



## Health and Wellbeing Board

<b>Date:</b>	<b>Wednesday, 13 July 2016</b>
<b>Time:</b>	<b>4.00 pm</b>
<b>Venue:</b>	<b>Committee Room 1 - Wallasey Town Hall</b>

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## AGENDA

### 1. DECLARATIONS OF INTEREST

Members of the Board are asked whether they have any personal or prejudicial interests in connection with any application on the agenda and, if so, to declare them and state the nature of the interest.

### 2. APOLOGIES FOR ABSENCE

### 3. MINUTES (Pages 1 - 6)

To approve the accuracy of the Minutes of the Health and Wellbeing Formal Board on 9 March 2016.

### 4. SUSTAINABILITY AND TRANSFORMATION PLAN (STP) AND THE HEALTHY WIRRAL LOCAL DELIVERY SERVICES PLAN (LDSP) (Pages 7 - 14)

### 5. NHS ENGLAND - QUARTERLY ACCOUNTABILITY REPORT

This will be a Verbal Report.

### 6. WIRRAL HEALTH PROTECTION GROUP: ANNUAL REPORT 2015/16 (Pages 15 - 40)

### 7. DATE OF NEXT FORMAL BOARD MEETING

The date of the next formal Board meeting is Wednesday 13 July, 2016 at 4:00pm in Committee Room 1 Town Hall, Wallasey.



## HEALTH AND WELLBEING BOARD

Wednesday, 9 March 2016

Present:	Councillor	P Davies (Chair)
	Councillors	P Gilchrist T Smith Chris Jones
	Ms J Hassall	Director of Children's Services
	Mr J Develing	Wirral CCG
	Ms K Howell	CEO Wirral NHS Community Trust
	Ms F Johnstone	Director of Policy, Performance and Public Health
	Mr G Hodgkinson	Director of Adult Social Services
	Ms C Fish	Strategic Director Families and Wellbeing
	Mrs A Roberts	Community Action Wirral
	Mr D Allison	CEO Wirral University Hospital Trust
	Mr R Freeman	NHS England
	Mr P Byrne	Mersey Fire and Rescue

### In attendance

Mr A Evans	Strategic Investment & Partnership Manager
Ms R Boylan	Strategy Manager
Ms S Wells	Acting Chair Wirral CCG
Ms S Edwards	CWP Wirral NHS Community Trust
Mr Faou Y A Lam	Cheshire and Wirral NHS Partnership Trust

### 22 DECLARATIONS OF INTEREST

Members were asked if they had any pecuniary or non-pecuniary interests in connection with any application on the agenda and, if so, to declare them and state the nature of the interest.

No such declarations were made.

### 23 APOLOGIES FOR ABSENCE

Apologies were received from Councillor Jeff Green, Mr A Cannell, CEO Clatterbridge Cancer Centre, Mr A Crawshaw NHS England, Mr P Davies Healthwatch, Ms S Cumiskey, Cheshire and Wirral NHS, Partnership Trust, Dr P Naylor, Wirral CCG, Ms K Howell, CEO Wirral NHS Community Trust, Mrs J Webster, Head of Public Health, Mr G Oakford, Mersey Fire and Rescue, Mr J Berry, Mersey Fire and Rescue, Chief Superintendent John Martin, Merseyside Police and Ms K Prior, Healthwatch.

24 **MINUTES**

**Resolved – That the accuracy of the Minutes of the Health and Wellbeing Formal Board held on 11 November, 2015 be approved as a correct record.**

25 **GROWTH PLAN**

Alan Evans, Strategic Investment and Partnership Manager, attended the meeting and provided the Board with a verbal presentation on the Wirral Growth Plan. The report gave details of the strengths and weaknesses in the area together with the opportunities, threats, the growth plan scope, the vision for Wirral including the Northern Powerhouse gateway, Inputs/Resources, Action Areas, Outcomes, Impacts, outcomes around the 2020 pledges and next steps including developments at Wirral Waters.

Members welcomed the programme and the opportunity to link in and help and discussed how best to support this work. Fiona Johnstone suggested that as a starting point to draw people together a nominated key link for each organisation be circulated and it was agreed that Alan Evans be invited to attend a future meeting of the Health and Wellbeing Board to inform members about the progress at Wirral Waters.

**Resolved – That Alan Evans be thanked for the presentation and the contents noted.**

26 **REVIEW OF HEALTH & WELLBEING STRATEGY AND THE WIRRAL PLAN**

Further to the Health and Wellbeing Board development session held on 13th January 2016 (minute 18 refers), the Board considered an update presented by Rose Boylan, Strategy Manager, on the latest developments of the Wirral Plan, 20 Pledges and emerging Strategies. The Board discussion included a focus on: How the Wirral Plan and 20 Pledges related to the work of the Board; How the Plan related to the emerging NHS Sustainability and Transformation Plan; and How the Board could add value to help deliver more effective and efficient partnership working to achieve our priorities.

The Board agreed that a follow up discussion was required to understand and agree, within the Wirral Plan and emerging strategies:- Which strategies were top priorities for the Board; and Which strategies does the Board wish to; Lead; Influence; or be kept informed – included in Figure 1 of the report.

To help inform the follow up discussion, the report brought together some supporting information. This aimed to draw out the strategic linkages between the draft Health and Wellbeing Strategy and the Wirral Plan in order to help partners agree the future focus, priorities and strategic direction for the Board.

Councillor Phil Davies cautioned against duplicating work and suggested the focus be on how, as a Board, members could add value to the whole agenda.

Members agreed that the way forward would be to construct a draft dashboard which would identify the key areas of focus and how this would have maximum value.

**Resolved – That**

- 1) **Rose Boylan, Strategy Manager, be thanked for the report.**
- 2) **a draft dashboard identifying the key areas of focus and how this would have maximum value be prepared and submitted to a future meeting of the Health and Wellbeing Board.**

## 27 **FIVE YEAR FORWARD VIEW OF MENTAL HEALTH**

Members considered a report of Sheena Cumisky, Chief Executive, Cheshire and Wirral Partnership presented by Mr Lam and Ms Suzanne Edwards. As part of the NHS Five Year Forward View, NHS England Chief Executive Simon Stevens had commissioned an independent taskforce to produce a ten-year strategy for improving mental health outcomes across health and care. The taskforce was chaired by Paul Farmer, Chief Executive of Mind, with Jacqui Dyer, an expert by experience and carer, as Vice Chair. The taskforce had put an emphasis on co-production with people with mental health problems and carers, over twenty thousand of whom had responded to the consultation and shaped the report.

The report built on issues covered in recent mental health policy, particularly the Department of Health's (DH) 2011 report, No Health without Mental Health, and the 2015 report on children's mental health, Future in Mind. It identified that significant progress had been made in areas such as public attitudes, improved outcomes, and developing services like psychological therapies. However it was reported that there were also huge challenges; an increase in people using services, insufficient funding, lack of parity between physical and mental health care, differences in funding between CCGs, and variations in outcomes in local areas mean that much more needs to be done.

The report called for a 'fresh mindset' with leaders taking 'decisive steps' to make improvements in the three main areas of prevention, seven-day services and integrated physical and mental healthcare. Within this there should be a focus on people at high risk of developing mental health problems, such as those in poverty or unemployed, people facing other forms of discrimination and children and young people – the age at which many mental health problems started.

The report had set out recommendations for national and local organisations in the areas of commissioning, workforce, regulation, data and funding. £1 billion additional investment would be required to make the improvements.

NHS England had accepted the recommendations in the report. It was expected that the measures identified would be reflected in local sustainability and transformation plans, and in how CCGs allocated their budgets.

Fiona Johnstone, Director of Public Health offered to work with Sheena Cumiskey and others to bring a report to the Health and Wellbeing Board that would involve an Audit identifying what needs to be done at a local level and suggested setting up a sub group to take up this work.

### **Resolved - That**

- 1) **the report be noted.**
- 2) **a further report be brought to the next meeting of the Health and Wellbeing Board that would respond to what our health and social care system was planning to do to respond to the report's recommendations.**

## 28 **NHS ENGLAND - QUARTERLY ACCOUNTABILITY REPORT**

Mr Richard Freeman, NHS England attended the meeting and presented the quarterly accountability report to the Board. The report outlined the national and regional context together with specific updates on priorities that the Local Teams were responsible for delivering and progress against established milestones.

It was reported that the Delivering the Forward View: NHS planning guidance 2016/17- 2020/21 had been published in December 2015, setting out national priorities for 2016/17 and longer-term challenges for local systems. It outlined the need to deliver the Five Year Forward View, to restore and maintain financial balance and to deliver core access and quality standards for patients.

The guidance required health economies to create Sustainability and Transformation Plans (STPs) using place-based planning methodologies. CCGs were being given the ability to influence an increasing proportion of the local and regional NHS commissioning resources, including primary care and specialised services. This would put them in a better position to match investment decisions with the needs and aspirations of their local communities, for example to improve primary care and mental health services. Additionally, a Sustainability and Transformation Fund (STF) would be dedicated to delivering initiatives such as the new care models through and beyond the vanguards, primary care access and infrastructure, technology roll out, and to drive clinical priorities such as diabetes prevention, learning disability, cancer and mental health.

It was noted that there was a requirement to develop two separate but connected plans:

- A five year Sustainability and Transformation Plan (STP), place-based and driving the Five Year Forward View; and
- A one year Operational Plan for 2016/17, organisation-based but consistent with emerging STP.

Mr Freeman informed the Board that there were 9 extremely challenging 'must do's' for 2016/2017 which were detailed in the report.

**Resolved – That;**

- 1. the report be noted.**
- 2. the Board receive future updates from NHS England.**

**29 TRANSFORMING CARE: IMPLEMENTATION OF NATIONAL PLANS ACROSS CHESHIRE & MERSEYSIDE**

Members of the Board considered the document 'Transforming Care: Implementation of National Plans across Cheshire and Merseyside'.

The purpose of the report was to update Cheshire and Merseyside Health and Wellbeing Boards with regard to the national, regional and local programme of work with regard to Transforming Care for people with Learning Disabilities.

As a result of the Winterbourne View Review: Concordat: Programme of Action (2012) NHS England was committed to improving the health and outcomes of people with learning disabilities and autism, and transforming services to improve the quality of care throughout peoples' lives.

Transforming Care for People with Learning Disabilities - Next Steps, (July 2015) had outlined an ambitious programme of system wide change to improve care for people with learning disabilities and/or autism, and behaviour that challenges (learning disabilities).

Next Steps (July 2015) had set out clear expectations that six organisations - NHS England, Department of Health (DH), Local Government Association (LGA), Association of Directors of Adult Social Services (ADASS), Care Quality Commission (CQC) and Health Education England (HEE) - would work together more effectively, to drive forward change.

There was now a single shared Transforming Care programme that recognised the scale of the change required, and ensured that the underlying causes of why so many people remain in, and were continuing to be placed in, hospital settings were being addressed.

The five areas in the Transforming Care programme were detailed in the report.

**Resolved - That the report be noted.**

30 **HEALTHY WIRRAL: VALUE PROPOSITION**

John Develing, Wirral CCG, attended the meeting and gave Members a verbal presentation on Healthy Wirral: Value Proposition. It was reported that a whole series of engaging events had been undertaken including 30 workshops and over 1000 online surveys that had resulted in 29000 hits. There had been a successful outcome of responses that included; people wanted to take a greater role in their own health and the confidence that the NHS would be there for them when they needed it, the need for a service that would be integrated and the need to make the best use of community assets. It was reported that response was awaited from the NHS on how the proposition had been received and how it would be funded.

**Resolved – That;**

1. **John Develing be thanked for the verbal report.**
2. **the report be noted.**

31 **PRIMARY CARE COMMITTEE: REQUEST BY NHS ENGLAND FOR A MEMBER OF THE H&WB BOARD TO SIT ON THE COMMITTEE AS A NON-VOTING REPRESENTATIVE**

Fiona Johnstone, Director of Policy, Performance and Public Health informed the Board that correspondence had been received from NHS England for a member of the Health and Wellbeing Board to sit on the Primary Care Committee as a non-voting representative. The role required someone who would provide strategic oversight. The Board was informed that Graham Hodgkinson would be willing to undertake this role and there being no other nominations it was;

**Resolved – That Graham Hodgkinson, Director of Adult Social Services, be nominated to sit on the Primary Care Committee as a non- voting representative.**

32     **DATE OF NEXT FORMAL BOARD MEETING**

The date of the next formal Board meeting would be Wednesday 13 July, 2016 at 4:00pm in Committee Room 1 Town Hall, Wallasey.

**REPORT TO THE :  
WIRRAL HEALTH & WELLBEING BOARD : 13 July 2016**

## **SUSTAINABILITY AND TRANSFORMATION PLAN (STP) AND THE HEALTHY WIRRAL LOCAL DELIVERY SERVICES PLAN (LDSP)**

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### **1. PURPOSE**

The purpose of this paper is to brief members of the Health and Well Being Board on sustainability and transformation plans for Cheshire and Mersey and how this will be informed by a local delivery services plans for Wirral.

The paper explains how the Wirral Local Delivery Service Plan (LDSP) provides a foundation for the Healthy Wirral element of the plan, and how future governance arrangements to oversee implementation of the plan will be developed.

### **2. BACKGROUND**

NHS Planning Guidance 'Delivering the Forward View 2016/17 – 2020/12' was published on 22 December 2015. This set out the requirement for local health systems to work together to produce Sustainability and Transformation Plans, which describe how systems will achieve sustainability over the five year period.

The STPs require local leaders to come together to describe

- A shared vision for the health economy
- The programme of activities which will take the system into sustainability
- The governance for how this will be delivered
- The resources required, with up to £8.4bn set aside over the period to enable transformation to secure sustainability

- The STP will therefore be the future mechanism by which systems across the country gain access to transformational monies.

### **3. LOCAL PROGRESS**

#### **Footprint and scope**

Cheshire and Mersey providers and commissioners are working together to produce a Cheshire and Mersey STP.

Given the diverse nature of this footprint, it has been confirmed that the overarching Cheshire and Mersey STP will comprise a number of Local Delivery System Plans (6), which bring the local commissioners and providers together to articulate the changes required at system level and how they are going to be achieved.

The initial footprints for these are as follows

- North Mersey
- Mid Mersey
- Wirral
- West Cheshire
- South Cheshire & Vale Royal
- East Cheshire

There will also be a small number of themes which span Cheshire and Mersey, however, it is recognised that the Local Delivery Systems will be the engine rooms for change, and the route to secure clinical, patient and public engagement.

Principles for how providers and commissioners across Cheshire and Mersey work together on the STP have been established and confirmed with each Local Delivery System. An overarching framework for the STP has also been set out, with Local Delivery Systems now working hard to complete their analyses and narratives.

#### **Governance**

All STP areas are required to identify an Accountable Officer who is responsible for ensuring that the plan is delivered. NHSE confirmed

that the Accountable Officer for the Cheshire and Mersey STP would be the Chief Executive of Alder Hey NHS Foundation Trust.

A Working Group to oversee production of the plan has been established. This has a CCG Accountable Officer and Provider CEO from each Local Delivery System, alongside colleagues from public health, Local Authorities and the chair of the Cheshire and Mersey STP Membership Group, and is chaired by the STP Accountable Officer.

Its primary role is to ensure that an ambitious yet credible plan is produced for June, which has coherence across all Local Delivery Systems and with the Cheshire and Mersey themes.

A Membership Group, consisting of all CCGs, NHS Providers and Local Authorities for Cheshire and Mersey has also been established so as to ensure that the aggregated plans are reflective of local priorities.

The role of this group will be to sign off the strategic direction and governance arrangements for the overarching Sustainability and Transformation Plan. This group is being chaired by the Chair of Liverpool Heart and Chest Hospital.

## **Wirral Local Delivery System**

The Wirral Local Delivery System comprises of

- Wirral Clinical Commissioning Group
- Wirral University Teaching Hospital NHS Foundation Trust
- Wirral Community Hospital NHS Trust
- Cheshire and Wirral Partnership NHS Foundation Trust
- Wirral adult social services
- Public health Wirral
- Health watch
- Wirral community action
- Wirral local medical committee
- Wirral local representative committee (Pharmacy, Dentistry, optometry)

A Working Group to oversee the production of the Wirral LDSP has been established and has met frequently.

A framework for the plan has been agreed, and key leads to produce a more detailed plan are currently being identified from across the partnership.

Key principles for the plan are that it is;

- A whole system shared vision of how health and social care will meet the challenges within the five year forward view over the next five years.
  - Better Health
  - Better Care
  - Better Value
- Build on the existing transformation plans for the population from within our Vanguard.
- Be complementary too and have direct synergy with the Wirral 2020 Plan that focuses on People, Business and the Environment.

The Local Delivery System plan provides a great opportunity for a more whole system and integrated plan for Wirral and for CCGs to learn from each other, and to work together on primary/community services across our populations to ensure more coherence for the future.

#### **4. CONCLUSION**

Delivery of the Sustainability and Transformation Plan for Cheshire and Mersey presents a good opportunity for advancing the work of Healthy Wirral, both in terms of putting weight behind the work and potentially securing resources to enable transformation and so achieve sustainability.

However, there is a danger that we lose focus on the key priorities for Wirral by working on a larger footprint, so it is essential that our priorities are absolutely clear with their impact on our ambitions fully understood and a determined focus on implementation.

To this extent the health and wellbeing board will be the mechanism for agreeing the Wirral LDSP and the priorities that feed into the wider Cheshire and Merseyside STP.

## **5. RECOMMENDATIONS**

That the Health and Well Being Board:

- Notes the development of the Healthy Wirral Local Delivery System Plan and the mechanism by which this will feed into the wider development of the Cheshire and Mersey STP.

**Jon Develing**

Chief Officer

Wirral Clinical Commissioning Group

# Whole system map of interdependent work streams that have an impact on each other

	Key Planning Areas	Sub Set 1	Sub Set 2	Sub Set 3	Sub Set 4	Sub Set 5	Sub Set 6
Better Health	Wirral residents live healthier lives * (Wirral 2020 Plan)	Reducing harm from alcohol	Reducing harm from substance misuse	Reducing the prevalence of smoking	Wirral 2020 Leisure Strategy	Wirral 2020 Culture Strategy	People with disabilities live independently
	Older people live well * ( Wirral 2020 Plan)	Combatting Social Isolation at neighbourhood level	Invest in and Build Extra Care Housing 300 Units	Frailty Pathways	Ageing well strategy		
	Children, young people and families * (Wirral 2020 plan)	Children are ready for school	Children ready for adulthood and work	Vulnerable children reach full potential			
	Promoting healthy eating * (Wirral 2020 Plan)	Eating well	Safe and healthy high streets	Obesity (Inc. children)			
	Improve life expectancy	Targeted Screening	Hypertension	Diabetes	Vountary, Community & Faith services strategy	Housing	Empolymnt
	Mobilising healthier behaviours * (Wirral 2020 Plan)	Social Prescribing/Info & Advice	Improving sexual health	Patient Activation and Self care	Integrated Personal Health Budgets		
Better Care	Primary and Community care transformation	General Practice Forward View	Co-commissioning of Primary Care	Integrated multi-disciplinary teams and Community Hubs	Pharmacy Strategy	Dentistry Strategy	Optometry Strategy
	Improving core standards of quality and safety	Cancer	Access to planned care	Improve patient experience in care homes	7 day hospital provision	Prevention and Control of Infection	Whole system Safeguarding Board
	New models of care	Clinical Registries	Maternity Review	Walton Neuro-rehab	Acute Services Reconfiguration		
	Improving mental health	Well being / suicide prevention	IAPT/Dementia/EIP	Transforming Care	CAMHS	Supported Living	FYFV for Mental Health
	Improving urgent care	Transforming Urgent and Emergency Care / A&E	7 Day Rapid Community Services	Major Trauma / Mental Health Crisis Concordat	Commission and develop Care Market Place	BCF Development to meet National Standards	Review Intermediate care and reablement
	Improving end of life care	Wirral End of Life Charter	Helping people to die in preferred place of care	Integrated End of Life care	Helping people to die well		
Better Value	Reducing variation	NHS Right Care	Medicines Management	Procedures of limited clinical value +	Standard operating procures (non surgical)	Wirral Clinical Senate	Modelling and capacity review
	Developing an accountable care system	Whole System Finance Strategy	Acute Care Collaboration	Capitated Budgets	Capital	System management costs	CCG Collaborations
	Population health management	Wirral clinical registries	Risk Stratification	Digital Roadmap	Wirral Care Record		
	Integrated commissioning	Continuing Health Care / Complex Care	Development of Wirral integrated commissioning hub	Outcome Based Commissioning	Explore shared infrastructure with neighbouring CCGs	Collaborative Commissioning (QIPP)	Managing demand through standardised pathways
	Estates	Whole Systems NHS Estate Strategy	Primary Care Estate Strategy	Clatterbridge Hospital Site Development Strategy	One Wirral Public Estate Strategy		

	Public Health Priorities
	Adult Social Care
	Planning Guidance
	Other CCG / Social Care / Public Health Priorities
	Level 1 and 2 Collaboration
	Level 3 Cheshire & Mersey Wide



## Enabling Strategies

Patient insight & engagement / Clinical insight & engagement / Wirral Care Record / Digital Map / I.T. / Workforce / Program Management Office

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# WIRRAL HEALTH PROTECTION GROUP

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Annual Report  
2015/2016

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## FOREWORD

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### **Fiona Johnstone, Director of Public Health**

Chair of Wirral Health Protection Group

Health protection is an essential part of achieving and maintaining good public health. This is the first Annual Report of the Wirral Health Protection Group, a forum of local partners working collaboratively to tackle key threats to the health of local people. The Wirral Health Protection Group has responsibility to ensure that Wirral has a robust health protection system which effectively controls and prevents population level health issues.

As Director of Public Health my responsibility is to ensure that the health of the people of Wirral is protected by assuring that threats to health are understood and properly addressed. Successful health protection requires strong working relationships at local level. The health protection system partners in Wirral are committed to developing and implementing preventative strategies which prepare for, and respond to, key threats.

Since 2013 the work of the Wirral Health Protection Group has focused predominantly on assuring the safe transition of health protection responsibilities to various partners following the reorganisation of the NHS; as well as ongoing delivery of health protection outcomes. In addition to providing assurance to the Wirral Health and Wellbeing Board, the Health Protection Group is responsible for identifying and leading the response to key health protection challenges and risks, and influencing the actions of partners to protect health.

The Wirral Health Protection Group has recently produced the first health protection summary for the Wirral Joint Strategic Needs Assessment. It shows that Wirral experiences similar challenges to other areas and for the vast majority of health protection indicators out performs both the North West and England. However there are a number of areas for improvement. This information, supported by stakeholder insight, and our statutory requirements, has identified eight key health protection priorities for Wirral. These priorities, which are described within this report, make a major contribution to the delivery of both the Wirral Plan and the Wirral Clinical Commissioning Group's Strategic Plan.

Protecting the health of Wirral residents and addressing the priorities identified requires commitment from a range of partners. This report is therefore relevant to local public, private, community, voluntary and faith organisations that all play a role in protecting health. Wirral must continue to invest in and improve its health protection system in order to further reduce communicable disease, improve screening uptake and develop more robust plans to respond to emergencies.



**Fiona Johnstone**  
Director of Public Health,  
Wirral Council



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## KEY MESSAGES

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Protecting Wirral from threats to health, including outbreaks of infectious diseases and environmental hazards, makes an important contribution to improving health and wellbeing and reducing health inequalities.

Wirral's multi-agency Health Protection Group provides leadership, assurance and risk assessment for Wirral to ensure key health protection challenges and risks are known and managed and that all partners discharge their roles effectively for the protection of the local population.

Wirral experiences similar challenges to other areas in relation to indicators which measure health protection and for the majority of those indicators Wirral outperforms both the North West and England.

There are however areas for improvement and the recently published health protection component of Wirral's Joint Strategic Needs Assessment has informed eight priority areas on which the group will focus driving improvement across Wirral.

The 2016/2017 health protection priorities present challenges for all local public sector organisations and impact upon the whole population. No single agency can address these challenges in isolation nor can the Health Protection Group deliver these priorities independently. Improvement will be reliant on relevant strategies incorporating these priorities as part of 'usual business' and embedding action within commissioning plans.

An overview of how these priorities, and the opportunities to address them, will be achieved over the next twelve months is included in this report.

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### The Wirral Health Protection Group priorities include:

1. Reduce food borne illness
  2. Integrated seasonal and pandemic influenza plans
  3. Tackling the growth in Antimicrobial Resistance
  4. Reduce incidence of Clostridium difficile
  5. Protect the health of care home residents
  6. Reduce variation in cancer and diabetic retinopathy screening
  7. Reduce variation in vaccine uptake at 5 years and prenatal pertussis vaccine
  8. Integrated and effective emergency resilience
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# **1. PROTECTING THE HEALTH OF THE LOCAL POPULATION**

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Health protection seeks to prevent or reduce the harm caused by communicable diseases and minimise the health impact from environmental hazards such as chemicals and radiation.

As well as major programmes such as the national immunisation programmes and the provision of health services to diagnose and treat infectious diseases, health protection involves planning, health surveillance and response to incidents and outbreaks.

This report provides an annual update on the health protection issues facing Wirral.

### **Wirral Health Protection Group**

The Health and Social Care Act 2012 redefined the arrangements for protecting the health of the local population. The aim of which is to ensure an integrated, streamlined health protection system that delivers effective protection for the population from health threats.

The Act states that Public Health teams, on behalf of Directors of Public Health, are responsible for local authorities' contribution to health protection matters including responses to incidents and emergencies.

Public Health England (PHE) is required to provide specialist support and work alongside local authorities to create a single public health system when addressing health protection issues.

NHS organisations, including NHS England and local Clinical Commissioning Groups (CCGs), have a legal responsibility under the NHS Act 2006 to mobilise resources to manage incidents and emergencies. They also have a legal duty to co-operate with local authority Public Health teams in delivering health protection national and local priorities.

The Director of Public Health is required to ensure all parties discharge their roles effectively for the protection of the local population.

In response, the Wirral Health Protection Group was established in 2013 and provides assurance to the Wirral Health and Wellbeing Board that the health protection agenda is being adequately addressed and considered in sufficient detail. The role of the Group, which meets bi-monthly, is to provide health protection system leadership, assurance and risk assessment. These roles are delivered as follows:

### **Leadership**

- Surveillance of communicable and notifiable diseases; overseeing health protection intelligence and outcomes, assimilating the health protection component of the JSNA.
- Define system wide health protection needs and priorities for population benefit and which tackle health inequalities.
- Develop an appropriate collaborative response to priorities, agreeing where a collective multi-agency response is beneficial and identify opportunities for joint action.
- Influence system wide strategy and policy and inform system wide commissioning.
- Drive continuous quality improvement through the acquisition and distribution of reflective learning.
- Develop a multi-agency health protection communications plan.

### Assurance

- Accountable for the local health protection system.
- Ensure that there are safe and effective arrangements and plans for planning and responding to incidents and emergencies, reducing the negative impacts of communicable and non-communicable diseases and minimising the health impact of environmental hazards.
- Ensure that partners are responding to health protection priorities and undertaking defined health protection related responsibilities.
- Receive short assurance reports from members for discussion at meetings to include progress against outcomes, incidents managed, measures taken and recommendations for process improvement.
- Produce an annual report focused on system wide priorities and health protection responsibilities.

### Risk Assessment

- Share and identify risks; monitoring, challenging and escalating as appropriate.
- Ensure that appropriate plans and testing arrangements are in place for all partner organisations.
- Review and where necessary challenge partner health protection plans.
- Review all significant incidents/outbreaks to identify and share lessons learnt and make recommendations.

Corporate plans related to business continuity and predictable 'business as usual' events such as NHS/social care winter planning are not within the scope of the Wirral Health Protection Group. However these plans, when relevant, should ensure that the health of the population is protected and provide assurance to the Wirral Health Protection Group that any threats are addressed.

Members of the local health protection system represented on the Wirral Health Protection Group include:

- Wirral Council Director of Public Health (Chair)
- Public Health England (PHE); Consultant in Communicable Disease Control
- Wirral Clinical Commissioning Group; Director of Quality and Patient Safety
- NHS England Cheshire and Merseyside; Consultant lead for screening and immunisation
- Local Authority Health Protection leads including corporate emergency resilience, environmental health and public health

To work effectively the Wirral Health Protection Group is dependent on the following:

- Robust surveillance systems to identify threats and for preparing, planning and responding to health protection concerns and emergencies.
- Access to robust data and intelligence at the right level/time.
- Effective communications and marketing.
- Information sharing between local partners.
- Shared leadership and collaborative accountability.
- Commitment to workforce training and development.
- Tools and techniques to test plans.
- Mobilisation of system resources, including staff, to support priorities.
- Localised solutions tailored to community assets.
- Priorities embedded into commissioning plans and contracts.



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## **2. WIRRAL HEALTH PROTECTION INDICATORS SUMMARY**

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The chart below illustrates Wirralls position on a range of health protection indicators, compared with the rest of England. Wirral experiences similar challenges to other areas and for the vast majority of health protection indicators out performs both the North West and England.

Name ▲

Wirral

## HEALTH PROTECTION PRIORITY INDICATORS

### Performance and Public Health Intelligence

Indicator	Current	England	Significance	England Best
<b>▼ Health Protection Priority Indicators</b>				
Population vaccination coverage - Dtap / IPV / Hib (1 year old): 2014/15	96	94.2	—	98.8
Population vaccination coverage - Dtap / IPV / Hib (2 years old): 2014/15	98.2	95.7	▲	99.2
Population vaccination coverage - Hib / MenC booster (2 years old): 2014/15	96.3	92.1	▲	98
Population vaccination coverage - Hib / Men C booster (5 years): 2014/15	93.1	92.4	—	97.8
Population vaccination coverage - MMR for one dose (2 years old): 2014/15	96.6	92.3	▲	98.1
Population vaccination coverage - MMR for one dose (5 years old): 2014/15	97.3	94.4	▲	98.6
Population vaccination coverage - MMR for two doses (5 years old): 2014/15	92.3	88.6	▲	97.5
Prenatal Pertussis Vaccine Coverage Monitoring Programme: 2014/15	59.3	56.2	—	79.26
Population vaccination coverage - PPV (%) : 2014/15	70.7	69.8	—	80.3
Population vaccination coverage - Flu, aged 65+ (%) : 2014/15	74.7	72.7	—	80.1
Population vaccination coverage - Flu, at risk individuals (%) : 2014/15	50.1	50.3	—	63.6
TB incidence (three year average): 2014/15	2.9	13.5	▲	1.6
Total number of prescribed antibiotic items per STAR-PU by quarter: 2014/15	0.3	0.24	▲	0.14
Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %): 2014/15	73.6	73.5	—	83.05
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %): 2014/15	73	72.2	—	82.01
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %): 2014/15	55.7	57.9	—	67.09
Eye screening (diabetic patients): 2014/15	82.8	82.6	—	93.63
Trust-assigned MRSA counts by Trust and financial year: 2014/15	1.3	0.9	—	0
CCG-assigned MRSA rates by CCG and financial year: 2014/15	1.2	0.7	—	0
Trust-appportioned C. difficile rates by reporting acute Trust and financial year: 2014/15	10.9	15.1	—	0
All C. difficile rates by CCG and financial year: 2014/15	23.1	26.3	—	8.2
Food poisoning (rate per 100,000): 2014/15	0.6	14.3	▲	0

Increase from Baseline ▲ Decrease from Baseline ▼ Significantly Above Average ▲ Significantly Below Average ▼ Average —

England value ●

25% of worst PCT's ■ 50% of PCT's ■ 25% best PCT's ■

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# **3. WIRRAL HEALTH PROTECTION PRIORITIES 2016-2017**

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## Wirral Health Protection Priorities 2016-2017



Understanding and responding to health risk needs to be informed by Joint Strategic Needs Assessment (JSNA), Joint Health and Wellbeing Strategies and the health and social care commissioning plans based upon them.

The first section of the JSNA dedicated to Health Protection has recently been developed and is available at <http://info.wirral.nhs.uk/default.aspx>.

This information, alongside insight gathered from partners at a workshop session of the Wirral Health Protection Group in February 2016, informed the eight health protection priority areas for Wirral.

The health protection priorities identified present challenges for all local public sector organisations and impact upon the whole population. No single agency can address these challenges in isolation nor can the Health

Protection Group deliver these priorities independently. Improvement will be reliant on relevant strategies incorporating these priorities as part of 'usual business' and embedding action within commissioning plans.

It is also important to recognise that the priorities identified are not the only areas of interest nor do they represent the full range of contributions that protect health. However, whilst continuing to assure that responsibilities of partners to protect health are discharged, these priorities provide a targeted focus in areas where improvement is required or needs are greatest.

Information on how these priorities, will be achieved over the next twelve months is included in the following chapter; Delivering Wirral's Health Protection Priorities in 2016/2017.

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# **4. DELIVERING WIRRAL'S HEALTH PROTECTION PRIORITIES IN 2016/2017**

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**REDUCE FOOD BORNE ILLNESS**

<b>Case for change</b>	<ul style="list-style-type: none"> <li>• Food poisoning was the most common notified disease nationally in 2014. In Wirral it is the most reported, suspected and confirmed infectious disease.</li> <li>• Food poisoning is an illness caused by eating food that is contaminated by bacteria, such as Salmonella, Campylobacter or Escherichia coli (E. coli), or a virus, such as the norovirus.</li> <li>• These diseases can lead to very serious illnesses or even be fatal to the person, however most cases are not usually this serious.</li> <li>• Food poisoning is however preventable by ensuring high standards of personal and food hygiene when storing, handling and preparing food.</li> </ul>
<b>Planned actions</b>	<ul style="list-style-type: none"> <li>• Work with food businesses and providers e.g. nurseries and care homes, to monitor and improve food safety standards.</li> <li>• Ensure infection prevention and control practices are promoted and adhered to in key settings e.g. nurseries and care homes.</li> <li>• Wirral Council and Infection Prevention Control teams to maximise opportunities to promote food and hand hygiene.</li> <li>• Collaborate with University of Liverpool Gastrointestinal Health Protection Research Unit</li> </ul>
<b>Outcome</b>	<ul style="list-style-type: none"> <li>• Reduced incidence of food borne illnesses.</li> </ul>
<b>Accountable Lead/ Group</b>	<ul style="list-style-type: none"> <li>• Wirral Council Environmental Health Team</li> </ul>

## INTEGRATED SEASONAL AND PANDEMIC INFLUENZA PLANS

<p><b>Case for change</b></p>	<p><b>Seasonal Influenza (Flu)</b></p> <ul style="list-style-type: none"> <li>• Influenza (flu) is a common infectious viral illness spread by coughs and sneezes. Seasonal influenza occurs most often in winter and peaks between January and March.</li> <li>• Uptake of flu vaccination amongst Wirral adults is below the national average and target. Uptake of flu vaccination is also below average amongst Wirral's health and social care workforce.</li> </ul> <p><b>Pandemic Flu</b></p> <ul style="list-style-type: none"> <li>• Influenza pandemic is an outbreak of an influenza virus which infects a large proportion of the human population in multiple countries.</li> <li>• These pandemics occur irregularly and present significant threat to economic, social wellbeing and health of the population.</li> <li>• Pandemic flu would have a significant effect on the ability of partners, particularly health and social care, to meet demand and carry out essential functions.</li> </ul>
<p><b>Planned actions</b></p>	<p><b>Seasonal Influenza (Flu)</b></p> <ul style="list-style-type: none"> <li>• Establish a Wirral Seasonal Flu Group responsible for developing a coordinated annual plan to prepare for, and mitigate, the impact of seasonal flu.</li> <li>• Promote and enable uptake of seasonal flu vaccination amongst health and social care professionals.</li> <li>• Promote uptake of seasonal flu vaccination amongst vulnerable and target groups across the population.</li> </ul> <p><b>Pandemic Flu</b></p> <ul style="list-style-type: none"> <li>• Annual audit of Wirral's Health and Social Care Pandemic Flu Plans.</li> <li>• Annual pandemic systems resilience exercise across health and social care.</li> </ul>
<p><b>Outcome</b></p>	<ul style="list-style-type: none"> <li>• Increased uptake of seasonal flu vaccine in key population and professional groups from the 2015/2016 baseline.</li> <li>• Wirral pandemic flu plans are joined up and have been tested.</li> </ul>
<p><b>Accountable Lead/ Group</b></p>	<ul style="list-style-type: none"> <li>• Seasonal Flu: Wirral Seasonal Flu Group</li> <li>• Pandemic Flu: Wirral Systems Resilience Group</li> </ul>

## TACKLING THE GROWTH IN ANTIMICROBIAL RESISTANCE

<b>Case for change</b>	<ul style="list-style-type: none"> <li>• Antimicrobial resistance (AMR) is resistance of a microorganism to an antimicrobial drug that was originally effective for treatment of infections caused by it.</li> <li>• AMR threatens the effective prevention and treatment of an ever-increasing range of infections caused by bacteria, parasites, viruses and fungi.</li> <li>• Infections caused by resistant microorganisms often fail to respond to the standard treatment, resulting in prolonged illness, higher health care expenditures, and a greater risk of death.</li> <li>• AMR is an increasingly serious threat to global public health that requires action internationally, nationally and at local level.</li> <li>• The use and misuse of antimicrobial drugs accelerates the emergence of drug-resistant strains. Wirral is currently ranked 28 (Where 1 is the worst) out of 209 CCGs for antibiotic prescribing and is an outlier for broad spectrum antibiotic prescribing.</li> </ul>
<b>Planned actions</b>	<ul style="list-style-type: none"> <li>• Produce an AMR strategy for Wirral.</li> <li>• Improve infection prevention and control practices across health and social care.</li> <li>• Disseminate learning from healthcare acquired infection post infection reviews in relation to prescribing to support professional education and changes to practice.</li> </ul>
<b>Outcome</b>	<ul style="list-style-type: none"> <li>• Reduced prescribing of broad spectrum antibiotics</li> </ul>
<b>Accountable Lead/ Group</b>	<ul style="list-style-type: none"> <li>• Wirral AMR Strategy Group</li> </ul>

**REDUCE INCIDENCE OF CLOSTRIDIUM DIFFICILE**

<p><b>Case for change</b></p>	<ul style="list-style-type: none"> <li>• Clostridium difficile, also known as C.difficile, is a bacterium that can infect the bowel and cause diahorrea. It most commonly affects people who have recently been treated with antibiotics, and is spread easily to others.</li> <li>• The symptoms of C.difficile range from mild to severe with those groups most at risk more likely to experience serious complications. Other negative consequences include longer recovery times, poorer health outcomes, increased bed occupancy and length of stay, increased cost and potential transmission to others.</li> <li>• There were 93 reported cases of C.difficile in Wirral during 2015/2016. This is a significant increase in the number of reported cases across the Wirral health economy compared to 2014/2015 and exceeds the NHS England threshold for the number of cases (75).</li> <li>• For 2016/2017 the threshold for cases is 75, which necessitates a 19% reduction in the number of cases for 2015/2016.</li> </ul>
<p><b>Planned actions</b></p>	<ul style="list-style-type: none"> <li>• Better access to and use of surveillance data to ensure effective commissioning and timely response to community and acute acquired C.difficile.</li> <li>• Undertake a review of all C.difficile cases occurring in community and acute health and social care settings and escalate recurrent themes for action.</li> <li>• Develop a health and social care healthcare acquired infections framework to ensure collaborative working to tackle C.difficile.</li> <li>• Develop integrated approaches to infection prevention and control working across the health and social care economy to prevent and reduce infections.</li> <li>• Implementation of AMR Strategy for Wirral.</li> </ul>
<p><b>Outcome</b></p>	<ul style="list-style-type: none"> <li>• Reduce number of cases of C.difficile to at least the number for 2014/2015.</li> </ul>
<p><b>Accountable Lead/ Group</b></p>	<ul style="list-style-type: none"> <li>• Wirral Infection Prevention and Control Network</li> </ul>

**PROTECT THE HEALTH OF CARE HOME RESIDENTS**

<b>Case for change</b>	<ul style="list-style-type: none"> <li>• Care home residents can be particularly vulnerable to infectious disease due to older age, communal living and or the presence of health conditions which increase susceptibility to infections.</li> <li>• In Wirral there have been a number of diahorrea and vomiting outbreaks in care homes and the incidence of healthcare acquired infections is higher amongst older people than the rest of the population.</li> <li>• The burden of morbidity and mortality from infectious disease is also greater amongst older people.</li> </ul>
<b>Planned actions</b>	<ul style="list-style-type: none"> <li>• Ensure infection prevention and control practices are promoted and adhered to in care homes through a programme of self-audit.</li> <li>• Implement an infection prevention and control quality improvement programme targeting a selected number of care homes based on need.</li> <li>• Ensure comprehensive coverage and uptake of routine vaccinations amongst care home residents.</li> <li>• Develop a protocol for the prevention and management of diahorrea and vomiting outbreaks in care homes.</li> </ul>
<b>Outcome</b>	<ul style="list-style-type: none"> <li>• Increased uptake of routine vaccinations amongst care home residents</li> <li>• Reduce the number of diahorrea and vomiting outbreaks in care homes.</li> </ul>
<b>Accountable Lead/ Group</b>	<ul style="list-style-type: none"> <li>• Wirral Council</li> </ul>

## REDUCE VARIATION IN CANCER AND DIABETIC RETINOPATHY SCREENING

<p><b>Case for change</b></p>	<ul style="list-style-type: none"> <li>• Screening is a process of identifying apparently healthy people who may be at increased risk of a disease or condition.</li> <li>• England currently operates a number of national screening programmes covering different conditions in antenatal, newborn, child and adult populations.</li> <li>• Cervical screening uptake in Wirral is currently below the national target and there is variation in take up amongst eligible groups.</li> <li>• The rate of sight loss due to diabetic eye disease in Wirral is much higher than the rate for both the North West and England. It is therefore important to ensure that uptake of diabetic retinopathy screening remains above 80%.</li> </ul>
<p><b>Planned actions</b></p>	<ul style="list-style-type: none"> <li>• Analysis of data for these screening programmes is required to understand and address the issues associated with take up and impact on disease prevention.</li> <li>• Undertake insight with residents to explore views in relation to uptake and variation in screening programmes and develop responses which facilitate informed decision making, increase uptake and reduce variation.</li> <li>• Provide GP practices with screening data profiles and provide Public Health Practice Nurse support to practices with lower uptake and disseminate learning from those with high coverage.</li> <li>• Providing update training to frontline staff.</li> <li>• Work with screening providers to develop opportunities to maximise uptake of screening.</li> </ul>
<p><b>Outcome</b></p>	<ul style="list-style-type: none"> <li>• Increased uptake of screening equal to, or in excess of, the target for each screening programme.</li> <li>• Reduced variation in the uptake of cancer and diabetic retinopathy screening programmes.</li> </ul>
<p><b>Accountable Lead/ Group</b></p>	<ul style="list-style-type: none"> <li>• Public Health England within NHS England Cheshire and Merseyside</li> </ul>

**REDUCE VARIATION IN VACCINE UPTAKE AT 5 YEARS AND PRENATAL PERTUSSIS VACCINE**

<b>Case for change</b>	<ul style="list-style-type: none"> <li>• The UK operates a routine immunisation schedule predominantly targeting key groups that are vulnerable to disease.</li> <li>• Uptake data for all routine childhood and adolescent immunisation programmes shows that Wirral performs well; being either in line with, or above, national average.</li> <li>• Coverage for the preschool booster at age 5 years in Wirral is above the 90% national target but continued work is required to meet the local target of 95%.</li> <li>• Pregnant women are offered the prenatal pertussis vaccination to protect babies against pertussis infection in early infancy. The take up of the vaccine in 2014/15 in Wirral was 58.5%, slightly higher than the national average. However a significant percentage of pregnant women do not take up the vaccine.</li> </ul>
<b>Planned actions</b>	<ul style="list-style-type: none"> <li>• Analysis of data for these programmes is required to understand and address the issues associated with take up and inform appropriate strategies to increase uptake and reduce variation.</li> <li>• Undertake insight with residents to explore views in relation to immunisation programmes to facilitate informed decision making, increase uptake and reduce variation.</li> <li>• Work with partners to develop information for the public and professionals which promotes health and wellbeing specifically in relation to increasing vaccination and reducing infection.</li> <li>• Provide GP practices with vaccination data profiles and provide Public Health Practice Nurse support to practices with lower uptake and disseminate learning from those with high coverage.</li> <li>• Provide update training to frontline staff</li> </ul>
<b>Outcome</b>	<ul style="list-style-type: none"> <li>• Increased uptake of screening equal to, or in excess of, the target for vaccine uptake at 5 years and prenatal pertussis vaccine.</li> <li>• Reduced variation vaccine coverage for the prenatal pertussis vaccine and vaccination at 5 years.</li> </ul>
<b>Accountable Lead/ Group</b>	<ul style="list-style-type: none"> <li>• Public Health England within NHS England Cheshire and Merseyside</li> </ul>

## INTEGRATED AND EFFECTIVE EMERGENCY RESILIENCE

<p><b>Case for change</b></p>	<ul style="list-style-type: none"> <li>• Effective planning is essential to limit the impact on health when hazards and or threats to health cannot be prevented.</li> <li>• Such arrangements should cover threats ranging from relatively minor communicable disease outbreaks and health protection incidents to full-scale emergencies.</li> <li>• Effective preparedness and responses to major health protection outbreaks and incidents require responsive plans that reflect the current organisational infrastructure, have clear roles and responsibilities and which align to each other.</li> </ul>
<p><b>Planned actions</b></p>	<ul style="list-style-type: none"> <li>• Partners can provide assurance that plans are in place which aim to mitigate the adverse impact of hazards and threats to health on the local population.</li> <li>• A repository of Wirral's emergency plans is accessible to partners.</li> <li>• Undertake an audit of existing plans to ensure they are up to date and reflect current needs and system issues.</li> </ul>
<p><b>Outcome</b></p>	<ul style="list-style-type: none"> <li>• Effective and up to date emergency preparedness, resilience and response plans are in place to ensure seamless connections across public services in Wirral.</li> </ul>
<p><b>Accountable Lead/ Group</b></p>	<ul style="list-style-type: none"> <li>• Wirral Systems Resilience Group</li> </ul>



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To find out more:

**[info.wirral.nhs.uk/ourjsna/health\\_protection.html](https://info.wirral.nhs.uk/ourjsna/health_protection.html)**