



## Shadow Health and Well Being Board

**Date:** Wednesday, 13 March 2013

**Time:** 4.00 pm

**Venue:** Committee Room 2 - Wallasey Town Hall

**Contact Officer:** Fiona Johnstone  
**Tel:** 0151 691 8210  
**e-mail:** fiona.johnstone@wirral.nhs.uk  
**Website:** www.wirral.gov.uk

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### AGENDA

1. **WELCOME AND APOLOGIES**
2. **DECLARATIONS OF INTEREST**
3. **MINUTES (Pages 1 - 8)**  
  
Minutes of the last meeting (12 December 2012) are attached
4. **REVISED TERMS OF REFERENCE/MEMORANDUM OF UNDERSTANDING (FOR APPROVAL) (Pages 9 - 24)**  
  
(Julie Webster)
5. **HEALTH AND WELLBEING STRATEGY (DRAFT FOR APPROVAL) (Pages 25 - 58)**  
  
(Helen Bromley)
6. **PROPOSAL FOR THE DEVELOPMENT OF A FOOD PLAN FOR THE BOROUGH (Pages 59 - 62)**  
  
(Julie Webster)
7. **UPDATE - CHESHIRE, WARRINGTON AND WIRRAL NATIONAL COMMISSIONING BOARD - AREA TEAM**  
  
(Moirá Dumma)

**8. WIRRAL CLINICAL COMMISSIONING GROUP - STRATEGIC PLAN  
(Pages 63 - 122)**

(Dr Phil Jennings)

**9. WIRRAL BOROUGH COUNCIL - CORPORATE PLAN (Pages 123 - 144)**

(Councillor Phil Davies)

**10. CHILDREN AND YOUNG PEOPLES DIRECTORATE - PREVENTIVE SERVICES REVIEW**

Presentation (Julia Hassall)

**11. UPDATE ON THE DEVELOPMENT OF HEALTHWATCH (Pages 145 - 150)**

(Graham Hodgkinson)

**12. FOR INFORMATION (Pages 151 - 152)**

- (a) Spotlight on Series:  
Asset Based Community Development Masterclass  
led by Cormac Russell, Managing Director of Nurture  
Development

1.30pm – 4.30pm 16 May 2013

(Julie Webster)

**13. DATE OF NEXT BOARD MEETING**

Formal Board 10 July 2013  
4.00pm in Committee Room 1, Wallasey Town Hall

## WIRRAL SHADOW HEALTH & WELLBEING BOARD

### Minutes of the meeting held on 12 December 2012 Committee Room 2 Wallasey Town Hall

#### Present:

Cllr P. Davies	Leader of Wirral Council (Chair)
Cllr C. Jones	Portfolio Holder for Adult Social Care & Public Health
Cllr T. Harney	Leader of the Liberal Democrat Group, Wirral
Cllr T. Smith	Portfolio Holder for Children's & Young People's Services
Ms F. Johnstone	Director of Public Health, Wirral
Mrs J. Webster	Deputy Director of Public Health
Mr G. Hodgkinson	Director of Adult Social Services, Wirral Council
Mrs D. Hill	Chair, LINKs
Dr A. Mantgani	Interim Chief Officer, NHS Wirral CCG (late arrival)
Dr P. Naylor	Chair, Wirral Health Commissioning Consortium
Mr S. Gilbey	Chief Executive, NHS Community Trust (late arrival)
Mrs S. Cumiskey	Chief Executive, Cheshire & Wirral Partnership Trust
Mrs A. Roberts	Chief Executive, VCAW
Mr R. Smith	Director of Operations & Performance, Clatterbridge Cancer Centre (representing Andrew Cannell)
Ms J. Hassall	Acting Director of Children's Services, Wirral Council

#### Apologies:

Cllr J. Green	Leader of the Conservative Group, Wirral
Mr G. Burgess	Chief Executive, Wirral Council
Mr D. Armstrong	Assistant Chief Executive, Wirral Council
Mr D. Allison	Chief Executive, Wirral University Trust Hospital
Dr M. Green	GP Chair, Wirral NHS Alliance
Mr A. Cannell	Chief Executive, Clatterbridge Cancer Centre
Dr P. Jennings	Designate Chair NHS Wirral CCG
Mrs E. Degg	Head of Communication & Engagement, Wirral Council

#### In attendance:

Mr T. Kinsella	Head of Performance & Intelligence, NHS Wirral
Mr K. Carbery	Public Health Business Manager & Head of Emergency Planning, NHS Wirral
Mrs T. Woodhouse	Executive Assistant, NHS Wirral

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

Cllr Phil Davies welcomed the members to the meeting and apologies were duly recorded.

### **2. Declarations of Interest**

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

### **3. Minutes of the 4 September 2012 Board meeting**

These were accepted as a true record of the proceedings and signed by the Chair.

#### **Actions arising from the meeting of 4 September 2012:**

##### **Item 2 : Declarations of Interest**

Fiona Johnstone to establish the register of interest. This will be progressed for in preparation for the next Board Meeting.

##### **Item 7.3 : Public Health: Integrated Wellbeing**

Copies of the workshop report were requested. Fiona Johnstone will circulate the Cabinet paper to members. Fiona Johnstone **(complete)**

##### **Item 4b. Extending Public Engagement**

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

##### **4d. Joint Commissioning and Integrated Delivery : Update**

Graham Hodgkinson advised the members that a brief summary of the key outcome around Joint Commissioning had been prepared. This will be circulated post meeting. Graham Hodgkinson **(complete)**

##### **Item 6 : Transition from LINK to Wirral HealthWatch : Update**

Diane Hill provided a verbal update to members in that the consultation process ended on 30 November. There were a great many comments received and a report will be produced in due course.

Annette Roberts went on to say that HealthWatch Wirral would be part of the new national HealthWatch network currently being established. From April 2013 this network will replace the current LINKs organisation. The organisation will be a Community

Interest Company (CIC) with a Board of Directors appointed in the first instance by VCA Wirral. Working very closely with all partners, HealthWatch Wirral will enable members to influence and shape local health and social care services.

**Item 8 : Place Based leadership Development Activity (Board Behaviour)**

A copy of Professor McMahon's report would be circulated ahead of the March 2013 meeting. Fiona Johnstone

**Agenda item 4 merged into agenda 5a**

**5a: Health & Wellbeing Strategy – Development of a Vision and Values**

The members received the above report, which called upon the Board to define its Mission, Vision and Values, which could perhaps be integrated into the Memorandum of Understanding.

A further document was tabled titled "Vision for Health & Wellbeing", which was the previous mission and values for the Health and Wellbeing group that had existed to support the Local Area Agreement.

Following discussion it was agreed that a project group to develop the Vision and Values would be established, and following nominations would include Julie Webster (lead), Annette Roberts, Graham Hodgkinson, Pete Naylor and Julie Hassall.

Members were asked to consider the document and forward comments; an update would be prepared for the January development meeting.

**It was resolved that:**

- Julie Webster to lead the project group and prepare an update report for the January development session.

**5b Health & Wellbeing Board Strategy Prioritisation Process Update**

The members received the above report and the presentation from Tony Kinsella. The members were advised that the prioritisation process focused on two areas.

- The key health and social care needs of the population
- The actions/interventions needed to address the key health and social care needs of the population

The group was further advised that feedback from the recent JSNA questionnaire identified the following as key priority issues for the population of Wirral.

- Alcohol

- Ageing population
- Mental Health
- Poverty
- Life Skills

In discussions Rob Smith remarked on the fact that cancer had not featured as a priority given that Wirral has a high prevalence of cancer and cancer related illness in the North West.

Tony Kinsella advised that cancer had been included in the process and that the prioritisation process adopted is in continuous development and a reflection of the evidence contained in the JSNA.

It was also acknowledged that many health issues such as cancer would remain a priority for partners in their commissioning strategies, but that the Health & Wellbeing Strategy would focus first on those areas where the Board could develop a multi-agency response. The priorities should be seen as a rolling programme which will be reviewed year on year.

In further discussions it was commented that there is possibly a higher number of underlying issues relating to each of the identified issues above. For example, alcohol consumption in the elderly could be a reflection of social isolation.

In summary, the Chair thanked Tony Kinsella for the work carried out to date. The Board was then asked to consider and agree on the issues, which could be included in the Strategy and form a rolling programme of work for the coming year. The Board was also asked to ensure that any work undertaken should be able to demonstrate outcomes at the end of the process.

It was therefore agreed that the Strategy would initially focus on the following 3 areas:

- Ageing Population
- Mental Health
- Alcohol

It was also agreed that for each issue task and finish groups would be set up and guidance on the areas of work will be issued.

**It was resolved that:**

- The H&WB Strategy focus on the areas of Alcohol, Ageing Population and Mental Health
- Task and finish groups would be established and coordinated by Julie Webster

## **6. Director of Public Health : Annual Report 2012**

The members received the presentation from the Director.

Fiona Johnstone stated that the report for 2012 emphasised the need for sustainability due in the main to the unprecedented pressures on budgets.

The group was further advised that the report would be distributed electronically to all members and groups within the next week or so. An invitation to present the report at any partner meetings was also extended to members of the group.

The report was welcomed by the Group and the recommendations endorsed.

## **7. Alcohol**

### **7a) Alcohol Strategy**

The Board considered the report on the local Alcohol Strategy, and recognised that it will be a key strategic document for the Health & Wellbeing Board in setting the direction for tackling alcohol.

### **7b) Alcohol Consultation**

Fiona Johnstone advised that the national strategy had now been formally launched. This follows awareness of the proposed consultation being raised at the focus on alcohol at the November development session. Board partners were requested to consider responding to the consultation, and it was agreed that the views of partners would be collated and a response would be sent on behalf of the Board, following agreement at its January meeting. Julie Webster was asked to co-ordinate the group's response ahead of the 6<sup>th</sup> February deadline for submission.

#### **It was resolved that:**

- The Board would endorse the Strategy to tackle alcohol related harm in Wirral 2013-16

- Julie Webster to co-ordinate the group's response to the alcohol consultation with a draft response ready for discussion at the January 2013 development session.

## **8. Operational Issues**

### **8a) Membership**

It had previously been agreed that membership of the Board would be reviewed, and a report was received which requested that Members consider requests that had come from a number of agencies to be Members of the Board. They were also requested to consider the membership by the CCG given that this is now operating as a federated model.

It was agreed, therefore, that the Chair and the Accountable Officer of the Wirral Clinical Commissioning Group (WCCG) would be the formal representatives at the Wirral Health & Wellbeing Board and that the Divisional Chairs would be invited to attend in relation to the review of the WCCG's Commissioning Plans. It was also recognised that the Divisional Chairs would be involved in the workstreams underpinning the functions of the Health & Wellbeing Board.

In summarising the discussions it was agreed that the Membership of the Group should stay largely as it currently is but that other stakeholders would be invited to take part in discussions on such issues as housing and health and safeguarding. It was also agreed that a formal report on Safeguarding should be received at least annually by the Board.

#### **It was resolved that:**

- The membership would be amended to reflect the above.

## **9. Any Other Business**

Dr Mantgani took the opportunity to remind the group that the draft WCCG Constitution is now published and all comments would be welcome. Also as the authorisation visit is imminent could all members submit their 360° feedback. It is anticipated that the authorisation process would be completed by the end of February.

The consortia is also developing a 5 year plan with the first draft being available at the end of December and this will also go out to public consultation. Work is also ongoing with providers and stakeholders.

## **10. Date of next Formal Board meeting**

This will be held on Wednesday 13 March 2013 at 4.00 pm in Wallasey Town Hall.

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## WIRRAL SHADOW HEALTH & WELLBEING BOARD

<b>Meeting Date</b>	13 March 2013	<b>Agenda Item</b>	4
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<b>Report Title</b>	Memorandum of Understanding and revised terms of reference for approval by the Health and Wellbeing Board
<b>Responsible Board Member</b>	Director of Public Health

<b>Link To Shadow HWB Function</b>	<b>Board development</b>		x		
	<b>JSNA/JHWS</b>				
	<b>Health and social care integrated commissioning or provision</b>				
<b>Equality Impact Assessment Required &amp; Attached</b>	Yes		No	x	N/A
<b>Purpose</b>	For approval	x	To note		To assure
<b>Summary of Paper</b>	<p>The purpose of this Memorandum of Understanding is to ensure that the structure and governance arrangements of the Wirral Health and Wellbeing Board provide an effective and transparent framework with clarity of roles and responsibilities and that effective use is made of public resources for the benefit of local people.</p> <p>The memorandum of understanding includes a revised terms of reference and updated vision, mission and values set based on the debate at the December 2012 and January 2013 meetings of the Health and Wellbeing Board.</p>				
<b>Financial Implications</b>	Total financial implication		New investment required		Source of investment (e.g. name of budget)
	£ None		£		£
<b>Risks and Preventive Measures</b>	The Memorandum of understanding has been developed to provide a governance framework within which risk can be managed.				
<b>Details of Any Public/Patient/Service User Engagement</b>	Healthwatch and the voluntary, community and faith sector are represented on the Health and Wellbeing Board				
<b>Recommendations/Next Steps</b>	Board to approve the proposed memorandum of understanding and revised terms of reference with a view to adopting the documents from the 1 <sup>st</sup> April 2013.				
<b>Report History</b>					
Submitted to:		Date:		Summary of outcome:	
Shadow Health and Wellbeing Board		December 2012		Revision of membership of terms of reference	
Shadow Health and Wellbeing Board		January 2013		Revision to vision, mission and values set, memorandum of understanding and terms of reference	
<b>List of Appendices</b>					
<b>Publish On Website</b>	Yes	x	<b>Private Business</b>	Yes	
	No			No	x

Report Author: Julie Webster ; Contact details: 0151 643 5392

# Memorandum of Understanding and revised terms of reference

## 1. Background

Under the Health and Social Care Act, 2012 all upper tier and unitary local authorities in England will take on a new duty in April 2013 to take such steps as they consider appropriate for improving the health of the population of their area. An important step in exercising this duty is the establishment of a Health and Wellbeing Board as a statutory committee of the Council.

## 2. Purpose of memorandum of understanding

The purpose of this Memorandum of Understanding is to establish the Wirral Health and Wellbeing Board arrangements for governance, integrated working, joint planning and accountabilities in order to deliver improved outcomes for the health and wellbeing of local people.

Specifically the document has been developed to provide the Board with an effective and transparent framework with clarity of roles and responsibilities and to ensure effective use is made of public resources for the benefit of local people.

## 3. Revised vision, mission and values

Following debate at the January 2013 board meeting the vision, mission and values set for the board have been revised to ensure they are easier to read and reflect that board members remain accountable to their own organisations for decisions made at the board.

The revised vision, mission and values set are as follows:

**Vision:** “To enable local people to live healthy lives, tackle health inequalities and increase wellbeing in the communities and people of Wirral”

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

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

**Values set:** The following list details the values for the Health and Wellbeing Board to adopt as a framework for behaviour and decision making:

- putting local people first in everything we do, putting the needs of local people and communities before organisational boundaries
- valuing excellence and professionalism wherever it is found
- mutual trust and respect – valuing each person as an individual, taking what others have to say seriously
- being honest about our point of view and what we can and cannot do
- creative and innovative solutions to problems
- removal of barriers to equality of access and opportunity

#### **4. Revised terms of reference**

A revised terms of reference is included in the document based on the debate at the December 2012 and January 2013 meetings and to reflect the changes to the vision, mission and values set of the board.

#### **5. Action required**

The Board is asked to debate and approve the Memorandum of Understanding including the revised vision, mission and values set for the board and terms of reference with a view to adopting the framework from the 1<sup>st</sup> April 2013.

Report Author: Julie Webster  
Deputy Director of Public Health

Contact details: [Julie.webster@wirral.nhs.uk](mailto:Julie.webster@wirral.nhs.uk)  
Tel: 0151 651 3914

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# **DRAFT FOR DISCUSSION**

## **Wirral Health and Wellbeing Board**

### **Memorandum of Understanding**

March 2013

**Version 2**

# DRAFT FOR DISCUSSION

## Memorandum of Understanding

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# **DRAFT FOR DISCUSSION**

## **Foreword**

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

Councillor Phil Davies  
Chair

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## Wirral Health and Wellbeing Board - Memorandum of Understanding

### 1.0 Introduction

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

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

### 2.0 Statement of Commitment

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

### 3.0 Vision and mission of the Wirral Health and Wellbeing Board

- 3.1 The vision of the Wirral Health Wellbeing Board is to enable local people to live healthy lives, tackle health inequalities and increase wellbeing in the communities and people of Wirral
- 3.2 The mission of the Wirral Health and Wellbeing Board is to work across professional and agency boundaries to drive innovation make a difference to the health and wellbeing of local people by;
- agreeing priorities and actions to reduce health inequalities and promote health and wellbeing
  - developing a Health and Wellbeing Strategy
  - developing a framework for the effective performance monitoring of the Health and Wellbeing Strategy
  - discussing and evaluating joint performance

### 4.0 Partnership Principles

- 4.1.1 Members agree to work together actively to achieve the vision and mission of the Wirral Health and Wellbeing Board on the basis of the following values, which will be reflected in Board members behaviour and decision making framework.
- putting local people first in everything we do, putting the needs of local people and communities before organisational boundaries
  - valuing excellence and professionalism wherever it is found

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

## **5.0 Governance and Accountability Arrangements**

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

## **6.0 Decision Making**

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

## **7.0 Challenge Process**

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

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

## **8.0 Partner Roles and Responsibilities**

- 8.1 The Local Authority (Council) is responsible for leading the Wirral Health and Wellbeing Board and the Council in the improvement of outcomes for all local people. In this respect the Council is the accountable body for the Wirral Health and Wellbeing Board. The Health and Wellbeing Board is responsible for the development and implementation of the Health and Wellbeing Strategy as the single agreement between the board members on priorities and actions to improve the health and wellbeing of local people.
- 8.2 National Health Service commissioning organisations are responsible for ensuring that health provision meets the identified needs of local people. Partner health organisations are responsible for ensuring health provision is aligned to the priorities agreed in the Health and Wellbeing Strategy.
- 8.3 The Voluntary Community and Faith Sector has a significant expertise in the delivery of services and in engaging local people in identifying needs, innovative service models and commissioning priorities. The Voluntary Community and Faith Sector representation is responsible for informing the Wirral Health and Wellbeing Board on these areas of expertise and for ensuring the sector has a voice in identifying priorities and actions in the Health and Wellbeing Strategy.

## **9.0 The Scope of Involvement**

- 9.1 The Wirral Health and Wellbeing Board will demonstrate clear links to the Local Strategic Partnership (LSP) and other strategic partnerships e.g. Wirral Children's Trust to ensure that strategies are not fragmented and that different services share priorities and thinking.
- 9.2 The views of local people are at the centre of strategic planning and service design. The Wirral Health and Wellbeing Board will ensure ongoing high quality consultation with local people is undertaken to empower and engage the wider community. Specific consultation will be carried out during the preparation of the Health and Wellbeing Strategy.

## **10.0 Leadership**

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

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## **11.0 Performance Management**

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

## **12.0 Information Sharing**

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

## **13.0 Risk Assessment**

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

## **14.0 Equalities and Inclusion**

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

## **15.0 Dispute and Conflict Resolution**

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

## **16.0 Review of the Memorandum of Understanding**

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

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## **17.0 Wirral Health and Wellbeing Board - Terms of Reference**

### **17.1 Vision**

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

### **17.2 Mission**

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

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

### **17.3 Purpose**

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

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

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quality standards of health and social care services are met, and represent value for money across the whole system

- To establish a key forum for local democratic accountability relating to commissioning against agreed health outcomes
- To establish a productive working relationship with the Local Strategic Partnership to ensure there is no duplication of activity

## 17.3 Core Membership

Organisation	Representative
Wirral Borough Council	<ul style="list-style-type: none"> <li>• All three party leaders</li> <li>• Chief Executive</li> <li>• Director of Public health</li> <li>• Director of Adult Social Services</li> <li>• Director of Children and Young Peoples services</li> </ul>
Wirral Clinical Commissioning Group	<ul style="list-style-type: none"> <li>• Chair</li> <li>• Accountable Officer</li> </ul>
HealthWatch	<ul style="list-style-type: none"> <li>• Representative</li> </ul>
National Commissioning Board – Local Area Team; Cheshire, Warrington and Wirral	<ul style="list-style-type: none"> <li>• Representative</li> </ul>

## 17.4 Co-opted members

Wirral Borough Council	<ul style="list-style-type: none"> <li>• Portfolio holder for Social Care and Inclusion</li> <li>• Portfolio holder for Children's Services and Lifelong Learning</li> </ul>
Voluntary, community and faith sector	<ul style="list-style-type: none"> <li>• Chief Executive, Voluntary &amp; Community Action Wirral</li> </ul>
NHS	<ul style="list-style-type: none"> <li>• Chief Executive, Wirral University Teaching Hospital NHS Foundation Trust</li> <li>• Chief Executive, Wirral Community NHS Trust</li> <li>• Chief Executive, Cheshire &amp; Wirral Partnership Trust</li> <li>• Chief Executive, Clatterbridge Centre for Oncology NHS Foundation Trust</li> <li>• Representatives from the three divisions of the Clinical</li> </ul>

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	Commissioning Group to present annual commissioning plan
<b>Local Safeguarding Children's Board</b>	<ul style="list-style-type: none"><li>• Chair – to present annual report</li></ul>
<b>Local Safeguarding Adults Board</b>	<ul style="list-style-type: none"><li>• Chair – to present annual report</li></ul>

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

## 17.6 Meetings

Formal meetings will be held 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.

## 17.7 Chair

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

## 17.8 Decisions

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

## 17.9 Minutes

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

## 17.10 Support to the Health & Wellbeing Board

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

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

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## 17.11 Review

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

## 18.0 Task and finish groups

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

18.2 Task and finish groups are responsible for:

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

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

## 19.0 Support to the Wirral Health and Wellbeing Board

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

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

Insert logos of member organisations of the HWB

Figure 1: The Structure of the Wirral Health and Wellbeing Board



## The Structure of the Wirral Health & Wellbeing Board

## WIRRAL SHADOW HEALTH & WELLBEING BOARD

<b>Meeting Date</b>	13 March 2013		<b>Agenda Item</b>	5		
<b>Report Title</b>	Health and Wellbeing Strategy					
<b>Responsible Board Member</b>	Director of Public Health					
<b>Link To Shadow HWB Function</b>	<b>Board development</b>		X			
	<b>JSNA/JHWS</b>		X			
	<b>Health and social care integrated commissioning or provision</b>		X			
<b>Equality Impact Assessment Required &amp; Attached</b>	Yes		No		N/A	Not yet done
<b>Purpose</b>	For approval	X	To note		To assure	
<b>Summary of Paper</b>	<p>Under the Health and Social Care Act 2012, Health and Wellbeing Boards will be established. One of their key roles is the production of a Joint Health and Wellbeing Strategy.</p> <p>The Health and Wellbeing Strategy set outs how the Board intends to achieve its vision to enable local people to live healthy lives, tackle health inequalities and increase wellbeing in the communities and people of Wirral</p>					
<b>Financial Implications</b> (none at this stage)	Total financial implication		New investment required		Source of investment (e.g. name of budget)	
	£		£		£	
<b>Risks and Preventive Measures</b>	The production of the strategy is a statutory requirement. Failure to deliver the strategy may mean that community needs are not addressed appropriately and the board is not meeting its statutory duty.					
<b>Details of Any Public/Patient/Service User Engagement</b>	There has been extensive engagement and consultation with the public and all stakeholders regarding the development of the Strategy, including a questionnaire to the public (over 600 responses) and a number of stakeholder events.					
<b>Recommendations/Next Steps</b>	The Board is asked to approve the Joint Health and Wellbeing Strategy for Wirral, note that further work is required on the action plans, with further amendments to the plan being developed in conjunction with the borough's partnership planning arrangements.					
<b>Report History</b>						
Submitted to:		Date:		Summary of outcome:		
Health and Wellbeing Shadow Board meeting		12.12.2012		Health and wellbeing priorities for 2013/14 agreed, allowing progression to the next stage of Strategy development (individual work streams action planning)		
Health and Wellbeing Shadow Board meeting		25.01.2012		Update on progress		
<b>List of Appendices</b>						
<b>Publish On Website</b>	Yes	X	<b>Private Business</b>	Yes		
	No			No	X	

Report Author: Helen Bromley Contact details: helen.bromley@nhs.net

# Health & Wellbeing Strategy

## Background

1. Under the Health and Social Care Act, 2012 all upper tier and unitary local authorities in England will take on a new duty in April 2013 to take such steps as they consider appropriate for improving the health of the population of their area. An important step in exercising this duty is the establishment of a Health and Wellbeing Board as a statutory committee of the Council and the production of a Joint Health and Wellbeing Strategy.
2. The Health and Wellbeing Strategy sets out how the Board intends to achieve its vision to enable local people to live healthy lives, tackle health inequalities and increase wellbeing in the communities and people of Wirral

## Purpose of report

3. The purpose of this report is to appraise the Board of work undertaken to produce the first Joint Health and Wellbeing Strategy for Wirral and to obtain approval for publication of the strategy.

## Development of the strategy

4. The Strategy sets out the overarching framework that describes how the public, private and voluntary sectors will work together with Wirral residents to improve the health and wellbeing of local people. The strategy provides a basis for the commissioning of health, social care and wellbeing services in Wirral. The development of this strategy has provided an opportunity for partnership working and builds on previous work of organisations that form the Health and Wellbeing Board.
5. This strategy does not replace existing commissioning plans; rather it is aligned with them. It is intended to support the commissioning of health, social care and wellbeing services. Key priorities and outcomes have been developed in consultation with stakeholders and will be evaluated and updated every year in the light of progress and feedback from stakeholders, including local residents.
6. The strategy is based on:
  - National and local evidence of health needs. The local evidence comes from our Joint Strategic Needs Assessment which includes a wide range of health and wellbeing issues
  - Existing local strategies and plans that impact on health and wellbeing
  - Public and stakeholder consultation
  - Benchmarking our own plans against those we have reviewed in other local authorities
7. To address the challenges identified in the Joint Strategic Needs Assessment, three priority programme areas for shared action have been agreed by the Health and Wellbeing Board, based on public and stakeholder consultation and evidence of what works. The priority programme areas agreed for year one of this strategy are:
  - Mental Health
  - Older people
  - Alcohol misuse
8. The Board will focus on these priority areas in year one of its operation to improve the health and wellbeing of local people. In each of the priority areas the board will work to improve the health of the worst off fastest through greater improvements in more disadvantaged communities and vulnerable groups.

9. For each priority area we have identified a number of key outcomes to demonstrate the difference being made locally, by delivery of this strategy and all the other plans and actions it influences.

#### **How will the strategy be delivered?**

10. The Health and Wellbeing Board will review the strategy on a six monthly basis with an annual revision. The action plans developed for the priority areas set out a programme of activities to address the priorities and achieve outcomes. Further work is required on the action plans to ensure that they are SMART (Specific, Measurable, Achievable, Realistic and Timely).
11. The Strategy is not a static document; to date we have focused on year one of the operation of the Board. The strategy is an iterative document and will be developed in the light of the developing partnership planning agenda in the borough as illustrated thorough the development of the Public Sector Board.

#### **Action required**

12. The Board is asked to approve the Joint Health and Wellbeing Strategy for Wirral and note that further work is required on the action plans, with further amendments to the plan being developed in conjunction with the borough's partnership planning arrangements.

Report Author: Helen Bromley  
Specialist Registrar in Public Health

Contact details: helen.bromley@nhs.net  
Tel: 0151 643 5392

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# **Wirral Health and Wellbeing Strategy 2013/14**

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## Foreword

Good health and wellbeing is at the heart of a happy and fulfilling life. It is the Health and Wellbeing Board's duty to make sure that local people are given every opportunity to live healthy lives and tackle health inequalities. There are many resources and ideas present in our borough promoting health and wellbeing and we have an opportunity to build on these. We need to use evidence and local knowledge to get resources in the right place at the right time.

The Department of Health estimates that health services, although important to our health and wellbeing, only contribute about 20% of our health status. The other 80% is determined by access to employment and education opportunities, our income, good housing, education, transport links and supportive social networks. We know that there are strong links between poverty, including lack of work, and poor health and wellbeing.

From April 2013, Wirral's Health and Wellbeing Board will be a statutory committee of Wirral Borough Council. It will provide the opportunity for elected members, the NHS, Local Authority officers, and voluntary and community representatives to agree how to work together to achieve better health and wellbeing for all residents of Wirral. One of the responsibilities of the Health and Wellbeing Board is to prepare this Joint Health and Wellbeing Strategy. The strategy sets out a framework for achieving our goal of better health and wellbeing in Wirral, with a particular emphasis on those who need support most.

The Health and Wellbeing Strategy includes actions for improving health both within and outside of NHS services, promoting better integration of services based around people's needs rather than traditional organisational boundaries. The Health and Wellbeing Strategy will be managed through the Health and Wellbeing Board. The priorities will guide action and shape our local commissioning decisions.

Preventing problems and intervening early when problems occur will be a real test for how well we do. We already have a strong sense of community in Wirral with real pride in the many local activities and groups that have been built by local people for local people. There is a strong sense of what needs to be done and a determination to see change happen. The value of the Health and Wellbeing Board is that it can identify and act on issues that single agencies have struggled to address in the past. We believe that working together in this way will improve the health and wellbeing of Wirral's citizens.

**Cllr Phil Davies**

**Chair of the Wirral Health and Wellbeing Board**

## Introduction/background

This is the first Health and Wellbeing Strategy for Wirral. It sets out the overarching framework that describes how the public, private and voluntary sectors will work together with Wirral residents to improve the health and wellbeing of local people. The strategy provides a basis for the commissioning of health, social care and wellbeing services in Wirral. It has been developed during a time of transition, as the Council prepares to take on new statutory health responsibilities from April 2013. The development of this strategy has provided an opportunity for partnership working and builds on previous work of organisations that form the Health and Wellbeing Board.

This strategy does not replace existing commissioning plans; rather it is aligned with them. It is intended to support the commissioning of health, social care and wellbeing services. Key priorities and outcomes have been developed in consultation with stakeholders and will be evaluated and updated every year in the light of progress and feedback from stakeholders, including local residents.

## Context and challenges

- Wirral is a unique place, home to approximately 319,800 people, including 190,000 people of working age and over 8,000 businesses providing employment for 105,800 people. The population grew by 2.4 percent and by 7,500 households between 2001 and 2011.
- Wirral is the ninth largest metropolitan Council in England in terms of population. It is also the second largest local authority in Liverpool's City Region (LCR) and bigger than many cities such as Newcastle, Derby, Leicester and Nottingham. Were Wirral in the North East or East Midlands, it would be the largest metropolitan council in that region.
- The borough of Wirral forms the northernmost part of the peninsula between the Dee and Mersey estuaries on the opposite bank of the Mersey from Liverpool, between Liverpool and North Wales. As a land area, Wirral extends to 60 square miles, with 25 miles of coastline. It is an area of outstanding natural beauty, packed full of spectacular scenery, with a rich mixture of culture and heritage.
- Wirral functions as part of a wider sub-region centred around Liverpool and is bordered to the south by the district of Cheshire West and Chester.
- Wirral's economy today has a total value of around £3 billion per year and is home to some international businesses. The visitor economy in Wirral was estimated to be worth £289 million in 2011, up by 3% since 2010. Wirral has contributed 34% of the overall total increase in the number of enterprises across Merseyside since 2011.

- The borough's economy has challenges, including the lowest GVA per head in England (at £10.736) and the second highest concentration of economic inactivity in England. Although performing well against the Liverpool City Region authorities and regionally in respect of Job Seekers Allowance (JSA), Wirral continues to have a higher percentage of people claiming out-of-work benefits than the regional and national averages at 17.7%. Wirral has high concentrations in deprived areas at 34.3%. 18-24 JSA remains higher than regional and national averages at 10.3%, but good performance over the last quarter means Wirral is now in line with the LCR average. Wirral has the lowest job density ratio in the LCR with 57 jobs per 100 residents. Wirral is heavily public sector dependant making up 39% of employee jobs in the borough; this is above the national average.
- Many of the people who live in Wirral enjoy an outstanding quality of life, with excellent housing, schools and a high quality environment. However, there is a strong contrast between the older, highly urbanised areas of Birkenhead and Wallasey, which contain some of the poorest communities in England and the wealthier commuter settlements in the west of Wirral. Wirral's neighbourhoods range from the most deprived in the country (around St James Church in Birkenhead) to one of the most affluent, or least deprived, in South West Heswall less than six miles away. 15 areas in Wirral fall into the highest 3% in England in terms of levels of child poverty, with a total of 56 areas in the highest 20%.
- The most deprived parts of the borough generally have a younger population profile than the Wirral average. Educational achievement at Key Stage Four is below the Wirral average compared to outcomes for children living in the more affluent areas which tends to be above average. There have been reductions in the number of 16-18 year olds overall in Wirral not in Education, Employment or Training (NEET) at 9.15%; however concentrations of NEET in deprived areas can reach up to 19% in some areas.
- The wealthier west of the borough (including Bebington and Clatterbridge, Heswall, Pensby and Thingwall and West Wirral) has an older population profile. Life expectancy in these areas is above the Wirral average, with people living as much as 11.6 years longer than those in the east of borough. Life expectancy varies hugely in Wirral, with differences of up to 11.6 years for people living in different parts of the borough.
- The older population in Wirral as a whole (aged 65 years and above) is expected to increase at the fastest rate (than any other age group) over the next decade; between 2011 and 2021 it is estimated that this population group will have increased by 17.4%. The population of over 85's is projected to increase from 8,460 in 2011 to 10,985 in 2021, which equates to a 29.9% increase.

- The contrast between the most affluent and most deprived areas is also apparent in the neighbourhood issues that matter to residents such as levels of anti-social behaviour and the quality of the local environment. However, although the quality of the environment can be poor in the most deprived areas, every part of the borough is well served by public parks and open spaces.
- House prices are lower than the Wirral average in the more deprived areas although this does mean that there is greater availability of affordable housing. In the west, house prices tend to be higher than the Wirral average and there is limited availability of affordable housing.
- As well as there being high levels of car ownership, access to services via public transport in the west is also relatively good. There are generally low levels of car ownership in the more deprived areas but there is good access to services by public transport.

## **The vision for health and wellbeing in Wirral**

The Health and Wellbeing Board's vision is to enable local people to live healthy lives, to tackle health inequalities and increase wellbeing in the people and communities of Wirral. Its mission is to work across professional and agency boundaries to drive innovation and make a difference to the health and wellbeing of local people. The Board is committed to maximising the health and wellbeing of Wirral residents and will do this by:

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

This Strategy is the vehicle through which the Board's vision will be achieved.

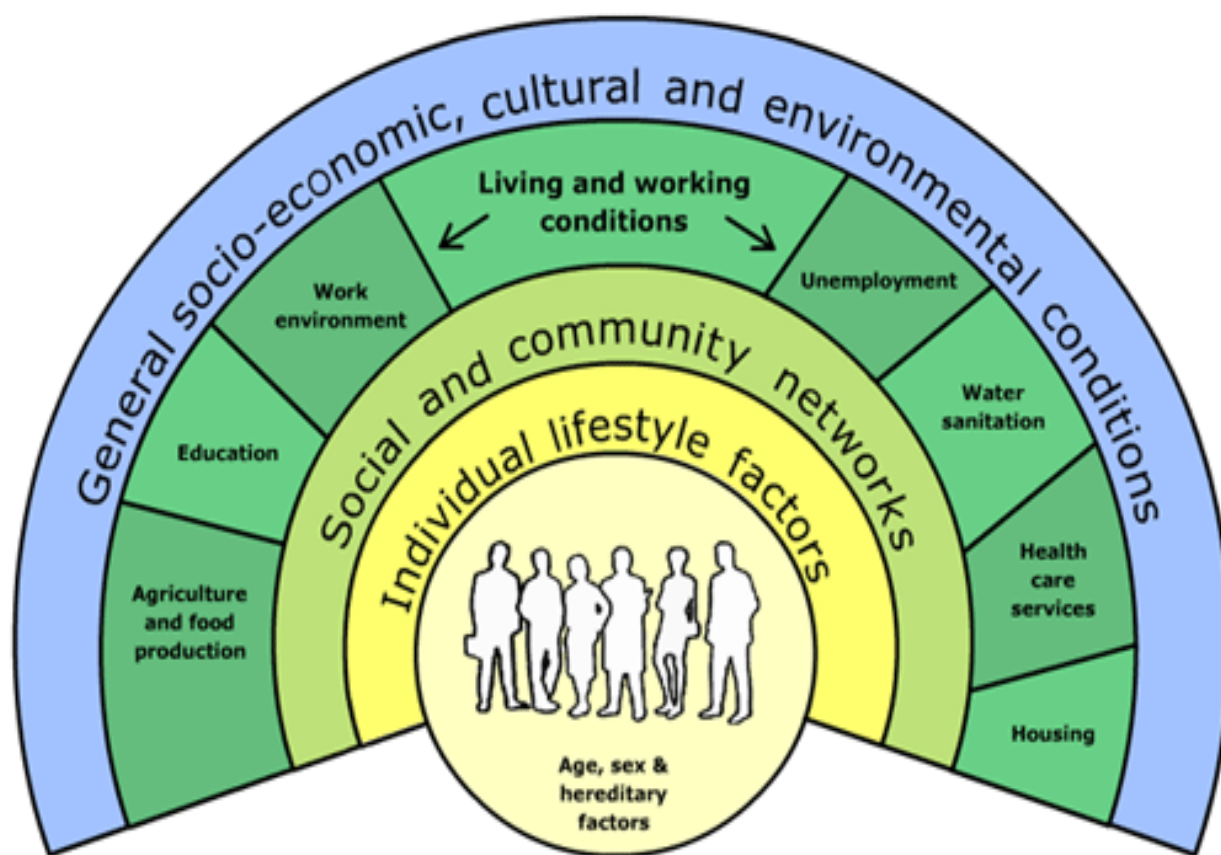
## **The social determinants of health**

The Board recognises that health and wellbeing are influenced by a multiplicity of factors which impact on the health of individuals. This is shown in the diagram below. In the centre, there are factors which a person has little control over, including gender, age, ethnicity and their genetic make-up. The second layer shows behavioural lifestyle factors – for example, smoking, diet, physical activity and alcohol intake. The third layer shows broader factors, such as family, friends and community. The fourth layer shows the so-called wider determinants of health, including education, housing and employment. The fifth, outermost layer shows

general socio-economic conditions, including economic, political, cultural and environmental conditions present in society as a whole.

Tackling health inequalities requires action across all the layers of influence. The wider determinants of health and wellbeing such as the early years environment, housing, economic development, crime and spatial planning are well evidenced, and Wirral's Health and Wellbeing Board is seizing the opportunity to make a positive difference to all of them.

**Figure 1: The wider social determinants of health**



(Source: Dahlgren and Whitehead 1991)

There is now strong evidence that taking purposeful, systematic and scaled up action to promote positive wellbeing helps create resilience in individuals and communities which offers protection from the harmful health effects of deprivation and social inequality. The Five Ways to Wellbeing offers a route for us all improve our mental wellbeing, by building the following steps into our daily routines:

- Connect with others - whether it is at home, work, school or within the local community. Taking the time to develop these relationships can enhance everyday life
- Be active - finding something suitable for your level of fitness and most importantly, which you enjoy; anything from gardening to walking to work.
- Take notice of the world around you - noticing the simple things whilst going about your daily routine, such as a change in season or a piece of artwork and savouring the moment will help put things in perspective and allow you to be more appreciative

- Keep learning - trying something different such as learning a new instrument or language will set a challenge, and increase motivation and confidence
- Give - do something nice for a friend or stranger... help out in your local community. Or even just smile at someone!

## Principles

The following list details the Health and Wellbeing Board's principles for working together. They provide the basis for decision making and will drive the work of the board.

- putting local people first in everything we do, putting the needs of local people and communities before organisational boundaries
- valuing excellence and professionalism wherever it is found
- mutual trust and respect – valuing each person as an individual, taking what others have to say seriously
- being honest about our point of view and what we can and cannot do
- creative and innovative solutions to problems
- removal of barriers to equality of access and opportunity

## How the Health and Wellbeing Strategy was developed

This strategy is based on:

- National and local evidence of health needs. The local evidence comes from our Joint Strategic Needs Assessment which includes a wide range of information about health and wellbeing issues
- Evidence about what works
- Existing local strategies and plans that impact on health and wellbeing (see appendix 1)
- Public and stakeholder consultation
- Benchmarking our own plans against those we have reviewed in other local authorities

The priorities in this strategy were agreed by Health and Wellbeing Board members and wider stakeholders, including local residents.

## Why and how we identified the health and wellbeing priorities for this strategy

The aim of the prioritisation process was to identify the key topic areas that would get the best health and wellbeing outcomes for local people. Key areas were identified from the Joint Strategic Needs Assessment and in consultation with Wirral residents and other stakeholders. The key areas were subjected to a rigorous, transparent and inclusive prioritisation process. The priority programme areas agreed for this Strategy were (in no particular order):

- Mental Health
- Older people
- Alcohol

In each of the priority areas, we will work to improve the health of the worst off, fastest, through greater improvements in more disadvantaged communities and vulnerable groups.

## Health and Wellbeing Strategy on a page

To address the challenges identified, as part of our vision for better health and wellbeing, three priority areas for shared action, across partners have been agreed by the Health and Wellbeing Board. These were identified through public and stakeholder consultation and evidence of what works. The Board will focus on these three areas to improve the physical and mental health and wellbeing of Wirral's residents, using the approach and principles described earlier. In each of these areas we will work to improve the health of the worst-off fastest through greater improvements in more disadvantaged communities and vulnerable groups. For each priority area we have also identified a number of key outcomes, such as increased wellbeing and reduced alcohol-related harm, improvements which will

Challenges	Principles	Priority actions	Key outcomes
<div> <div>Page 39</div> <ul style="list-style-type: none"> <li>Continuing poverty, deprivation and disadvantage</li> <li>Unemployment and worklessness</li> <li>Differential access to high quality housing</li> <li>High levels of fuel poverty</li> <li>Increasing aging population needing support to remain socially included and independent</li> <li>Increasing levels of long term conditions and disability</li> <li>Significant sections of the population</li> </ul> </div>	<ul style="list-style-type: none"> <li>Putting local people first in everything we do, putting the needs of local people and communities before organisational boundaries</li> <li>Valuing excellence and professionalism wherever it is found</li> <li>Mutual trust and respect – valuing each person as an individual, taking what others have to say seriously</li> <li>Being honest about our point of view and what we can and cannot do</li> </ul>	<div> <b>Priority area 1: Mental health</b>            Tackling social isolation leading to enhanced quality of life            Developing effective links with housing providers            Enhanced employment opportunities            Increased amount of and         </div> <div> <b>Priority area 2: Older people</b>            Tackling social isolation to enable older people to maintain independence and wellbeing            Keeping warm and well            Falls prevention            Early support for people with signs and symptoms of Dementia         </div> <div> <b>Priority area 3: Alcohol</b>            Identification, prevention, treatment and recovery            Crime and disorder            Children and young people         </div>	<ul style="list-style-type: none"> <li>Increased wellbeing</li> <li>Increase employment for those with Long Term Conditions</li> <li>Reduced work sickness absence</li> <li>Increased quality of life of people with Long Term Conditions</li> </ul> <ul style="list-style-type: none"> <li>Increased wellbeing</li> <li>Reduced excess winter deaths</li> <li>Reduction in fuel poverty</li> <li>Reduced hospital admissions</li> <li>Increased engagement in local schemes</li> <li>Reduced admissions to residential and nursing care homes</li> <li>Reduced income deprivation</li> </ul> <ul style="list-style-type: none"> <li>Reduced alcohol-related harm and in particular its impact on liver disease</li> <li>Reduced alcohol related</li> </ul>

## Our priority areas

### Priority Area 1: Mental health

#### Challenges

The 2011 strategy '*No health without mental health*' places a firm emphasis on early intervention to stop serious mental health issues developing, and on tackling inequalities. The strategy recognises the importance of addressing the wider social determinants of mental health, for example with measures such as providing face-to-face debt advice.

Areas of socio-economic deprivation are most likely to have low mental wellbeing and Wirral is no exception. Wirral has a lower mental health wellbeing score than the North West average. In Wirral, there is a significantly higher rate of hospitalisation for mental health conditions than across the rest of Merseyside, and the rate is more than twice that for England. Factors such as poor quality housing, unemployment and deprivation can contribute to mental ill health or can make an episode of mental distress more difficult to manage.

Supporting people with dementia and their carers is a key local priority (see also the Older People's section of this Strategy). The prevalence of dementia increases with age and is estimated to be approximately 20 per cent at 80 years of age. In a third of cases, dementia is associated with other psychiatric symptoms such as depressive disorder and alcohol related problems. Many people with dementia are undiagnosed, and may not have the access to care that could be available to them.

**What we will do to address these challenges?** (For full details please see Action Plan)

- Address social isolation and provide practical help for people with mental health issues
- Develop stronger links with housing providers
- Promote employment opportunities for people with mental health issues
- Promote accessibility to community-based interventions

**How will we know we are making a difference - key outcomes** (for full details please see Action Plan)

- Improved self-reported wellbeing
- Improved social contentedness

- Increased numbers of people receiving secondary mental health services in settled accommodation
- Increased employment for those with a long-term health condition including mental illness
- Improved health-related quality of life for older people
- Reduced suicide rates

## Priority area 2: Older people

### Challenges

Older people are valuable and positive contributors to our communities. Many are active citizens, participating in a variety of local community and voluntary associations and other activities, both paid and unpaid. But life expectancy at age 65 is lower for men and women in Wirral compared to the North West and England overall. The number of older people is set to increase over the next two decades and by 2032 it is estimated that 27% of the Wirral population will be aged 65 or above. This will have a considerable impact on health and social care services, as the number of older people presenting with health related problems increases. It will also have a considerable impact on the number of family carers in Wirral and carers themselves will also be ageing. In certain areas of Wirral, a large percentage of older people are living in deprivation (between 50% and 70%). Fuel poverty is a major issue for many older people and has a serious impact on their health and wellbeing. On average, there are around 189 more deaths than anticipated in the older population in Wirral each year. Wirral has a higher rate of older people in nursing homes compared to both the North West and England. Rates of older people in residential care homes are above those of England but below those in the North West. It is not fully clear why this is, but may be affected by a lack of sufficiently flexible intermediate care, community nursing and domiciliary support. In 2011/12, 438 people aged 65+ in Wirral fractured their hip as the result of a fall. The projected rise in the older population may mean the number of falls resulting in serious consequences will also rise in Wirral (resulting in more admissions to care homes). Hospital admissions for hip and knee replacements in Wirral are high.

In 2010/11, 1,902 people were recorded on GP registers as having dementia; however, nationally, only around 45% of people with dementia are on a GP register. This means a significant number of people with dementia are unknown to services and not receiving the care they may need. Emergency hospital admissions for dementia in Wirral are approximately 54% higher than the national average, which could indicate unmet need in the community. There are

around 30,000 people aged 65+ in Wirral who report that they have a Limiting Long-Term Illness.

We need to ensure that people in later life can get the care and support they need at an early stage to prevent problems getting worse. The Local Authority and the NHS are currently working closely together to develop integrated services and this work is being led through a Long Term Conditions Integration Programme. This whole system redesign programme is aimed jointly at providing interventions and services that are more personalised, preventative and outcome focused. The primary aim is to promote and maintain people's capacity to remain independent, by taking control of their own situations. This move away from a 'crisis management' approach to one that focuses on prevention and early intervention services is consistent with promoting health, wellbeing and good quality of life. Redesigned services will provide responsive and more flexible, innovative and person-centred services.

There is a wealth of information and support available through the Council, doctor's surgeries and local websites. We could, however, improve people's awareness of what is available by promoting these information sources better.

**What will we do to address these challenges?** (For full details please see Action Plan)

- Address social isolation by providing practical help to older people via information, advice and advocacy services
- Help older people to keep warm and well
- Promote falls prevention messages
- Early detection of dementia
- Develop joint commissioning and better integration of services

**How will we know we are making a difference - key outcomes** (for full details please see Action Plan)

- Improved health-related quality of life for older people
- Improved social contentedness
- Improved older people's perception of community safety
- Increased self reported wellbeing
- Reduced fuel poverty
- Reduced excess winter deaths
- Dementia and its impacts
- Reduced falls and fall injuries in the over 65

- Reduced hip fractures in the over 65
- Reduction in emergency readmissions within 30 days of discharge
- Reduction in residential/nursing care home admissions

## Priority area 3: Alcohol

### Challenges

Lifestyle behaviours, including drinking too much alcohol, contribute to health inequalities and these behaviours are more prevalent in Wirral's most deprived areas. Alcohol is the largest contributor to the rise in mortality from liver disease and other digestive disorders and it is a significant contributor to the life expectancy gap locally. Alcohol-related hospital admissions on Wirral have doubled since 2002/3 and are significantly higher in Wirral than the regional and national averages. Alcohol-specific hospital admissions in the under-18s in Wirral is also higher than both the North West and England averages, but, like the rest of England, over the last few years, has shown a downward trend. Although alcohol-related crime in Wirral decreased between 2008/09 and 2011/12, the volume of alcohol-related domestic violence in Wirral has increased. Alcohol-related youth violence in Wirral has increased by nearly 35% since 2008. Locally, there is evidence of alcohol misuse on Wirral amongst the Irish and Polish communities, with links to social isolation, poverty and mental health.

There is a wide range of help and treatment options available in Wirral, focusing on prevention, identification, treatment and recovery. Alcohol services are targeted to those 'most at risk' so that services are more accessible and appropriate, addressing the needs of the local population. They include self-help; brief advice; counselling; abstinence; detoxification; residential rehabilitation and practical support services, which assist with issues such as childcare, education, employment and housing. The developing "Alcohol Shared Care" Scheme will ensure every General Practice on Wirral has access to a specialist alcohol treatment practitioner.

There is also a range of initiatives addressing crime, disorder and communities, such as appropriate support, advice or treatment for victims or offenders and projects to reduce alcohol-related (re-)offending; such as the "Prison Through-Care Scheme". Local work is being undertaken with licensees including training and education programmes and they are being encouraged to adopt of the locally developed Charter for Licensed Premises.

**What will we do to address these challenges?** (For full details please see Action Plan)

A local alcohol strategy has been developed with involvement of local partners. The strategy has three strands of activity:

- Identification, prevention, treatment and recovery (to reduce alcohol-related harm and in particular, its impact on liver disease)
- Crime and disorder (to reduce alcohol-related crime, disorder and other types of harm to communities)
- Children and young people (to reduce the number of young people (under 18) who are drinking in excess and indulging in alcohol related risk taking behaviour)

**How will we know we are making a difference - key outcomes** (for full details please see Action Plan)

- Reduced hospital admissions as a result of self-harm
- Reduced alcohol-related admissions to hospital
- Reduced under 75 mortality rate from liver disease
- Reduced emergency readmissions within 30 days of discharge from hospital Fewer suicides

## How will the Strategy be delivered?

The Health and Wellbeing Board will be the partnership through which this Strategy will be managed and monitored. It will be reviewed on a six monthly basis by the Board. Priorities will be revised annually where appropriate, based on need. It is accompanied by an action plan which sets out a programme of activities – and progress against each one – to address priorities and achieve outcomes (see Appendix 2).

## Local strengths and assets

Effective local delivery of this Strategy requires effective participatory decision-making at the local level. This can only happen by empowering individuals and local communities. All of our communities and the people that live in them have social, cultural and material assets. Assets are factors or resources which enhance the ability of individuals, communities and populations to maintain and sustain health and wellbeing. An asset can be any of the following:

- The practical skills, capacity and knowledge of local residents
- The networks and connections ('social capital') in a community, including friendships and neighbourliness
- The effectiveness of local community and voluntary associations
- The resources of public, private and third sector organisations that are available to support a community
- The physical and economic resources of a place that enhance wellbeing

The Health and Wellbeing Board recognises and values the capacity, skills, knowledge, connections, and potential in our communities. Identifying and mobilising these assets can help individuals and communities' overcome the health and wellbeing challenges that they face. People and communities can bring fresh perspectives and solutions to addressing the problems identified. Recognising this, the Council is currently working with individuals, communities and organisations to develop effective ways of neighbourhood working, exploring resources within communities that may help to address needs.

## Appendix 1: Local strategies related to health and wellbeing

### **Cross Cutting**

Wirral 2025: More equal, more prosperous. A sustainable community strategy  
Wirral Clinical Commissioning Group Strategic Plan 2013-2016  
Wirral Children and Young People's Strategic Plan  
Wirral Council Corporate Plan 2012/13  
Wirral Enterprise Strategy  
Wirral Full Employment Strategy 2006  
Wirral Investment Strategy  
Wirral Local Development Framework

### **Mental health**

A Strategy for Services for Older People with Mental Health Needs 2009 and Beyond  
Mental Health and Wellbeing Commissioning Strategy, NHS Wirral & Wirral DASS 2008-2013  
A Strategic Joint Commissioning Framework for Children and Young People in Wirral 2007  
Joint Commissioning Strategy for Carers DASS 2008  
Shaping Tomorrow, Wirral Adult Social Care Services

### **Older people**

A Strategy for Services for Older People with Mental Health Needs 2009 and Beyond  
Joint Commissioning Strategy for Carers DASS 2008  
Wirral Prevention and Early Intervention Commissioning Plan (in development)

### **Alcohol**

A strategy to tackle alcohol-related harm in Wirral 2013-2016  
Teenage Pregnancy Strategy

## Appendix 2: Health and Wellbeing Strategy 2013/14 action plan

Priority area	Key activities	By when	Lead responsibility	High-level outcome indicator
<b>Mental health</b>				
<b>Address social isolation by providing practical help for people with mental health issues</b>	Build community capacity, ensuring that measures such as reducing social isolation and debt advice are available and accessible	Ongoing	WBC:VCAW; CCG	1.18 Social contentedness 2.23 Self-reported wellbeing (WEMWS) 4.10 Suicide 4.13 Health-related quality of life for older people
	Reduce stigma by implementing an 'early' awareness programme in schools to promote good mental health and recognise when someone is not coping	March 2014	Children's Trust Board Local schools Public Health	
	Run a mental health campaign to reduce stigma and promote early diagnosis in areas of the borough with high rates of mental illness e.g. 'Time to Change'	March 2014	WBC	
	Promote and integrate the '5 ways to wellbeing' into the design of community programmes	Ongoing	CCG/CT	
	Deliver Mental Wellbeing Impact Assessments (MWIA) on projects and programmes	Ongoing	WBC	
	Services commissioned to include the assessment of wellbeing pre- and post- intervention) e.g. WEMWBs	March 2014	Public Health	

<b>Develop stronger links with housing providers</b>	Obtain a greater understanding of local and regional housing policy	September 2013	WBC/VCAW	1.6ii People receiving secondary mental health services in settled accommodation
	Investigate opportunities for greater integrated working between health and housing colleagues	September 2013	WBC	
<b>Promote employment opportunities for people with mental health issues</b>	Recruit and support employers to register and work towards achieving 'Mindful Employer'	March 2014	WBC/PH/Wirral Chamber of Commerce	1.8 Employment for those with a long term health condition including those with a mental illness
	Encourage local employers to support and publicise the 'Time to Change' campaign	March 2014	WBC/PH/Wirral Chamber of commerce	
	Provide mental health awareness training for frontline staff and community members e.g. Mental Health First Aid	March 2014	CWP/CCG/WUTH	
<b>Promote accessibility to community-based interventions</b>	Encourage interagency working so that mental health is a consideration in all activities and interventions and duplication of services or other efforts is minimized	Ongoing	WBC	1.18 Social contentedness 2.18Alcohol-related admissions to hospital 2.23 Self-reported wellbeing (WEMWS) 4.13 Health-related quality of life for older people
	Improve uptake of physical health checks for people with mental health problems	March 2014	CCG/CWP/PH	
	Support mental health service users to give up smoking and understand how better to support them in smoking cessation	Ongoing	CWP/NHS/PH/relevant providers	

	Ensure access to appropriate low level community based interventions (e.g. befriending) are available to those who need them	June 2013	WBC/CCGs/VCAW/NHS	
	Evidence-based mental health awareness training (including suicide awareness) e.g. Time to change	March 2014	CCGs	

Priority area	Key activities	By when	Lead responsibility	High-level outcome indicator
<b>Older people</b>				
<b>Address social isolation by providing practical help to older people via information, advice and advocacy services</b>	Use local press and publicity and Wirral Well website to disseminate information	Ongoing	Older people's partnership WBC/VCAW	1.17 Fuel poverty 1.18 Social contentedness 1.19 Older people's perception of community safety 2.23 Self-reported wellbeing (WEMWBS) 2.24 Falls and fall injuries in the over 65s 4.11 Reduced emergency readmissions within 30 days of discharge from hospital 4.13 Health-related quality of life for older people 4.14 Hip fractures in the over 65s 4.15 Excess winter
	Provide comprehensive advice on the full range of benefits and entitlements and increase take-up of these	Ongoing	WBC/VCAW	
	Implement the Prevention and Early Intervention Strategy	April 2013	WBC (DASS)	
	Extend the benefits for independence and quality of life of assistive and digital technologies, aids and adaptations, to a broader range of people	April 2013	WBC (DASS_	
	Appropriate housing for older people: Integrate housing needs assessment into Health and Social Care services assessment with established pathways to the WBC Home Improvement Agency	April 2014	WBC (Housing/DASS/PH)	

	Work with Merseyside Fire Brigade to enable them to undertake home fire safety visits for vulnerable people	April 2013	WBC	deaths 4.16 Dementia and its impacts Local outcome: Decreased admissions to care and nursing homes
	Explore the opportunity for an asset-based model to assist with handyperson tasks and energy efficiency advice (e.g. through use of a time bank / volunteering etc.)	April 2013	WBC/VCAW	
<b>Help to keep older people warm and well</b>	Promote uptake of seasonal flu vaccination	Annually	WBC (PH)/NHS/VCAW	1.17 Fuel poverty 1.18 Social contentedness
	Promote insulation schemes	Ongoing	WBC/VCAW	2.23 Self-reported wellbeing (WEMWBS)
	Choose Well campaign	Ongoing	WBC (PH)	4.13 Health-related quality of life for older people
	Benefits advice	Ongoing	WBC/VCAW	4.15 Excess winter deaths
<b>Promote falls prevention advice</b>	Falls prevention promotion: Prevent frailty, preserve bone health, and reduce accidents through preserving physical activity, healthy lifestyles and reducing environmental hazards	Ongoing	WBC (PH/DASS)/VCAW/NHS/other providers	1.17 Fuel poverty 1.18 Social contentedness 1.19 Older people's perception of community safety 2.23 Self-reported

	Offer early intervention to restore independence amongst those at risk of falls	Ongoing	Community Trust/WBC (PH)	wellbeing (WEMWBS) 2.24 Falls and fall injuries in the over 65s 4.11 Reduced emergency readmissions within 30 days of discharge from hospital 4.13 Health-related quality of life for older people 4.14 Hip fractures in the over 65s 4.15 Excess winter deaths 4.16 Dementia and its impacts Local outcome: Decreased admissions to care and nursing homes
	Respond to first fractures in order to prevent further fractures	Ongoing	CCG/CT/WUTH	
	Improve the outcome and improve the efficiency of care after hip fractures	Ongoing	CCG/CT/WBC	
<b>Dementia</b>	Improve public and professional awareness and understanding of dementia	Ongoing	VCAW/CCG/GP Practices	1.18 Social contentedness 2.23 Self-reported wellbeing (WEMWS) 2.24 Falls and fall injuries in the over 65s 4.11 Reduced
	Develop public communications plan, making use of national materials, taking into account 'hard to	December 2013	VCAW/WBC/NHS	

	reach' groups, e.g. BME community or patients with Learning Disabilities			emergency readmissions within 30 days of discharge from hospital 4.13 Health-related quality of life for older people 4.15 Hip fractures in the over 65s 4.15 Excess winter deaths 4.16 Dementia and its impacts Local outcome: Decreased admissions to care and nursing homes
	Provide information to carers and people living with dementia about where to go for support and advice	April 2013	CWP/Primary care/CWP/CT/WUTH/VCAW	
	Participate in National Dementia Friends Scheme	tbc	WBC	
	Good quality early diagnosis and interventions for all	April 2013	CCG	
	Providers incentivised through CQUIN to work together on a dementia assessment pathway	March 2014	CCG/CWP	
	Promote health checks to those eligible	April 2013	Primary care	
	Continue to review capacity of Memory Assessment Service to ensure that capacity meets demand, with a target for patients to receive their first appointment within 8 weeks of referral	Ongoing	CWP	
	Implement the Carer's Strategy	tbc	CCG/DASS	
	Highlight the importance and role of carers to the public and professionals as part of		VCAW/CCG/GP Practices	

	the Dementia Strategy communications plan			
	Consider and support health needs of carers – mental and physical health		Primary care/Community Trust/CCGs/VCAW/WUTH/CWP	
	Training and education for carers around the needs of a person with dementia	October 2013	VCAW	
<b>Joint commissioning and better integration of services</b>	Develop integrated health and social care systems for patients with long-term conditions including dementia across Wirral, for example, working with WUTH, CCGs and other providers to pilot this approach	Ongoing	CCG/NHS/Primary care/WBC	
	Continue to increase co-ordination of personal care by commissioning and delivering health, social care and housing services in a more joined up way	Ongoing	CCG and all stakeholders	
	Continue to offer more choice, control and greater independence through personal budgets to support those living with long term conditions (LTCs).	Ongoing	WBC (DASS)	

Priority area	Key activities	By when	Lead responsibility	Outcome indicator
<b>Alcohol</b>				
<b>Identification, prevention treatment and recovery</b>	Provide information, advice and guidance to enable people to make informed choices about alcohol consumption.	Ongoing	WBC/Wirral CCG/WUTH	1.19 Older people's perception of community safety 2.18 Alcohol-related admissions to hospital 2.23 Self-reported wellbeing (WEMWS) 4.10 Suicide 4.11 Reduced emergency readmissions within 30 days of discharge from hospital
	Identify and implement the most effective interventions to reduce/prevent liver disease through programmes of early identification and detection and prompt treatment for those groups most at risk	Ongoing	WBC(PH)/Primary care/CT	
	Continue to include alcohol screening in the NHS Healthchecks programme	Ongoing	CCG/Primary care	
	Improve and extend the range and quality of delivery of the alcohol screening and brief advice programme, ensuring that the right people are identified and engaged in the right places	Ongoing	CCG/Primary care/VCAW	
	Train staff working in non-medical settings who are likely to come into contact with people with alcohol problems, such as staff working in sexual health, safeguarding and		WBC (PH/DASS)/VCAW/	

	with the Irish and Polish communities			
	Continue to develop and deliver the “Alcohol Shared Care” scheme and ensure every General Practice on Wirral has access to a specialist alcohol treatment practitioner	March 2014	CCG/Primary care	
	Expand the target group of identified alcohol related repeat attendees at the emergency department, to continue to reduce future presentations and admissions to hospital	March 2014 and ongoing	WBC (PH)/WUTH	
	Continue to ensure alcohol treatment services target those groups ‘most at risk’ so that services are more accessible and address the needs of the local population	Ongoing	WBC (PH)/CCG/Primary care/	
	Campaign for and support the increase in the price of alcohol and control the ready availability of alcohol	Ongoing	WBC (PH)/Wirral CCG/NHS	
	Develop a range of bespoke programmes of activities for a variety of audiences	Ongoing	WBC(PH)/CCG	

	Develop and improve links with the third sector in relation to the delivery of substance misuse education	Ongoing	WBC(PH)/VCAW	
	Work with specialist services to increase the availability of, and improve the routes to, age sensitive support and treatment for older people i.e. drinkers in the 55-74 year age group	March 2014	WBC/Wirral CCG	
<b>Crime, disorder and communities</b>	Develop clear, robust alcohol misuse responses and implement specific alcohol related actions that respond to the local Homelessness Review (2012)	July 2013	WBC/CCG/WUTH	1.19 Older people's perception of community safety 2.27 Hospital admissions caused by unintentional and deliberate injuries in under 18s
	Establish a "Community Alcohol Partnership" scheme to contribute to the reduction of underage drinking, proxy sales and youth street drinking	October 2013	WBC(PH)	
	Develop a comprehensive data collection system, inclusive of health data, that can be utilised to inform and support the licensing application process	March 2014	WBC(PH)	

<b>Young people, families and carers</b>	Increase enforcement activity to address young people drinking in public places, through the delivery of police-led multi agency operations that target anti social and risk taking behaviour, particularly that relate to children and young people and alcohol	April 2013	Police	2.18 Alcohol-related admissions to hospital 2.23 Self-reported wellbeing (WEMWBS) 4.6i Reduced under 75 mortality rate from liver disease 4.10 Suicide
	Provide interventions for young people admitted to the emergency department, addressing the presenting issues and reducing the likelihood of future presentations	April 2013 and ongoing	WUTH/WBC(PH)/CWP	
	Increase the opportunities for Accident and Emergency staff to access training aimed at improving the identification of alcohol-related attendances and support the delivery of brief harm-reduction interventions	Tbc	WUTH	
	Recruit a Schools Substance Misuse Advisor	tbc	WBC(PH)	

## WIRRAL SHADOW HEALTH & WELLBEING BOARD

<b>Meeting Date</b>	13 March 2013	<b>Agenda Item</b>	6
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<b>Report Title</b>	Wirral Food Plan – A proposal
<b>Responsible Board Member</b>	Director of Public Health

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

<b>Summary of Paper</b>	The purpose of this report is to outline the rationale for, and to propose the development of, a Food Plan for Wirral.		
<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 impact of food on the health of the local population and environment is significant. Proactively and positively addressing the food system and culture is complex. This proposal adopts a broad perspective which advocates infrastructure and policy as a means to influence outcomes rather than a reliance on services or issue led responses.		
<b>Details of Any Public/Patient/Service User Engagement</b>	Any subsequent development of a Wirral Food Plan would need to engage representatives from across Wirral including the community, partner public and third sector organisations as well as relevant private commercial interests in Wirral.		
<b>Recommendations/Next Steps</b>	The Board is asked to consider endorsing the development of a Wirral Food Plan.		

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

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

Report Author: **Rachael Musgrave, Public Health Specialty Registrar**

Contact details: 0151 651 0011 (Ex 1951) or email [Rachael.Musgrave@wirral.nhs.uk](mailto:Rachael.Musgrave@wirral.nhs.uk)

# **Wirral Food Plan – A proposal**

## **1. Background**

Food is an intimate and integral part of daily life. However, there are long standing concerns about environmental inefficiency in the food system, economic vulnerabilities, the role of food in health and inequalities; and most recently the integrity of food production. Access, availability, quality and cultural attitudes to food impact unequivocally on both the health of the population and the local environment. Furthermore since the start of the global recession, food poverty has increased significantly resulting in the emergence of a UK wide network of food banks. It is anticipated that the imminent programme of welfare reform will further exacerbate the problem.

This paper outlines a proposal for the development of a Food Plan for Wirral. It advocates a broader perspective to food issues linking health, health inequalities, the local environment and local economy; focusing on addressing 'upstream' causes rather than issue led responses and treatment services.

## **2. Introduction**

A poor diet is directly related to coronary heart disease, obesity and some cancers (e.g. bowel, oesophageal, gastric, oral and breast) and the food system is a major environmental threat locally and internationally. In Wirral, CVD is a major contributor to premature deaths and is a leading cause of health inequalities. Rates of overweight and obesity amongst children and adults in Wirral are higher than the England average and of the six main causes of death in Wirral, cancer accounts for the most deaths in both men and women.

Older people and young families, especially those on low incomes, are particularly vulnerable to the adverse impact of food culture on health. In Wirral, the local food bank has supported 6177 residents since its inception last year. Just over one in three of these recipients are children, providing real evidence of the levels of food poverty locally.

Food, and its relationship to the population and environment, is however multifaceted and requires an approach which appreciates this complexity. A local food plan can transform food culture, enabling economic growth and prosperity as well as improving population health.

## **3. Wirral Food Plan - Principles**

The Wirral Food Plan would focus on fostering a healthy food culture built on a sustainable local food system. This ambition relates to the priorities of the HWB and contributes to the aspirations of key stakeholder organisations including the Local Authority and Wirral Clinical Commissioning Group. Approaches to achieving this include:

- Increasing awareness of healthy and sustainable food, including food growing, budgeting and cooking skills.
- Increasing community food enterprise models.
- Increasing the availability of sustainable food with local enterprise.

- Ensuring the Public Sector leads by example.
- Transforming food culture through the role of planning in food access, retail food diversity and the creation of new growing spaces.
- Protecting key infrastructure for local food supply.
- Increasing markets for local food producers.
- Redistributing, recycling and composting food waste.

Mirroring the broad perspective of such a plan, and recognising the challenges inherent to the current economic climate, a wide range of local stakeholders would be engaged to develop the plan, its vision and to deliver its objectives.

#### **4. Next Steps**

The Board is asked to consider this proposal and endorse the development of a plan sponsored by all Board representatives. In taking forward the principles of this plan, a consultation event is proposed and will engage with a wide range of stakeholders from across Wirral working with neighbourhoods to identify gaps and action tailored to local communities.

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## WIRRAL SHADOW HEALTH & WELLBEING BOARD

<b>Meeting Date</b>	13 March 2013	<b>Agenda Item</b>	8
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<b>Report Title</b>	Wirral Clinical Commissioning Group – Strategic Plan
<b>Responsible Board Member</b>	Chairman, Wirral Clinical Commissioning Group

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

<b>Summary of Paper</b>	This document presents the NHS Wirral Clinical Commissioning Group (WCCG) Strategic Plan for the period 2013-16. It sets out the group's vision for the future of health and health care in NHS Wirral.		
<b>Financial Implications</b>	Total financial implication	New investment required	Source of investment (e.g. name of budget)
	£	£	£
<b>Risks and Preventive Measures</b>	Risks are identified within the plan.		
<b>Details of Any Public/Patient/Service User Engagement</b>	The plan has been developed using data from the Joint Strategic Needs Assessment and stakeholder engagement		
<b>Recommendations/Next Steps</b>	The Board is asked to note the NHS Wirral Clinical Commissioning Group (WCCG) Strategic Plan for the period 2013-16.		

<b>Report History</b>		
Submitted to:	Date:	Summary of outcome:
WCCG Governing Body Board	5 Feb 2013	Approved
<b>List of Appendices</b>		

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

Report Author: Dr Phil Jennings

Contact details: philip.jennings@nhs.net

## **NHS Wirral Clinical Commissioning Group, Strategic Plan 2013-16**

### **1. Background**

This document presents the NHS Wirral Clinical Commissioning Group (WCCG) Strategic Plan for the period 2013-16. It sets out the group's vision for the future of health and health care in NHS Wirral.

The plan identifies 11 key strategic priorities. These build on and represent a commitment to the NHS Constitution and the NHS Outcomes Framework (Everyone Counts) and reflect the group's continuing commitment to local service improvement to meet local priorities and needs.

To implement the plan a detailed commissioning/delivery/operational plan for each of the financial years 2013-16 have been developed. This includes a series of timetabled programme and project plans. The document aims to provide a comprehensive statement of direction and intent for Wirral CCG and highlight the priorities for service improvement which in turn will require a detailed programme of investment and disinvestment to support service transformation.

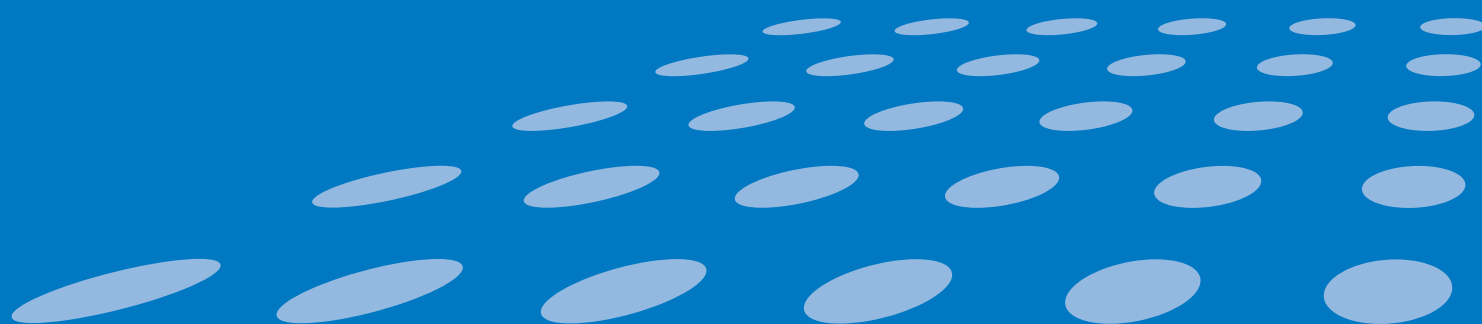
### **2. Action required**

The Board is asked to note the NHS Wirral Clinical Commissioning Group (WCCG) Strategic Plan for the period 2013-16.

Report Author: Dr Phil Jennings  
Chair NHS Wirral Clinical Commissioning Group (WCCG)

Contact details: philip.jennings@nhs.net

# 2013–2016 Strategic Plan



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# 1. Chairman and Chief Clinical Officer's Introduction

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This document presents the NHS Wirral Clinical Commissioning Group (WCCG) Strategic Plan for the period 2013-16. It sets out our vision for the future of health and health care in NHS Wirral.

Our local vision identifies 11 key strategic priorities. These build on and represent a commitment to the NHS Constitution and the NHS Outcomes Framework (Everyone Counts) and reflect our continuing commitment to local service improvement to meet local priorities and needs.

To implement our Strategic Plan we will develop a detailed Commissioning/Delivery/Operational Plan for each of the financial years contained within it. This will include a series of timetabled programme and project plans.

This document therefore draws together a number of key and significant work programmes. It is aimed to provide a comprehensive statement of direction and intent for Wirral CCG and highlight the priorities for service improvement which in turn will require a detailed programme of investment and disinvestment to support service transformation.

NHS Wirral Clinical Commissioning Group has developed a strategic vision for a healthier Wirral.

**Our Mission Statement is:**

***'Your partner in a healthier future for all'***



**Dr. Phil Jennings**  
*Chairman,  
NHS Wirral  
Clinical Commissioning Group*



**Dr Abhi Mantgani**  
*Chief Clinical Officer  
NHS Wirral  
Clinical Commissioning Group*

## Our Vision and Plans

Our Vision and Plans will be developed through working closely with all our stakeholders and partners in the NHS, Local Authority and voluntary sector, as well as through active consultation with our patients and the public.

The vision of the Clinical Commissioning Group is that:

**“Wirral Clinical Commissioning Group commits to continue to improve health and reduce disease by working with patients, public and partners, tackling health inequalities and helping people take care of themselves”**

**Our aims are to work with our patients, the public in Wirral and our stakeholders to:**

- Improve the health of all Wirral citizens.
- Target inequalities in health experiences and outcomes amongst sections of our population
- Deliver needs based healthcare of the highest quality to all our resident population.
- Promote maximum self care by involving and including our patients in all decisions made about them.
- To reduce waste and inefficiency and duplication within the patient journey and between partners
- To be a high performance, high reputation organisation with ambition.

In this context a number of specific goals based on the local health needs expressed in the Health and Wellbeing Strategy and based on the prioritisation of the Joint Strategic Needs Assessment (JSNA) 2012 are identified throughout this plan.

**Our overall goal is to deliver service improvement and change based on our core values of:**

- Caring, fairness and responsibility
- Safety and trust
- Person centred care

This document describes our 11 key strategic priorities. They are designed to deliver our vision, goals and plans and support the objectives of the organisation

The concept of Quality, Innovation, Productivity and Prevention (QIPP) is foundational to our strategy and each of its programmes and plans.

We, like all other organisations, face significant financial pressures. Challenges faced by others will impact on our plans. This means working with our stakeholders and colleague organisations, to ensure a collaborative approach, will be vital. This in turn will ensure the optimal use of the resources available to the Clinical Commissioning Group.

We recognise the value and necessity of partnership working to make our plans a reality.

Our Strategic Objectives:

- Prevent people from dying prematurely
- Enhance the quality of life for people with long term conditions
- Helping people to recover from episodes of ill health or following injury
- Ensuring people have a positive experience of care
- Ensuring people are treated and cared for in safe environment and protected from avoidable harm

This will be supplemented by a number of key local priorities, identified through the Joint Strategic Needs Assessment (JSNA) and endorsed by the Health and Well Being Strategy (HWBS) which are:

- Meeting the needs of the ageing population
- Alcohol prevention and treatment services
- Mental Health services

Our plans represent a significant challenge and programme of change in light of the current financial climate.

Part of our future funding will include a “Quality Premium” if we secure quality improvements against certain measures from the NHS Outcomes Framework.

We will be targeting the following areas to secure these additional resources:

- Emergency readmissions within 30 days of discharge from hospital (specifically for the elderly population)
- Number of people attending Accident and Emergency Department with alcohol related conditions
- Enhancing quality of life for people with dementia

## 2. Executive Summary

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This 2013-2016 Strategic Plan (and its associated Commissioning and Operational Plans) have been developed in the context of very demanding requirements from Government both in terms of patient and service user expectations and anticipated resource availability.

The key goal is to continue to deliver high quality services during a time of significant financial challenge and a changing NHS landscape.

The focus of the CCG will be to deliver financial sustainability, to deliver national requirements such as those outlined in the 2013-14 Outcomes Framework, and continue to deliver improved quality, evidenced by improving safety, effectiveness and patient experience. This will be the focus for the CCG during the period of this plan and beyond.

**This will require continuous and significant service review and transformation.**

In addition to national developments and priorities we will focus on local service redesign which will address the specific health needs in Wirral reflecting the sometimes different requirements of its registered population.

In summary we see the Wirral health care system/service in 3 years' time as one that:

- Is patient and primary care centric and based on high quality primary care, secondary and community services.
- Has made step shifts in our balance of focus away from treatment and towards greater investment in prevention.
- Has commissioned services which have a sound evidence base.
- Has redirected investment to services that have been under resourced in the past (e.g. dementia care, adult and children's mental health services, alcohol prevention and dependency services).
- Provides greater equality of access to all.
- Has rigorously developed and agreed care pathways working together with patients to secure their help, understanding, ownership and support of the needed changes
- Has achieved optimal administrative and management costs but has rigorous management and clinical governance arrangements in place.

## What key changes can we expect?

Implementation of our strategies will require change. In delivering such change we will:

- Insist on a clearer focus on our key strategic priorities, supported by detailed action and implementation plans, with clear and defined arrangements (including timescale and criteria to monitor) that reflect this.
- Make clear statements about investment and disinvestment opportunities and service re-profiling.
- Pursue a more rigorous and timely approach to performance monitoring and management
- Recognise that continuous embedded patient engagement based on robust clinical leadership and engagement is key. Appendix 5 indicates the extent to which clinicians are involved in our commissioning programmes to date. Clinical leadership will include a role for all professional and staff interests in developing our strategies and implementation plans together with regular feedback from those patients most affected by these strategies and plans.

## How will we get there?

- Our strategy will be refined through a rigorous process of clinical and patient dialogue and engagement over the next two months.
- The resulting strategy will then be delivered through a robust process of programme and performance management with results fed back into further engagement by clinicians with our patients and stakeholders.
- Organisational structures will be established to ensure timely, sound and sensitive decision making.

## In Summary

- We will embrace the NHS Constitution as a pervasive philosophy in everything we provide and commission.
- Sustain progress that has been made by the Wirral Health community in previous years
- Build on the excellent progress made by predecessor organisations.
- Focus on the national and local priorities.

These are:

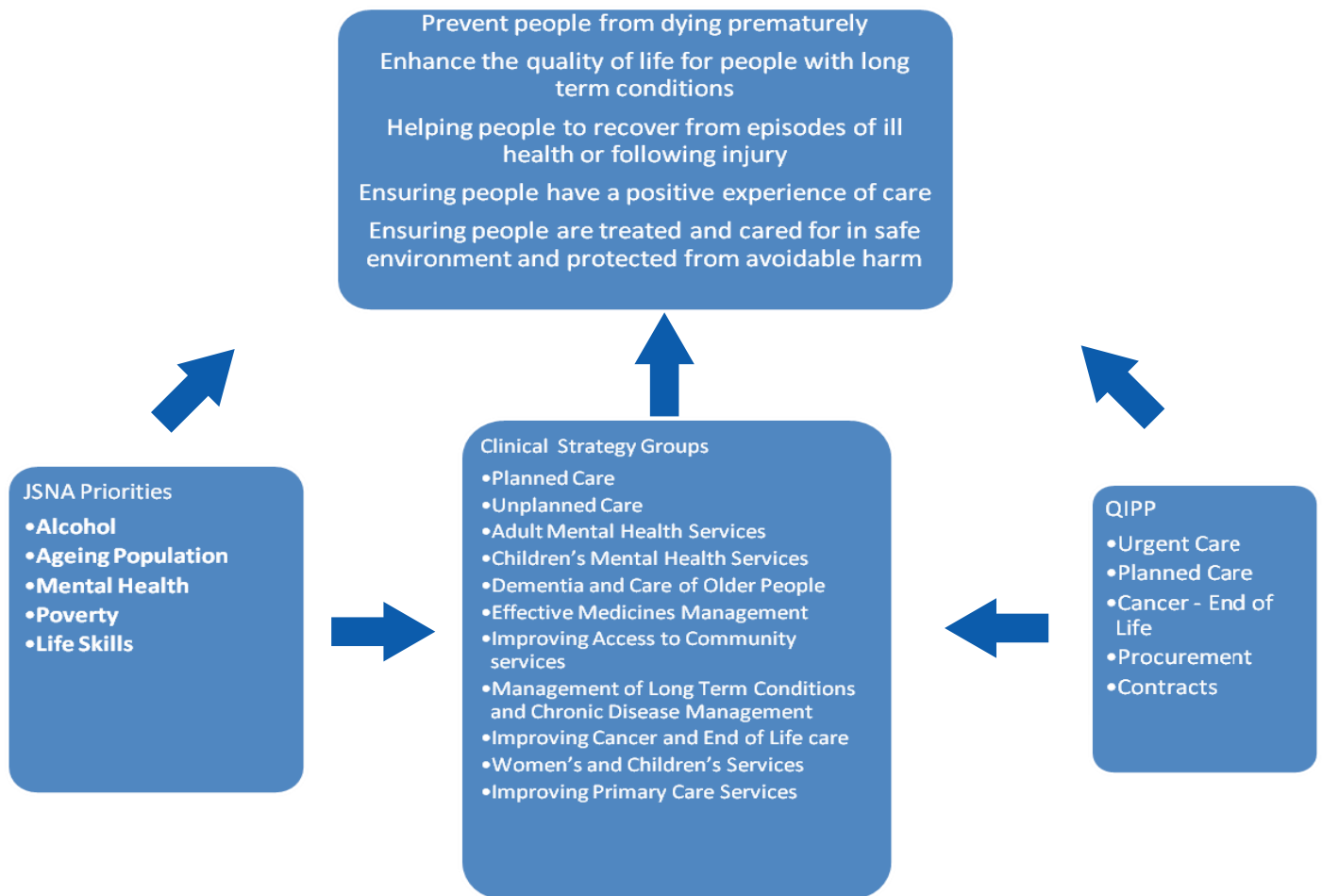
### *National*

- Prevent People from dying prematurely.
- Enhance the quality of life for people with long term conditions
- Helping people to recover from episodes of ill health or following injury
- Ensuring people have a positive experience of care
- Ensuring people are treated and cared for in safe environment and protected from avoidable harm.

Local

- Meeting the needs of the ageing population
- Alcohol prevention and treatment services
- Mental Health services

Our priorities, programmes, plans and structures are interrelated. The relationships are represented diagrammatically as follows:



### 3. How the Strategy was developed

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Our strategy and plans have developed taking account of a number of strands of work including:

#### Legacy Strategies

- The NHS Wirral Strategic Plan 2008-13
- The 2012-13 CCG Operational Plans
- The Federated CCG Strategic and Operational Plan (2012-15)
- The NHS Constitution

#### Current Information

- Joint Strategic Needs Assessment (available at <http://info.wirral.nhs.uk>)
- CSU Annual Status Review
- Everyone Counts: Planning for Patients 2013/14
- Commissioning for Quality and Innovation (CQUIN) 2013/14 guidance.
- Performance Reports
- The views of our member practices
- The views of the public, patients and wider stakeholders based on the CCG's engagement activity

#### Recent Policies / Publications

- The National Commissioning Board Mandate
- The NHS Outcomes Framework (2013-14)
- Everyone Counts Planning for Patients 2013/14
- Supporting Planning 2013/14 for Clinical Commissioning Groups

#### Strategies under development and guidance to be adhered to

- The Joint Health and Wellbeing Strategy based on the findings of the JSNA
- Planning and Financial Guidance for 2013-14 and future financial years

In setting our strategic objectives we have sought to provide an appropriate balance between the requirements of the Health and Social Care Bill and our own local intentions and objectives based on a more detailed assessment of local needs.

In the context of the financial challenges that face the healthcare system the delivery of its QIPP targets are paramount to a successful organisation

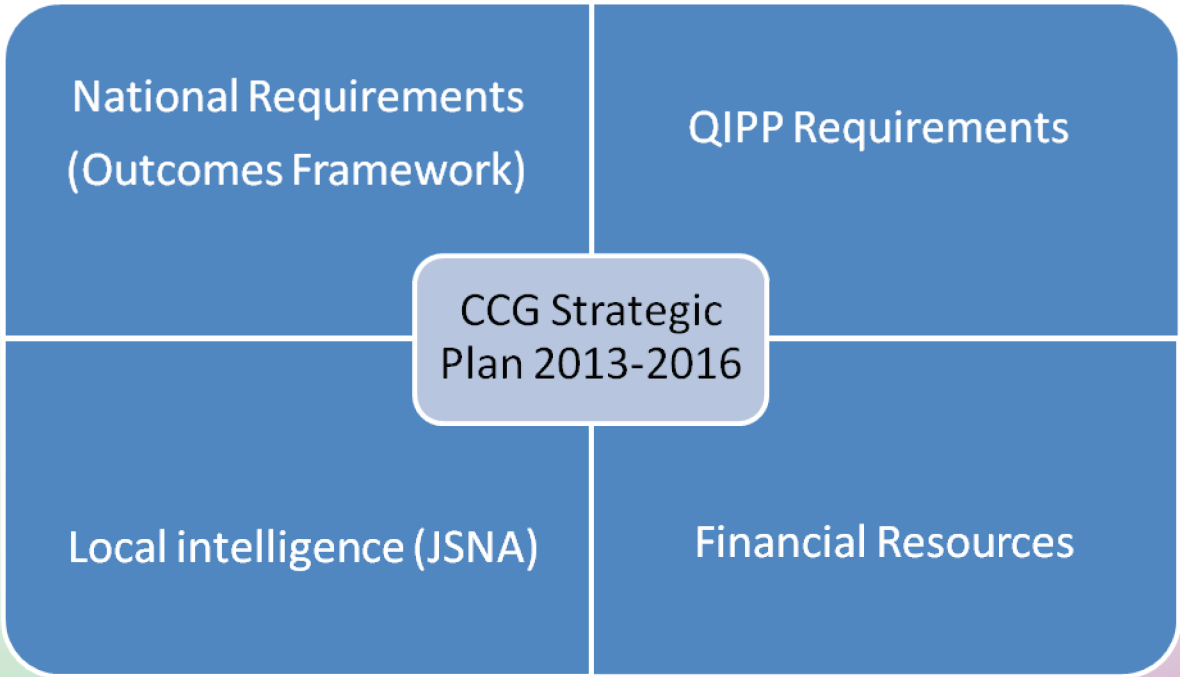
The foundation of our strategy is the recently refreshed JSNA and working in partnership with all stakeholders to achieve the vision of the Wirral Health and Well Being Strategy

The 2013-14 National Outcomes Framework sets out the national policy requirements for the healthcare system. The CCG's commissioning plan and strategic objectives will need to be in line with these outcome requirements but building on the local information from the Joint Strategic Needs Assessment.

The 2013-14 outcomes framework is structured around 5 domains

Domain 1	Preventing people from dying prematurely;
Domain 2	Enhancing quality of life for people with long-term conditions;
Domain 3	Helping people to recover from episodes of ill health or following injury;
Domain 4	Ensuring that people have a positive experience of care; and
Domain 5	Treating and caring for people in a safe environment; and protecting them from avoidable harm.

The strategic priorities developed by the CCG will need to ensure that they meet all the following requirements



## **Setting Priorities**

In arriving at our strategic priorities a rigorous prioritisation process was agreed by the Wirral H&WB and the JSNA Executive Group. The prioritisation process was undertaken between October and December 2012. It was systematic and transparent.

The process was supported by public and stakeholder consultation and this helped identify the most important priorities for local people.

These were

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

Subsequently a prioritisation methodology was agreed and working principles established. The process identified a priority order and the H&WB subsequently agreed the three strategic health priorities for Wirral in 2013-14 to be:

- Ageing Population
- Alcohol
- Mental Health

## **Next Steps**

NHS Wirral Clinical Commissioning Groups Strategic Plan which embraces these priorities will require significant consultation and wider public and partner stakeholder engagement to support and guide the shape and pace of change.

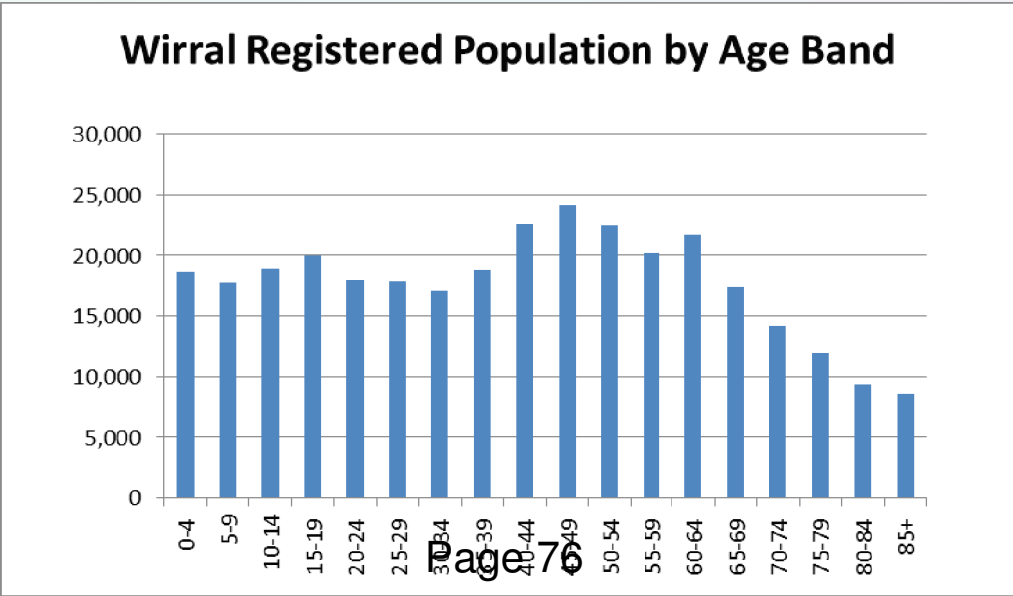
# 4. Health Economy Profile

The context in which our Strategy has been developed is described below.

## 4.1 Population Profile

Wirral is a Borough of contrast and diversity in both its physical characteristics and social demographics. There are both rural areas and townships and urban and industrialised areas in a compact peninsula of 60 square miles. The Borough has a wealth of parks and countryside and over 20 miles of coastline.

- Wirral has a relatively high older population and a relatively low proportion of people in their twenties and thirties compared to England and Wales as a whole.
- The older population (aged 65 years and above) are expected to increase at the fastest rate (than any other age group) over the next decade; between 2011 and 2021 it is estimated that this population group will have increased by 17.4%.
- The population over 85 is projected to increase from 8,460 in 2011 to 10,985 in 2021, which equates to a 29.9% increase.
- The biggest decrease is in the 35-59 year age group, from 108,548 in 2008 to 82,061 in 2021.
- Births reached a 15 year high in 2011.
- The Index of Multiple Deprivation (IMD) places 30 of Wirral’s LSOAs in the lowest 5% in England and 23 Lower Super Output Areas (LSOA) in the 3% most deprived nationally.
- The Employment domain of the IMD 2010 indicates that Wirral performs poorly on this indicator. This is an indication of the scale of the challenge faced in Wirral and the need for a focused and coordinated approach to tackling worklessness and economic inactivity.
- Wirral has a predominance of Mosaic groups which are at the polar extremes of the income spectrum, indicating that the differential between people on very low and very high incomes is quite pronounced in Wirral.



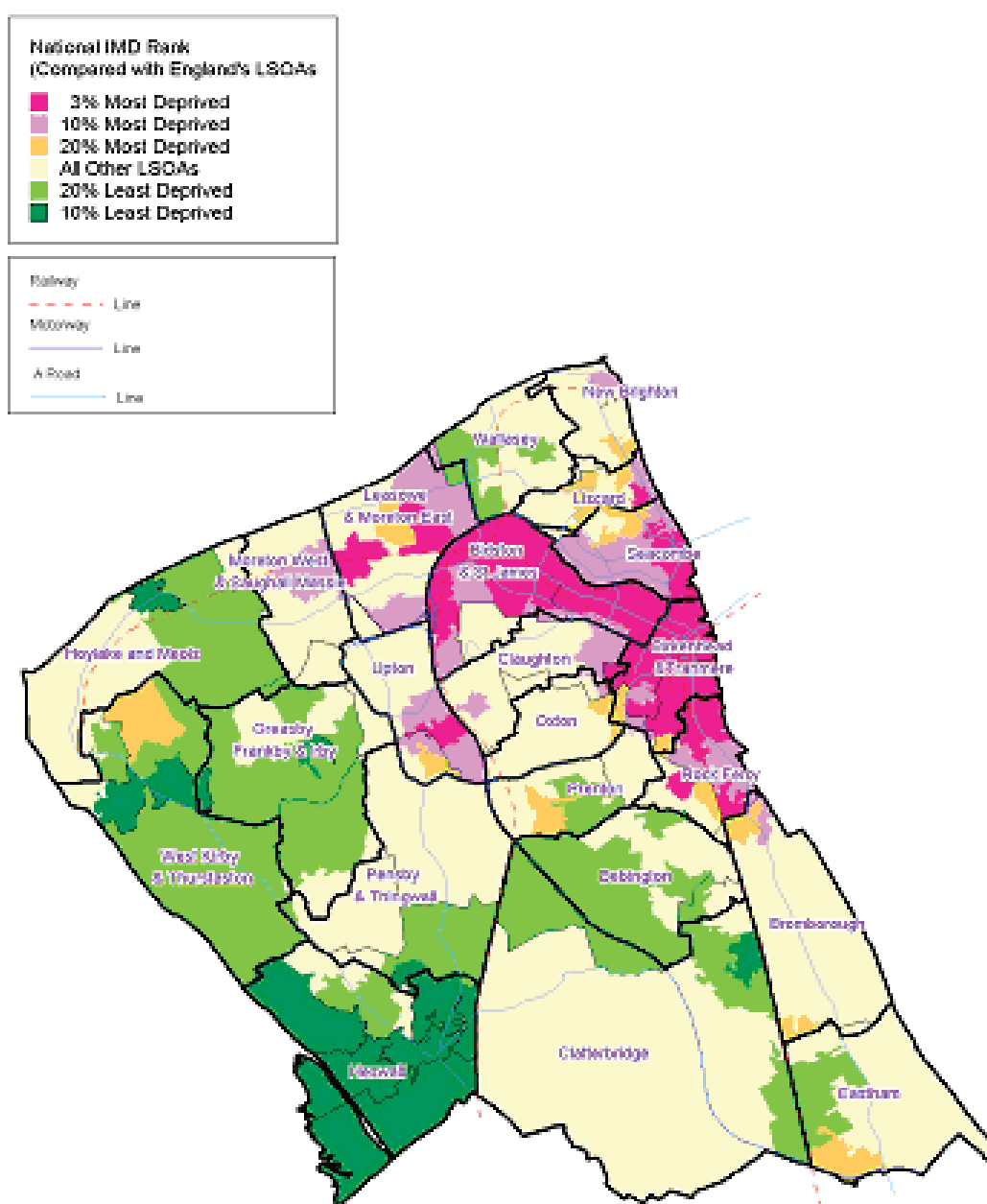
## 4.2 Deprivation

The Index of Multiple Deprivation (IMD) IMD 2010 shows that Wirral is the 60th most deprived of the 326 districts in the country and is therefore in the bottom 20% nationally. There has been no change on previous data (IMD 2007).

The IMD places 30 of Wirral's Lower Super Output Area's (LSOA) in the lowest 5% in England and 23 LSOAs in the 3% most deprived nationally as described in the table below.

### Wirral IMD Rank

Index of Multiple Deprivation 2010

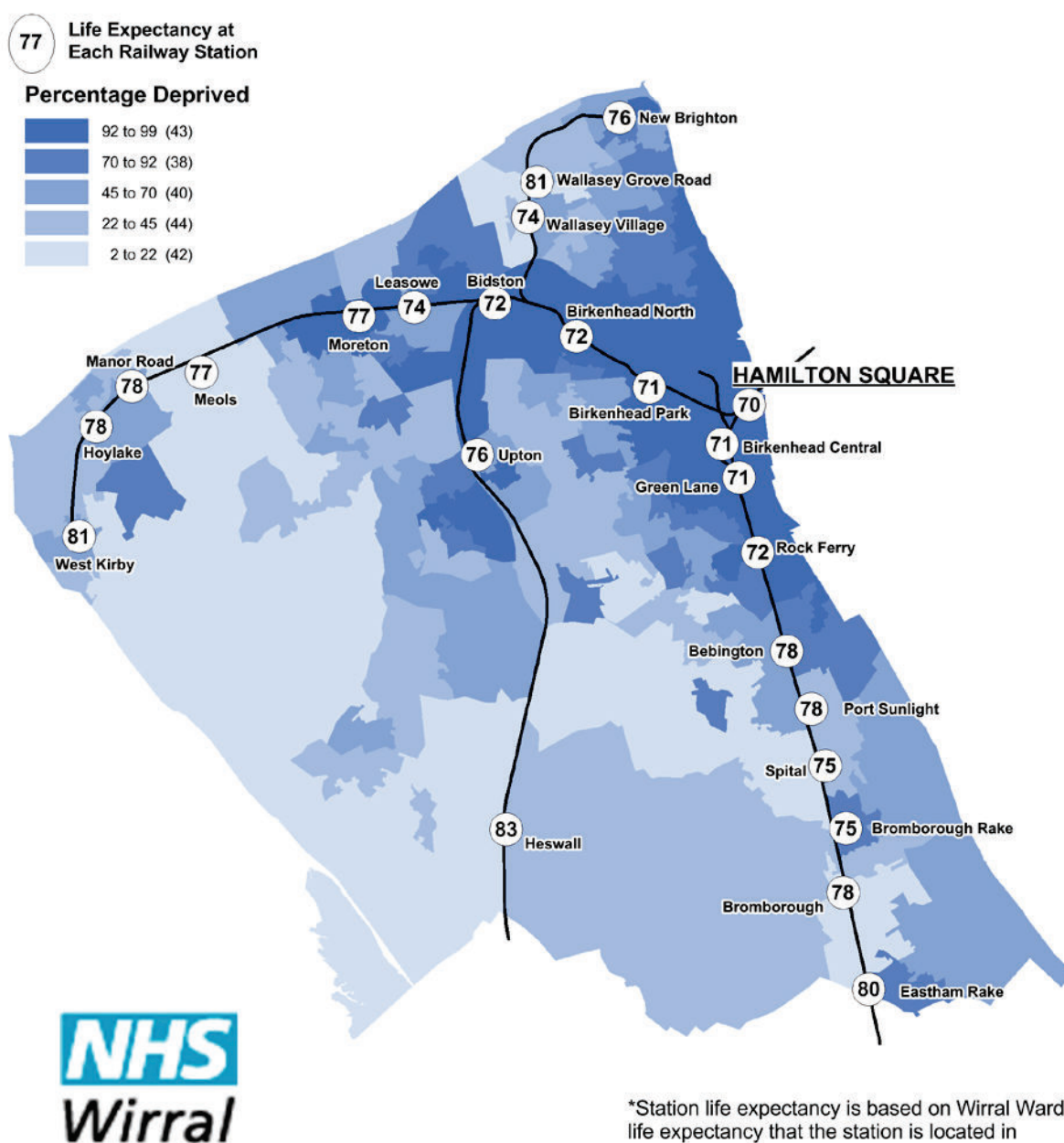


Data Source: DCLG (Department for Communities and Local Government)  
OS License No: 100019918  
Produced by NHS Wirral  
Performance and Public Health Intelligence Team

### 4.3 Life Expectancy

In 2008-10, life expectancy in Wirral was 77.0 for men and 80.8 for women. However life expectancy varies across the peninsula and an example of this is displayed by the below map comparing life expectancy by Wirral Railway Station for the male Wirral population.

#### Male Life Expectancy at Birth by Wirral Railway Station, Overlaid on IMD 2010 Deprivation Score, by Wirral LSOA, 2008 - 2010 Pooled



The gap in life expectancy between Wirral and England continued to widen in 2008-10. Amongst women in Wirral, life expectancy has actually decreased slightly for the last two time periods recorded (2007-09 and 2008-10)

The gap in life expectancy between the most and least affluent *within* Wirral was 14.6 years for men and 9.7 years for women (Marmot Indicators, 2012)

The Marmot Indicators (2012) also showed that Wirral had the largest gap in Disability Free Life Expectancy (DFLE) for males and females of any authority in England (20.0 years for men, 17.1 years for women)

The main contributors to the gap in life expectancy between Wirral and England was chronic liver disease for men and lung cancer for women. Mortality from chronic liver disease (in both the under 75s and those of all ages) in Wirral men is higher than England. The main contributor to liver disease is alcohol.

## 4.4 Diversity

Wirral Joint Strategic Needs Assessment (JSNA) 2008/09 acknowledged a significant gap in knowledge about Wirral's Black Minority Ethnic (BME) community including the lack of robust data on population prevalence, and information on its health and well-being needs. Accordingly a piece of research was commissioned to help address the lack of understanding.

A randomised survey of 1728 households has evidenced a relatively small numerical, though significant percentage increase in the size of the BME population in Wirral since the 2001 census which gave a figure of 3.56%, compared to a total today of 5.83% n = 18,291 (adjusted figure) This survey is not able to provide a reliable account of the composition of BME population, while the Office for National Statistics (ONS) mid-year estimates based on the 2001 census are increasingly prone to error. An assessment of new National Insurance (NI) registrations tends to support anecdotal accounts of a recent decline of up to 50% in the numbers of Eastern Europeans / Poles in the Wirral.

Ethnic Group	Wirral (2001)	Wirral (2009)	Net Change (from 2001)	% Change
All Groups	315000	308500	-6500	- 2
White: British	303800	289800	-14000	- 5
White: Irish	3100	2700	-400	- 12
White: Other White	2700	5500	+ 2800	+ 103
Mixed: White and Black Caribbean	500	800	+ 300	+ 60
Mixed: White and Black African	300	500	+ 200	+ 66
Mixed: White and Asian	500	900	+ 400	+ 80
Mixed: Other Mixed	500	700	+ 200	+ 40
Asian or Asian British: Indian	700	1900	+ 1200	+ 171
Asian or Asian British: Pakistani	100	900	+ 800	+ 800
Asian or Asian British: Bangladeshi	400	500	+ 100	+ 25
Asian or Asian British: Other Asian	200	500	+ 300	+ 150
Black or Black British: Black Caribbean	200	500	+ 300	+ 150
Black or Black British: Black African	300	900	+ 600	+ 200
Black or Black British: Other Black	100	200	+ 100	+ 100
Chinese or Other Ethnic Group: Chinese	1300	1400	+ 100	+ 8

According to 2009 ONS estimates less than 5% of Wirral's population is from a BME group (i.e. not white British) see table 2.3.1

The table above shows that the ethnic population of Wirral has increased slightly, however overall figures mask large differences between ethnic groups.

The, 'Asian or Asian British: Pakistani' group for example is estimated to have increased in number from 100 in 2001, to 900 people in 2009 which is a 800% increase.

In contrast, the, 'White: Irish' group appears to have shown the largest percentage decrease, from 3,100 in 2001, to 2,700 people in 2009.

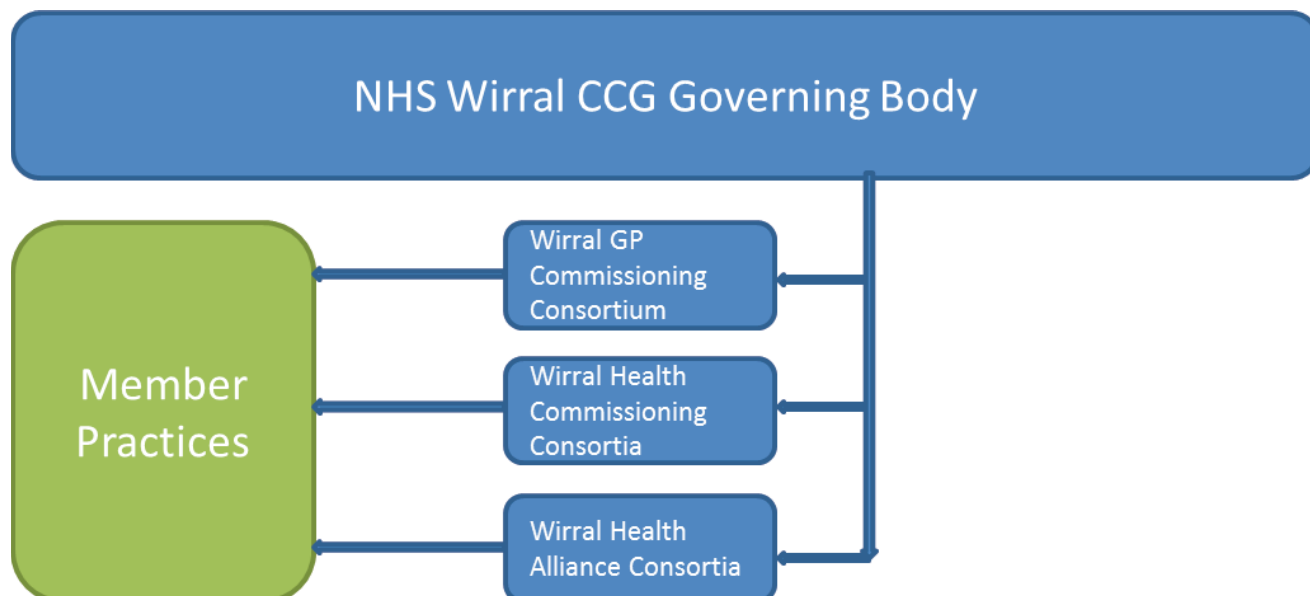
According to the school census, 6.5% of school children in Wirral are from BME groups. The number of pupils has risen from 2,526 pupils in December 2010 to 3,159 pupils, or 6.5%, in December 2012 that had a recorded ethnicity. This is a rise from 5.2% in 2010.

## 4.5 Other Key Issues

- Wirral has many very high differentials between incomes in different parts of Wirral. This produces very marked impact on health experiences across virtually all indicators.
- Wirral has the largest gap in disability free life expectancy of any authority in England for males and females.
- There are about 38,000 carers in Wirral representing about 12% of the population compared to a national average of 10%
- Dementia is a key and worsening problem for Wirral with an estimated 4,443 people over 65 living with dementia in 2011. This is projected to rise to almost 5,300 within the next 8 years.
- Alcohol is a significant problem for children and young people on Wirral. Death rates from digestive diseases mainly caused by alcohol are increasing very rapidly in the most deprived areas.
- 30,000 over 65s reported in the 2001 Census that they were living with a Limiting Long Term Illness.
- The most deprived areas have much higher emergency hospital admission rates than the rest of Wirral.
- Lifestyle behaviours such as smoking and drinking too much alcohol, as well as obesity, contribute to health inequalities and these behaviours are all more prevalent in Wirral's most deprived areas.
- Birkenhead, Tranmere, Bidston, Seacombe and Rock Ferry have between 50% and 70% of older people living in deprivation.

## 4.6 Local Health Environment and Practice Profile

NHS Wirral Clinical Commissioning Group is a federated model comprising 3 commissioning consortia as follows:



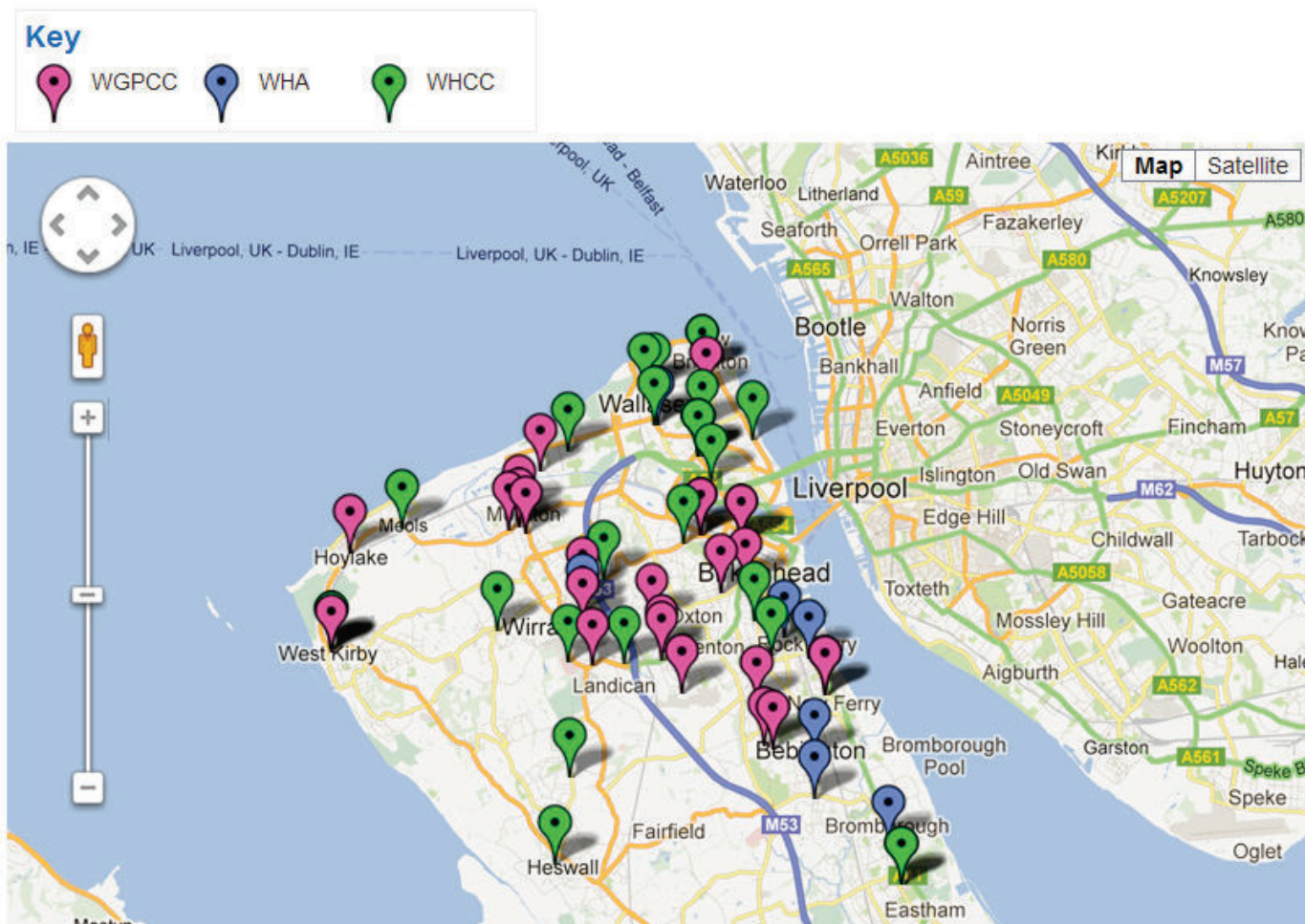
The configuration of each of the consortia is as follows with no discrete geographical boundary

Division	Number of Practices	Number of Patients (approximate)
Wirral Health Commissioning Consortium (WHCC)	27	165,000
Wirral GP Commissioning Consortium (WGPCC)	27	126,000
Wirral Health Alliance (WHA)	7	40,000

In addition to the 61 GP practices there are:

- 33 contracted ophthalmic opticians
- 94 Pharmacists
- 45 Dental Practices

We look after the health needs of about 330,000 people living within Wirral.



## 4.7 Provider Profile

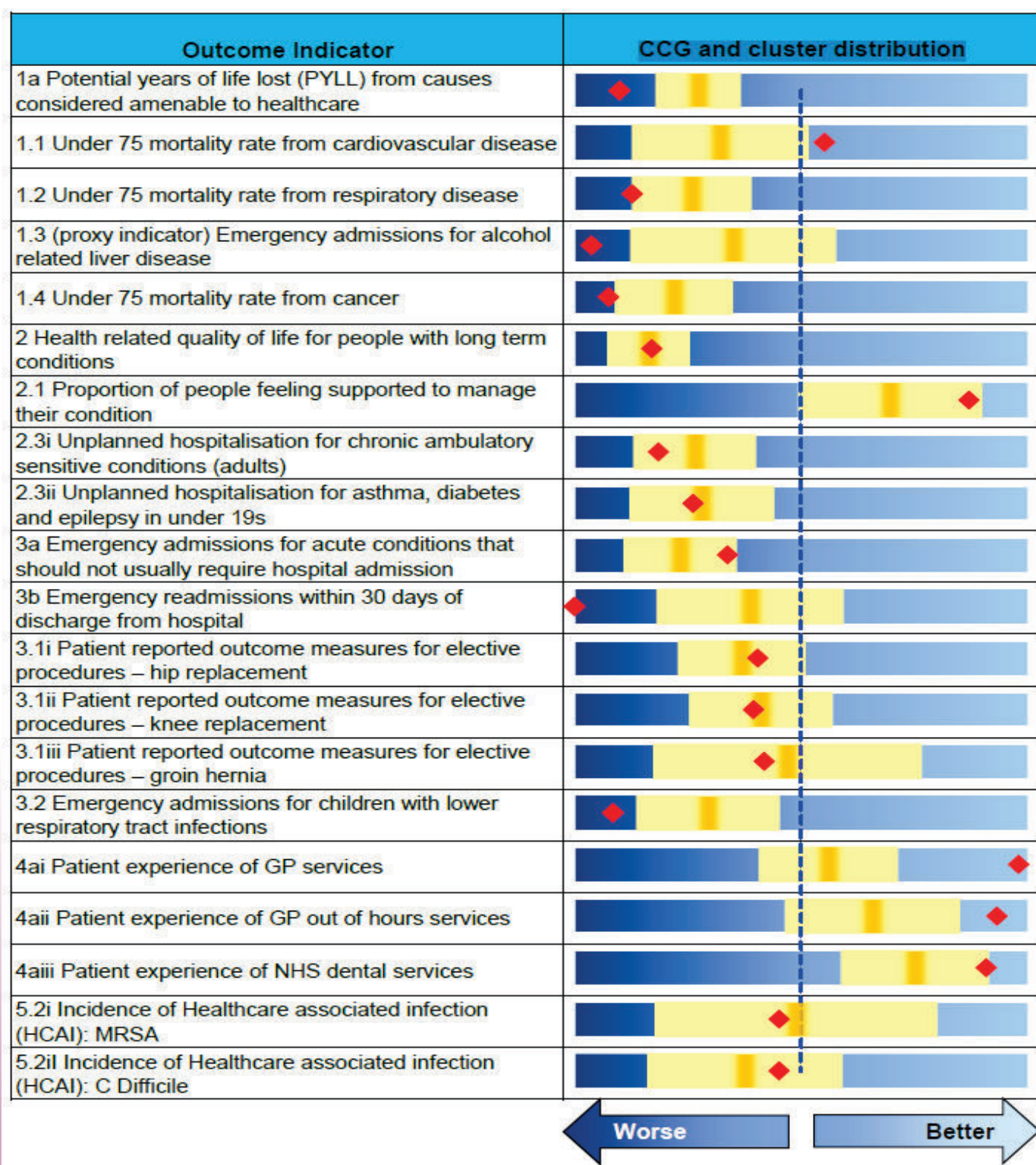
NHS Wirral CCG commissions its services through a range of NHS and Non-NHS providers with the contract monitoring and negotiation process being led by clinical commissioners.

NHS Wirral CCG has 4 main local providers. Fuller information about the NHS Wirral CCG contract portfolio is included as Appendix 1.

- Wirral University Teaching Hospital Foundation Trust
- Wirral Community NHS Trust
- Cheshire and Wirral Partnership NHS Foundation Trust
- Clatterbridge Cancer Centre

## 4.8 NHS Outcomes Framework 2013-14 Indicators

The chart below shows the distribution of the CCGs on each Outcomes Framework indicator in terms of ranks. **NHS Wirral CCG is shown as a red diamond**. The yellow box shows the inter quartile range and median of CCGs in the same ONS cluster as this CCG. The dotted blue line is the England median. Each indicator has been orientated so that better outcomes are towards the right (light blue).



## 4.9 QOF Disease Prevalence

The table below shows the prevalence (number and percentage) of diseases covered by the QOF for the practices in this CCG in 2010/11. The chart shows the distribution of the CCG's practices' prevalence in terms of ranks. Individual practices are shown as vertical bars with the height of the bar proportional each practice's population. The blue box shows the range of the middle 50% of practices in the CCG. The large diamond shows the average rank for the CCG and the dashed blue line shows the England average

QOF Disease Register	Number (%)	Practice ranks chart
Coronary Heart Disease	13,769 (4.1%)	
Stroke or Transient Ischaemic Attacks (TIA)	7,359 (2.2%)	
Hypertension	49,411 (14.9%)	
Chronic Obstructive Pulmonary Disease	7,396 (2.2%)	
Hypothyroidism	11,484 (3.5%)	
Cancer	5,894 (1.8%)	
Mental Health	2,979 (0.9%)	
Asthma	21,109 (6.3%)	
Heart Failure	2,632 (0.8%)	
Heart Failure Due to LVD	1,512 (0.5%)	
Palliative Care	732 (0.2%)	
Dementia	1,902 (0.6%)	
Atrial Fibrillation	6,326 (1.9%)	
Cardiovascular Disease Primary Prevention	4,342 (1.3%)	
Diabetes Mellitus (17+)	16,122 (6.0%)	
Epilepsy (18+)	2,512 (0.9%)	
Depression (18+)	38,138 (14.4%)	
Chronic Kidney Disease (18+)	13,193 (5.0%)	
Obesity (16+)	34,063 (12.5%)	
Learning Disability (18+)	1,500 (0.6%)	

Higher Prevalence

## 5. Resources

### 5.1 2013-14 Financial Allocation

The financial allocation for NHS Wirral Clinical Commissioning Group for the 2013/14 financial year is as follows

	£ Million
PCT Baseline (CCG Element exc Running Cost)	£463.155
Less Specialised Services Adjustment	(£25.154)
Less PCT 2% Headroom Adjustment	(£2.842)
Adjusted CCG Baseline	£435.159
2.3% Uplift	£10.009
<b>2013-14 Revenue Allocation (Commissioning)</b>	<b>£445.168</b>
<b>2013-14 Running Costs Allocation</b>	<b>£8.000</b>
<b>2013-14 Total Resource Allocation</b>	<b>£453.168</b>
Plus Non-Recurrent Allocation for return of Historic Surplus & Lodgement	£12.395
<b>2013-14 Resources Available</b>	<b>£465.563</b>

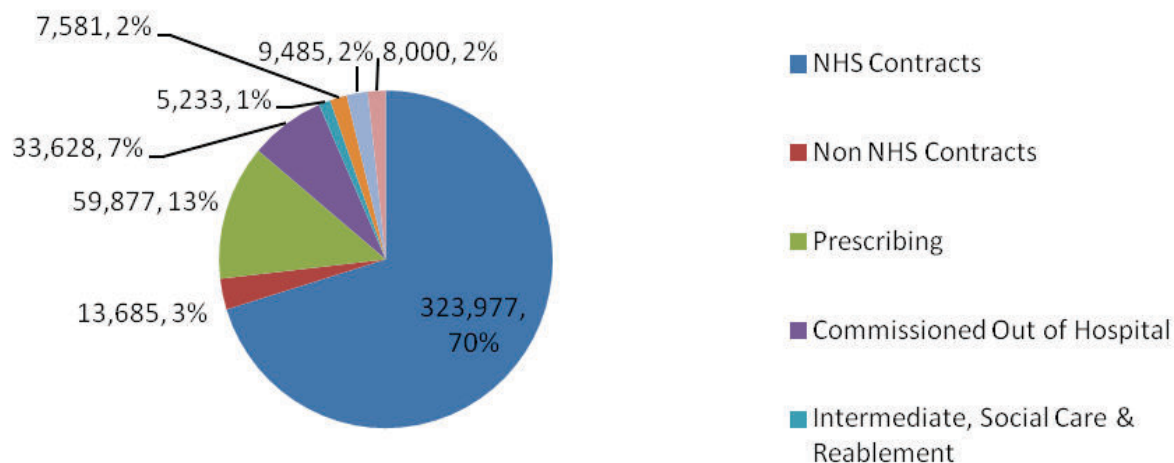
### 5.2 Summary of current financial planning assumptions 2013/14 -2015/16

The tables below show a summary of the anticipated resources available and headline expenditure values for the CCG for the period 2013/14 – 2015/16

	2013/14 £000's	2014/15 £000's	2015/16 £000's
<b><u>Programme Budgets</u></b>			
NHS Contracts	319,760	315,635	315,732
Non NHS Contracts	13,471	13,471	13,471
Prescribing	59,295	60,481	61,691
Commissioned Out of Hospital	34,533	31,033	31,033
Intermediate, Social Care & Re-ablement	5,233	5,233	5,233
Other Commissioning Expenditure	8,854	7,111	7,111
CCG Reserves (Contingency / non-rec)	11,965	16,612	19,800
<b>PROGRAMME TOTAL</b>	<b>453,111</b>	<b>449,576</b>	<b>454,071</b>
<b>Running Costs</b>	<b>8,000</b>	<b>8,080</b>	<b>8,161</b>
<b>CCG TOTAL</b>	<b>461,111</b>	<b>457,656</b>	<b>462,232</b>
<b>RESOURCE AVAILABLE</b>	<b>465,563</b>	<b>462,152</b>	<b>466,773</b>
<b>SURPLUS (1%)</b>	<b>(4,452)</b>	<b>(4,496)</b>	<b>(4,541)</b>

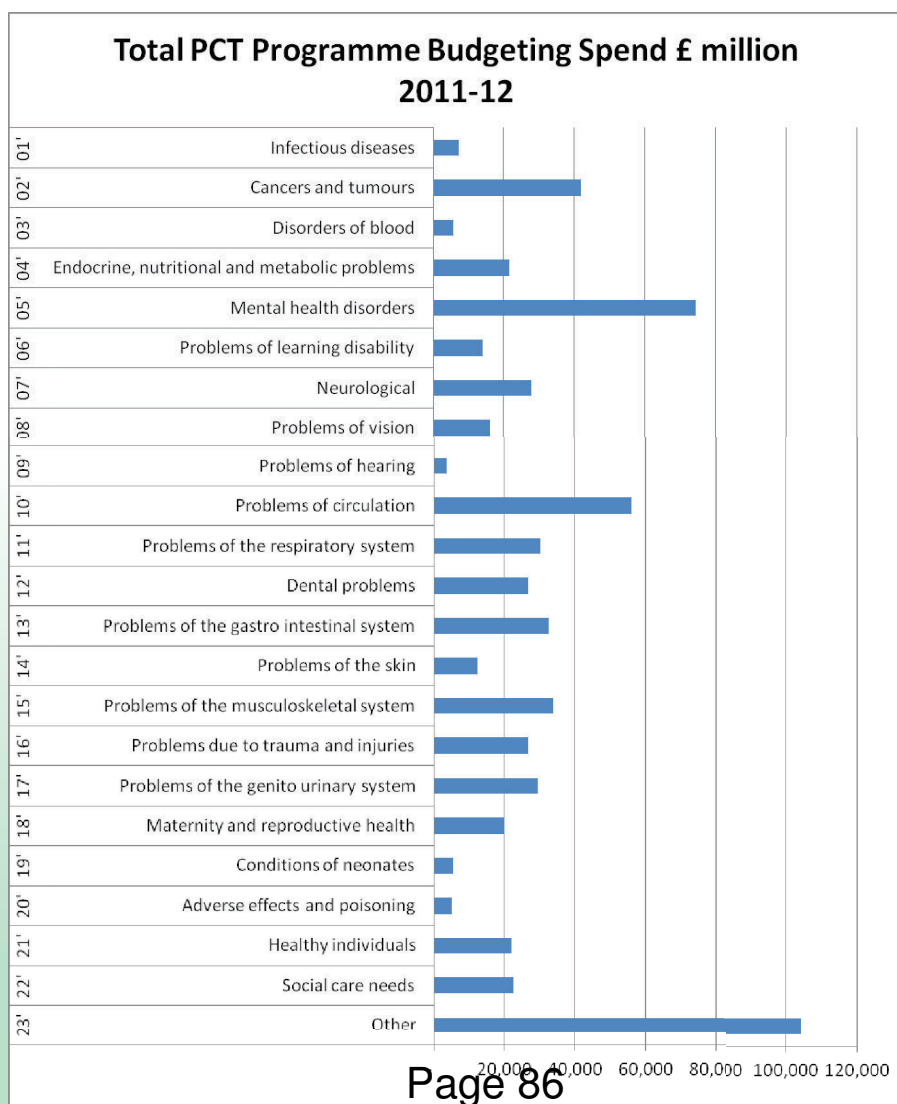
## 5.3 Summary of Programme Expenditure by provider type

### 2013/14 Programme Expenditure



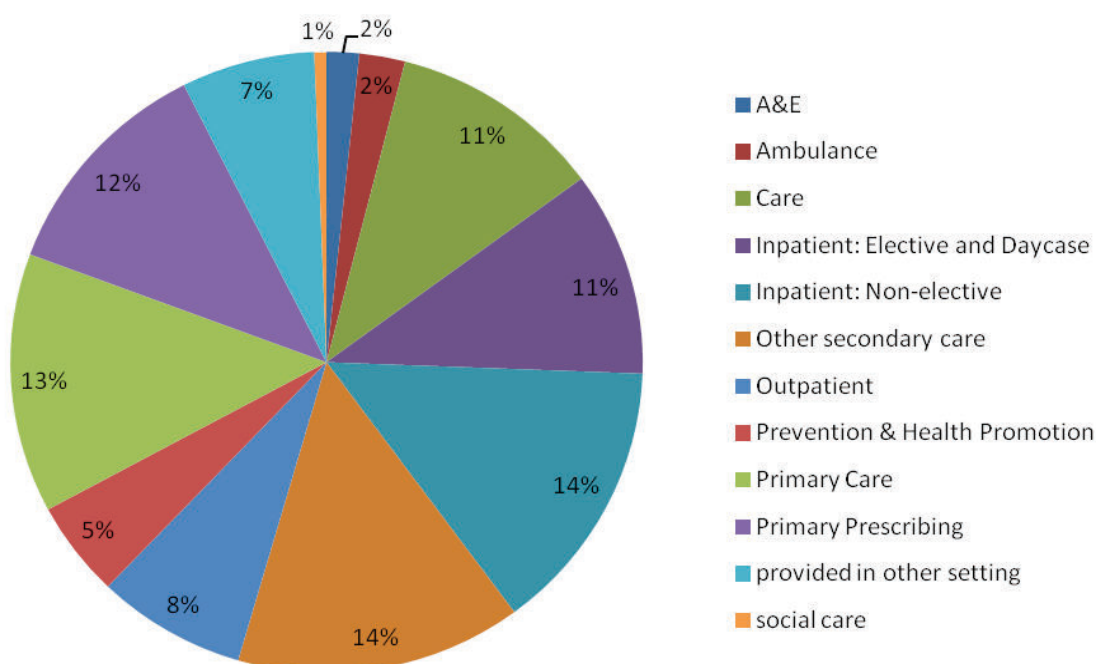
## 5.4 Programme Budgeting Spend

The bar chart below shows the PCT Programme Budgeting Spend split over the 23 categories using the 2011-12 gross expenditure values



The pie chart below shows the PCT Programme Budgeting Spend split by care setting using the 2011-12 gross expenditure values

### 2011-12 Programme Budgeting Spend by Care Setting Total



## 5.5 Financial Risks

In summary the key financial risks are:

- Increasing secondary care activity
- Increasing Prescribing costs and uplift shortfall
- Increasing Continuing Health Care and packages of care costs
- Non-delivery of QIPP target savings and demand management initiatives

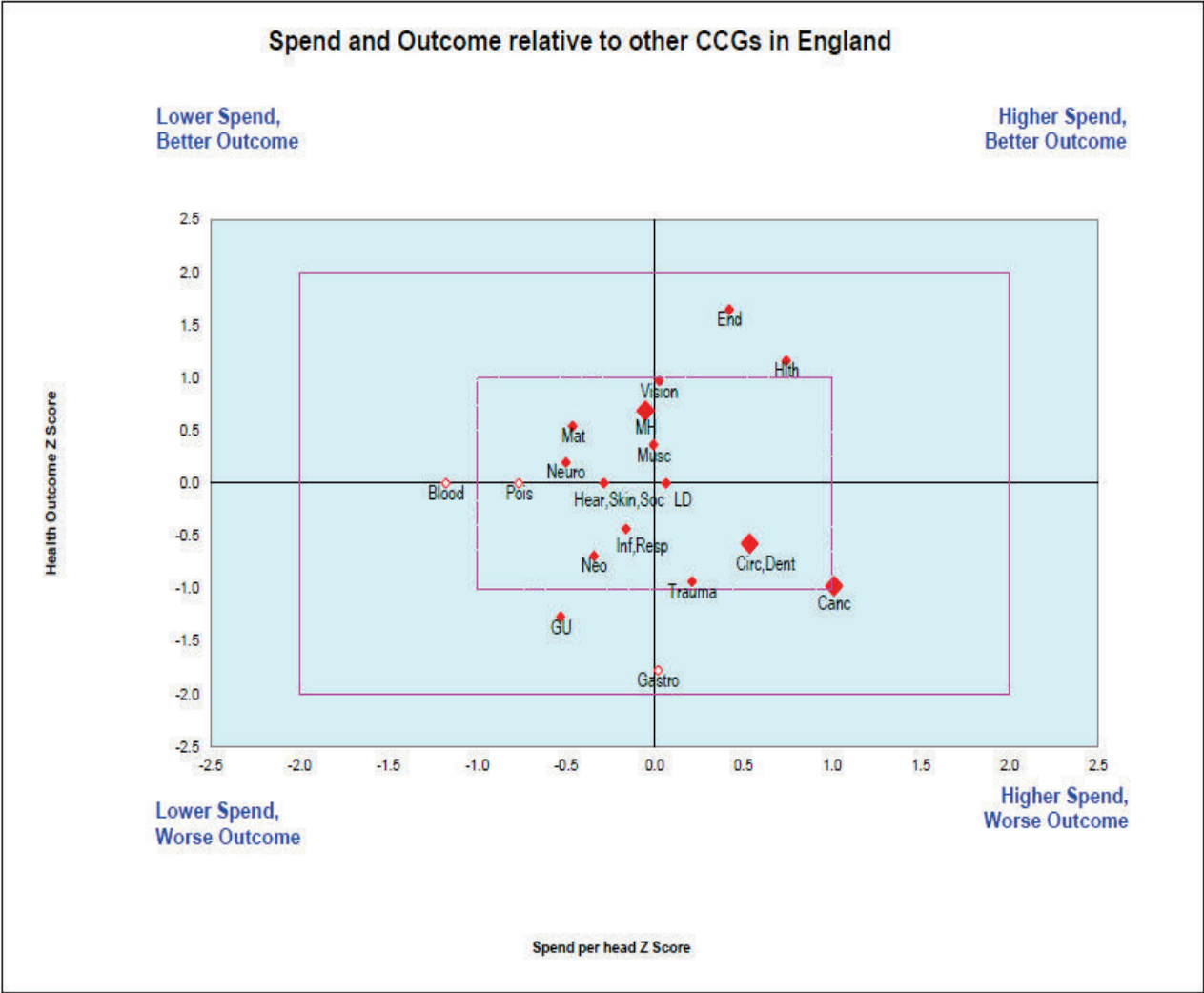
## 5.6 Activity

With our resources we commission from all our providers approximately:

- 92,000 Accident and Emergency attendances
- 39,000 Day Case procedures
- 10,200 Elective Inpatient procedures
- 51,000 Non elective (Unplanned) procedures
- 106,000 new out patient attendances, 285,000 follow up out patient attendances and
- 39,000 out patient procedures
- PLUS a full range of community based nursing and therapeutic services.

5.7 Programme Budgeting Spend versus Outcomes

NHS Wirral CCG 2010/11



- ◊ No outcome indicators readily available
- ◆ Outcome indicators available

Programme Area Abbreviations

Infectious Diseases	Inf	Hearing	Hear	Disorders of Blood	Blood
Cancers & Tumours	Canc	Circulation	Circ	Maternity	Mat
Respiratory System	Resp	Mental Health	MH	Neonates	Neo
Endocrine, Nutritional & Metabolic	End	Dental	Dent	Neurological	Neuro
Genito Urinary System	GU	GI System	Gastro	Healthy Individuals	Hlth
Learning Disabilities	LD	Musculoskeletal	Musc	Social Care Needs	Soc
Adverse effects & poisoning	Pois	Trauma & Injuries	Trauma		

The above chart shows the spend vs. outcomes measure based on the comparison of programme budgeting returns for 2010/11 (based on PCT expenditure for same financial year) compared to the relative outcome measures for the same financial period

Although there is a relative time lag in the data and some relative comparator issues between organisations the information provides a useful guide to relative levels.

## 6. Quality, Innovation Productivity and Prevention (QIPP)

QIPP (Quality, Innovation, Productivity and Prevention) is a large scale transformational programme for the NHS, involving all NHS staff, clinicians, patients and the voluntary sector. The programme is designed to improve the quality of care the NHS delivers whilst making up to £20 billion of efficiency savings by 2014-15, which will be reinvested in frontline care by the system

NHS Wirral Clinical Commissioning Group will need to demonstrate achievement of cost efficiencies against its allocation and will need a robust monitoring system on an on-going basis

Details of the original PCT QIPP plan approved by DH as part of £20 billion national requirements are as per below with the aggregated figure for the Wirral economy being circa £105m over 4 years of the comprehensive spending review period (2011-12 to 2014-15) given the inclusion of tariff efficiency, cash releasing and cost avoidance savings.

	Efficiency built into contracts	PCT action to reduce existing spend	TOTAL
	£000s	£000s	£000s
2011-12	15,591	14,168	29,759
2012-13	15,458	8,812	24,270
2013-14	15,413	10,155	25,568
2014-15	15,295	10,084	25,379
TOTAL	61,757	43,219	104,976

Given the changes to the current healthcare system, CCG's will be held responsible for the majority of the final two years (2013-14 & 2014-15) QIPP delivery and that beyond the current comprehensive spending review period, it is envisaged that the level of QIPP challenge shall increase.

It is reasonable to expect that the Wirral economy (through CCG commissioned budgets and Direct Commissioning from the National Commissioning Board) will need to generate a further £25m of efficiency saving in the 2015/16 financial year (and the last year of this 3 year strategic commissioning plan) an aggregated equivalent of circa £76m over the next 3 years.

The CCG will be required to develop an appropriate QIPP strategy for 2013-14 and future financial periods.

QIPP savings can take the form of either cash releasing savings or cost avoidance (being an economic concept of activity that may have happened if no action had taken place)

NHS Wirral CCG will need to work with its partners to ensure a sustainable QIPP programme and that any cash releasing savings are agreed within contracting negotiations

The below calculation predicts the overall level of QIPP saving required by the CCG in the 3 years of the strategic planning period, given an efficiency saving of 4% on contracts / prescribing and a requirement to achieve the original PCT values in 2013-14 and 2014-15, with an assumption that the CCG will be required to achieve a similar level of savings in 2015-16 (being the 1<sup>st</sup> year of the new comprehensive spending period)

	2013-14	2014-15	2015-16
Assume Overall Efficiency requirement as per share of PCT value (72.5%)	18.6m	18.4m	18.1m
Less Estimated Tariff Efficiency in Contracts	(12.8m)	(12.8m)	(12.7m)
Less Estimated Prescribing Efficiency	(2.4m)	(2.4m)	(2.4m)
Remaining QIPP	3.4m	3.3m	3.0m
Cash Releasing	(3.1m)	(3.0m)	(2.7m)
Cost Avoidance	(0.3m)	(0.3m)	(0.3m)

Initial Planning discussions regarding delivery of the CCG's QIPP targets have produced a number of detailed plans that will be required to be delivered over the course of the next 3 years in order to achieve financial balance and meeting the requirements of the system in achieving substantial savings

The table below defines the potential areas for savings that will need to be realised based on the CCG's current commissioning plans.

Area	2013/14 Financial year		2014/15 Financial year		2015/16 Financial year	
	Cash Releasing £ Million	Cost Avoidance £ Million	Cash Releasing £ Million	Cost Avoidance £ Million	Cash Releasing £ Million	Cost Avoidance £ Million
Urgent Care	(1.75)	(0.17)	(1.68)	0.00	(0.50)	0.00
Planned Care	(1.30)	(0.10)	(0.93)	(0.05)	(0.60)	(0.08)
Cancer - End of Life	0.00	(0.08)	0.00	(0.05)	0.00	0.00
Procurement	0.00	0.00	(0.30)	0.00	(0.35)	0.00
Contracts	0.00	0.00	(0.10)	0.00	(0.10)	0.00
Unidentified	0.00	0.00	0.00	(0.17)	0.00	(1.41)
	(3.06)	(0.34)	(3.00)	(0.27)	(1.55)	(1.48)
Total Cash Releasing + Cost Avoidance		(3.40)		(3.27)		(3.03)

Each QIPP Scheme will be supported by a number of initiatives to support the delivery of the required changes. These will be a mixture of cash releasing which will impact on contracted activity with providers via an anticipated reduction in activity due to redesign / more effective pathways or cost avoidance by preventing activity that would have happened if no changes had taken place

A summary of the overarching proposals are as follows and are supported by the CCG's Clinical Strategy Group and supporting QIPP teams with system wide engagement with other stakeholders

### **Urgent Care**

Urgent Care (often unplanned) activity provides one of the greatest risks to the CCG in terms of its ability to deliver its required financial responsibilities. QIPP Delivery in this area is crucial and revolves around a number of key projects to prevent unnecessary and avoidable admissions, ensure patients are accessing the most appropriate services in line with their needs and facilitating discharge in most effective manner to ensure patient flow through the system

### **Planned Care**

Planned Care is structured around two key areas of Planned Medical and Surgical Work streams. The QIPP initiatives in support of the planned care agenda include a number of service redesign projects with the objective of bringing care closer to the patient's home with more services being provided in the community. An essential part of the QIPP approach in Planned Care is improving the pathways for patients with long term conditions and reducing unnecessary steps within the surgical pathway for an improved patient experience.

### **Cancer and End of Life Care**

The Cancer QIPP work stream is focused on improving patient pathways and outcomes for this cohort of patients, in particular improving standards of care across primary care and nursing / care homes, reducing the requirements for hospital admissions at the end of life stage

### **Procurement**

Through its commissioned services, the CCG will hold a number of healthcare contracts and it is anticipated that a level of QIPP savings can be achieved through increased efficiency in these contract volumes and values. In particular savings would be achieved through an improvement in the approach to purchasing of intermediate / rapid access beds which will be supported by improved pathway across planned and unplanned care workstreams and joint working between all the relevant stakeholders

### **Contracts**

Potential QIPP Savings have been identified across a range of contract areas, in particular it is anticipated that a review of existing block contract areas and a move towards activity based pathway systems will release further savings

### **Unidentified**

There remains an element of unidentified QIPP schemes at this point in the planning cycle, these will need to be identified as soon as possible in order to realise the required QIPP Savings

## Quality Premium

Clinical Commissioning Groups can receive additional non recurrent resources in 2014-15 subject to achieving high standards of quality in five measures (as set out in the NHS Outcomes Framework) in 2013-14. The measures are:

- Preventing people from dying prematurely
- Enhancing quality of life for people with long term conditions
- Helping people to recover from episodes of ill health or following injury
- Ensuring that people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm.

The Quality Premium will also include three locally identified measures as identified within the Health & Well Being Strategy. The local measures we will be monitoring are

- Emergency readmissions within 30 days of discharge from hospital (specifically for the elderly population)
- Number of people attending Accident and Emergency Department with alcohol related conditions
- Enhancing quality of life for people with dementia

Payment of the Quality Premium will also be dependent upon achieving NHS Constitution and the rights and pledges.

## 7. Partnership Working

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Successful collaboration with NHS and Local Authority colleagues, other statutory agencies and the independent and voluntary sector is recognised as crucial in developing and delivering our strategy.

System Engagement will include:

- Patient and public engagement
- Member Practice Engagement
- Provider Engagement

An engagement structure (the CCG Communications and Engagement Strategy) has been established which ensures that key stakeholders, including patients and clinicians, have the opportunity to shape commissioning intentions.

We will continue to develop relationships with the Local Authority (Adult Care, Children's services, Public Health, Housing, Environmental Health etc).

Collaboration with service providers will be essential in supporting service re-design and QIPP projects.

Provider services will be monitored through formal contract monitoring and performance review. However in taking the local health services through a period of reform and service transformation we will not ignore the need for provider stability. Through all our change programmes there will be a focus on patient safety and service quality and provider engagement.

Our core business support and intelligence will be provided by the CSU on a contract arrangement.

We respect the contribution that all Clinicians can make. Our strategic plans and commissioning programmes and projects will:

- Be clinically driven
- Ensure clinician to clinician engagement
- Reflect best clinical practice
- Promote the development of clinical networks.

Appendix 3 describes the progress thus far in terms of engaging clinicians in the commissioning and service review process.

A number of services can be best commissioned on a wider footprint than Wirral and we will work with other CCGs in support of collaborative commissioning and in developing Specialist Commissioned services.

Patient and public involvement will be embedded as a constant in all our planning and service development proposals.

## 8. Strategic Priorities

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Although a new organisation, we are not a static organisation. We have not ignored the positives of the past and we have ensured that a number of initiatives have been brought to completion in our short journey thus far. Our recent achievements include:

- Continued Implementation and Mainstreaming of NHS Wirral (Primary Care Trust) Strategic Plan
- Key Clinicians providing stability during organisational transition and remaining part of CCG Leadership team
- Three successful applications for Pathfinder CCGs on Wirral
- Response to patient feedback with regards to poorly performing services leading to service redesign / re-procurement to improve patient care
- Maintaining financial balance through a period of investment and disinvestment to develop the healthcare market, diversify provision and driving performance improvement.

Our strategic challenges are:

- To halt and reverse the increasing gap in health inequalities across specific health issues and communities.
- To design and commission high quality healthcare services for the elderly and ageing population.
- To enable fair and equal access to all services for all communities.
- To shift high quality care closer to home from acute to community settings

As indicated our Strategic Objectives are to:

a) Prevent people from dying prematurely

- By decreasing the potential years of life lost from causes considered amenable to healthcare
- By decreasing the under 75 mortality rate from cancer, cardiovascular, respiratory and liver disease

b) Enhance the quality of life for people with long term conditions

- By increasing the health-related quality of life for people with long term condition
- By increasing the proportion of people feeling supported to manage their conditions
- By reducing the unplanned hospitalisation for chronic ambulatory care conditions in adults and for asthma, diabetes and epilepsy in under 19's
- By increasing the estimated diagnosis rate for people with dementia

c) Helping people to recover from episodes of ill health or following injury

- By reducing the number of emergency admissions for acute conditions that should not usually require hospital admission
- By reducing the number of emergency readmissions within 30 days of discharge from hospital
- By increasing the total health gain as assessed by patients for both hip and knee replacements, Groin Hernia and varicose veins
- By reducing the number of emergency admissions for children with Lower Respiratory Tract Infections

d) Ensuring people have a positive experience of care

- By increasing the patient experience of primary (GP and Out of Hours) and hospital care
- By improving the findings of the Friends & Family Test for all relevant commissioned services

e) Ensuring people are treated and cared for in safe environment and protected from avoidable harm

- By reducing the incidence of healthcare associated infections in MRSA and C. Difficile

In order to improve services and deliver improvements in these outcomes we have developed 11 strategic priorities which we believe will have the biggest impact on the future health and wellbeing of Wirral residents and support the strategic objectives of the organisation.

These are:

- 8.1 Delivering High Quality Planned Care (including services for Older People)
- 8.2 Managing Urgent Care (including unplanned admissions and attendances and services for Older People)
- 8.3 Adult Mental Health services (Including Learning Disability Services)
- 8.4 Children's and Adolescent Mental Health Services (Including Learning Disability Services)
- 8.5 Dementia
- 8.6 Effective Medicines Management
- 8.7 Improving Access to Community services
- 8.8 Management of Long Term Conditions and Chronic Disease Management
- 8.9 Improving Cancer and End of Life care
- 8.10 Women's and Children's Services
- 8.11 Improving primary care services at practice level

These strategic priorities are described in more detail in the following pages.

**They are not in priority order.  
Each is equally important.  
All are inter-dependent.**

These strategic priorities take account of local needs but also relate to and support the 5 key domains under the Outcomes Framework.

The table below outlines how the 11 strategic priorities map to the objectives (which are in line with the NHS Outcomes Framework for 2013 -14). Each strategic priority will be more fully described in detailed Programme and Project plans describing their impact, specific goals and their relationship with National and local outcome indicators (as illustrated). They will specify current baselines, map initiatives to measures, forecast impact and be monitored using a developed performance management framework.

	<i>Priorities</i>	<i>Outcomes Framework Domain</i>				
		Domain 1 Prevention	Domain 2 Quality LTC	Domain 3 Recovery	Domain 4 Experience	Domain 5 Safety
8.1	Delivering High Quality Planned Care (including services for Older People)	✓		✓	✓	✓
8.2	Managing Urgent Care (including unplanned admissions and attendances and services for Older People).			✓	✓	✓
8.3	Adult Mental Health services	✓	✓		✓	✓
8.4	Children's and Adolescent Mental Health Services	✓	✓		✓	✓
8.5	Dementia		✓		✓	✓
8.6	Effective Medicines Management		✓			✓
8.7	Improving Access to Community services. Commissioning services closer to home.		✓	✓	✓	
8.8	Management of Long Term Conditions and Chronic Disease Management	✓	✓	✓		✓
8.9	Improving Cancer & End of Life care				✓	✓
8.10	Women's and Children's Services	✓	✓	✓	✓	✓
8.11	Improving primary care services at practice level.				✓	

For each we have set out:

- Our Vision
- The key programmes and projects within each strategic priority
- Specific Programme targets
- Their strategic impact in relation to local and National priorities

Full delivery of these strategies will improve service quality and levels provided to service users. They will guarantee a very different service in the future. They will require some difficult decisions which may not be universally accepted. They do assume resource re-profiling.

Given the significance of the latter we have set out below, in summary, the key planned investments and disinvestments over the period of this plan. We have first summarised our full plan on one page. This is followed by detail for each strategic objective.

# Wirral Clinical Commissioning Group – Strategic Plan on Page 2013-2016

## “Your Partner in a Healthier Future for All”



Wirral Clinical Commissioning Group

**CCG Vision:** Better Health, Valuing People; Innovation; Working Together; Quality; Integrated services

**CCG Values and Principles:** Improving life expectancy. Targeting Inequality. Effective Governance. Empowered Clinicians. Delivery through Partnership. Person Centred Care

**Strategic Context:** Resident population of 330,000 people. One CCG with three strong Localities. CCG budget £465m (2013-14)

**Strategic Challenges:** Ageing population (75+). High rate of emergency admissions. QIPP Efficiency programme (£25m). System Reform. Deprivation and Lifestyle behaviours; Resource availability.

### Strategic Objectives

1. Prevent people from dying prematurely
2. Enhance the quality of life for people with long term conditions
3. Helping people to recover from episodes of ill health or following injury
4. Ensuring people have a positive experience of care
5. Ensuring people are treated and cared for in safe environment and protected from avoidable harm

### Ambition/Outcomes (in terms of patient safety, quality and performance improvement)

- By decreasing the potential years of life lost from causes considered amenable to healthcare
- By decreasing the under 75 mortality rate from cancer, cardiovascular, respiratory and liver disease
- By increasing the health-related quality of life for people with long term condition
- By increasing the proportion of people feeling supported to manage their conditions
- By reducing the unplanned hospitalisation for chronic ambulatory care conditions in adults and for asthma, diabetes and epilepsy in under 19's
- By increasing the estimated diagnosis rate for people with dementia
- By reducing the number of emergency admissions for acute conditions that should not usually require hospital admission
- By reducing the number of emergency readmissions within 30 days of discharge from hospital
- By increasing the total health gain as assessed by patients for both hip and knee replacements, groin hernia and varicose veins
- By reducing the number of emergency admissions for children with Lower Respiratory Tract Infections
- By increasing the patient experience of primary (GP and Out of Hours) and hospital care
- By improving the findings of the Friends & Family Test for all relevant commissioned services
- By reducing the incidence of healthcare associated infections in MRSA and C. Difficile

### Transformational Change Programmes/Projects/Initiatives/Workstreams

- Delivering High Quality Planned Care (including services for Older People)
- Managing Urgent Care (including unplanned admissions and attendances and services for Older People).
- Adult Mental Health Services (including Learning Disability Services)
- Children's and Adolescent Mental Health Services (including Learning Disability Services)
- Dementia
- Effective Medicines Management
- Improving Access to Community services. Commissioning services closer to home.
- Management of Long Term Conditions and Chronic Disease Management
- Improving Cancer & End of Life care
- Women's and Children's Services
- Improving primary care services at practice level.

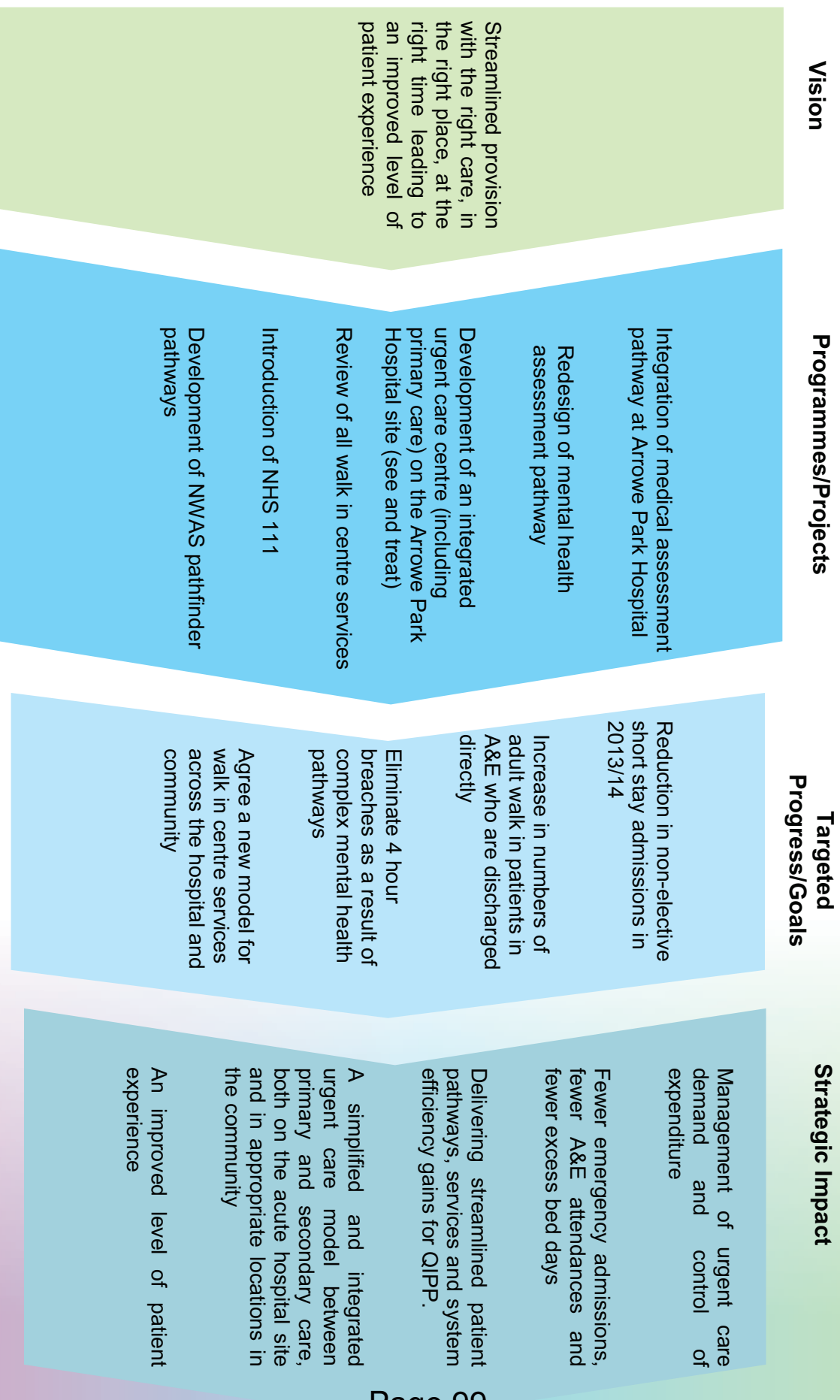
Link to Local Priority	Link to National Outcome Framework
Ageing Population	2,3,4,5
Alcohol Ageing Population Mental Health	1,3,4
Mental Health	1,2,4
Mental Health	1,2,4,5
Mental Health	1,2,3,4,5
Mental Health Ageing Population	2,4
Mental Health Ageing Population	1,2,3,4
Ageing Population	1,2,3,4,5
Ageing Population	2,4,5
Poverty	1,3,4,5
Mental Health Ageing Population	1,2,3,4

Cross cutting themes: Health Inequality and Prevention; Supporting QIPP; Practice Ownership of Commissioning Agenda; Patient and Public Involvement; Effective Clinical leadership; Information and technology; Estates Strategy; Pathway Redesign; Value for Money and Efficiency;

# Strategic Priority 8.1: Delivering High Quality Planned Care (including services for Older People)



## Strategic Priority 8.2: Managing Urgent Care (including services for Older People)



## Strategic Priority 8.3: Adult Mental Health Services



# Strategic Priority 8.4: Children's and Adolescent Mental Health Services



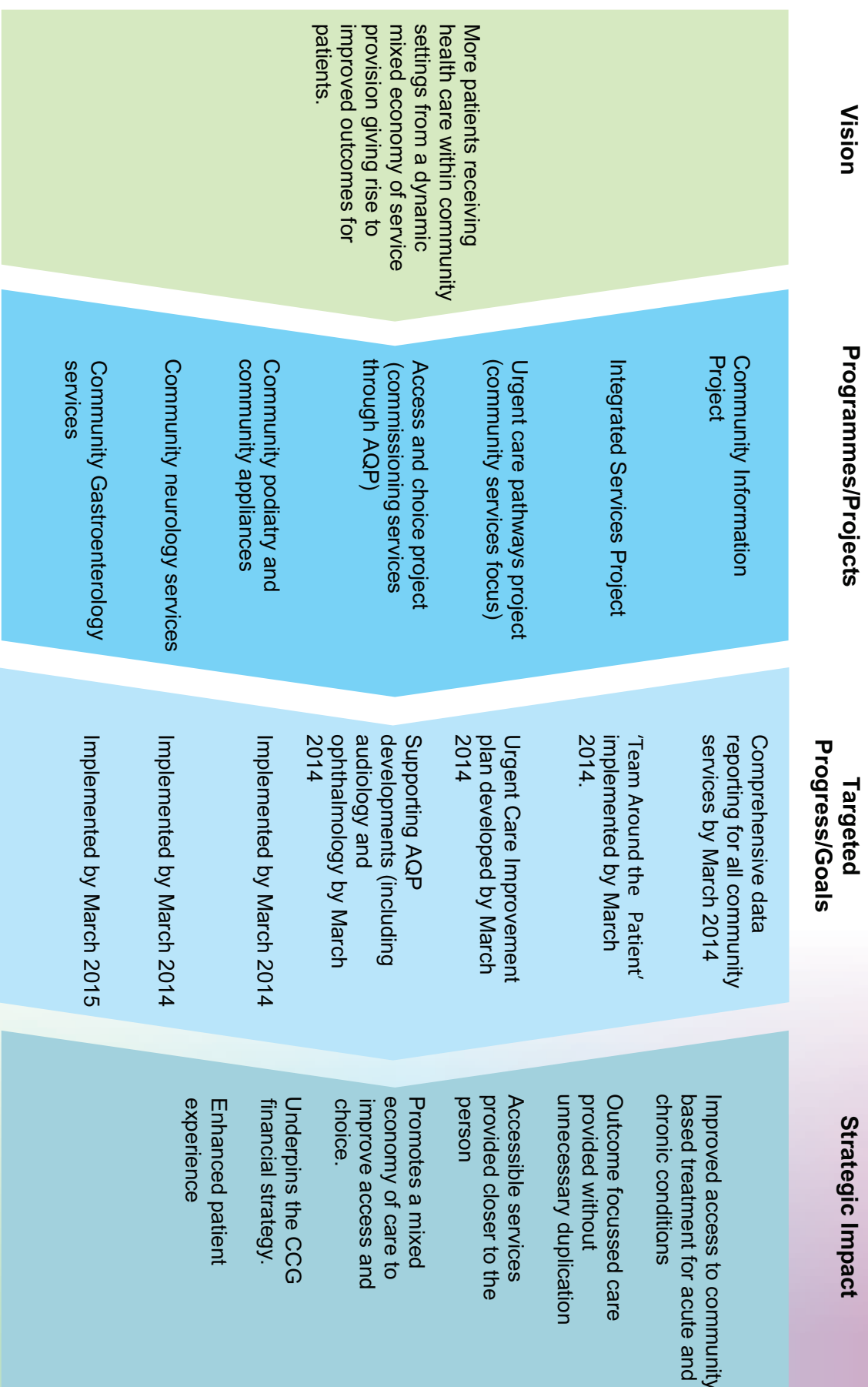
## Strategic Priority 8.5: Dementia



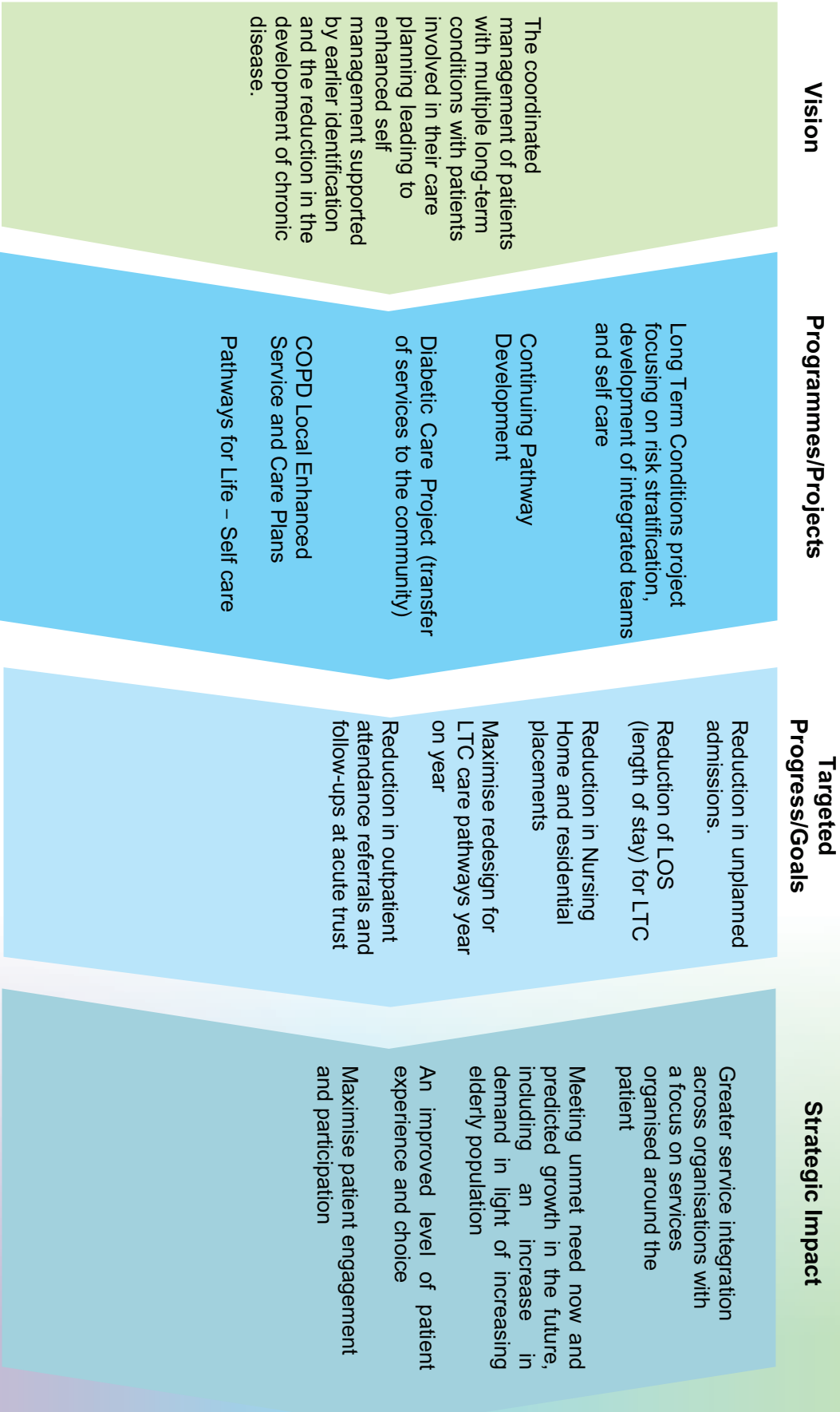
# Strategic Priority 8.6: Effective Medicines Management



## Strategic Priority 8.7: Improving Community Services



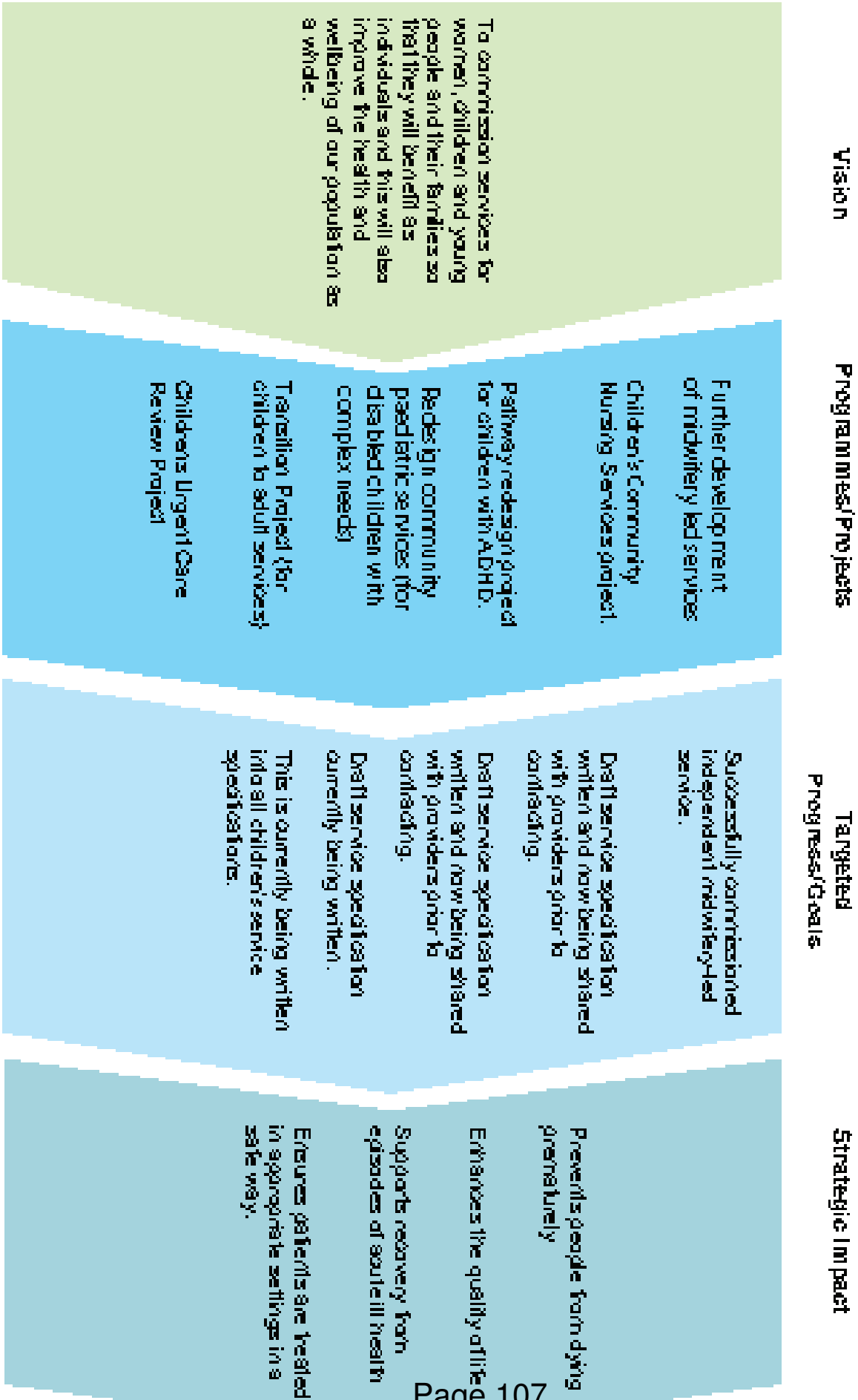
# Strategic Priority 8.8: Long Term Conditions and Chronic Disease Management



# Strategic Priority:8.9 Improving Cancer Services and End of Life Care



# Strategic Priority 8.10: Women's and Children's Services



# **Strategic Priority 8.11: Improving Primary Care Services at Practice Level**

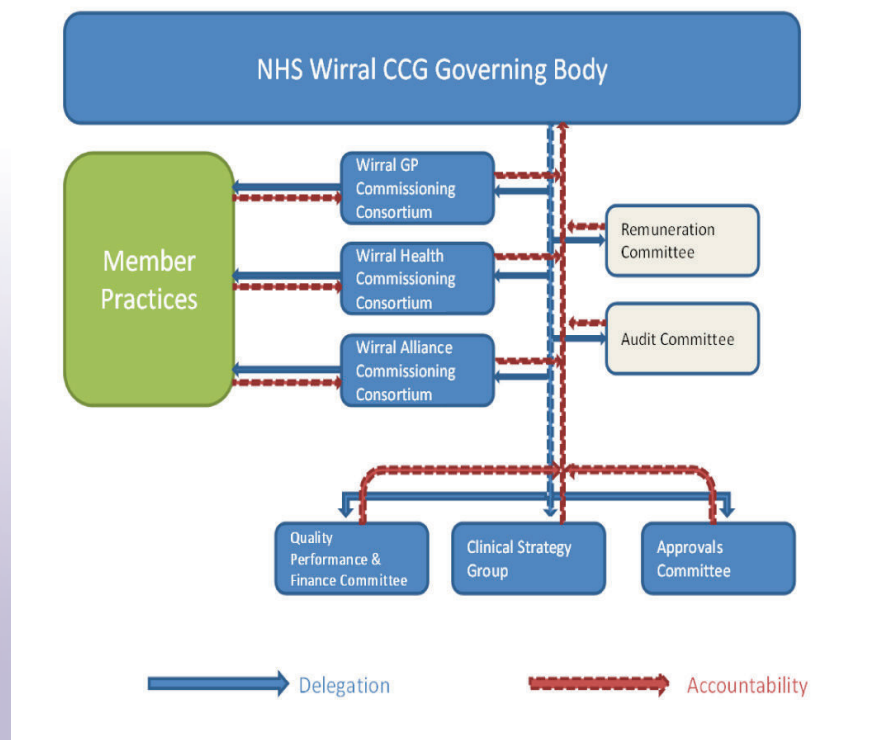


## 9. Strategic Delivery

- Continuity with the past and the stability this brings is not to be ignored. However Wirral CCG is a new organisation. It is and will operate in a different way from predecessor organisations. Its foundation stone is clinical leadership. GP Practices in close association with professional and lay colleagues will shape and commission future health care services. They will also be responsible for delivering best possible outcomes for the local population.
- A formal constitution has been agreed and will be effective from April 2013.
- Real partnership with local clinicians in secondary and primary care, local people and partner agencies will be critical in delivering transformed services.
- Delivery of our strategy will be achieved through clear responsibilities and accountability described in our new organisational structure.
- Delivery will require articulation of the 11 strategic priorities into a series of programmes and projects with a designated clinical and managerial lead for each.
- A robust approach to performance and risk management will underpin Strategic Delivery.
- As part of our culture of innovation and continuous development and improvement we will develop a Strategic Plan Evaluation Framework.

### 9.1 Structures

- The Wirral CCG structure is represented in the following diagram.



## 9.2 Roles

- The **Governing Body** of the CCG will be accountable for exercising its statutory functions. In relation to Strategic Implementation it will:
  - Set the organisational framework for strategic implementation
  - Set strategic priorities
  - Oversee delivery of the Strategic Plan through an annual high level Operating Plan.
  - Review overall progress and performance at each monthly Board meeting
  - Commission recovery plans where necessary
  - Monitor the quality and safety of services commissioned by the CCG. This includes working with regulators of healthcare and receiving reports directly from the public and patients
  - Hold accountable those individuals or organisations that provide healthcare services and ensure that the public is protected from avoidable harm
- A number of sub committees have been established. In relation to Strategic Delivery: operational delivery of the strategic plan will be monitored by the **Quality, Performance and Finance Sub Committee** on behalf of the Governing Body.
- “Day to day” monitoring and delivery will be led by **Strategic Implementation/QIPP Clinical Engagement Groups**

## 9.3 Strategic Implementation Groups

Wirral CCG has established a number of QIPP Clinical Engagement Groups.

- These groups will be responsible for implementing the CCG Strategic priorities.
- They will operate as clinical strategic implementation groups.
- Each group will report to the CSG through a designated clinical lead.
- They will have clear accountability for the successful implementation of each strategic priority, for patient experience, quality and safety.
- These groups will develop service specific programme and project plans supported by timetabled action plans.

## 9.4 Delivering through Contracts

- The CCG will commission services for the population of Wirral through a broad range of contracts with diverse service providers.
- Appendix 1 sets out the Wirral CCG contract portfolio for all major contracts.
- A contracting strategy is currently under development. This strategy will set out in detail the CCG contract management and monitoring arrangements.
- All contractors will be required to submit performance management information consistent with the standard terms of the DH contract.
- Contracts will specify national access targets and expected rights and pledges of the NHS constitution (2013-14).

## 9.5 Assurance of delivery

Each clinical & management lead will be accountable for delivery of agreed strategic plans for their specific service area. They will report monthly to the CSG on

- Performance against key performance indicators
- Delivery against key milestones
- Areas of underperformance and mitigating actions
- Key risks

Performance against project milestones and outcome framework indicators will be monitored as appropriate through the Quality Performance and Finance Committee.

## 9.6 Risk Management

The CCG has developed systems in place to identify and manage all key risks to ensure delivery of key national and local priorities.

## 9.7 Supporting Delivery

The CCG recognises its responsibilities to the public of Wirral and colleague organisations. Delivery will be complemented by:

- Public engagement,
- Practice engagement
- System Engagement and collaborative working
- Organisational and leadership development to support delivery

We will engage actively with colleague CCGs, social care partners, patients, staff and the public through our SIG/QIPP groups. We will engage with local Providers at specific issue quarterly meetings as well as through the routine contract and performance monitoring processes.

## Appendix 1 NHS Wirral Contract Portfolio

Provider Name	Approximate Contract value
<b>Major NHS Providers (in excess of £1m)</b>	
Wirral Hospital NHS Trust	£208m
Wirral NHS Community Trust	£44m
Cheshire and Wirral Partnership Trust	£34m
North West Ambulance Service	£9m
Royal Liverpool University NHS Trust	£7m
Aintree NHS FT	£3m
Countess of Chester NHS FT	£2m
Liverpool Women's NHS FT	£2m
<b>Independent / Non NHS Providers</b>	
Spire (Murrayfield)	£3m
St. John's Hospice	£1.6m
Independent Midwifery	£1m
Spa Medica	£0.5m
Claire House	£0.2m
Hoylake Cottage Hospital	£0.2m
Assura	£0.2m

## Appendix 2 The National Picture

### 1. NHS White Paper and Health and Social Care Bill

The NHS White Paper 'Equity and Excellence: Liberating the NHS' sets out a vision for the NHS that is built around patients, places clinicians at the heart of decision-making, and sees responsibility for healthcare budgets shift from Strategic Health Authorities and Primary Care Trusts, to Clinical Commissioning Groups. The Health and Social Care Bill makes provision for delivery of the five key objectives within the White Paper:

- strengthening commissioning of NHS services
- increasing democratic accountability and public voice
- liberating provision of NHS services
- strengthening public health services
- reforming health and care arm's-length bodies

Emergent CCGs are currently preparing to undergo a period of authorisation, during which the extent to which they prepare to take on full commissioning responsibility for their patient population will be tested, across six domains (Developing Clinical Commissioning Groups: towards authorisation):

- **A strong clinical and professional focus** which brings real added value;
- **Meaningful engagement** with patients, carers and their communities;
- **Clear and credible plans** which continue to deliver the **QIPP** (quality, innovation, productivity and prevention) challenge within financial resources, in line with national outcome standards and local joint health and wellbeing strategies;
- **Proper constitutional and governance arrangements**, with the capacity and capability to deliver all their duties and responsibilities including financial control as well as effectively commission all the services for which they are responsible;
- **Collaborative arrangements for commissioning** with other CCGs, local authorities and the NHS Commissioning Board as well as the appropriate external commissioning support; and
- **Great leaders** who individually and collectively can make a real difference.

Wirral CCG will only be able to pass through this authorisation process with the collaboration of its constituent divisions. The Divisions are supported through this period of transformation by the overarching PCT Cluster: Cheshire, Warrington and Wirral, which will seek assurance that the development of the CCG and the Divisions, and their commissioning intentions and strategic plan, are in line with the authorisation framework, and the vision established within the White Paper. The Governing Body of the CCG will be responsible for overseeing the completion of the authorisation process.

## 2. NHS Operating Framework

The NHS Operating Framework sets out the planning, performance and financial requirements for NHS Organisations, in order to meet the challenges of the White Paper, and to support the reforms enshrined within the Health and Social Care Bill, in what it describes as 'a year for improvement and transition'.

The four key themes are:

- putting patients at the centre of decision making in preparing for an outcomes approach to service delivery, whilst improving dignity and service to patients and meeting essential standards of care;
- completion of the last year of transition to the new system, building the capacity of emerging clinical commissioning groups (CCGs) and supporting the establishment of Health and Wellbeing Boards so that they become key drivers of improvement across the NHS;
- increasing the pace on delivery of the quality, innovation, productivity and prevention (QIPP) challenge;
- Maintaining a strong grip on service and financial performance, including ensuring that the NHS Constitution right to treatment within 18 weeks is met.

Requirements are set out in the areas of **quality, reform, finance and business rules, and planning and accountability**.

### 3. NHS Outcomes Framework 2013/14

The NHS Outcomes Framework provides NHS Organisations with a set of indicators that will enable quality and patient outcomes to be measured in a way that is meaningful, equitable and that allows for accountability and transparency. These indicators are updated from those within the Outcomes Framework 2012/13, to reflect the changing landscape, and to drive up quality and performance to the level that is required from the White Paper's vision for the NHS. These indicators are grouped within the five NHS Operating Framework domains.

<b>Domain 1</b>	<b>Preventing people from dying prematurely;</b>
<b>Domain 2</b>	<b>Enhancing quality of life for people with long-term conditions;</b>
<b>Domain 3</b>	<b>Helping people to recover from episodes of ill health or following injury;</b>
<b>Domain 4</b>	<b>Ensuring that people have a positive experience of care; and</b>
<b>Domain 5</b>	<b>Treating and caring for people in a safe environment; and protecting them from avoidable harm.</b>

Each of the domains contains a number of overarching indicators and improvement areas by which the Clinical Commissioning Group will be judged.

A summary of these indicators are included below based on the document released by the Department of health on the 13th November 2013 (link below)

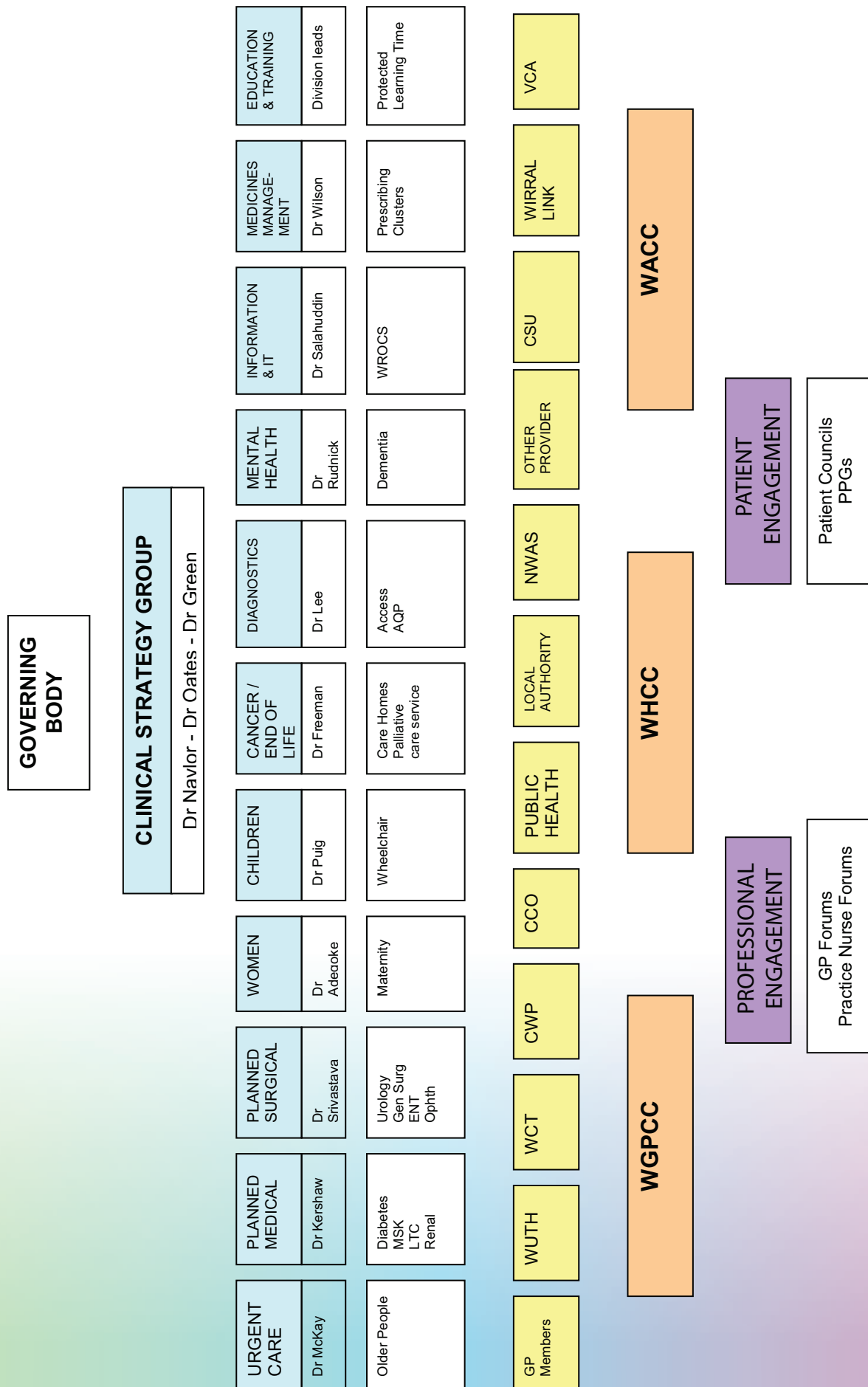
<https://www.wp.dh.gov.uk/publications/files/2012/11/121109-NHS-Outcomes-Framework-2013-14.pdf>

# NHS OUTCOMES FRAMEWORK 2013-14

Domain 1	Domain 2	Domain 3	Domain 4	Domain 5
Preventing people from dying prematurely	Enhancing quality of life for people with long-term conditions	Helping people to recover from ill-health or following injury	Ensuring people have a positive experience of care	Treating and caring for people in a safe environment and protecting them from avoidable harm
Overarching indicator	Overarching indicator	Overarching indicators	Overarching indicator	Overarching indicators
1a Potential Years of Life Lost (PYLL) from causes considered amenable to health care i Adults ii Children and Young people  1b Life expectancy at 75 i males ii females	2 Health related quality of life for people with long-term conditions	3a Emergency admissions for acute conditions that should not usually require hospital admission  3b Emergency readmissions within 30 days of discharge from hospital	4a Patient experience of primary care  i GP services ii GP out-of-hours services iii NHS Dental Services  4b Patient experience of hospital care 4c Friends and Family test	5a Patient safety incident reporting  5b Safety incidents resulting in severe harm or death  5c Hospital deaths attributable to problems in care
Improvement areas	Improvement areas	Improvement areas	Improvement areas	Improvement areas
Reducing premature mortality from the major causes of death	Ensuring people feel supported to manage their condition	Improving outcomes from planned treatments	Improving people's experience of outpatient care	Reducing the incidence of avoidable harm
1.1 Under 75 mortality rate from cardiovascular disease	2.1 Proportion of people feeling supported to manage their condition	3.1 Total health gain as assessed by patients for elective procedures	4.1 Patient experience of outpatient services	5.1 Incidence of hospital-related venous thromboembolism (VTE)
1.2 Under 75 mortality rate from respiratory disease	Improving functional ability in people with long-term conditions	i Hip ii Knee replacement iii Groin Hernia iv Varicose veins	<b>Improving hospitals' responsiveness to personal needs</b>	5.2.i Incidence of MRSA
1.3 Under 75 mortality rate from liver disease	2.2 Employment of people with long-term conditions	v Psychological therapies	4.2 Responsiveness to in-patients' personal needs	5.2.ii Incidence of C difficile
1.4 Under 75 mortality from cancer	Reducing time spent hospital by people with long-term conditions	<b>Preventing lower respiratory tract infections (LRTI) in children from becoming serious</b>	<b>Improving people's experience of accident and emergency services</b>	5.3 Incidence of newly-acquired category 2, 3 and 4 pressure ulcers
i One and ii Five -year survival from all cancers	2.3.i Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	3.2 Emergency admissions for children with lower respiratory tract infections (LRTI)	4.3 Patient experience of A&E services	5.4 Incidence of medication errors causing serious harm
1.4.iii One and iv Five-year survival from breast, lung and colorectal cancer	<b>Enhancing quality of life for carers</b>	<b>Improving recovery from injuries and trauma</b>	<b>Improving access to primary care services</b>	<b>Improving the safety of maternity services</b>
<b>Reducing premature death in people with serious mental illness</b>	2.4 Health-related quality of life for carers	3.3 Proportion of people who recover from major trauma	4.4.i Access to GP services	5.5 Admission of full-term babies to neonatal care
1.5 Excess under 75 mortality rate in adults with serious mental illness	<b>Enhancing quality of life for people with mental illness</b>	<b>Improving recovery from stroke</b>	4.4.ii NHS Dental services	<b>Delivering safe care to children in acute settings</b>

<b>Reducing deaths in babies and young children</b>	2.5 Employment of people with mental illness	3.4 Proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months	<b>Improving women and their families' experience of maternity services</b>	5.6 Incidence of harm to children due to 'failure to monitor'
1.6.i Infant mortality ii Neonatal mortality and stillbirths iii Five-year survival from all cancers in children	<b>Enhancing quality of life for people with dementia</b>	<b>Improving recovery from fragility fractures</b>	4.5 Women's experience of maternity services	
<b>Reducing premature death in people with learning disabilities</b>	2.6.i Estimated diagnosis rate for people with dementia ii A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life	3.5.i The proportion of patients with fragility fractures recovering to their previous levels of mobility / walking ability at 30 days ii The proportion of patients with fragility fractures recovering to their previous levels of mobility / walking ability at 120 days	<b>Improving the experience of care for people at the end of their lives</b>	
1.7 Excess under 60 mortality in people with learning disabilities		<b>Helping older people to recover their independence after illness or injury</b>	4.6 Bereaved carers' views on the quality of care in the last 3 months of life	
		3.6.i Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services ii Proportion offered rehabilitation following discharge from acute or community hospital	<b>Improving the experience of healthcare for people with mental illness</b>	
			4.7 Patient experience of community mental health services	
			<b>Improving children and young people's experience of healthcare</b>	
			4.8 An indicator is under development	
			<b>Improving people's experience of integrated care</b>	
			4.9 An indicator is under development	

# Appendix 3 - Delivering QIPP through Clinical Engagement



## Appendix 4

**Expected rights and pledges from the NHS Constitution 2013/14** (subject to current consultation) including the thresholds the NHS Commissioning Board will take when assessing organisational delivery

### Referral To Treatment waiting times for non-urgent consultant-led treatment

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Admitted patients to start treatment within a maximum of 18 weeks from referral – 90%

---

Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95%

---

Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92%

---

### Diagnostic test waiting times

---

Patients waiting for a diagnostic test should have been waiting no more than 6 weeks from referral – 99%

---

### A&E waits

---

Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department – 95%

---

### Cancer waits – 2 week wait

---

Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93%

---

Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93%

---

### Cancer waits – 31 days

---

Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96%

---

Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94%

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Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98%

---

Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94%

---

### Cancer waits – 62 days

---

Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85%

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Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90%

---

Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set

---

### Category A ambulance calls

---

Category A calls resulting in an emergency response arriving within 8 minutes – 75% (standard to be met for both Red 1 and Red 2 calls separately)

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Category A calls resulting in an ambulance arriving at the scene within 19 minutes – 95%

---

### Mixed Sex Accommodation Breaches

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Minimise breaches

<b>Cancelled Operations</b>
All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the patient's treatment to be funded at the time and hospital of the patient's choice.
<b>Mental health</b>
Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the period – 95%.

**Additional measures NHS Commissioning Board has specified for 2013/14.**

<b>Referral To Treatment waiting times for non-urgent consultant-led treatment</b>
Zero tolerance of over 52 week waiters
<b>A&amp;E waits</b>
No waits from decision to admit to admission (trolley waits) over 12 hours
<b>Cancelled Operations</b>
No urgent operation to be cancelled for a 2 <sup>nd</sup> time
<b>Ambulance Handovers</b>
All handovers between ambulance and A & E must take place within 15 minutes and crews should be ready to accept new calls within a further 15 minutes. Financial penalties, in both cases, for delays over 30 minutes and over an hour.



**Wirral Clinical Commissioning Group**

**NHS Wirral**

**Old Market House  
Birkenhead  
Wirral  
CH41 5AL**

**[intouch@wirral.nhs.uk](mailto:intouch@wirral.nhs.uk)**

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## WIRRAL SHADOW HEALTH & WELLBEING BOARD

<b>Meeting Date</b>	13 March 2013	<b>Agenda Item</b>	9
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<b>Report Title</b>	Corporate Plan 2013-16
<b>Responsible Board Member</b>	Leader of the Council/Chair of Health & Wellbeing Board

<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>					
	Strategic Planning					✓
<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 Corporate Plan 2013-16 sets the strategic vision and priorities for the Council. The work of the Council as described in the Corporate Plan contributes to the wider health and wellbeing of the Borough.		
<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>	See report		
<b>Details of Any Public/Patient/Service User Engagement</b>	The Corporate Plan has been informed by a public consultation exercise which reached c. 7000 local people.		
<b>Recommendations/Next Steps</b>	The Board note the Council's Corporate Plan and its links to the Health & Wellbeing Strategy		

<b>Report History</b>		
Submitted to:	Date:	Summary of outcome:
Council	5 March	Agreed
Cabinet	18 February	Agreed to recommend to Council
<b>List of Appendices</b>	Corporate Plan	

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

Report Author: Lucy Barrow

Contact details: 0151 691 8006 email: lucybarrow@wirral.gov.uk

# Corporate Plan 2013-16

## **1.0 BACKGROUND AND KEY ISSUES**

- 1.1 This report presents Wirral's Health & Wellbeing Board with Wirral Council's 3 year Corporate Plan (2013-2016) that has been approved by full Council.
- 1.2 The proposed priorities set out in the Corporate Plan have been based on the "What Really Matters" consultation programme and provide a framework for delivering savings during 2013-2014.

## **2.0 BACKGROUND AND KEY ISSUES**

- 2.1 On the 5<sup>th</sup> March 2013, Council approved a year three Corporate Plan which sets out the vision and priorities for the Council.
- 2.2 The Corporate Plan will be produced in two parts. Part one (appendix 1 of this report) provides the vision and priorities for the Council which will provide the strategic framework and principles for budget savings to be delivered during the 2013/14 financial year.
- 2.3 Part two of the Corporate Plan will outline the key deliverables and measures of success to ensure we are delivering against the vision and priorities as set out in part one.
- 2.4 Strategic directorates will also develop plans to ensure successful delivery of the Corporate Plan vision and priorities.
- 2.5 The Council has been working in close partnership with the Local Government Association through Wirral's Improvement Board to oversee the delivery of the Council's Improvement Plan. The Corporate Plan will be central to the Council's overall delivery framework for 2013-2016, and therefore Wirral's Improvement Board will consider a draft of the 2013-16 Corporate Plan at its meeting on the 1<sup>st</sup> March 2013 in order ensure its alignment to the Improvement Plan.

## **3.0 RELEVANT RISKS**

- 3.1 The Corporate Risk Register will be updated in line with the new Corporate Plan to ensure that any risks to delivering the Council's goals are understood and mitigating actions are put in place as appropriate.

## **4.0 OTHER OPTIONS CONSIDERED**

- 4.1 Not applicable.

## **5.0 CONSULTATION**

- 5.1 The priorities within the Corporate Plan will be embedded through continuous and extensive engagement with Council staff, our partners and Wirral residents. The Council's recent "What Really Matters" exercise has informed the Corporate Plan priorities to reflect the consultation that has taken place with local residents and stakeholders.

## **6.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS**

- 6.1 The Corporate Plan for 2013-2016 sets a commitment in relation to working with voluntary, community and faith sector organisations to improve outcomes for local people.

## **7.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS**

- 7.1 The Corporate Plan informs the Medium Term Financial Strategy and the Annual Budget which seek to allocate available resources to deliver the priorities as set out in the Corporate Plan.

## **8.0 LEGAL IMPLICATIONS**

- 8.1 Legal implications relating to the actions relating to priorities identified with the Corporate Plan will be addressed by strategic directorates as appropriate.

## **9.0 EQUALITIES IMPLICATIONS**

- 9.1 An Equality Impact Assessment has been completed and is published on Wirral Council's website.
- 9.2 In developing individual strategic directorate plans, strategic directorates will also be expected to address equalities implications as appropriate, including undertaking Equality Impact Assessments in line with corporate requirements.

## **10.0 CARBON REDUCTION AND ENVIRONMENTAL IMPLICATIONS**

- 10.1 Any carbon reduction implications relating to priorities identified with the Corporate Plan will be addressed by strategic directorates as appropriate.

## **11.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS**

- 11.1 Any planning and community safety implications relating to priorities identified with the Corporate Plan will be addressed by strategic directorates as appropriate.

## **12.0 RECOMMENDATIONS**

- 12.1 It is recommended that Wirral's Health & Wellbeing Board note the Corporate Plan that was adopted by full Council on the 5<sup>th</sup> March 2013.

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# Corporate Plan: **2013-2016**

*"Wirral should be a place where the vulnerable are safe and protected, where employers want to invest and local businesses thrive, and where good health and an excellent quality of life is within the reach of everyone who lives here."*

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## Foreword

Wirral Council is facing unprecedented challenges. Our budget is reducing, while at the same time demand for our services is rising, as are residents' expectations. Equally, it is difficult to remember a time when the opportunities for our Council, our borough and our residents were greater. We are at the national forefront of sector led improvement, we are delivering many consistently excellent services, and we are at the heart of regeneration projects of global significance.

We should be proud of our achievements, unequivocal in our determination to improve and excited about the future. This Corporate Plan provides the platform for how we will do it.

Our priorities for the next three years are clear; you will see that continuous, genuine and comprehensive consultation is at the core of this Corporate Plan – our residents have told us what they expect of us, this plan is designed to make sure we deliver just that.

We will make sure that our first priority is to safeguard and protect as far as possible the most vulnerable among us. We will tackle the unacceptable health inequalities which exist in our borough, and use our new leadership on the public health agenda to drive this work. We will capitalise on the regeneration opportunities before us, opportunities which are the envy of the entire country, and we will make sure they build real, lasting growth in our economy, creating jobs for generations to come.

We are one of the largest Councils in the UK; we are bigger than cities such as Newcastle, Derby and Leicester, and it is time we started to act like it. For too long we have failed to punch our weight and exert our influence at the regional and national level. This must and will be changed in the coming months and years; so we deliver on our duty to get the very best deal possible for Wirral.

Our financial situation is exceptionally difficult, but it is also forcing us to modernise, and to look at everything we do in a new light, become more innovative and totally transform the way we deliver and provide services. Making sure we continue to improve, both our services and the quality of life for our residents, is the key challenge for all public servants. We will take pride in striving to achieve this for our residents.

This is the start of a new journey, towards a high performing Council serving its residents with openness, honesty and pride. We pledge that:

***“We will ensure this Council is in the future focussed upon serving and protecting local people and in particular those who are most vulnerable and in need. We will do this through the engagement and empowerment of individuals and communities in both the design and delivery of local services, and by working together with partners in the public, private and the community, voluntary and faith and independent sectors.”***

Cllr Phil Davies  
Leader of Wirral Council

Graham Burgess  
Chief Executive

## 1. Introduction

This three year Corporate Plan will deliver a new robust approach to the Council's business planning; ensuring that our vision, priorities and resource allocation are based on sound evidence and analysis of community needs. Crucially, it will ensure that the priorities identified in the Corporate Plan will be underpinned by a sustainable budget over the next three years and can be delivered from within available resources.

## 2. Our Vision for Wirral

**Wirral should be a place where the vulnerable are safe and protected, where employers want to invest and local businesses thrive, and where good health and an excellent quality of life is within the reach of everyone who lives here.**

We promise to support this vision, and serve our residents, improving our organisation through working in partnership, and becoming the excellent Council that our residents deserve.

## 3. Our Principles for the future design of services

Genuine, continuous and comprehensive consultation is at the core of this Corporate Plan. Throughout 2012/13, we listened to everyone who relies on our organisation when they told us where our focus and our limited resources should lie.

### **We Will:**

#### **Protect the vulnerable in our borough**

by making sure that our systems and procedures help us to always identify and mitigate problems before they develop, safeguard the vulnerable effectively, working together across Council and agency boundaries and delivering our services with empathy at all times.

#### **Tackle health inequalities**

by embracing the Council's new leadership role in public health and using the opportunities this brings to focus on improving our residents' health and wellbeing, and reducing the levels of child poverty and the health inequalities that exist in our communities.

#### **Drive growth in our economy**

by capitalising on the unprecedented opportunities which are within our grasp; such as Wirral Waters, the International Trade Centre, International Golf Resort and our award-winning Investment Strategy.

### 3. Context

#### **Wirral – The Place**

Wirral is a unique place, home to a growing population of 319,800 people, including 190,000 people of working age and over 8,000 businesses providing employment for 105,800 people.

The Wirral peninsula extends to 60 square miles, with 25 miles of coastline. It is an area of outstanding natural beauty, packed full of spectacular scenery, with a rich mixture of culture and heritage. Strategically located between the economic centres of Liverpool and Chester, Wirral benefits from an infrastructure that presents significant opportunities for development.

Most people who live in Wirral enjoy an outstanding quality of life, with excellent housing, schools and a high quality environment. However, there is a strong contrast between the older, highly urbanised areas of Birkenhead and Wallasey, which contain some of the poorest communities in England and the wealthier commuter settlements in the west of Wirral. Wirral's neighbourhoods range from some of the most deprived in the country (around St James Church in Bidston) to one of the most affluent, or least deprived, in South West Heswall less than six miles away. 21 areas in Wirral fall into the highest 3% in England in terms of levels of child poverty, with a total of 58 areas in the highest 20%. This results in serious quality of life issues and health inequalities, including a completely unacceptable difference in life expectancy of 9.7 years for females and 14.6 years for males depending on where a person lives in Wirral.

#### ***Wirral's economy***

The global economic downturn presents challenges for all economies. Wirral is no different, but at the same time is at the heart of ambitious regeneration opportunities of global significance.

Wirral Waters is a £5 billion, jobs driven investment proposal for Birkenhead Docks. It is the largest regeneration scheme to have received planning permission in the UK, and the entire area is now designated as an Enterprise Zone, which brings the benefit of Business Rates Relief and Enhanced Capital allowances on part of the site. There are several strategic proposals developing at pace such as the Advanced Manufacturing Supplier Park and International Trade Centre (ITC).

Work is now underway on the International Trade Centre, which is one of the most exciting developments in the Wirral economy for many years. Working alongside our Private Sector partners, Peel Holdings, the project has secured major investment from China and is continually accessing new international markets.

These opportunities will be harnessed to ensure we are in a position to overcome the economic challenges we face. Wirral has the lowest job density ratio in the Liverpool City Region, with 57 jobs per 100 residents, as well as the lowest GVA per resident in England and Wales. 39% of all jobs in the borough also come from the public sector, which is much higher than the national average. Although performing well against the Liverpool City Region

authorities, Wirral continues to have a higher percentage of people claiming out-of-work benefits than the regional and national averages.

Our Investment Strategy, winner of the Local Government Chronicle Economic Development Award in 2012, will help to drive and embed developments to ensure these challenges are overcome. The strategy will position Wirral as a leading vibrant global location for businesses and visitors, improve access to employment and skills, and tackle barriers to work. Driven by the need to reduce and eliminate poverty and inequality in Wirral by providing accessible employment opportunities for local people; the strategy is geared towards achieving major investments in strategic sites such as Birkenhead Docklands and Wirral Waters Enterprise Zone.

Ensuring that local housing meets the needs of the current and future workforce is also vital if the Investment Strategy is to be achieved. Increasing Wirral's housing supply and making best use of existing housing stock is fundamental to attracting new economic growth and supporting existing businesses to develop. In its plans for housing and land development, the Council will also take into account issues such as the protection of Wirral's Green Belt and improving the quality of the environment.

Our Investment Strategy is in fact already showing results.

- In contrast to 2009, when Wirral was highlighted as one of the areas most likely to be hit by recession, research by NESTA (National Endowment for Science, Technology and Arts) in 2011 identified Wirral as an area of great growth potential. Birkenhead was found to have a higher concentration of fast growing companies than cities including London, Cardiff and Edinburgh.
- The visitor economy in Wirral is strong; and was estimated to be worth £289 million in 2011, up by 3% since 2010. The total number of visits to Wirral rose by 4% to 6.8 million during 2011, of which 753,000 were staying visits – the highest out of any other Merseyside district outside Liverpool.
- Wirral currently has the lowest rate of Jobseekers Allowance (JSA) claimants in the Liverpool City Region at 3.9%, and is the only local authority in the LCR to be performing better than the regional average of 4.2%. The number of young people claiming JSA is also reducing in Wirral with a 12% reduction since December 2011, there are now 2,445 young people claiming the benefit in the borough, a rate of 9.4%.
- Between 2011 and 2012 Wirral has seen an increase in its business base of 3.8%, which is higher than Liverpool City Region (2.7%), the North West (2.3%) and UK averages (3.4%).
- Latest full year provisional data shows that Wirral increased its overall numbers of Apprentice starts by 13% from 2010/11 to 2011/12; this is the second highest in the Liverpool City Region and outperforms the regional average of 7.6%.

We are also ensuring that local businesses capitalise on opportunities which will be created by the return of the Open Golf Championship in 2014 and a focus is being given to supporting our town and district retail centres which

face major challenges. Our opportunities for growth and development far outweigh our challenges, and if harnessed and driven in the right way will deliver long lasting economic growth for generations to come.

## **Wirral – The Council**

### ***Improving Corporate Governance***

Wirral Council is at the forefront of developing a new approach to sector led improvement. In partnership with the Local Government Association we are driving forward the much needed step change in the Council's performance and corporate governance following the significant failures of the past. We have the potential to be the future model for peer improvement, achieving changes that could not have been delivered via the old model of intervention.

The Council's Improvement Board, an innovative partnership with the Local Government Association, ensures that appropriate challenge and expertise is in place to ensure lasting improvements are made. The core purpose of the Board is to assure our Improvement plans, particularly where they relate to issues of corporate governance and leadership.

The Improvement Board has worked in partnership with the Council to develop an Improvement Plan, which highlights specific areas of focus for the Council in the light of a series of critical external reports. Those areas include:

- Leadership: political and managerial
- Corporate governance and decision-making
- A Corporate Plan with priorities that reflect customers' views
- A budget that delivers financial stability

Improvements to governance and transparency are becoming apparent. Our recent LGA Peer Review provided an independent assessment of the Council's strategic approach to improvement. The review team gave a very positive feedback report which, whilst confirming the scale of problems faced by the Council, strongly concluded the Council's strategic approach was correct and that there were no alternatives. Continued focus on the Improvement Plan is essential if the Council is to deliver tangible improvements over the coming three years, delivery of which will be embedded in the implementation of this Corporate Plan.

To help to ensure this focus is maintained the LGA Peer Review team have been invited back later in the year to further assess progress.

### ***Achieving financial stability***

The implementation of the necessary improvements to Corporate Governance is made more challenging due to the Council's significant budget deficit – this will result in our net budget reducing by a third - £109 million over the next three years. The Corporate Governance failings of the past have contributed to this resulting in a further challenge from previous failure to collect debt and a considerable number of 'bad budgets' that, in the past, were funded from one-off resources that are no longer available.

Rapid increases in demand due to changing demographics in our borough, usually funded through government grant, is also adding pressure to our

financial situation. This challenge will remain a priority for a number of years, and will be particularly acute over the three year time period of this Corporate Plan.

A clear vision and approach, strong leadership, effective and efficient use of resources and innovative ways of working are essential and will be in place to ensure we overcome the challenges we face.

The Council has made rapid progress in strengthening the Council's corporate leadership structure through the permanent appointment of a Chief Executive and three Strategic Directors. The formation of these cross-cutting Directorates will enable the Council to modernise services through a programme of transformation and improvement, ensuring that they are delivering the best possible outcomes for our residents.

Significant savings in buildings, senior management, IT, procurement and terms and conditions are planned, and the Council is quickly moving towards a model of shared back office services with neighbouring Authorities, with Internal Audit, procurement and information technology services likely to be the first to realise savings.

Ensuring financial stability will remain a key priority and we will deal with these challenges head on, through making tough decisions while getting our own house in order, and making sure that Wirral residents get the very best value for every penny we spend. Services will be reviewed ensuring that the following principles are adhered to:

- Spend less on ourselves: Savings should primarily be taken from the back office administration of the Council while trying to mitigate the impact on the front line.
- Protect the vulnerable: Where savings do impact on the front line, either through introducing or raising charges, or reducing service standards, then every step should be taken to mitigate the impact of this on the poorest and most vulnerable of our residents.

### ***Working in partnership***

Never before has partnership working in Wirral been more important to the delivery of tangible outcomes for residents and businesses. The public sector can no longer afford to work in isolation, and we will utilise every opportunity to save time and resources, and to improve services for our residents, by removing duplication across agencies wherever it exists, joining up front line delivery and developing a shared understanding of the needs of local people. The Council will lead by example, bringing together all those with a stake in the future of Wirral to deliver better and more joined up services to our residents.

A Wirral Public Service Board has recently been established to drive this work forward. The Board brings together senior representatives from the health sector, as well as Merseyside Police, Merseyside Fire and Rescue, Wirral Metropolitan College, Job Centre Plus, Health organisations and Wirral Partnership Homes etc. The Board will focus on bring the public sector together to realise efficiencies and integrate services in order that all can better focus on outcomes. This important work will help to mitigate, where

possible, the impact of public sector funding cuts whilst maintaining the best services possible for local people.

We will refresh Wirral's Local Strategic Partnership, ensuring that we work closely with partners across all sectors to develop a longer term vision for Wirral, and to consider future opportunities for working together.

We will embrace our new public health responsibilities to ensure that we are doing all that we can to improve the health of our residents. The Council will play a key leadership role through the Health and Wellbeing Board by developing and delivering a health and wellbeing strategy for Wirral which builds on a shared understanding of local needs. We will strengthen the role of our communities in health protection, and continue to work closely with our partner organisations to reduce the stark health inequalities that exist within Wirral.

Wirral will play an active part in the wider Liverpool City Region, ensuring that the benefits of our proximity to the increasingly vibrant City Centre are realised and that the future plans of the Liverpool Local Enterprise Partnership reflect both the needs of Wirral businesses and the massive economic opportunities presented by our Investment Strategy.

We will actively seek partnerships with other Local Authorities, including across Cheshire, the Northwest, North Wales, nationally and internationally with organisations that have the potential to deliver improved and more efficient shared services for our residents.

### ***Neighbourhood working***

The nature of local government is changing at almost unprecedented pace; financial challenges, increased demand and increased expectations from our residents mean that we must always look to new and more innovative methods of providing the services people rely on.

Nevertheless, our residents expect, and deserve, their Council to conduct its business in a fashion that ensures they get the very best level of service possible. To ensure this, Wirral Council will guarantee that all Council services, business and future plans will have the following principles embedded within them:

- **Focus on Residents.** Wirral Council will never invest resources into any project without clear evidence that the outcome will be what our residents want and need.
- **Be open and transparent:** Governance, decision making and the operation of Wirral Council will be open to, and welcome, scrutiny from all stakeholders.
- **Be accountable:** We will welcome scrutiny into all aspects of Council business, particularly performance. We will report on progress towards our vision, and we will ensure that Council Officers and Members alike are accountable for our successes and failures.

The localism agenda means local government has a unique role to co-ordinate and support local communities to deliver the services they need, and

to achieve the outcomes they want. In Wirral, that means an innovative plan to create new models of neighbourhood engagement based within the borough's four Parliamentary constituencies.

Alongside these, we will see the establishment of local public service boards – whose membership, aside from Health, will include representatives from the Council, Police and education.

By decentralising power from Whitehall and our own Town Hall, and placing it in the hands of local people with local knowledge and understanding, communities will be strengthened by the power to develop bespoke local solutions to local problems.

Local neighbourhoods, given their own budget to spend, utilising skills, knowledge and experience of people on the ground, will make better use of their resources because they can redesign them to fit local problems. It is clearer than ever that when it comes to public services, one size does not fit all.

#### **4. What we will deliver over the next three years:**

A coherent set of performance measures and targets are being developed to ensure priorities are achieved over the three year period. A delivery plan will be in place that will include measures and targets subject to regular and rigorous review. This will form the basis of robust performance management and monitoring arrangements for the three year period.

The delivery of the Corporate Plan will be supported by key strategic documents including the Wirral Investment Strategy, Children and Young People's Plan and Child Poverty Strategy. The Council's three Strategic Directors will develop three year plans that underpin the Corporate Plan and set out in more detail how the activities identified within the plan will be delivered together with the agreed resources required.

This Corporate Plan will continuously be reviewed and refreshed throughout the three years based upon research, policy, economic development and the feedback and engagement of our communities.

#### **Families and Wellbeing**

The Council's role as a champion and protector for children, families and vulnerable people is changing significantly. The current economic climate, combined with rapidly changing demographic patterns, aspirations and expectations is driving the Council to rethink our services entirely; what should be delivered, how should they be delivered and who should deliver them and how they can mitigate the effect of the economic climate.

We have much to be proud of, and reports from Ofsted and other bodies regularly rate our children's services as excellent and outstanding following inspections, something which again occurred in 2012. Comparison with similar Council's however, highlights that certain services for young people in Wirral are expensive.

The creation of the strategic directorate area for Families and Wellbeing provides new opportunities to truly design services with the family at the centre. Ensuring that every possible opportunity for shared working is maximised, both across the Council, the wider public sector and our partners in the private, voluntary, community and faith sectors. Duplication will be removed wherever it exists, with a focus on improving and streamlining residents' experiences of the services we provide and deliver.

At all times we will maintain a focus on safeguarding children and vulnerable people.

We will focus on developing coherent preventative services with partner agencies, which build on universal provision, so that we target interventions with children and families in order to improve outcomes and reduce the number of children requiring expensive and frequently reactive specialist services. Our role in the direct provision of universal services for children should be significantly diminished, or provided on a full cost recovery basis, since other agencies and communities may be better placed to provide these services. This will enable the Council to target our resources working with more vulnerable children and families who need our support the most.

Our social care services for adults are improving. These improvements have been made within a challenging environment of increasing demand from a growing older population and reducing Council resources. In 2010, the Care Quality Commission rated Wirral 'poor' in terms of both safeguarding and learning disability services, which led to the development and implementation of a major improvement programme for 2010-2013.

During 2012, a Peer Challenge focussed on Safeguarding as well as a Peer Review of all social care services for adults was completed – and showed real progress, improvement and key achievements across the service. The outcomes were more recently endorsed by a national board (Towards Excellence in Adult Social Care) in February 2013.

Personalised services continue to be strengthened; personal budgets and self directed assessments were rolled out for the benefit of all people using services; as well as an increased focus on improving the choice of accommodation available; including supported living and extra care housing. We will work to further develop the capacity of the market to ensure that the quality of services are maintained.

Moving forward our focus will be shifted away from crisis management towards tackling problems early, through a prevention and early intervention – promoting health and wellbeing and quality of life.

The services available to people will be completely transformed; we will commission services based on sound evidence, so that we know we are providing the best and most appropriate levels of care and support that is possible. This will help to deliver more personalised services, and make sure that people can control their own circumstances, meet their own needs and stay independent for as long as they can.

Sport and leisure facilities, and the programmes of activity that use them, play a significant part in the health of the community and in increasing the self-confidence of people. We will work towards adopting a more integrated

approach to wellbeing in the future which will enable the role of sport and leisure to be reviewed and perhaps redefined.

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We have clear priorities for the coming year; underpinned by consultation and engagement with our residents, partners and staff. This year, we will:

- Redesign our preventative and early intervention services to ensure that they are targeted at those most in need and to safely reduce the numbers of children in our care
- Work with schools to ensure resources are used and shared effectively
- Focus on improving how we commission services, particularly by working with partners in the NHS
- Focus on commissioning for improved quality outcomes across the domiciliary, residential and nursing home sector
- Make sure our transport policies are fair, accessible and provide value for money for all residents
- Transform our day, residential and respite services to ensure they are fit for purpose, modern, and attractive to the people who rely on them
- Review the support we provide to carers, to ensure that the vital contribution they make is accurately and adequately resourced
- Transform our universal youth services; consolidating services from our key sites and investing in a state of the art youth zone
- Make sure our leisure offer is fit for purpose, and delivering the best value for money possible as we seek to improve the health and wellbeing of our borough

Despite the demographic and financial challenges we face, our duty to champion the needs of children, families and vulnerable people to make sure that people are protected, and ensure that services are in place to improve, protect and inspire all Wirral people remains as important as ever.

## **Regeneration and Environment**

The quality of Wirral's local environment and health of our economy are significant factors affecting the quality of life of our residents. This is confirmed through many public consultations which have been completed during the past few years; residents are clear that we should focus on services which ensure that Wirral is a place where businesses flourish and people have access to jobs and quality, affordable, homes.

In order to achieve this, it is vital that the Council continues to support a thriving local economy which provides the bedrock for social, economic and environmental well being amongst all of our Communities. We want to continue to support business growth, but to do so in a more focused manner that works with and utilises the experience and resources of other key stakeholders. We will support the creation of jobs by the private sector through providing a supportive and enabling environment, not only through the day to day support provided by the Council, but also through speedy and appropriate use of the Council's planning powers.

Having a quality and affordable place to live is important to ensure that all our residents live in a safe and appropriate home that allows them to gain

maximum benefit for access to jobs, leisure, amenities, education and to gain associated social and economic benefits that they both desire and deserve. We will continue to work with landlords in the social and private sector to maximise the number and range of quality homes for rent. We will continue our programmes to restructure the housing market and work with house builders to increase the number of new homes built in Wirral.

We will support local people to 'place shape' their communities through the implementation of new ways of engaging and working with Neighbourhoods. This will include support for the four neighbourhood planning vanguards and support for local groups who wish to become involved in the planning of their local services.

The importance of Birkenhead as Wirral's key economic centre will be recognised with refreshed town centre plans and a focus on integrating the Wirral Waters Enterprise Zone into the wider town.

In what are tough economic times for both the Council and the nation as a whole, we must ensure that the limited resources we have are targeted solely at opportunities to achieve our vision for Wirral. We have to make some difficult decisions as we simply do not have the resources to continue spending the same amounts to achieve these goals. However, the Council will continue to allocate its resources into activities that will help support business, create jobs, allow access to those jobs for Wirral residents and encourage people to live in safe, affordable and relevant housing.

Wirral Council has a responsibility for commissioning or delivering a range of near-universal services to all households and neighbourhoods in their area. These include, amongst others, waste and recycling, street cleansing, highway maintenance and traffic management, road safety, leisure services, parks and open spaces.

Increasingly, these functions have been carried out in various partnership or collaborative arrangements with other public agencies (e.g. police and fire service) or, where appropriate, with volunteer or other community groups.

It is recognised that there is projected to be a steady decline over the foreseeable future in national resources to support these types of services.

Increasingly, there will be a clear need to manage demand and, more generally, to manage public expectations of what the Council can and cannot do. The role of community and other groups will increase in significance as the Council itself diminishes its activities in the more discretionary areas where it is not required by statute to provide services or functions.

Many of what are now universal services are provided as a result of statutory requirements but where the actual level or quality of service is not closely defined. Other services which people are used to seeing as universal have a greater or lesser degree of discretion as to whether they are provided at all and to what level of provision.

It will be necessary to identify service areas that are not, as such, universal across the community but meet particular needs. These more targeted service areas are often those where council provision sits alongside or competes with other providers.

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We have clear priorities for the coming year; underpinned by consultation and engagement with our residents, partners and staff. This year, we will:

- Ensure that the distribution of Regional Growth Fund resources are of maximum benefit to Wirral's economy.
- Actively support the development of the International Trade Centre and the Wirral Waters Enterprise Zone.
- Support the development of the growth of the offshore wind supply chain.
- Ensure that Wirral's profile continues to be raised with Government and other Agencies to secure support for our Investment priorities including the City deal.
- Progress targeted inward investment activities to support the growth of Wirral's economy.
- Develop a workforce for the future through designing an apprenticeship scheme with our partners in the Liverpool City Region
- Develop a clear master plan for Birkenhead Town Centre
- Establish alternative delivery arrangements for a range of universal functions; ensuring that Wirral residents see their services maintained or improved while achieving better value for money

We will face our challenges head on, and ensure that we use the opportunities before us to build lasting growth in our economy and to improve the quality of life enjoyed by our residents.

## **Transformation and Resources**

The new Strategic Directorate has a crucial role in ensuring the Council's corporate centre both supports and drives transformational change across the organisation.

Good governance, transparency and accountability are essential for the Council and a cornerstone for improving public services. The Council is accountable for ensuring that its business is conducted in accordance with the law and proper standards. We must also ensure that public money is safeguarded, properly accounted for and used economically, efficiently and effectively.

### ***Transforming services***

We will only deliver our vision through a programme of radical and sustained change. We will review all of our services over the course of this three year plan to ensure that we have explored the most appropriate method of delivery, and to ensure that we are meeting the needs of our residents.

We will determine and be clear about which services and facilities should be delivered by third parties, making sure that the Council only delivers directly where we can be certain that it is providing the best value for money for our residents.

We are currently investigating alternative delivery arrangements for services, including exploring a range of different options. We will ensure that any decision

the Council takes to transform services and deliver them through alternative ways is based on solid evidence, and subject to robust monitoring, contract management and evaluation.

### ***Leadership and culture change***

Essential to the implementation of the Corporate Plan is the need to ensure that the Council has the leadership and managerial capacity in place to deliver. A key priority is the strengthening of the Council's governance arrangements, ensuring that a clear scheme of delegation is in place to enable effective decision making. A Leaders' Board has been established to enable all political group leaders to meet regularly with the Chief Executive to debate and discuss key corporate issues. Elected Members from all political groups are represented on the Council's Working Democracy Party which is currently developing a view on a new approach to Scrutiny, in order that this can shape and influence Council decisions.

A series of visioning events have been held with Elected Members, senior officers and partner organisations and will continue. These events have provided the opportunity to hear from external speakers and to facilitate discussions on the future shape of the Council. We are visiting other local authorities to look at best practice as part of our commitment to learn from others that have made progress in areas which we are seeking to make changes.

### ***Support for Members***

We are working towards strengthening the support that our Elected Members receive. We have established a dedicated independent Policy Unit to more effectively co-ordinate policy support.

Our Elected Members are central to developing a vision which reflects the best interests of Wirral residents and ensuring that the Council delivers this. As the Council changes from directly providing services to commissioning services for other parties to provide on our behalf, the role of local Councillors will become more important than ever. We will ensure that we support our local Councillors in this vital role and equip them with the necessary skills and training.

We are enhancing our IT systems to provide Elected Members with better accessibility and more flexible equipment. We are also introducing a casework management system to enable Members to manage contacts from residents more efficiently and track progress on issues.

The new approach to neighbourhood working will also present greater opportunities for our Councillors to play an important leadership role, and to influence local services by ensuring that they are responsive to local needs.

All three political parties are committed to working towards the Elected Member Development Charter. This year work a Strategy and Action Plan will be developed with the objective of the Council receiving the Charter in 2014.

The Wirral Elected Member Development Programme enables Officers and Members to work together, with external expertise and support when required, to develop both policy and organisational capacity. In addition a Leadership Programme for Elected Members will be in place later in the year.

### ***Focussing on performance***

A new Performance Appraisal & Development programme has commenced which starts with the Chief Executive, Strategic Directors, Directors and Heads of Service that will be rolled out to Senior Managers across the Council in the coming year.

New leadership behaviours and expectations have been developed that underpin this programme. They are -:

- 1) Personal Performance
- 2) Creating "Followship" and Leading Others
- 3) Maximising People Potential
- 4) Building Robust Relationships
- 5) Leading Organisational Excellence

A practical training programme is now in place that will ensure improvements are made across these key areas. Linked to the Improvement Plan we can now ensure that learning is targeted and meeting organisational needs.

The new Council structure clarifies management levels and responsibilities across the organisation. Managers have clear accountabilities and will receive appropriate training targeted on ensuring expectations relating to good workforce management, governance and sound financial management are met and subject to performance appraisal.

The Employee Engagement Survey completed in May 2012 has resulted in an Action Plan detailing suggested activity across the whole organisation as well as within specific Departments. This survey will be repeated in the autumn of 2013 to ensure that progress can be monitored and any ongoing issues speedily addressed.

A centralised approach to performance management will also ensure that we deliver what we say we will and continuously look at ways in which we can improve the services that the Council provides.

### ***Organisational values***

Data gathered from across the organisation including; the Corporate Governance Survey and the full Employee Engagement Survey, will be used to develop clear and concise organisational values which will reflect current good practice and provide Wirral with a contemporary framework within which to take the Improvement Plan forward. The values will underpin all future training and development across the organisation and will be vital in the roll out of Performance Appraisal and Development.

### ***Culture Development Programme***

A programme to roll out the new Organisational Core Values will commence this year. Workshops will be underpinned by an e-learning module and supporting communications and promotional features that demonstrate how

current employees are already delivering the values of the organisation, in their everyday work. In addition the values will be underpinned by a set of Employee and Managers Expectations that outline what is expected in terms of activity and behaviours at all levels across the organisation.

### ***Managing our finances***

We have taken significant steps to improve the way we manage our budget. A Budget Steering Group has been established with representatives from all Council departments to undertake a review of base budgets and to prepare regular financial monitoring information.

Monthly monitoring has also been introduced to ensure that our Members are kept fully informed of the Council's financial position and to enable effective decisions to be taken.

In relation to the 2013/15 budget, the approach has been developed which fully engages with Elected Members at both Executive and Scrutiny level. The Council's Medium Term Financial Strategy will provide a solid foundation for determining how the Council spends its money over the course of this Corporate Plan, ensuring that resources are fully aligned to the Council's priorities.

We will significantly strengthen our approach to commissioning through the establishment of a combined intelligence, performance management and commissioning based in the corporate centre of the organisation. This will ensure that the services the Council spends money on are based on robust evidence of community needs and subject to regular evaluation.

### ***Addressing the challenge of welfare reform***

The Welfare Reform Act represents the biggest change to the benefits system for over 60 years. These changes, including the introduction of universal credit and changes to council tax and housing benefit, will be challenging for many our residents and we are committed to supporting them through these changes by providing appropriate advice and guidance.

We are working with partners to ensure that we are playing a key leadership role to ensure that Wirral is fully prepared for the changes, and to plan what advice and support is needed for local residents. Additionally, we are hosting a welfare reform event on behalf of the Liverpool City Region to ensure that we are working closely with other Merseyside Authorities to understand the impact of the changes.

Access to online services will be crucial for our local residents ahead of the changes to the benefits system. We are therefore also taking steps to increase internet access across Wirral through the launch of 'Go ON Wirral' and other initiatives to support digital inclusion.

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There are clear priorities in place for the coming year; underpinned by consultation and engagement with our residents, partners and staff. This year, we will:

- Deliver 2013/14 savings through a clearly defined programme management approach
- Develop a robust process for dealing with our financial challenges in 2014-16, ensuring service transformation and innovative delivery is at the heart
- Develop a corporate approach for commissioning services
- Improve governance and decision making through adopting a revised constitution and scheme of delegation
- Establish new arrangements for neighbourhood working
- Review the Council's assets maximising both efficiency and savings
- Establish business unit functions to support strategic directorates and transform business support
- Put in place a robust system to make sure that where we charge for services, those charges are assessed fairly and equitably, ensuring people are able to pay and we are able to collect

Through clear direction, innovation, learning, scrutiny and challenge, a culture of high performance, accountability and continuous improvement will be embedded across the organisation.

## WIRRAL SHADOW HEALTH & WELLBEING BOARD

<b>Meeting Date</b>	13 March 2013	<b>Agenda Item</b>	11
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<b>Report Title</b>	Development of Wirral Healthwatch
<b>Responsible Board Member</b>	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>	The development of Wirral Healthwatch is a statutory requirement. A decision on the future organisational model is now required to enable a Wirral Healthwatch to be put in place for April 2013. This paper is to inform and assure the Shadow H&WB that the development is advanced and of the most appropriate model for a successful Wirral Healthwatch organisation.		
<b>Financial Implications</b>	Total financial implication	New investment required	Source of investment (e.g. name of budget)
	£	£	£
<b>Risks and Preventive Measures</b>	<p>Failure to develop a Wirral Healthwatch Service poses a risk. Section 221 of the Local Government and Public Involvement in Health Act is amended by the Health and Social Care Act 2012 to place the following additional duties on a local Healthwatch in addition to those duties already undertaken by LINK;</p> <ul style="list-style-type: none"> <li>• Providing advice and information about access to local care services and about choices that may be made with respect to aspects of those services.</li> <li>• Reaching views on the matters mentioned in subsection 3 and making those views known to the Healthwatch England committee of the Care Quality Commission. These matters are; (a) the standard of provision of local care services; (b) whether, and how, local care services could be improved; (c) whether, and how, local care services ought to be improved.</li> </ul>		

	<ul style="list-style-type: none"> <li>• Making recommendations to that committee to advise the Commission about special reviews or investigations to conduct (or where the circumstances justify doing so making such recommendations direct to the Commission).</li> <li>• Making recommendations to that committee to publish reports under section 45C(3) of the Health and Social Care Act 2008 and about particular matters</li> <li>• Giving that committee such assistance as it may require to enable it to carry out its functions effectively, efficiently and economically</li> </ul> <p>Procurement advice has been sought given the governmental advice that in relation to the evolution of one organisation (LINK's) into the new organisation which may be contradictory to the council's standing orders in relation to procurement and tendering.</p> <p>It was agreed that given the somewhat unique circumstances surrounding this project and the fact that as we have a start date of 1<sup>st</sup> April 2013 that the time restrictions involved meant that there was not an appropriate opportunity in which to enter into a full tender exercise.</p> <p>In addition, there was risk that a suitable organisation may not be found leaving the Council failing in its statutory duty to deliver a local Healthwatch for Wirral on time.</p> <p>Other Local Authorities have chosen the tender option, however this decision was made at a very early stage in the process, Wirral was unable to do so for a variety of structural and operational reasons.</p>
<b>Details of Any Public/Patient/Service User Engagement</b>	<p>Widespread public consultation has taken place, this focussed on the delivery and accessibility of Wirral Healthwatch rather than the model and management. The decision on model needs to be made by the Council to enable them to manage risk and have confidence that the model can deliver.</p>
<b>Recommendations/Next Steps</b>	<p>The challenge of implementing a local Healthwatch that fits the unique requirements of each local authority has been complex and many different approaches have been adopted.</p> <p><b>Local North West Local Authority approaches</b></p> <ul style="list-style-type: none"> <li>• Warrington: Transition from LINK to Healthwatch</li> <li>• Liverpool: Breaking up the service functions</li> <li>• Sefton: Transition from LINK to Healthwatch</li> </ul>

	<ul style="list-style-type: none"> <li>• Halton: Transition from LINK to Healthwatch</li> <li>• Cheshire W: New service provider</li> <li>• St Helens: Transition from LINK to Healthwatch</li> <li>• Trafford: Transition from LINK to Healthwatch</li> <li>• Manchester: New service provider</li> <li>• Wigan: Transition from LINK to Healthwatch</li> <li>• Knowsley: Transition from LINK to Healthwatch</li> <li>• Tameside: Fund parent org to set up Healthwatch</li> <li>• Salford: Fund steward org to set up Healthwatch</li> <li>• Bury: New service provider</li> </ul> <p>Wirral Council's Cabinet will be requested to agree to build upon on the legacy built by Voluntary Community Action Wirral in partnership with LINK and using this experience to develop Wirral Healthwatch as a subsidiary company, which is the most suitable model for Wirral.</p> <p>The development of Wirral Healthwatch is a statutory requirement. It is vital that the council supports the development of the most appropriate model for a successful Wirral Healthwatch organisation. A decision on the future organisational model is now required to enable a Wirral Healthwatch to be put in place for April 2013. Members are asked to support the development of the most appropriate model for a successful Wirral Healthwatch organisation</p>
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Report History		
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	

Report Author: Christine Beyga

Contact details: 0151 666 3624 [christinebeyga@wirral.gov.uk](mailto:christinebeyga@wirral.gov.uk)

## Wirral Healthwatch

### 1. Background

The Health and Social Care Act 2012 places local government at the centre of ensuring their communities receive the care they deserve. Together with new responsibilities for Public Health and Health and Wellbeing Boards, Healthwatch represents an important opportunity for local people to influence the decisions being made about their services, across the NHS and social care.

The vision is for the NHS to be genuinely centred on patients and carers giving citizens a greater say in how the NHS is run. One of the main ways the Government intends to do this is by creating a new consumer champion – Healthwatch.

Healthwatch will strengthen the collective voice of local people across both health and social care, influencing Joint Strategic Needs Assessments (JSNA) and joint health and wellbeing strategies – on which local commissioning decisions will be based – through its seat on every statutory health and wellbeing board

A requirement of the Local Government and Public Involvement in Health Act (2007) was that Local Involvement Networks (LiNs) should be established. Each Local Authority contracted an organisation to establish and then support a LiN. In Wirral, Voluntary Community Action Wirral (VCAW) was the successful bidder to host the Wirral LiN and has provided excellent support and guidance for the activities of the Wirral LiN to date. The Health and Social Care Act (2012) now makes provisions for the establishment of existing LiNs into local Healthwatch organisations.

The relationship between VCAW and the Wirral LiNs has been very productive. All LiN members are volunteers and have been able to concentrate on the areas of interest whilst the business function has been overseen by VCAW. The relationship with the Department has also functioned very well, whilst not compromising the ability of LiNs to operate as an independent champion for continually improving the quality and standards of health and social care provision for the people of Wirral.

Local Healthwatch organisations will maintain all existing LiN functions, such as their powers of 'Enter and View', and will continue to have a role in influencing the provision of local services and monitoring any concerns about services but in addition will have a seat at the Health and Wellbeing Board and take on responsibility for advocating for individuals who wish to make a complaint about healthcare.

The key functions are described as:

- **Influencing**, by helping shape the planning of health and social care service
- **Signposting**, by helping people to access and make choices about care
- **Advising**, by advocating for individuals making complaints about healthcare

The key issue for the development of a Wirral Healthwatch service is the form of the organisation that will enable these functions. The Government's 'Healthwatch

Transition Plan' states clearly that there should be an evolution from the current LINK's organisations to the new Healthwatch organisations.

### **RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS**

A central government grant has been made available which will fund the Healthwatch Service and the Independent Healthwatch Advocacy service: as follows:

<b>Proposed HealthWatch Budget</b>	<b>£</b>	<b>Plus 3% Pensions</b>
Staff Costs		
Full time HealthWatch Manager	38,800	39,964
Part Time Volunteer Co-ordinator	14,283	14,711
Full Time Information & Intelligence Officer	27,414	28,236
Full Time Facilitator	27,414	28,236
2 x Full Time Navigator	47,598	49,026
Admin Support	8,944	9,212
Delivery	104,471	104,471
Building	15,000	15,000
<b>Total</b>	<b>283,924</b>	<b>288,856</b>

### **Staff Costs**

Salary costs are based on VCA Wirral's salary scale and include on-costs. Team role information is provided in a separate document. VCA Wirral will need to factor in pension contribution from 2013.

### **Delivery**

Delivery costs are based upon actual delivery costs for LINK 2011/12 plus 3%, totalling £76,060. This includes:

- volunteer expenses and training
- meeting room hire and events
- production and printing of publications in appropriate formats
- stationary and postage
- capital costs for equipment purchase and/or maintenance
- website maintenance
- insurance
- professional fees
- IT and telephone infrastructure

- Communications and marketing support and materials
- Memberships and subscriptions

The remaining £28,411 included within delivery costs will be used for:

- Support services such as finance, HR and data management
- Staff training budget of £500 per person per annum
- Staff expenses based on 2011/12 figures of £420 per person per annum

## **Building**

Building costs have been estimated on the average commercial rental for a space required for 7 staff, plus volunteers and meeting rooms. If office space is given in kind by Wirral Council or NHS Wirral, this cost can be removed from the budget.

## **Independent Healthwatch Advocacy Service**

The new Independent Healthwatch Advocacy service will ensure that independent advocacy skills are used to provide practical support and direction to Clients, in order to assist them in finding a resolution to their complaint about Health Services in the following local authority areas :

- Liverpool
- Halton
- Knowsley
- Sefton
- St Helens
- Wirral
- Cheshire East
- West Cheshire and Chester
- Warrington

The Independent Healthwatch Advocacy service will be fully compliant with all relevant Regulations of the Health and Social Care Act 2012.

<b>Authority</b>	<b>Population</b>	<b>1<sup>st</sup> year cost</b>	<b>Subsequent annual cost</b>
Knowsley	145,900	£26,650	£24,832
Liverpool	466,400	£85,191	£79,382
Sefton	273,800	£50,011	£46,601
St Helens	175,300	£32,020	£29,837
Wirral	319,800	£58,413	£54,431
Cheshire East	370,100	£67,601	£62,992
Cheshire West & Chester	329,600	£60,203	£56,099
Halton	125,800	£22,978	£21,411
Warrington	202,200	£36,933	£34,415
<b>Total</b>	<b>2,408,900</b>	<b>£440,000</b>	<b>£410,000</b>



## Wirral Health & Wellbeing Board



# Spotlight

## ASSET BASED COMMUNITY DEVELOPMENT

### WHEN?

1:30-4:30 pm

Thursday 16 May 2013

### WHERE?

The Floral Pavilion, New Brighton

### WHAT?

A session focussing on Asset Based Community Development, with key speaker Cormac Russell. Cormac invites us to revisit the role of public services and explains how an assets approach can improve community health, safety, and economic and environmental well being.

### WHO?

Cormac Russell is the Managing Director of Nurture Development, Director of ABCD Europe and a faculty member of the Asset Board Community Development (ABCD) Institute at Northwestern University, Chicago.

He has trained communities, agencies and governments in ABCD and other strengths based approaches in the UK, Ireland, Sweden, the Netherlands, Canada and Australia.

*"Cormac Russell and Nurture Development have made Asset Based Community Development come alive in Ireland as a basic community building strategy"* John McKnight, ABCD Institute

### HOW?

Further details on how to book your place will follow shortly.



## SAVE THE DATE

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