



Health and Wellbeing Board

Date:	Wednesday, 12 March 2014
Time:	4.00 pm
Venue:	Committee Room 1 - Wallasey Town Hall

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AGENDA

- 1. WELCOME AND APOLOGIES**
- 2. MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST**

Members of the Cabinet are asked to consider whether they have any disclosable pecuniary or non pecuniary interests in connection with any item(s) on this agenda and, if so, to declare them and state the nature of the interest.
- 3. MINUTES**

To approve the accuracy of the Minutes of the last meeting of the Health and Wellbeing Formal Board held on 13 February 2014.

(To Follow)
- 4. REVIEW OF TERMS OF REFERENCE (Pages 1 - 38)**

To review the Terms of Reference and the memorandum of understanding for the Board.
- 5. HEALTH AND WELLBEING BOARD - ACTION PLAN UPDATE (Pages 39 - 44)**

To update on the progress of the Health and Wellbeing Strategy.

6. JOINT STRATEGIC NEEDS ASSESSMENT UPDATE

To receive a presentation updating the Board on the development of the Joint Strategic Needs Assessment.

7. PROGRESS ON WIRRAL CCG'S 2 & 5 YEAR PLANS (Pages 45 - 54)

To update on progress in relation to Wirral CCG's two year operational plan and five year strategic plan.

8. ROLE OF HEALTHWATCH

To receive a presentation from Mr Phil Davies- Healthwatch, providing the Board with an overview of the role of Healthwatch.

9. TOBACCO CONTROL PLAN (Pages 55 - 62)

To receive an update on the delivery of the tobacco control programme for Wirral.

10. DATE OF NEXT FORMAL BOARD MEETING

The next meeting of the Formal Board will be held on Wednesday 25 March 2014 at 4:00pm, Committee Room 1, Wallasey Town Hall.

WIRRAL HEALTH & WELLBEING BOARD

Meeting Date	12 th March 2014	Agenda Item	
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Report Title	Reviewing Terms of Reference for Health & Wellbeing Board
Responsible Board Member	Fiona Johnstone

Link To HWB Function	Board development	x		
	JSNA/JHWS			
	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

Summary of Paper	The purpose of this report is to enable the Health and Wellbeing Board to review the current terms of reference and consider if the membership needs revising to ensure relevant stakeholders are appropriately represented. Paper also proposes sub-groups that will support the Health & Wellbeing Board in delivering its responsibilities.		
Financial Implications	Total financial implication	New investment required	Source of investment (e.g. name of budget)
	£ None	£	£
Risks and Preventive Measures	The Memorandum of Understanding has been developed to provide a governance framework within which risks can be managed.		
Details of Any Public/Patient/ Service User Engagement	Healthwatch and the voluntary sector, community and faith are represented on the Health and Wellbeing Board		
Recommendations/ Next Steps	<ol style="list-style-type: none"> 1. The Board is asked to consider the proposed revisions to the Memorandum of Understanding of the Wirral Health & Wellbeing Board. 2. The Board is asked to approve the terms of reference and governance structure for the Health & Wellbeing Board sub-groups. 		

Report History		
Submitted to:	Date:	Summary of outcome:
Shadow Health and Wellbeing Board	March 2013	Agreed Memorandum of Understanding.
Shadow Health and Wellbeing Board	December 2012	Revision of membership of terms of reference

Publish On Website	Yes	x	Private Business	Yes	
	No			No	x

Report Author: Fiona Johnstone

Contact details: fionajohnstone@wirral.gov.uk

Reviewing Terms of Reference for Health & Wellbeing Board

Purpose

1. The purpose of this report is to enable the Health and Wellbeing Board to review the current terms of reference and memorandum of understanding and consider if the membership needs revising to ensure relevant stakeholders are appropriately represented. It would be timely, following the recent work of Wendy Thomas with Board members, to take the opportunity to reflect on whether the membership of the Health & Wellbeing Board has the right representation and reflects the wider determinants of health.
2. This paper also states those sub-groups that are accountable to the Health & Wellbeing Board and support the Board in delivering its responsibilities.

Background & purpose of memorandum of understanding

3. Under the Health & Social care Act, 2012 all upper tier and unitary local authorities in England took 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 was the establishment of a Health and Wellbeing Board as a statutory committee of the Council.
4. The purpose of this revised Memorandum of Understanding (Appendix 1) is to update 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.

Highlighting proposed changes

Purpose

5. For the purpose of the Health & Wellbeing Board to be revised to include the statutory requirement to develop the Pharmaceutical Needs Assessment. Another suggested amendment includes the Board's monitoring role regarding the development and implementation of the Better Care Fund plan.

Membership

6. It is proposed that consideration is given to the membership of the Board to include representatives from:
 - Police
 - Fire
 - Housing
 - Jobcentre Plus
7. It is recognised that this revised membership risks duplicating the Public Sector Board. However, it also reflects the relevant agencies that will ensure the Board are always thinking about the broader determinants of health.

Recommendations

8. The Board is asked to:

debate and approve the revised Memorandum of Understanding particularly the proposed amendments to the purpose and membership of the group. It is also asked to approve accountability for the different sub-groups.

(2) debate whether there needs to be an Executive Sub-Group of the Board or whether this can be subsumed in the existing sub-groups in liaison with the agenda setting group.

Report Author: Fiona Johnstone
Director of Public Health / Head of Policy & Performance
Wirral Council

Date: 3rd March 2014



Wirral Health and Wellbeing Board

Memorandum of Understanding

March 2014

Draft Version 3

Memorandum of Understanding

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Foreword

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

Councillor Phil Davies
Chair

Wirral Health and Wellbeing Board - Memorandum of Understanding

1.0 Introduction

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

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

2.0 Statement of Commitment

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

3.0 Vision and mission of the Wirral Health and Wellbeing Board

- 3.1 The vision of the Wirral Health Wellbeing Board is to enable local people to live healthy lives, tackle health inequalities and increase wellbeing in the communities and people of Wirral

- 3.2 The mission of the Wirral Health and Wellbeing Board is to work across professional and agency boundaries to drive innovation make a difference to the health and wellbeing of local people by;

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

4.0 Partnership Principles

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

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

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

5.0 Governance and Accountability Arrangements

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

6.0 Decision Making

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

7.0 Challenge Process

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

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

8.0 Partner Roles and Responsibilities

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

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

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

9.0 The Scope of Involvement

9.1 The Wirral Health and Wellbeing Board will demonstrate clear links to 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.

11.0 Performance Management

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

12.0 Information Sharing

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

13.0 Risk Assessment

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

14.0 Equalities and Inclusion

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

15.0 Dispute and Conflict Resolution

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

16.0 Review of the Memorandum of Understanding

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

17.0 Wirral Health and Wellbeing Board - Terms of Reference

17.1 Vision

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

17.2 Mission

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

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

17.3 Purpose

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

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

- To establish a key forum for local democratic accountability relating to commissioning against agreed health outcomes
- To establish a productive working relationship with the Local Strategic Partnership to ensure there is no duplication of activity
- **NEW:** To develop and update the Pharmaceutical Needs Assessment (PNA)
- **NEW:** To ensure the Better Care Fund plan is monitored regarding its progress and performance and ensure the health and social care partners effectively plan regarding the implications of this work

17.3 Core Membership

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

17.4 Co-opted members

Wirral Borough Council	<ul style="list-style-type: none"> • Portfolio holder for Social Care and Inclusion • Portfolio holder for Children's Services and Lifelong Learning • PROPOSED: Representative from Housing
Voluntary, community and faith sector	<ul style="list-style-type: none"> • Chief Executive, Voluntary & Community Action Wirral
NHS	<ul style="list-style-type: none"> • Chief Executive, Wirral University Teaching Hospital NHS Foundation Trust • Chief Executive, Wirral Community NHS Trust • Chief Executive, Cheshire & Wirral

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

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

17.6 Meetings

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

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

17.7 Chair

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

17.8 Decisions

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

Agenda Setting Group

Will agree the draft agenda and pass to Chair for approval.

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:

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

17.11 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 Sub-groups

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

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

19.0 Task and finish groups

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

19.2 Task and finish groups are responsible for:

- The monitoring and reporting on progress
- Receiving information from and responding to requests from other groups and stakeholders
- Making quarterly performance progress reports highlighting areas of poor performance, issues and risk
- Developing opportunities for multi-agency involvement and networking to share best practice
- Providing support and information to other groups within the Borough.

- Maintaining effective arrangements to consult with local people act on the results of the consultation and provide feedback

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

Appendix One: The Structure of the Wirral Health and Wellbeing Board



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

Wirral Health Protection Group

Terms of Reference

January 2014

Purpose:

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

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

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

Functions:

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

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

Governance Arrangements:

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

Chair and Membership

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

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

Administration of Meetings

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

Frequency of meetings

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

Extraordinary meetings

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

Quorum

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

Co-opted members

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

Communication of Forum recommendations

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

Reporting framework

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

Review

Terms of reference will be reviewed on an annual basis

Appendix Three: Terms of Reference of sub-group: WIRRAL STRATEGIC COMMISSIONING GROUP

DRAFT TERMS OF REFERENCE

Background

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

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

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

Principles

The suggested core principles of the partnership are listed below:

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

Function

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

Role of Members

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

Membership

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

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

Potential work areas within scope of the Strategic Partnership

Strategic workstreams:

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

Service Delivery workstreams:

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

Frequency of Meetings

Monthly (to be reviewed after 6 months)

Communication and Accountability Arrangements

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

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

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

Chair

Chief Clinical Officer of NHS Wirral CCG

Quorum

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

Administrative Support

Tessa Woodhouse, Commissioning Project Support Officer

Date of Ratification/Date of Review

First draft: 16th September 2013

Final Draft:

Date of approval:

Date for review:

Abhi Mantgani

Chief Clinical Officer

NHS Wirral CCG

Clare Fish

Strategic Director of Families & Wellbeing

Wirral Council

16th September 2013

Appendix Three: Terms of Reference of sub-group:

Wirral JSNA Executive Group

Terms of Reference

Background

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

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

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

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

Purpose of the Executive Group:

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

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

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

Aim of the Executive Group:

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

Core Objectives:

Ensure the development of the JSNA directly supports the production of the Health & Wellbeing Strategy for Wirral

Influence local leadership to embed JSNA within processes for the planning and coordination of local services and support key commissioning and service provision decisions (local structure)

Improve the co-ordinated approach to commissioning activity, across Council departments and partner organisations through the utilisation of the JSNA.

Direct the development and future use of JSNA through the statutory Health & Wellbeing Board.

Facilitate the development of working relationships with Wirral CCG and their use of JSNA in the commissioning of services in relation to the Health & Wellbeing Board and the production of its Health & Wellbeing Strategy for Wirral.

Positively influence and develop the working relationships with all local partners and organisations with regard to their systematic use and content development of JSNA specifically the commissioning of services, the future delivery of Wirral's Health & Wellbeing Board and its associated Health & Wellbeing Strategy

Direct the development of opportunities for public and wider community, service users and providers as contributors to Wirral's JSNA

Oversee the development and deployment of joint intelligence and data resources across the health and wellbeing strategy board partners and beyond

Ensure the statutory functions relating to JSNA are met in full and relevant documents are completed and provided in a timely manner.

Ensure the JSNA is of a suitable quality in its process, production and provide the necessary assurance to the Health & Wellbeing Board.

Promote the benefits of JSNA utilisation to all partners.

4.12 Undertake the management of the current Pharmaceutical Needs Assessment (PNA) and the development and production of a future PNA.

Membership:

Representation will be designated from the following roles and functions:

Role	Function	Representative	Named and briefed deputy
Three statutory lead Directors	Director of Adult Social Services	Graham Hodgkinson	Steve Rowley
	Director of Children's Trust	David Armstrong	Nancy Clarkson
	Director of Public Health	Fiona Johnstone	Tony Kinsella
Joint Intelligence lead officer	Head of Performance and Public Health Intelligence	Tony Kinsella	John Highton
Clinical Commissioning Group	Wirral CCG (representing all 3 Federated CCGs)	Andrew Cooper Chief Operating Officer for WHCC	
		Christine Campbell Chief Operating Officer for Wirral GPCC	
		Iain Stewart Chief Operating Officer for Alliance	
Chair of JSNA Engagement Group	Chief Executive, Voluntary & Community Action Wirral (VCAW)	Annette Roberts	Senior Manager (Karen Livesey or Karen Prior)
HWB member			
HWB member	Medical Director , Wirral Community Trust	Ewen Sim	
HWB member	Wirral University Teaching Hospital	Melanie Maxwell	
HWB member	Clatterbridge Cancer Centre		
HWB & JSNA Communications and Engagement	Head of Communications and Community Engagement	Emma Degg	
JSNA Programme Lead	JSNA Programme Lead, NHS Wirral & Wirral Council	John Highton	Tony Kinsella
NCB Primary Care Lead	Deputy Director of Primary Care	Glenn Coleman	
Others	To be added	To be added	To be added
Others	To be added	To be added	To be added
Others	To be added	To be added	To be added

Accountability, Obligations and Responsibilities

Health & Wellbeing Board and JSNA

Local Authority and Wirral CCG have the duty that is discharged through the Health & Wellbeing Board to prepare JSNA in relation to Local Authority area and with regard to guidance from Secretary of State that considers need or likely need capable of being met or affected by Local Authority or Wirral CCG functions.

This duty to prepare a JSNA will be exercised through the JSNA Executive Group (and structure) and reporting directly to the Health & Wellbeing Board

Local Authority and Wirral CCG have the duty that is discharged through the Health & Wellbeing Board to prepare Joint Health & Wellbeing Strategy based on JSNA in relation to Local Authority area with regard to guidance from Secretary of State

Health & Wellbeing Board requires the JSNA Executive Group to support the work in developing the Joint Health & Wellbeing Strategy as a sub-committee of the full board. Reporting and accountability will be required to the HWBB on a regular and timely basis

Health & Wellbeing Board, and consequently the JSNA Executive Group, has a duty to involve third parties in preparation of the JSNA and JHWS such as Local HealthWatch and people living or working in the area

Health & Wellbeing Board has the duty to have regard to the NHS Commissioning Board mandate and statutory guidance in developing the JSNA and JHWS

Health & Wellbeing Board has the power to consult any other persons it thinks appropriate on preparation of the JSNA and the JSNA Executive Group will act upon this mandate when exercised.

Health & Wellbeing Board and Pharmaceutical Needs Assessment

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

Local Authority and JSNA

The Local Authority has a duty to publish the JSNA and Joint Strategic Needs Assessment

The Local Authority must exercise its duty to have regard to JSNA and JHWS in the exercising of relevant commissioning functions

Wirral Clinical Commissioning Group and JSNA

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

JSNA Executive Group

JSNA is a duty of the Local Authority and Wirral CCG under the leadership of the Directors of Public Health, Adult Social Services, Children's Services and Wirral CCG representatives

JSNA Executive Group members agree to undertake the actions as stipulated above, wherever possible, in the pursuit of meeting the demands and obligations of the Health & Social Care Act 2012

Each Executive Group member is responsible for establishing communication links with their relevant networks around JSNA in an appropriate and timely manner.

Each Executive Group member will ensure decisions relating to the JSNA will be communicated through their sphere of influence and provide officer support in the completion of any associated actions

Each Executive Group member acknowledges that they are entering into these arrangements and will participate in developing the work of the Executive Group on the basis of the demands and necessities of the Health & Social Care Act and its implied duties and obligations for local partners.

Each Partner agrees to adopt a policy of mutual openness about information and their intentions relevant to the remit of the Executive Group.

Where decisions of the Group require ratification by other bodies, the relevant Executive Group Member shall seek such ratification promptly following the Group's recommendations.

Receive communications on behalf of the Health & Wellbeing Board from NHS Commissioning Board in relation to local pharmacy services. Undertake to review and consider the content received and offer a response to the NHS CB on behalf of the HWB. Such responses and subsequent ongoing dialogue will be reported to the board at the next opportunity.

JSNA Programme Management:

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

Managing the JSNA on a day to day basis on behalf of the Executive Group and the wider partners.

Through the JSNA Programme Lead ensuring the implementation of the work plan and reporting progress to the Executive Group.

Developing the accessibility of supporting information and data sources

Ensuring interactive/on-line version remains current to available information.

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

Advisory Members

The JSNA Executive Group can call upon officers to be in attendance at meetings as Advisory Members of the Group.

The role of Advisory Members is to advise assist and provide information to the Group and where appropriate participate in discussions at meetings of the Group.

An Advisory Member may nominate a substitute to attend in their place, subject to notifying the Chair before the relevant meeting and that deputy being suitably able to provide the information and analysis seen as required.

The Group may invite any person to the Group's meetings to advise assist and provide information to the Group as it sees fit on a non-voting basis.

Designated Task Groups

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

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

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

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

- Membership to include Deputy Director for Public Health, representative of NHS CB, representative of Wirral Local Pharmacy Committee (LPC) and Wirral JSNA lead and other co-opted members required to complete the task that could include other public health colleagues, partner engagement leads and others with necessary expertise. For full details see PNA DG ToR.

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

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

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

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

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

Public Statements

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

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

Administration:

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

This will include:

Attending to take minutes of the meeting;

Keeping a record of matters arising and issues to be carried forward to the next meeting;

Providing appropriate support to the Chair;

Collating papers for meetings, circulating them before the meeting;

Executive Group Governance

Frequency of meetings:

Meetings will be held once every three months but with the proviso of ad hoc meetings if necessary.

Task Groups will meet as determined by their work programmes.

Meetings will be held at Old Market House unless otherwise agreed by Executive Group members

Chairing of meetings

Meetings shall be chaired by Deputy Director of Public Health

In the absence of the nominated chair another member of the group shall chair the meeting

Attendance at meetings:

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

Other colleagues will attend the meeting by invitation as required.

Quorum

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

The membership should include at least:

One of the three directors/deputy director for public health, adult social services or children's services as chair or deputy

One of the GP Consortia lead officers or GP leads

One of representatives of Health Information team

Declaration or conflict of interest

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

Arises from their personal circumstances, or

Arises in respect of the partner which they represent.

Any Executive Group member who declares an interest or conflict of interest may, at the discretion of the Chair,

Be required to leave the meeting while the matter is discussed; or

Remain in the room but not participate in the discussion;

Leaving the Group

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

He or she resigns;

The partner notifies the Group of a change of representative; or

The partner ceases to exist.

Should any partner wish to withdraw from the group, six months' notice must be given in advance to the Chair of the group.

Access to Meetings

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

Alterations to the Terms of Reference

The Executive Group will have flexibility to amend the terms of reference as and when agreed at meetings, up to and including 12 months from its first meeting in 2011.

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

Dissolution

The Board may be dissolved where:

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

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

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

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

Review

Terms of Reference will be reviewed at least annually.

Membership will be reviewed at least annually.

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

Full JSNA will be reviewed at least annually.

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

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

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

Date of ratification/date of review

First version	July 2011 (John Highton)
First review	November 2011 (John Highton)
Latest Review:	
First draft:	July 2011 (John Highton)

Final Draft

October 2012 (John Highton)

Date of approval:

October 2012

Date for next review:

March 2013

Second Review:

First draft

July 2013 (John Highton)

Second draft

December 2013 (John Highton)

Final Draft

January 2014

Date of approval:

March 2014 - Tbc

Appendix Four: Terms of Reference of sub-group:

VISION 2018 Programme Board MEMORANDUM OF UNDERSTANDING/TERMS OF REFERENCE

Background

It is clear from the national agenda surrounding 'A Call to Action' that there is a real and significant challenge facing the NHS and its partners in the coming years. It is expected that rising demand, new technology and increased expectations of its patients will be against the backdrop of flat funding which, if services continue to be delivered in the same way as now, will result in a funding gap which could grow to £30bn between 2013/14 to 2020/21.

With this in mind, the Vision 2018 Group has been set up to enable leaders from the Health and Social Care Economy to come together in partnership to address these challenges together.

Health and Social Care in Wirral – Vision 2018

Health and social care services in Wirral are committed to a shared vision:

To ensure the residents of Wirral enjoy the best quality of life possible, being supported to make informed choices about their own care, and being assured of the highest quality services.

To achieve this we commit to the following principles:

- Our strategy will promote good health and seek to reduce health inequalities.
- Everything we do is aimed at improving outcomes and the experiences of the population of Wirral, and of the people who use our services, their families and carers.
- We will engage with the people who use our services as partners, establishing a new and equal relationship with our professional staff in co-designing and continually improving services.
- We will promote and support early intervention and prevention, encouraging people to self-help and supporting the development of strong communities.
- We will provide person centred care that considers an individual's physical and mental health and well-being needs, and that supports them to be the best they can.
- We will provide care and services focused around the individual ensuring access to appropriate services whatever the individual, first point of contact.
- We will ensure that the way health and care is provided delivers high quality services which are safe, accessible and sustainable for our future patients and communities.
- We will ensure the location of services is in or as close as possible to people's own homes, with hospital and residential care targeted at those whose needs cannot be met in a community setting.
- We will ensure our workforce is fully engaged and contributes to the development of this vision and the services that are part of it, and changes appropriately to reflect these developments.

- We will maximise the opportunities to make an even greater difference to people's lives through working with other sectors e.g. housing, voluntary sector.

Work-streams

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

Drivers

The key work-stream here will be:

- Financial and population modelling
- Outcomes and Quality

Models of Care

The key work-streams here will be

- Primary Care
- Secondary Care
- Integration

Enablers

The key work-streams here will be:

- Communications and Workforce
- Information Technology and Information Governance
- Finance and Contracting

A programme manager funded by Wirral CCG and Wirral Metropolitan Borough Council will provide support and coordination to the programme board and work-streams. The work-streams will report progress to the Vision 2018 Programme Board on a monthly basis.

In addition, the existing Wirral Strategic Commissioning Group will provide reports to the Vision 2018 Programme Board

Governance and Accountability

The Vision 2018 Group will hold the work-streams identified above to account for delivery of key objectives. As Chair of the Group, the Chief Clinical Officer of NHS Wirral Clinical Commissioning Group will assess progress and endeavour to address any delivery issues. The Vision 2018 Group will report its progress to Health and Well Being Board.

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

Role of Members

The members of the Vision 2018 Group will be of senior level within their respective organisations and have the ability to make decisions and escalate issues as appropriate. They will also ensure compliance with governance arrangements. Members will be responsible for disseminating information to and from their organisations, departments or professional groups.

Membership

Name	Title	Organisation	Role
Abhi Mantgani	Chief Clinical Officer	CCG	Commissioner
Phil Jennings	Chair	CCG	Commissioner
Fiona Johnstone	Director of Public Health	WMBC	Commissioner
Claire Fish	Strategic Director of Families and Wellbeing	WMBC	Commissioner
Graham Hodkinson	Director of Adult Social Services	WMBC	Commissioner
Julia Hassall	Director of Children and Young People	WMBC	Commissioner
David Allison	Chief Executive	WUTH	Provider
Evan Moore	Senior Clinician	WUTH	Provider
Simon Gilby	Chief Executive	CT	Provider
Ewen Sim	Senior Clinician	CT	Provider
Sheena Cuminsky	Chief Executive	CWP	Provider
Anushta Sivananthan	Senior Clinician	CWP	Provider
Val McGee	Service Director	CWO	Provider
John Oates	Consortia Chair	CCG	Primary Care/Provider
Pete Naylor	Consortia Chair	CCG	Primary Care/Provider
Mark Green	Consortia Chair	CCG	Primary Care/Provider
Moira Dumma/Andrew Crawshaw	Area Team Director	AT	Commissioner
Russ Favager	Area Team Director of Finance	AT	Commissioner

In cases where members cannot attend for a single meeting, a deputy would be permissible but only in an observing capacity and will not be able to commit decisions on behalf of their organisation. Where a deputy is proposed on a longer terms basis, this must be agreed with the Chair and have suitable delegated authority to act on behalf of their organisation.

Additional members will be invited as and when required.

Frequency of Meetings

Twice Monthly (to be reviewed after 6 months)

Communication and Accountability Arrangements

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

Resources

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

Chair/Vice Chair

Chief Clinical Officer, NHS Wirral CCG, will be the Chair of the Vision 2018 Group.

Strategic Director of Families and Wellbeing, Wirral Metropolitan Borough Council, will be the Vice Chair of the Vision 2018 Group.

Quorum

3 Commissioners and 3 Providers

Date of Ratification/Date of Review

First draft: 14.11.13

Final Draft:

Date of approval:

Date for review:

WIRRAL HEALTH & WELLBEING BOARD

Meeting Date	12 th March 2014	Agenda Item	
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Report Title	Update on delivery of Health and Wellbeing Strategy 2013-15
Responsible Board Member	Fiona Johnstone

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

Summary of Paper	The purpose of this report is to provide the Health and Wellbeing Board with an update on progress in delivering the actions identified in the Health and Wellbeing Strategy. A report on the delivery of the Strategy is presented to the Board on a quarterly basis with reporting by exception.		
Financial Implications	Total financial implication	New investment required	Source of investment (e.g. name of budget)
	£	£	£
Risks and Preventive Measures	To ensure it is fit for purpose the Board continually needs to review its operation, if it does not do this it risks not delivering the best possible health and wellbeing outcomes for local people.		
Details of Any Public/Patient/ Service User Engagement	Public and stakeholder consultation informed the development of the Health and Wellbeing Strategy		
Recommendations/ Next Steps	<ol style="list-style-type: none"> 1. The Board is asked to note the exceptions reported against delivery of the Health and Wellbeing Strategy together with action plans 2. The Board is asked to consider how a new strategy could be produced. 		

Report History		
Submitted to:	Date:	Summary of outcome:
Health and Wellbeing Board	13 th November 2013	Update on progress in delivering the actions identified in the Health and Wellbeing Strategy with exception reporting.
Health and Wellbeing Board	21 st August 2013	Board update on priority setting session and agreement on next steps in the implementation and delivery of the strategy.
Shadow Health and Wellbeing Board	13 th March 2013	Strategy approved
Shadow Health and Wellbeing Board	25 th January 2013	Progress update
Shadow Health and Wellbeing Board	12 th December 2012	Health and wellbeing priorities for 2013/14 agreed, allowing progression to the next stage of Strategy development

Publish On Website	Yes	x	Private Business	Yes	
	No			No	x

Report Author: Julie Webster
Head of Public Health
Wirral Council

Contact details: juliewebster@wirral.gov.uk

Delivering the Health and Wellbeing Strategy

Purpose

1. The purpose of this report is to provide the Health and Wellbeing Board with an update on progress in delivering the actions identified in the Health and Wellbeing Strategy 2013-15. A report on the delivery of the Strategy is presented to the Board on a quarterly basis with reporting by exception.

Background

2. Under the Health & Social Care Act, 2012 all upper tier and unitary local authorities in England took 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 was 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. The first Health and Wellbeing Strategy for Wirral was agreed in March 2013.
3. The Health and Wellbeing 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.
4. The 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 were developed in consultation with stakeholders.
5. Three priority programmed areas for shared action were agreed by the Health and Wellbeing Board, based on public and stakeholder consultation and evidence of what works. The priority programme areas for the strategy are:
 - Mental Health
 - Older People
 - Alcohol misuse

Delivery of the strategy

6. The delivery plans developed for the priority areas set out a programme of activities to address the priorities and achieve the outcomes agreed by the Board and detailed in the Strategy. Appendix one provides board members with detail of the key actions required for the delivery of the strategy and commentary on progress to date.
7. Quarterly reports on the progress of the strategy are presented to the Health & Wellbeing Board.

8. The following actions which are rated amber are brought to Board members attention for comment and action

Key priority: Mental health			
Key activity	RAG	Commentary	Action planned
Reduce stigma by developing an 'early' awareness programme in schools to promote good mental health and recognise when someone is not coping	A	Following cabinet approval of the re-commissioning of the Healthy Child Programme for 5-19 year olds, this activity has been halted. The consultation process for the re-commissioned activity has highlighted mental wellbeing for children and young people as a key element of the new service to be commissioned.	This is currently out to tender and the new provider will deliver this programme
Provide mental health awareness training for frontline staff and community members e.g. mental health first aid	A	Successful pilot programme undertaken in 2013, due to procurement rules a full tender exercise needs to be undertaken to proceed with programme.	Tender exercise will commence in April 2014
Recruit and support employers to register and work towards achieving "Mindful Employer" status	A	A lead partner was not identified for this piece of work	Communication from Chair to all partners to encourage them to sign up to the Charter if not already an active member.

Milestones from the different priority areas

9. There has been considerable activity in all the different activities, the following is a snapshot of some of the work undertaken by partners:

a. Alcohol:

- i. Dry January national campaign was promoted to a wide selection of public and private sector organisations
- ii. Cheshire and Wirral Partnership NHS Foundation Trust Alcohol Service have delivered a number of Walk & Talk sessions to the public across a variety of locations in Wirral such as supermarkets
- iii. A Controlled Drinking Environment pilot is operational at Wirral YMCA. Another controlled drinking venue is being planned at Wirral Ark and the infrastructure is being developed.
- iv. The post of Schools Drugs Advisor, employed by Connexions, commenced in November 2013
- v. The Schools' Substance Misuse guidance was launched on 30th January 2014 and supports all primary and secondary schools.

b. Older People:

- i. The new VCF contracts have been commissioned by April 2014 as part of the new Early Intervention & Prevention Strategy. The new general support service will be more widely available to help prevent social isolation and improve independence.
- ii. The Carer's Strategy has been developed and is going to relevant committees for sign-off

- iii. Front door deflection project implemented in December 2013 including the Choose Well development campaign

c. Mental Health:

- i. Promoted mental health 'Time to Change' campaign to reduce stigma and promote early diagnosis. Campaign also included 3,000 local businesses
- ii. Re-established the Supported Housing Core Strategic Group and Commissioning Body in order to align the housing needs of people with mental health issues with the housing needs of other vulnerable groups
- iii. Work around supporting mental health service users to give up smoking progressed with Cheshire & Wirral Partnership NHS Trust implementing their Nicotine Management Policy in early February 2014 which means that the Trust's grounds and premises are now smokefree [Note: Wirral University Teaching Hospital NHS Foundation Trust will also become smokefree on No Smoking Day – 12 March 2014.

Refreshing the Health & Wellbeing Strategy

2. Following an initial review of the Health & Wellbeing Strategy by Health & Wellbeing Board members earlier this year, the feedback suggests that it may be useful to refresh the priorities of the Board. This would ensure that the Board was focusing on the right areas. For example, the fairly recent development of the Better Care Fund plan and the subsequent monitoring of its progress and performance is now a major focus of the local health and social care economy.
3. As the existing Health & Wellbeing Strategy is due to finish in 2015, it would be valuable to think about how a new strategy can be produced. It is suggested that this could reflect the aspirations of the Vision 2018 work, and also take the opportunity to be more explicit about the Board's aspirations for wider wellbeing in our communities.

Recommendations

14. The Board is asked to note the exceptions reported against delivery of the Health and Wellbeing Strategy action plans and the action plans.
15. The Board is asked to consider how a new strategy could be produced.

Report Author: Julie Webster
Head of Public Health
Wirral Council

Date: 3rd March 2014

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WIRRAL COUNCIL

HEALTH AND WELLBEING BOARD

12TH MARCH 2014.

SUBJECT:	<i>PROGRESS AGAINST WIRRAL CCG'S 2 YEAR OPERATIONAL AND 5 YEAR STRATEGIC PLANS</i>
WARD/S AFFECTED:	<i>ALL</i>
REPORT OF:	<i>DR ABHI MANTGANI CHIEF CLINICAL OFFICER WIRRAL CCG</i>

1.0 EXECUTIVE SUMMARY

The aim of this paper is to:

- inform the Health and Wellbeing Board of :
 - The planning guidance outlined by NHS England.
 - The timelines for submission
 - The progress that has been made to date.
- reach agreement on:
 - the number of reported incidents of medication errors
 - the planned levels of improvement for the quality premium requirements.

2.0 BACKGROUND AND KEY ISSUES

In the past the NHS has been successful in supporting the delivery of annual incremental improvement. However, with the unprecedented challenge facing the NHS a longer term view of planning services needs to be taken to reflect the step changes required to tackle these.

The planning process has changed to address this by:

- Stretching local ambitions for outcomes, with credible costed plans to deliver them.
- Challenging commissioners to plan for transformation of services on a five year basis.
- Each five year plan will include the first 2 years operational delivery in detail.
- Being explicit in dealing with the financial gap with risk and mitigation
- Aligning with national partners e.g. Monitor, TDA, local Government Association
- CCGs choosing their own strategic footprint for strategic health and social care planning – unit of planning.

Strategic and operational plans must be explicit in dealing with local ambitions for outcomes with funding available. They should be developed based on fundamental planning principles. Plans should be:

- Bold and ambitious
- Developed in partnership with providers and local authorities
- Locally led.

3.0 RELEVANT RISKS

Not applicable

4.0 OTHER OPTIONS CONSIDERED

Not applicable, national guidance

5.0 CONSULTATION

Not applicable- national guidance

6.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

Not applicable- national guidance

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

As stated in paper

8.0 LEGAL IMPLICATIONS

Not applicable- national guidance

9.0 RECOMMENDATION/S

The Health and wellbeing Board are being asked to agree the following recommendations;

- The level of reporting of medication errors remains within the middle 50% of reporters and does not fall below the median
- The planned levels of improvement as laid out in the quality measures indicators are ambitious and achievable
- The local priority of alcohol should be adopted with the levels of improvement.

10.0 REASON/S FOR RECOMMENDATION/S

Based on the recommendations outlined in planning guidance, and local data.

REPORT AUTHOR: *Lorna Quigley*
Head of Quality and Performance
NHS Wirral CCG
telephone: (0151) 651 0011
email: lorna.quigley@nhs.net

REFERENCE MATERIAL

<http://www.england.nhs.uk/ourwork/sop/>

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
N/A	

Strategic and Operational Planning 2014 to 2019

Aim

The aim of this paper is

- to inform the Health and Wellbeing Board of :
 - The planning guidance outlined by NHS England.
 - The timelines for submission
 - The progress that has been made to date.
- reach agreement on:
 - the number of reported incidents of medication errors
 - the planned levels of improvement for the quality premium requirements.

Introduction

People's need for health and social care services continue to grow faster than the funding that is available. This means that Health and Social Care has to innovate and transform the way high quality services are delivered, within the resources available, to ensure that patients and their needs are met. *Everyone counts: planning for patients 2014/15 to 2018/19*. Sets out a framework within which local commissioners will need to work with providers and partners in local government to develop ambitious five year plans to secure the continuity of high quality health care for all.

The planning guidance seeks:

- Strategic plans covering a five year period, with the first 2 years at operating plan level.
- An outcome focussed approach, with stretching local ambitions expected of commissioners, alongside credible and costed plans to deliver them
- Citizen inclusion and empowerment to focus on what patients want and need.
- More integration between providers and commissioners
- More integration with social care- cooperation with local authorities on better care planning
- Plans to be explicit in dealing with the financial gap and risk and mitigation strategies- no change is not an option.

Overview of the process

In the past the NHS has been successful in supporting the delivery of annual incremental improvement. However, with the unprecedented challenge facing the NHS a longer term view of planning services needs to be taken to reflect the step changes required to tackle these.

The planning process has changed to address this by:

- Stretching local ambitions for outcomes, with credible costed plans to deliver them.
- Challenging commissioners to plan for transformation of services on a five year basis.
- Each five year plan will include the first 2 years operational delivery in detail.
- Being explicit in dealing with the financial gap with risk and mitigation
- Aligning with national partners eg Monitor , TDA, local Government Association
- CCGs choosing their own strategic footprint for strategic health and social care planning – unit of planning.

Planning Fundamentals

Strategic and operational plans must be explicit in dealing with local ambitions for outcomes with funding available. They should be developed based on fundamental planning principles. Plans should be:

- Bold and ambitious
- Developed in partnership with providers and local authorities
- Locally led.

Planning Timetable

A challenging timetable has been established to lay the foundations for delivery.

Activity	Deadline
First submission of plans	14 th February 2014
Contract signed	28 th February 2014
Refresh of plan post contract sign off	5 th March 2014
Reconciliation process with NHS TDA and Monitor	From 5 th March 2014
Plans approved by boards	31 st March 2014
Submission of final 2 year operational and draft 5 year strategic plan	4 th April 2014
Submission of final 5 year strategic plans Years 1&2 of 5 year plan will be fixed per the final plan submitted on 4 th April 2014	20 th April 2014

Local Position

In accordance with the timetable the CCG has undertaken its first submission of the plans, this has included:

- Self-assessment- including ambitions for improving outcomes, quality measures
- Activity planning from 2014/15- 2018/19
- Finance plans 2014/15-2018/19

These plans are a first and there is the opportunity to refresh these plans following contractual sign off and reconciliation.

As part of the process, there are two areas that need to be discussed and agreed by the Health and wellbeing board:

- A specified increased level of Recording of medication errors.

The National Patient Safety Agency (NPSA) believes organisations that report more incidents have a better and effective safety culture. Below are the figures for Wirral inpatient providers.

NB Wirral Community Trust do not report to the national database, as they do not have inpatient beds

Provider	Reporting Period	Number of Incidents	Comparator
Wirral University Teaching Hospital (WUTH)	April 2012 – Sept 2012	6, 259	2 nd highest reporter (39 large trusts) Highest 25% of reporters. 12.6 incidents reported per 100 admissions (median 6.2)
Cheshire and Wirral Partnership Trust (CWP)	April 2012-Sept 2012	1,929	15 th highest reporter (56 mental health trusts). Middle 50% of reporters 31.8 incidents reported per 100 admissions (median 23.8)

WUTH remain a consistently high reporter of incidents.

CWP have improved their reporting rate from 19.1 incidents reported per 100 admissions in 2011.

- Quality Premium Measures

The 'quality premium' is intended to reward clinical commissioning groups (CCGs) for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities.

The four national measures, all of which are based on measures in the planning guidance are:

- Reducing potential years of lives lost through amenable causes 2014/15.
- Reducing avoidable emergency admissions
- Meeting the nationally set objective for the Friends and Family Test in 2014/15-2015/16.
- Ensuring that the correct level of IAPT services is planned for the population in 2014/15 and 2015/16.

In addition to this, a local measure should be set based on local priority identified in the joint health and wellbeing strategy. Based on this the CCG proposes the local measure to be, the reduction of admissions to hospital due to alcohol. The appendices outline the suggested planned levels for improvement against the quality premium measures.

Recommendations

The Health and Wellbeing Board are being asked to agree the following recommendations;

- The level of reporting of medication errors remains within the middle 50% of reporters and does not fall below the median
- The planned levels of improvement as laid out in the quality measures indicators are ambitious and achievable
- The local priority of alcohol should be adopted with the levels of improvement.

Author: Lorna Quigley
Head of Quality and Performance
NHS Wirral CCG

Date: 3rd March 2014

Appendices:

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12F Name: NHS WIRRAL CCG

Read the definitions in the Everyone Counts: Planning for Patients 2014/15 - 2018/19 Technical Definitions for CCGs and Area Teams before completing the template
 Read the Quality Premium Guidance before completing the template

3. Quality Premium Measures

E.A.1

i) Potential years life lost (PYLL) from amenable causes in 2014/15

E.A.1	PYLL (Rate per 100,000 population)
2014/15	2237

E.A.4

ii) What trajectory are you aiming for in the composite avoidable emergency admissions indicator in 2014/15?

E.A.4	Emergency admissions composite indicator
Q1 2014/15	2724.9
Q2 2014/15	2657.4
Q3 2014/15	2679.3
Q4 2014/15	2671.3

E.A.3

iii) For IAPT, what proportion of people that enter treatment against the level of need in the general population are planned in 2014/15 and 2015/16?

E.A.3	The number of people who receive psychological therapies	The number of people who have depression and/or anxiety disorders (local estimate based on National Adult Psychiatric Morbidity Survey 2000)	Proportion
Q1 2014/15	1844	49165	3.8%
Q2 2014/15	1844	49165	3.8%
Q3 2014/15	1844	49165	3.8%
Q4 2014/15	1844	49165	3.8%
2015/16	7376	49165	15.0%

E.A.6

iv) Do you plan meet the nationally set objective for the Friends and Family Test in 2014-15 and 2015/16?

Yes/No Yes No

If No, please provide commentary (max 4000 characters)

E.A.9

v) Have you agreed (in conjunction with your Health and Wellbeing Board and Local Environmental Social Team)

Yes/No Yes No

Please provide commentary, explaining the specified level of increase and if you do not plan to meet this, why? (max 4000 characters)
 The CCG will be agreeing the level of reporting at the health and wellbeing board on 12th March

where you have suggested that you will report an increased level of reporting of medication errors from specific local providers between Q4,2013/14 and Q4, 2014/15? Yes/No

[Redacted area]

v) Where there are requirements for Quality Premium measures and/or planned levels of improvement to be agreed with the relevant Health and Wellbeing Board and NHS England area team, do you have their agreement to each of these? Yes/No

Yes/No
No

If No, please provide commentary (max 4000 characters)
Those measures within the quality premium which require planned levels of improvement will be discussed in the health and well being board in March. Those that require agreement with NHS England will be discussed within the forthcoming weeks.

	Indicator Definition (please specify the local measures chosen) max 4000 characters	2014/15		Measure
		Numerator	Denominator	
Local Priority 1	C3.14 Alcohol: admissions	5704	35653	0.16

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WIRRAL COUNCIL

HEALTH AND WELLBEING BOARD

SUBJECT:	TOBACCO CONTROL WIRRAL
WARD/S AFFECTED:	ALL
REPORT OF:	JULIE WEBSTER
KEY DECISION? <i>(Defined in paragraph 13.3 of Article 13 'Decision Making' in the Council's Constitution.)</i>	YES THERE WILL BE AN EFFECT ON ALL WIRRAL WARDS

1.0 EXECUTIVE SUMMARY

- 1.1 To provide the Health and Wellbeing Board with an update on the delivery of the tobacco control programme for Wirral and to highlight recent local action taken by Wirral Council, Cheshire and Wirral Partnership NHS Foundation Trust and Wirral University Teaching Hospital NHS Foundation Trust to reduce smoking rates.

The report also outlines the next steps in the development of the tobacco control programme to take account of existing and emerging challenges in the Borough to reduce smoking prevalence and health inequalities.

2.0 BACKGROUND AND KEY ISSUES

- 2.1 Smoking remains the biggest cause of health inequalities and the most preventable cause of ill health. Action to reduce health inequalities needs to focus on reducing the number of people smoking. Appendix 1 details the cost of smoking to the Wirral economy.

Policy Context

Successive UK Governments have used public health policy measures to reduce smoking prevalence e.g. increasing the cost of tobacco at a faster rate than inflation, banning tobacco advertising (2002), raising the minimum smoking age from 16 to 18 (2007), banning smoking in indoor public places (2007), putting pictorial health warnings on tobacco packaging (2008) and banning tobacco vending machines (2011). Future measures being considered include banning smoking in cars, plain packaging for tobacco products and increasing availability of pharmacotherapy products.

The most recent key national policy document is 'Healthy Lives, Healthy People, a Tobacco Control Plan for England (2011)'. The Plan details the following areas for action:

- stopping the promotion of tobacco;
- making tobacco less affordable;
- effective regulation of tobacco products;
- helping tobacco users to quit;
- reducing exposure to second-hand smoke; and

- effective communications for tobacco control

National Targets

The Public Health Outcomes Framework 2013-2016 has three targets focused on reducing smoking. The targets are;

- Smoking status at time of delivery per 100 maternities: the national target is to reduce from a 2010 baseline of 14% to 11% or less by 2015, the most recent data for Wirral reports a rate of 16%
- Prevalence of smoking among 15 year olds: the national target is to reduce from a 2010 baseline of 15% to 12% or less by 2015; the North West smoking prevalence rate for 14-17year olds is 15%
- Prevalence of smoking among persons aged 18 years and over: the national target is to reduce from a 2010 baseline of 21.2% to 18.5% or less by 2015, currently for Wirral the prevalence rate is 23%.

Delivery of the Tobacco Control Programme in Wirral

Wirral has a Tobacco Control Alliance which consists of local stakeholders and partners who work together to implement a local tobacco control plan to address tobacco control and smoking cessation (Appendix 2).

An action plan supports the delivery of the strategy plan and is reported on a quarterly basis at the alliance meeting. The action plan is available on request.

Key developments

National

Smokefree cars. In February 2014, the House of Lords agreed to support key amendments to the Children and Families Bill which will give the Health Secretary the power to protect children and young people by:

- a. Making it an offence to smoke in cars where children under 18 are present
- b. Requiring cigarettes and other tobacco products to be sold in standardised packaging

Proxy purchasing for tobacco products and age of sale for e-cigarettes. The Children and Families Bill includes an amendment prohibiting the purchase of tobacco on behalf of under18s and banning the sale of e-cigarettes to under 18s.

Local

On the 12th February 2014, the Families and Wellbeing Policy and Performance Committee of Wirral Council agreed to propose that the Council adopt the Local Government Declaration on Tobacco Control. The declaration commits the council to acting at a local level to raising the profile of the harm caused by smoking and to reduce smoking prevalence (Appendix 3).

In the light of the commitment to the Local Government Declaration, Public Health and Health and Safety teams have reviewed the Council's existing smokefree policy. A significant change to the current policy has been proposed to make all council

sites/premises/grounds smokefree. This amendment will now be discussed with Trade Unions and staff groups and an implementation plan developed. Included in the policy is an explicit statement about the commitment of Wirral Council to provide support to staff that wish to give up.

On 26th February 2014, Wirral took part in the CLear peer review. CLear is an improvement tool which provides a comprehensive review of local action and recommendations for future action. This process has provided a plan to refresh the tobacco control plan.

On February 3rd 2014, Cheshire and Wirral Partnership NHS Foundation Trust grounds and premises became completely smokefree. The Trust and Wirral University Teaching Hospital NHS Foundation Trust have signed up to this commitment. Stop Smoking support is available on and off site for patients, staff and visitors.

A number of emerging challenges are impacting on reducing smoking rates. The use of e-cigarettes is increasing year on year and there has been a decrease in access to stop smoking services and in use of other aids to smoking cessation such as licensed nicotine replacement therapy (NRT) products. E-cigarettes are not regulated under smoke free law in the UK.

Shisha pens/E-shish - or disposable e-cigarettes - are a recent phenomenon, especially with young people. No minimum age laws apply to sale. Although the packaging claims that they are nicotine free, there is no regulation of these products so the actual contents are unknown. As they don't contain any tobacco, they don't come under the regulation of trading standard for age of sale restrictions.

3.0 CHALLENGES

3.1 A number of emerging challenges are impacting on reducing smoking rates. The use of e-cigarettes is increasing year on year and there has been a decrease in use of other aids to smoking cessation such as licensed nicotine replacement therapy (NRT) products. E-cigarettes are not regulated under smoke free law in the UK.

Shisha pens/E-shish - or disposable e-cigarettes - are a recent phenomenon, with reports from Bolton schools that pupils are using them whilst on school premises. No minimum age laws apply to sale. Although the packaging claims that they are nicotine free, there is no regulation of these products so the actual contents are unknown. As they don't contain any tobacco, they don't come under the regulation of trading standard for age of sale restrictions.

4.0 OTHER OPTIONS CONSIDERED

4.1 Not Applicable

5.0 CONSULTATION

5.1 Service user engagement and feedback is managed through the local stop smoking services

6.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

6.1 Voluntary Community Action Wirral (VCAW) is the current infrastructure for the 3rd sector stop smoking services.

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

7.1 No additional implications for resources

8.0 LEGAL IMPLICATIONS

8.1 No additional legal implications

9.0 EQUALITIES IMPLICATIONS

9.1 No implications for equalities as stop smoking services are delivered Wirral wide

10.0 CARBON REDUCTION IMPLICATIONS

10.1 The indirect exposure of an individual to smoke (whether they are a smoker or not) is known as second hand tobacco smoke. Through the provision of a smokefree environment, organisations should seek to ensure that no person is put at unnecessary risk from exposure to second hand tobacco smoke.

11.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

11.1 Review of current smokefree policies within organisations and consideration for future policies to support the reduction of smoking rates

12.0 NEXT STEPS

12.1 The following local action is proposed to maintain a focus on reduction smoking rates:

- Develop the tobacco control strategy plan by implementing the recommendations from the CLearR review
- Ensure there is a clear connection between the tobacco plan, Joint Strategic Needs Assessment and Health and Wellbeing strategy
- Continue to work with the wider health and social care economy and engage partners in the tobacco control agenda e.g. develop stronger links with housing providers and review housing policies in relation to smoking cessation and tobacco control
- Continue to develop an evidence base around trends in use of non-nicotine devices in young people and continue to work with schools
- Maintain local support to lobby for standardised packaging of tobacco products

13.1 RECOMMENDATION/S

13.1

The Board is asked to note :

- the work of the Tobacco Control Alliance and continue their support for local and national action to reduce smoking prevalence.
- In the light of the action taken by Wirral Council, Cheshire and Wirral Partnership NHS Foundation Trust and Wirral University Teaching Hospital NHS Foundation Trust to reduce smoking rates, all board members are asked to review their organisations current activity to reduce smoking rates to ensure a consistent approach across all members.
- the new challenges to reducing smoking prevalence from e-cigarettes and disposable cigarettes and ensure steps are taken to mitigate the impact of these products by including sanctions against their use in local stop smoking policies and support advocacy and lobbying for better restrictions on sale.

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APPENDICES

Appendix 1: Results from ASH Reckoner, 'The Cost of Local Tobacco Control' 2012

Appendix 2: Wirral Tobacco Alliance Membership

Appendix 3: Motion for Council – 16th December – Local Government Declaration on Tobacco Control.

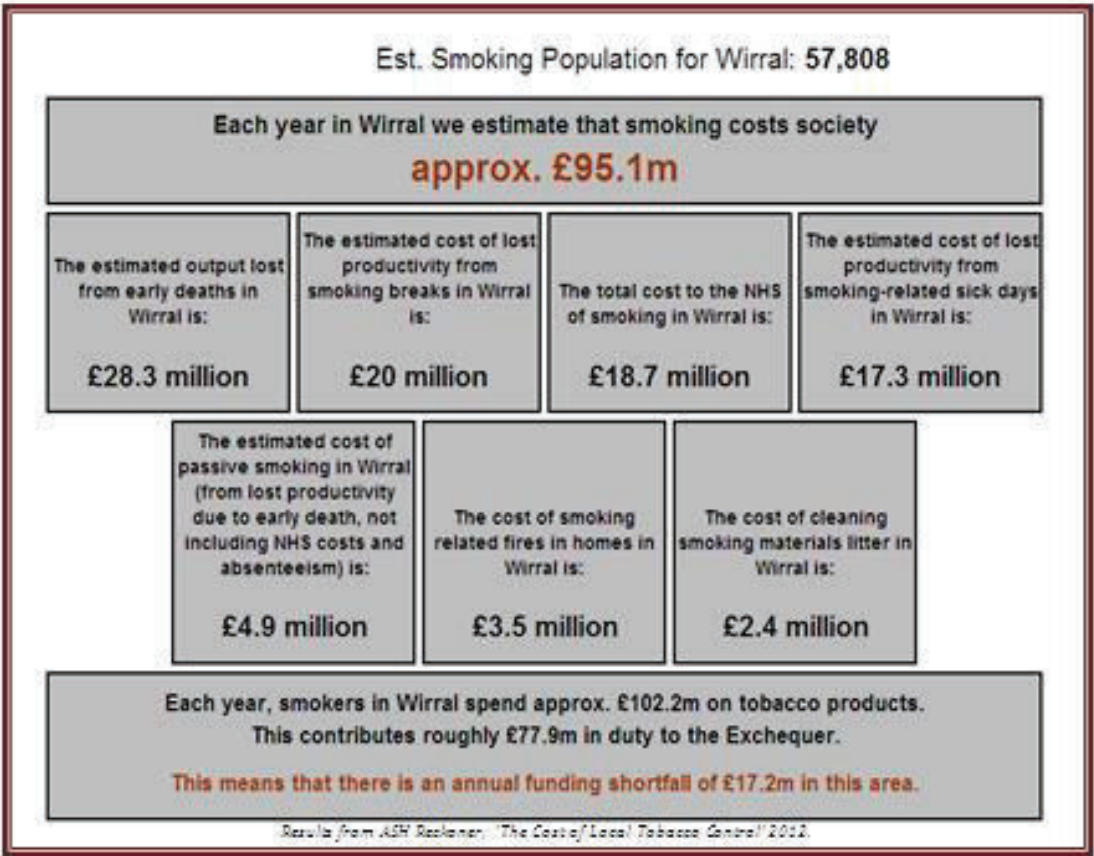
REFERENCE MATERIAL

(Include background information referred to or relied upon when drafting this report, together with details of where the information can be found. There is no need to refer to publicly available material: e.g. Acts of Parliament or Government guidance.)

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

Appendix 1:
 Results from ASH Reckoner, 'The Cost of Local Tobacco Control' 2012



Appendix 2:

Wirral Tobacco Alliance Membership

		Wirral Community Trust / Wirral University Teaching Hospital
Alsaden	Safwa	Hospital
Armstrong	Lindsay	RNIB
Baynton	Tisha	Halton & St Helens Division, Bridgewater NHS
Blower	Liz	Arch Initiatives
Corvers	Carol	Wirral Community Trust
Davies	Mark	Wirral Council (Environmental Health)
Green	Kathryn	Wirral Council
Howard	Rob	Wirral Community Trust
Johnson	Sue	Forum Housing
Jones	Heidi	Wirral Council (Trading Standards)
Kelly	Catherine	Wirral University Teaching Hospital
Kelly	Steve	Arch Initiatives
Larkin	Paul	Interniche Markt
Love	Sarah	Wirral Community Trust
Martelli	Sonia	Wirral Change
Matthews	Peter	Healthbox
Maxwell	Melanie	Wirral University Teaching Hospital
McHugh	Clare	The Social Partnership
Mianowana	Sylwia	Wirral Change
Patterson	Helen	WUTH
Payet	Derek	Wirral Council
Pine	Victoria	Cheshire and Wirral Partnership
Price	Angela	Wirral Community Trust
Richards	Emma	Terrence Higgins Trust
Russell	Kate	Voluntary and Community Action Wirral
Sandford	Simon	Healthbox
Scarlett	Mellissa	The Social Partnership
Simpson	Dave	Merseyside Fire Service
Simpson	Jessica	Forum Housing
Subinyoung	Tiffany	Wirral Change
Sutton	Nicky	Wirral Council
Tebb	Vicki	Advocacy in Wirral
Thompson	Samantha	Solutions 4 Health
Vicary	Gill	Wirral Council (Trading Standards)
Westray	Gaynor	Wirral University Teaching Hospital
Woods	Vicki	Wirral Council (Environmental Health)

To be noted that the membership of this group is fluid

Appendix 3:

Motion for Council – 16th December – Local Government Declaration on Tobacco Control.

Wirral Council commits itself to signing up to the local government declaration on Tobacco Control.

This declaration commits the council to;

- Act at a local level to reduce smoking prevalence and health inequalities and to raise the profile of the harm caused by smoking to our communities;
- Develop plans with our partners and local communities to address the causes and impacts of tobacco use;
- Participate in local and regional networks for support;
- Support the government in taking action at national level to help local authorities reduce smoking prevalence and health inequalities in our communities;
- Protect our tobacco control work from the commercial and vested interests of the tobacco industry by not accepting any partnerships, payments, gifts and services, monetary or in kind or research funding offered by the tobacco industry to officials or employees;
- Monitor the progress of our plans against our commitments and publish the results; and
- Publicly declare our commitment to reducing smoking in our communities by joining the Smoke-free Action Coalition, the alliance of organisations working to reducing the harm caused by tobacco.

Council notes that this has the support of, among others, the Public Health Minister, Chief Medical Officer and Public Health England and that such declaration's have already been signed by Salford City Council, Warwickshire County Council and Bath & North East Somerset Council.

Such a declaration is aimed at reducing the single biggest cause of preventable deaths in the UK – with over 80,000 dying each year - more than obesity, alcohol, road accidents and illegal drug use put together.

Proposed by Chris Meaden
Seconded by Denise Roberts

Chris Meaden

Denise Roberts

Brian Kenny

Paul Macfarland H. Smith Adrian Jones