



Health and Wellbeing Board

Date:	Wednesday, 9 July 2014
Time:	4.00 pm
Venue:	Town Hall, Wallasey

Contact Officer: Lyndzay Roberts
Tel: 0151 691 8262
e-mail: lyndzayroberts@wirral.gov.uk
Website: <http://www.wirral.gov.uk>

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 (Pages 1 - 2)

To approve the accuracy of the Minutes of the special meeting of the Health and Wellbeing Formal Board held on 25 March 2014.

4. TERMS OF REFERENCE (Pages 3 - 42)

5. SAFEGUARDING ANNUAL REPORT FOR ADULTS (Pages 43 - 118)

6. HEALTHWATCH ANNUAL REPORT

To receive a presentation from Phil Davies, Chair of Healthwatch Wirral in relation to the Healthwatch Annual Report.

7. VISION 2018 UPDATE

To receive a verbal update from Clare Fish, Strategic Director, Families and Wellbeing in relation to the work undertaken on Vision 2018.

8. REFRESH OF HEALTH AND WELLBEING STRATEGY (Pages 119 - 126)

9. LOCAL ACCOUNT OF ADULT SOCIAL CARE ACTIVITY AND SPEND 2013/14 (Pages 127 - 160)

10. UPDATE ON CONSULTATION PROCESS FOR PHARMACEUTICAL NEEDS ANALYSIS (Pages 161 - 162)

11. MINUTES FROM SUB-GROUP MEETINGS (Pages 163 - 200)

- Health Protection Forum – 4 June 2014
- Vision 2018 Strategic Leadership Group – Terms of Reference
- Wirral JSNA Executive Group – 30 April 2014
- Tobacco Alliance – 3 February 2014
- Wirral Joint Strategic Commissioning Group – 22 May 2014 (to inc. Terms of Reference)
- Vision 2018 Programme Board Minutes 28 May 2014

12. DATE OF NEXT FORMAL BOARD MEETING

The next meeting of the Formal Board will be held on Wednesday 12 November 2014 at 4:00pm, Committee Room 1, Wallasey Town Hall.

Public Document Pack Agenda Item 3

HEALTH AND WELLBEING BOARD

Tuesday, 25 March 2014

Present:

Cllr C. Jones	Portfolio Holder for Adult Social Care (in the Chair)
Cllr P. Gilchrist	Leader of the Liberal Democrat Group
Cllr C. Meaden	Portfolio Holder for Health and Wellbeing
Ms C Fish	Strategic Director, Families and Wellbeing
Mr G Hodgkinson	Director of Adult Social Services
Mrs J. Webster	Head of Public Health, Wirral Council
Mr S. Wilson	NHS Community Trust
Dr A Mantgani	Wirral CCG
Ms K Livesey	VCAW
Mr A Hassall	Wirral University Teaching Hospital
Ms K Prior	Manager, Healthwatch Wirral
Ms V McGee	Cheshire and Wirral NHS Partnership Trust
Mr K. Carbery	Business Manager, Public Health
Mr R Smith	Clatterbridge Cancer Centre

43 **WELCOME AND APOLOGIES**

Apologies for absence were received from Councillor P. Davies, Councillor J. Green, Councillor T. Smith, Ms F Johnstone, Director of Public Health, Ms J Hassall, Dr P. Jennings, Wirral CCG, Mr S. Gilby, Wirral NHS Community Trust, Mr A Cannell, Clatterbridge Cancer Centre, Mr D Allison, Wirral University Teaching Hospital Trust, Ms A Roberts, Voluntary and Community Action Wirral and Mr A Crawshaw, NHS England

44 **MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST**

No declarations of interest were received.

45 **HEALTH AND SOCIAL CARE INTEGRATION. THE BETTER CARE FUND 2014 SUBMISSION & SECTION 256 OUTPUTS FOR 2013**

The Board considered the report of the Director of Adult Social Services and the Chief Clinical Officer, Wirral Clinical Commissioning Group (CCG) providing an update and presenting the final Better Care Fund submission put together on behalf of Wirral Council and the Wirral CCG.

The report indicated that in relation to performance, a baseline assessment had been developed along with a new performance dashboard template, which had been developed in order to monitor progress against key areas of activity that were critical to performance related elements of the Better Care Fund from 2015.

A copy of the detailed schemes table for 2014/15 and 2015/16; funding matrix 2014/15 and the BCF planning template were circulated as appendices at the meeting.

Ms Jacqui Evans, Department of Adult Social Services and Ms Sarah Quinn, Wirral CCG gave the Board a presentation which outlined the progress to date and the next steps in relation to the Better Care Fund's final submission. On behalf of the Board, the Chair thanked all the officers for all their hard work in completing the final submission.

Dr Abhi Mantgani, Wirral CCG, also thanked the Officers on behalf of the CCG and commented that this was an excellent demonstration of the joint work from both Wirral and the CCG and a good example of what could be achieved by all partners in the future.

Mr Graham Hodgkinson, Director Adult Social Services extended his thanks to the Officers and commented that this was an excellent piece of work which had demonstrated good joint working and also strengthened relationships with providers. He further commented that work would be undertaken with providers to test the schemes put in place.

Mr A Hassall, Wirral University Teaching Hospital indicated that in relation to the efficiency savings for year 15/16 detailed within the report, he felt that a caveat should be added to ensure that this would only apply if demand changes.

Ms Clare Fish, Strategic Director, Families and Wellbeing commented that the BCF submission was an enabler for the Vision 2018 work and in relation to the integration work, there was a need to ensure that the linkages were well co-ordinated.

Dr Abhi Mantgani reiterated the need to embed a culture of joint work in order to face the challenge of the Vision 2018 and further commented that the Council needed to decide where the checks and balances would lie; discussions had been held as to whether a separate scrutiny committee should be established to monitor the work of the Vision 2018.

RESOLVED: That

- (1) the Better Care Fund (BCF) final submission be approved for submission to the Local Area Team and NHS England;**
- (2) the performance baseline and dashboard , with modelled targets for 2014/15 and 15/16 be noted; and**
- (3) The risk sharing approach and agreement be noted.**

WIRRAL HEALTH & WELLBEING BOARD

Meeting Date	9 th July 2014	Agenda Item	
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Report Title	Revised Terms of Reference for Health & Wellbeing Board
Responsible Board Member	Fiona Johnstone

Link To HWB Function	Board development					
	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 revised terms of reference, following a paper and discussion at the Health & Wellbeing Board on 12 th March 2014. At this meeting additional members were suggested to ensure relevant stakeholders are appropriately represented. Original paper also proposed sub-groups to 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	£ n/a	£ n/a
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 approve the proposed revisions to the Memorandum of Understanding; Terms of Reference of the Wirral Health & Wellbeing Board. 2. The Board is asked to note the updated Terms of Reference for the relevant sub-groups of the Health & Wellbeing Board. 		

Report History		
Submitted to:	Date:	Summary of outcome:
Health & Wellbeing Board	March 2014	Approved proposed changes
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: fiona.johnstone@wirral.gov.uk

Revised 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 revised terms of reference, following a paper and discussion at the Health & Wellbeing Board on 12th March 2014. At this meeting it was agreed for additional members to join the Board. This was designed to ensure relevant stakeholders are appropriately represented and reflected the wider determinants of health.
2. This paper also stated those sub-groups that are accountable to the Health & Wellbeing Board and support the Board in delivering its responsibilities.

Purpose of memorandum of understanding

3. The purpose of this Memorandum of Understanding (Appendix 1) is to establish the Wirral Health and Wellbeing Board arrangements for governance, integrated working, joint planning and accountabilities in order to deliver improved outcomes for the health and wellbeing of local people. Specifically the document has been developed to provide the Board with an effective and transparent framework with clarity of roles and responsibilities and to ensure effective use is made of public resources for the benefit of local people.

Highlighting revisions

4. The Health & Wellbeing Board agreed for the purpose of the Board to be updated to include the statutory requirement to develop the Pharmaceutical Needs Assessment and also the Board's monitoring role regarding the development and implementation of the Better Care Fund plan.
5. It was agreed for the membership of the Board to be extended to include representatives from:
 - Police
 - Fire & Rescue Service
 - Housing
 - Jobcentre Plus
6. It was recognised at the Board discussion that this extended membership risks duplicating the Public Sector Board. However, it was agreed for membership of the Board to be reviewed in six months to ensure there is no inappropriate duplication of activity between the two Boards.
7. There was also agreement around the following sub-groups that are accountable to the Board:
 - JSNA Exec Group
 - Vision 2018 Strategic Leadership Group
 - Health Protection Group
 - Wirral Strategic Commissioning Group
 - Wirral Tackling Tobacco Group
8. Narrative has been added which proposes that the Board will need to *“demonstrate clear links with other strategic partnerships to ensure alignment of strategic intent and activity”* (Section 9.1) whilst references to the Local Strategic Partnership have been deleted.

Recommendations

9. The Board is asked to approve the revised Memorandum of Understanding particularly the amendments to the purpose and membership of the group together with accountability for the different sub-groups. The Board is also asked to note that, as agreed at the Board meeting in March 2014, the revised Board membership will be reviewed in six months' time.

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

Date: 24th June 2014

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Wirral Health and Wellbeing Board

Memorandum of Understanding

June 2014

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

Memorandum of Understanding

Section	Contents	Page
	Foreword	3
1.	Introduction	4
2.	Statement of Commitment	4
3.	Vision & mission of the Wirral Health and Wellbeing Board	4
4.	Partnership Principles	4
5.	Governance and Accountability Arrangements	5
6.	Decision Making	5
7.	Challenge Process	5
8.	Partner Roles and Responsibilities	6
9.	The Scope of Involvement	6
10.	Leadership	6
11.	Performance Management	7
12.	Information Sharing	7
13.	Risk Assessment	7
14.	Equalities and Inclusion	7
15.	Dispute and Conflict Resolution	7
16.	Review of the Memorandum of Understanding	7
17.	Terms of reference	8
18.	Sub-groups	
19.	Task and finish groups	11
20.	Support to the Wirral Health and Wellbeing Board	11
Appendix 1	Overview of Wirral Health and Wellbeing Board sub-groups	12
Appendix 2	Terms of Reference of Sub Groups: Joint Strategy Needs Assessment (JSNA) Executive Group	14
Appendix 3	Vision 2018 Senior Leadership Group	24
Appendix 4	Wirral Strategic Commissioning Group	28
Appendix 5	Health Protection Forum	31
Appendix 6	Wirral Tackling Tobacco Group	34

Foreword

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

Councillor Phil Davies
Chair

Wirral Health and Wellbeing Board - Memorandum of Understanding

1.0 Introduction

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

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

2.0 Statement of Commitment

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

3.0 Vision and mission of the Wirral Health and Wellbeing Board

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

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

4.0 Partnership Principles

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

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

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

5.0 Governance and Accountability Arrangements

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

6.0 Decision Making

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

7.0 Challenge Process

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

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

8.0 Partner Roles and Responsibilities

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

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

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

9.0 The Scope of Involvement

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

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

10.0 Leadership

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

11.0 Performance Management

11.1 Each member of the Board will take full responsibility and accountability for the delivery of the outcomes agreed for the Health and Wellbeing Strategy.

11.2 The Board will review progress in achieving improved outcomes on a regular basis. Management information reports will inform the Board of the progress being made in achieving the outcome measures set out in the Health and Wellbeing Strategy.

12.0 Information Sharing

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

13.0 Risk Assessment

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

14.0 Equalities and Inclusion

14.1 The Health and Wellbeing Board will operate on the basis of principles that actively value the benefits of diversity and ensure fair treatment and equality of opportunity.

14.2 On an annual basis an equalities impact assessment will be carried out through a review of the Health and Wellbeing Strategy.

15.0 Dispute and Conflict Resolution

15.1 Members of the partnership:

- Must not use their position improperly, confer on, or secure for themselves or any other person, an advantage or disadvantage
- Must not unduly influence any person in the paid employment of any of the partner agencies
- Must ensure that activities are not undertaken for political purposes

15.2 Issues of conflict within the partnership will be resolved initially by informal discussion. If this is not successful the issue will be referred to the Chief Executive of each agency who will meet to attempt to resolve the issue. If the issue is still not resolved appropriate alternative dispute resolution (ADR) will be considered.

16.0 Review of the Memorandum of Understanding

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

17.0 Wirral Health and Wellbeing Board - Terms of Reference

17.1 Vision

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

17.2 Mission

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

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

17.3 Purpose

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

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

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

17.3 Core Membership

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

17.4 Co-opted members

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

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

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

17.6 Meetings

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

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

17.7 Chair

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

17.8 Decisions

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

17.9 Agenda Setting Group

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

17.10 Minutes

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

17.11 Support to the Health & Wellbeing Board

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

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

17.12 Review

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

18.0 Sub-groups

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

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

19.0 Task and finish groups

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

19.2 Task and finish groups are responsible for:

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

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

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

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

Page 19

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

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

Appendix Two: Terms of Reference of sub-group:

Joint Strategy Needs Assessment (JSNA) Executive Group

Terms of Reference

Background

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

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

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

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

Purpose of the Executive Group:

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

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

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

Aim of the Executive Group:

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

Core Objectives:

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

Membership:

Representation will be designated from the following roles and functions:

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

JSNA Programme Lead	JSNA Programme Lead, Wirral Council	John Highton	Tony Kinsella
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Accountability, Obligations and Responsibilities

Health & Wellbeing Board and JSNA

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

Health & Wellbeing Board and Pharmaceutical Needs Assessment (PNA)

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

Local Authority and JSNA

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

Wirral Clinical Commissioning Group and JSNA

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

JSNA Executive Group

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

JSNA Programme Management:

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

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

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

Advisory Members

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

Designated Task Groups

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

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

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

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

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

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

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

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

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

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

Public Statements

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

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

Administration:

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

This will include:

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

Executive Group Governance

Frequency of meetings:

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

Chairing of meetings

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

Attendance at meetings:

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

Other colleagues will attend the meeting by invitation as required.

Quorum

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

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

Declaration or conflict of interest

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

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

Leaving the Group

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

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

Access to Meetings

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

Alterations to the Terms of Reference

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

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

Dissolution

The Board may be dissolved where:

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

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

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

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

Review

Terms of Reference will be reviewed at least annually.

Membership will be reviewed at least annually.

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

Full JSNA will be reviewed at least annually.

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

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

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

Date of ratification/date of review

First version	July 2011 (John Highton)
First review	November 2011 (John Highton)
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	April 2014

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

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

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

Role/Purpose

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

Tasks

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

Interfaces

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

Governance and Accountability

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

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

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

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

Work-streams

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

Strategy Input

The key work-stream here will be:

- Outcomes and Modelling

Programmes of Work

The key work-streams here will be

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

Enablers

The key work-streams here will be:

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

Role of Members

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

Membership

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

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

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

Additional members will be invited as and when required.

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

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

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

Frequency of Meetings

Monthly (to be reviewed after 6 months)

Communication and Accountability Arrangements

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

Resources

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

Chair/Vice Chair

Chair :

Neil McKay Associate Partner GE Healthcare Finnamore

Vice Chair:

Peter Colclough Senior Advisor GE Healthcare Finnamore

Quorum

2 Commissioners and 2 Providers

Date of Ratification/Date of Review

First draft: 30.05.14

Final Draft: 10.06.14

Date of approval: 18.06.14

Date for review: 18.12.14

Appendix Four: Terms of Reference of sub-group:

Wirral Strategic Commissioning Group

Background

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

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

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

Principles

The suggested core principles of the partnership are listed below:

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

Function

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

Role of Members

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

Membership

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

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

Potential work areas within scope of the Strategic Partnership

Strategic workstreams:

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

Service Delivery workstreams:

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

Frequency of Meetings

Monthly (to be reviewed after 6 months)

Communication and Accountability Arrangements

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

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

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

Chair

Chief Clinical Officer of NHS Wirral CCG

Quorum

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

Administrative Support

Tessa Woodhouse, Commissioning Project Support Officer

Date of Ratification/Date of Review

First draft: 16th September 2013

Final Draft:

Date of approval: 22 November 2013

Date for review:

Abhi Mantgani
Chief Clinical Officer
NHS Wirral CCG

Clare Fish
Strategic Director of Families & Wellbeing
Wirral Council

16th September 2013

Appendix Five: Terms of Reference of sub-group:

Health Protection Group

Terms of Reference

January 2014

Purpose:

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

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

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

Functions:

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

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

Proposed Governance Arrangements:

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

Chair and Membership

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

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

Administration of Meetings

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

Frequency of meetings

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

Extraordinary meetings

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

Quorum

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

Co-opted members

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

Communication of Forum recommendations

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

Reporting framework

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

Review

Terms of reference will be reviewed on an annual basis

Appendix Six: Terms of Reference of sub-group:

Wirral Tackling Tobacco Group

Main Priorities

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

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

Objectives

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

Main Duties and Responsibilities of Tackling Tobacco Group

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

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

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

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

Tackling Tobacco Terms of Reference will be refreshed September 2014

Memorandum of Understanding

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

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

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

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WIRRAL HEALTH & WELLBEING BOARD

Meeting Date	9 July 2014	Agenda Item	
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Report Title	Safeguarding Adult Partnership Board Annual Report
Responsible Board Member	Graham Hodgkinson

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

Summary of Paper	This Report considers the work of the Safeguarding Adult Partnership Board over the last two years. This includes how partner agencies work together to protect the safety of vulnerable adults. The report covers national developments with regard to safeguarding adults, the Boards role and governance arrangements and the work of sub-groups. The report includes information on safeguarding activity and outlines the contribution partners have made in their own organisation, to assure themselves that safeguarding practices are in line with procedures and best practice. The report provides the key objectives going forward for 2014-2015.		
Financial Implications	Total financial implication	New investment required	Source of investment (e.g. name of budget)
	£	£	£
Risks and Preventive Measures	There are financial risks as the Board receives no financial contributions from partner agencies. This will be discussed at a future Board.		
Details of Any Public/Patient/ Service User Engagement	A member of the Wirral Older People's Parliament is a member of the Board.		
Recommendations/ Next Steps	The Annual Report will be presented to the Executive Committee of the Board in September.		

Report History		
Submitted to:	Date:	Summary of outcome:
List of Appendices	1. Board Partner Updates 2. Board Business Plan 2014/15	

Publish On Website	Yes		Private Business	Yes	
	No	✓		No	✓

Report Author: Simon Garner, Corporate Safeguarding Manager
Contact details: simongarner@wirral.gov.uk / 0151 666 5575

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WIRRAL
SAFEGUARDING ADULTS
PARTNERSHIP BOARD

Annual Report **2012 – 2014**

Contents

- 1) Foreword
- 2) Executive Summary
- 3) Working Together Locally
- 4) Safeguarding Adults Partnership Board Subgroups
- 5) Adult Safeguarding Unit
- 6) SAPB Attendance
- 7) National Developments
- 8) Adult Safeguarding Activity
- 9) Case Reviews
- 10) Learning & Development Activities
- 11) Key Achievements and Future Priorities

Appendix one
Appendix two

SAPB Business Plan 2013 – 2015
SAPB Partner updates

Foreword / Welcome

To be provided by Bernard Walker, Independent Chair of the SAPB

Executive Summary

This Wirral Safeguarding Adults Partnership Board Annual report considers the work of the Board over the last two years. This includes how partner agencies work together to protect the safety of vulnerable adults. The report covers national developments with regard to safeguarding adults, the Board's role and governance arrangements and the work of sub groups. The report includes information on safeguarding activity and outlines the contribution partners have made in their own organisation, to assure themselves that safeguarding practices are in line with procedures and best practice. The report provides the key objectives going forward for 2014-2015.

Working Together Locally

Our Mission

The Wirral Safeguarding Adults Partnership Board (SAPB) is the multi-agency partnership that leads the development of safeguarding adults work in Wirral. The Main purpose of the Board is to safeguard adults who are aged 18 and over and who are, or may be, eligible for community care services and because of their age, disability or illness are not able to effectively protect themselves from abuse or neglect. Wirral Safeguarding Adults Partnership Board seeks to ensure that all adults at risk in Wirral are able to live free from the fear of abuse, neglect, harm and exploitation.

The Board will promote a culture of positive learning and best practice across agencies and promote engagement with the wider communities of Wirral.

The Board will work to ensure adults at risk are supported to enable them to exercise their rights, to live as independently as possible, and to receive access to appropriate information, care and support, protection and justice.

Membership includes representation from the main statutory agencies including Health Organisations, the Police, Housing and the Independent and Voluntary Sector, Probation and the Fire service.

For 2014 – 2015 the board has agreed the following six key objectives;

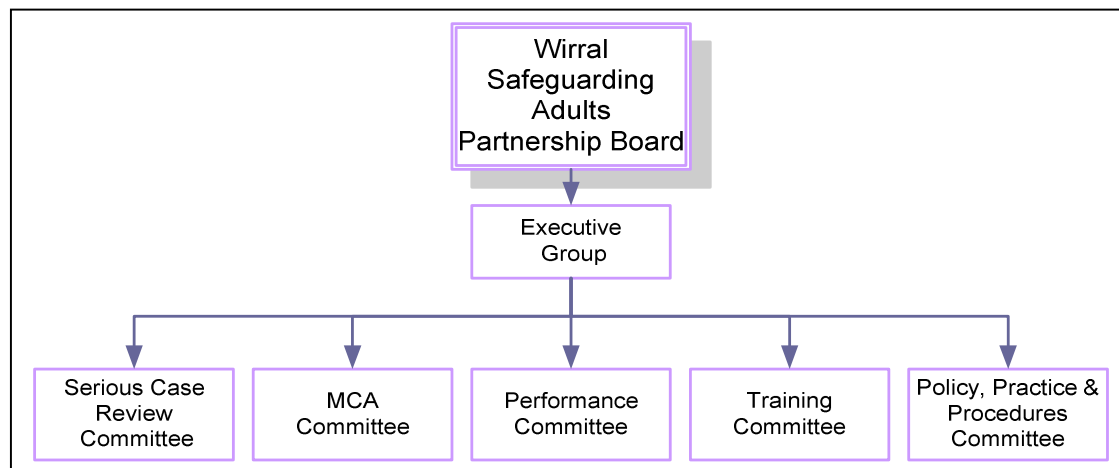
- To improve the functioning and accountability of the Safeguarding Adults Partnership Board
- To strengthen joint working arrangements between Wirral Safeguarding Adults Partnership Board and Wirral Safeguarding Children Board
- To develop a system for the completion of Case Reviews including the dissemination of learning across all Partners
- To ensure the workforce is adequately trained in order to undertake their responsibilities in relation to Safeguarding Adults
- To agree and implement a robust Quality Assurance Framework across the partnership for Safeguarding Adults
- To develop a Communication & Engagement strategy for the board to enable effective engagement with all stakeholders and local communities and to raise awareness of the work of the board

For further detail on the work to be undertaken by the Board you can see the full SAPB Business Plan in Appendix One.

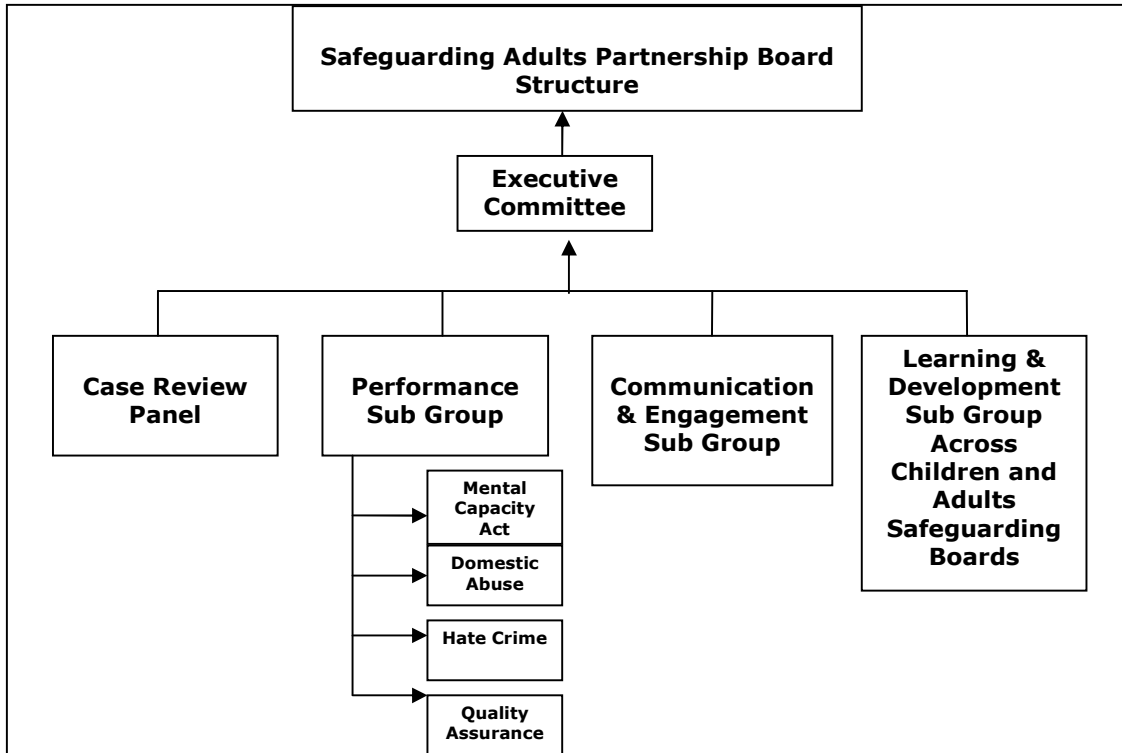
Role and Governance of the Wirral Safeguarding Adults Partnership Board:

The Wirral Safeguarding Adults Partnership Board has a strategic role in determining policy and co-ordinating activity between organisations. The Board is chaired by an independent person and supported by the Safeguarding Adults Partnership Board Manager within the Department of Adult Social Services, within a clear governance structure.

The SAPB has been operating within *structure 1* (shown below) for a number of years however following significant developmental work undertaken by the Board the structure will change from April 2014 to that shown below as *structure 2*. This will enable the Board to better meet the statutory requirements and responsibilities as set out in the Care Act 2014.

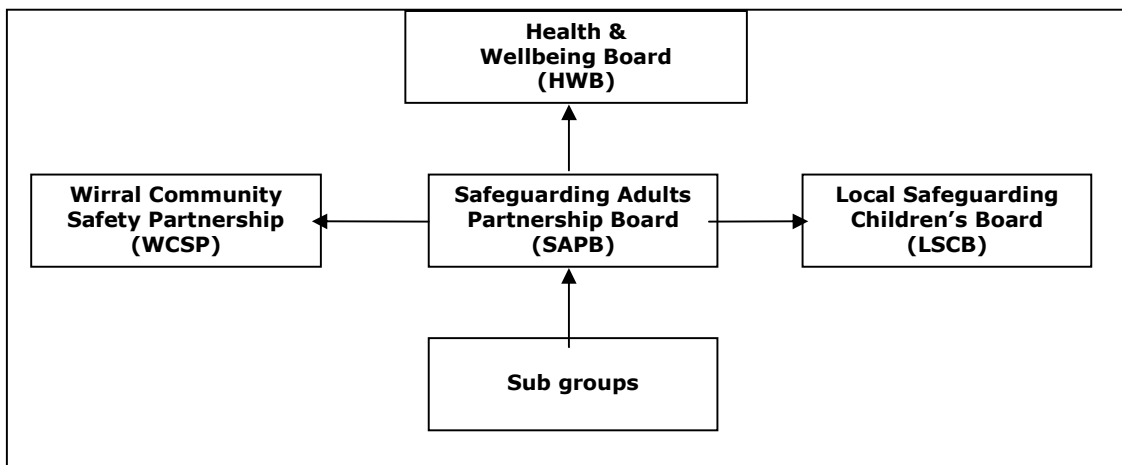


Structure 1 - Wirral Safeguarding Adults Partnership Board Structure



Structure 2 - Wirral Safeguarding Adults Partnership Board Structure post April 2014

The structure below demonstrates the lines of reporting to and from the Board with accountability to the Health & Wellbeing Board.



SAPB Governance and Reporting Structure

Safeguarding Adults Partnership Board Subgroups

The Board is supported by a number of subgroups which are accountable to the Board for progressing and delivering the priorities set out in its Business Plan.

The subgroups are:

- Case review group
- Performance group
- Communications and Engagement
- Learning and development

The chairs of the subgroups are also members of the Board and the Board's Executive Committee which is responsible for coordinating the work of the subgroups and supporting the Board.

Case Review sub group

This group focuses on leading the process of reviewing serious and critical incidents but meets regularly to ensure a programme of work takes place to embed the learning from such cases locally and nationally and to monitor the completion of actions and recommendations by individual agencies.

Performance sub group

This group focuses on a number of areas including the development of a Quality Assurance & Performance Framework for the Board alongside developing and revising multi-agency safeguarding policies and procedures. It meets regularly to consider performance in relation to safeguarding activity on the Wirral.

Communications and Engagement

This is a newly formed group which is responsible for developing and implementing a strategy for raising the profile of adult safeguarding in the community and partnership, and particularly the work of the Board.

Learning and Development

The Multi-Agency Safeguarding Learning and Development group is committed to working in partnership and providing learning and development solutions that support improved knowledge and practice of employees across the partnership and volunteers. The group is a joint group working across both Children and Adult safeguarding.

All activities provided through this group are included in the Multi-Agency Safeguarding Development Plan and can be found via this link <http://www.wirral.gov.uk/my-services/social-care-and-health/im-worried-about-someone/training>

During the two year period of April 2012 – March 2014 over 2,800 of the workforce (both paid and voluntary) across Wirral have accessed Adult Safeguarding training courses.

Adult Safeguarding Unit

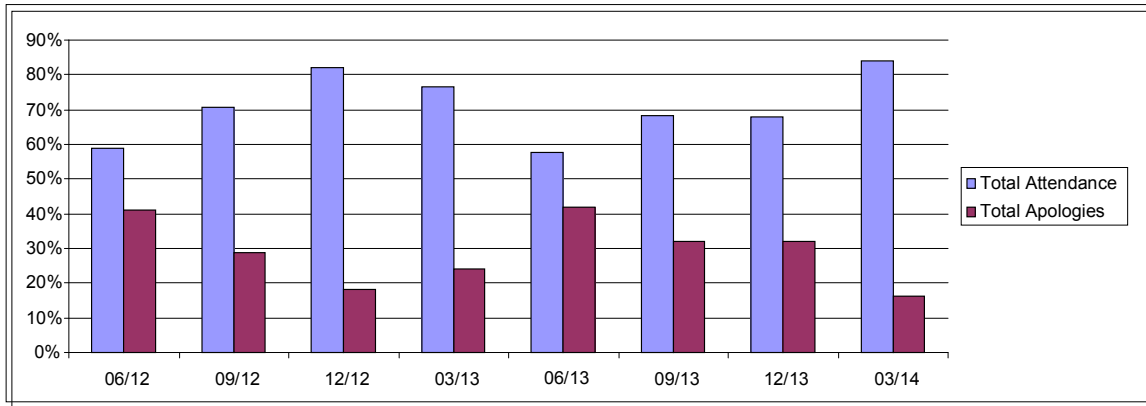
The Adult Safeguarding Unit is a team located in the Council's Department of Adult Social services and carries out work on behalf of the Board.

This includes:

- Coordinating multi-agency responses to abuse and harm in care home settings and other institutions and in domestic settings where paid staff are involved
- Supporting social workers to coordinate responses to abuse and harm in domestic or community based settings
- Providing advice and support to partner agencies and promoting best practice
- Monitoring the implementation of multi agency policies and procedures
- Support to the Board and the Chair.
- Providing the Adult Local Authority Designated Officer function

SAPB Attendance 2012 -2014

The key to a successful Safeguarding Adults Partnership Board is the active participation by a wide range of local services working within the Adult Health & Social Care economy. The Wirral SAPB is proud to have over 20 services represented on the Board with 70% average attendance over the last two years. In light of the Care Act 2014, however, the membership of the board will be reviewed in the near future.



National Developments

Adult Safeguarding and the Care Act 2014

In May 2014 the Care received Royal assent. The safeguarding adults' element comes into effect in April 2015. The statutory guidance in relation to this aspect of the act is currently out for consultation up to the 15th August 2014, and Wirral SAPB will be playing an active part in the consultation.

The following points relate to adult safeguarding:

The Act sets out the first statutory framework for adult safeguarding. The Local Authority as the lead organisation will have the responsibility for convening a statutory safeguarding adults' Board with core membership from the police and Health organisations. The Board's role is to develop shared strategies for safeguarding and report to local communities on progress. The Local Authority will be empowered to make safeguarding enquiries into suspected cases of abuse or neglect. Safeguarding adults' Boards will be responsible for carrying out safeguarding adults reviews where an adult with care and support needs experiencing abuse or neglect dies or there is concern about how the case was conducted.

Winterbourne View

The Panorama programme, broadcast on 31st May 2011, highlighted serious abuse and poor standards of care at Winterbourne View, a private hospital for people with learning disabilities in Bristol. This has led to a Serious Case Review, a report and recommendations from the Department of Health and a national review of similar institutions by the Care Quality Commission. The Board has considered the reports on national developments and recommendations and has received assurance about the local action in response.

Equality and Human Rights Commission: Close to Home

In October 2011, the Equality and Human rights Commission (EHRC) published their inquiry into older people and human rights in home care. The enquiry examined the extent to which the human rights of older people who require or receive home care are promoted and protected by public authorities, together with the adequacy of the legal and regulatory framework.

The report raised issues related to the provision of advice for people who employ personal assistants; ensuring human rights are considered within assessments, procurement and commissioning of home care; improving consumer information and overcoming barriers that older people experience in raising concerns or making complaints.

Equality and Human Rights Commission: Hidden in plain sight – Inquiry into disability related harassment

In September 2011, the Equality and Human Rights Commission (EHRC) published a report from its inquiry into disability-related harassment, 'Hidden in Plain Sight'. The inquiry showed that the harassment of disabled people is a serious problem which needs to be better understood. Public bodies need to recognise the extent and impact of harassment and abuse on disabled people, take action to prevent it in the first place and intervene effectively when it does.

Domestic Homicide Reviews

Domestic homicide reviews (DHRs) were established on a statutory basis under section 9 of the Domestic Violence, Crime and Victims Act 2004. Reviews, which came into force in April 2011, focus on the deaths of those aged 16 and above resulting from violence, abuse or neglect by a relative, a member of the same household or someone with whom the victim has or had previously had an intimate personal relationship. Governance for DHRs is the responsibility of the Community Safety Partnership and in the past two years there have been 3 DHR's on the Wirral. Both the SAPB and LSCB have agreed to a single domestic violence sub group of both boards to work on improving multi agency and community responses to this issue and better prevention.

Deprivation of Liberty Safeguards

On 19 March 2014 the Supreme Court handed down a judgement that clarified a point of law with regards to what amounts to a deprivation of liberty. The judgement referred to what it called the 'acid test'. If a person lacks capacity to consent to their care and treatment, is unable to leave where they reside and is under continuous supervision and control they are now deprived of their liberty.

Adult Safeguarding Activity 2012- 2013 and 2013-2014

The Safeguarding Adults Partnership Board recognises that quantitative data does not reveal the human experience of the people to whom it relates, but reliable data collection, analysis and reporting systems can provide a useful picture which can inform the Board and partner agencies of how well the service is operating and what needs to change and develop. It can tell us what abuse is being reported, how it is being dealt with and what the outcomes are for people who experience and perpetrate abuse, whether intentional or not.

In this section:

- An **Alert** is a phone call or fax sent to Wirral Council's Central Advice and Duty Team (CADT) or out of hours Emergency Duty Team in which the caller expresses a concern that an adult at risk is or may be a victim of abuse; All such alerts are assessed in the first instance by the CADT Safeguarding Social Worker and Access and Assessment Team Manager,
- A **Referral** is defined as the progression of an alert that has been initially assessed in this way, when it has been judged appropriate to implement Wirral's inter-agency Safeguarding Adults Procedures;
- An **Investigation** is the careful gathering and examination of information that occurs following a strategy discussion between appropriate partner agencies involved, in order to look into the concerns/allegations.

For the purposes of this report the performance data will be illustrated for each one year period rather than a combined two year period.

Safeguarding Alerts by source

A total of 2662 safeguarding alerts were received during the period 1st April 2012-31st March 2013: this represents a significant increase on the previous reporting period of 131%. During 2013 – 2014 a total of 2746 safeguarding alerts were received.

Tables 1a and 1b show that the largest numbers of referrals were made by Residential Care Staff followed by other professionals working across the health and social care sector. This indicates a good level of awareness by individuals working within this sector in relation to what constitutes abuse and neglect. It also shows recognition of the responsibility to report concerns, knowledge of how to respond in the first instance, and the confidence to do so.

Table 1a

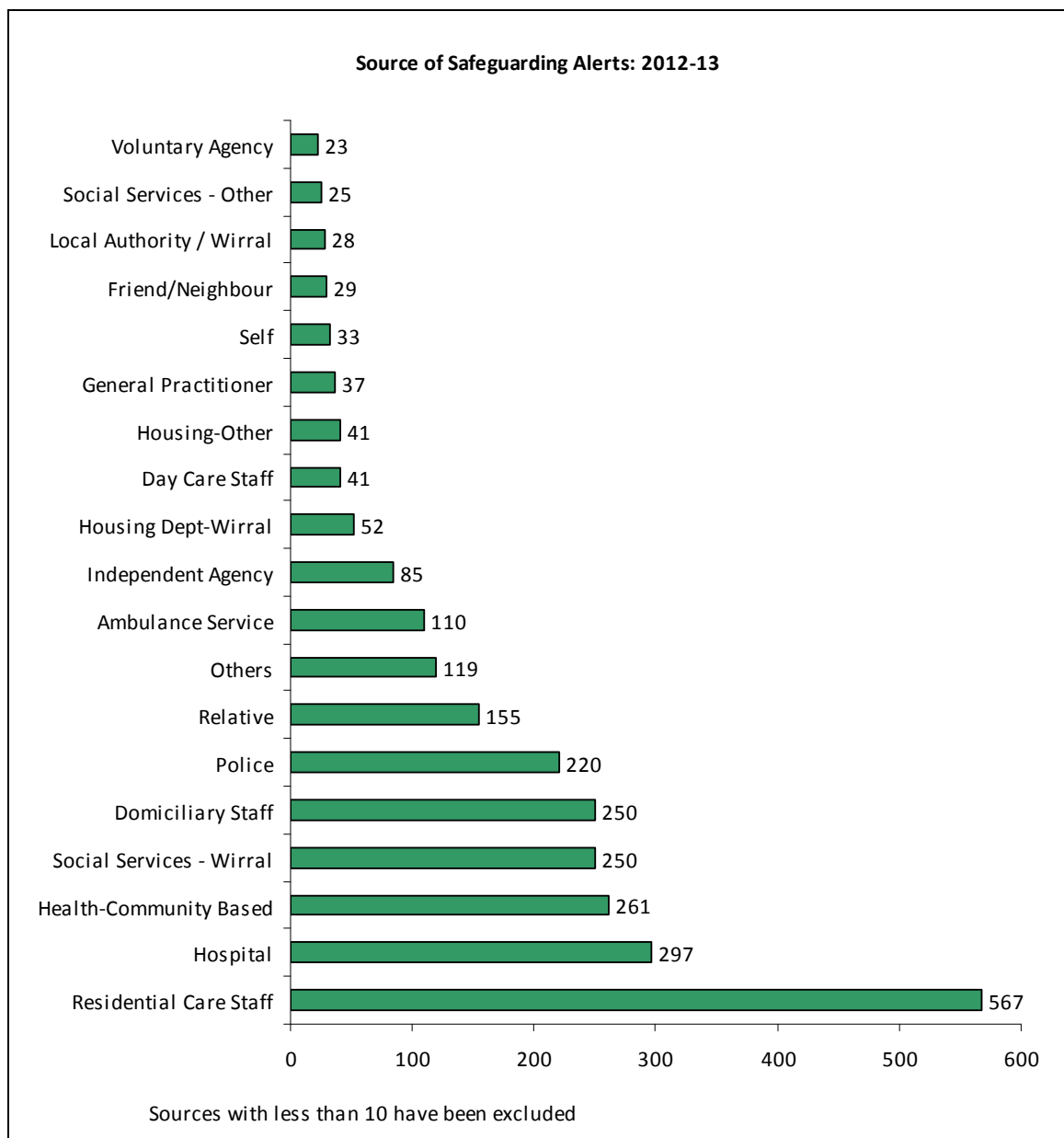
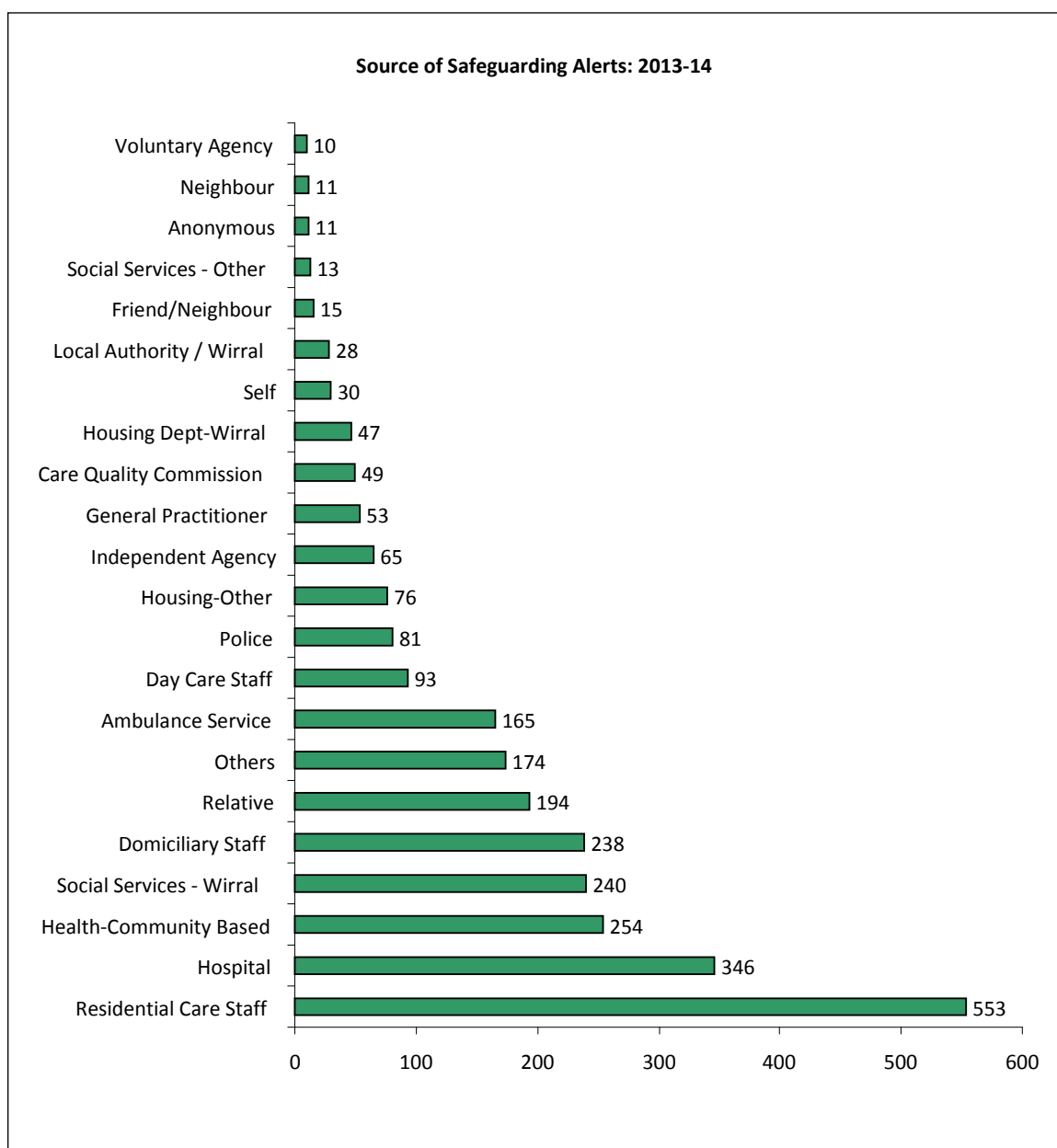


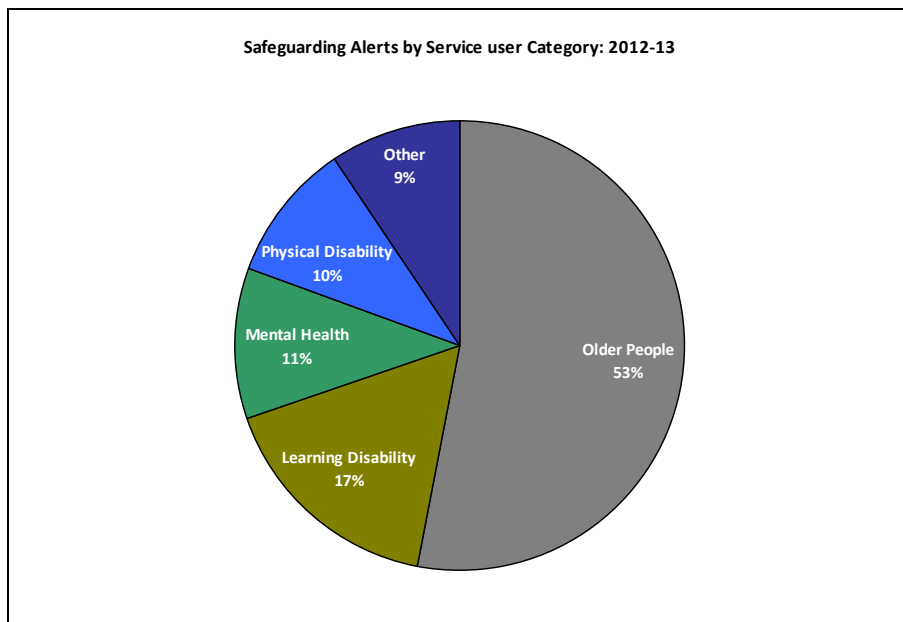
Table 1b



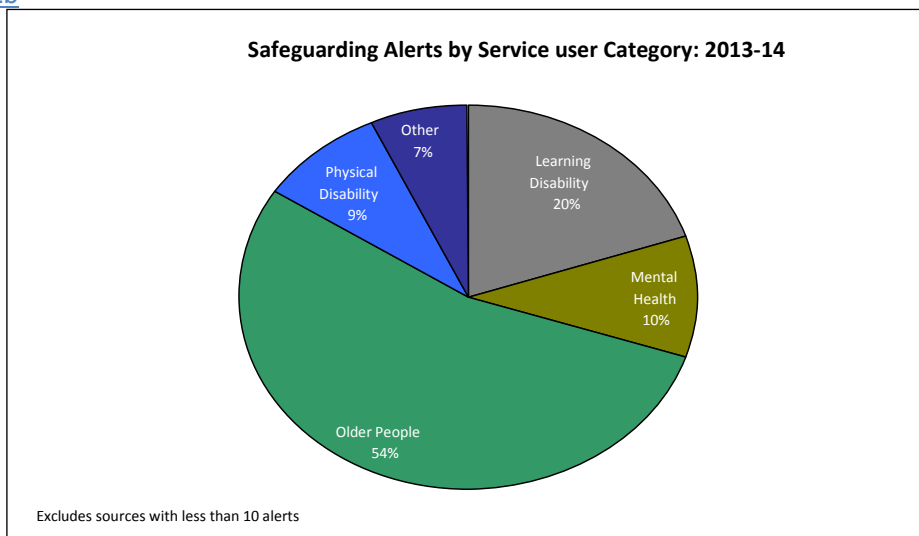
Safeguarding Alerts by Service User category

Table 2a and 2b provide a breakdown of Safeguarding Alerts by service user Category and shows that the greatest number of alerts across both years concern those aged 65 years or over, followed by those with learning disabilities. The percentages for with those physical and/or sensory disabilities and mental health issues have remained largely consistent year on year. This data is not significantly different from the previous reporting period (2011-2012) and reflects the picture nationally.

[Table 2a](#)



[Table 2b](#)



Safeguarding Alert Outcomes

Tables 3a and 3b show that just under half of all safeguarding alerts resulted in an Adult Protection Assessment taking place. The majority of the alerts in both years that did not lead to a safeguarding assessment led to other actions, for example care management or review.

Table 3a

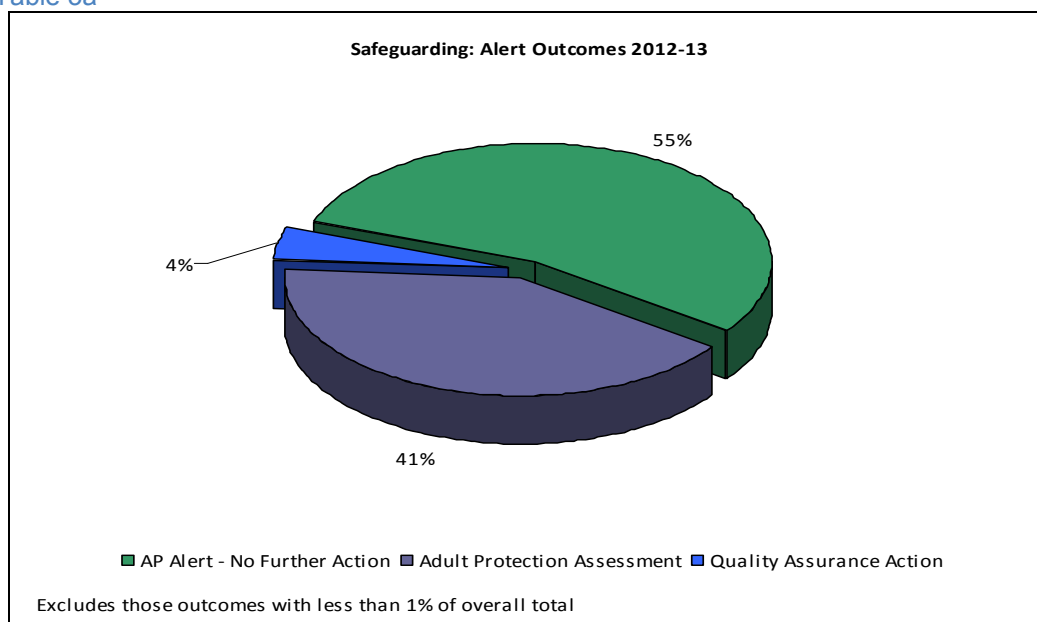
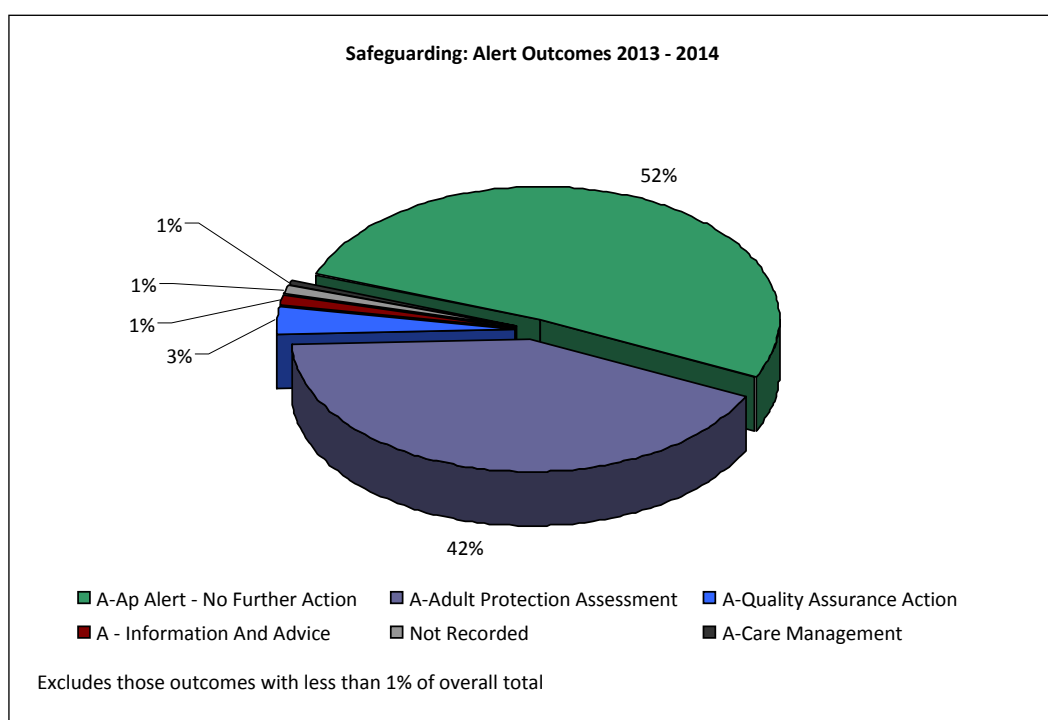


Table 3b



Relationship of Victim to Alleged Perpetrator

Tables 4a and 4b show that in 2012 – 2013 the highest percentage of alleged perpetrators were family members of the alleged victim. In 2013 – 2014 there was a shift in this and highest percentage was members of health or social care staff. It is also worth noting that a significant number of alleged perpetrators were ‘other service users’ who lived or spent periods of time with the alleged victim and who may also have their own safeguarding needs. This can offer a challenge to services in ensuring that the needs of all service users are considered and met appropriately for their own safety and the safety of others.

Table 4a

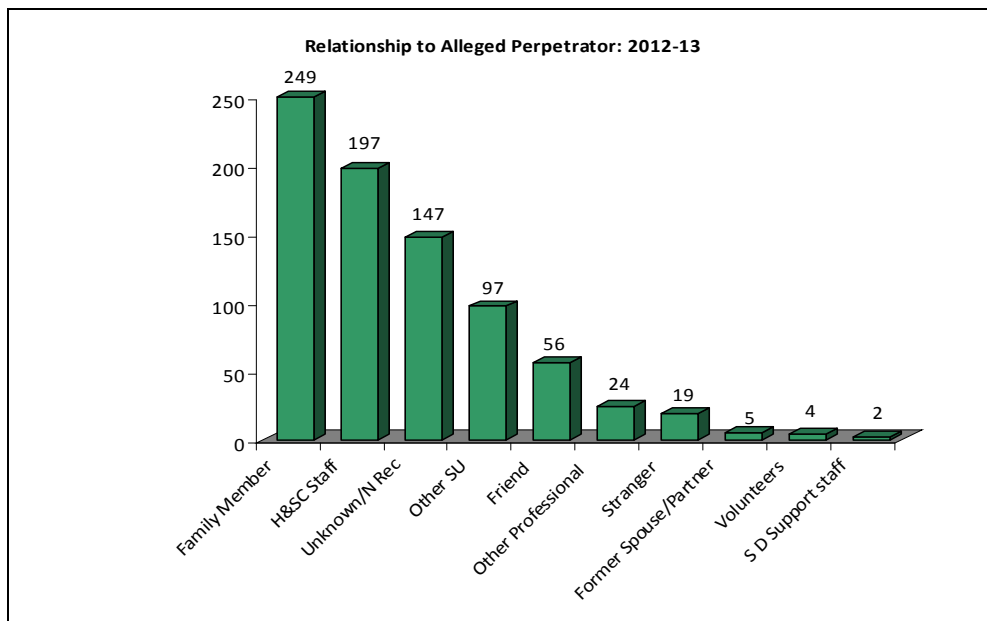
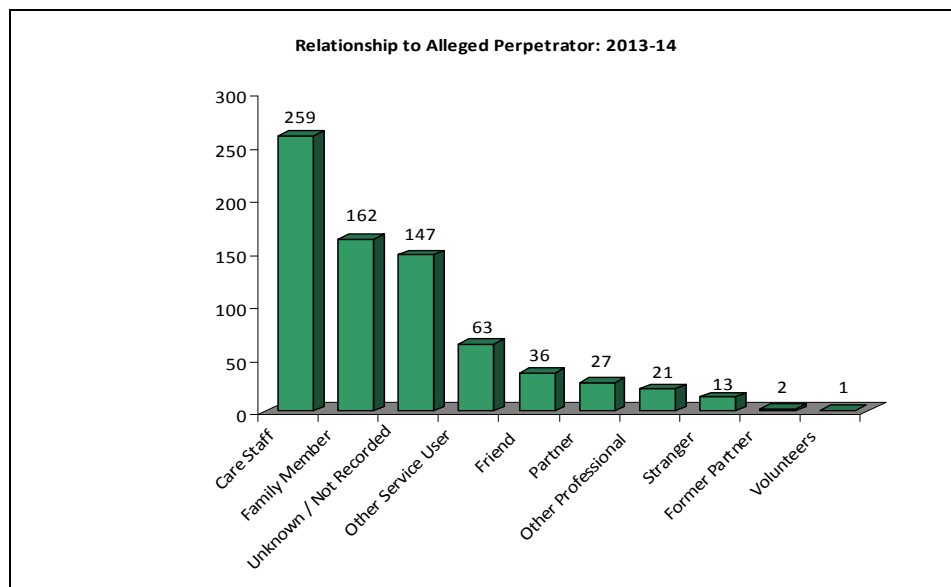


Table 4b



Safeguarding Investigations Outcomes

Of the 248 safeguarding referrals in 2013 – 2014 34% progressed as a Safeguarding Investigation.

Whilst the percentage of referrals moving to 'Investigation' has remained consistent with the 2012 – 2013 data (33%) there has been a considerable increase in the numbers of those cases that are being 'Closed with Protective Measures'. Tables 5a shows that 67% of all Investigations concluded with this outcome, where as in 2012 – 2013 this outcome equated to only 34% of the overall outcomes. In 2013 -2014 there was a decline in the percentage of referrals moving to 'Initiate Conference' from 15% down to 8%. It could be suggested that there is a direct relationship between the changes in the figures for these two outcomes specifically. However there needs to be further consideration and analysis before they can be fully understood. It is intended that this aspect of safeguarding practice will form part of a piece of audit work due to be undertaken over the summer within DASS.

It is important to note that there has been a significant decrease in those investigations that were 'Case Closed No Further Action' from 42% in 2012 – 2013 to 21% in 2013 – 2014.

Table 5a

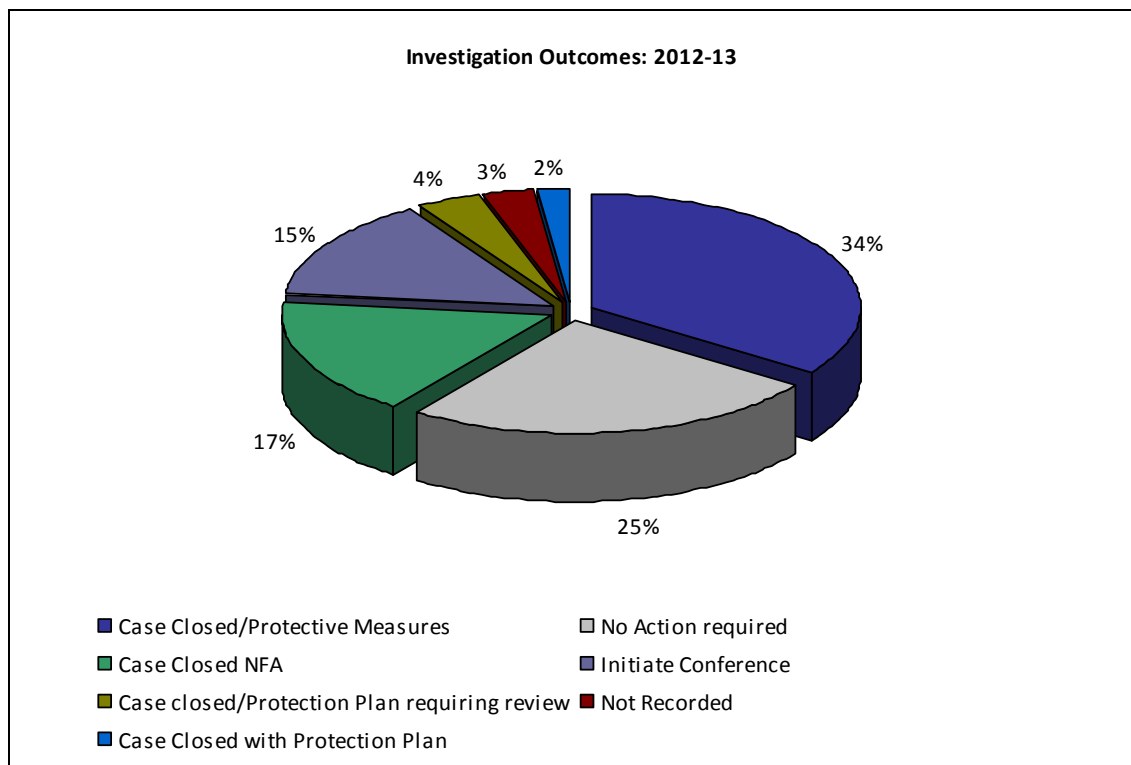
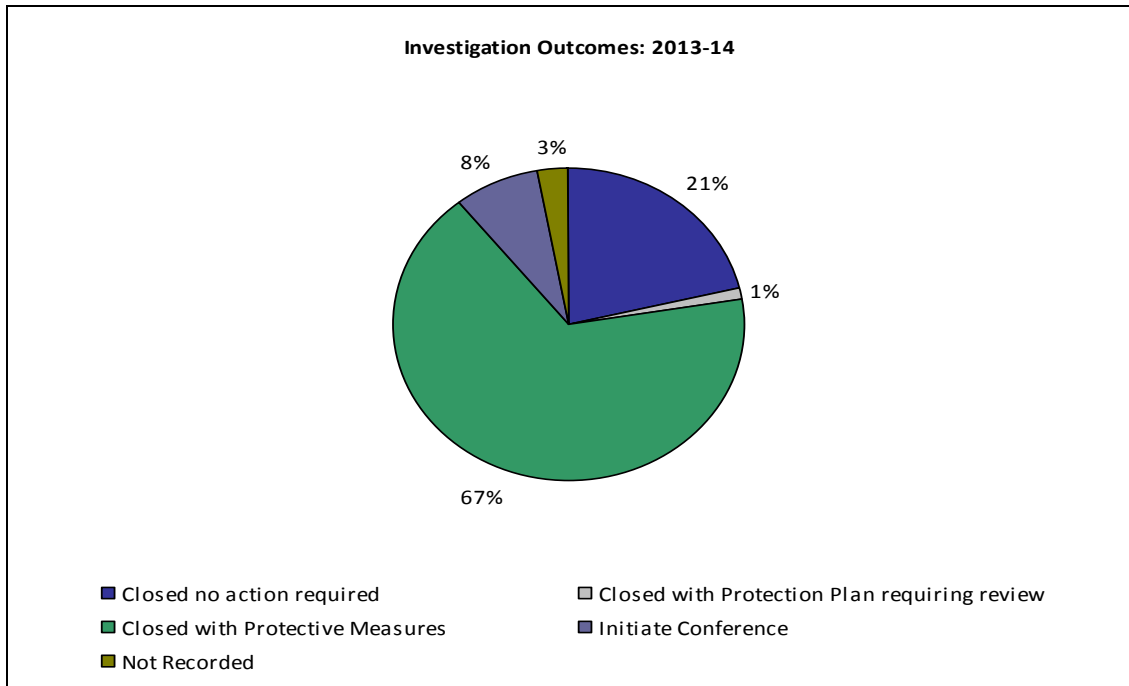


Table 5b

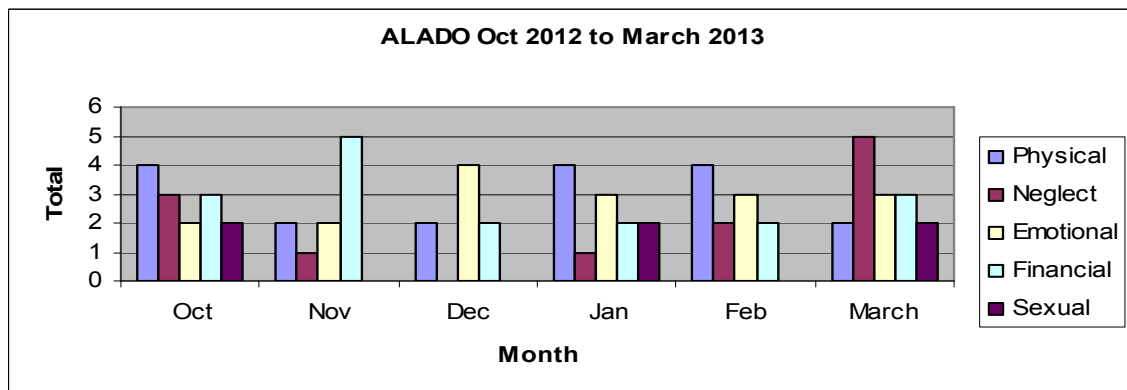


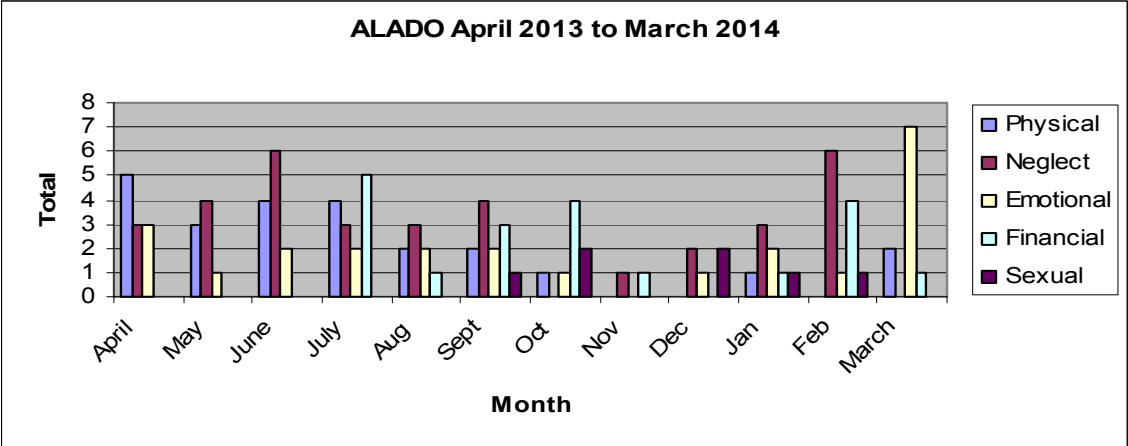
Adult Local Authority Designated Officer (ALADO)

Wirral are one of only a few Local Authorities across the country that has a specific Adult Local Authority Designated Officer (ALADO) role. The ALADO policy has been in place and has been adopted across the safeguarding partnership since September 2012.

The purpose of the policy is to ensure transparency & co-ordination in the management of alleged perpetrators who are staff, volunteers or carers working with Adults at Risk.

The data below represents the ALADO activity since the inception of the policy to the 31st March 2014. In total there have been 180 cases referred to and overseen by the ALADO. The largest numbers of cases related to Neglect with the lowest in relation to Sexual abuse.





Case Reviews

A Serious Case Review (SCR) is not an inquiry or investigation into how an adult died or was abused or harmed. Neither is it a means of apportioning blame or deciding who is culpable. These issues are a matter for other processes. An SCR is instead a process of critical and reflective learning, designed to lead to improved outcomes for people who use services.

Whilst there have been no Serious Case reviews in Wirral over the last two years there have been two critical incident reviews.

In one case, the issues related to an adult being admitted following an overdose. The circumstances of the case suggested there may be issues in relation to the care she received from a relative and an independent review was undertaken.

A second case was also the subject of a review during this reporting period. This involved an adult who was being cared for in a residential home where he developed pressure sores and his condition deteriorated.

Detailed action plans taking forward the recommendations of these reports and the learning for individual agencies is to be presented to the Board Executive in September 2014.

The Case Review sub group for the board will play an active role in the monitoring of all Case Review Action Plans.

Wirral Safeguarding Adults Partnership Board is committed to developing a culture in which greater opportunities for learning are sought and the most effective processes are in place to support that learning. In order to do this a Learning Improvement Framework is currently being developed for use across all partnership agencies.

Multi-Agency Training and Development

The following is an overview of those activities and attendance of DASS and partner agencies' employees and volunteers. The information includes training activities that have taken place during the period April 2012 until March 2013.

Agency	Number of Attendees	Training Activity and Level
Department of Adult Social Services (DASS)	253	Dignity in Care, Level A, Essential Pathways to Safeguarding, Level B, MCA/DoLS Safeguards for Managing Authorities Levels B and C, MCA/MHA and Inherent Jurisdiction, Level B, Mental Capacity Implementing the Toolkit, Level B, Positive Risk Taking, Level B, Safeguarding Investigator, Level B, Safeguarding Process Training, Level B, Safeguarding Theatre Workshop, Level A,
Independent sector, voluntary, community and faith sector, health Further Education, Merseyside Fire and Rescue, Police and other Council Department	641	Safeguarding basic Awareness (face to face) and booklet, Level A, Safer Recruitment, Levels B and C, Dignity in Care, Level A, Essential Pathways to Safeguarding, Level B, MCA/DoLS Safeguards for Managing Authorities Levels B and C, Mental Capacity Implementing the Toolkit, Level B, Positive Risk Taking, Level B,
All agencies	785	Safeguarding E-learning

The Safeguarding Multi-Agency Learning and Development Group are committed to working in partnership to develop and provide learning and development solutions that support improved knowledge and practice of employees and volunteers and the experiences of Adult at Risk and carers.

Planned Development for 1st April 2013 to 31st March 2014

A range of learning opportunities are available that support learners, including the development of a number of e-learning modules. The Multi-Agency Safeguarding Development Plan has been developed in partnership with members of the Safeguarding Adults Partnership Board and the Local Safeguarding Children Board and connects to each organisation's overarching development/workforce development strategy specifically addressing safeguarding relating to people of all ages (adult and children).

The Safeguarding Multi-Agency Learning and Development Group has agreed a work plan for 2013/14 identifying a number of key actions including:-

- To review the training needs analysis process to inform and commission future training needs
- To develop a Wirral safeguarding website for children and adults
- To develop a comprehensive quality assured impact evaluation framework
- To develop appropriate learning and development interventions which address concerns from serious case reviews and untoward incidents
- Develop flexible approaches to the delivery of learning and development for hard to reach groups in the delivery of safeguarding
- Agree a multi-agency training pool to support in the delivery of generic and specialist programmes
- Review the safeguarding learning and development strategy and annual learning and development plan
- Review marketing and distribution of training course information
- Review and agree ways of working to increase course attendance

Organisations will also continue to provide their individuals development priorities, making connections across the partnership as required.

Further information about partner agencies' training plans and achievements can be found in Section 5 of this report.

Key Achievements 1st April 2013 to 31st March 2014

Wirral Council Department of Adult Social Services (DASS) has provided a range of activities for its employees and partner agencies. All activities provided are included in the Multi-Agency Safeguarding Training Courses Booklet <http://www.wirral.gov.uk/my-services/social-care-and-health/im-worried-about-someone/training>

The following is an overview of those activities and attendance of DASS and partner agencies' employees and volunteers. The information includes training activities that have taken place during the period April 2013 until March 2014.

Agency	Number of Attendees	Training Activity and Level
Department of Adult Social Services (DASS)	231	Dignity in Care, Level A, Essential Pathways to Safeguarding, Level B, Mental Capacity Legal, Level B, Positive Risk Taking, Level B, Safeguarding Theatre Workshop, Level A, Capacity Assessment & Best Interest Assessment Tool, Level B, Mental Capacity Act Assessment and Best Interest Briefing, Level B and C, Mental Capacity Act Update for Occupational Therapists, Level B
Independent sector, voluntary, community and faith sector, health Further Education, Merseyside Fire and Rescue, Police and other Council Department (<i>Please see below for further breakdown</i>)	625	Safeguarding basic Awareness (face to face) and booklet, Level A, Dignity in Care, Level A, Essential Pathways to Safeguarding, Level B, MCA/DoLS Safeguards for Managing Authorities Levels B and C, Capacity Assessment & Best Interest Level B, Mental Capacity Act Legal, Level B, Positive Risk Taking, Level B, Safeguarding Theatre, Level A
All agencies	256	Safeguarding E-learning

The Multi-Agency Safeguarding Learning and Development Committee is committed to working in partnership to develop and provide learning and development solutions that support improved knowledge and practice of

employees and volunteers and the experiences of Adult at Risk and their carers.

Planned Development for 1st April 2014 to 31st March 2015

A range of learning opportunities are available that support learners, including the development of a number of e-learning modules. The Multi-Agency Safeguarding Training Plan has been developed in partnership with members of the Wirral Safeguarding Adults Partnership Board and the Wirral Safeguarding Children Board and connects to each organisation's overarching development/workforce development strategy specifically addressing safeguarding relating to people of all ages (adult and children).

The Multi-Agency Safeguarding Learning and Development Committee will be meeting to agree a work plan for 2014/15 identifying a number of key actions. These are likely to include the following:-

- Use data from the Training Needs Analysis to inform future training needs
- Review the context and use of the safeguarding competency framework
- Review and develop cross border joint working with neighboring safeguarding boards
- Review and develop the comprehensive quality assurance impact evaluation framework
- Develop flexible approaches to the delivery of learning and development for hard to reach groups in the delivery of safeguarding training
- Review and develop the multi agency training pool in the delivery of generic and specialist safeguarding programmes
- Review the safeguarding learning and development strategy and annual learning and development plan
- Review marketing and distribution of training course information
- Review and agree ways of working to increase course attendance

Organisations will also continue to provide their individuals development priorities, making connections across the partnership as required.

Key Achievements & Future priorities

- During 2012 a Safeguarding Peer Review was undertaken by the Local Government Association. The findings recognised the improvements made in the previous twelve months in relation to Adult Safeguarding but offered guidance on the further developments required locally. Over the 2012 – 2014 period Wirral's Department for Adult Social Services and key partners have made great strides in improving the quality and quantity of safeguarding work using the Peer Review Recommendations as a basis for this work
- The Local Authority Designated Officer model for the supervision of allegations made against staff has been adopted by the partnership and led by Adult Social Services on the Wirral. Consequently a policy, guidance and training have been designed and implemented to support this approach. Service provider response to this policy has been especially positive
- An Independent Chair for both the Adult and Children's was appointed in June 2013 and is viewed as a positive move forward in bringing together, where appropriate, safeguarding approaches for both groups
- During this time the SAPB has undertaken a full review of its form and function in order to ensure it is 'fit for purpose' and able to meet the requirements of Adult Safeguarding Boards under the Care Act 2014. The new structure will be operational from April 2014
- In 2013 Wirral was one of only 52 Local Authorities nationally to volunteer to participate in the 'Making Safeguarding Personal' pilot. The response to this pilot locally has been extremely positive with participants reporting an increased ability to influence the outcome of safeguarding investigations based on their own wishes and feelings. The pilot has provided a positive foundation on which to develop person centred approaches to safeguarding adults over the next twelve months.



Safeguarding Adults Partnership Board Business Plan 2013 -2015

Page 72

1.1. To improve the functioning and accountability of the Safeguarding Adults Partnership Board				
OBJECTIVES	LEAD	TIMESCALE	PROGRESS	RAG RATING
Undertake a review of the structure and function of the Board and Sub-groups including appointment of an independent Chair	SAPB Manager	31 st December 2014	<ul style="list-style-type: none"> • Chair appointed • Development day held November 2013 • Subgroup format agreed at December 2013 Board • Papers and draft TOR for Executive presented to March 2014 board meeting 	
Review membership of Wirral Safeguarding Adults Partnership Board to ensure the appropriate representation of key partners and local services	SAPB Manager	31 st March 2014	<ul style="list-style-type: none"> • Subgroup membership addressed, new members sought (February 2014) • To be discussed at 	

			March board meeting	
Implement revised structure with clear lines of reporting and accountability for all sub groups including a schedule of reporting to the board	SAPB Manager	31 st March 2014	<ul style="list-style-type: none"> Revised structure for SAPB subgroups agreed at December 2013 board meeting Discussions held with existing subgroups re new format of SAPB subgroups Draft report template to be presented to board at March 2014 meeting 	
Establish sub groups ensuring the development of individual work plans aligned with the strategic objectives and priorities of the board (Case Review Panel, Performance, Engagement & Communication, Learning & Development)	SAPB Manager	30 th April 2014	<ul style="list-style-type: none"> Revised subgroup structure agreed at December 2013 board Subgroup membership and reporting template to be agreed at March 2014 board meeting to be implemented 1st April 2014 	
Review and implement agreed reporting arrangements to Wirral Health & Wellbeing Board and lines of communication between SAPB and Wirral Community Safety Partnership and Wirral Safeguarding Children's Board	Chair	31 st March 2014	<ul style="list-style-type: none"> Reporting lines agreed at December 2013 board meeting Corporate Safeguarding Manager in post from February 2014 Meeting took place 31st January 2014 between 	

			Independent Chair, Directors of CYPD and DASS, Corporate Safeguarding Manager and the SAPB and LSCB Board Managers to discuss aligned processes for the boards and areas for joint working.	
Develop and implement a Quality Assurance Framework for the board to enable appropriate scrutiny and challenge of all partners work in relation to Safeguarding Adults	Performance Subgroup	30 th June 2014		
Set out budgetary requirements for the Safeguarding Adults Partnership Board, based on current activity, to ensure that agencies and organisations have clarity about proposed contributions and the board has the ability to develop in line with changes in national guidance and legislation	SAPB Manager	30 th June 2014	<ul style="list-style-type: none"> • Best practice sought in relation to other localities and Board funding • Discussions taking place with Corporate Safeguarding Manager re Board funding 	
Consider the LGA / ADASS guidance (due March 2014) from the 'Making Safeguarding Personal' project and ensure the incorporation of recommendations within sub group work plans	Performance subgroup and SAPB Manager	30 th June 2014	<ul style="list-style-type: none"> • MSP locality report submitted to national pilot in February 2014 • Awaiting LGA guidance 	

Consider the DASS Priority reviews into 'Discharge processes from hospital' and 'Adult & Older person's Mental Health services on the Wirral' and ensure recommendations are embedded within the work of board sub groups	SAPB and Subgroup Chairs	31 st March 2014	<ul style="list-style-type: none"> • Reviews undertaken and presented to March 2014 board 	
Participate in a follow up LGA Peer Safeguarding revisit to test out the distance travelled since May 2012	SAPB Manager	Date yet to be agreed	<ul style="list-style-type: none"> • Internal assurance work undertaken in relation to the May 2012 Peer Challenge recommendations 	
Maintain representation and contribution to Multi Agency Public Protection Panels and Multi Agency Risk Assessment Conferences. Providing reports to board as appropriate	SAPB Manager	Ongoing Twice yearly report to board	<ul style="list-style-type: none"> • Report to be presented to the June 2014 board meeting 	
Produce an Annual Business Plan and Annual report in line with 'No Secrets' Guidance		30 th April 2014 & 2015	<ul style="list-style-type: none"> • Business Plan drafted and going for sign off to March 2014 board • Work currently underway on a two year (2012 – 2014) Annual report 	

1.2. To strengthen joint working arrangements between Wirral Safeguarding Adults Partnership Board and Wirral Safeguarding Children Board

ACTION	LEAD	TIMESCALE	PROGRESS	RAG RATING
Ensure a successful transition to the joint Safeguarding Unit from February 2014	Corporate Safeguarding Manager	30 th June 2014		
Establish clear lines of accountability and reporting between lead officers, strategic leads and lead elected members	Corporate safeguarding Manager	30 th June 2014		
Utilise the expertise of the LGA (Cathy Williams) to support the development and implementation of the SAPB within the joint unit	Corporate Safeguarding Manager & SAPB Manager	30 th March 2015		
Identify areas for collaboration between Wirral Safeguarding Adults Partnership Board and Wirral Safeguarding Children's Board in order to maximise resources and impact	Corporate Safeguarding Manager & SAPB Manager	30 th September 2014		
Engage in the development of the Multi-Agency Screening Hub (MASH) and monitor the impact on work	SAPB Manager	Ongoing To 31 st March 2015	<ul style="list-style-type: none"> • Adults pathway for MASH drafted and presented to SLT for decision • SAPB Manager attends fortnightly MASH operations meeting 	

2. To develop a system for the completion of Case Reviews including the dissemination of learning across all Partners

Case Review Panel work plan

ACTION	LEAD	TIMESCALE	PROGRESS	RAG RATING
Review the criteria set for the completion of reviews in line with national guidance	Subgroup Chair & Lead Officer	30 th April 2014		
Develop a clear and robust process for the completion of reviews ensuring consideration of national and regional best practice	Subgroup Chair & Lead Officer	30 th June 2014		
Ensure comprehensive distribution of the revised Case review process to ensure clarity across all partners and services	Subgroup Chair & Lead Officer	Ongoing		
Develop a Learning Improvement Framework for the board to aid the systematic collection of lessons learnt from Case Reviews and dissemination across partners	Subgroup Chair & Lead Officer	31 st May 2014		
Agree an annual schedule of themed 'Deep Dives' in response to identified learning from Case Reviews	Subgroup Chair & Lead Officer	Ongoing		

3. To ensure the workforce is adequately trained in order to undertake their responsibilities in relation to Safeguarding Adults

Training and Development sub group work plan

ACTION	LEAD	TIMESCALE	PROGRESS	RAG RATING
Develop and Launch an Annual Multi-Agency Safeguarding Training Plan that reflects the lessons learnt from national and local Case Reviews and meets the need of the workforce in Wirral	Subgroup Chair & Lead Officer	30 th March 2014		
Explore the development of E-learning training packages	Subgroup Chair & Lead Officer	30 th September 2014		
Produce quarterly reports to the SAPB detailing learning and development activity across the partnership including participation rates by service	Subgroup Chair & Lead Officer	Quarterly		
Undertake an annual evaluation detailing the impact of learning and development on practice. Ensure findings are used to inform the Training plan for the forthcoming year	Subgroup Chair & Lead Officer	31 st January 2014 & 31 st January 2015		
Build capacity to deliver learning and development opportunities across the partnership via a Multi-Agency training pool	Subgroup Chair & Lead Officer	30 th September 2014		

4. To agree and implement a robust Quality Assurance Framework across the partnership for Safeguarding Adults

Performance sub group Work plan

ACTION	LEAD	TIMESCALE	PROGRESS	RAG RATING
Develop and implement a Quality Assurance Framework for the board to enable appropriate scrutiny and challenge of all partners work in relation to Safeguarding Adults	Subgroup Chair & Lead Officer	30 TH June 2014		
Collect and collate a range of data including but not exhaustive of safeguarding alerts, referrals, implementation of thresholds and use of escalation processes on a multi-agency basis.	Subgroup Chair & Lead Officer	March 2014 and quarterly thereafter		
Report to Safeguarding Adults Partnership Board in respect of the above on a quarterly basis	Subgroup Chair & Lead Officer	As above		
Develop Policies and Procedures in line with the needs identified through analysis of performance against key indicators within the QA framework	Subgroup Chair & Lead Officer	30 th March 2015		
Ensure the learning from the 'Making Safeguarding Personal' pilot and resulting guidance from LGA and ADASS	Subgroup Chair & Lead Officer	30 TH June 2014 And Ongoing		

are embedded used to inform the development of practice and wider systems				
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Suggested Task & Finish Groups focussing on specific pieces of work in relation to MCA, Domestic Abuse, Making Safeguarding Personal.

5. To develop a Communication & Engagement strategy for the board to enable effective engagement with all stakeholders and local communities and to raise awareness of the work of the board

Communication & Engagement subgroup Work plan

ACTION	LEAD	TIMESCALE	PROGRESS	RAG RATING
Review and update existing SAPB Communication strategy to include Engagement with all stakeholders	Subgroup Chair & Lead Officer	30 th April 2014		
Develop a quarterly SAPB newsletter for professionals to raise awareness of local, regional and national developments in the safeguarding of adults at risk	Subgroup Chair & Lead Officer	30 th June 2014		
Undertake a mapping exercise to identify existing media platforms within agencies and the potential for providing Safeguarding Adults Partnership Board contributions	Subgroup Chair & Lead Officer	30 th June 2014		
Identify the potential of developing and maintaining a Safeguarding Adults Partnership Board website	Subgroup Chair & Lead Officer	30 th September 2014		
Develop a fit for purpose process for undertaking consultation exercises with stakeholders utilising both existing and new forums	Subgroup Chair & Lead Officer	30 th June 2014		

Updates from Board Partners

Partners have generally submitted one report for both years covered by this annual report. However a couple of partners have submitted a separate report for each year in this section.

Department of Adult Social Services

Working in partnership

Against a backdrop of significant reorganisation and budgetary reductions within Wirral Borough Council, Adult Social Services has maintained its investment in safeguarding adults at risk in Wirral.

The investment has resulted in the establishment of a fully resourced safeguarding team consisting of a manager and three safeguarding officers, to support the board through the development and implementation of effective safeguarding policy and practice across the safeguarding partnership and within Adult Social Care. This team is to work closely with three advanced safeguarding practitioners working within the operational teams; it is also co-located with the Quality Assurance Team for services commissioned by Wirral Council.

The recent Safeguarding Peer review by the Local Government Association is being used as a basis for improving safeguarding activity.

To establish the effective measurement of safeguarding related practice Adult Social Care has reviewed and amended how safeguarding cases are recorded and resolved. In addition the performance sub group has completed two specific audits of safeguarding activity. The first was an audit of sampled complex safeguarding cases and the second was an audit of domestic violence cases affecting victims over the age of 65 years. Both audits illustrated that the commensurate processes were being adhered to and were effective in their application.

The safeguarding team has now been able to ensure there is now consistent and regular attendance within Multi-Agency functions such as Domestic Homicide Reviews; Multi-Agency Public Protection Arrangements; Risk Assessment Conferences for both Domestic Abuse and Hate Crime.

The Critical Incident Review in relation to Adult B has been completed accepted and the recommendations are now being progressed. In March 2013 the Board has decided that there should be a Critical Incident Review in respect of the

death of Adult C, an independent author has been appointed to progress this review.

The Local Authority Designated Officer model for the supervision of allegations made against staff has been adopted by Adult Social Care. Consequently a policy, guidance and training have been designed and implemented to support this approach. Service provider response to this policy has been very positive.

Adult Social Care were approached by the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) and asked to contribute to designing guidance for practitioners who manage the particular challenges of adult safeguarding where it coincides with domestic abuse. On publication Adult Social Care were thanked for their work 'in testing out and advising on the content of the guide during its development.

Safeguarding officers have also developed specific training for social workers and support staff in the 'Essential Pathways' for safeguarding referrals delivered monthly. They also deliver 'Workshops to Raise Awareness of Prevent' (WRAP) to multi-agency groups as part of the government's anti-terrorist strategy.

Safeguarding officers were instrumental in organising safeguarding events during the last year. In May a fire safety event was delivered in conjunction with Merseyside Fire and Rescue Service to providers of residential services on the Wirral, which was very well attended and well received. In February 2013 a Dignity and Safeguarding event was delivered in conjunction with Wirral Old People's Parliament; Age UK and Hilbre High School. The event was based around a number of challenging scenarios and was attended by over 150 people.

Between January and March 2013 the safeguarding team have initiated a review of the SAPB form and function and are planning to facilitate a revised model of the board and its sub groups ahead of the anticipated Care Act 2015.

Safeguarding Training

The former training sub-committee of the SAPB has now been amalgamated with the training sub committee of the Wirral Safeguarding Children's Board, which is chaired by a Senior Business Partner from the Council's Human Resources Department. The composite group is in the process of conducting a training need analysis for training for all those in the safeguarding work and volunteer force. The learning from case reviews is to be core to the content of delivery future learning and development.

Key Achievements

DASS has reviewed and consequently revised the Central Advise and Duty Team processes (CDAT) as the gateway to safeguarding services. Two social

workers are dedicated to the task of receiving and assessing initial safeguarding alerts against redesigned safeguarding thresholds. This has resulted in an effective reduction in the number of safeguarding alerts becoming safeguarding investigations.

Planned Developments for 2014-15

1. To plan and achieve effective and efficient integration with the Wirral Children Safeguarding Board as part of the strategic approach to Safeguarding adopted by Wirral Borough Council.
2. To facilitate the review and implementation of a re-structure of the SAPB and its sub groups in line with LGA/ADASS guidance ahead of the Care Act 2015.

Children and Young Peoples Department (CYPD)

Working in Partnership

The majority of the department's activity involves working closely with a range of partners to improve outcomes for children and families, especially those who are most vulnerable. Partnership working to improve outcomes for children and their families is co-ordinated through the Children's Trust Board which includes representation from across the statutory, community and voluntary sectors. The Director of Children's Services sits on the Children's Trust Board, and is also an influential member of the multi-agency Health and Wellbeing Board and the Wirral Safeguarding Children Board. One of the roles of the latter is to hold the Children's Trust to account for safeguarding the welfare of children and young people across the partnership.

The department is also represented on the Safeguarding Adults Partnership Board and children's and adults co-ordinated working is strengthened by the Board's recent appointment of a single Independent Chair.

Safeguarding Training

The provision of multi-agency safeguarding training is co-ordinated by the Learning and Performance committee which is a sub group of the children's (WSCB) and adult's (SAPB) safeguarding boards. Practitioners and managers from CYPD who deliver services to children and families are expected to attend relevant courses identified from Board and departmental priorities.

In 2012/13 28 different courses were run on behalf of the safeguarding boards. Findings from local and national serious case and critical incident reviews, and from internal and multi-agency practice audits form the basis of the courses offered. In the past 12 months over 1,000 professionals have attended courses on subjects such as neglect, domestic abuse, working together, parental mental health and safeguarding signs and symptoms.

In addition, staffs has regular supervision with their manager and an annual key issues exchange which both include recording of attendance on mandatory training courses and identification of appropriate single and multi-agency courses to attend.

Key Achievements 1st April 2012 to 31st March 2013

The Children and Young People's Department has undergone a large scale restructure and in the future there will be three service areas: Universal, Targeted and Specialist services. The most significant change is in the creation of Targeted Services which follows a clear need identified by the Munro Review of child protection for the department to provide an effective Early help offer to families in need of help and support.

The IFIP (Intensive Family Intervention Programme) 3 year project was launched in early 2012. This is Wirral's response to the troubled families' agenda introduced by the coalition government. Research strongly suggests that 'troubled families' use a disproportionate amount of resources and can cost authorities more than ten times as much as other families. Eligible families are selected against criteria which includes unemployment, children's school attendance and anti-social behaviour. Families are offered intensive support co-ordinated by a key worker with the aim of improving family functioning and building resilience. The IFIP project aims to work with and improved outcomes for 900 identified families in Wirral over the next three years.

Planned Developments for 1st April 2013-31st March 2014

Targeted Services

September 2013 saw the launch of Targeted Services within CYPD. This service was established to co-ordinate all the early help/ intervention and preventative work undertaken within the department and in partnership with other agencies. Three well resourced locality teams have been created and all referrals for support will be sent to the localities through a single gateway. Support for families can be targeted, co-ordinated and monitored through the new Team Around the Family model. By effectively intervening at the earliest opportunity Targeted Services seeks to prevent concerns escalating and needing referral into statutory specialist services.

Multi-Agency Safeguarding Hub (MASH)

Wirral local authority is preparing to establish a Multi-Agency Safeguarding Hub (MASH) in Autumn 2013. The MASH model has been successfully adopted by local authorities across England as a way to support information sharing and timely safeguarding responses for children, vulnerable adults, domestic violence victims and missing people through co-location of key agencies. The Wirral MASH will be located in Moreton and identified agencies who will be co-located there include Children's CADT, Adults CADT, Police FCIU, Health staff, probation, Catch-22 missing/ young runaways team and the Gateway Targeted Services team. Responsibility for managing the day to day running of the MASH will be undertaken by the manager of Children's CADT.

16+ Service

The Child G Serious Case Review (SCR) published in 2013 identified a lack of understanding across agencies of the needs, behaviours and issues of older children and found that the workforce was better skilled at dealing with the needs of younger children. The SCR report included a recommendation for CYPD to consult with partners with a view to creating a specialist 16+ service for young people. Detailed planning for the service is underway and a draft model of the new service will be presented later in the year. A multi-agency training programme to help practitioners manage the needs of older young people will be introduced to support the new service.

Merseyside Police

Working in partnership

Superintendent Richie Davies now has operational responsibility for Wirral Basic Command Unit and represents Merseyside Police at the local Safeguarding Adults partnership board and Executive Committee.

The Wirral Family Crime Investigation Unit (FCIU) headed by the Detective Inspector has a Detective Sergeant, two Detective Constables and a full time administration officer dedicated to dealing with allegations of crime against vulnerable adults. Over the past twelve months the unit has dealt with 159 full referrals.

The Domestic Abuse unit has two Detective Sergeants and eleven Detective Constables supported by an administration team. The officers' work closely with the victim, Wirral Family Safety Unit and other partner agencies to ensure that safeguarding is addressed and offenders are dealt with. Over the past twelve months this unit has received almost 7,000 Vulnerable Persons Referral Forms (VPRF1) for reports / concerns of domestic related incidents. This unit has also dealt with approximately 1,000 crimes of domestic abuse over the last twelve months.

Under the new Police and Crime Commissioner (PCC) for Merseyside; Jane Kennedy, one of the priorities for Superintendent Davies, the FCIU and Merseyside Police will be to focus on maintaining public safety. We will continue working with partners to ensure that victims of crime are confident to report offences and are protected and supported through a streamlined criminal justice process. In line with the PCC, Merseyside Police will put victims of crime at the heart of priorities.

In line with this ethos, the Wirral FCIU Detective Inspector plays an active role in the Multi Agency Risk Assessment Conference (MARAC) for high-risk victims of domestic abuse. As one of the three chairs of the meeting the Detective Inspector ensures the forum is focused on the threat, risk and harm to the victim and their children and ensures that a multi agency safety plan is put in place. This proactive approach is also evident in the Hate MARAC. With agencies taking specific responsibilities it is hoped that repeat victimisation is reduced and the most vulnerable victims and their families are safeguarded.

Policies and procedures have recently been updated to ensure that vulnerable adults and victims are receiving a service fit for purpose. This has included;

- Recent legislation in relation to stalking has now seen an amendment and introduction of the new Stalking and Harassment Policy.

- Forced Marriage and Honour Based Violence has also been amended to include vulnerable adults and falls in line with the Pan - Merseyside policy.
- Section 136 of the Mental Health Act has seen the introduction of the Risk Assessment Tool to determine appropriate Police action within a 'place of safety'.
- Merseyside Police have now adopted the Home Office ACPO definition in relation to Domestic Abuse to include persons from 16 years and above.

Safeguarding Training

Positive action to raise awareness and education has included a Domestic Abuse Education Day. This allowed professionals to come together to learn more about the developments in domestic abuse and have the opportunity to hear from and speak with other agencies about their role and responsibilities and the way forward when dealing with domestic abuse.

Merseyside Police also take an active part in the Domestic Homicide Review (DHR) process and are keen to share and learn from experience and engagement. Supervision from the FCIU regularly share their knowledge on procedure and policy within the Safeguarding multi agency training sessions.

Key Achievements

Merseyside Police has been at the fore of developing the Multi-Agency Safeguarding Hub (MASH). This is set up as a multi-agency response to manage safeguarding of children and adults including those under the 'Troubled Families' definition. It is hoped that agencies working together in the same location will result in an improved sharing of information, improved relations and ultimately lead to more effective safeguarding of the most vulnerable.

Planned Developments for 2011/12

Merseyside Police will continue the work to embed the MASH into everyday working practice. Whilst continuing to develop good relationships with other agencies we will look to see what working practices can be improved to the benefit of the victim.

Merseyside Police

Working in partnership

Superintendent Richie Davies has operational responsibility for Wirral Basic Command Unit and represents Merseyside Police at the local Safeguarding Adults partnership board and Executive Committee. Detective Chief Inspector Tracy Hayes has been appointed as his deputy.

Vulnerable Adult Team

This Unit has been formed under the Family Crime Investigation Unit and has two Detective Constables and a full time administration officer dedicated to

dealing with allegations of crime against vulnerable adults. Over the past twelve months the unit has seen an increase in the amount of referrals into the Unit which has led to several high profile investigations and prosecution being launched. The V.A. Unit team has formed great working relationships within the partnerships and I will highlight the following cases as examples of the work being undertaken by the V.A. Unit and our partners:-

In November 2013 a manager of a nursing home in Wallasey was convicted of neglect of an elderly male resident. The manager received a suspended sentence of 12 months.

The gentleman had fallen out of bed and was taken to hospital having sustained fractured ribs. After treatment the gentleman was discharged back to the nursing home and again he fell out of bed and was returned to hospital where he later died, not as a result of the fall.

An investigation began and it was discovered that the gentleman had been left in an inappropriate bed, which had faulty brakes, even though he was at high risk of falls.

An examination of the care notes revealed falsifications, in an attempt to cover up the poor care of the gentleman. If the appropriate care and equipment had been in place the gentleman is very unlikely to have fallen therefore preventing his injuries.

Due to the professionalism and tenacity of DC Cadden, in joint partnership with Lynne Roberts of the quality and assurance team the successful prosecution of the nursing home manager was achieved. This sent out a positive message to the community that vulnerable adult abuse will not be tolerated.

Another nursing home manager was accused of the financial abuse of three of the residents at the home. The manager was persistently stealing money from the accounts of the residents, which totalled over £5,000. She also destroyed financial records to hide the theft. The lengthy criminal investigation resulted in the manager receiving a four years sentence at court.

Similar cases are due for trial in court later this year.

Community coercion

In early 2013 an Older Peoples Parliament conference took place in Heswall where the subject of vulnerable adult abuse was raised. This incorporated local young students performing short plays depicting an incident of some form of abuse.

Then a panel of professionals from different agencies, including Police Officers from the Vulnerable Adult unit, were asked questions about the agencies roles in

relation to safeguarding adults. The event was a success in sending out the message that vulnerable adult abuse will not be tolerated.

Feedback from the attendees at the meeting was really positive, stating that the event had improved relations between young and elderly and had informed them of what actions they can take if they have any concerns.

Domestic Abuse Unit

The Domestic Abuse unit has two Detective Sergeants and eleven Detective Constables supported by an administration team. The officers' work closely with the victim, Wirral Family Safety Unit (FSU) and other partner agencies to ensure that safeguarding is addressed and offenders are prosecuted.

The Admin staffs that are responsible for the inputting of any incidents involving domestic abuse, vulnerable adults, safeguarding children are now based at the Multi Agency Safeguarding Hub in Moreton, Wirral.

Over the past twelve months this unit has received almost 7,028 Vulnerable Persons Referral Forms (VPRF1) for reports / concerns of domestic related incidents. This unit has also dealt with approximately 1,040 crimes of domestic abuse over the last twelve months. In particular the FCIU experienced an increase in approximately 25 additional D.A. crimes per month in the last quarter - January – March 2014.

The D.A. Unit are achieving excellent results/prosecutions/convictions, some of which emanating from Non molestation orders and Injunctions which are a very valuable tool for the Police and our partners.

The Multi Agency Risk Assessment Conference (MARAC) for high-risk victims of domestic abuse is held once every 2 weeks, and is chaired by the Police, FSU and Health. As one of the three chairs of the meeting the Detective Inspector ensures the forum is focused on the threat, risk and harm to the victim and their children and ensures that a multi agency safety plan is put in place. On average approximately 30 cases are heard during the course of this meeting.

In June 2013 - Operation High Point was launched as a Police led pilot working with approximately 10 couples who are either repeat victims/perpetrators in Neighbourhoods across the Wirral. This pilot was very successful in the reduction of repeat incidents and will soon be rolled out across the Force Area.

This proactive approach is also evident within Hate MARAC where agencies meet on a monthly basis to discuss any repeat victimization or victims who have been targeted as a result of ongoing anti social behaviour.

Policies and procedures have recently been updated to ensure that vulnerable adults and victims are receiving a service fit for purpose. This has included;

- Recent legislation in relation to stalking has now seen an amendment and introduction of the new Stalking and Harassment Policy.
- Forced Marriage and Honour Based Violence has also been amended to include vulnerable adults and falls in line with the Pan - Merseyside policy.
- Section 136 of the Mental Health Act has seen the introduction of the Risk Assessment Tool to determine appropriate Police action within in a 'place of safety'.
- Merseyside Police have now adopted the Home Office ACPO definition in relation to Domestic Abuse to include persons from 16 years and above.

The Police and Crime Commissioner (PCC) for Merseyside - Jane Kennedy, has re-affirmed that our priorities are to reduce crime and anti social behaviour and to continue working with partners to ensure that victims of crime are confident to report offences and are protected and supported through a streamlined criminal justice process. In line with the PCC, Merseyside Police will put victims of crime at the heart of priorities.

Safeguarding Training

Merseyside Police also takes an active part in the Domestic Homicide Review (DHR) process and is keen to share and learn from experience and engagement. Supervision from the FCIU regularly shares their knowledge on procedure and policy within the Safeguarding multi agency training sessions.

Key Achievements

Merseyside Police has been at the fore of developing the Multi-Agency Safeguarding Hub (MASH). This is set up as a multi-agency response to manage the safeguarding of children and adults including those under the 'Troubled Families' definition.

Progress to date

- Information Sharing Agreement almost signed off.
- Health Representative attached for trial period. Further trial period to take place and then possibly full time in future.
- DWP representative now attached 1 day per week.
- I.T. solution in development. We will also be using 'Liquid Logic' (the same as St Helen's and Sefton).
- Progressing role of MFH / CSE co-ordinator into MASH.
- Consideration of expansion of Police Teams into the MASH (ie, FCIU)

The MASH is now at a stage whereby partners are co-located. This has led to a significant improvement in information sharing between agencies. The information sharing agreement is part-signed off and Health and the Family Safety Unit (FSU) will soon join the existing partners. There is a Strategic MASH Inspector based within the unit, who is developing partnerships further. This Inspector has overall responsibility for MAPPAs for all Wirral cases and such oversees the management of offenders who pose significant threat, risk or harm. The Inspector is developing this role further and as such is working to improve

communication between agencies regarding Mental Health and the management of subjects with mental health issues and learning disabilities.

Merseyside Police remain committed to embed the MASH into everyday working practice. Whilst continuing to develop good relationships with other agencies we will look to see what working practices can be improved to the benefit of the victim and safeguarding in general terms.

Planned Developments for 2015/16

The Multi Agency Action Group (MAAG) has recently been set up to bring agencies together to discuss and manage offenders who pose risk, threat or harm. This group compliments the management processes already in place within the BCU. There is a better focus on the safeguarding issues that fall out of significant disputes that occur between gangs / rivals on the BCU and agencies are often performing joint agency visits to achieve better outcomes.

Merseyside Fire & Rescue Service

Working in Partnership

Merseyside Fire and rescue Service has safeguarding policies in place with reporting captured on the internal portal, all reports are vetted by senior managers and if appropriate the issue will be passed to the relevant Local Authority with feedback requested.

All staff should be aware of the policy and have awareness training, however if in any doubt issues will be passed to staff who have had enhanced safeguarding training.

All safeguarding activity is captured albeit we do not have a KPI for safeguarding

We are not a front line safeguarding services, but staff do meet issues and situations during community engagement, referrals or fire fighting activity

MFRS has limited contact with service users, tending to refer direct to social services if deemed necessary

The District Manager and his teams are involved in all cross service boards within Wirral including the LSCB, Safeguarding Boards, The Children's Trust and Health and Well Being

Close relationships across Wirral including Social Care, Community Safety, Housing, Police, etc.

Some ad hoc arrangements but work closely with partners to fund youth engagement and safety initiatives particularly around troubled families, ASB activity, arson and target hardening plus bon fire and Halloween.

Safeguarding Training

All senior managers have received training from an external provider as well as an E learning package which is available, which staff are required to complete.

Additionally, staff in MFRS has access to the learning pool site for additional training.

Key Achievements

Development of a safeguarding team site within MFRS allowing access to policies, service instructions and an e-learning package.

All referrals received have been communicated, recorded and referred to DASS if necessary.

Prevention team within Wirral continue to support the work of Wirral DASS and to protect the more vulnerable members of the community within Wirral.

Planned Developments for (1/4/13 – 31/3/14)

Refinement of policies and service instructions, and perform trend analysis at year end.

Wirral University Teaching Hospital - NHS Foundation Trust

Working in Partnership

Wirral University Teaching Hospital NHS Trust, through investment, continues to demonstrate its commitment to ensuring those patients less able to protect themselves from harm or abuse are protected.

Safeguarding Adults at Risk remains a strategic objective for the Trust. At Board level, our Director of Nursing and Midwifery who has Executive responsibility for Safeguarding, continually promotes through leadership and commitment, a culture that makes safeguarding integral to healthcare delivery. This is demonstrated through the robust assurance mechanisms in place, ensuring systems and processes that support safeguarding are connected and aligned.

The benefits of multi-agency partnership working remains an integral part of the role of the Safeguarding Team and again this commitment is demonstrated through the Teams representation at both the Safeguarding Adults Partnership Board (SAPB), all sub-committees to the SAPB and other related Boards, committees and panels i.e. Wirral Safeguarding Children's Board (WSCB), Wirral Multi Agency Risk Assessment Conference (MARAC) and Wirral Domestic Homicide Review Board (DHR). Indeed WUTH currently Chair MARAC and the SAPB MCA Sub-committee.

The Safeguarding Adults Team, through its operational role continues to provide a valuable contribution to the multi-agency response to safeguarding through its prompt identification, referral through multi agency procedures of safeguarding concerns and subsequent investigation and protection plan development.

As the Safeguarding Team also hold the responsibility for providing expert guidance to Trust staff in respect to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) 2007 considerable resources have been committed to ensuring the most vulnerable adults are empowered to make decisions for themselves and where appropriate protected from harm.

Through appropriate multi-agency planning over this year the transfer of supervisory body status for DoLS authorisations from the Wirral Community Trust to Wirral Department of Adult Social Services has not impacted on ensuring compliance with legislation. This can be demonstrated in the activity over the last year with 26 DoLS applications being made by the Safeguarding Team of which 12 resulted in a full deprivation of liberty.

Again in recognising the benefits of collaboration the Safeguarding Adults Team through its investment in having three Best Interest Assessors for DoLS regularly provide guidance and support to Police, Adult Social Services and Primary Care,

including GP practices in respect to interpreting the MCA 2005 and enacting DoLS.

In preparation of the Health and Social Care Bill, which reaffirms the intention to legislate in the critical area of Adult Safeguarding, specifically placing Safeguarding Adults Boards on a statutory footing and identifying the Local Authority as the lead agency for co-ordinating all safeguarding investigations. It was agreed that the Safeguarding Team would no longer lead or co-ordinate all safeguarding cases that relate to patients in our Trust and this responsibility would be given to the Local Authority.

In January 2013, following agreement with the Local Authority a decision was made to revert back on a temporary basis to the Trust Safeguarding Team co-ordinating all alerts and investigations relating to patients admitted to the Trust. No changes were made to the involvement of external agencies or adherence to jointly approved timescales or outcomes. This was based on a number of concerns raised both internally and by external agencies relating to the timely response and co-ordination of investigations.

Following extensive collaborate working between the Safeguarding Team and the Local Authority it was agreed in March 2013 that the Local Authority would resume their role as lead agency for safeguarding adults.

Also this year saw the embedding of the multi-agency policy specific to 'Managing Allegations against Staff, Volunteers and Adult Placement Carers who work with Adults' into Trust proactive. This approved document is designed to ensure transparency in the management of alleged perpetrators who are staff, volunteer or Adult Placement Carers working with Adults at Risk.

Safeguarding Training

Level 1 – Basic Awareness

In accordance with statutory and best practice guidance the training pack including Safeguarding Adults Level 1 was reviewed this year and updated. Following the review all Trust staff were sent the updated training pack. In light of this we remain **100%** compliant with Level 1 Safeguarding Adults Training requirements.

Level 2 Safeguarding Vulnerable Adults Training

For April 2012- March 2013 our overall Trust Level 2 training compliance is **26.44%** although this compliance is not a statutory requirement as of yet. This is a reduction from the **50.20%** compliance in 2011-12.

This reduction has been reviewed and an action plan approved which is being monitored via the Trust Assurance structure

Mental Capacity Act Training

The Safeguarding Team continues to provide regular training in accordance with the relevant training strategy in respect to the Mental Capacity Act and Deprivation of Liberty Safeguards legislation. This strategy focuses on those decisions related to Healthcare treatment is designed to ensure all Trust staff understand the implications of the legislation on their practice.

Assurance is also provided through this strategy to external examiners, relevant bodies and commissioners that the Trust is providing a learning and development programme that is sufficient to equip staff with the necessary knowledge and skills to comply with their statutory and professional duties.

To reassure the patients and public, that all WUTH staff are fulfilling their responsibilities and obligations to adults who may lack the capacity to make their own best interests decisions and are continuously working towards an improved experience.

From April 2012- April 2013, **132** essential clinical staff have been trained.

Key Achievements

PREVENT

Following the increase in terrorist groups targeting vulnerable adults seeking to radicalise and recruit them to their cause, a national counter-terrorism strategy to stop people becoming terrorists or supporting terrorism called 'Prevent' has now been embedded within the Trust Safeguarding Training programme and Policy. This strategy is being led jointly by the Home Office and the Department of Health (DoH). WUTH have three DoH approved trainers for PREVENT to implement this Strategy across the organisation.

ALERTS

In the past 12 months there has been a significant rise (112%) in alerts received by the Adult Protection Team (511). Using the joint agency referral thresholds a large number of these have been identified as not requiring investigation and have been signposted to other routes of support.

Contributory factors to this rise are the continued awareness training provided to all trust staff on the identification and recognition of abuse and greater intra-speciality referrals between Domestic Abuse, Child Protection and Adult Protection. Also of note are the changes made to the communication structure between Adult Social Services, Central Advice and Duty Team (CADT) and the Trust Safeguarding Team. On receipt of an alert CADT make direct contact with the Trust Adult Protection Team facilitating a prompt response in gathering the required information to apply the threshold for referral as well as ensuring immediate protection if required.

EXTERNAL INSPECTION

All NHS Providers are expected to provide assurance of compliance with Safeguarding Standards set out by the Clinical Commissioning Group (CCG). This is monitored through the Audit Tool and for each standard, the provision of evidence to show compliance.

Whilst the Care Quality Commissions (CQC) unannounced inspection in February showed the Trust was compliant with the required standard for safeguarding people who access Acute Care, they did identify a need to improve the visibility of the Team and as such the recommendation was to move the Safeguarding Team to a corporate position within the Trust in order to raise the team profile. This action has now been completed.

Planned Developments

External Audit

Following on from the CQC inspection an external audit of the Safeguarding Team will be arranged to identify areas of improvement.

Governance review

Following internal review the integration between the established Trust Clinical Governance arrangements and Safeguarding will be reviewed. This will provide further assurance to the Trust Board and external bodies.

Prevent roll out

To complete a training strategy and commence training to Trust staff

Wirral University Teaching Hospital NHS Foundation Trust – Safeguarding Team Adult Protection and Mental Capacity Act/Deprivation of Liberty Safeguards

Working in Partnership

In the past 12 months there have been 464 safeguarding adults alerts received by the Adult Protection Team and been involved in 11 cases this year involving staff members under the 'Managing Allegations against Staff, Volunteers and Adult Placement Carers who work with Adults' policy.

This multi-agency approved document is designed to ensure transparency in the management of alleged perpetrators who are staff working with Adults at Risk and incorporates close working relations with the ALADO.

Whilst the Lead Nurse for Safeguarding sits on the Safeguarding Adults Board, both the Named Nurses for Adult Protection are members of all sub groups following the restructure of the SAPB.

Named nurses continue to work in partnership with the local authority localities and the Integrated Discharge Team regarding referrals received for vulnerable adults whilst admitted to the hospital.

Key Achievements 1st April 2013 to 31st March 2014.

This year has seen the development and introduction of the Safeguarding Adults Operational Group within WUTH. This was following a Care Quality Commission inspection, which recommended Safeguarding Services have a more prominent position within the organisation. This led onto a complete top to bottom review of the internal governance arrangements that existed within the Trust relating to safeguarding those at risk of abuse.

This group ensures that the Safeguarding Strategic Group (SSG) is provided with a high level of assurance that Safeguarding within our Trust is compliant with existing and future statutory legislation plus external monitoring arrangements.

The meeting is chaired by the Named Nurse for Adult Protection and has representation from Quality and Safety, Human Resources, Learning and development, Security, Psychiatric services and divisional clinical representation.

The review also identified a requirement to strengthen communication between Safeguarding and Quality and Safety. In response, the agreed mechanisms that are now in place provide a greater level of assurance and transparency both internally and externally with multi-agency partners thereby improving our ability to continue to respond effectively and demonstrate accountability.

Safeguarding Training

All staff receive Level 1 Mandatory Safeguarding training which includes Adult Protection, Mental Capacity Act (MCA) / Deprivation of Liberty Safeguards (DoLs), Child Protection, Domestic Abuse and Behaviour Management. A further Level 2 training is offered to staff that are clinically based regarding Adult Protection and MCA/DoLs. Level 2 training is also offered as part of the multi agency prospectus and all staff are made aware of partner agency training availability.

Additionally Level 3 MCA training is required for staff that completes MCA assessments. This is provided on a 1:1 basis by the Named Nurses for Adult Protection.

Planned Developments for 1st April 2014-31st March 2015

On the 19th March 2014 the Supreme Court overturned the judgement of the Court of Appeal in respect of the case of P v Cheshire West and Chester Council and P and Q v Surrey County Council. Whilst the legal implications of the judgment on the identification of deprivations of liberty are still in the process of being fully comprehended the implications of the ruling and the impact on the Trust are yet to be clarified. The effect of this change in test is that a much greater number of patients admitted to the Trust are now seen as being deprived of their liberty and by law must now be assessed under the DoLs procedure. A consequence of not assessing a person known to be deprived of their liberty is that their Human Rights under Article 5 of the European Committee Human Rights.

In addition the House of Lords committee has recently considered the effectiveness of the Mental Capacity Act and Deprivation of Liberty Safeguards and has recommended that the government replace the DoLs regime. However there is no indication as yet as to how this may be done and the current requirements must be complied with. Clearly a considerable administrative and operational burden will be placed on the Trust as a Managing Authority. The Safeguarding Team will continue to work in collaboration with the Supervisory Body and the Clinical Commissioning Group in negotiating a strategy on how best to move forward pending national guidance.

Until further clarification has been established we cannot foresee what the full impact will be for our Trust.

We are still waiting for the introduction of the Care Bill which has been heard in the House of Commons and will now return to the House of Lords for consideration of amendments. Clauses 33-37 have regard to 'Keeping people Safe' following Royal assent this will then provide legislation regarding the abuse and neglect of a vulnerable adult. The Safeguarding team continue to work closely with both the CCG and the Safeguarding Adults Partnership Board in ensuring the Trust is prepared for the passing of the legislation.

Wirral Community NHS Trust

Working in Partnership

Wirral Community NHS Trust maintains its commitment to ensuring that all staff is aware of their role in relation to safeguarding vulnerable children and adults.

The Safeguarding Service continues to provide a comprehensive proactive service, which is responsive to the needs of staff and patients and is committed to the promotion of safeguarding within everyday practice.

The Safeguarding Service ensures that all statutory functions are fulfilled and that a best practice approach is taken in relation to guidance documents, thereby equipping the workforce to undertake their duties and fulfil personal and organisational responsibilities with regards to safeguarding the public and patients.

The areas of Safeguarding which Wirral Community NHS Trust provides are as follows:-

Safeguarding Adults (Adult Protection)
Mental Capacity Act (MCA)/Deprivation of Liberty Safeguards (DOLS)
Safeguarding Children (Child Protection)
Looked After Children (LAC)
Domestic Abuse (Multi Agency risk Assessment Committee)
MAPPA (Multi Agency Public Protection Arrangements)

The Executive Lead for Safeguarding for Wirral Community NHS Trust is the Director of Quality & Governance. This ensures that Safeguarding is recognised as a key organisational priority and is embedded from corporate level and across the organisation so as to continue to provide leadership across all areas of service provision.

The Safeguarding Service continued to meet all statutory requirements functions during the reporting period 01 April 2012 - 31 March 2013. Staff have responded positively and promptly to ongoing changes in partner agency processes and partnership working has been maintained through a period of significant change.

All safeguarding staff are encouraged to network with their peers (locally, regionally and nationally) and actively attend and participate in Local Authority committees, sub groups and working parties relevant to their area of responsibility.

Safeguarding Training

- Wirral Community NHS Trust staff are required to attend safeguarding training on a mandatory basis relevant to their area of service provision.
- Safeguarding training package for non-clinical staff introduced via Essential Learning programme.

- During the reporting period 01 April 2012 – 31 March 2013 staff have been identified as “MCA Champions” and have worked with lead staff from the Safeguarding Service in relation to delivering a training package to reinforce staff and organisational responsibilities as identified in the Mental Capacity Act. The training programme also includes case studies regarding capacity and consent.

Key Achievements

- Root Cause Analysis (RCA) approach used to investigate incidents reported which had a safeguarding element (relating to adults or children). This approach has proven useful when compiling chronology information as part of a Serious Case Review.
- Staff have been supported to make referrals via the updated DASS processes and encouraged to give feedback regarding the DASS processes and internal organisational processes in order to inform future updates to policies and processes.
- The Safeguarding Service continues to provide core functions in an area of work which is constantly changing from not only a local but also national perspective. Changes in the remit of partner agencies has a significant impact on how the services meets its objectives, and, to date, all demands for input in multi-agency processes have been met within timescales and the core business has not been affected.
- Supervisory Body responsibilities in relation to Deprivation Of Liberty Safeguards (DOLS) authorisation were met within timescales and the responsibility for authorisations was successfully handed over to the Local Authority on 01 April 2013.

Planned Developments for 2011/12

- A planned programme of “learning from experience” events will be compiled. The aim of the events will be to share learning from incidents which have been reported (incidents, near misses, serious case reviews) and to reiterate the common issues which are highlighted when both safeguarding adults and safeguarding children issues/referrals are investigated. This will reinforce the Essential Learning approach to training whereby practitioners are encouraged to take into account all members of a household when considering abuse as opposed to the focus being on the person who is directly on their caseload.
- Work will continue to embed safeguarding in all aspects of services contracted and delivered by the organisation.
- Work will continue to ensure that the organisation responds to legislative requirements and best practice approaches to safeguarding.
- The organisation will continue to work with partner agencies to promote the safeguarding adults agenda.

Wirral Community NHS Trust

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Wirral Community NHS Trust maintains its commitment to ensuring that all staff are aware of their role in relation to safeguarding vulnerable children and adults.

The Safeguarding Service continues to provide a comprehensive proactive service, which is responsive to the needs of staff and patients and is committed to the promotion of safeguarding within everyday practice.

The Safeguarding Service ensures that all statutory functions are fulfilled and that a best practice approach is taken in relation to guidance documents, thereby equipping the workforce to undertake their duties and fulfil personal and organisational responsibilities with regards to safeguarding the public and patients.

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- Safeguarding Children (Child Protection)
- Looked After Children (LAC)
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- MAPPA (Multi Agency Public Protection Arrangements)

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The Safeguarding Service continued to meet all statutory requirements functions during the reporting period 01 April 2013 - 31 March 2014. Staff have responded positively and promptly to ongoing changes in partner agency processes and partnership working has been maintained through a period of significant change.

All safeguarding staff are encouraged to network with their peers (locally, regionally and nationally) and actively attend and participate in Local Authority committees, sub groups/task and finish groups relevant to their area of responsibility.

Safeguarding Training

- Wirral Community NHS Trust staff are required to attend safeguarding training on a mandatory basis relevant to their area of service provision.
- Safeguarding training package for non-clinical staff introduced via Essential Learning programme.

Key Achievements 1st April 2013 to 31st March 2014

- Root Cause Analysis (RCA) approach used to investigate incidents reported which had a safeguarding element (relating to adults or children). This approach has proven useful when compiling chronology information as part of a Serious Case Review.
- Staff have been supported to make referrals via the updated DASS processes and encouraged to give feedback regarding the DASS processes and internal organisational processes in order to inform future updates to policies and processes.
- The Safeguarding Service continues to provide core functions in an area of work which is constantly changing from not only a local but also national perspective. Changes in the remit of partner agencies has a significant impact on how the services meets its objectives, and, to date, all demands for input in multi-agency processes have been met within timescales and the core business has not been affected.
- Safeguarding adults “surgeries” have been hosted by Safeguarding Adults Practitioners at various bases across the organisation. The surgery sessions are intended to enable staff to share their experiences regarding safeguarding processes, use of policies/processes and how their personal practice can be improved.
- Learning from experience has been discussed via Wirral Community NHS Trust Safeguarding Group. Incidents have been discussed and wider learning incorporated into practice.

Planned Developments for 1st April 2014 - 31st March 2015

- A planned programme of “learning from experience” events will be compiled. The aim of the events will be to share learning from incidents which have been reported (incidents, near misses, serious case reviews) and to reiterate the common issues which are highlighted when both safeguarding adults and safeguarding children issues/referrals are investigated. This will reinforce the Essential Learning approach to training whereby practitioners are encouraged to take into account all members of a household when considering abuse as opposed to the focus being on the person who is directly on their caseload.
- E-Learning packages for Level 1 and Level 2 Safeguarding will form part of the organisation mandatory learning matrix.
- Work will continue to embed safeguarding in all aspects of services contracted and delivered by the organisation.
- Work will continue to ensure that the organisation responds to legislative requirements and best practice approaches to safeguarding.
- The organisation will continue to work with partner agencies to promote the safeguarding adults agenda.

Cheshire and Wirral Partnership- NHS Foundation Trust

Working Together

Cheshire and Wirral Partnership NHS Foundation Trust (CWP), provides a range of health services across Wirral, including mental health services for adults and children, drug and alcohol services.

In supporting partnership working across the local authority, during April 2011- March 2012, CWP was actively involved & represented on the multi-agency groups as detailed in Table 1.

Wirral LSAB	General Manager / Associate Director of Nursing and Therapies (Physical health)
Performance and audit Sub group	Nurse Specialist for Safeguarding Adults
Serious Case Review	Lead Nurse Safeguarding Adults
PPP	Lead Nurse Safeguarding Adults
Learning & Development	Lead Nurse Safeguarding Adults
MCA	Nurse Specialist for Safeguarding Adult

The Trustwide Safeguarding Group is chaired by the Director of Nursing, Therapies and Patient Partnership. The Trustwide Safeguarding Group is responsible for overseeing the Trust's responsibilities to the adult and children safeguarding agenda, monitoring and reviewing action plans, safeguarding training, safeguarding policies and audits. It also reviews the work of its constituent Local Safeguarding Children Boards and Local Safeguarding Adult Boards.

Safeguarding Training

Safeguarding training is mandatory for all staff. There are 2 levels of training delivered in relation to Safeguarding adults, Level 1 for all staff and Level 2 which is for all clinical staff. The safeguarding adult nurses facilitate the delivery of this course. Compliance with this within the Wirral locality was at 31/3/2013 80% action plans are in place to improve this figure.

The Safeguarding Adult Policy has formally introduced the principle of case specific safeguarding adult supervision for complex cases. This is offered on an ad-hoc basis by safeguarding adult nurses to clinical staff. Data is being collated to state how often this had been delivered.

Key Achievements

During the year CWP increased the Nurse Specialist Safeguarding Adult capacity from 2.0 to 2.5 whole time equivalent. This was in response to the increase in number and diversity of services offered by the Trust, and to respond to the needs of staff in offering timely advice and support on safeguarding adult issues.

The Domestic Abuse Safeguarding Practitioner role is to ensure there is effective information sharing between CWP and the Multi Agency Risk Assessment Conference (MARAC), to assist in managing risks posed by domestic abuse to victims including children.

The nurse specialists provide advice and support, safeguarding supervision to clinical staff as well as designing and delivering safeguarding training and ensuring policies and procedures are followed.

The effectiveness of the Trusts' Safeguarding Adult Policy was audited and the key findings were:

- Contact with Social Care was made the same day as the risk was identified in 27/65 (42%) of cases and within 1 day in a further 22% of cases.
- Compliance with recording who made contact with social care, and when, was 82% and 75% respectively.
- There was evidence that the Safeguarding team were being notified of the referral in 82% of cases
- In 8 domestic abuse cases an alert had not been appropriately added to the record
- 19/29 managers who responded had attended the higher level training for managing the Safeguarding process.

The adult safeguarding database was internally reviewed and upgraded to collate and triangulate date information more effectively; the database will go 'live' in July 2013. An internal audit by the Safeguarding Team will be undertaken in 6 months to review its effectiveness.

A Review of the effectiveness of safeguarding training was undertaken; amendments to the current training will take into account the results of this audit and be implemented during 2013/14

The Trust response to the domestic abuse agenda was reviewed and lessons learnt incorporated into the safeguarding training and the safeguarding adults' policy. The specialist nurse for Domestic abuse is also collating data information in to MARAC activity within CWP and outcomes will be monitored via the newly formed MARAC representatives steering group.

The Trust has developed a safeguarding strategy which is in the final stages of consultation and will be launched in the autumn of 2013.

Planned Developments

Review the current safeguarding governance arrangements to support the restructure of the service delivery within the Trust.

Audit the effectiveness of the safeguarding adult database

Audit the impact of e-learning on training uptake

Review and revise the Safeguarding training content

Maintain a minimum of 80% compliance across the Trust and increase to 85% for level 2

Audit the uptake of safeguarding adult supervision.

Cheshire and Wirral Partnership- NHS Foundation Trust

Working in Partnership

Cheshire and Wirral Partnership NHS Foundation Trust (CWP), provides a range of health services across Wirral, including mental health services for adults and children, drug and alcohol services.

In supporting partnership working across the local authority, during April 2013-March 2014, CWP was actively involved & represented on the multi-agency groups as detailed in Table 1.

Wirral SAPB	Associate Director of Nursing and Therapies (Physical health) /
Performance and Audit Sub group	Nurse Specialist for Safeguarding Adults
Serious Case Review	Lead Nurse Safeguarding Adults
PPP	Lead Nurse Safeguarding Adults
Learning & Development	Lead Nurse Safeguarding Adults

Table 1: CWP representation on SAPB Board and sub groups.

The Trustwide Safeguarding group, chaired by the Executive Director of Nursing & Therapies, is a sub-committee of the Quality Committee which reports directly to the Trust Board. The Trustwide Safeguarding Sub-committee is responsible for overseeing the Trust's responsibilities to the adult and children safeguarding agenda, monitoring and reviewing action plans, safeguarding training, safeguarding policies and audits. It also reviews the work of its constituent Local Safeguarding Children Boards and Local Safeguarding Adult Boards.

Each locality has a safeguarding operational group established and is chaired by the General Manager. The Trustwide Safeguarding Sub - committee holds the Safeguarding Operational Groups to account

Safeguarding Training

Safeguarding family training (which encompasses both adults and children safeguarding) is mandatory for all staff. There are 2 levels of training delivered

in relation to Safeguarding family; Level 1 for all staff and Level 2 which is for all clinical staff. The Nurse Specialists for Safeguarding facilitate the delivery of these courses.

Training attendance and compliance is monitored by the Trustwide Safeguarding Sub Committee. The Trust has consistently achieved a compliance rate of above 80% throughout the year, with the year ending with 89%.

CWP Safeguarding Team hosted the Level 3 Honour Based Abuse/ Force Marriage Conference which was a success and well attended.

Key Achievements 1st April 2012 to 31st March 2013

CWP have launched a Safeguarding Strategy for the organisation and this strategy has demonstrated and embedded CWP commitment to the Safeguarding Agenda.

To help to drive this agenda, CWP Director of Nursing, Therapies and Patient Partnerships has Board responsibilities for Safeguarding. CWP has an integrated Safeguarding Department which has a team of Nurse Specialists (adults and/or children) led by the Named/ Head of Safeguarding which supports the organisation and staff in delivering the safeguarding agenda.

The nurse specialists provide advice and support, safeguarding supervision to clinical staff as well as designing and delivering safeguarding training and ensuring policies and procedures are followed. The safeguarding team also attend and on occasions chair multi agency strategy meetings.

All the Nurse Specialists working in Safeguarding are all accredited safeguarding supervisors, with a number either completed or currently undertaking Masters.

The Trust response to the domestic abuse agenda was reviewed and lessons learnt incorporated into the safeguarding training and the safeguarding adults' policy. CWP continue to be actively involved in MARAC and the Domestic Homicide Review Panels.

CWP have actively participated in multi-agency audits and reviews. There continues to be commitment to MAPPA processes from CWP.

The Trust has responded to the Hate MARAC conference meetings as appropriate. The Trust safeguarding team have supported the co-ordination of the information sharing process.

The Trust has had PREVENT trainers trained and the PREVENT training is beginning to be rolled out across the Trust.

Planned Developments for 1st April 2014 – 31st March 2015

- Implement the 'E' learning level 2 Safeguarding Training
- Develop and deliver bespoke safeguarding training

- Maintain the safeguarding training compliance rate above the minimum rate of 80%
- Continue with the safeguarding audit programme

North West Ambulance Service

Working Together

NWAS works across the North West of England and interfaces with a total of 46 Safeguarding Boards. NWAS works in partnership with a wide range of organisations and contributes to a significant number of Adult Reviews and Domestic Homicide Reviews.

Safeguarding Training

- Mandatory training has been updated for corporate staff and for hands on clinical staff and call takers. The uptake of mandatory safeguarding training for both adults and children is high and monitored via a monthly dashboard of compliance by the Trust Commissioner (Blackpool CCG). Staff in the call centres have received additional training as they handle a lot of information relating to safeguarding adults and children.
- Senior Clinicians are accessing multi-agency training when possible and it is hoped that uptake will expand with enhanced Board engagement.

Key Achievements 1st April 2012 to 31st March 2013.

- The Safeguarding Vulnerable Persons Policy and Procedure and the Sudden Unexpected Death of Children Procedure (SUDC) were updated to reflect lessons learned from Serious Case Reviews. The implementation of Safeguarding Procedures is monitored and compliance is reported as a series of Clinical Safety (Quality) Indicators.
- Clinical Safety Indicators (audits) for safeguarding have expanded to include patients with learning disability, mental health problems and domestic abuse for both adults and children and are reported to the Trust Board.
- A Dementia Strategy Group has been working together to; raise awareness of issues for patients with dementia, develop e-learning and improve care. This work will progress into 2013-2014.
- Funding has been secured for a two year Mental Health Project (2013-2015) which aims to develop pathways, develop training and improve outcomes for patients accessing pre-hospital emergency care.
- Funding has also been secured for a project which will address patients who are frequent callers to the Trust. A number of staff have been appointed to this project.
- Mandatory training has been updated for corporate staff and for hands on clinical staff and call takers. The uptake of mandatory safeguarding training for both adults and children is high and monitored via a monthly dashboard of compliance by the Trust Commissioner (Blackpool CCG). Staff in the call centres have received additional training as they handle a lot of information relating to safeguarding adults and children.
- Senior Clinicians are accessing multi-agency training when possible and it is hoped that uptake will expand with enhanced Board engagement.

Planned Developments for 1st April 2013-31st March 2014

- Engagement with all the LSCB's and LSAB's is a challenge for a

regional service and NWS is working on a model of local engagement which will meet the needs of both the Trust and the Boards (23 LSAB's and 23 LSCB's). This development work is progressing through 2013-2014.

- Safeguarding supervision will be implemented utilising the Advanced Paramedic Leadership structure. This will strengthen supervision and will reflect practice arrangements currently in place.
- ERISS is the Electronic Referral Information Sharing System which is a bespoke web-based system being implemented to share safeguarding referral information as well as information for a number of other care pathways (falls and diabetes etc.) The system is secure and provides a number of functions aimed to be helpful for Children and Adult Social Care departments. This system will be introduced for Safeguarding during 2013-2014.

Voluntary and Community Action Wirral (VCAW)

Working Together

VCA Wirral is committed to working in partnership with the voluntary, community, faith, public and private sectors in Wirral and across Merseyside. This year we have strengthened our partnership with Wirral Metropolitan College via a team away day where we discussed the opportunities for joint working. VCA Wirral has also worked closely with various departments within Wirral Council, rolling out awareness of the contract held to deliver infrastructure support to the sector. This area of work has also been strengthened by leading a new infrastructure alliance for Wirral bringing the skills and expertise of Merseyside organisations to Wirral, funded by Big Lottery. New health structures have provided further opportunity for VCA Wirral to work with Wirral Clinical Commissioning Group to support engagement and grant administration for both WCCG and Public Health.

Safeguarding Training

Staff and volunteers have been undertaking safeguarding training and we have also promoted the need for regular training updates to the sector.

Key Achievements 1st April 2012 to 31st March 2013.

- VCA Wirral designed and supported the transition arrangements for LINK to Healthwatch Wirral CIC
- Secured a three year contract with Wirral Council to provide infrastructure support to Wirral's voluntary, community and faith sector
- Distributed over £400,000 of funding to the sector on behalf of public health
- Helped over 250 people to find and access volunteering
- Created an Infrastructure Alliance for Wirral
- Job descriptions within VCA Wirral all refer to use of Wirral's multi-agency safeguarding policy and protocols

Planned Developments for 1st April 2013-31st March 2014

- Further joint working to utilise resources better, for example VCA Wirral will deliver and assess the Level 3 Diploma in Volunteer Management on behalf of Wirral Met College.
- Aligning VCA Wirral's health promotion calendar to Wirral Community Trust to create stronger messages with more impact
- Implement a health and wellbeing policy within VCA Wirral for staff and volunteers, this includes becoming Smokefree
- Conduct skills audit and build "charged for" services around staff competencies
- Hold a Development Day for staff and Trustees to plan for the next financial year and beyond.

NHS Wirral Clinical Commissioning Group (CCG)

Working Together

Commissioners have responsibilities for the commission of high quality health care for all patients within their population. With particular duties to those who are less able to protect themselves. These responsibilities will have continued with the implementation of the health reforms and the establishment of the National Commissioning Board (NCB) and Clinical Commissioning Groups (CCGs).

Within the guidance: Arrangements to secure children's and adults' safeguarding in the new NHS (Sept 2012):

The responsibility for safeguarding now sits with the new National Commissioning Board with a new accountability and assurance framework that aims to:

- Promote Partnerships working to safeguarding children, young people and adults at risk of abuse, at both strategic and operational levels.
- Clarify NHS Roles and responsibilities for safeguarding including in relation to education and training.
- Provide a shared understanding of how the new system will operate and, in particular, how it will be held to account both locally and nationally.
- Ensure professional leadership and expertise is retained in the NHS, including the continuing key role of designated and named professionals for safeguarding children.
- Outline a series of principles and ways of working that are equally applicable to the safeguarding of children and young people and of adults in vulnerable situations, recognising that safeguarding is everybody's business.

Although the framework focuses on the statutory requirements to safeguard children, the same key principles will apply in relation to arrangements to safeguard adults.

Safeguarding Training

Safeguarding Children and Adults Training guidance pack introduced for GP Practices.

Key Achievements 1st April 2012 to 31st March 2013.

Wirral Clinical Commissioning Group (WCCG) has introduced the role of Designated Nurse for Safeguarding Adults.

A policy of safeguarding supervision is now in place for all safeguarding practitioners in our provider organisations.

The introduction and monitoring of safeguarding frameworks, in all our main provider contracts

Planned Developments for 1st April 2013-31st March 2014

The appointment by WCCG of a designated doctor for safeguarding adults

The co-ordination of our main providers' commitment to the multi-agency safeguarding hub (MASH)

The introduction and monitoring of safeguarding frameworks in all other provider contracts with whom WCCG commission services

Local Involvement Network (LINK)

Working Together

LINK, an independent organisation working in partnership with local & national bodies, works with members of the public/ community to represent their views to commissioners of local health /social care services, independent regulators & service providers.

Main partners: DASS (Contracts & Safeguarding Teams); Wirral University Teaching Hospital NHS Foundation Trust; NHS Wirral; Clatterbridge Cancer Centre ; Cheshire & Wirral Partnership; Merseyside Fire & Rescue; Older Peoples Parliament; Wirral Multicultural Organisation; Health & Well Being Board; Overview and Scrutiny Committee; Care Quality Commission & regional LINKs.

Safeguarding Training

Ongoing training for Enter and View volunteers by way of informal talks and discussions has continued during the year.

Conflict Resolution Training with C&WPT.

Key Achievements 1st April 2012 to 31st March 2013.

SAPB Members Self Assessment

Involved in self evaluation process, resulting in an action plan.

Misconceptions of the Liverpool Care Pathway

In response to general concern about the Liverpool Care Pathway, LINK organised an event with keynote speakers to explain the Liverpool Care Pathway. Attended by over 100 people, it was a lively and thought-provoking event. Following a later public consultation, the government announced that the care pathway is to be phased out

Response to the Francis Report

A LINK Task and Finish Group discussed the Francis Report in response to a request from the OSC. The conclusion was that Wirral had a different relationship to that of Stafford LINK, as Wirral LINK felt that it could be a confident “critical friend” due to the history of co-operation from statutory partners if recommendations were made.

Discharge Survey

LINK carried out a survey to monitor how well the improvements made by WUTH to their discharge process had corrected problems revealed by previous surveys, one by the Older People’s Parliament who also helped to devise the survey. A 22% response rate was achieved from the 600 questionnaires sent out to a random 10% sample of all patients discharged over a 6 month period, before December 2012. All anonymous responses, were returned to LINK, analysed and results published in March 2013. There

were no obvious safeguarding issues raised. However, there were 3 conclusions and recommendations; that after-hours provision of discharge coordination support should be reviewed to match the urgent after-hours patient discharge; that there should be a reduction in the waiting time for medication in the discharge lounge and consideration should be given to increased storage for medication on wards in order to facilitate ordering in good time. Kaizen [continuous improvement] development in discharge planning should be extended, particularly in wards most affected by discharge planning issues and to cover urgent after-hours discharges.

Enter and View [April 2012 – Feb 2013]

In accordance with The Local Government and Public Involvement in Health Act 2007, LINK has the power to enter and view care services by NHS Trusts, NHS Foundation Trust including all state fund Health and Social Care, Primary Care Trusts, Local Authorities, Primary Medical Services [GP Commissioning Groups from April 2013], Primary Dental Services, Primary Ophthalmic Services, Pharmaceutical Services and bodies or institutions which are contracted by local authorities to NHS Trusts, PCTs or Strategic Health Authorities to provide care services.

The Enter & View reports are in the public domain for the 38 residential & nursing homes, 19 hospital wards and clinics visited during the period 9.3.11 to 7.2.13. In February 2013, there were a further 11 care homes identified to be visited, as well as 3 hospital departments, all of which [and more] will be visited when Healthwatch Wirral resumes this programme.

All Enter & View Check lists and published reports now include the following:
"Enter and View visits are conducted in a way that works in accordance with Wirral Safeguarding Adults Partnership Board's principles and procedures. Information will be shared accordingly in order to safeguard adults at risk on Wirral and promote quality of local services."

Concerns, when raised, have been addressed by LINK researching and evidencing the need for Enter & View activity. LINK has also exercised its right to receive a FOI response within 20 working days from statutory services.

Planned Developments for 1st April 2013-31st March 2014

- Training programme for 19 Enter and View recruited volunteers.
- Resumption of Enter and View Programme, in line with Healthwatch guidelines.
- Maintenance of Self Assessment Action Plan
- Recommendations from Discharge Review [WUTH] will be followed up.

After the transition from LINK to HealthWatch, Safeguarding will retain a high profile by including safeguarding as an agenda item for Enter & View group meetings, visits and in all contacts with the public.

Healthwatch Wirral Community Interest Company

Working in Partnership

Healthwatch Wirral CIC (HW) welcomes the opportunity contributes to the Agency Reports. We have had good volunteer representation over the past 12 months and HW recognises, and understands, the role of all partners on the Partnership Board.

HW is a new partner in this process and have a strengthened remit to gather and share the views of members of the public. Complaints Advocacy Support is also a fundamental part of HW and monitoring from this has informed HW's work plan by the identification of trends.

As a new partner, it is key that all referral, and referring, agencies recognise HW so that issues are not held up.

HW will provide staff, and volunteer, representation at:

- Partnership Board
- Case Review Panel
- Communications Group

Safeguarding Training

HW's remit for Enter & View (E&V) is being strengthened so that Authorised Representatives, entering premises, are equipped to recognise potential safeguarding incidents. More importantly, HW Authorised Representatives will know exactly what processes to follow. Staff will know how to refer and be recognised as a partner within the process.

The recruitment of volunteers for E&V is robust. Training around E&V is provided and then an interview process will take place. Although all of the volunteers who pass the interview process will be eligible to conduct the E&V activity, they will only be an "Authorised Representative" during the specific visit undertaken. All of the eligible Authorised Representatives will undertake a DBS.

HW would be keen to undertake any new training available

Key Achievements 1st April 2013 to 31st March 2014.

HW were included in the discussions about the re-establishment and structure of the Executive Committee.

Planned Developments for 1st April 2014-31st March 2015

To work to the business plan produced by Safeguarding Partnership Board
Identify a volunteer to attend the Communications Sub-group.

It is the intention of HW to develop a better understanding of Safeguarding processes and to input into the policy reviews.

Recent meetings have highlighted that HW must firm up structures and understanding around safeguarding processes. We will ensure staff and volunteers understand what safeguarding is and that there is an understanding of the safeguarding referral process and to whom they should refer for advice.

We will continue our Enter and View activity which will be overseen by a Quality Assurance panel and will work closely with colleagues in both health and social care agencies to ensure that vulnerable adults are safe.

Meet with the Safeguarding Programme Manager, and other partners to keep up to date and develop a better understanding of safeguarding, by sharing and gathering information.

WIRRAL HEALTH & WELLBEING BOARD

Meeting Date	9 th July 2014	Agenda Item	
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Report Title	Health and Wellbeing Strategy
Responsible Board Member	Fiona Johnstone (Director of Public Health)

Link To HWB Function	Board development						
	JSNA/JHWS						
	Health and social care integrated commissioning or provision						
Equality Impact Assessment Required & Attached		Yes		No		N/A	Not yet done
Purpose	For approval	X	To note		To assure		

Summary of Paper	<p>Under the Health and Social Care Act, 2012, Health and Wellbeing Boards were established; one of their key roles is the production of a Health and Wellbeing Strategy.</p> <p>The Board has agreed to refresh its current strategy, this paper outlines a proposed approach to the refresh which includes the development of a conversation with local people on how we can work together to improve the health and wellbeing of local people.</p>					
Financial Implications (none at this stage)	Total financial implication	New investment required		Source of investment (e.g. name of budget)		
	£	£		£		
Risks and Preventive Measures	The production of the strategy is a statutory requirement. Failure to deliver the strategy may mean that community needs are not addressed appropriately and the board is not meeting its statutory duty.					
Details of Any Public/Patient/Service User Engagement	The refreshed strategy will be co-produced with local people.					
Recommendations/Next Steps	The Board is asked to agree the approach for refreshing the Health and Wellbeing Strategy.					

Report History		
Submitted to:	Date:	Summary of outcome:
List of Appendices		

Publish On Website	Yes	X	Private Business	Yes	
	No			No	X

Report Author: Julie Webster Contact details: juliewebster@wirral.gov.uk

Next steps in the development of the Health and Wellbeing Strategy

Purpose

The purpose of this report is to provide the Health and Wellbeing Board with a proposed approach for the development of the next iteration of the Health and Wellbeing Strategy

Background

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 Health and Wellbeing Strategy. The first Health and Wellbeing Strategy for Wirral was agreed in March 2013.

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.

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.

The Strategy for 2013-15 was developed in consultation with stakeholders, with three priority areas for shared action; Mental Health; Older People and Alcohol misuse. Delivery plans were developed for the priority areas setting out a programme of activities to address the priorities and achieve the outcomes agreed by the Board.

Refreshing the Health & Wellbeing Strategy

Following a review of the Health & Wellbeing Strategy by Board members in January 2014, it was agreed that the priorities of the Board be reviewed and refreshed to ensure that the Board was focusing on the right areas. For example, the need to be more explicit on the Board's aspirations to tackle health inequalities and promote wellbeing in our communities; the 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 and the need to reflect the aspirations of the work of Vision 2018.

At the May development session the Board debated and agreed the following points for the refresh of the strategy:

Approach to be adopted; The Board agreed to amend its' vision to "The Health and Wellbeing Board's vision is to enable local people to live healthy lives, to tackle health inequalities and increase wellbeing in the people and communities of Wirral".

To achieve this vision the board agreed to use a **life course approach**. A life course approach focuses upon common themes at different stages in life which we believe will produce the biggest impact of the population. The reasons for this are to show how different partners' actions will contribute to the bigger picture, tackle underlying issues and build self-reliance. The approach acknowledges that the benefits of a good start in life accumulate thorough an individual's life. Protective factors such as a good education and family promote health and wellbeing for individuals. In turn, these people enrich the place and communities where they live. In all of this however the concept of place is fundamental to supporting people to live longer and healthier lives.

The Board discussed the importance of being clear on the outcomes that they want to see improved using this approach, these outcomes need to be debated further, appendix 1 provides an a framework for discussion.

The Board discussed **the principles they wish to see underpinning the new strategy**, these include the following:

- Action to tackle Health Inequalities as a priority with a focus on reducing the difference in life expectancy and healthy life expectancy between communities
- A focus on the wider determinants of health e.g. housing, economy and work
- Action to support the whole family, not just the individual
- Action to support all residents to have the opportunity to be the best that they can be
- Action to build upon Wirral's assets'
- The development of a different relationship between local organisations and local residents to recognise the strengths of local people, organisations and services
- Recognition that improving health and wellbeing is everybody's business'

The Board identified the following **enabling activity** to make this happen:

- Integration – joining up spending and services to improve health and wellbeing
- Reducing demand on public services and building independence and resilience
- Commissioning activity against clear outcomes to articulate what success would look like to local people
- Promotion of community development with a particular focus on the use of Asset Based Community Development methodology
- Connections being made across organisations and support to communities to make connections for themselves
- Workforce development to support staff to have a different relationship with local people to ensure the principles outlines above are actioned

The 2013 report from the Kings Fund “Improving the public’s health. A resource for Local authorities” <http://www.kingsfund.org.uk/publications/improving-publics-health> outlines **nine areas in which there is strong and clear evidence that action taken by local partners can have a major impact on health and wellbeing.**

- The best start in life
- Healthy Schools and pupils
- Helping people find good jobs and stay in work
- Active and safe travel
- Warmer and safer homes
- Access to green and open spaces and the role of leisure services
- Strong communities, wellbeing and resilience
- Public protection and regulatory services
- Health and spatial planning

The Board agreed to use this framework to structure a conversation with local people and partners to refresh the strategy. Appendix b provides detail on the nine areas and highlights some starting points for local conversations.

In the conversation the board needs to be clear on those areas where it needs to:

- **influence** e.g. support a call for a minimum unit price for alcohol
- **directly intervene** e.g. based on evidence identify where action needs to take place e.g. how is the local health and social care system responding to the needs of people aged 85+
- have a **watching brief** e.g. receive regular feedback from the Childrens Trust on action to tackle child poverty

The Board agreed that **the Strategy will be co – produced with representatives of the public, partner organisations and patients** to look at the potential priorities in order to co-design and develop the Strategy together. It is proposed that we do this via:

- The commissioning of insight work with local people and staff on their expectations of services and themselves in keeping Wirral healthy and well, we will discuss with them the use of services. The insight work will be used to challenge current perceptions of the roles of organisations and individuals in keeping the Borough healthy and well.
- A Health and Wellbeing Summit event, bringing partner organisations, members and communities together

Thorough out this work we would aim to develop an on-going conversation with local people as the Health and Wellbeing Strategy needs to be seen as a live document that is being refreshed as appropriate rather than a static document that is only amended at set points.

The insight from local people will be linked to data from the Joint Strategic Needs Assessment to define priorities for action

Timetable

The proposed timetable for this work is

July – October 2014	Development/production of the Strategy - working alongside partners, public and stakeholders
November 2014	Health and Wellbeing Summit
21 st January 2015	Refinement of Strategy based on engagement at informal health and Wellbeing Board meeting
11 th March 2015	Presentation of refreshed strategy to Health and Wellbeing Board

Recommendations

The Board is asked to debate and agree the approach for refreshing the Health and Wellbeing Strategy.

Report Author: Julie Webster
Head of Public Health
Wirral Council

Date: 25th June 2014

Life course	What would they be like?	What would they need from their environment?	What would they need to do for themselves?
Early years (young children) – starting well	<ul style="list-style-type: none"> • Happy and carefree • Knowing that they are loved for who they are • Not living in fear of being harmed • Optimistic about life • Prepared with adequate ‘tools’ for life (e.g. confidence, ability to express themselves, good levels of literacy & numeracy) 	<ul style="list-style-type: none"> • To not live in poverty • To have their basic needs adequately met (e.g. nutrition, warmth, clothing) • To have adequate facilities for play, outdoors as well as indoors • To have access to good schools • To have a reliable & supportive network of family & friends • To be listened to and supported when things are not going well • To feel safe and secure 	<ul style="list-style-type: none"> • To tell people when things in their lives were going wrong • To apply themselves to the best of their abilities
Childhood (older children) & Adolescence – Developing well	<ul style="list-style-type: none"> • Happy & loved • Confident & ‘comfortable in their own skin’ • Able to express themselves • Prepared with ‘tools’ for life • Making realistic appraisals of risk • Interacting with local community • On a track to becoming ‘employable’ 	<ul style="list-style-type: none"> • Support to make informed choices • Access to good education • Access to suitable training & employment (adolescence) • Safe & appropriate housing • Freedom & support to be true to themselves • A safe neighbourhood with safe places to meet, play and be active. • Opportunities to engage in activities • Support for when things go wrong 	<ul style="list-style-type: none"> • Apply themselves to the best of their abilities • Assess the benefits & risks of choices • Adopt a healthy lifestyle • Seek help when things are going wrong • Have ambition • Be proactive
Adults – Living well	<ul style="list-style-type: none"> • Happy, valued & loved • Able to form stable relationships • Able to take care of their family (financially, emotionally) • In secure employment • Living in appropriate housing 	<ul style="list-style-type: none"> • Access to suitable employment • Availability of affordable housing • Enough money to provide for themselves and their immediate family • Accessible services • Accessible leisure opportunities • A safe neighbourhood 	<ul style="list-style-type: none"> • Manage personal finances responsibly • Adopt a healthy lifestyle • Make efforts to engage with local community • Recognise early signs of things going wrong and seek help

<p>Older age – Ageing Well</p>	<ul style="list-style-type: none"> • Happy, valued & loved • Connected to community, friends and/or family • Having a perceived role in society • Living as independently as possible • Engaging with local community 	<ul style="list-style-type: none"> • All basic level needs met (food, warmth,) • Appropriate housing • Accessible services • Range of options for social activity • No age discrimination • A safe neighbourhood • Support to maximise income • Stimulation, opportunities to have an active role and be useful 	<ul style="list-style-type: none"> • As much as possible, maintain a healthy lifestyle • Make and take opportunities for social contact • Seek help if needed
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Nine key areas that can improve local people’s health and reduce inequalities

appendix b

Area	Suggested outcomes	Local activity
The best start in life	<ul style="list-style-type: none"> • Children are ready for school • Childrens needs are identified and met as soon as possible • Children are safe and feel safe 	<ul style="list-style-type: none"> • Child poverty strategy • Early years activity • Focus on vulnerable mothers from pregnancy until the child reaches the age of two – local example of this activity is the Family Nurse Partnership
Healthy Schools and pupils	<ul style="list-style-type: none"> • Children and Young people are ready for work and adulthood • Children and young peoples’ needs are identified and met as soon as possible • Children and young people are safe and feel safe 	<ul style="list-style-type: none"> • Support schools to deliver better educational outcomes e.g. action to reduce drop out and exclusion rates; action to tackle bullying • Promotion of schools as settings for healthy behaviours e.g. development of school hubs; support schools to promote healthy diets; develop a risk and resilience approach rather than providing single issue services
Helping people find good jobs and stay in work	<ul style="list-style-type: none"> • A vibrant job market • Skills of local people fit the requirements of the job market 	<ul style="list-style-type: none"> • Promotion of the adoption of the living wage • Improve the health of employees thorough the adoption of the work place based wellbeing charter • Use the Social Value Act to maximise equitable employment opportunities
Active and safe travel	<ul style="list-style-type: none"> • People have access to a range of transport opportunities 	<ul style="list-style-type: none"> • Promotion of active forms of travel e.g. promotion of cycling to work including the Cycle to Work scheme • Make roads safer for pedestrians and cyclists and reduce air pollution by introducing 20mph speed zones where appropriate; develop safe routes to schools; create safe and enjoyable local environments with roads that prioritise “place” over care to increase “walkability”, perceptions of safety and reported quality of life
Warmer and safer homes	<ul style="list-style-type: none"> • All homes achieve the decent homes standard 	<ul style="list-style-type: none"> • Prevent accidents in the home e.g. providing guidance and practical support re the use of safety gates for stairs and doors, training frontline health and social care staff to promote safety messages • Help people keep their homes warmer by supporting residents most in need to access and benefit from warm home funding ; help people reduce their energy bills by

		<p>organising “collective switching” scheme</p> <ul style="list-style-type: none"> • Reduce the risk of falls among older people undertaking targeted risk assessments and via the provision of aids and adaptations were appropriate
Access to green and open spaces and the role of leisure services	<ul style="list-style-type: none"> • People have access to green and open spaces • More people are physically active 	<ul style="list-style-type: none"> • Promote the use of open and green spaces • Engage community groups and volunteers in the management and maintenance of green spaces • Proactively plan the use of leisure facilities e.g. promote the use of leisure centres to at risk client groups
Strong communities, wellbeing and resilience	<ul style="list-style-type: none"> • All communities have the opportunity to be the best that they can be 	<ul style="list-style-type: none"> • Build social capital and utilise community based assets to improve health and wellbeing e.g. support volunteering, work to develop an asset based community development approach
Public protection and regulatory services	<ul style="list-style-type: none"> • People are helped to live healthy lives, make healthy choices and reduce health inequalities 	<ul style="list-style-type: none"> • Reduce the negative impacts of takeaways and fast foods on health; thorough information, training, advice and award schemes and where necessary inspection and regulation, work with takeaways and the food industry to make food healthier; work with schools to reduce the amount of fast food students consume during breaks and on journeys to and from school; regulate the number and concentration of outlets. • Reduce the negative impact of air pollution by working with local businesses to reduce air pollution; encouraging car clubs; organising eco-driving training for taxi drivers to encourage more fuel efficient driving • Promote fire safety by encouraging people to use fire alarms in their homes and undertake home safety assessments
Health and spatial planning	<ul style="list-style-type: none"> • People are helped to live healthy lives, make healthy choices and reduce health inequalities 	<ul style="list-style-type: none"> • Work with planning colleagues to raise the profile of meaningful health impact assessment for major projects; use the Spatial Planning and Health Group health checklist when scrutinising planning strategies, plans and proposals; consider accessibility criteria in planning policy.

Source: Kings Fund, 2013 improving the public's health. A resource for local authorities
<http://www.kingsfund.org.uk/publications/improving-publics-health>

WIRRAL HEALTH & WELLBEING BOARD

Meeting Date	9 July 2014	Agenda Item	
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Report Title	Local Account of ASC activity & spend 2013-14
Responsible Board Member	Graham Hodkinson

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

Summary of Paper	The Local Account forms a key part of the TEASC (Towards Excellence in Adult Social Care) approach to sector led improvement in adult social care. It provides a key mechanism for demonstrating accountability for performance and the delivery of outcomes. It is also a tool for planning improvements, as a result of sharing information on performance with people who use services and engaging with them to get feedback on their experience. The Department of Adult Social Services produces the Local Account on an annual basis as a way of helping to self assess performance, identify future priorities and gather feedback on how the Department has done.		
Financial Implications	Total financial implication	New investment required	Source of investment (e.g. name of budget)
	£ N/A	£ N/A	£ N/A
Risks and Preventive Measures	N/A		
Details of Any Public/Patient/ Service User Engagement	N/A		
Recommendations/ Next Steps	Next Steps - The document will be published on the internet and copies made available in establishments such as one-stop shops, libraries and day services		

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

Publish On Website	Yes	✓	Private Business	Yes	
	No			No	✓

Report Author: Sandra Thomas, Senior Manager (DASS)
Contact details: sandrathomas@wirral.gov.uk / 0151 666 4776

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Shaping Tomorrow

Families & Wellbeing Directorate

Department of Adult Social Services

Local Account

2013/2014

Contents

Introduction from Director of Adult Social Services	3
Our Vision for Adult Social Care	4
Key Facts and Figures	6
Overview of Performance	7
Expenditure/Budget	9
What we said we would deliver in 2013/2014	13
Future Plans	26
Glossary	30
Feedback form	31

Introduction from Director of Adult Social Services

PICTURE



Graham Hodgkinson

“It gives me great pleasure to introduce you to Wirral’s second Local Account setting out how we have supported the people of Wirral during 2013/2014”.

The local account tells you about some of the work that Adult Social Care has been doing in the last year. It explains some of our plans to make services and support better, as well as some of the things that we need to improve.

We are working hard to make sure that we provide the right support to people who need it, but we are also looking at ways of preventing people from needing support in the first place. We continue to work with local partner organisations to make sure this happens.

We are committed to ensuring that money spent enables people to have care and support that improves their lives, provides value for money and that choice and control is at the heart of all we do.

We would like you to help us get better at telling you about the work we do. Please let us know what you think of the report by completing the feedback form on page 31. If there is anything else you would like to know about please contact us on 0151 606 2006.

Our Vision for Adult Social Care

The Council has been organised into three main Directorates –

- Families and Wellbeing
- Regeneration and Environment
- Transformation and Resources

Adult Social Services is part of the Families and Wellbeing Directorate along with Children and Young People's Services and Sports and Recreation. The Directorate is led by Clare Fish, who is the Strategic Director.

The Council's Purpose and Vision is set out below:

Our Purpose: To support a more healthy, safe and prosperous borough through:

- Local solutions, local decisions
- Promoting independence
- Driving growth and aspiration

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

Adult Social Services

In line with the Corporate Plan for 2014-2016 we have an agreed approach to totally transform our services for adults over the next two years. This transformation will implement a change in culture – moving away from social security to social productivity. We will also shift our focus – away from professions and organisations onto residents and communities.

This means we will involve people who use our services in the design, delivery, commissioning and evaluation of the services they use.

We will work with our partners in the NHS to integrate health and social care in a way which looks at the 'whole person' as opposed to individual elements of an individual's care needs. It will also mean we will work much more closely with partners looking at how we can deliver services better together.

We will strive to ensure all residents, especially the most vulnerable, are given the tools to enable them to make the choices that are right for them and their families. We believe this will help to deliver healthier and happier outcomes for those who need our help the most.

The council is looking to align all of its commissioning activity in to a Strategic Commissioning Hub to ensure effective joint commissioning across council provision as appropriate. This will mean more streamlined commissioned services, e.g. for advice and information across all service areas.

Personal Budgets and Direct Payments will increasingly support more people to have increased choice and control, and enable them to choose from a wider menu of services.

The Partnership between Adult Social Care and Health will be strengthened with the development of jointly commissioned services, the development of integrated teams and integrated front line delivery services.

As we improve to deliver a wider range of community based provision, including more Extra Care Housing provision the spending on Residential and Nursing Care will decrease as fewer people will need those services.

Services for staying well and at home will be further strengthened with the development of fast and responsive early intervention, intermediate care, reablement and domiciliary provision (including overnight) with an improved housing offer to support this. This will be supported by an improved offer for Assistive Technology and Telecare as a joint commission with the Clinical Commissioning Group.

There will be more emphasis on people developing their own resources for support within their own natural support networks and communities. Providers will be expected to work with people to develop these natural links and support people to achieve this.

Key Facts and Figures

	<u>2012/13</u>	<u>2013/14</u>
Complaints received about Adult Social Care	252	328

	<u>2012/13</u>	<u>2013/14</u>
Compliments received about Adult Social Care	45	41

	<u>2012/13</u>	<u>2013/14</u>
Adults who received an Adult Social Care service	9,674	9,861

	<u>2012/13</u>	<u>2013/14</u>
Adults who received a Personal Budget or Direct Payment	6,259	6,677






	<u>2012/13</u>	<u>2013/14</u>
Adults receiving permanent Residential or Nursing care	1,622	1,595

	<u>2012/13</u>	<u>2013/14</u>
Adults who received a Package of Care	8,052	8,266

Overview of Performance

The table below shows our performance for the last two years and whether performance was better or worse in 2013/14 compared to 2012/13.

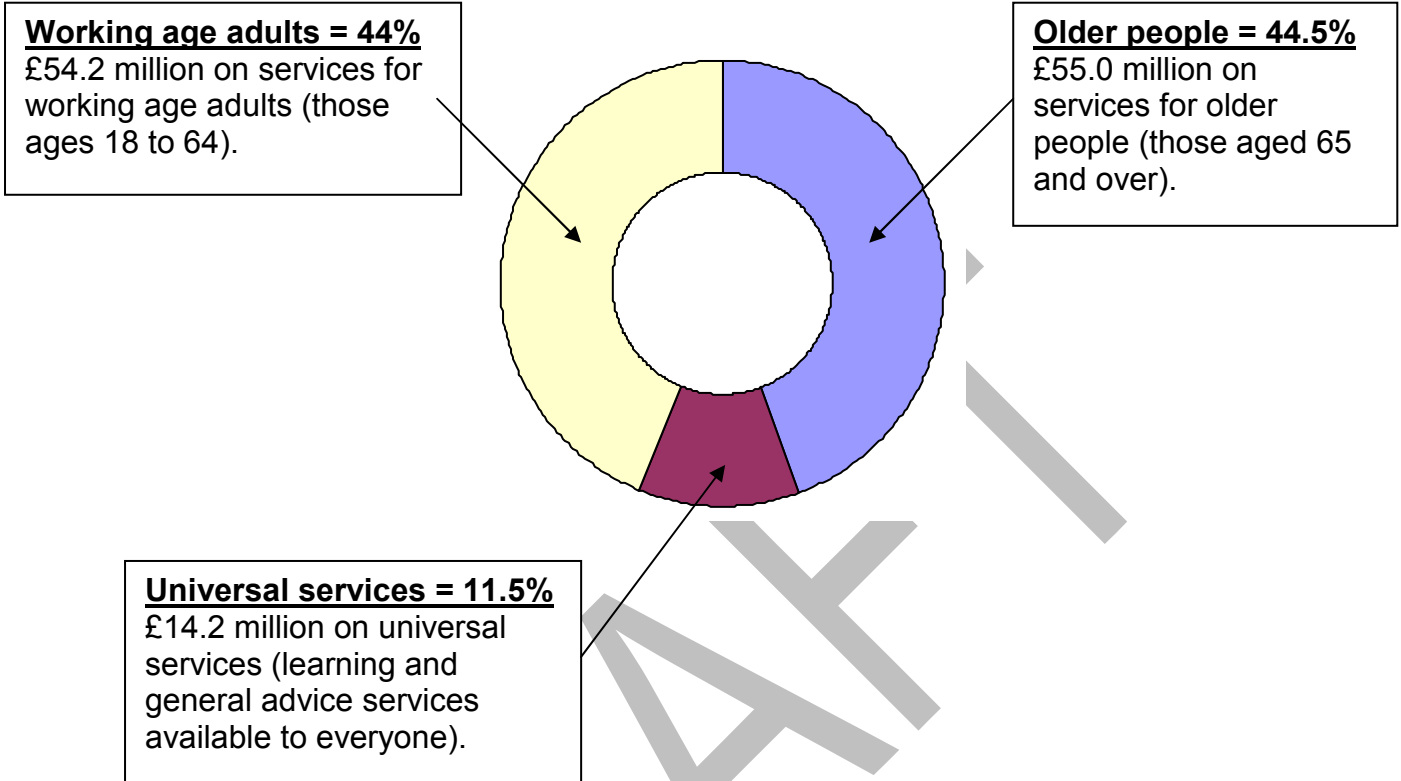
<u>Measure</u>	<u>2012/13</u>	<u>2013/14</u>	<u>Did we do better in 2013/14 than in 2012/13</u>
Proportion of people using social care who receive self directed support.	79.0%	83.9%	
Proportion of service users in receipt of a community based service.	82.1%	83.2%	
Proportion of adults with a learning disability in paid employment.	7.3%	7.0%	
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population.	909	831.3	
Delayed transfers of care (aged 18 years and over) attributable to Adult Social Care, per 100,000 population.	2.4	1.4	
Number of episodes of reablement or intermediate care intervention for clients aged 65 years and over, per 100,000 population.	260.91	311.5	
Overall satisfaction of people who use services with their care and support.	66.7%	63.0%	
Proportion of people who use services and carers who find it easy to find information about support.	65.4%	75.9%	

Social care assessments completed within 28 days.	84.06%	97.7%	
Proportion of people who use services who say that those services have made them feel safe and secure.	85.6%	71.7%	
Percentage of Safeguarding Referrals actioned within 24hrs.	84.1%	98.4%	
Percentage of completed scheduled monitoring visits to residential homes.	81.0%	100%	
Projected net expenditure for 2013-14 as a percentage of the 2013-14 net budget for Adult Social Services.	117%	100%	

DRAFT

Expenditure/Budget

Adult Social Care Budget 2013/14



Adult Social Care
£123.4 million

<p>Residential & Nursing Care</p> <p>£46,524,600 38%</p> <p>e.g. Long Term Care</p>	<p>Personal Budgets</p> <p>£34,034,500 28%</p> <p>e.g. Direct Payments, Personal Care</p>	<p>Preventative Services</p> <p>£6,745,600 5%</p> <p>e.g. Assistive Technology</p>	<p>In-house Services</p> <p>£8,262,700 7%</p> <p>e.g. Day Services, Respite, Supported Employment</p>	<p>Reablement</p> <p>£2,506,800 2%</p> <p>e.g. STAR Service</p>	<p>Staffing & Support</p> <p>£25,400,800 21%</p> <p>e.g. Social Workers, Support Staff</p>
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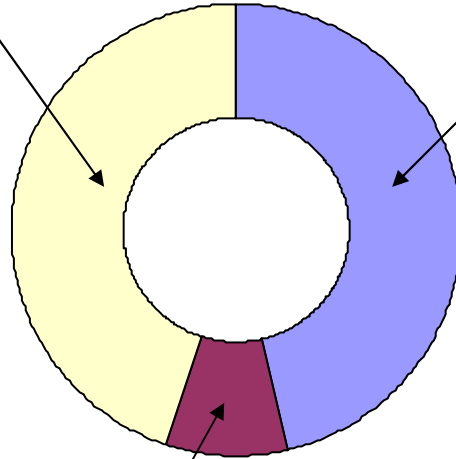
Adult Social Care Budget 2014/15

Working age adults = 45%

£51.3 million on services for working age adults (those ages 18 to 64).

Older people = 46%

£52.8 million on services for older people (those aged 65 and over).



Universal services = 9%

£9.7 million on universal services (learning and general advice services available to everyone).

Adult Social Care

£113.8 million

<p>Residential & Nursing Care</p> <p>£44,286,300 39%</p> <p>e.g. Long Term Care</p>	<p>Personal Budgets</p> <p>£33,571,200 29%</p> <p>e.g. Direct Payments, Personal Care</p>	<p>Preventative Services</p> <p>£6,035,500 5%</p> <p>e.g. Assistive Technology</p>	<p>In-house Services</p> <p>£8,382,800 7%</p> <p>e.g. Day Services, Respite, Supported Employment</p>	<p>Reablement</p> <p>£2,370,500 2%</p> <p>e.g. STAR Service</p>	<p>Staffing & Support</p> <p>£19,218,100 17%</p> <p>e.g. Social Workers, Support Staff</p>
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Efficiencies

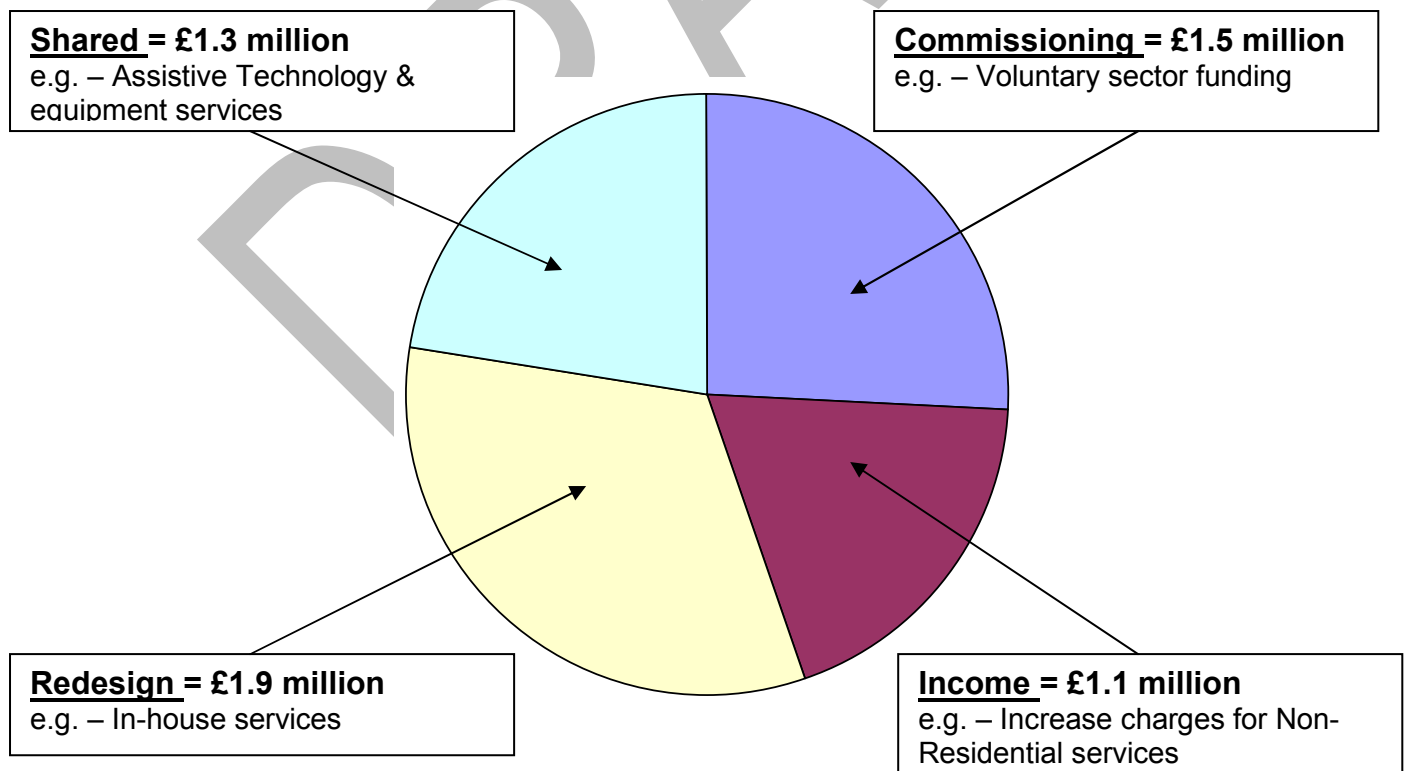
As part of the Future Council project and transforming services a number of efficiencies were required to make savings due to the decrease in budget available to the department.

Following the What Really Matters consultation work has been carried out to identify specific areas where savings can be made through commissioning, redesigning, sharing and generating income.

These efficiencies include –

- Review of in-house day services
- Review of Assistive Technology & equipment services
- Increase in charges for Non-Residential services
- NHS investment in re-ablement services
- Review of voluntary sector funding
- Review of NHS and Continuing Health Care funding
- Review of in-house residential and respite services
- Re-tender existing contracts for Extra-Care Housing

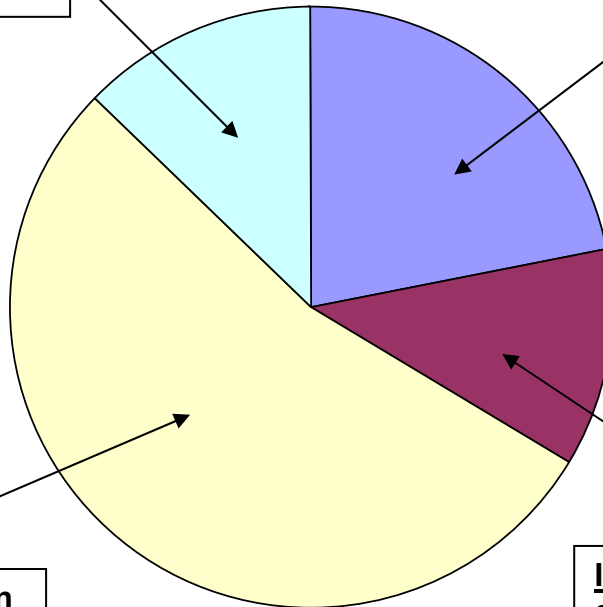
For the financial year 2013/14 the efficiencies above provide a total saving of **£5.8 million** as identified in the key themes below –



For the financial year 2014/15 further efficiencies have been identified that will achieve a total saving of **£11 million** which are detailed in the key themes below –

Shared = £1.4 million
e.g. – Review of Mental Health services

Commissioning = £2.4 million
e.g. – Review of Shared Lives Scheme



Redesign = £5.9 million
e.g. – Intermediate care

Income = £1.3 million
e.g. – Increase charges for Respite/Short Term care

DRY

What we said we would deliver in 2013/2014

Directorate Objectives

What we said we would do in 2013/14	What we have done
1. Enhance the quality of life for people with care and support needs.	<ul style="list-style-type: none">• Restructured Assessment and Care management teams into Neighbourhoods• Revised the Contracts for Domiciliary care providers into tier's based on Neighbourhoods• Introduced dedicated Quality Assurance monitoring• Implemented a Mobile Night service• Developed Extra Care housing schemes• Reviewed Day Care services

Neighbourhood Working

The council plans to deliver services locally on a neighbourhood level and has started to commission services to support this model.

Assessment and Care management teams have been restructured into the 4 neighbourhoods, and plans are underway with Clinical Commissioning Group colleagues to deliver integrated front line provision with community health provision, so that there is an integrated health and social care response for people at the earliest opportunity.

This will help to:

- Understand demand, needs and what matters most for local communities, households and individuals. Design services to meet those needs and make a difference
- Services will be designed based on consultation with stakeholders and will be reviewed. The commissioning activity will support the identified needs of local communities
- Commissioning will be underpinned by evidence of what is required and what will prove most effective

Domiciliary Care Contract

The department completed a re-tender exercise following a review of the provision of domiciliary care and reablement services to improve the quality, flexibility and responsiveness of provision and to continue to deliver value for money.

A core aim of this tender exercise was to promote and support the principles of the ethical care charter to drive quality and standards and to secure better

conditions for the care workforce. Decisions as to which Providers were successful were based on a rating of 40% price and 60% quality.

Following the re-tender there are a reduced number of providers who deliver services based on four geographical zones.

As a result of this process some changes to the Providers used was unavoidable. We have however sought to minimise any disruption by exploring if care workers can transfer to the new provider, or offer a direct payment so clients can choose to keep their current provider as appropriate.

Quality Assurance

Within the department there is now a team dedicated to Quality Assurance. They are responsible for monitoring Providers of care, sharing good practice and raising standards to ensure services are provided efficiently.

Providers complete self assessment forms which are evaluated by Quality Assurance Officers and visits take place on a regular basis to validate the information detailed within the self assessment.

Recommendations are put into place when improvements are identified and the Quality Assurance Officers work closely with Providers to support them in applying good practice. The officers have built close working relationships with many Providers and often help identify other areas for development.

It is essential to ensure that any problems are identified at the earliest opportunity to help Providers ensure they are delivering the best service possible.

Mobile Nights

The service runs throughout the night (10pm to 8am) and provides care in an individual's home. The service is able to respond to both planned and unplanned episodes of care and facilitates both admissions prevention and discharge from hospitals and care homes.

The service provides a valuable alternative to buildings based services and will enable those with long term care needs and conditions to be managed effectively at home, therefore reducing the need for building based services.

Extra Care Housing

The term 'Extra Care' housing is used to describe developments that comprise self-contained homes with design features and support services available to enable self-care and independent living. Extra Care housing can meet the needs of older people, people with physical or learning disabilities, frailty or health needs which make ordinary housing unsuitable but who do not need or want to move to long term care (residential or nursing homes).

There are five purpose-built extra care schemes funded by the Council to provide 191 general tenancies and 10 specialist dementia related tenancies.

The schemes provide on-site domiciliary support and leisure facilities to enable older people to lead active and independent lives for as long as possible.

There are currently plans in place for the provision of 102 new units of Extra Care housing during the period 2014 – 2017 through different schemes in Wallasey, Pensby and Birkenhead.

Day Care

A number of changes have been consolidated, with services being relocated and realigned and teams moving to provide services elsewhere and in different ways.

Fernleigh in Leasowe closed in August 2013, with services re-provisioned elsewhere, while Union Street and Prenton Day Centres closed, with services offered at Beaconsfield, or on an outreach basis.

Moreton Day Centre has also closed, with services moving to smaller refurbished premises in Oakenholt Road, which will give people the chance to maintain their local links if they wish to do so.

These changes include greater use of person-led assessment and self directed support which means that people now have more choice and control over how they manage their budget, and there is greater flexibility over how people spend their personal budget.

For objective 1 we have achieved the following outcomes –

- Provided integrated high quality services in local settings
- Transformed in- house services through engagement with local communities, residents and carers
- Ensured that people with long term conditions are maintained within their own homes
- People are supported to return home from emergency interventions with care and support as an alternative to residential care
- Ensured that people can manage their own support as much as they wish
- People are supported to be discharged from care settings with an extended care package

What we said we would do in 2013/14	What we have done
2. Delay and reduce the need for care and support.	<ul style="list-style-type: none"> • Purchased Just Checking an activity monitoring system • Reviewed Voluntary, Community and Faith Sector contracts • Secured Public Health Outcomes fund

Just Checking

Just Checking is an easy-to-use online activity monitoring system that helps people who are becoming forgetful to stay independent in their own home.

The system is easy to install, simple to use, and creates a clear chart of daily living activity that you can view securely online. Small wireless sensors in the main rooms of the house generate a chart of activity as the person goes about their daily life.

Just Checking brings peace of mind as you'll be able to see that arrangements are taking place as planned. You can also set up text or email alerts for when things are not quite as expected such as:

- Not being up and about in the morning
- A care visit hasn't arrived
- A door has been left open
- A night time exit

Just Checking is currently being used by more than 150 Local Authorities/NHS trusts throughout UK and has proven to be really useful equipment that has helped people stay at home for longer.

We have purchased 10 multi person kits which are currently being utilised with a view to purchasing more to be rolled out across other services.

Voluntary, Community and Faith Sector contracts

From 1st April 2014 the contracts for the Voluntary, Community and Faith Sector have been reviewed and consolidated into four groups –

- **Information & Advice** includes Carers helpline and register and Advice 4 All
- **Advocacy** supporting and enabling people to access information and services exploring options and choices
- **Day Services** offering Day Centres and Day Opportunities/Drop-in's across Wirral
- **General Support** offering a range of services from befriending, shopping, gardening, DIY to days out, Drop-in sessions and cold weather army

Public Health Outcomes Fund

The department has secured funding from the Public Health Outcomes Fund to support initiatives that will make a positive impact on the Health and Wellbeing of the Wirral population. The key theme of the projects is Early Intervention and Prevention. The projects include –

- Delivering Health Champion Training to Independent sector reablement workers and staff within the voluntary, community and faith sector
- Provision of a mobile night domiciliary care pilot service

- The Breeze© COPD Long Term Conditions Programme
- Physical Activity Long Term Adherence Programme & Pathway
- Establish two living support networks for adults with learning disabilities and those with mental health problems, in the Wirral

For objective 2 we have achieved the following outcomes –

- Ensured that when people need support that the support received enables them to regain their independence
- Reduced the need for formal care and support by increasing the use of high quality cost effective prevention services

What we said we would do in 2013/14	What we have done
3. Ensure that people have a positive experience of care and support.	<ul style="list-style-type: none"> • Reviewed Feedback Questionnaires • Agreed to contract for an independent Direct Payment Advisory Service • Developed a Carers Strategy • Skills around the person project

Feedback Questionnaires

A review of customer feedback for both service users and carers was undertaken in May 2013 to establish how and where feedback is currently gathered by the department with a view to implementing a more focussed and consistent approach.

Feedback is currently gathered via a number of different methods including directly by service providers.

Following the review it was identified that future developments are required in the following areas –

- Have a consistent and formalised questionnaire that is given to service users and carers
- Have a formalised system for recording feedback
- Have a system to analyse feedback and identify key tasks that need to be completed to improve services and good practice
- Clear identification of who the information should be reported to
- Have a central point where all feedback is fed into so that it can be collated and reported on when required

The above will help to ensure that feedback is consistent, analysed and used to help make improvements to services where required.

Direct Payments Support Service

The department has agreed to contract with an independent provider to support the Direct Payment service.

The Provider's services will be available to Wirral Council Direct Payment Recipients and other people who use services interested in the scheme.

The services available from the Provider will:

- Support and enable Direct Payments recipients to effectively run and remain in control of their personal Direct Payments
- Contribute to the development of Direct Payments in Wirral through partnership with all stakeholders recognising and valuing the distinctive contributions each party can make
- Support and enable people who use services to live independently
- Empower people who use services to take control of their own lives
- Enable people who use services to make choices regarding their own care or support
- Interface and collaborate effectively with other agencies and services (e.g. advocacy service) providing a seamless service for people choosing Direct Payments

The services to be provided will include:

- **Information and advice**
- **Statutory requirements**
- **Payroll and Managed Account Services**
- **Monitoring and Review**

Carers Strategy

The Carers Partnership Board, the multi-agency committee whose role is to improve and develop support for Carers, agreed the development of a new Wirral Carers Strategy.

The vision is –

Carers in Wirral will feel supported in their caring role, feel valued within their communities and recognised by professionals for their valuable contribution.

In the challenging economic times that we have today, it is important that services provided through the statutory, voluntary, community and faith sector groups work together to support the most vulnerable in our society. Carers are amongst those that we want to support.

One in eight people living in Wirral provide support to a family member or friend because they have ill health, a disability (physical, learning, mental health), drugs or alcohol problem or are amongst the growing numbers of older people who are frail. We recognise that Carers need to be supported to enable them to continue to carry out their caring responsibilities.

Supporting Carers is not just about services, it is about providing support, information and advice and recognising the valuable contribution that Carers make. It is also about identifying those people who do provide care for another person, even if the majority of those people do not recognise themselves as a Carer.

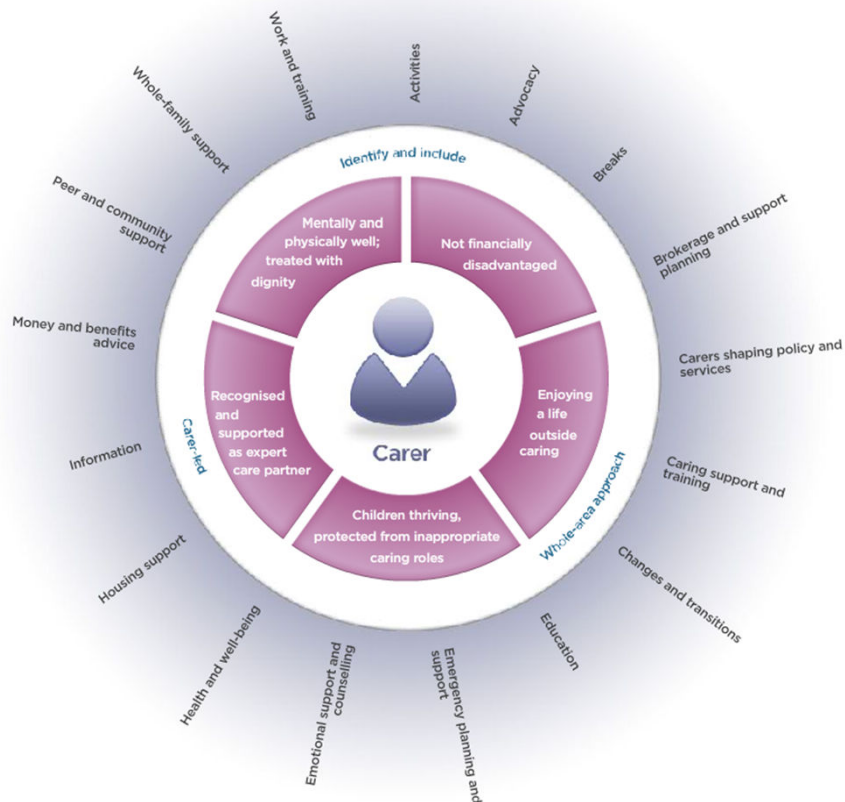
The focus for Wirral Council, the Clinical Commissioning Groups and all our partner agencies will be to embrace the vision and build in to their planning processes the following:

- Developing information and services for Carers
- The Carers role and development
- Carer involvement and empowerment

This will be achieved by:

An improvement in recognising and identifying Carers across all agencies; Staff and volunteers will have an awareness and understanding of people who provide unpaid care for others.

- Working towards Carers being able to access services within their communities
- Improving the support networks for Carers, signposting them to the available support services and encouraging the development of Carer support networks so that they can continue with their caring role
- Continuing to encourage GP's and other front line staff to identify Carers who can benefit from health checks and utilise preventative techniques such as the Carers Emergency Contact Card
- Building stronger links to education and training to support Carers, ensuring they feel supported to undertake training or education to develop new skills and continue to work
- We will promote the rights of working Carers
- Supporting Carers to maintain a life outside their caring role
- Promoting community services that are accessible to all people



Skills around the person project

A community based sports group has been developed for users attending Cambridge Road Day Centre following initial requests to attend swimming. We offered to support people in the local leisure centre for a full day and individuals took part in swimming, boccia, badminton and volleyball.

People who attended this session were so enthusiastic that it was not long before other users were asking to attend the leisure centre sports group. To meet these requests we set up a Friday group supporting 26 people who would normally attend day services.

These individuals were supported by staff to attend their local leisure centre and group sessions started with a series of warm up exercises which have been tailored to suit individual's physical needs within the group.

A total of 214 people were approached via 1 to 1 meetings and questionnaires where they were asked to give their evaluation of the sports. We are currently supporting 49 people to participate in sports in the local community and the range of sporting activities has grown from 6 to 21 as people have their own sporting timetable tailored for them.

The feedback has been really positive as the sports group has helped improve fitness, mobility, wellbeing, mood, behaviours, self worth and confidence.

For objective 3 we have achieved the following outcomes –

- Provided universally accessible information and support to people and their carers
- Ensured that people who use social care services are involved in the planning and evaluation of those services and are satisfied with their experience of care and support services

What we said we would do in 2013/14	What we have done
<p>4. Safeguard adults whose circumstances make them vulnerable and protecting them from harm.</p>	<ul style="list-style-type: none"> • Implemented a Corporate Safeguarding Unit • Safeguarding Adults Partnership Board • Participated in a National Safeguarding pilot • Delivered Multi Agency training • Undertaken a critical incident review

Corporate Safeguarding Unit

We have implemented a Corporate Safeguarding Unit to ensure there is a consistent approach between Adults and Children in Wirral.

We will also be developing a Multi Agency Safeguarding Hub that brings together professionals from a range of agencies into an integrated multi-agency team. This will help to ensure a faster, more co-ordinated and consistent response to safeguarding concerns for both Adults and Children.

Safeguarding Adults Partnership Board



In Wirral we have a Safeguarding Adults Partnership Board which is made up of partners and stakeholders who work closely together to protect vulnerable people from abuse and harm. These partners include the NHS, housing, the police, hospitals, the Care Quality Commission, the voluntary sector, people who use services and carers. The board helps to ensure that there is clear governance and accountability.

The goals for the Partnership Board are –

- To improve the functioning and accountability of the Safeguarding Adults Partnership Board
- To strengthen joint working arrangements between Wirral Safeguarding Adults Partnership Board and Wirral Safeguarding Children Board
- To develop a system for the completion of Case Reviews including the dissemination of learning across all Partners
- To ensure the workforce is adequately trained in order to undertake their responsibilities in relation to Safeguarding Adults

- To agree and implement a robust Quality Assurance Framework across the partnership for Safeguarding Adults
- To develop a Communication & Engagement strategy for the board to enable effective engagement with all stakeholders and local communities and to raise awareness of the work of the board

National Safeguarding pilot

Wirral was one of 52 Local Authorities who contributed to the Making Safeguarding Personal project.

The project was initiated to collate valuable information from Local Authorities as to the processes, outcomes for individuals, impact on social work practice and cost effectiveness.

The Making Safeguarding Personal development project has made some important observations. It is clear that people want to feel in control and are more likely to do so when an outcome focused, person centred approach is used.

There is a need to move adult safeguarding from a process driven approach to one that is focused on improving outcomes for, and the experience of, people who are referred to the service.

Multi Agency training

We have developed and launched an Annual Multi-Agency Safeguarding Training Plan that reflects the lessons learnt from national and local Case Reviews which meets the need of the workforce in Wirral.

The Safeguarding Adults Partnership Board aims to ensure that sufficient, high-quality multi agency training is available and can demonstrate its effectiveness and impact on improving practice and the experiences of Adults at Risk and carers.

All training coordinated by the Safeguarding Adults Partnership Board reflects a commitment to:

- Promote partnership and multi-disciplinary working
- Increase the understanding of respective roles and responsibilities
- Ensure a coordinated approach to safeguarding adults from harm / abuse.

We will be undertaking an annual evaluation detailing the impact of learning and development on practice. This is to ensure findings are used to inform the Training plan for the forthcoming year. We have also developed E-learning training packages.

Critical incident review

The department has undertaken a critical incident review which was to identify recommendations that need to be taken forward to improve practice. The

review is to ensure lessons are learned and actions are taken to try to prevent future occurrences.

For objective 4 we have achieved the following outcomes –

- Ensured that there are robust arrangements in place in order that vulnerable people are kept safe and protected
- Ensured that the provision of support and care in the independent sector is of the highest possible quality

What we said we would do in 2013/14	What we have done
<p>5. Transform the business to be as efficient and effective as possible.</p>	<ul style="list-style-type: none"> • Developed plans for the Better Care Fund • Agreed to implement a new Social Care IT system • Delivered a Balanced Budget • Reviewed Polices and Procedures

Better Care Fund

The Better Care Fund (BCF) provided by Government is explicitly intended to integrate health and social care systems at a local level. It provides an opportunity to improve the lives of some of the most vulnerable people in our society, giving them control, placing them at the centre of their own care and support and in doing so, providing them with a better service and better quality of life.

There are six national conditions for the Better Care Fund –

- Protection of Adult Social Care Services
- Understanding the Impact on Acute Services (e.g. the Hospital)
- 7 day working (focusing on admission avoidance and 7 day discharge)
- IT and information sharing, including use of NHS number
- Joint assessment, care planning and lead professional
- Joint sign off across the economy

Within The Better Care Fund locally we will ensure that we jointly –

- Improve key outcomes
- Improve health and wellbeing of individuals in our community
- Support independence
- Manage complex care and provide care closer to home
- Integrate our approach to commissioning
- Improve quality of care
- Adopt national and international best practice



Implementation of a new Social Care IT system

In March 2013 the Council commenced the procurement process for the supply of an integrated social care case management system. Following this process it was agreed to implement a new social care IT system, Liquidlogic. This project is currently underway with a planned go live in September 2014.

Some of the benefits of implementing the new system include –

- Integrated communication between Children's and Adults
- Review of all business processes to make improvements and efficiencies
- **Citizen/Client Portal** – creates the ability for our citizens to interact with social care at a time and place of their choosing and enables citizens to become directly involved in constructing their care plan
- **Provider Portal** – a solution that enables external suppliers to exchange information with the Council relating to social care services, actual invoices and contracts
- **Service Directory** – provides a repository of all services offered by Health and Social Care statutory providers and includes the ability to communicate with accredited third sector partners and the voluntary sector. Citizens can search for information and advice, communicate and respond to Social Care episodes, and purchase care provision directly

Balanced Budget

For the financial year 2013/14 the department has successfully achieved a balanced budget. This reflects the strength of our financial planning and demonstrates that services have been effectively commissioned and provided within scope of the funds available to the department.

Policies and Procedures

The department has reviewed its Policies and Procedures to ensure there is transparency and consistency across the department. The review has helped to ensure we are applying best practice and the business is as efficient as

possible. Clear Policies and Procedures also enable effective performance management.

For objective 5 we have achieved the following outcomes –

- Improved systems and processes
- Managed the development and performance of all our employees
- Delivered a balanced budget

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Future Plans

The focus for 2014/15 will be to –

- Develop and deliver the integrated transformation plan with health Partners
- Re-model early intervention and prevention services to ensure we manage demand efficiently and community based care effectively e.g. developing services, early help services
- Ensure that safeguarding arrangements for vulnerable adults continue to strengthen, informed by national learning
- Develop the All Age Disability service for Adults
- Develop a strategic approach for commissioning Council services

The areas of work include –

7 Day Working

We will be implementing a 7 day working week for community services which will focus on Admissions Prevention, Integrated Discharge, Care Arranging, Step up/Step down and planned acute care.

This will help to ensure that people do not stay in Hospital any longer than necessary as the appropriate services will be able to be arranged 7 days a week.

We are already committed to a programme of work which is working towards:

- Development of Integrated Care Co-ordination Teams (ICCTs)
- Focusing on 7 day care provision across primary and social care
- 7 day admissions avoidance
- 7 day discharge facilitation across all services
- More effective joint commissioning of key services
- Developing more effective community interventions such as falls response and prevention services, assistive technologies, community equipment, appropriate mental health and dementia interventions
- Redesign of existing services
- Supporting reduction of capacity in acute care

The Integrated Discharge Team will be further enhanced to provide a level of coverage and resource that will ensure effective communication and co-ordination across in-patient and community services.

This will ensure that people's needs are met at the right time, in the least dependent setting and the one that delivers the best outcomes for that individual. The integrated nature of the service will ensure that people have the opportunity to achieve their maximum recovery, independence or potential. The service will –

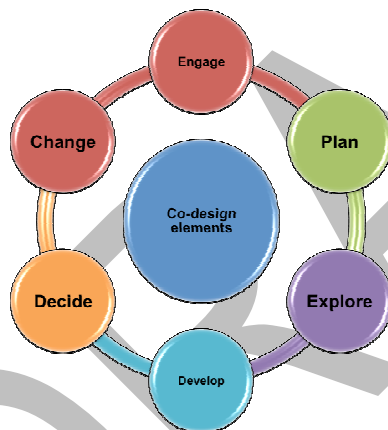
- Provide timely, responsive and appropriate assessment and discharge pathways for patients with ongoing needs

- To continuously assess care needs with patients/users and their carers and facilitate decisions regarding their discharge and future care
- Provision of a service designed to bridge the gap between hospital/home and community. To ensure maximum co-ordination with neighbourhood teams and community services
- Work together as part of a Multi Disciplinary Team with all key partners including therapists ward staff, physicians to ensure a programme of care that will maximise physical, psychological and social functions and independence
- Promoting health and active life

Day Care

It has been agreed to develop a Local Authority Trading Company for Day Care services. The project will include a development of a co-design group which will involve parents, carers, people who use services and staff.

Invitations for people to express an interest in being part of the group will be sent out shortly and the expression of interest is designed to seek people with specific skills, knowledge and abilities to contribute to the co-design project.



This project is currently in the early stages and further consultation and feedback will be required. The proposal for implementation is likely to be in 2015.

Care Bill

The Care Bill in England will create a single modern piece of law for adult care and support in England. It will update complex and outdated legislation that has remained unchanged since 1948.

The Bill will introduce a care and support system that is clearer, fairer and fit for the future. It focuses on people's wellbeing, supporting them to live independently for as long as possible. Care and support will be centred on people's needs, giving them better care and more control over the care they receive. It will also provide better support for carers.

From April 2015 we will have a new duty to support, develop and shape the social care market locally to deliver identified outcomes for individuals and

communities. The aim is to encourage providers to shape their services to meet the needs of individuals directing their own plans of support as well as those who don't, demonstrating good outcomes and improved models of practice to support the personalisation of social care locally.

Delivering services which are closer to home and that support the development of social capital are at the centre of our identified social care outcomes. We will work with providers to ensure that whilst safeguarding and quality requirements are met, people are signposted to local universal services.

Commissioning

There are proposals for revised Commissioned Contracts to be implemented from 2015/16 for the following services –

- Sensory Services
- Luncheon Clubs
- Assistive Technology joint commission with health working with Falls Prevention and Community Equipment Store
- New Service Specification for external Disabilities Day Services
- Homeshare Scheme
- Deprivation of Liberty Safeguards (DoLS)

Vision 2018

Locally, leaders of health and social care have agreed to work in partnership to develop a health and social care strategy called "Vision 2018." Our aim is for quality of care and outcomes to be protected and enhanced, despite increased costs and a potential reduction in funding.

The Vision 2018 Group consists of health and social care leaders, working in partnership to address these challenges together, with the following agreed 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 early intervention and prevention, supporting people to self-help and supporting the development of strong communities

- We will provide person centered 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 at the 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 peoples lives through working with other sectors e.g. housing, voluntary sector

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Glossary

Direct Payment: Direct Payments are paid directly to you so that you can pay for the support you choose to meet your needs. It is the main way to receive all or part of a personal budget, if you want to have direct control of the money available for support.

Deprivation of Liberty Safeguards (DoLS): The Deprivation of Liberty Safeguards (DOLS) is part of the Mental Capacity Act 2005. They are designed to protect people in care homes and hospitals from being inappropriately deprived of their liberty.

Mental Capacity Assessments: The Mental Capacity Act 2005 protects vulnerable people who are unable to make their own decisions. It makes it clear who can take decisions on their behalf, in which situations, and how they should go about this.

Nursing and Residential Care: 24 hour care for people who can't manage living in their own home, even with support from home care services. It is available to older people and adults with disabilities. Nursing home care provides nursing care by qualified nurses, or under their supervision.

Outcome: A goal you want to reach to meet your needs, for example, "to socialise more with other people outside my own home".

Personal Budgets: The amount of social care money you are allocated to meet your eligible needs and the goals set out in your support plan. The support the money pays for might be arranged by Adult Social Care, you, or a combination of both. When part or all of the money in your personal budget is paid directly to you, it is called a Direct Payment.

Preventative Services: Support available at an early stage, so that you can stay independent for as long as possible.

Reablement: Reablement is support that aims to help you to regain skills, confidence and independence in your life. We work with you to make the most of your abilities within your home environment, and reduce the need for help from others.

Support Plan: A plan that describes your social care goals (outcomes) and how you will spend the money available for your support (Personal Budget) to meet them in a way that is right for you.

Telecare: A community alarm service that uses sensors placed in a person's home to detect things like fires and smoke, bogus callers and falls.

Transition: This is the move that young people aged between 16 and 25 make from children's services to adult social care services.

Feedback form

We would like to hear your views about our Local Account for 2013/14 so that we can make improvements to next year's report. Please take a few minutes to fill in this feedback form and return it to: Department of Adult Social Services, Old Market House, Hamilton Street, Birkenhead, CH41 5AL

1. How did you find out about the Local Account?

- Website
- Library
- Poster
- Other (please specify)

2. Did you find the Local Account report informative?

- Fully Partly Not at all

3. Was the Local Account report interesting?

- Fully Partly Not at all

4. Was the Local Account report laid out in a way that made it easy to read?

- Fully Partly Not at all

5. Was the Local Account report easy to understand?

- Fully Partly Not at all

6. If you said 'partly' or 'not at all' for questions 2-5, please explain why:

.....

7. Did you find the following helpful:

	Fully helpful	Partly helpful	Not at all helpful
The overall Local Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Key facts and figures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Glossary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Is there anything that you would like to see more or less of in next years Local Account?

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WIRRAL HEALTH & WELLBEING BOARD

Meeting Date	9 July 2014	Agenda Item	
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Report Title	Wirral's Pharmaceutical Needs Assessment (PNA)
Responsible Board Member	Fiona Johnstone

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

Summary of Paper	This paper summarises the progress to date towards the publication of Wirral's Pharmaceutical Needs Assessment (PNA) and proposes a timescale for the statutory consultation period.		
Financial Implications	Total financial implication	New investment required	Source of investment (e.g. name of budget)
	£ None	£	£
Risks and Preventive Measures	n/a		
Details of Any Public/Patient/ Service User Engagement	An electronic survey was sent out to the Wirral Borough Council email database of approximately 50,000 residents. Survey details were also published in the Wirral Globe as part of a press release and on the council website. A total of 1,192 responses were received.		
Recommendations/ Next Steps	The Board is asked to note the progress to date and approve the proposed timescales.		

Report History		
Submitted to:	Date:	Summary of outcome:

Publish On Website	Yes	X	Private Business	Yes	
	No			No	x

Report Author: Jane Harvey
Contact details: janeharvey2@wirral.gov.uk

Wirral's Pharmaceutical Needs Assessment: Update on progress and timescales

Background

- Pharmaceutical Needs Assessments (PNAs) are carried out to assess the pharmacy needs of the local population. The PNA presents an overview of local pharmaceutical service provision; reviewing access, range and adequacy of service provision and choice of provider to build on the sectors capacity and capability to help address health inequalities and support self-care in areas of greatest need.
- NHS England will rely on the PNA when making decisions on applications to open new pharmacies. Each Health and Wellbeing Board must publish its first pharmaceutical needs assessment by 1st April 2015. Wirral's current PNA can be accessed at www.info.wirral.nhs.uk/pna

Progress update

- A draft PNA has been developed under the direction of Wirral's PNA Development Group (including members from Public Health, Local Pharmaceutical Committee and NHS England). This group has reported directly to Wirral's JSNA Executive Group.
- Information sources for the PNA have included Wirral's JSNA, NHS England, Census data, Health & Social Care Information Centre (HSCIC), service user and community pharmacy questionnaires.
- A total of 1,192 responses have been received from the public survey. From Wirral's 94 community pharmacies, 89 have responded to the pharmacy survey.

Next steps & timescales

- The Board is obliged to ensure a minimum 60 day pre-publication consultation period. Groups to be consulted will include community and hospital providers, local pharmacies, Clinical Commissioning Group, Local Medical Committee, Local Pharmaceutical Committee, other professional bodies, voluntary and community groups and patients and public.
- It is proposed that the consultation for Wirral's PNA commences mid August 2014 through to mid October 2014. Following this period, the revised PNA will be brought back to the Health and Wellbeing Board in November 2014 for final sign off prior to publication by March 2015.

Recommendations

- The Board is asked to note the progress to date and to approve the proposed timescales for consultation.

Report Author: Jane Harvey
Job title: Consultant in Public Health, Wirral Council
Date: 24 June 2014

**MINUTES OF THE
WIRRAL HEALTH PROTECTION GROUP MEETING
WEDNESDAY 4 JUNE 2014 2-4pm
ROOM 517 OLD MARKET HOUSE**

Present

Fiona Johnstone, Director Policy, Performance & Public Health, Wirral Council
 Fiona Reynolds, Consultant in Public Health
 Colin Clayton, Environmental Health Manager, Wirral Council
 Stacy Evans, Screening & Immunisation Co-ordinator, CWW Area Team
 Helen Pedder for Mark Camborne, Head of Emergency Planning, Wirral Council
 Gill Marshall for Dr Joanna Cartwright, Consultant in Health Protection, Public Health England

Apologies

Julie Webster, Head of Public Health, Wirral Council
 Heather Thomas, Health Protection Programme Manager, CHaMPs

Absent

CCG

In attendance: Elaine Burfield, Senior Admin Officer

1.	Welcome & Apologies	Action
2.	<p>Minutes and matters arising:</p> <p>Minute amendments:</p> <ol style="list-style-type: none"> 1. Correct spelling of Surjit Tour's name. 3. Stacy did send papers for last meeting but glitch in system meant they were not received by group. CCG – no report available CHaMPs – no report available Environmental Health – alternative narrative Colin is working through the changes associated with the recent implementation of Environmental Health Modernisation budget option which included the delivery of workshops and key areas of training. <p>Minutes were now agreed as an accurate record.</p>	<p>FJ</p> <p>EB</p>

3.	<p>Update terms of reference:</p> <p>Group to feed into Fiona Reynolds regarding the terms of reference if updates need to be made.</p>	
4.	<p>Update from key programme areas:</p> <p>Next meeting to focus on strengthening the key programme areas dealing with any issues and making sure the correct responses are in place.</p> <p><u>Immunisation</u></p> <p>From September HPV will be going from 3 immunisations to 2 and will be continued to be delivered by School Health. Autumn Year 8 dose 1 then Autumn Year 9 dose 2. Diphtheria, Tetanus and Polio currently delivered in Year 10 will be delivered Year 9 from September 2014.</p> <p>CHiS is still a major concern due to outdated and limited capacity the system is unable to identify practice specific data. National specification is that all CHiS are working towards this re NHS England by May 2015. Re-procurement is due by February 2015 but Wirral will not achieve this due to cost implications. Fiona Johnstone stated that the Public Health Directorate gave a significant sum of money for the sole purpose of data transfer and will now not be happening due to lack of funds. The Group agreed that we need clarity on what happened to this funding. Stacy confirmed the Area Team have a working group with CHiS.</p> <p>Next steps are to implement the expansion of Paediatric Flu to 2 year olds.</p> <p>Implement the expansion to the shingles cohort 70, 78 and 79 years.</p> <p>School Health is to redesign the delivery of adolescent immunisation delivery.</p> <p>Look at developing the Traveller's policy, a meeting on 13 June with Council and Irish Care Community around housing and other issues this is currently a work in motion.</p> <p><u>Screening</u></p> <p>CWW Breast review is continuing.</p> <p>Breast screening delivery is to remain in the existing localities. Cheshire and Wirral will merge with the teams from these localities meeting to discuss the merger.</p> <p>Bowel Scope is in discussion with CCG Wards once all consulted development and implementation will take place. Q4 data has just been received and it's very varied throughout the locality.</p>	

Looking at the Cytology uptake in 25-29 year old women only 4 surgeries have reached target.

Fiona Johnstone to take report to CCG to illustrate the variability as CCG has requested them to note all variations and get support. It was decided that a Health Protection Report be taken to CCG every September highlighting areas that are performing well and areas that are not.

AAA - is now established across the Wirral and has no issues.

DESP – an audit has been done and inclusion onto practice profiles where it can be seen clearly on the dashboard which practices are struggling.

Infection Control

Wirral's performance on Clostridium Difficile for the last financial year was 60 cases in total, four cases below the target set (64). 25 were hospital acquired and 35 were community acquired. There are data issues in identifying which hospital was involved in the hospital acquired infection.

Target for 2014/15 is 64 again but Wirral University Teaching Hospital's target is 24. For April 2014 there were 8 cases of C. Difficile – 5 of which were hospital acquired and 3 were community acquired. This number of cases is above the set trajectory. (This has, since the meeting, been shown to be 4 cases in WUTH with 1 in Clatterbridge).

Wirral CCG has reported a MRSA Bacteraemia; this is to be followed up by the Wirral CT Infection Control Team. However, the Public Health Team have also been alerted to a MRSA outbreak on a ward at Wirral University Teaching Hospital where there has also been a MRSA Bacteraemia. It is not clear yet whether these are the same care or two separate incidents. (This has since been clarified – there is one case, not two).

ACTION: Fiona Reynolds to contact the CCG to discuss the action plan in response to this number of cases. The monthly trajectory will continue to be monitored.

The service specification for Infection Control Service with Wirral Community Trust has been agreed and will include the additional activity which includes audits of half of the nursing care homes and the eight intermediate care facilities this year.

It was agreed to establish a Healthcare Acquired Infection Group/Infection Prevention and Control Group which will look at infection control issues across the whole of the Wirral Health Economy.

This will be chaired by Wirral CCG though supported by the Public Health Team and Public Health England. The group will be attended by commissioners and providers to review issues and explore best practice.

Key risks are around data access. Wirral CCG have been struggling to access information and Public Health analysts report that they can no longer obtain a breakdown of data according to which provider has had specific C. Difficile cases attributed.

ACTION:

1. Identify and scope the impact of data access issues across Wirral. Everyone is asked to share issues with Fiona Reynolds.
2. Identify any key risks that need to be escalated up to health & Well Being Board.

Emergency Planning

National Pandemic Flu Exercise Cygnus due to take place in September. Wirral does not link into the Merseyside footprint. No exercise is currently planned for Wirral but looking into developing plans for the future.

A register needs to be compiled of all current plans giving a clear view of what plans we have in place, which are in need of an update so assurance can be given at all times.

Environmental Health

A draft report of the 2014 Air Quality Progress report for Wirral Council has been prepared which is required as part of the Council's Local Air Quality Management obligations under the Environment Act 1995. In the executive summary of the report there have been no significant changes since the last assessment. However, the detailed contents of this draft report may be of further interest and relevance to the finding of the Public Health England report "Estimating Local Mortality Burdens Associated with particulate Air Pollution" which ranked Wirral 4 out of 5 Merseyside Local Authorities for attributable deaths in 25 year old plus. had literally just been released which identified Wirral has having 4 out of 5 cases attributed to death against air quality. Colin needs to understand the report more and will report back his considerations at the next meeting.

Skin Piercing

Although moving very slow progress had been made approval by Members has now been agreed which moves on to the next stage of non-statutory consultation which required advertising new By-Laws. Subject to no objection approval is then needed from the Secretary of State.

	<p><u>Sunbeds Regulation</u> Progress has been made and Wirral Council have now adopted the Sunbeds Regulation Act 2010. The main purpose of the Act is to prevent the use and hire of Sunbeds on commercial business premises by children and young people under the age of 18.</p> <p><u>Food Safety</u> The key priority is to inspect 100% of high risk food premises in each financial year this has been achieved for 2013-2014; there was a slight dip in April 2014 but now back on track. Fiona Johnstone made it clear that if there is any area in need of support she is happy to help where she can.</p> <p><u>PHE</u> WUTH has experienced a period of increased incidence of patients colonised with MRSA and one bacteraemia. The Trust has taken all appropriate actions to address this. In addition, there have been 4 babies on SCBU colonised or infected with pseudomonas. Two of these babies were very premature and died with their infection. WUTH has held an incident meeting and put control measures in place and is investigating further. Further testing has shown 2 of the cases are indistinguishable strains of the bacteria.</p> <p>There is no cause for concern from the systems point of view.</p> <p><u>Champs</u> No report received, Fiona Reynolds will meet with Heather Thomas on Friday and will ask her to report on the wider issues of Champs</p> <p><u>CCG</u> No Report</p>	
5.	<p>Frameworks – assurance, risk register and dashboard:</p> <p>The dashboard needs to be updated at every meeting and a risk register adopted.</p> <p>The register of plans needs to be built and include updates across Cheshire, Warrington and Wirral this can then be used as each meeting to provide an update.</p> <p>We have to assure systems are working for the Wirral population and have things in place, will be useful to present as issues/risks the simpler the better, once complete can drop off the list. Need to explore the idea of a shared folder with a password with the potential to update as required. Key risks need to be identified where assurance is needed e.g. Poor Data flow.</p> <p>Action: Submit risks to Fiona Reynolds</p>	ALL

	<p>Health Protection Indicators could be streamlined with a simply summary of the Public Health Outcomes Framework and how they are performing against national standards. This could be a forum for information exchange</p>	
6.	<p>Minutes of other meetings (for information)</p> <p>The group need to define which meetings may need somewhere to go if things need escalating up, possibly Infection Control as there may be something of significance to take on to Health & Well Being Board. As a group they cannot afford to be tasked with reading lots of sets of minutes.</p>	
7.	<p>AOB</p> <p>Need to collate together all the data issues on all the various systems and write a collective letter that things need to be fixed locally as well as nationally. We need to be clear what the issues are and the potential solutions, the key issues need to be raised with Vision 2018</p>	
8.	<p>Next Meeting:</p> <p>5th September 2014, 10:00am – 12:00 Noon Room 517, Old Market House</p>	

TERMS OF REFERENCE OF THE VISION 2018 STRATEGIC LEADERSHIP GROUP

Role/Purpose

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

Tasks

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

Interfaces

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

Governance and Accountability

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

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

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

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

Work-streams

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

Strategy Input

The key work-stream here will be:

- Outcomes and Modelling

Programmes of Work

The key work-streams here will be

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

Enablers

The key work-streams here will be:

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

Role of Members

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

Membership

Name	Title	Organisation	Role
Neil McKay	Associate Partner	GE Healthcare Finnamore	Chair SLG
Peter Colclough	Senior Advisor	GE Healthcare Finnamore	Chair Implementation Group
Jon Develing	Interim Accountable Officer	CCG	Commissioner
Clare Fish	Strategic Director of Families and Wellbeing	WMBC	Commissioner
Fiona Johnstone	Director of Public Health	WMBC	Commissioner
Graham Hodkinson	Director of Adult Social Services	WMBC	Commissioner
David Allison	Chief Executive	WUTH	Provider
Simon Gilby	Chief Executive	CT	Provider
Sheena Cumiskey	Chief Executive	CWP	Provider

Dr Peter Naylor	Interim Chair CCG	CCG	Provider
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In cases where members cannot attend for a single meeting, apologies should be sent, however a deputy would not be permissible.

Additional members will be invited as and when required.

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

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

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

Frequency of Meetings

Monthly (to be reviewed after 6 months)

Communication and Accountability Arrangements

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

Resources

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

Chair/Vice Chair

Chair :

Neil McKay Associate Partner GE Healthcare Finnamore

Vice Chair:

Peter Colclough Senior Advisor GE Healthcare Finnamore

Quorum

2 Commissioners and 2 Providers

Date of Ratification/Date of Review

First draft: 30.05.14
Final Draft: 10.06.14

Date of approval: 18.06.14
Date for review: 18.12.14

**MINUTES OF THE
JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)
EXECUTIVE GROUP
WEDNESDAY 30 APRIL 2014, 2-4pm
ROOM 510 – OLD MARKET HOUSE**

Present

Julie Webster, Head Public Health, Wirral Council (CHAIR)
Jane Harvey, Consultant in Public Health, Wirral Council
John Highton, JSNA Programme Lead, Wirral Council
Melanie Maxwell, Associate Medical Director, Wirral University Teaching Hospital
Charlotte Simpson Consultant in Public Health Trainee, Wirral University Teaching Hospital
Annette Roberts, CEO, VCA Wirral
Rob Vickers, Interim Head of Service, Department of Adult Social Services, Wirral Council
Paula Simpson, Head of Quality and Governance, Wirral Community NHS Trust
Iain Stewart, Chief Officer, Wirral CCG

Apologies

Tony Kinsella, Head of Commissioning, Performance and Business Intelligence
Ewen Sim, Medical Director, Wirral Community NHS Trust
Graham Hodgkinson, Director of Adult Social Services, Wirral Council
Julia Hassall, Director of Children's Services, Wirral Council
Kevin MacCallum, Corporate Marketing Manager, Wirral Council
Dr. Mark Green, Wirral Alliance Commissioning Consortium/St Hilary Brow Practice.
Nancy Clarkson, Children & Young People Services, Wirral Council
Sandra Thomas, Department of Adult Social Services, Wirral Council
Damien Boden, Department of Adult Social Services, Wirral Council

No Apologies Sent

Tony Hope, Press/Public Relations Officer, Wirral Council
Val McGee, Directorate Manager, Adult Mental Health Cheshire and Wirral Partnership

In attendance: Elaine Burfield, Senior Admin Officer Public Health Directorate

	Detail	Action
1.	<p>Welcome & Apologies Julie welcomed the group and apologies were noted.</p>	
2.	<p>Minutes/actions of the previous meeting (25 June 2013)</p> <p>Minutes of meeting held on 28 January 2014 were agreed as correct.</p> <p>Rolling Actions Item 2: Item closed Item 3: This has been classed as update to Health and Wellbeing Board Item 5: website landing pages circulated – most popular as expected Item 6: Work in progress Item 8: On meeting agenda Item 9: On meeting agenda Item 10: On meeting agenda Item 11: On meeting agenda</p>	
7.	<p>JSNA Evaluation Plan</p> <p>A discussion took place regarding the range of different responses around the JSNA and how to hold partners to account on how they use the JSNA to ensure they commission the correct way, it was felt the role of the group was to act as champions for the JSNA using it as a self-assessment tool across the partnership.</p>	<p>JH – to change the Evaluation Plan to act as self-assessment form for partners - to re-populate and be reviewed against performance every 6 months</p>
3.	<p>Update on JSNA content refresh process</p> <ul style="list-style-type: none"> • Progress has been made towards completion but has slowed down over past 2 months due to work on Future Councils which had to be undertaken by Public Health and Business Intelligence teams. • Steps taken to develop content as co-author approach with a number of partners/people. • Community Safety content proving hard to have completed but for ongoing requests and contact. 	<p>JH – to discuss with PH colleagues</p> <p>General – JH to circulate drafts of refreshed or new sections</p>
4.	<p>Wirral Pharmaceutical Needs Assessment - relationship to JSNA Executive Group and Health & Wellbeing Board</p> <p>Item deferred to next meeting when all the data will be available.</p>	<p>Jane H to update Exec Group with progress</p>

	Detail	Action
5.	<p>Wirral JSNA Executive Group – Updated ToR (Draft)</p> <p>Exec Group were asked to agree latest ToR - group asked to confirm roles and representatives were correct</p>	<p>Exec Group to confirm representatives in ToR then final version will be circulated</p>
6.	<p>JSNA ‘Call for Information’</p> <p>22 forms returned – with a number of individual submissions. There are no developments out of call for information that warrant a new chapter in the JSNA but may need some more in-depth investigation to find out what Liverpool and Manchester gained from their work and also for those who didn’t contribute did they value the opportunity of being asked to contribute. It needs to be seen as capturing the Health of Wirral not raising expectations but focusing on what we can deliver. JH felt it was worthwhile and would use it again. Group suggested that future use could also/or instead focus on topics rather than a general call for information</p>	<p>JH - Contact individually to reflect on their submissions.</p> <p>JH - Contact Liverpool and Manchester to explore their findings.in relation to Wirral’s</p> <p>General – would use again as targeted approach via specific topics.</p>
8.	<p>JSNA – Managing requests for inclusion in JSNA</p> <p>Generally most areas are experiencing ad hoc requests for new JSNA chapters without a system in place to manage a response and how to deal with things as and when they come in</p>	<p>JH – to use submitted template as and when requests for new content/sections are submitted</p> <p>JH - to complete and submit to Exec Group members for agreement at next meeting or sooner.</p>
9.	<p>JSNA North West Network Update</p> <p>JH attended this meeting on 26/2/14 in Preston and a few things that were discussed were as follows:</p> <ul style="list-style-type: none"> • Data access for all 22 authorities • Changes around Public Health England and NHS • Relations with CSU variable across the North West • Trying to get barriers lifted with regards to data exchange <p>Next meeting in June.</p>	<p>JH – to report back at future JSNA Executive Group meetings</p>
10.	<p>Any Other Business</p>	<p>None was tabled</p>
11.	<p>Date and time of next meeting</p> <p>Thursday 17 July 2014 – 1:30-3:30pm Nightingale Room, Old Market House</p>	

Note: See rolling actions list below

Wirral JSNA Executive Group - Rolling Actions List - 2014

Date	Detail	Outcome
January 2014	Item 2 Julie Webster/Tony Kinsella & other group members to raise issues of under developed JSNA collaboration & co-authorship at key meetings	Closed
	Item 3 JH/TK to offer an abridged version to Health & Wellbeing Board with possibility of presentation to formal meeting in March. JW/TK to consider use at a future HWBB Development Session TK to consider use at or within future Constituencies training session content	Classed as update
	Item 5 JH to check top 20 landing pages on JSNA website and circulate to group for information. Also publish this stats report in next bulletin	Closed
	Item 6 – Jane H to ensure group is updated on progress	Work in progress
	Item 7 - Deferred to a future meeting	
	Item 8 JH to provide Exec Group with criteria and approach to the review of the details provided through this open call	Work in progress
	Item 9 JH to report to future Exec Group on future NW JSNA leads meetings	Work in progress
	Item 10 – Deferred to a future meeting Though JH to review template and submit as a later draft	Work in progress
	Item 11 – JH to recirculate report with a view to partners populating detailed actions for improvement & return to JH JH to submit this completed action plan to next Exec Group meeting	Work in progress
Date	Detail	Outcome

April 2014	Item 3 – JH to circulate draft Climate & Health Section and others as they become available	
	Item 4 – Jane H to update PNA progress at next meeting	
	Item 5 Exec Group - confirm attendees on P.3 of ToR Once confirmed - JH to circulate to group final version of ToR Next review March 2015	
	Item 6 JH to contact those who submitted returns to discuss. JH – to explore findings of Liverpool and Manchester as comparison	
	Item 7 JH to revamp the JSNA Evaluation Form for the group to re-populate (and future use as self-assessment tool with 6 month review of achievements)	
	Item 8 JH to instigate ‘new content’ process as and when required	
July 2014		
October 2014		

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Name of meeting: Tackling Tobacco
Date: Monday 3rd February 2014
Venue: Meeting Room 2, The Stein Centre, St Catherine's Health Centre

PRESENT:

Rebecca Mellor (RM) – Public Health Manager, Wirral Council
 Safwa Alsaden (SA) – Health and wellbeing lead (W.U.T.H) and Health Advisor (Wirral Community Trust)
 Peter Matthews (PM) – Smoking Cessation Worker, Healthbox
 Clare McHugh (CM) – Senior Support Worker, The Social Partnership
 Sylwia Mianowa (SM) – Health and Wellbeing Worker, Wirral Change
 Liz Blower (LB) – Young Adult Smoking Cessation/recovery worker, Arch Initiatives
 Kate Russell (KR) – Health & Wellbeing Development Officer, VCAW
 Sarah Love (SL) – Communications Manager, Wirral Community Trust
 Gill Vicary (GV) – Operations Manager, Wirral Trading Standards
 Lindsay Armstrong - (LA) Regional Campaigns Officer, RNIB
 Simon Sandford - (SS) Director, Healthbox
 Gaynor Westray - (GW) Associate Director of Nursing, W.U.T.H
 Samantha Thompson - (ST) Regional Coordinator, Solutions 4 Health
 Angela Price - (AP) Professional Development lead for Health Visiting
 Sonia Martelli - (Sonia M) Smoking Cessation Advisor, Wirral Change
 Gavin Byrom – (GB) Social Work Student, The Social Partnership

Apologies:



David Simpson (DS) – Merseyside Fire Service
 Victoria Pine (VP) – Cheshire & Wirral Partnership
 Tisha Baynton (TB) – Health Improvement Team, Halton & St Helens Division
 Vicki Woods (VW) – Wirral Council
 Sue Johnson (SJ) – Forum Housing


In attendance: Bridget Houghton (BH) – Public Health, Wirral Council

Item No.	Minutes	Action
1	Apologies and Introductions Introductions were made around the group and apologies were duly noted.	
2	Introduction to host organization: In VP's absence RM updated that CWP has gone Smoke Free today at all of their sites. VP works in mental health services and is a key link in the work we do.	
3	Minutes of the last meeting: Actions completed apart from Heidi Jones who was not present; TSNW survey which she will need to forward to RM to add on to the next agenda. Minutes agreed to be an accurate account of the last meeting.	HJ
4	<u>Tackling Tobacco in Wirral – where are we today?</u> Tackling Tobacco Action Plan – RM reiterated that she doesn't want this to become a performance meeting, it is to highlight all our work Programmes of work.	

	<p>Local Authority Second hand smoke is being linked into other pieces of work. Environmental Health provided their update on the spread sheet. Trading Standards: GV updated test purchase activity for under age sales of tobacco and training for retailers. Current issue with very little intelligence coming through on illicit & illegal tobacco. Trading Standards are developing a strategy to increase this reporting and GV asked for partners to send any ideas on how to increase this to gillvicary@wirral.gov.uk. People can report illicit illegal tobacco to GV or they can call Crimestoppers number 0800 555 111 anonymously. RM suggested that GV bring a draft of the strategy to a future meeting.</p> <p>NHS Community Trust CC wasn't present at meeting but RM reported December's milestone for 4 week quits was 1069 and 1193 is needed in order for target to be green. RM urged group to collect and submit their 4 week data ASAP If staff / teams need level 2 training they can contact the Community Trust directly 0151 630 8383. SM hasn't has this training. If group know of any carers who would benefit from the carer's programme they can signpost them to the Community Trust 0151 630 8383</p> <p>Health Visiting AP reported that her focus will be looking to develop a better system for recording and measuring outcomes. AP said that she is looking at the red book that is issued to parents after the birth of their child and pathways for referral to smoking cessation services and raising awareness re: first and second hand smoke damage to children. Health visitors are supported to provide training to families. When people are signposted to smoking cessation services, quite often this is not followed up. AP went along to a meeting recently which covered asthma in young children. RM asked if AP will share figures on this at a future meeting.</p> <p>VCAW A lot has been done around events e.g. Lung Cancer Awareness month. KR also went to a health and wellbeing event at Wirral Mind which went very well. KR reported that 3 new organisations have signed up this month, they are: YMCA, Rampworks and Homestart.</p> <p>Third Sector Organisations Wirral Change In terms of BME groups SM reported that Wirral Change is looking to increase numbers and she is still doing the Polish store in Birkenhead. Sonia M will be meeting up with ESOL tutors to try and engage with their students. Arch LB updated that she is working more days at the moment in order to catch people on a fortnightly basis. This is working really well at staff at Wirral Met are really supportive. E-cigs have been banned at Wirral Met. LB noted that 4 week quitters are a challenge. LB will send an electronic pdf poster which BH will then circulate to the group.</p> <p>Wirral University Teaching Hospital (WUTH) GW informed group that WUTH have updated their policy with a focus</p>	<p>GV</p> <p>ALL</p> <p>AP</p> <p>LB/BH</p>
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	<p>on patients, staff and visitors. Efforts are being made to get ward nurses trained on giving brief interventions; SA comes into the wards and trains the staff for those who cannot get to training externally. Consultants are keen to know if their patients are going out to smoke and some will address this matter with their patient. There are various opportunities to talk about smoking cessation with patients, one way is to speak to elective surgery patients at pre-op stage so hopefully by the time they come for their operation they will quit smoking and maintained this. GW also updated that audits have been taking place to see what improvements have occurred. A lot of the hospital literature includes the message that the Trust is Smoke Free. The hospital policy now highlights that smoking is not permitted not only in hospital grounds but on exit and entrance to the grounds. Security guards and other hospital staff can challenge people who are seen smoking. GW reported that staff will get information on smoking cessation enclosed with their pay slips. WUTH has a Twitter account which has recently seen some positive comments around smoking cessation at the Trust.</p> <p>SA feels that training is going well and she is exploring the idea of online training for staff who cannot attend training at other locations. She also noted that there is still a challenge to get people to attend their first appointment following on from referral so she is looking at ways to change this.</p> <p>Halton and St Helens TB was not present for today's meeting but RM briefly outlined what TB's work involves.</p> <p>Solutions 4 Health ST reported a high intake of pregnant smokers for January. 59 4 week quitters and 31 12 week quitters. ST highlighted the importance of partnership work in tightening up referrals.</p> <p>CWP As VP was not present RM reminded group that their Nicotine Management Policy was launched today.</p> <p>Communication/media Group generally agree that not many referrals come in due to leaflets, word of mouth proves to be a far more powerful method and they key is to see people within 24-48 hours of referral as they tend to be at their most motivated.</p> <p>Training Loan shark awareness training will be taking place this month. RM can re-send the link if anyone is interested in attending this. PM recommended this course very highly and said it was really worthwhile.</p> <p>Clinics update list: Updates were received over the course of last year. BH to recirculate for any updates where possible.</p>	<p>RM</p> <p>BH</p>
<p>5a</p>	<p>Footfall; Engagement and Retention: RM asked group to think about how they are getting people in, how they are engaging with them and what they are doing to hold on to them.</p> <p>Footfall: The group generally agreed that they are as busy as they were last year.</p>	

	<p>ST reported that her footfall has gone up. SM said that New Year's resolutions have brought people in. CM said that Seacombe has been busier than Birkenhead. However she finds that people come back in January who may relapse during December. Sign- ups are about 1-10 through the TSP branches.</p> <p>LA updated that RNIB have been increasing awareness around impact of smoking on eye health. They have put a submission to the Wirral JSNA. LA reminded the group that the Eye Pod locations are planned a year in advance and she said that she will ask if it would be available for Wirral on No Smoking day on March 12th and she will let us know.</p> <p>KR spoke about some recent discussions with Frederick Howard of Frederick Howard Optician's Wirral. Fred is keen to have smoking cessation services within opticians across Wirral and to have robust referral systems in place. He is also keen to start working with the Polish community. KR and CC are working with FH on this.</p> <p>Engagement: SS finds that One to One working and home visits are proving to be the most successful way of working. 3 advisors are seeing around 50 people per week and there is capacity for more. ST finds that groups work better than home visits and quits for home visit clients were less than quits from groups. LB feels that group work works better, whilst it is demanding when there is a large group it is still the best way of engaging so she will continue this. LB talks with the students and when they come back they receive a voucher. LB did however note that it is proving harder to gain the 4 week quits this year. KR works with some groups who have clients with such issues that keeping appointments can be difficult. For some groups more of an open door policy works however KR feels that it is all trial and error. SM finds that for her clients group work is not a successful approach. Clients come in to socialize as a group and they do not want to be overloaded with information. Sonia M from the same organization added that she will try a mix of approaches with some open drop-in days and some structured appointments.</p>	<p>LA</p>
<p>5b</p>	<p>Customer Relationship Marketing strategy presentation. Sarah Love, NHS Community Trust. SL gave the above titled presentation (please see attached). The strategy was aimed at Routine & Manual workers, unemployed people and people living in areas of high deprivation. The key themes include health, finance and the impact on children.</p> <p>Some discussion followed the presentation. RM would like to explore whether peer to peer working could work for smoking as it does with drugs and alcohol? CM to send contacts for someone at the Quays who RM can speak to about peer to peer work. LB will also update on what they do at the college.</p> <p>BH to circulate the presentation to the group.</p>	<p> Stratgey_presentation (2).ppt</p> <p>CM LB</p> <p>BH</p>
<p>6</p>	<p>Information Exchange</p> <p>Standardised Packs Update: This is being debated this week and a report is due out in March 2014. RM will circulate. The smoke free action briefing is interesting, RM will also circulate this. GV briefly spoke about proxy purchasing saying that she wants this to be brought in line with alcohol.</p>	<p> SFACLordsbriefingSP [1].pdf</p>

	<p>E-Cigs update: SS remarked that a big concern is what British-American Tobacco brings out with their new E-cig. Nicoventures have a lot of lobbying power. CM feels that lately a lot of her clients are using Shisha pens as support. SM reported that clients ask for information about E-cigs. They sign up and after a couple of weeks or so of trying NRT they return and say that they are now using E-cigs and don't wish to continue with NRT. KR pointed out that a lot of staff in 3rd sector organisations are using E-cigs so this can make it hard to get the right message to clients. LB noted a decline in E-cig popularity with 16-24 year olds compared to this time last year. Some now prefer to follow LB's way of quitting instead. Some said that when they run out of refills they go and smoke. LA reported that they have 'no e-cig use' in their policy. RM updated that the Department of Health is looking to put e-cigs on their monitoring form. In general there was a feeling in the group that there isn't as much mention of E-cigs compared to a year ago and people seem to be more informed now. In contrast to this there are now more shops stocking them. RM suggested that the group look at their policies to see what is there about e-cig use, group can update KR (kate.russell@vcawirral.org.uk) if they are third sector or RM (rebeccamellor@wirral.gov.uk) for anyone else. RM reminded the group that they can complain about the recent E-cig advertisements RM can re-send the link for this.</p> <p>Surgeon's General Report on Smoking and Health: This was produced in America and it is the 50th anniversary of this report. There are some really interesting findings in this report. Link to report is www.surgeongeneral.gov/initiatives/tobacco</p>	 E-cigarette advertising.msg RM
<p>7</p>	<p>Campaigns/events National/local- Smoke Free cars: this is being debated at the moment, RM encouraged group to lobby their support.</p> <p>New Year Health Harms – Billboard showing dripping tar, many of group commented on this graphic image. RM to keep group updated on further new campaigns.</p> <p>Communication plan – SL and LA to pick up on key events around tobacco control and no smoking. A localised toolkit has been put together which includes lots of useful resources. SL to circulate toolkit. RM encouraged group to start thinking about ideas for Stoptober.</p> <p>RM spoke about national campaigns and asked group to contribute to Wirral's tobacco comms plan that has been put together by Sarah Love e.g. National Eye Health week. KR has a list of dates of national campaigns which she will send to SL. SL to circulate Comms plan</p> <p>CLeaR event 26th February 2014 – CleaR is a tool that was put together by ASH to give a snap shot of where we all are in terms of our smoking cessation / tobacco control work. First stage is a questionnaire. Second stage is an event (26th February) at which</p>	<p>RM</p> <p>SL/RM</p> <p>KR</p> <p>SL</p>

	<p>people talk through their questionnaire with critical friends to look at ways of making improvements etc. There will be a series of 45 minute slots. Please let BH know if you are able to attend this at: bridgethoughton@wirral.gov.uk A report will be produced at the end of this.</p> <p>RM would like to take the findings from this event to the Health and Wellbeing Board in March.</p>	Group
8	<p>A.O.B</p> <p>Mental Wellbeing- WEMWBS: RM invited feedback on this which for 3rd sector groups can be forwarded to KR and others to forward to RM. Wirral Change and The Social Partnership fed back that they are using this and are finding that it is working well.</p> <p><i>Group had nothing else to raise for A.O.B.</i></p>	
9	<p>Next meeting: Thursday 5th June 2.00-4.00pm, Arch Initiatives, Birkenhead.</p> <p><i>*Please enter through the Archway Café on the corner of Argyle Street/Conway Street and ask for a member of staff to direct you to the meeting room on the top floor of the building.</i></p>	

WIRRAL JOINT STRATEGIC COMMISSIONING GROUP

**Record note of the meeting held on
Thursday 22 May 2014**

Present:

Clare Fish (Chair) Julia Hassall Graham Hodgkinson Jacqui Evans	Tony Kinsella Mark Bakewell Sarah Quinn
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Apologies:

Abhi Mantgani John Oates Paul Edwards Pete Naylor Lucy Jones	Phil Jennings Fiona Johnstone Mark Green Iain Stewart
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In attendance: Tessa Woodhouse

No.	Item	Responsibility
1	Welcome and apologies Clare Fish welcomed members and apologies were noted.	
2	Notes from the previous meeting (24 April 2014) The notes from the previous meeting were accepted as an accurate record of the meeting.	
3	Rolling Actions: Commissioning Strategy Tony Kinsella advised the group that the first draft would be completed shortly and circulated for comments. A long discussion took place as to what areas of health and social care might be weaved into the commissioning framework, taking into account the Vision 2018 work and also any strategic visions of partners. It was suggested that two or three themes be submitted for consideration. This approach could then indicate the vision for care for the borough whilst taking into account the economic climate. Consideration also needs to be given to the change in culture when offering treatment in the community and not via the existing model. It was suggested that one of the key themes could be around	

	<p>prevention and modelling the system to help support people in their own homes and also offer care closer to home. There was also reference as to how the system could be shaped to prevent the escalating number of hospital admissions and for treatment to take place in the community in a timely, effective manner with good outcomes. Julia Hassall asked the group to consider the family as a whole in any commissioning considerations.</p> <p>The members were asked to reflect on the discussion and forward their comments to Tony Kinsella.</p> <p>All other outstanding actions had been completed.</p>	<p>All</p>
<p>4</p>	<p>BCF Update/Performance Report A copy of the BCF update report was tabled. The paper set out the progress to date on the BCF work programme.</p> <p>The group was advised that a monthly steering group had been established with key leads from the partner organisations. A programme plan had been developed with delivery timescales and identified key project leads. This work had also led the team to explore where commissioning resources can be more effectively used across the CCG and DASS. However, it was acknowledged that programme management support would be welcome.</p> <p>A robust approach to finance and performance has been established and the joint finance post has been filled and the successful candidate would commence in mid-June.</p> <p>The report also advised that the Wirral BCF submission had been recommended for approval. However, there had been challenges raised by the sub regional BCF group members regarding the process. One to One meetings have been arranged for all areas with members of the Area Team to finalise the BCF RAG rating. Also NHS England had challenged the robustness of BCF plans nationally and NHS England is in the process of requesting further information from CCGs and Councils.</p> <p>It was advised that regular reports would be submitted to the group and the Health & Wellbeing Board would receive reports on a quarterly basis.</p> <p>The group was advised of the work on commissioning and procurement led by Sally Hobbs. An initial report had been presented to the Council's Commissioning & Procurement Board and a further report was due to be submitted in September.</p>	

	Clare Fish thanked Jacqui and Sarah for the update and looked forward to receiving future reports.	
5	<p>Vision 2018 Update</p> <p>Clare Fish advised that at the May Vision 2018 Programme Board a discussion took place regarding a revised programme structure. Changes were agreed in principle but details of the new structure had not been confirmed.</p> <p>Models of care would be changed to focus on those with ongoing needs; those who require short term or episodic planned care and those who require short terms or episodic unplanned care. Also the Programme Board would cease and a Strategic Leaders Group would be set up. However, the Implementation Group would still continue. Assignment of roles, responsibilities and the capacity to support the Vision 2018 work would also be developed.</p> <p>It was advised that the benefits of the proposed governance structure would offer a number of benefits including a simplified governance chart and a complete view through the major programmes of work.</p> <p>Julia Hassall advised that the first meeting of the Children’s Integrated Workstream had taken place. The next meeting would focus on priorities and key areas of work and she advised that the group has a good mix of commissioners and providers.</p>	
6	<p>Forward Plan</p> <p>Graham Hodgkinson tabled a copy of the Project Plan which listed the joint commissioning intentions of the CCG and DASS for 2014/15. The project sponsors would be Jacqui Evans and Sarah Quinn. Updated information would be presented to the group on a regular basis.</p>	
7	<p>AOB</p> <p>7.1 Wirral Independence – PID</p> <p>The document was tabled and it was agreed that the project lead for this would be Fiona Johnstone. Clare Fish would progress with Fiona.</p> <p>.</p>	Clare Fish
8	<p>Date of next meeting</p> <p>The next meeting of the group will be held on 19 June at 2.00 pm. in room 539</p>	

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WIRRAL STRATEGIC COMMISSIONING GROUP 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 Hodkinson	Director of Adult Social Services	Local Authority
Julia Hassall	Director of Children and Young People's Services	Local Authority
Dr. Phil Jennings	Chair	NHS Wirral CCG
Dr. Pete Naylor	Governing Body GP Representative	NHS Wirral CCG
Dr. John Oates	Governing Body GP Representative	NHS Wirral CCG
Dr. Mark Green	Governing Body GP Representative	NHS Wirral CCG
Paul Edwards	Head of Corporate Affairs	NHS Wirral CCG
Tony Kinsella	Head of Performance and Commissioning	Local Authority
Mark Bakewell	Chief Financial Officer	NHS Wirral CCG
Paul Cook	Head of Challenge & Business Process DASS	Local Authority
Andrew Roberts	Head Schools Funding and Resources	Local Authority

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

Potential work areas within scope of the Strategic Partnership

Strategic workstreams:

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

Service Delivery workstreams:

- Drugs & alcohol services
- Voluntary Sector commissioning
- Mental Health/Dementia

- Disability services (learning and physical)
- Continuing care
- Prevention & early intervention
- Urgent care
- Loneliness & social isolation

Frequency of Meetings

Monthly (to be reviewed after 6 months)

Communication and Accountability Arrangements

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

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

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

Chair

Chief Clinical Officer of NHS Wirral CCG

Quorum

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

Administrative Support

Tessa Woodhouse, Commissioning Project Support Officer

Date of Ratification/Date of Review

First draft: 16th September 2013

Final Draft:

Date of approval: 22 November 2013

Date for review:

Abhi Mantgani
Chief Clinical Officer
NHS Wirral CCG

Clare Fish
Strategic Director of Families & Wellbeing
Wirral Council

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VISION 2018 PROGRAMME BOARD MINUTES

Date: Wednesday 28th May 2014

Duration: 1 hour 55 minutes

Location: Nightingale Room, Old Market House, Birkenhead

MEMBERS	
Clare Fish	WMBC (Chair)
David Allison	Chief Executive, WUTH
Mark Blakeman	Director of Informatics, WUTH
Christine Campbell	Chief Officer, WGPPC
Simon Gilby	Chief Executive, CT
Julia Hassall	Director of Children and Young People, WMBC
Graham Hodgkinson	Director of Adult Social Services, WMBC
Tony Kinsella	Head of Performance, BI and Commissioning, WMBC / PH
Val McGee	Service Director – Wirral, CWP
Evan Moore	Senior Clinician, WUTH
Anna Rigby	Vision 2018 Programme Manager, CCG
Iain Stewart	Chief Officer, WACC
In attendance	
Peter Colclough	GE Healthcare Finnermore
John Develing	NHS England
Anita Fletcher	WGPPC Administrator

Clare Grainger	Corporate Support Officer, CCG
Wayne Greenwood	GE Healthcare Finnamore
Neil McKay	GE Healthcare Finnamore

No	(AGENDA ITEM)	Lead	Due
1.1	<p>Apologies for Absence</p> <p>Apologies were received from Chris Beyga, Andrew Cooper, Sheena Cumiskey, Andrew Crawshaw, Russell Favager, Mark Green, Fiona Johnstone, Dr Peter Naylor, Dr John Oates, Ewen Sim and Dr Anushta Sivananthan.</p>		
1.2	<p>Minutes of the previous meeting held on Wednesday 23rd April 2014</p> <p>The minutes were agreed to be a true record of the meeting.</p> <p>Actions/Matters Arising</p> <p>All actions that were now closed were highlighted.</p> <p>Members were advised that the Joint Commissioning Strategy was still being finalised; a version of this would be circulated before the end of the following week.</p>		
2.1	<p>Items for Noting</p> <p>There were no items for noting at the meeting.</p>		
3.1	<p>GE Finnamore Healthcare</p> <p>Members of GE Finnamore Healthcare were introduced to members and gave a background to their respective knowledge and experience.</p>		

No	(AGENDA ITEM)	Lead	Due
3.2	<p>Proposal – Revised Programme Structure</p> <p>Members were advised that the current workstreams were not fit for purpose so a new approach had been looked at and was presented by Wayne Greenwood. Open discussion would be encouraged within the meeting.</p> <p>The presentation slides aim to provide:</p> <ul style="list-style-type: none"> • Outline the proposal for streamlining the organisation of the programme • Proposed changes to the current governance structure to support this. • Proposal of the function of the Programme Management Office support • Stimulate discussion to agree on appropriate transition from current to future structures. <p>It referenced that a lot of good work has already been undertaken; the aim is to build on what has already been done.</p> <p>The key principles, rationale/benefits and key decisions for streamlining the organisation of the programme were highlighted.</p> <p>The three new work streams were introduced and members were advised that this would be split into short-term/episodic care which would include planned and unplanned care, and ongoing care which would focus on those with long term conditions and complex needs.</p> <p>The three work streams were agreed, but it was clear that the scope and the objectives for each must be defined.</p> <p>The Programme structure example slide was discussed; thought has started on defining what the roles may be.</p> <p>The Programme Office slide describes the role and relationship of the Programme Office to the key governing bodies and workstreams.</p> <p>The Strategic Leadership Group’s remit and responsibility is for agreeing the overall strategy. The</p>		

No	(AGENDA ITEM)	Lead	Due
	<p>Strategic Leadership Group will be Chief Executive level and will have the opportunity to resolve disputes, a high level group.</p> <p>The Implementation Group brings together Programme Directors to manage pace and the programme deliverables.</p> <p>Going forward, the Programme Board will no longer exist.</p> <p>The key messages/decisions discussed were highlighted from the appropriate slide.</p> <p>All present at the meeting were happy with the proposals being discussed.</p>		
3.3	<p>Operational Delivery of Integrated Teams in Wirral</p> <p>Members were advised that the commissioners have set out a framework for delivering integrated care and has been developed by key operational leaders across the divisions. The paper gives greater clarity on what is being undertaken. It represents a shift from a set of Integrated Care Co-ordination Teams for people with Long Term Conditions / complex needs, to an alignment of community based health and social care services around a local delivery of integrated care.</p> <p>There are 18 recommendations set out in the paper. Peter Tomlin was thanked for the work that had been undertaken on this.</p> <p>Attention was drawn to recommendation 16; High calibre Team Leaders who can manage the performance of the local teams, the local team budget and ensure the outcomes for the local people improves through supporting more people to remain independent at home will be required, funded from existing resources and with initial appointments being made from existing health / social care staff working across the Wirral.</p> <p>Members of the meeting were asked for views on the paper and these were shared as follows.</p> <p>The conclusion in looking at four teams, everything should be in them unless the subject does not fit. The next step is to align other services with this. Choosing high calibre team leaders from within organisations</p>		

No	(AGENDA ITEM)	Lead	Due
	<p>to lead the teams is absolutely critical.</p> <p>The questions were raised as to how this would link with unplanned care and who would be the accountable lead for this and what does pace mean?</p> <p>Members were advised that timescales are critical and it was agreed that dates are required. It was highlighted that the Senior Leadership Group are accountable for this although there are dedicated Managers who lead on this. It was suggested that the programme plan will be monitored at the Integration Board, with exemptions escalated to the Strategic Leadership Group. As the revised Vision 2018 programme structure is developed the accountability and reporting arrangements need to be agreed.</p> <p>The paper will develop very substantial pieces of the jigsaw and bring them together to understand who the most vulnerable people are. It was felt that this piece of work in the context of the wider jigsaw is great progress and brings together many elements for older people who we are not getting it right for.</p> <p>The document is a really useful foundation for moving forward in many pieces of work, for example Primary Care.</p>		
3.4	<p>Risk Register</p> <p>Members were advised that there are two “reds” on the risk register.</p> <p>V2: Secondary Care Workstream – this is still open regarding signing the contracts.</p> <p>V10: this is an additional risk regarding the financial challenge; work is being undertaken to investigate that risk.</p>		
3.5	<p>Workstream Urgent Issues</p> <p>Proposed Strapline – The Communications workstream had been asked to come up with the Vision 2018 branding, this had been undertaken and is now in use.</p> <p>For the strapline, a range of options had been looked at and the proposal from the group is:</p>		

No	(AGENDA ITEM)	Lead	Due
	<p>“Working together for a healthier Wirral”</p> <p>A suggestion was made not to concentrate on health as Vision 2018 is about the economy.</p> <p>It was agreed that there is the need for a strapline as we need to let people know what is being done for them. A further suggestion for the strapline to include more independent Wirral in it. The strapline would be considered further by the Strategic Leadership Group.</p> <p>Action: Simon Gilby to reconsider option for the strapline and for the Strategic Leadership Group to decide on the final strapline.</p> <p>IT and Integration Joint Proposal – In order to deliver healthcare, there is the need to have integrated IT solutions. An integrated IT system would enable the right information to the right place at the right time. NHS England is offering matched funding bids for this to be submitted by 14th July. The Information and IT Workstream would like agreement to an extension to put in a bid by 14th July; the workstream is not asking for permission for funding however if the bid is successful, the amount would have to be matched by the organisations. This would bring in significant money into the health economy; the benefits would highly likely outweigh the costs.</p> <p>Members were advised that this is absolutely essential for going forward into integration. It is a linking pin to what is already there for integrated patients’ records, not a completely new system.</p> <p>There have been problems over consent in the past when this has been shared with the public. Going forward, patients will be asked for consent at the point of need and not at the beginning. A written statement will be required here on information governance.</p> <p>The Board approved the paper and agreed for the IT and Informatics Workstream to pursue the Graphnet solution and prepare a match funded business case for Tech fund, July 14th deadline.</p>	SG	18.06.14

No	(AGENDA ITEM)	Lead	Due
	Action: IT workstream to develop the funding bid and share with the Strategic Leadership Group prior to submission.	MB	14.07.14
4.	Items for Information There were no items for information on the agenda.		
5.	Any Other Business There was no other business discussed.		

The meeting closed at 4.55pm

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