 12 December at 5.00 pm

## WIRRAL SHADOW HEALTH & WELLBEING BOARD

### Minutes of the meeting held on Wednesday 14 March 2012 NHS Wirral, Nightingale Room, Old Market House

#### **Present:**

Cllr J. Green, Leader of the Council/Leader of the Conservative Group, Wirral (Chair)  
Cllr T. Harney, Leader of the Liberal Democrat Group, Wirral  
Cllr S. Clarke, Portfolio Holder for Children's Services & Lifelong Learning  
Ms F. Johnstone, Director of Public Health, Wirral  
Mr G. Hodgkinson, Director of Adult Social Services, Wirral  
Mr D. Armstrong, Interim Director of Children & Young People's Services, Wirral,  
Mrs D. Hill, Chair, LINKs  
Mr Ian Coleman, Deputy Chief Executive, Wirral Borough Council  
Dr A. Mantgani, Executive Clinical Lead Wirral GP Commissioning consortium  
Dr Pete Naylor, GP Co-Chair Wirral Health Commissioning consortium  
Dr S. Mukherjee, Medical Director, NHS Cheshire, Warrington & Wirral  
Dr G. Francis, GP Chair, Wirral NHS Alliance  
Mrs S. Cumiskey, Chief Executive, Cheshire & Wirral Partnership Trust  
Mr A. Cannell, Chief Executive, Clatterbridge Centre for Oncology  
Ms T. Long, Director of Nursing & Midwifery, WUTH  
Mrs A. Roberts, Chief Executive, Voluntary & Community Action Wirral

#### **Apologies:**

Cllr S. Foulkes, Leader of the Labour Group, Wirral  
Mr J. South, Chief Executive, Wirral Community NHS Trust  
Mr J. Wilkie, Chief Executive, Wirral Borough Council

#### **In attendance:**

Mr K. Carbery, Public Health Business Manager, NHS Wirral  
Mrs T. Woodhouse, Executive Assistant, NHS Wirral (Minutes)

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#### **1. Welcome and apologies**

The Chair, Cllr Jeff Green, thanked everyone for attending and apologised for the change in date. Apologies were duly noted.

#### **2. Declarations of interest**

No declarations were registered.

### **3. Minutes of the last Board Meeting (14 December 2011)**

The minutes were agreed as a true record of proceedings and signed by the Chair.

### **4. Presentation on the development of Clinical Commissioning Groups (CCGs)**

Before proceeding with the presentation, Dr Pete Naylor took the opportunity to mention the excellent presentation in January by Cheshire & Wirral Partnership on alcohol, in particular the information on minimum pricing. He would like the Board to consider how this issue could be taken forward. Fiona Johnstone agreed to progress.

#### **Action: Fiona Johnstone to progress and advise.**

Pete Naylor, on behalf of the Commissioning Clinical Groups, thanked the committee for the opportunity to update the Board on the recent changes surrounding clinical commissioning groups.

As background to the presentation he proceeded to advise that over the past year the three Wirral Clinical Commissioning Groups (CCGs) have been successful in taking forward the commissioning agenda. However, due to the mosaic pattern of patients and the overlap between practices, the Department of Health requested the three groups to reconsider their position in order to proceed towards authorisation. In trying to reach a resolution the option of establishing a federated model for the Wirral was agreed in principle by all GP practices.

Each CCG would retain a devolved budget and decision-making authority but would sit under a governing body made up of key representatives of the three CCGs and other key individuals as recommended by national guidance. Dr Abhi Mantgani has been appointed as the Interim Accountable Officer of the Federation with Dr Phil Jennings and Dr Pete Naylor as the Interim Chair(s). Dr Phil Jennings will assume the role of Interim Chair for this year.

Work is progressing on the draft Constitution that would meet the clinical statutory requirement together with a Memorandum of Agreement (MOU) to cover each CCG's area of responsibility. Dr Shyamal Mukherjee welcomed this arrangement from a Cluster perspective and also for the Wirral population as a whole. The members were advised that the management of certain services would be devolved to the CCGs but some services would be managed collectively.

Tina Long enquired the position with regard to the commissioning of children's services. Sheila Clarke commented that the membership of

the Governing Body included the Director of Adult Social Services and asked for consideration to be given to a representative for Children & Young People. Following discussion it was agreed that as the Directors of Adult Social Services and Children & Young People work closely together they would share the seat on the Federation.

**Action: Membership details to be amended accordingly.**

A copy of the presentation would be made available to all members of the Board.

## **5. Presentation on Wirral Council Planned Development for 2012-2013**

Cllr Green proceeded to talk through the budget presentation which highlighted the following areas:

- Giving Children the best start
- Investing in our local economy
- Your neighbourhood, your budget
- Improving Adult Social Care
- Delivering lasting change and improvement

Another area of importance for the Council during 2012-13 is the effective integration of the Public Health function into the Local Authority and Cllr Green welcomed the skills and resources within Public Health going forward.

Following the presentation, Dr Francis enquired whether a more integrated service could be developed in order to help the population access the services and advice needed. For instances GP practices provide excellent resources. Fiona Johnstone took the opportunity to advise of the recent workshop on integrated wellness and collaborative working. Discussions then continued regarding the possibility of recruiting and training volunteers. The group was also advised of the ongoing work with The Reader Organisation, which had taken over a library and would be a resource to help signpost people. Dr Mukherjee declared his interest at this point being a Trustee of the Reader Organisation.

## **6. Update on the development of HealthWatch**

Graham Hodgkinson advised the progress towards establishing a local HealthWatch organisation in 2013 and as directed by the Health & Social Care Bill. It will supersede the existing Patient Forums and will build on the success of Wirral LINKs, (which is currently hosted by the Voluntary Community Action Wirral [VCAW]). The duty of the Local Authority will be to ensure that there is an effective and efficient local

HealthWatch with functions, roles and responsibilities not currently available to LINKs.

A Transition Group has been established and is currently working on the best model for the delivery of the service and to meet the needs of the population of Wirral. Sheena Cumiskey offered support and help with the Transition Group.

**It was agreed that the Board would be supportive.**

## **7. Update on progress with workstreams**

### **7.1 Joint Strategic Needs Assessment to Joint Health & Wellbeing Strategy**

Fiona Johnstone advised that the briefing paper provided an update on the workshop, which had been held to develop the thinking around the delivery of a shadow Joint & Health Wellbeing Strategy. The workshop was held to explore the approach that would be adopted to enable the Health & Wellbeing Board deliver its functions in respect of the JSNA and the Joint Health & Wellbeing Strategy in accordance with the Health & Social Care Bill.

The workshop resulted in a number of key issues being identified and a consultation exercise on these key issues would take place in the next few months. The group was also advised of the initiative to upload the JSNA icon on PCs which would provide direct and easy access straight to the JSNA website. All members agreed that that the icon would be extremely useful and Fiona Johnstone would make the necessary arrangements.

**Action: Fiona Johnstone to facilitate this.**

The report also included a timeline of updates to the Board and the group was asked to ensure that engagement from all areas was captured.

The shadow year would present the opportunity to put the strategy in place and build on what works best for Wirral.

### **7.2 Engagement**

Annette Roberts advised the group of the forthcoming workshop on engagement which had been one of the workstreams identified at the September meeting. One of the main areas to address was to ensure that the flow of information back and forth within the community. Part of the workshop will highlight the use of IT in the engagement process, but it was also acknowledged that there are areas of society that fall into the digital exclusion zone.

### **7.3 Public Health: Integrated wellbeing model**

Fiona Johnstone advised the group of the forthcoming workshop being held to explore how integrated wellness services could be delivered across Wirral. Support for this workshop would be provided through the Place Based leadership initiative and facilitated by Loop2.

Cllr Tom Harney took the opportunity of reminding members of the known link between wellness and access to open spaces, which is quite often ignored from a planning perspective.

**Action: Fiona Johnstone will share the outcome of the workshop with the members.**

### **7.4 Joint Commissioning and integrated delivery**

Graham Hodgkinson informed the group of his recent visit to Torbay to look at their model of integrated delivery and joint commissioning. He further advised of his discussions with the various individuals from the community/social services and the commissioning consortia. Discussions are continuing with all concerned as to how resources could be pooled and closer working arrangements put in place.

Dr Pete Naylor advised of the work of the joint clinical multi disciplinary teams and their effectiveness within the community. He also advised of the forthcoming meeting with DASS and others on joint commissioning.

### **7.5 Place-Based Leadership Development activity Leadership Behaviour and Making Difficult Decisions**

Fiona Johnstone advised the members of the forthcoming workshop on 17 April being one of the key development sessions. All were asked to note the date.

## **8. Update on the development of the child poverty strategy and action plan**

This report presents the key milestones in developing the draft strategy and action plan to date and has been produced in conjunction with multi agency membership and a number of wide-ranging stakeholders. The Board were also advised that the Council had signed up to the Government's 'troubled family' initiative.

Tom Harney took the opportunity of advising the group of research that had been carried out some years ago with regard to the cycle of poverty, education and the role of the family unit.

**Action: Members were asked to note and consider the report and to feed back comments to Jane Morgan at the Local Authority.**

## **9. Relationship between the Health & Wellbeing Board and Overview & Scrutiny**

Following a recent visit to the LGA conference, Fiona Johnstone wished to highlight the issue of scrutiny and how this could be managed locally. She asked members to give consideration to this issue.

## **10. Request for Membership**

A request for membership had been received from the Merseyside Probation Service. It was agreed to advise them that their request would be reviewed at the end of the shadow year.

**Action: Fiona Johnstone to write to the Merseyside Probation Service.**

## **11. Date of next meeting**

To be arranged following the May election

There being no further business the meeting closed at 7.25 pm.

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## WIRRAL SHADOW HEALTH & WELLBEING BOARD

<b>Meeting Date</b>	4 September 2012	<b>Agenda Item</b>	4.1
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<b>Report Title</b>	Health & Wellbeing Board Strategy (Briefing Paper)
<b>Responsible Board Member</b>	Fiona Johnstone (Director of Public Health)

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

<b>Equality Impact Assessment Required &amp; Attached</b>	Yes		No		N/A	N/A
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<b>Purpose</b>	For approval	Yes	To note		To assure	
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<b>Summary of Paper</b>	The aim of the paper is to outline the potential scope, format and production timetable for the inaugural Wirral Health and Wellbeing Strategy.		
<b>Financial Implications</b>	Total financial implication	New investment required	Source of investment (e.g. name of budget)
	£ N/A	£ N/A	£ N/A
<b>Risks and Preventive Measures</b>	N/A		
<b>Details of Any Public/Patient/Service User Engagement</b>	N/A		
<b>Recommendations/Next Steps</b>	<ol style="list-style-type: none"> <li>1. Approve content of paper</li> <li>2. Production of draft strategy by the end of January 2013</li> <li>3. Board review of priorities identified by JSNA questionnaire</li> </ol>		

<b>Report History</b>		
Submitted to:	Date:	Summary of outcome:
<b>List of Appendices</b>	Responses to the JSNA Key Issues Questionnaire August 2012	

<b>Publish On Website</b>	Yes	Yes	<b>Private Business</b>	Yes	
	No			No	No

Report Author: Tony Kinsella (Public Health)

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## Health & Wellbeing Strategy – Briefing Paper

### 1. Introduction

1.1. The aim of this paper is to outline the potential scope, format and production timetable for the inaugural Wirral Health and Wellbeing Strategy.

1.2. It is based on available national guidance, examples of good practice (e.g. Barking & Dagenham Partnership) and the collective input and expertise of Health and Wellbeing partners through the JSNA Steering Group.

### 2. Background

2.1. According to Department of Health guidance, a Health and Wellbeing Strategy should translate the priorities derived from assessing needs and available assets (based on a high quality JSNA process that provides evidence based outputs) into concrete actions that collectively address the underlying determinants of health and wellbeing and improve outcomes.

2.2. It should provide members of Health & Wellbeing Boards (H&WB) 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 need and engagement with local communities.

### 3. Principles

3.1. In developing a Health & Wellbeing Strategy it is important to consider a number of key principles. These principles should facilitate the development of a strategic document that does not try to solve everything, but which should:

- a. Tackle the current and future health and social care needs of the population (identified by JSNA), including the worst inequalities.
- b. Understand inequalities and the factors that influence them (e.g. housing).

c. Focus on issues that can be addressed together (through joint working across the local system) and understands the value of pooling resources to achieve greater impact and improvements in outcomes.

d. Set shared priorities based on evidence of greatest need and focus on those which will make the biggest difference (maximise resources).

e. Develop a prioritisation process which is systematic, transparent, simple and is used consistently over time to justify outcomes. It should aim to balance different types of need and take into account complex needs and integrated planning to address them.

f. Articulate a clear rationale for locally agreed priorities (and what that means for other JSNA identified needs) and how they will be tackled by individual services to deliver improved outcomes.

g. Support increased choice and control by those who use services with independence, prevention and integration at the heart of such support.

h. Focus on prevention and improving outcomes when setting strategy and making decisions (e.g. set clear and measurable outcomes). There should be a process for reviewing whether outcomes have changed as a result of agreed outcomes (taking into account the long term nature of delivering health outcomes).

3.2 The principles that underpin the strategy (as collectively agreed by the H&WB Board) should be distilled into a number of key "design principles".

3.3 These design principles should drive forward the strategy and create an environment and framework which:

- Builds relationships and capabilities
- Targets specific outcomes (based on a shared purpose)
- Examines possibilities over constraints
- Is iterative, participative and based on dialogue
- Promotes collectively agreed values
- Facilitates experimentation
- Articulates a clear set of possibilities that may not yet exist (aspirations)

3.4 When defining the agreed set of design principles, it is important to recognise that good design (regardless of arena) succeeds by persuading, but great design succeeds by inspiring.

#### **4. Strategy Format and Scope**

4.1. The draft format and scope of the strategy was developed through the JSNA Steering Group.

4.2. The Steering Group generated a number of outputs to inform the development of the strategy. These included the following:

a. Consensus on the importance of the underpinning principles as set out in this document. Particular emphasis was placed on the importance of the following:

- Priorities clearly derived from evidence based need.
- Development of a process for determining collective priorities.
- Establish a clear set of principles to drive the development of the strategy (defined as "Design Principles").

b. Recognition of the work undertaken by Barking and Dagenham Partnership, particularly the format for describing priorities, outcomes and key actions:

Priority	Key Outcome	Summary of Key Actions (2010/11)
Smoking	<ul style="list-style-type: none"> <li>• 3% reduction in the % of smoking prevalence over 3 years from 2009/10 baseline</li> </ul>	<ul style="list-style-type: none"> <li>• Aligned/agreed CQUINs across multiple providers</li> </ul>

c. Suggested format for the HW&B Strategy:

Number	Section	Comments
1	Vision	Include reference to time frame (3-5, 10-15 years)
2	Context	Brief summary of national policy, system reform, transformation methods and leadership
3	Design principles (and approach)	Develop and agree a clear set of principles to drive/test strategy development (see above)
4	Key issues	Summary of the populations current and future

		(modelled) health needs/facts/issues
5	Prioritisation Process	Develop a process which is systematic, transparent, simple and used consistently over time to justify outcomes
6	Priorities	Shared and aligned across H&WB partners
7	Key outcomes	Clear and measurable outcomes (e.g. Outcomes Framework or local priorities)
8	Actions	What the HW&B intend to do to deliver outcomes
8	Governance and Review	

## **5. Next Steps**

5.1 The first draft of the H&WB strategy will be produced by the end of January 2013 (subject to H&WB approval of this report).

5.2 In order to facilitate the development of the Strategy additional dedicated resources have been identified to supplement existing staff/resources (e.g. Helen Bromley – Trainee Public Health Consultant).

5.3 In the short term (between September and January) it is proposed that the H&WB should focus on the feedback generated by the JSNA Questionnaire. The questionnaire focused on establishing the views of Wirral residents on the key issues identified by the JSNA.

5.4 A report summarising the latest results from the questionnaire are contained in the attached paper (Appendix 1 – Responses to the JSNA Key Issues Questionnaire August 2012). Alcohol and the ageing population have been identified as key priorities from the responses received. As part of the strategy development process these two issues will be examined in greater detail in two separate workshops in the autumn and new year.

**Tony Kinsella**  
**Performance & Intelligence**  
**Public Health (August 2012)**



## **Appendix One**

### **JSNA Executive Group**

#### **Report for responses to the JSNA Key issues Questionnaire – August 2012**

##### **1.0 Introduction**

1.1 This report summarises the responses from the review of content from the JSNA key issues questionnaire (as at 22<sup>nd</sup> August 2012). The report also provides qualitative information derived from the JSNA Key Issues engagement process.

##### **2.0 Background**

2.1 Wirral's Joint Strategic Needs Assessment (JSNA) is expected to play a significant supporting role in the development of the areas Joint Health & Wellbeing Strategy for the Health and Wellbeing Board. A process of reviewing and refreshing the content in the JSNA continues in order to provide the most relevant information for the Board to consider. The key issues contained in the JSNA have been subject to consideration by a wider audience in order to consider how they resonant with residents and across sectors.

2.2 The online JSNA Key Issues Questionnaire (through Survey Monkey) was introduced in April 2012 through the JSNA website, JSNA bulletins and through a variety of partner contact networks to reach a wide number of Wirral residents including the Council online Engagement database group. A limited number of paper versions were circulated to some residents at their request.

2.3 It was designed to provide the JSNA Executive Group and Health & Wellbeing Board with additional public views and perceptions of the key health and wellbeing issues for Wirral.

##### **3.0 Results**

3.1 As at Tuesday 22<sup>nd</sup> August 2012 there had been 578 questionnaires started.

3.2 There was high numbers of respondents from members of the public as 51.1% and those involved in the public sector as 41.4% with other respondent's representing voluntary, community and faith sectors as stated in Chart 1.

3.3 The outcomes provide an overview of those health and wellbeing issues considered most important to Wirral residents.

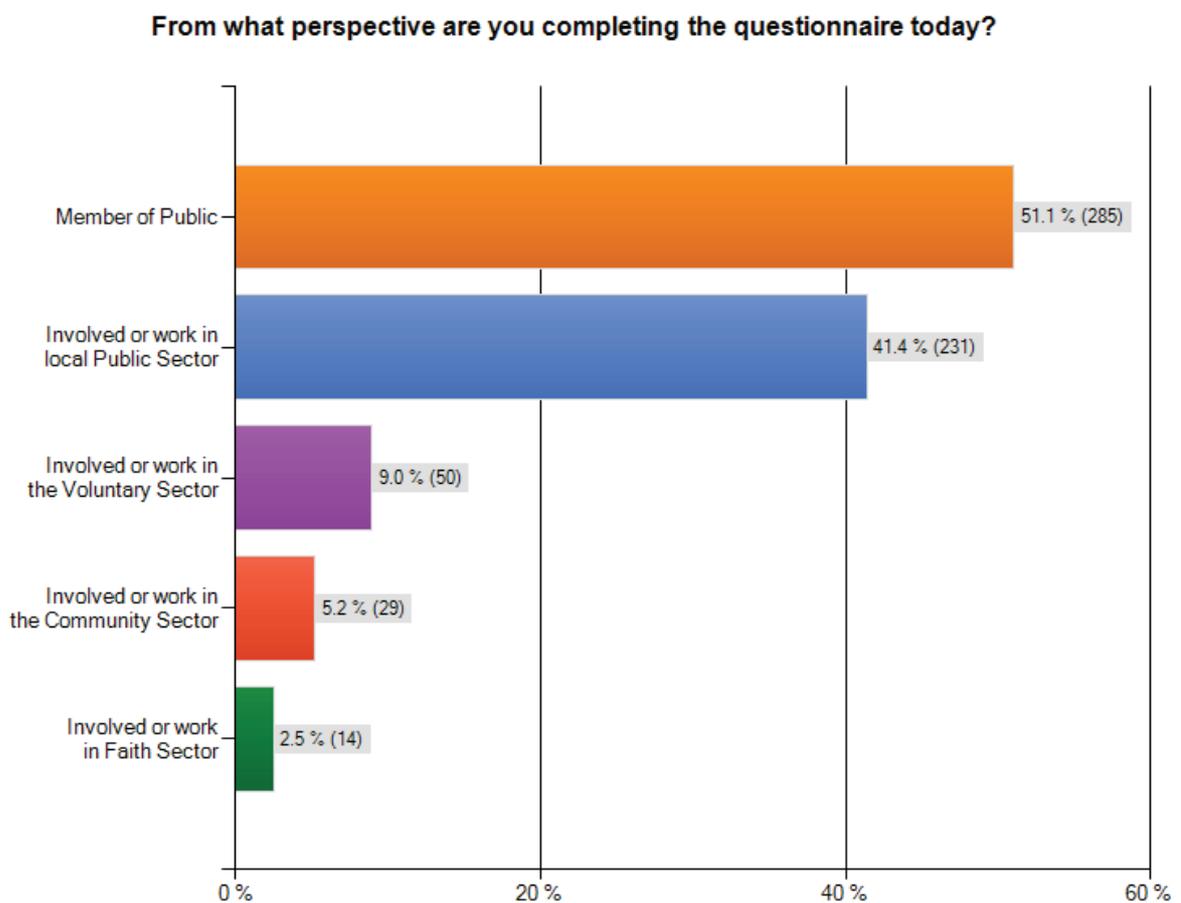
3.4 In general the responses are supportive of the JSNA key issues as they were stated and also the process undertaken to reach this point. As a result of the survey process both Alcohol and Ageing Population have been identified as key priority areas by residents.

3.5 Charts 2, 3 and 4 describe the responses to the process and production of the JSNA content and key issues summary. These are generally very positive and highlight aspects that require further development to improve resident's access to the JSNA content.

3.7 Charts 5, 6 and 7 highlight the responses to the key questions as to whether the JSNA reflects the health and wellbeing issues of the population, are there other issues to be considered by the Health and Wellbeing Board and if any should be a priority. The key issues highlighted in the JSNA generally seem to be made over 75% expressing their agreement. Also there were a small number of other key issues suggested by respondents (34%) with over 57% suggesting some should be prioritised.

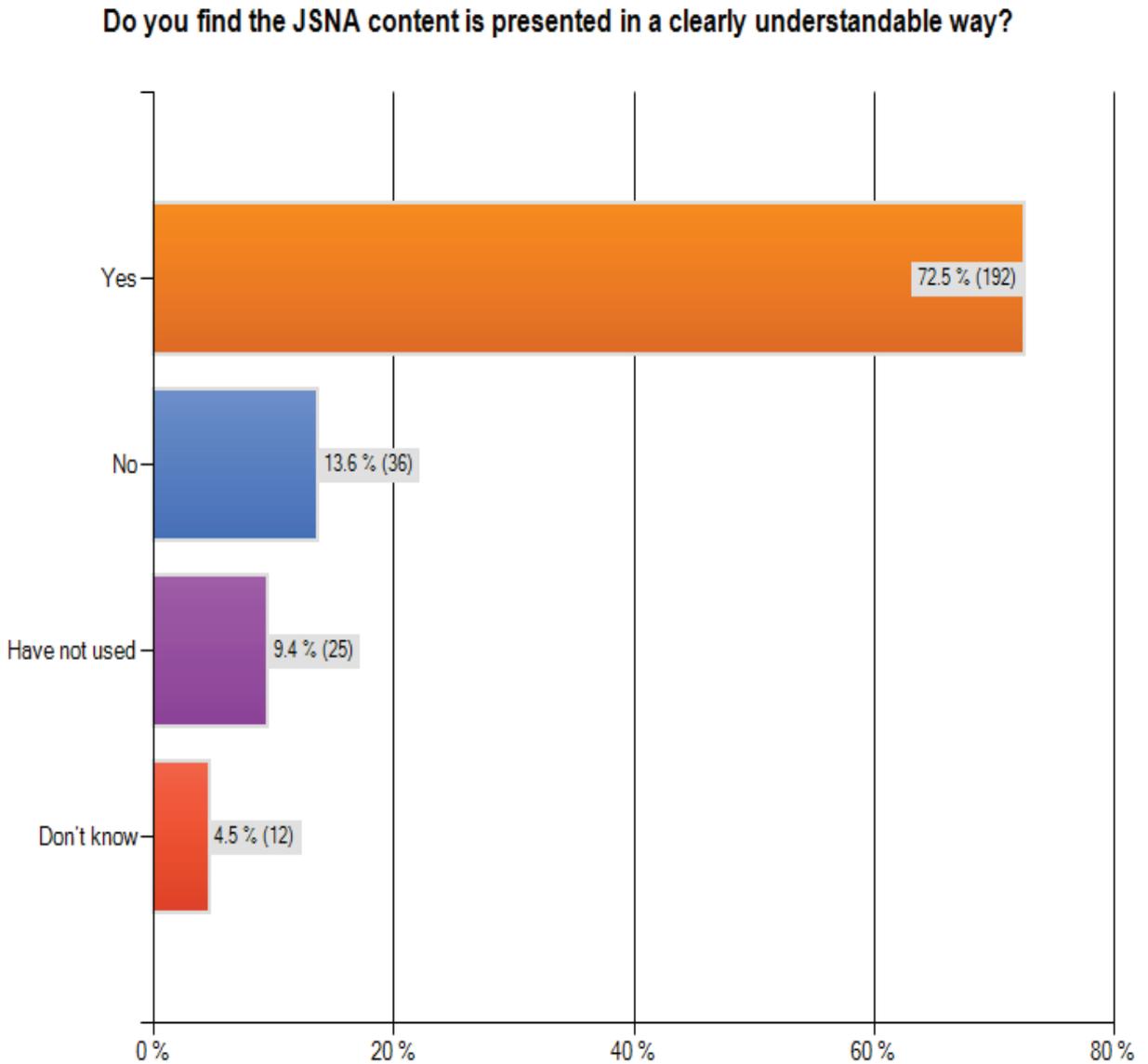
3.8 Tables 1 and 2 provide a qualitative summary of the responses received to the questions posed as to those 'additional key issues' and 'any priority to any of the key issues'

**Chart 1. Groups responding to JSNA Survey**



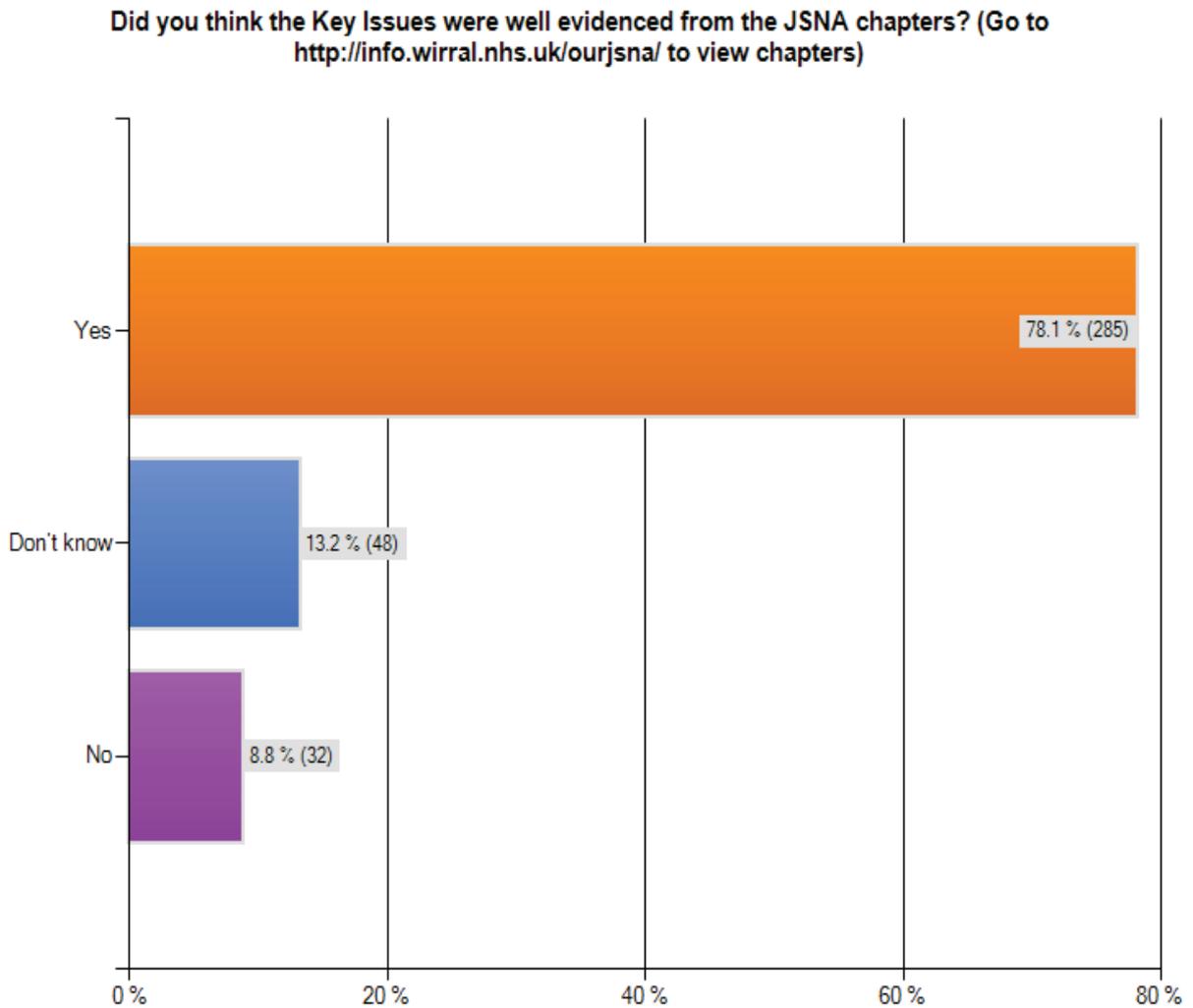
## **Chart 2. Response to presentation of JSNA content**

The numbers supporting the view that the JSNA content was presented in a clearly understandable way was over 72%. (n-265)



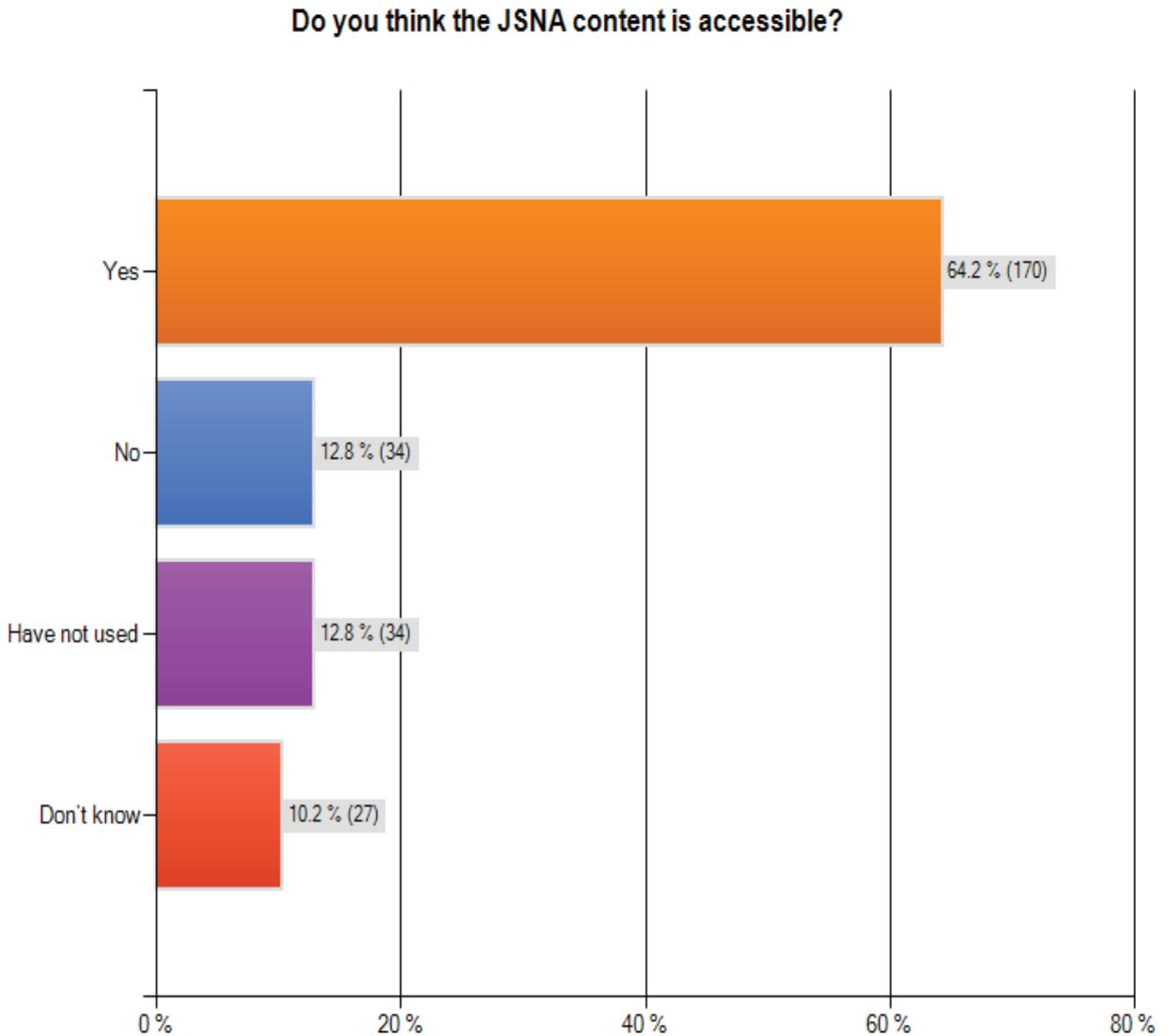
### Chart 3. Responses to quality of JSNA evidence

The proportion of people agreeing that the key issues were well evidenced was over 78% (n-265).



#### **Chart 4. Response to JSNA accessibility**

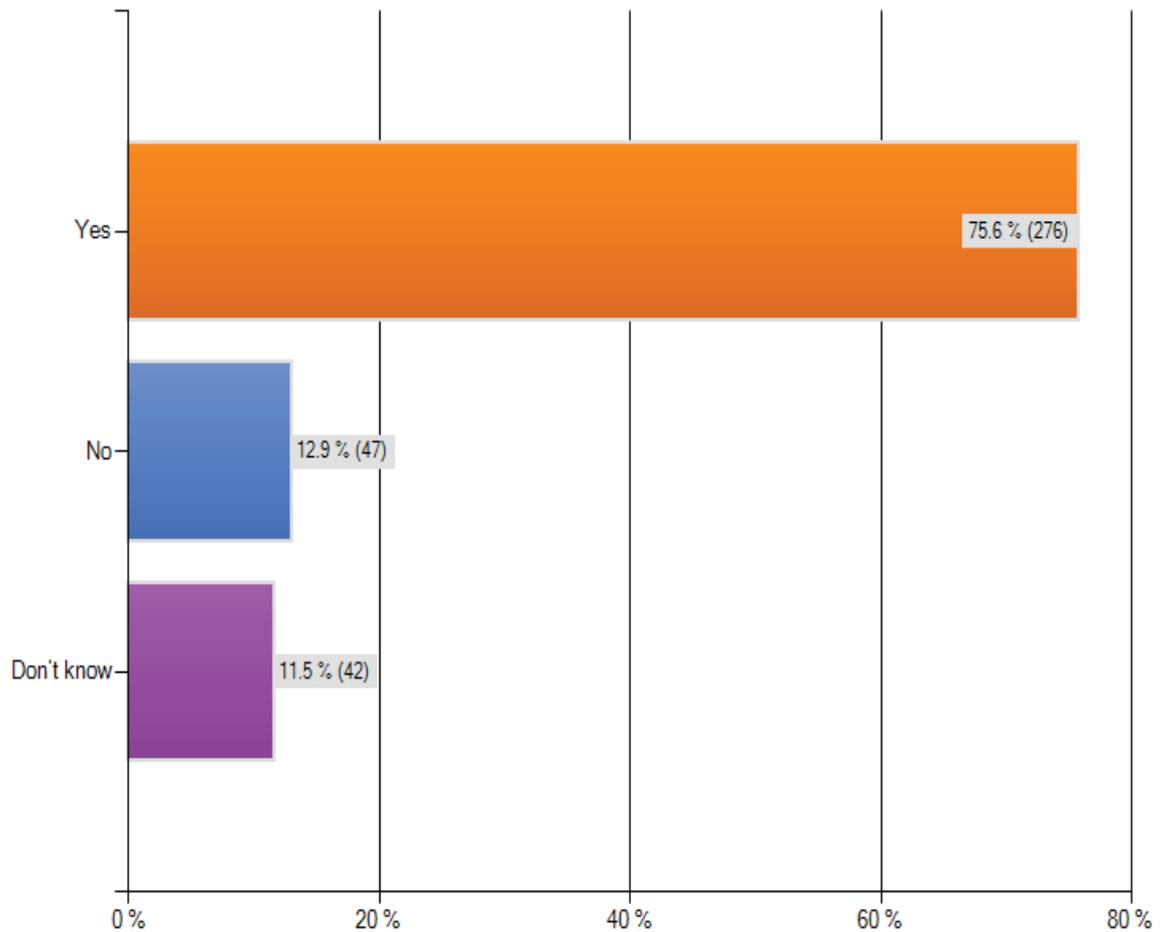
In response to the question, 'is this JSNA content accessible', 64% confirmed that it is. This is a positive response to the question but highlights the need to complete the work already planned in this area (*n*-265).



### **Chart 5. Responses to JSNA capturing Wirral's health and wellbeing issues**

Chart 5 summarises the responses to a key question for the JSNA Executive Group and Wirral Health and Wellbeing Board. When asked if the JSNA key issues capture Wirral's key health and wellbeing issues, 75% of respondents agreed that the key issues had been captured with only 13% suggesting they did not (*n*-365).

**Do you think the JSNA Key Issues Summary report captures the health and wellbeing needs of Wirral people?**

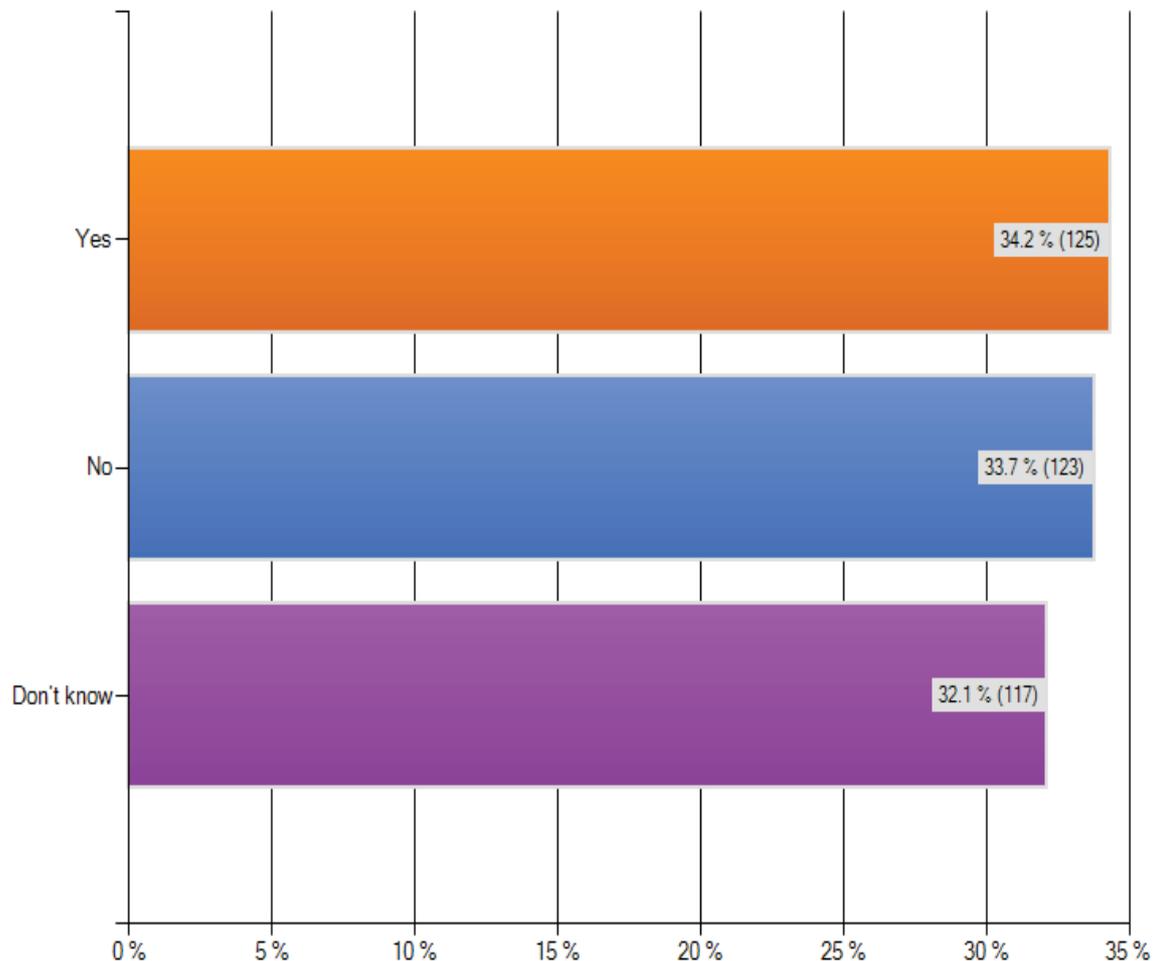


### **Chart 6. Response to possibility of other key issues**

Chart 6 below suggests that respondents believe that there remain other key issues for the Health and Wellbeing Board to consider (34%). Others equally do not feel there are additional key issues which is much lower that the agreement levels noted in Chart 5 (33.7%). However, there are significant numbers of respondents who are not sure if there are other key issues to be included (32.1%). This slightly uncertain picture could require further consideration to ensure any potential issues are understood and actions taken (*n*-365).

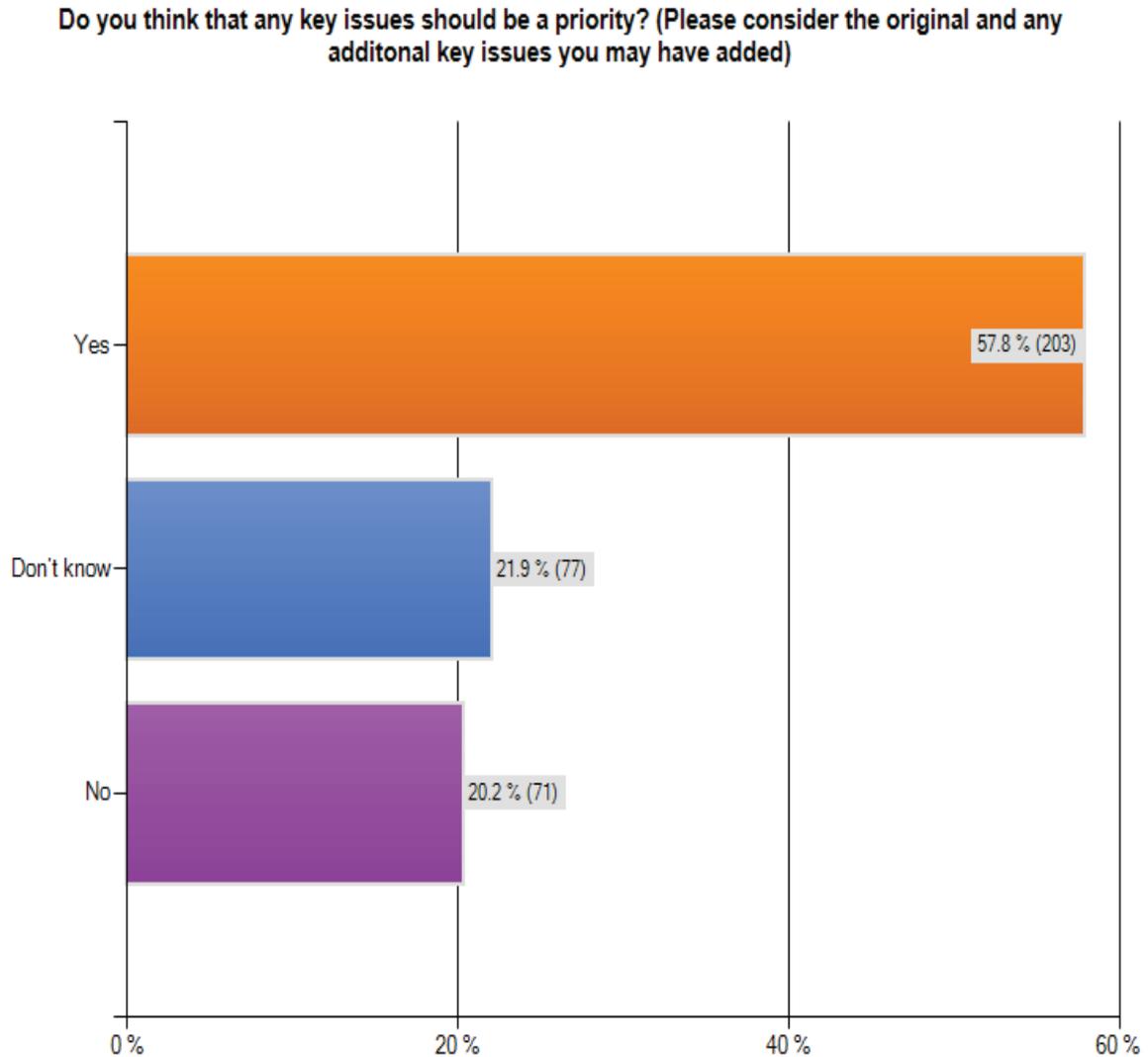
The respondents were asked to suggest these other possible key issues and they are expressed in Table 1.

**Do you think there are other key issues which are not currently included, but should be?**



### **Chart 7. Response to prioritising any key issues**

Chart 7 describes the responses from respondents when asked to consider if any key issues should be a priority over others. The percentage of respondents believing there should be some prioritisation was 57% with only 20% disagreeing with any prioritisation process. Though a significant number, 22% were uncertain for the need for any such prioritisation ( $n = 351$ ).



#### 4 Qualitative responses

- 4.1 A number of questions in the survey sought the views and perceptions of respondents. This provides a range of other content that should be included in the final report. In tables 1 and 2 reflect the answers to the two key questions on 'potential priority subjects' and 'additional key issues'.
- 4.2 The additional key issues reported in many cases appear in the JSNA but may not have been recognised or seen by the respondent, or were considered as different to their presentation in the JSNA.

(Tables 1 and 2 are a summary of the information provided with frequency of their reporting by respondents).

**Table 1. Responses to prioritising any key issues identified**

<b>What key issues should be a priority?</b>
<b>Alcohol</b> - related disease, misuse and education, children, adults, its promotion, education, related worklessness, over availability & DV relationship (55)
<b>Ageing Population</b> , Older People and Elderly Care and needs being met (48)
<b>Mental Health</b> (35)
<b>Poverty</b> and its links to children, fuel, families, debt, mental health, fuel (+cold homes, heating) and wealth (25)
<b>Lifetime Education</b> variety of issues, sexual health, weight management, lifestyle, Young people, new parents, employment (24)
<b>Housing</b> – condition, elderly, homelessness (24)
<b>Diet and Obesity</b> – all ages (23)
<b>Children and Young People</b> including mental health and obesity, support and specific conditions (Autism/ASD) (20)
<b>Carers</b> (20)
<b>Health Inequalities</b> (19)
<b>Drugs Misuse</b> , abuse and health consequences (18)
<b>Unemployment, Employment and worklessness</b> (13)
<b>Long Term Conditions</b> (particularly Diabetes and COPD) (10)
<b>Dementia</b> (10)
<b>Sexual Health</b> (10)
<b>Learning disabilities</b> (8)
<b>Teenage Pregnancy</b> (8)
<b>Diabetes</b> (5)
<b>Health and Wellbeing</b> (5)

**Table 2. Responses to new key issues**

<b>What are these additional key issues?</b>
<b>Mental Health</b> (Services, support and in Children & YP) (Depression, Stress, Population Groups affected)(14)
<b>Education</b> (9 in total) (7) – on drugs & alcohol in schools, on parenting, truancy as a failure, sexual health, system with (2) Education on diabetes and medical conditions
<b>Alcohol</b> - under 18, use, availability, price, outcomes of alcohol abuse such as policing consequences (7)
<b>Employment/Unemployment</b> with greater attention to employment creation and education (7)
Concerns with <b>public sector service provision</b> (7)
<b>Obesity</b> (6)
General <b>support for public across health &amp; social issues</b> (5)
<b>Parenting and early intervention</b> (5)
<b>Social Isolation and Vulnerability</b> (5)
<b>Family issues/support</b> including deprivation (5)
<b>Disability</b> (wider than LD content relates to long term conditions) (5)
<b>Drugs</b> (4) abuse and resulting family issues
<b>Older people</b> their care, safety and provision of services (4)
<b>Access to safe open space/Environment/sports facilities</b> (4)
<b>Oral Health</b> (3)
<b>Eye Health</b> (Macular disease, sight loss, sensory impairment) (3)

## **5 Other Survey Questions**

5.1 Table 3 describes a selection of responses to the remaining survey questions related to:

- Do you have other ideas that could help to develop the JSNA in the future?
- What additional ideas on uses or functions would you like to see included on the JSNA website?
- How do you think we could engage others in the future development of the JSNA?

5.2 A wide range of suggestions and large number (over 500) were made and these have all been considered in the development of the JSNA in the future. The responses and actions taken as a consequence of this survey will also be reported back through networks to inform people of changes and outcomes as a result of their involvement. Table 3 has a range of examples of some of the responses and covers the entire 578 surveys undertaken so far (as at 22/08/12).

**Table 3. Combined responses with ideas, suggestions and opportunities for the JSNA to develop**

Selection of points of interest	Statements as recorded
<p><b>Additional ideas – general</b></p> <p>Question posed in survey</p> <p>What additional ideas on uses or functions would you like to see included on the JSNA website?</p> <p>(Over 125 specific responses)</p>	Less statistics and more proof of programs being implemented which offer practical, high-level professional help
	Maybe showing changes that have been made to try and affect the issues
	A contents page for the beginning of each separate Chapter would be useful for the reader.
	Specific area need to be disseminated to appropriate workforce e.g. health visitors are currently involved with children, and need to be informed about issues related to local children.
	Highlight how GP practices intend turning situations around, e.g. the CCG's priority list or such like. Inform public of intent. This should not be confined to the website
	Is there any way of linking different groups, for instance people with learning disabilities might have mental health problems or long term conditions.
	A key point for me is recognising that not everyone has internet access - how to engage people without the facility (who are often the people we most need to connect with) is also important.
	an update on actions being taken to meet the needs of the Wirral people i.e. new schemes and initiatives being promoted
	A clear indication of future health targets for each of the key areas.
	user feedback and contribution updates for each chapter should be identified without having to read the entire chapter again
<p><b>Additional ideas – JSNA</b></p> <p>Question posed in survey</p> <p>Do you have other ideas that could help to develop the JSNA</p>	visiting a representative sample of voluntary organisations on the Wirral and running workshops
	Public involvement rather than health and social care professionals dictating what will happen
	As a partner I would be interested to offer to assist with any future development of the JSNA as I use data from the JSNA to ensure I am targeting some of MFRS resources towards vulnerable groups. The JSNA is a very useful site.
	How prevention measures in place have improved, if at all, statistics.
	Given the forthcoming transfer of public health responsibilities to the

in the future?  (Over 185 specific responses)	local authority it is a missed opportunity not to build those links with information specialists and staff with access to community research across council departments
	I would like to know who sits on the JSNA
	Continual public consultation post development to see how and if people feel their views have been used to shape the JSNA.
	Feedback on what has changed as a direct outcome of the JSNA.
	more engagement events i.e. through LINK or when LINK transitions to Local HealthWatch
	I was once upon a time a senior civil servant. These documents are fine for civil servants and a few of ministerial rank but not for others especially those that you are trying to reach!
	Gets someone working on the website who understands the principles of simple English.
	To be more of a part within Area Forums throughout the Wirral. Perhaps a rep to inform from time to time on the developing side of the JSNA.
Those people who are following unhealthy life styles have to be engaged in this process. Community based forums, using local facilities to continually promote the benefits of a healthier life style.	
<b>Additional ideas – Engagement</b>  Question posed in survey  How do you think we could engage others in the future development of the JSNA?  (Over 230 specific responses)	Have a forum for discussion and examples
	A direct link between service redesign and future commissioning requirements is essential.
	Include leaflet with annual council tax bill. As a Wirral resident I had not heard of the JSNA.
	Clear explanation about how the JSNA can help professionals in their area of work - through website, leaflets, word of mouth etc.
	go to more people such as community groups needs more public views on need
	link to parenting classes run by voluntary groups
	Making general public more aware of the statistics of their local community with strategies to reduce / address the problems.
	Local papers, Facebook, Twitter
	It is difficult for some of us, like me, to attend meetings, but input by survey would be useful and I would feel I was contributing.
	ask service users at point of delivery what would make them change their behaviours / help them have a better life
	Use the schools, colleges, community groups data bases to filter information or survey materials

## **6 Next steps**

- Provide report for Health and Wellbeing Board to consider in relation to the development of the first Joint Health and Wellbeing Strategy for Wirral.
- Consider actions from ideas, suggestions and implied opportunities incorporate into JSNA Workplan
- Create summary report in response to survey comments that can be circulated and promoted to highlight actions as a consequence of peoples involvement
- Circulate any specific points of interest to appropriate officers, colleagues and partners.
- Provide a continuous process of engagnig residents and partners on the key health and wellbeing issues highlighted by the JSNA. This would be through a variety of existing and new ways in order to provide the appropriate assurances on the approach and quality of the JSNA.

**John Highton**

**JSNA Programme Lead**

**August 2012**

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## WIRRAL SHADOW HEALTH & WELLBEING BOARD

<b>Meeting Date</b>	4 September 2012	<b>Agenda Item</b>	4.2
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<b>Report Title</b>	Extending Public Engagement – workstream feedback
<b>Responsible Board Member</b>	

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

<b>Equality Impact Assessment Required &amp; Attached</b>	Yes		No		N/A	
<b>Purpose</b>	For approval		To note	√	To assure	

<b>Summary of Paper</b>			
<b>Financial Implications</b>	Total financial implication	New investment required	Source of investment (e.g. name of budget)
	£	£	£
<b>Risks and Preventive Measures</b>			
<b>Details of Any Public/Patient/Service User Engagement</b>			
<b>Recommendations/Next Steps</b>			

<b>Report History</b>		
Submitted to:	Date:	Summary of outcome:
<b>List of Appendices</b>		

<b>Publish On Website</b>	Yes	√	<b>Private Business</b>	Yes	
	No			No	√

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## **Extending Public Engagement**

### **1. Background**

Engagement is one of the work streams identified at the first Shadow Health & Well Being Board (HWBB) meeting. VCA Wirral has offered to lead on this, within its role as the 'conduit' between the Public Sector and the Voluntary, Community & Faith Sector (VCFS).

There are several 'layers' to engagement but ultimately, the HWBB will have to engage with the public living and working in Wirral. Currently there are some mechanisms already in existence which can be utilised, but in order to achieve maximum reach and encourage feedback systems, more mechanisms need to be developed.

There is a difference between engagement and communication and the HWBB need to be cognisant of the spread and limitations of both. There can be no 'one size fits all' and we must explore a wide variety of engagement methods.

In an effort to find a starting point, a workshop for existing communications teams in the public sector was facilitated. This was led by Professor Laurie McMahon and I have included some of the findings from the workshop in this report. Initially, it was noted that the communications teams didn't always communicate with each other, and this has led to duplication and gaps in getting information out in a cohesive manner. The workshop was primarily for public sector teams, so there was recognition that the VCF sector need to have a similar session.

To start this process in the VCF sector three questions are being asked.

1. How do provider groups engage with their own clients etc. and could that engagement be utilised?
2. How do residents, tenants, community and other groups engage?
3. As a resident of Wirral, how would you wish to be involved in the engagement process for the HWBB?

Thought must be given to residents and communities who do not engage with organisations or groups.

Principles for developing engagement functions (Extending Public Engagement for Wirral HWB: Workshop Report, Laurie McMahon 10/05/12)

### **2. A Shared Engagement Function**

- The need for wider, deeper and more consistent engagement will overwhelm the resources devoted to it in each organization. What would be sensible is for a common 'engagement platform' to be established for all the partner organizations on the Wirral HWB – perhaps under the umbrella of the new Healthwatch.

- There were a range of partner organizations on the Health and Wellbeing Board who had not just an interest in but a need for much more effective engagement – the NCB, the Council, the CCGs and of course the provider organizations. A shared platform might create an economy of scale that allowed much more to be achieved with the limited resources that each organization could afford to devote to public engagement function.
- As the discussion at the workshop demonstrated, there could be great benefit from creating and using a ‘professional community’ or network of engagement professionals and practitioners across the Wirral.
- This platform would be the vehicle for continuous public engagement on background issues as well as the more contentious issues of the moment. It could be funded through the Health and Wellbeing Board with proportionate contributions of funding or professional effort being made by the partner organizations.
- Rather like a large scale public poll partner organizations of the Health and Wellbeing Board (and others) could ‘piggy back’ on the platform to explore issues that were of particular relevance to them.
- However the engagement platform would not interfere with each organization’s communication and PR functions.
- Suitable governance arrangements would be required for the engagement platform so as to ensure that the interests of the partners were balanced and that the resource load was proportionately shared.
- These governance arrangements should include public representation to ensure that the platform was seen in the public eye to be relatively independent.

### **3. The Engagement Process**

- The engagement process needs to be co-designed with and approved by the public. The public need to understand how and why their opinions and ideas are being sought and who will do what with the results.
- The process needs to be *completely* transparent so that the public can be confident that at no point are they being led to answers that have been predetermined by managers or politicians and that there are no improper interpretations made.
- The process employed needs to be fully deliberative – so that the public are fully aware of the circumstances and issues and the risks and benefits of alternative ways of meeting new requirements.
- If the public are to grow to trust the engagement process they need feedback about how their voice is being heard and what difference it made to decisions or policy. Without this there will be no perceived benefit from engagement.
- The engagement agenda needs to be set with regard to the public’s concerns not just those of the commissioners and providers.

#### **4. Inclusion**

- At the moment there is concern that the current arrangements – no matter how hard the effort to extend the reach and range - tend to engage with a subset of the Wirral population with similar demographic characteristics associated with age, ethnicity, employment status and interest in public affairs – thereby missing great swathes of public opinion.
- Similarly, engagement around service change tends to attract only those users, carers and also staff who have a direct and particular interest in the change. Wider public opinion is not as accessible and so plays much less of a part in the way decisions are made. Processes are needed that will make it more likely that the wider public will engage in the debate about service change.
- The use of the phrase ‘hard to reach groups’ is misleading. It can also describe those who do not find it easy to attend meetings either during the day because of work or in the evening because of family commitments. The majority of Wirral people would fall into this ‘hard to reach’ category! Again we need new media for engagement if we are to widen the range and reach of engagement.

#### **5. Conclusion**

There is some way to go. However, the need for engagement is accepted and is high on everyone’s agenda. There needs to be different levels of engagement, as well as formal and informal methods. Both existing methods and new methods should be explored and, where possible utilised. Full and participatory engagement will aid the work of the HWBB, 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.

The HWBB will need to ‘map’ the existing engagement methods and identify the gaps and overlaps. The ways of filling the gaps should be explored. The HWBB needs to be clear about what it wants from engagement and an action plan could be developed.

## WIRRAL SHADOW HEALTH & WELLBEING BOARD

<b>Meeting Date</b>	4 September 2012	<b>Agenda Item</b>	4.3
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<b>Report Title</b>	Communications and Engagement Strategy
<b>Responsible Board Member</b>	Fiona Johnstone

<b>Link To Shadow HWB Function</b>	<b>Board development</b>	√		
	<b>JSNA/JHWS</b>			
	<b>Health and social care integrated commissioning or provision</b>			
<b>Equality Impact Assessment Required &amp; Attached</b>	Yes	No	N/A	√
<b>Purpose</b>	For approval	√	To note	To assure

<b>Summary of Paper</b>	Communications Strategy to promote the work of the Health and Well being Board		
<b>Financial Implications</b>	Total financial implication	New investment required	Source of investment (e.g. name of budget)
	£ N/A	£	£
<b>Risks and Preventive Measures</b>	The Communications Strategy will mitigate the risk of the work of the Board not being clearly understood by Stakeholders.		
<b>Details of Any Public/Patient/Service User Engagement</b>	N/A		
<b>Recommendations/Next Steps</b>	To approve the Communications Strategy and to request further work to ensure the Health and Well being Strategy has appropriate communications, marketing and engagement support during its development.		

<b>Report History</b>		
Submitted to:	Date:	Summary of outcome:
N/A		
<b>List of Appendices</b>	None	

<b>Publish On Website</b>	Yes	√	<b>Private Business</b>	Yes	
	No			No	√

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Health and Wellbeing Board  
**DRAFT Communications Strategy**

## **1.0 Introduction**

This report provides the Health and Wellbeing Board with a draft Communications Strategy, which will drive the promotion and engagement work required to assist the Board deliver on their priorities. Health and Wellbeing Boards will occupy an important place in local communities as the forum for establishing aspirations for improving health and wellbeing outcomes based on an understanding of needs and assets.

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. Therefore, a cross-agency Communications and Engagement Group has been established ensure the work of the Board is promoted and communicated to all stakeholders in an effective, timely and appropriate manner.

## **2.0 Communications and Engagement Group**

Communications related to the work of the Board will primarily be led by Wirral Council through the Head of Communication and Community Engagement and the Director of Public Health. Further membership of the group is drawn from the following organisations:

- NHS Cheshire, Warrington and Wigan Cluster
- Cheshire and Wirral Partnership NHS Foundation Trust
- NHS Wirral Community Trust
- NHS Wirral Public Health
- Wirral University Teaching Hospital
- Cheshire and Merseyside Partnerships for Health (ChaMPs)

During the shadow year of the Board this group will meet bi-monthly, and the role of chair will be rotated between the Head of Communication and Community Engagement at Wirral Council and the Director of Communications and Engagement at NHS CWW Cluster. Additional members will also be drawn from stakeholders in the community, voluntary and faith sectors as the work of the Board the Communications Group develops.

## **3.0 Objectives**

The shadow year of the Health and Wellbeing Board presents an opportunity for the members of this Group to develop effective joint communications and engagement mechanisms for two-way communications with stakeholders and the wider population of Wirral.

The Group will work to the following objectives in their work of communicating the Board:

- Ensure all relevant resident and community stakeholders are effectively informed and engaged with the work of the Health and Wellbeing Board
- Ensure that communication channels across the network of agencies represented by the Board are utilised to their fullest effect
- Ensure that stakeholders have appropriate, accessible and appealing mechanisms to feed into the work of the Board, to ensure the highest possible levels of engagement and consultation

- Ensure employees from the entire public, community, voluntary and faith sectors are fully engaged with the work of the Board

The Group will additionally work to reduce and limit any costs associated with communicating the work of the Board through working together across the network wherever possible.

#### **4.0 Delivery**

The Communications Strategy for the Health & Wellbeing Board will contribute towards the relevant priorities identified in the Council's Corporate Plan. Formal minutes, agendas and reports associated with the work of the Board will be placed on the Wirral Council website, as is standard for a committee of this type. However, in terms of wider communication the Communications and Engagement group will work together to ensure messages are disseminated via the most appropriate channels and methods.

##### **4.1 Stakeholders**

Members of the Group will work with the Board to determine the most suitable audience(s) for each Board priority, which will in turn assist in determining the most suitable message, messenger, timing and channel for each message.

Health and Wellbeing issues affect everyone, and we will attempt to ensure that all stakeholders have appropriate opportunities to find out about the work of the Board. While we will employ a number of methods to communicate the work of the Board, specific efforts will be made to target those groups who are traditionally hard to reach.

##### **4.2 Messages**

The formation of this Group and agreement of the above objectives will assist communications staff across the network to implement consistent messages on all communications covering Health and Wellbeing, and the work of the Board.

It is important that key messages are clear, consistent and worded in a way to engage the defined target audience(s). We will be employing many different communication channels targeted at a diverse population so it is important to implement an agreed protocol that becomes embedded in existing communications activity.

##### **4.3 Messenger**

The Communications and Engagement Group will define appropriate 'messengers' for each Board priority and project, in agreement with Members of the Board. This will ensure that the most appropriate agency leads on specific areas and that designated spokespeople are identified to front publicity.

##### **4.4 Timing**

The Group will work together to ensure that communications relating to the work of the Board are disseminated to the relevant stakeholders in a timely manner, and at the most appropriate times to ensure the highest level of engagement (for example working with local media deadlines).

##### **4.5 Channels**

Each member of the Group owns and operates a number of communication channels, which provide direct access to stakeholders and residents. It is agreed that members of the Group will share the use of these channels, to ensure messages related to the work of the Board can be communicated to as wide an audience as possible for minimal cost.

Promotion and engagement methods will aim to achieve communication objectives through five main strands of activity;

1. Direct Engagement
2. Targeted Activity
3. Media
4. Online
5. Staff Engagement

#### **4.5.1 Direct Engagement**

All partners on the Group operate individual direct engagement programmes, including events, forums, public meetings and workshops with their customer base, stakeholders and the wider community.

This full programme of activity will be utilised to encourage the highest level of involvement from the community in the work of the Board.

#### **4.5.2 Targeted Activity**

The Council and partners on the Group will utilise existing relationships and networks with community, voluntary and faith sector organisations in order to actively promote the work of the Board to Wirral communities.

Groups who share protected characteristics are traditionally seen as being 'hard to reach', and therefore will require additional communication methods to be employed in order to effectively engage with them.

All partners represented on the Group have worked hard to establish relationships, contacts and networks within these communities and therefore it will be beneficial to share those networks to ensure the work of the Board is promoted as effectively as possible with residents who share one or more of the following characteristics:

- Older people
- Younger people
- People with disabilities
- People from BME communities
- Gay, Lesbian or Bisexual people
- People who have undergone gender reassignment

Many of the priorities contained within the Public Health agenda will have direct bearing with these communities and therefore it is vital for the success of the Board's work that these Groups are fully engaged and informed as to its work programme.

#### **4.5.3 Media**

Media support will be essential to the success of any communications activity. Research has shown that residents' preferred method of finding out information is through the local media. The media will play a vital role in informing people about the work of the Board and press activity will be developed to explain their work, promote opportunities for involvement, inform people of developments and publicise outcomes.

The media strategy will focus on providing the facts and encouraging a spirit of partnership through a direct and transparent tone as well as localised messages.

Advantages of this direct approach include:

- A clear message

- Unambiguous – allows just the facts to be communicated
- Contains 'how to' or action information
- People may notice it more because it relates to important services or issues that are relevant to them

In line with best practice, the Communications Strategy will ensure that:

- Media work is proactive and totally integrated with the wider communications activities.
- Publicity is linked to real local issues so that residents can relate to it.
- Identified spokespeople exist that can be called upon when needed.
- Details of the Board is readily available for journalists.
- Case studies are available wherever possible to illustrate the Board's work.
- Targeted follow-up calls are made to find out what information, in addition to the standard news release, journalists may want in order to develop stories that may interest them.
- All media coverage will be monitored and recorded.

#### **4.5.4 Online**

Web-based communication channels will be maximised to promote the work of the Health & Wellbeing Board.

Internet use is linked to various socio-economic and demographic indicators, such as age, location and education:

- 99% of 16 to 24 year olds have used the internet.
- 82% of people 65 and over have used the Internet.
- 97% of adults educated to degree level have accessed the Internet.
- 45% without any formal qualifications have done so.
- 4 million disabled adults have never used the internet.

Online channels will supplement other communication methods which will be required to ensure that the consultation reaches people who do not use the internet, particularly people over 65, those with fewer formal qualifications and people with disabilities.

To ensure the transparency of the Board's work, all agendas and reports will be quickly and easily accessible on the Council website as is standard for all committees. News stories will also be published online. The Council website is accessible to people who are blind or partially sighted who can use the additional technology to assist their use of the internet.

Wirral Council has over 2,300 followers on Twitter and over 850 followers on its Facebook pages. These channels will be utilised to keep people informed. There are also many local interest websites that relate to Wirral. Some of these sites carry place-related content e.g. Hoylakevillage.co.uk, wikiwirral and others relate to partner organisations such as VCAW and WIRED (Wirral Information Resource for Equality and Disability). These websites carry local news and often include blogs and forums where local people can carry out online discussions. They will be provided with all press releases and asked to carry news items which will contribute to communications objectives.

Wirral Council has a database of 7,000 local people who have requested e-mail updates about Council services. Where appropriate, these people will be e-mailed with opportunities to get involved with the work of the Board. This has proven to be a very effective way of promoting Council consultation exercises.

#### **4.5.5 Employee Engagement**

Internal Communications is one of the key methods of the Council achieving the vision and objectives set out in its Corporate Plan. It is also a vital element of the authority's Improvement Plan.

Engaging staff through Internal Communications methods and channels is important at any time, but times of change present different challenges and need a particular focus. The Council and the NHS have both been going through significant periods of change and this will continue as Public Health transfers over to the Local Authority.

The readiness for this transition change and the reaction to it will vary from person to person and internal communications should engage all employees, ensuring that they feel valued and listened to as the Public Health function develops. Systems need to be in place to ensure that all staff are included and engaged and the information needs to be reliable, consistent, timely and regular to limit rumours, misinformation and ultimately mistrust. Internal Communications is now a standard item at the Council's Executive Team meetings and the senior management team fully understand the need to properly engage the workforce. As a member of the Executive Team, the Director of Public Health is ideally placed to ensure that important messages relating to the work of the Health & Wellbeing Board are included in staff briefings.

Staff engagement activities will assist in:

- Creating a 'listening' culture, offering and promoting a range of opportunities for staff to 'have their say' on the key issues affecting the organisation(s).
- Communicating consistent, honest, accurate, timely, regular information.
- Offering and promoting opportunities for staff to interact and be inspired by good practice.
- Promoting opportunities for staff to access help, training and support to carry out their work.

Members of the Group will share the use of internal communications mechanisms to ensure messages are communicated to as wide an audience as possible, including hard-to-reach staff.

#### **5.0 Resources**

Individual communication projects associated with the work of the Board may have their own costs and budgets included, but for the work of this Group as outlined in this report the only financial impact will be related to the time spent by the officers involved from all agencies.

## WIRRAL SHADOW HEALTH & WELLBEING BOARD

<b>Meeting Date</b>	4 September 2012	<b>Agenda Item</b>	4.4
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<b>Report Title</b>	Joint Commissioning and Integrated Delivery Update
<b>Responsible Board Member</b>	Graham Hodgkinson, Director of Adult Social Services

<b>Link To Shadow HWB Function</b>	<b>Board development</b>		
	<b>JSNA/JHWS</b>		
	<b>Health and social care integrated commissioning or provision</b>		✓
<b>Equality Impact Assessment Required &amp; Attached</b>	Yes	No	N/A
<b>Purpose</b>	For approval	To note	To assure

<b>Summary of Paper</b>	To provide a brief update for the Board with regard to the current and emerging positions in relation to Joint Commissioning and Joint Delivery of NHS and Social Care Services.		
<b>Financial Implications</b>	Total financial implication	New investment required	Source of investment (e.g. name of budget)
	£	£	£
<b>Risks and Preventive Measures</b>	Reconfiguration of the NHS provides significant opportunities for integration. There are significant changes in responsibilities and personnel that has led to the need to review the current position in relation to joint commissioning and future intentions. The three commissioners in Wirral (CCG, Public Health, Social Care) have taken this opportunity to explore new and innovative ways of delivering their duties in the most efficient and effective ways. The future intention of these Wirral Commissioners is to work in a more integrated way, working towards <b><i>Aligning strategies, harmonising processes for better outcomes</i></b> . This paper provides further detail to the Health and Wellbeing Board of the group and how it will work.		
<b>Details of Any Public/Patient/Service User Engagement</b>	Public and patients will be involved in commissioning decisions.		
<b>Recommendations/Next Steps</b>	The Health & Wellbeing Board is asked to support the establishment of the Wirral Integrated Commissioning Group.		

<b>Report History</b>		
Submitted to:	Date:	Summary of outcome:
<b>List of Appendices</b>		

<b>Publish On</b>	Yes	<b>Private Business</b>	Yes
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<b>Website</b>	No			No	
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# Joint Commissioning and Integrated Delivery Update

## Introduction

1. The Health and Social Care Bill has resulted in major system reform affecting all organisations on Wirral. The commissioners have risen to the challenge to implement the required changes and have recognised the opportunities such system changes bring. The three commissioners on Wirral (Wirral CCG, Public Health and Social Care) have taken this opportunity to explore new and innovative ways of delivering their duties in the most efficient and effective ways.
2. This paper provides further detail to the Health & Wellbeing Board of the group and how it will work.

## Strategic Intent

3. Health, Social Care and Public Health commissioners recognise that many parts of the system are already integrated, with integrated planning happening in some parts of the system, integrated delivery happening within services and solutions being delivered jointly for patients/clients to meet their needs. There is also a recognition that Health and Social Care organisations are now more than ever intertwined, with the transfer of Public Health from the NHS to the Local Authority and the CCGs emerging as the new health commissioning bodies with a strong onus on Public Health driven needs assessment. With this in mind, the commissioners recognise the opportunity to do things together to deliver more efficiently, more effectively for better outcomes.
4. The intention for the future is to bring closer together the strategic alignment of commissioners to allow needs assessment and planning to happen before a service is commissioned or put in place that will meet the health and social care needs of the people of Wirral.
5. The strategic intent for joint commissioning on Wirral will be driven and reflective of the Health and Wellbeing Strategy.
6. The full terms of reference for the group are being revised in the light of organisational change.

## Delivery Intent

7. The delivery intent built on the foundation of integrated needs assessment and aligned strategic planning is to commission those services together that are intimately connected or of shared responsibility.
8. The delivery of services and how the system operates in future may be achieved through integrated processes in the areas of:
  - *Integrated assessment* - Good commissioning decisions should be based on thorough needs assessment, integrating this assessment allows a more holistic solution to be sourced for individuals or populations.
  - *Strategic planning* - This allows the formation of aligned, integrated or complementary strategies that will inform joint plans to address health and social care needs

- *Business Intelligence* – By looking at information and data from all aspects of service delivery and customer requirements, this can inform joint priorities and efficiencies.
- *Contract and Performance Management* – This will promote improving quality and performance through contracting, performance management and procurement routes.
- *Service Design* – This will identify options and cases for change going on to support the implementation process. In addition, this model will support service line reviews and development, potentially identifying and delivering efficiencies across the system and improving customer flow across health and social care interface.

## Outcome Focussed

9. How the commissioners work together and what they choose to commission in an integrated way will be measured and reviewed against
  - Timelines of delivery
  - Cost and Efficiency
  - Performance and outcomes

## Conclusions

10. The future intention of the Wirral Commissioners – Wirral CCG, Public Health and Social Care - is to work in a more integrated way, working towards, '***Aligning strategies, harmonising processes to deliver better outcomes***'

## Recommendation

11. The Health & Wellbeing Board is asked to support the establishment of the Wirral Integrated Commissioning Group.

# Statement of Intent Wirral CCG, Public Health and Social Care

## 1 Introduction

- 1.1 The following document lays out the intention of the Wirral Commissioners: - Wirral CCG, Public Health and Social Care to work in an integrated way, working towards

***'Aligning strategies, harmonising processes for better outcomes'***

## 2 Strategic Intent

- 2.1 Health, Social Care and Public Health commissioners recognise that many parts of the system are already integrated with integrated planning happening in some parts of the system, integrated delivery happening within services and solutions being delivered for patients/clients to meet their needs. There is also a recognition that Health and Social Care organisations are now more than ever intertwined with the transfer of Public Health from the NHS to the Local Authority and the CCGs emerging as the new health commissioning bodies, the commissioners recognise the opportunity to do things together to deliver more efficiently, more effectively for better outcomes.
- 2.2 The intention for the future is to bring closer together the strategic alignment of commissioners to allow needs assessment and planning to happen before a service is commissioned or put in place that will meet the health and social care needs of the people of Wirral.

## 3 Delivery Intent

- 3.1 The delivery intent built on the foundation of integrated needs assessment and aligned strategic planning is to commission those services together that are intimately connected or of shared responsibility.
- 3.2 The delivery of services and how the system operates in future may be achieved through integrated processes in the areas of:
- *Integrated assessment* - Good commissioning decisions should be based on thorough needs assessment, integrating this assessment allows a more holistic solution to be sourced for individuals or populations.
  - *Strategic planning* - This allows the formation of aligned, integrated or complementary strategies that will inform joint plans to address health and social care needs.
  - *Business Intelligence* – By looking at information and data from all aspects of service delivery and customer requirements, this can inform joint priorities and efficiencies.
  - *Contract and Performance Management* – This will promote improving quality and performance through contracting, performance management and procurement routes.

- *Service Design* – This will identify options and cases for change going on to support the implementation process. In addition, this model will support service line reviews and development, potentially identifying and delivering efficiencies across the system and improving customer flow across health and social care interface.

#### **4 Outcome Focussed**

4.1 How the commissioners work together and what they choose to commission in an integrated way will be measured and reviewed against

- Timelines of delivery
- Cost and efficiency
- Performance and outcomes

4.2 Terms of Reference for the Integrated Commissioning Group are being revised in the light of organisational change.

## WIRRAL SHADOW HEALTH & WELLBEING BOARD

<b>Meeting Date</b>	4 September 2012	<b>Agenda Item</b>	5
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<b>Report Title</b>	Wirral Children's Trust delivery of children's services partnership activity through the Children and Young People's Plan
<b>Responsible Board Member</b>	Julia Hassall - Acting Director of Children's Services

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

<b>Equality Impact Assessment Required &amp; Attached</b>	Yes		No		N/A	
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The CYPP overarching EIA is published:  
<http://www.wirral.gov.uk/my-services/childrens-services/childrens-trust/children-and-young-peoples-plan>

<b>Purpose</b>	For approval		To note	✓	To assure	
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<b>Summary of Paper</b>	This paper outlines Wirral children's services partnership activity through Wirral Children's Trust in producing the Children and Young People's Plan (CYPP); a strategic plan to improve outcomes for the children and young people of Wirral.		
<b>Financial Implications</b>	Total financial implication	New investment required	Source of investment (e.g. name of budget)
	£	£ n/a	£ n/a
<b>Risks and Preventive Measures</b>	This report is shared to ensure Health and Wellbeing Board (HWBB) members are fully aware of children's services activity prioritised through delivery of the CYPP. Sharing this information will assist the optimum development of the HWBB and the Joint Health and Wellbeing Strategy (JHWS) and ensure continued focus in Wirral of the delivery of improved outcomes for children and young people.		
<b>Details of Any Public/Patient/Service User Engagement</b>	Consultation was carried out with children and young people in producing the CYPP.		
<b>Recommendations/Next Steps</b>	That the Board: 1. Note the content and development of the CYPP. 2. Consider the current arrangements through Wirral Children's Trust for partnership working in children's services and the implications for the proposed development of the Health and Wellbeing Board and the Joint Health and Wellbeing Strategy.		

<b>Report History</b>		
Submitted to:	Date:	Summary of outcome:
Children's Trust Board	20/03/2012	The board approved the new 2012-13 plan and

		associated documents and the annual review of the 2011-12 plan.
Wirral Council Overview and Scrutiny Committee	06/06/2012	The committee was provided with strategic information relating to children's services partnership working through Wirral Children's Trust.
<b>List of Appendices</b>		

<b>Publish On Website</b>	Yes		<b>Private Business</b>	Yes	
	No			No	✓

The CYPP and related information is published on the website:

<http://www.wirral.gov.uk/my-services/childrens-services/childrens-trust/children-and-young-peoples-plan>

Report Author: Nancy Clarkson, Strategic Service Manager Infrastructure

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## **WIRRAL CHILDREN'S TRUST DELIVERY OF CHILDREN'S SERVICES PARTNERSHIP ACTIVITY THROUGH THE CHILDREN AND YOUNG PEOPLE'S PLAN**

### **1. Background**

- 1.1 The Children and Young People's Plan (CYPP) is an overarching strategic plan developed by Wirral Children's Trust for all organisations providing services for the children and young people of Wirral. The CYPP is reviewed annually.
- 1.2 Wirral Children's Trust oversees the partnership approach to delivering services and improving outcomes for children, young people and their families in Wirral. It works to a clear memorandum of understanding which includes a joint working protocol with Wirral Safeguarding Children Board (WSCB). The Trust has well defined structure with a range of operational sub-groups including a Joint Commissioning Group which ensure involvement of all partners. In 2011 the Office for Standards in Education Children's Services and Skills (OFSTED) rated Wirral Children's Services as 'performing excellently', 4 on a 4 point scale in the Annual Children's Services Assessment. In addition both the Children's Trust Board and the WSCB were seen as strengths in the 2011 OFSTED inspection of safeguarding and looked after children services.
- 1.2 In April 2011 Wirral published a one year CYPP 2011-2012. The plan covered all the services for children and young people in the Borough and brings together all the strategic and operational plans to improve their lives and enable them to achieve their potential. This plan ended on the 31<sup>st</sup> March 2012 and a review of the final year of the plan has been carried out. In addition a new plan has been produced for 2012-13. The new plan identifies clear priorities and outlines how they will be delivered.
- 1.3 The CYPP annual review and production of the new plan was carried out by multi-agency strategy groups linked to five outcome areas: Being Healthy, Staying Safe, Enjoy and Achieve, Positive Contribution and Social and Economic Wellbeing. The strategy groups consist of representatives from all agencies working with children and young people in Wirral. The priorities were informed through needs analysis including the Joint Strategic Needs Assessment (JSNA) and consultation with young people.
- 1.4 In addition to the main plan a children and young people's version of the plan has been produced and a feedback response report to the consultation with children and young people carried out to develop the plan has been provided to those who took part. These have also been published on the teenWirral website for young people to access easily.
- 1.5 Wirral Children's Trust has a commitment to contributing to a fairer society through ensuring that their plans for children's services take account of equality duties as defined in the Equality Act 2010. Each year during the annual review of the CYPP an equality analysis is undertaken which builds on the equality plans published for previous CYPPs. The equality analysis is undertaken in consultation with partners through the multi-agency strategy

groups for the five outcome areas. The result is an annual progress review which enables achievements in equality for children's services to be highlighted, outstanding actions to be carried forward and new areas to be identified.

- 1.6 Wirral Children's Trust Executive will progress the implementation of the new CYPP through overseeing the activity of named project leads through the strategy groups. Quarterly performance reports are presented to Wirral Children's Trust Board along with an annual report from each strategy group. The Board has approved the new 2012-13 CYPP, monitors its delivery and provides support and challenge as required.
- 1.7 The plan and associated documents can be accessed through Wirral Children's Trust Website (hosted by Wirral Council) and where appropriate the teenWirral website. Wirral Children's Trust website:  
<http://www.wirral.gov.uk/my-services/childrens-services/childrens-trust>

## WIRRAL SHADOW HEALTH & WELLBEING BOARD

<b>Meeting Date</b>	4 September 2012	<b>Agenda Item</b>	6
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<b>Report Title</b>	Transition from LINK to Wirral HealthWatch
<b>Responsible Board Member</b>	

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

<b>Equality Impact Assessment Required &amp; Attached</b>					N/A	
<b>Purpose</b>	For approval		To note		To assure	

<b>Summary of Paper</b>	<p>With effect from April 2013, a new organisation, Wirral HealthWatch, will be established to influence health and social care from a lay perspective (previously a LINK function), to signpost people to appropriate services and to provide advocacy for people making complaints about the NHS.</p> <p>Wirral HealthWatch will be a local corporate body which links with HealthWatch England, a statutory committee of the Care Quality Commission.</p>		
<b>Financial Implications</b>	Total financial implication	New investment required	Source of investment (e.g. name of budget)
	£	£	£
<b>Risks and Preventive Measures</b>			
<b>Details of Any Public/Patient/Service User Engagement</b>	<p>The Transition Group (which has been overseeing the transition from LINK to HealthWatch) comprises members from a range of statutory organisations and LINK members.</p> <p>It is planned to hold a series of consultation events over the coming months to raise awareness and to inform the operational model.</p>		
<b>Recommendations/Next Steps</b>	That the Health and Wellbeing Board continues to support the formation of Wirral HealthWatch		

<b>Report History</b>		
Submitted to:	Date:	Summary of outcome:
Fiona Johnson		
<b>List of Appendices</b>	Diagram of HealthWatch model	

<b>Publish On Website</b>	Yes		<b>Private Business</b>	Yes	
				No	

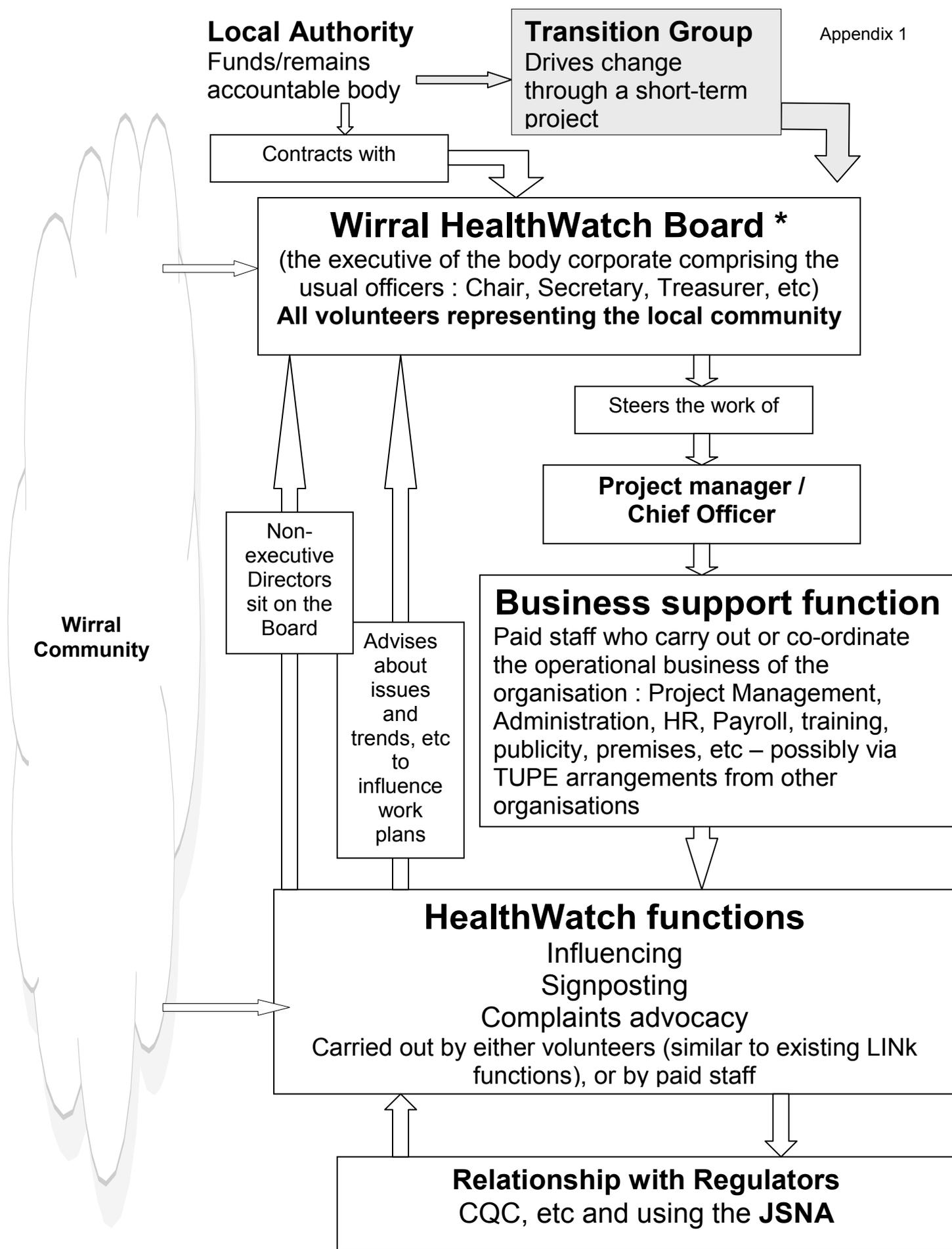
Report Author: Nick Broadhead

Contact details: 0151 666 3632

## Transition from LINK to Wirral HealthWatch

1. In 2003, Community Health Councils were replaced by a system of 'Patients Forums' linked to individual NHS health trusts, and overseen by a Commission for Patient and Public Involvement in Health (CPPIH). In 2008 both Patients Forums and CPPIH were abolished in favour of the current system of local involvement networks (LINKs).
2. Voluntary Community Action Wirral was selected, via a tendering process, to become the 'host' organisation for LINK, an arrangement which has been very successful and enabled LINK members to focus on their functions as volunteers without needing to be involved in any business side of the organisation.
3. Section 183 of the Health and Social Care Act 2012 charged the Local Authority with a duty to make arrangements with a local body corporate to be known as Wirral HealthWatch, to replace local LINK organisations.
4. Wirral HealthWatch will be the independent consumer champion across Wirral to promote better outcomes in health and social care by gathering the views of people who use services and monitoring the providers of some services. Its roles have been described as 'influencing, signposting and advocacy for complaints around health'.
5. A new national body, HealthWatch England (a sub-committee of the Care Quality Commission) will be operational from October 2012, whose role will be to co-ordinate issues from all local HealthWatch organisations and have a national influence on health and social matters.
6. Although the functions of the local organisations have been detailed, there was very little Governmental advice about the form of the organisation that was to oversee these functions.
7. In Wirral, a HealthWatch Transition Group was established in 2010 (comprising members from DASS, NHS Wirral, VCAW, Wirral LINK, Wirral University Teaching Hospital, Clatterbridge Centre for Oncology and the Community Trust) to oversee the development of Wirral HealthWatch.
8. The main focus of the group to date has been the form of the organisation, something that has proved difficult to determine. (Unlike a number of other Local Authorities, Wirral decided not to become a Pathfinder, however, from regular meetings with representatives from these groups, it is clear that Wirral is progressing as well as neighbouring Authorities.)
9. The Act made it clear that the local HealthWatch organisation must be an independent body corporate, which implied that it would have to be a new organisation established specifically for the purpose, however, such an organisation would not be able to provide any evidence of provenance under any tendering arrangement. This placed the Board in a predicament, which we have solved by adopting the model shown in Appendix 1.

10. In this model, the Transition Group will commission VCAW, as the infrastructure organisation, to establish a HealthWatch Board. This Board will oversee the appointment of a Chief Officer, whose role will be to co-ordinate the various functions of HealthWatch, both operational and business related. In order to provide continuity and provenance, Wirral HealthWatch will be obliged to purchase its business functions from VCAW for at least its first year.
11. The business model for the new organisation will be agreed at the next Transition Group meeting, on July 5<sup>th</sup>, together with a broad outline of the membership of the proposed Board.
12. It is anticipated that there will be a 'shadow' HealthWatch in place by the end of 2012 in preparation for assuming its full role with effect from 1st April 2013.
13. From April 2014, Wirral HealthWatch will be completely autonomous and able to decide how its business functions are to be met – internally or via an external provider.
14. The Act requires that a member of the local HealthWatch organisation will have a seat on the local Health and Wellbeing Board.
15. Originally, the Bill envisaged that local HealthWatch organisations would be operational with effect from April 2012, with responsibility for influencing and signposting. With effect from April 2013 a third obligation would be to provide advocacy for people making complaints about health services. The delay in enacting the legislation means that HealthWatch will be expected to provide all three functions with effect from April 2013. The transition group has agreed that, to reduce pressure on the new HealthWatch organisation, it will participate in a pan-Merseyside consortium which will tender for the provision of health complaints advocacy throughout the patch. This arrangement will in place for two years, after which Wirral HealthWatch can choose to remain within the consortium or make its own arrangements for health complaints advocacy.
16. Having agreed the form of the organisation, the next phase will be a wide consultation with stakeholders about how they expect the functions to be provided on their behalf, how Board members should be selected and any other relevant issues.
17. The local Authority intends to fund Wirral HealthWatch at the same rate as it has funded VCAW to host Wirral LINK.
18. The local LINK Board and LINK members have been fully updated about the transition throughout this process and have continued to function as well as ever, whilst preparing themselves for the transition.



*\* Proposed that Wirral's infra-structure organisation, VCAW, establishes the Board and provides business functions for the first year, after which the Board will be autonomous and able to purchase its business and other functions via the market*

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## **The 'Better Board Behaviours' Session 4<sup>th</sup> September 2012**

One of the priorities you selected to work on as part of the NHS Leadership Academy's *Place based Leadership* initiative was about appropriate member behaviour both within and beyond the meetings of the Health and Wellbeing Board. You felt that since the HWB was a new venture for all those concerned, new ways of working would have to be developed – and quickly! A project design was agreed in which we would first interview Board members about what behaviour they thought would be more and less conducive to the success of the Board and then use the analysis of the interviews to work with the Board to see if a 'memorandum of understanding' can be developed.

The interview phase has now been completed and so I will be joining your meeting on the 4<sup>th</sup>. I will observe the early part of the Board meeting when you are dealing with other business and then make a short presentation on the interview analysis, identifying agreements and differences. We can then discuss candidate items for the memorandum. Following the meeting I will prepare a report on the outcome. Once again, I look forward to working with you.

Laurie

**Professor Laurie McMahon**

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## WIRRAL SHADOW HEALTH & WELLBEING BOARD

<b>Meeting Date</b>	4 September 2012	<b>Agenda Item</b>	9
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<b>Report Title</b>	Forward Plan
<b>Responsible Board Member</b>	Director of Public Health

<b>Link To Shadow HWB Function</b>	<b>Board development</b>	✓		
	<b>JSNA/JHWS</b>			
	<b>Health and social care integrated commissioning or provision</b>			
<b>Equality Impact Assessment Required &amp; Attached</b>	Yes	No	N/A	✓
<b>Purpose</b>	For approval	To note	✓	To assure

<b>Summary of Paper</b>	The Forward Plan will support a pro-active approach to the work of the Health & Wellbeing Board, and provide transparency in relation to the intended work programme.		
<b>Financial Implications</b>	Total financial implication	New investment required	Source of investment (e.g. name of budget)
	£	£	£
<b>Risks and Preventive Measures</b>	n/a		
<b>Details of Any Public/Patient/Service User Engagement</b>	The Forward Plan will be published with the papers for the board.		
<b>Recommendations/Next Steps</b>	Items for the Forward Plan are discussed and agreed.  Future items for the Board should be notified on a rolling basis and the Forward Plan updated.		

Report History		
Submitted to:	Date:	Summary of outcome:
n/a		
n/a		
<b>List of Appendices</b>	n/a	

<b>Publish On Website</b>	Yes	✓	<b>Private Business</b>	Yes	
	No			No	✓

Report Author: Fiona Johnstone, Director of Public Health

Contact details: Fiona.johnstone@wirral.nhs.uk

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## WIRRAL SHADOW HEALTH & WELLBEING BOARD

<b>Meeting Date</b>	4 September 2012	<b>Agenda Item</b>	10
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<b>Report Title</b>	Review of Terms of Reference and Membership
<b>Responsible Board Member</b>	Director of Public Health

<b>Link To Shadow HWB Function</b>	<b>Board development</b>	✓		
	<b>JSNA/JHWS</b>			
	<b>Health and social care integrated commissioning or provision</b>			
<b>Equality Impact Assessment Required &amp; Attached</b>	Yes	No	N/A	✓
<b>Purpose</b>	For approval	✓	To note	To assure

<b>Summary of Paper</b>	The terms of reference for the Health & Wellbeing Board were agreed in December 2011. It was agreed that they would be reviewed after 12 months of the Board being in operation, and are therefore presented for discussion.		
<b>Financial Implications</b>	Total financial implication	New investment required	Source of investment (e.g. name of budget)
	£ n/a	£	£
<b>Risks and Preventive Measures</b>	n/a		
<b>Details of Any Public/Patient/Service User Engagement</b>	n/a		
<b>Recommendations/Next Steps</b>	<p>That the Board:</p> <ol style="list-style-type: none"> <li>1. Considers the Terms of Reference and Members and agrees any amendments.</li> </ol>		

<b>Report History</b>		
Submitted to:	Date:	Summary of outcome:
Shadow H&WB Board	21/9/11	Amendments proposed
Shadow H&WB Board	14/12/11	Amendments agreed
<b>List of Appendices</b>	Terms of Reference and Membership of the Board.	

<b>Publish On Website</b>	Yes	Y	<b>Private Business</b>	Yes	
	No			No	N

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## WIRRAL HEALTH & WELLBEING BOARD

### Purpose

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

1. To oversee and implement the creation of a Wirral Health & Wellbeing Board in readiness to assume its statutory responsibilities from April 2013.
2. To propose recommendations regarding this work to:
  - Wirral Council Cabinet
  - NHS Cheshire, Warrington & Wirral Cluster PCT
  - Wirral GP Commissioning Consortia
3. To drive a collaborative approach to commissioning of improved health and care services which improve the health and wellbeing of local people.
4. To develop a shared understanding of the needs of the local community through the development of an agreed Joint Strategic Needs Assessment.
5. To seek to meet those needs through leading on the development and publication of a high-level Joint Health & Wellbeing Strategy.
6. To consider options for the development of HealthWatch in Wirral ensuring that appropriate engagement and involvement within existing patient and service user involvement groups takes place.
7. To consider and take advantage of opportunities to more closely integrate health and social care services in commissioning and provision.
8. 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.
9. To establish a key forum for local democratic accountability relating to commissioning against agreed health outcomes.
10. To consider how best the Shadow Health & Wellbeing Board can work with the Local Strategic Partnership and ensure that the relationship is productive and does not duplicate activity.
11. To identify and act on changes that may be required following the enactment of the Health and Social Care Bill in order to establish the Statutory Health & Wellbeing Board to replace the Shadow Board.

## Membership

Board membership as outlined in Health & Social Care Bill	Shadow Board Membership
<p>Locally elected representatives</p> <p>Chief Executive Council</p> <p>NHS Commissioners (PBC) Representative of NHS Commissioning Board</p> <p>Director of Public Health Director of Adult Social Services Director of Children &amp; Young People's Services</p> <p>HealthWatch</p>	<p><b>Core Membership</b></p> <p>All three party leaders</p> <p>A representative from each of the three GP Commissioning consortia</p> <p>Chief Executive Wirral Council</p> <p>A representative of the NHS Cheshire, Warrington &amp; Wirral Cluster Board</p> <p>Director of Public Health Director of Adult Social Services Director of Children &amp; Young People's Services</p> <p>LINKs</p> <p><b>Co-opted membership</b></p> <p>Portfolio holder for Social Care and Inclusion Portfolio holder for Children's Services and Lifelong Learning</p> <p>Chief Executive, Voluntary &amp; Community Action Wirral</p> <p>Chief Executive, Wirral University Teaching Hospital NHS Foundation Trust</p> <p>Chief Executive, Wirral Community NHS Trust Chief Executive, Cheshire &amp; Wirral Partnership Trust Chief Executive, Clatterbridge Centre for Oncology NHS Foundation Trust</p>

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.

The Board will be supported by appropriate administrative support provided from the Public Health directorate.

## Meetings

Formal meetings will be held quarterly. 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.

### **Chair**

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

### **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.

### **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.

### **Support to the Health & Wellbeing Board**

Support to the Board will be provided through the Public Health Directorate.

### **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.

Dated: Approved December 2011

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