

Health and Wellbeing Board

Annual Report 2014/15 and Retrospective



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1. Introduction

Welcome to the first Annual Report of Warrington's Health and Wellbeing Board (HWB). This report takes a look at some key achievements of the Board to date and detailed aspects of the Board's work during 2014/15. The report also includes a brief retrospective of our early work, focusing on the significant journey undertaken to reach this point, and looks at the exciting route ahead.

The Board was formally established on 1 April 2013, following implementation of the Health and Social Care Act 2012. That legislation introduced many major reforms to health services and the structure of the NHS. At the heart of the changes was a desire to tackle a growing population, increasing life-spans and people living longer with more complex and interdependent needs, all against a backdrop of scarce public resources.



Professor Steven Broomhead
Chairman of the Board

Members of the Board comprise representatives of key Council Services and NHS organisations in the area and a number of other partner bodies who can contribute to its aims.

The Board's role is to encourage integrated working across the whole health and social care system. A key aim is that patients and care users should receive the right package of health and social care, at the right time and delivered seamlessly.

The Board is responsible for producing key planning documents in relation to the health and wellbeing of its residents, such as the Joint Strategic Needs Assessment and Health and Wellbeing Strategy, which identify the key problems and priorities that partner organisations will work to address together. Its remit includes oversight of everything from the prevention of ill-health, to the provision of quality health and social care services for those who need support due to disability or age related needs, to the provision of comprehensive health services for those who have an injury or become unwell.

The Board is acutely aware of some high profile problems and failings nationally within the health and social care system, such as the serious abuse of patients at Winterbourne View Hospital, unnecessary hospital deaths in Mid-Staffordshire NHS Foundation Trust, child sexual abuse in Rotherham, failures to meet targets for A&E waiting times, so called 'bed blocking' due to delayed discharges from hospital into care and GP Surgeries under pressure to meet the demand for appointments. The Board recognises the need to rationalise provision to ensure safe, quality care for now and for the future.

The Board does not underestimate the size of the task before it, but all partners are committed to working together to provide innovative and affordable solutions to the challenges ahead. I am pleased to be able to showcase the Board's achievements so far which are helping to make Warrington a healthier place in which to live and work and where first class health and social care is provided to those who need it.

Steven Broomhead

Chairman of the Health and Wellbeing Board and
Chief Executive of Warrington Borough Council

2. Who We Are

The Health and Wellbeing Board is a formal Committee of Warrington Borough Council established under the Health and Social Care Act 2012. It brings together the leaders of key partner bodies principally from health and social care, but also includes representatives of other public, private and voluntary sector services who have a role to play in improving the health and wellbeing of local residents.

Partnership at the Heart of What We Do

Warrington has a proven track record of working closely with partners from the various sectors at both the strategic and operational levels. Since 2001, the Warrington Partnership (the Borough's Local Strategic Partnership) has been bringing together organisations from across Warrington and it developed some of the earliest combined strategies. It currently works closely with the Health and Wellbeing Board, and other strategic partnerships, as well as overseeing the following bodies and activities:-

- Community Safety Partnership;
- Closing the Gap Priority Action Group;
- Skills Steering Group;
- Homelessness Priority Action Group; and
- Neighbourhoods Programme.

Evolution of the Health and Wellbeing Board

In June 2009, the Council and NHS Warrington (the former Primary Care Trust) formed a Health and Social Care Board, specifically to allow closer working on commissioning and integration of services. This group was superseded in January 2011, with the creation of a Shadow HWB in anticipation of the new Health and Social Care legislation. Warrington was an earlier implementer of these arrangements and a National Set leader on 'Bringing collaborative leadership to major service reconfiguration'.

The Statutory Health and Wellbeing Board

The Board became a formal body with effect from 1 April 2013. It has a small core statutory

membership, as set out in the legislation, but additional members have been appointed either by the Council, or by the Board itself. The following organisations/sectors are represented on the Board:-

- Warrington Borough Council (WBC) (x8);
- NHS Warrington Clinical Commissioning Group (WCCG) (x3);
- Joint WBC/WCCG Appointment - Integrated Commissioning;
- HealthWatch Warrington;
- Third Sector Network Hub;
- 5 Boroughs Partnership NHS Foundation Trust;
- Bridgewater Community Healthcare NHS Foundation Trust;
- Warrington and Halton Hospitals NHS Foundation Trust;
- NHS England - Merseyside, Cheshire, Warrington and Wirral Area Team;
- Independent Chair of Children's Safeguarding Board;
- Voluntary care sector;
- Private care sector;
- Criminal Justice system;
- Housing;
- Education; and
- Fire and Rescue.

The Board is unique as a Council Committee in that officers and external representatives can be appointed to it, as full voting members. A list of the names of Members of the Board is attached at Appendix 1.

The Board meets every two months, usually at the Town Hall, and meetings are open to the public.

3. What We Do

Our Aims

To deliver improved wellbeing, morbidity, mortality and equality outcomes for the population of Warrington;

To promote integration and partnership working between the NHS, social care, public health and other local services; and

To improve local democratic accountability across the health and social care system.

Statutory Powers and Duties

The principal role of the Board is to encourage those who arrange for the provision of health and social care services in its area to work closely together and in an integrated manner.

The Board can provide advice, assistance or other support to encourage the making of formal agreements under section 75 of the NHS Act 2006, which includes three sets of powers:-

- lead commissioning by one partner;
- integrated provision; and
- pooled budgets.

It must also carry out the Council's responsibilities in respect of approving the following key strategic documents:-

- Joint Strategic Needs Assessment (JSNA); and
- Joint Health and Wellbeing Strategy (HWS).

It may give the Council its opinion on whether the authority is discharging its duty to have regard to the JSNA and HWS when exercising relevant health and wellbeing functions. This includes its functions relating to children with special educational needs and disabilities.

The Clinical Commissioning Group must involve the HWB in preparing or revising a Commissioning Plan and must consult the Board on whether the draft takes proper

account of the HWS published by it. The Health and Wellbeing Board must give the CCG its opinion on that matter and may also give an opinion to NHS England.



The Board must approve the Local Pharmaceutical Needs Assessment (PNA) and is a statutory consultee in respect of any routine applications notified to it by NHS England, from chemists to join Pharmaceutical lists or from chemists on the lists to relocate to different premises or open new premises. This consultee function is currently delegated by the Board to the Director of Public Health.

Under guidance issued by NHS England and the Local Government Association in 2013 and subsequent Department of Health and Department for Communities and Local Government Guidance (December 2014), the Board has a role in the development of plans for use of the Better Care Fund (BCF) (formerly the Integration Transformation Fund). This is a £3.8 billion national initiative to drive the transformation of local services to ensure that people receive better and more integrated care and support. The HWB, local authority and

relevant CCG are respectively required to sign-off the BCF Plan for consideration by NHS England.

Warrington Health and Wellbeing Strategy 2015-18 - Vision

“Working together in Warrington for stronger neighbourhoods, healthier people, a prosperous economy and more equal communities.”

Our Integration Ambitions

The Board's ambitions include the acceleration of integration in the regions of:-

- Commissioning;
- Delivery;
- Citizen Engagement;
- Communication;
- Information Technology;
- Finance;
- Workforce.

How We Carry Out Our Role

By providing a local governance structure for local planning and accountability of health and wellbeing related services;

By receiving and contributing to strategies and policies relating to wellbeing- specifically licensing, planning, workforce and transport;

By approving, overseeing and signing-off the Warrington Better Care Fund;

By receiving and considering reports from other related partnership bodies, including:-

- Warrington Partnership and its Various Priority Action Groups,
- Bewsey and Dallam Steering Group,
- Community Safety Partnership,
- Safeguarding Adults Board,
- Safeguarding Children's Board;
- Children and Young Persons Partnership;

- Local Enterprise Partnership.

By overseeing and holding to account a number of subsidiary bodies which deal with the operational aspects of the agenda for change and closer integration, including the following:-

- Integrated Commissioning Governance Board;
- Health and Social Care Summit;
- Provider Board;
- Transformation Board;
- Joint Learning Disability and Autism Partnership Board; and
- Joint Strategic Needs Assessment Steering Group.

More information on the work of the Board's Sub-Groups is included at Appendix 2

Support Officers

The Board is supported by a jointly appointed Lead Officer from Warrington Borough Council and Warrington CCG. Reports for the Board may be produced by any of the partner bodies or their Executive Officers. Administrative and policy support are provided by the Council.

- Lead Officer for the Board - Simon Kenton, Assistant Director, Integrated Commissioning, WBC/WCCG
Tel: (01925) 444231
E-mail: skenton@warrington.gov.uk
- Policy Support - Eleanor Blackburn, Strategic Partnerships Manager, WBC
Tel: (01925) 443874
E-mail: eblackburn@warrington.gov.uk
- Secretariat - Julian Joinson, Principal Democratic Services Officer, WBC.
Tel: (01925) 442112
E-mail: jjoinson@warrington.gov.uk

4. Summary of Key Achievements

Warrington Health and Wellbeing Board has either achieved directly, or delivered through influencing its partners, the following key successes:-

- ✓ The HWB has overseen Warrington's election as the only town (non-city) member of the World Health Organisation (WHO) European Healthy Cities Programme
- ✓ The HWB, along with Warrington CCG and Healthwatch Warrington, was a national pathfinder
- ✓ The HWB was the National Lead on Collaborative Leadership for Major Service Reconfiguration
- ✓ The HWB is a member of Advancing Quality Alliance (AQuA) Integrated Communities 2 Programme, which has attracted inward investment of £20k
- ✓ The HWB lobbied the Chief Executive of NHS England and the Cabinet Secretary about Warrington's £32m 'short change' of funding under the Government's national funding formula
- ✓ The HWB developed a supporting infrastructure - Integrated Commissioning Governance Board, Health Summit, Provider Board, Transformation Board, Joint Learning Disability and Autism Partnership Board and Joint Strategic Needs Assessment Steering Group
- ✓ The HWB and Warrington Partnership have established the concept of the 'Warrington Pound', which can be thought of as all collective local public sector spend (£1.236bn in 2013) or value of the local economy and residents' spending power
- ✓ The HWB adopted the Joint Pharmaceutical Needs Assessment (PNA) 2011 produced by NHS Warrington (the former Primary Care Trust) with effect from 1 April 2013, and have subsequently produced the Joint PNA 2015-18, which enables decisions to be taken about where local chemists can establish services
- ✓ The HWB, in conjunction with Warrington Partnership, have produced the Joint Strategic Needs Assessment 2011-12, annual updates to the JSNA, the Joint Health and Wellbeing Strategy 2012-15 and the updated Strategy 2015-18
- ✓ The HWB oversaw the production of the Cultural Strategy 2012-14 and Active Warrington Strategy 2012-14
- ✓ The HWB developed and approved the final submission for the Better Care Fund (£26m in 2014/15)
- ✓ The HWB has overseen the development of integrated commissioning across health, social care and wellbeing services
- ✓ The HWB has overseen participation in the national pilot for personal health budgets (for 24 individuals)

- ✓ The HWB has endorsed 'Operation Emblem', a pilot project for community psychiatric nurses to accompany police officers to offer advice and help reduce the number of people being unnecessarily taken to hospital
- ✓ The HWB has endorsed a joint approach to create an Armed Forces Community Support Hub, based upon an 18-month pilot project funded by the Council and St Loye's Foundation to provide information, advice and guidance for serving and former Armed Forces personnel.
- ✓ The HWB has initiated and endorsed the appointment Director of Transformation across the health and social care system, to oversee and drive change as articulated by Warrington's Better Care Fund submission and Warrington CCG's 2 and 5 year commissioning vision.
- ✓ The HWB, through its Sub-Groups, has reviewed and endorsed the commissioning intentions within Warrington CCG's Strategic Commissioning Plan 2014-2019.
- ✓ The HWB has endorsed and is overseeing the development of Warrington Health Plus, an integrated approach to creating collaborative primary care clusters across relevant organisations, with an emphasis on delivering services closer to home linked to GP practices.
- ✓ The HWB is overseeing the piloting of new approaches to contracting, though an alliance and lead provider model
- ✓ The HWB has been successful in achieving 2 successful bids to NHS NW and the Local Government Association, in the sum of £20k, for 'Successful Leadership for Integration'.
- ✓ The HWB and senior management have responded positively to the recommendations made in a report received following a joint internal audit review by Mersey Internal Audit Agency and the internal audit teams for Warrington CCG and the Council. The review objective was to ensure that the governance arrangements for the Better Care Fund were robust
- ✓ The HWB has engaged with Warrington's Scrutiny Committee, which has responsibility for holding local health and social care bodies to account on behalf of the public. A presentation was made on behalf of the Board at a health themed scrutiny meeting on 18 March 2015.
- ✓ The HWB has raised its profile with research organisations:-
 - North West Coast Academic Health Science Network (NWC AHSN), one of 15 academic health science networks in England, comprising NHS organisations, universities and businesses, which endeavour to speed up the spread of innovative products through the healthcare system;
 - North West Coast Collaborations for Leadership in Applied Health Research and Care (NWC CLAHRC) which brings together local providers of NHS services and NHS commissioners, universities, other relevant local organisations and the relevant AHSN, to focus on research targeted at chronic disease and public health interventions;
 - National Institute for Health and Care Excellence (NICE) who provide guidance, advice, quality standards and information services for health, public health and social care.

5. Getting Started – a Retrospective of Early Collaboration and the Board’s First Year 2013/14

No formal annual report for the Board was produced in its shadow years or in its first formal year 2013/14. Accordingly, the Board has taken the opportunity here to provide a brief summary of its early work.

The Shadow Board 2011-13

The Shadow Board commenced in January 2011, and its work was characterised by a focus on building relationships between the partners, understanding the complex architecture of the both the reconfigured NHS and the local authority, increasing understanding of the multiplicity of services commissioned and provided and their interdependencies, and taking the first steps towards creating integrated services.

Early work also included the carrying out, in conjunction with the Warrington Partnership, of a whole borough Joint Strategic Needs Assessment in 2011-12 (JSNA) and the implementation of a Warrington Strategy for Wellbeing 2012-15 (HWS).

The Board’s First Full Year 2013/14

2013/14 was the first formal year of the newly established Board and it continued to build upon the work that it had carried out as a shadow body. The Board focused on monitoring the delivery of the shared priorities and increasing its knowledge of existing and developing strategies. It also started to consider what integration might look like in practice in Warrington. Self-evaluation ensured that the Board’s architecture and governance arrangements were fit for purpose. The Board considered a range of reports, as follows:-

Promoting Integration

- Development of the Integration Agenda;
- Complex Families Programme;

- Special Educational Needs and Disabled Children (SEND) Programme;
- Better Care Fund.

Development and Delivery of Health and Wellbeing Strategy

- Prioritising Cardio-Vascular Disease;
- Wellbeing in Bewsey and Dallam;
- Health Needs of Offenders;
- Livewire and Culture Warrington Performance in Year 1;
- End to End Care Assessment.

Oversight of Key Strategies and Reports

- Tobacco Control Strategy;
- Housing and Health;
- NHS Health Checks and Screening;
- Warrington Safeguarding Adults Board – Annual Business Plan Report 2012/13;
- Warrington Safeguarding Children Board – Annual Report 2012/13;
- NHS England Accountability Report and Specialist Commissioning Update.

Wider Information and Context

- Links between HWB and Community Safety;
- Francis Inquiry (Mid Staffordshire NHS FT);
- Overview of Strategic Clinical Networks and Senates in the new NHS;
- Domestic Violence;
- Public Health England – Health Profile for Warrington;
- Partnership Alcohol Focus Group; and
- Child Poverty.

6. Review of 2014/15

Promoting Integration

A key responsibility of the Board to encourage those who arrange for the provision of health and social care services in its area to work closely together and in an integrated manner

Better Care Fund - Update

The Board received a number of updates on work to develop and plan for the implementation of the Better Care Fund. This was a Government initiative intended to transform local services to ensure that people received better and more integrated care and support. There was no new funding, but there was a commitment to target existing funding at creating seamless services fit for future generations and to focus more effectively on preventing ill health and preventing a deterioration of health. In Warrington, some £13.9M had already transferred from NHS Warrington CCG to the HWB in 2013/14.

For 2014/15 and 2015/16 a formal submission had been required. Priority areas identified in the submission included:-

- Primary Care Home;
- Intermediate Care/Reablement;
- Capital expenditure;
- Protecting social care and the new Care Act 2014 duties;
- Carers Services;
- Jointly funded complex care; and
- Support functions.

The final Better Care Fund submission had been made on time on 19 September 2014 and had been overseen by the Integrated Commissioning Governance Board (ICGB). Warrington was successful in receiving approval from NHS England in respect of its bid, which involved the Council and CCG

committing to pooling additional resources of £22.9M in 2014/15 and £27.8M in 2015/16.



In March 2015, the Board was informed that the necessary Section 75 Agreement was being finalised, to enable the Council, through the ICGB, to manage the pooled funding, with detailed schedules covering each service area.

Quarterly performance monitoring information on six key metrics (measures) had also been developed, which would be shared across the system on a regular basis.

Outcome:

Warrington has successfully developed a pool of funding for the delivery of integrated services which is significantly higher than the minimum amount set by the Government

Warrington Health Plus

The Board considered a number of reports from Warrington CCG, on the development of primary care provision in Warrington, known as 'Warrington Health Plus'.

The project (previously referred to as 'Primary Care Home') was one element of the CCG's 'One System' vision to deliver self-sufficient communities, enjoying improved health and better life experiences. The proposals reflected the well-documented need to meet key challenges, including an ageing population and the drive to provide more integrated care.

The model involved Warrington's 26 GP practices coming together to form eight clusters, each with a resident population of around 30,000 people. The model was the result of extensive joint working with partners and £5M had been allocated by the Government. Warrington was at the forefront of developments in primary care and had received national recognition for its efforts, including an award of £3.3M from the Prime Minister's Challenge Fund.

The project required the establishment of a separate Community Interest Company (CIC) to place a contract via NHS England to providers.

The Board received several updates throughout the year on the rapid development of this project. Information was provided on the following:-

- composition of the clusters;
- programme oversight and accountability;
- priorities and deliverables;
- current status of the clusters;
- wider engagement;
- travel and access; and
- map of GP practice locations and proposed clusters.

Outcome:

The Board has actively supported the rolling out of Warrington Health Plus, which will see many primary care services delivered much closer to home.

Transformational Change and the Potential Wholesale Integration

In April 2014 the Board had agreed to recommend to the creation of a new jointly funded post to drive forward whole system integration. Approval was subsequently given to the recruitment of a Director of Transformation. As a result of this appointment, in October 2014, the Board considered a report on the potential for wholesale integration.

Wholesale integration might ultimately lead to the establishment of a single budget for health and social care in Warrington. There would be a single fund and single decision-making on the commissioned services identified for pooled arrangements. The scope of that budget would enable all-age whole person care.

There could be significant benefits for service providers, including rationalisation of enabling functions, so that resources supported the whole system rather than separate agencies' interests, and the creation of a single integrated vehicle for delivery. For service users, the benefits should be more sustainable services which had been designed around current and future needs of local people, and based on evidence of what worked.

In January 2015, the Board considered an update report, which highlighted gaps, efficiencies and opportunities and made recommendations for transformational integration across the Warrington health and social care economy. The Board endorsed nine recommendations for action which had been proposed and which had already received the support of key leaders and practitioners across the health and social care sector. A summary of the proposed actions is as follows

Commissioning Transformation:-

- To understand current financial performance, activity and capacity and to align planning assumptions across the system against the JSNA;

- To structure commissioning and transformation across CCG and Council under three themes, starting well, living well and ageing well;
- To align commissioning functions across the Council and CCG in three themed groups managed through a programme approach, progressing to full integrated structure hosted by one organisation;
- To develop a shared understanding of cultural differences within the relevant organisations.

Provider Transformation:-

- To introduce a revised architecture under the HWB, including provider reference group and enabler groups;
- To align all health and social care programme/project functions across the Council and CCG to concentrate on the joint transformation programme;
- To ensure estates strategies across organisations were aligned and that co-location across organisations was prioritised;
- To look to integrated support functions across organisations; and
- To ensure co-production with service users and providers was a key part of commissioning and transformational change.

Outcome:

The Board has endorsed a list of integration ambitions for which will be taken forward by the Transformation Board (see page 6) and which ultimately will result in sustainable services which meet the needs of local people.

Select Committee inquiry into Patient and User Data Sharing

At the joint HWB and Warrington Partnership Board meeting in May 2014 an agreement was given to carry out a Select Committee Inquiry (SCI) into patient / social care user data sharing, focused on the direct delivery of care.

The SCI was modelled on a parliamentary SCI model, in which panel of members questioned expert witnesses on experiences and views regarding a particular issue. Data sharing was a critical risk area within the transformation agenda for health and social care.



An update report was provided in January 2015 and a final report in March 2015. The final report, which comprised Stage 1 of a longer term project, included a brief description of the operation of the Inquiry and highlighted its main findings and recommendations for future action. Those recommendations were endorsed by the Board and fell into 8 categories as follows:-

- Privacy and consent;
- Communication and relationships;
- Culture, confidence and willingness;
- Information governance;
- Information capture and sharing;
- IT systems, interoperability and security;
- Managing changes and improvements; and
- Sharing beyond non-statutory health and social care organisations.

Stage 2 would involve work to scope out the detail of how the recommendations could be progressed. Some potentially quick actions had already been identified, but others would require more detailed assessment. The delivery of improvements was classified as Stage 3 of the project.

Outcome:

Approval has been given to progress to Stage 2 of the Data Sharing project.

Integration in Practice

The Board maintains oversight of those services that are either starting to move towards formal integration, or are currently delivering services in a highly integrated manner, or are already delivering services via a fully integrated structure.

Complex Families Programme

The Board considered an update report on the performance of the Complex Families Programme (CF), the acceptance into Phase 2 and the service delivery framework for April 2015.

Phase 1 had been successful in turning around the lives of 77% of the target cohort and the authority would be close to the 100% mark by year end. The local ethos had promoted a culture shift to 'think family' and had delivered service transformation to support this.

On 6 March 2015 the Council had been formally invited to sign up to Phase 2 of the national Troubled Families Programme, known locally as Complex Families. The new programme would see an expansion of Phase 1 in relation to numbers of families and the types of family issues that were monitored.

There would now be 6 eligibility factors and locally the Council had decided to target families who presented with at least 3 of the following:-

- Involvement in crime/anti-social behaviour;
- Irregular attendance at school;
- Children who needed help;
- Financial exclusion/worklessness;
- Domestic violence and abuse; and
- Health problems.

An assessment tool called a Family Common Assessment Framework (CAF) had been trialled with a view to formal launch later in 2015. The Council was also expected to develop a locally agreed Family Outcomes Plan, which would be based upon integrated

working between partners, including through existing integration plans and projects.

Outcome:

The Board has recognised the partnership approach required to help complex families through its continued support for this project.

Integrated Services for Children with Additional Needs

The Board endorsed proposed service changes in a joint report from Bridgewater Community Healthcare NHS Foundation Trust and the Council, on the business case for integrated services for children with additional needs. The report highlighted the benefits of the new service, including:-

- Improved outcomes for children and young people with additional needs and their families;
- Children, young people and families having an improved experience of services; and
- Increased capacity and efficiency of services.

The Co-location of the teams had commenced on 1 November 2014 and the new Service, under a single management structure, had become operational from April 2015. The service would be overseen by an Integrated Partnership Board.

Outcome:

The Board has successfully overseen one of the first projects to deliver a fully integrated.

Development and Delivery of Health and Wellbeing Strategy

A core activity of the Board is to develop and a Health and Wellbeing Strategy and to oversee the delivery of those aims.

Joint Health and Wellbeing Strategy 2012-15 – Delivery Reports

The Board considered performance monitoring information in respect of the 'Warrington Strategy for Wellbeing 2012-15', the Borough's first Joint Health and Wellbeing Strategy (HWS). That Strategy provided Warrington with its overarching plan for:-

- Building safe, sustainable communities
- Ensuring the best start in life and transition to adulthood
- Living and working well
- Promoting wellbeing for older people

In April 2014, the Board considered information on life expectancy and inequality, together with outcomes information against a range of national performance indicators comprising the NHS, Public Health and Adult Social Care Outcomes Framework and the Association of Directors of Adult Social Services (ADASS)/ Advancing Quality Alliance (AQuA) Framework.

Most indicators were on target, but some areas of underperformance were noted.

Outcome:

The Board has routinely checked to see if improvements are on target and is committed to addressing those issues which continue to present challenges.

Joint Health and Wellbeing Strategy 2015-18

The Board considered a number of progress reports on a refresh of the 'Warrington Strategy for Wellbeing 2012-15'. In July 2014, the Board heard that a desk top review of the Joint

Strategic Needs Assessment (JSNA) had already been undertaken and that the document would be updated on an on-going basis. Accordingly, there was a need to refresh the Joint Health and Wellbeing Strategy.

Key changes would be to link the new document to other supplementary plans, including plans for integration and transformation and the Children and Young People's Plan and to include closely defined measures to enable progress to be monitored.

In January 2015, the Board endorsed a draft document and approved a period of consultation and engagement, which ran from 26 January until 6 March 2015. The new Strategy would be framed around three primary themes based on a lifecycle approach (starting well, living well and aging well), along with two additional themes giving a focus to integration and a strong and resilient Warrington.

Members of the Board undertook to promote the draft widely throughout their organisations and networks. A joint HWB and Warrington Partnership stakeholder event to obtain feedback on the draft Strategy was held on 26 February 2015, at Walton Hall.

In March 2015, The Board heard about the outcome of the consultation. Overall the responses received strongly supported the proposals, but further consideration would be given to the following themes:-

- Alcohol;
- Too much focus on public health/prevention;
- Communication;
- Community engagement/participation; and
- Integration.

Outcome:

The final draft Strategy would be available from the end of March 2015 and would be considered for formal approval at a joint meeting of the Health and Wellbeing Board and Warrington Partnership Board in May 2015. The Strategy would set out the Board's aspirations for the health and wellbeing of Warrington residents for the period 2015-18.

End to End Care Assessment

The Board received an update report from Warrington CCG, on the development of a specification document for the commissioning of an End to End Care Assessment across Halton, Knowsley, St Helens and Warrington.

The scope of the project incorporated analysis and modelling of activity and financial flows of patients from the four CCG areas into all NHS providers. The project would provide:-

- Retrospective analysis of healthcare activity, spend and patient flows;
- A profile of current activity, spend and patient flows; and
- A forecast profile of activity, spend and patient flows over 3, 5 and 10 years.

The work, undertaken by Capita, led to the production of a final report, the details of which have not been published fully, as they are commercially sensitive. However, the modelling and analysis will provide an evidence base help to answer questions such as:-

- The potential impact of strategies and plans;
- Constraints and barriers to change;
- Current and potential future resources and care settings; and
- The impact on commissioners in terms of affordability and on providers in terms of sustainability.

The Board endorsed the project undertaken by NHS Warrington CCG and its neighbouring CCGs to understand patient flows.

Outcome:

The report would be used to support the CCG's commissioning intentions and suggested that a continued focus on the elderly and those with long term conditions was the right way forward, but that a more radical approach to meeting the challenges would be needed in the future as demand continued to rise.

Warrington Public Health Services - Update

The Board noted a presentation from Warrington Public Health Services. Those services had transferred to the local authority on 1 April 2012 from the NHS. The presentation included information on the following:-

- Local authority statutory responsibilities;
- Key additional functions;
- Key cross-cutting areas;
- Delivery Mechanisms;
- Public Health Delivery Model;
- Governance; and
- Key outcomes.

The Board heard about the core work of the Service, including advice to NHS Commissioners, the Health Check Programme, Integrated Wellness, Public Health Commissioning 0 - 19 and sexual health services. Information was provided on key indicators for Warrington based on the Public Health Outcomes Framework, including life expectancy; and causes of premature mortality such as smoking, cancer and cardiovascular disease (CVD).

Outcome:

The Board identified a number of challenges and opportunities, and endorsed key proposals to move forward, including the development of a 'call to action' regarding CVD.

Oversight of Key Strategies and Reports

The Board maintains oversight of a large number of detailed strategies, work programmes and partnership activity, which support the core aims of the Health and Wellbeing Strategy.

Children in Care and Care Leavers Strategy 2013-16

The Board considered a report on the Children in Care Leavers Strategy 2013 – 2016, which included the following priority areas for action, based upon a formal Pledge made by the Council and its partners about the quality and nature of care that any child or young person could expect:-

- good parenting;
- good safe placements;
- high aspirations; and
- successful adult lives.

The Board endorsed the vision, priorities and action plan included in the draft Children in Care and Care Leavers Strategy 2013 – 2016 and noted the good work already being undertaken by the Council and its partners.

Outcome:

The Board highlighted the need to develop relevant performance information on how partnership working had improved the outcomes for young people leaving the care system. It also identified a need to train newly elected councillors in relation to their corporate parenting role and responsibilities.

NHS England Accountability Report

The Board considered a routine update report from NHS England, Cheshire, Warrington and Wirral Area Team (prior to its realignment with the Merseyside Area Team), which included a summary of progress on that Area Team's priorities and the development of 2 Year Operational Plans and 5 Year Strategic Plans.

The Board commented on the need for NHS commissioners in neighbouring CCGs and Area Teams to work together, to coordinate contracts with NHS providers serving more than one geographical area and the need to consider consistency with the NHS England, Merseyside Area Team.

Outcome:

The End to End Care Assessment was a good example of collaboration between CCGs and co-commissioning between Warrington CCG and NHS England is currently being developed. The realignment of NHS England at the end of 2014 led to the formation of the Merseyside, Cheshire, Warrington and Wirral Area Team.

Warrington Safeguarding Children's Board

The Board considered several reports in relation to the Warrington Safeguarding Children's Board (WSCB). A report was provided on a recent Care Quality Commission (CQC) inspection of Health Services for Children Looked After and Safeguarding in a neighbouring authority. That report provided a useful reference as to how commissioners and providers in Warrington needed to be aware of safeguarding issues. Commissioners needed to take account of matters such as child sexual exploitation, the impacts on children of adult mental health issues and the views of service users.



The Board also approved the signing of a Protocol on the relationship and working arrangements between the HWB and WSCB. Government Guidance required the Safeguarding Children Board's Annual Report to be provided to the HWB. Accordingly, the Board considered the Annual Report 2013/14, which included information on progress, challenges and WSCB's Business Plan 2014/15.

The WSCB Business Plan 2014-15 included work on the following priorities:-

- Early help;
- Neglect;
- Community and vulnerable groups;
- Voice of the child;
- Increase the number of multi- agency audits and involve practitioners; and
- Increase number of private fostering notifications.

The Board was reminded that the profile of Child Sexual Exploitation (CSE) had been raised nationally. In response, Warrington had delivered a presentation to its Protecting the Most Vulnerable Policy Committee. The Cheshire Local Authority Leaders and Police and Crime Commissioner had also looked at the matter and a renewed commitment had been made to tackling CSE and to obtaining good evidence of the abuse of children. Warrington's Licensing Committee had also considered whether there were any issues for it to address, which had resulted in some additional training being provided for councillors. Additionally, work was underway to engage GPs in the process.

Outcome:

All partners were asked to provide clear evidence that safeguarding issues and the needs of children looked after had been considered in the development of strategies and services and to report outcomes to the Warrington Safeguarding Children Board.

Warrington Safeguarding Adults Board

The Board considered Warrington Safeguarding Adults Board (WSAB) Annual Report 2013-14. The Board noted key points about performance and feedback, the Business Plan 2014-15; feedback from the Local Government Association (LGA) Peer Review and key challenges arising.



The WSAB Business Plan 2014-15 included work on the following priorities:-

- Prevention;
- Performance management;
- Policies and Procedures;
- Assurance;
- Involvement; and
- Training.

It was noted that the Care Act 2014 would introduce a requirement to establish a statutory Safeguarding Adults Board and to produce an annual report and business plan. Warrington already met these requirements although the Board did not yet have statutory status. Partners were already working together closely on matters such as governance, quality care, hate crimes, and policies and procedures.

Outcome:

The Board is able to provide assurance that the WSAB is meeting its priorities and is seeking to address emerging challenges. WSAB has strengthened its multi-agency approach and is well placed to make the transition to a statutory body under the Care Act 2014.

Autism Strategy for Adults and Self-Assessment

The Board considered a report on the draft Autism Strategy for Adults 2014 - 2017. The draft Strategy included information on the following:-

- National and local drivers;
- Council pledges, vision and priorities;
- Consultation and research;
- Local analysis;
- Assessment and transition; and
- Safeguarding people with autism.



The Strategy was the start of addressing the wider autism agenda and would lead to the development of an 'all age' Strategy for Warrington. There was a clear partnership approach to implementing the Strategy, which would be overseen by the Joint Autism and Learning and Disability Partnership Board and the HWB.

A chapter on autism was being developed for the JSNA and an Action Plan had been developed for the draft Autism Strategy. Progress would be self-assessed annually and there would be engagement with service users.

Outcome:

The Board endorsed the publication of the final Autism Strategy for Adults 2014 – 2017, which aimed to make the vision within the Department of Health's national autism strategy 'Fulfilling and rewarding lives', a reality for Warrington residents.

Winterbourne View - Joint Improvement Programme

The Board considered a report on the work which had taken place to ensure compliance with the recommendations from the Winterbourne View Review and the implementation of lessons learned.

The report included details of the actions taken and the current position in Warrington, risks, deficits and the next steps. Information was provided about the DoH Winterbourne View Concordat and the LGA and NHS England Joint Improvement Programme (JIP), which had been established to achieve a significant and permanent reduction in the number of people with learning disabilities and autism in secure hospitals or assessment and treatment units.

In Warrington, a steering group had been established, consisting of health and social care commissioners and practitioners, to oversee this work.

Overall, work was on-going to address long-standing service deficits which impacted upon the ability to move people from hospitals to less restrictive community settings and advice and assistance had been sought from the national JIP Team.

Outcome:

The Board has gained an understanding of the work that needs to be carried out to reduce the number of people with learning disabilities and autism in inappropriate settings.

Special Educational Needs and Disabilities (SEND)

The Board considered a report on how its work supported the assessment of need of children and young people with special educational and complex needs. The report included information on the role of the HWB; as described in the Department of Health (DoH)

Guidance: *Children with special educational and complex needs - Guidance for Health and Wellbeing Boards (September 2014)*. That guidance posed two main groups of questions in relation to the assessment of need and commissioning.



The report dealt with the resources available to the Board and progress in relation to the assessment of need only. There were links to the review of the Every Child Matters Charter. A key aim was to strengthen the relationship between the Board and the children's voice.

The Board endorsed the activity currently taking place to comply with the guidelines set out by the DoH and requested that Warrington CCG consider the questions on commissioning in so far as that related to CCG.

Outcome:

Overall, the Board considered that it had demonstrated a commitment to the principles outlined in the DoH document through the Children and Young People's Partnership and the projects progressed under the SEND Programme.

Joint Learning Disability Self-Assessment Framework (LD SAF)

The Board considered a report on the Joint Learning Disability Self-Assessment Framework. The Board noted the emerging key priorities for service development which were as follows:-

- Validation and alignment of health and social care registers;
- Employment, training and volunteering opportunities for people with LD;
- Individual health and social care package reviews;
- Supporting the acute LD liaison function; and
- Broadening sports and cultural activities.

Outcome:

Board members agreed to support the above priorities within their own organisations, as appropriate.

Pharmaceutical Needs Assessment 2015-18

The Board considered a number of progress reports on the development of a new Pharmaceutical Needs Assessment (PNA). The current PNA 2011 had been developed by Warrington PCT and had transferred to the Health and Wellbeing Board on 1 April 2013. Responsibility for determining new applications or changes fell to NHS England, which had to have regard to the PNA and the views of the HWB.

A new PNA was required by 1 April 2015 and consultations would be needed with pharmacies, users and other stakeholders. A pre-consultation draft was approved by the Board in October 2014 and a formal consultation took place from 31 October 2014 to 4 January 2015. A final post consultation draft document was submitted to the Board in January 2015 and was approved.

Outcome:

The new PNA was developed on time and took effect from 1 April 2015. A gap in provision in Bewsey and Dallam was identified. However a pharmacy has recently expressed interest in moving to this area.

Wider Information and Context

The Board maintains oversight of national policies, regional initiatives and local responses on a range of issues which support the wider aims of the Health and Wellbeing Strategy.

Domestic Violence Prevention Measures

The Board considered a report from Cheshire Constabulary, on the implementation of Domestic Violence Prevention Notices (DVPNs) and Domestic Violence Prevention Orders (DVPOs) under Sections 24-33 of the Crime and Security Act 2010.

The report concluded that the DVPNs and DVPOs provided an opportunity to build upon established multi-agency working and strategies to intervene in domestic abuse by providing additional measures to safeguard victims and their children. Effective multi-agency working was critical to ensuring the success of the new powers.

The Big Conversation

The Board considered a report about Warrington Borough Council's proposed 'Big Conversation', which would frame a consultation with the public about choices for the future of public services. There was a gap between the expectations of communities about what services they desired and what could actually be delivered in times of austerity. The consultation aimed to change public perceptions and to consult residents about what really mattered to them.

The Board noted that austerity was wider than just the Council, as all public sector services were facing similar issues. Partners were invited to participate in the delivery of a consistent message to the public.

Children and Young People's Plan 2014-17

The Board noted a report from the Children and Young People's Partnership, on the Children and Young People's Plan 2014 – 17. Some

key features of the Plan were highlighted, including the two main priorities, as follows:-

- Ambition and achievement; and
- Healthy children and young people.

The Plan also referred to the strong links to safeguarding activity. It was acknowledged that the document had specifically included the voice of children and young people.

The Board considered the rise in the number of children in hospital as a result of self-harm. There were lots of discussions and actions taking place on this topic, including:-

- On-going contact with families into adulthood;
- Improved handover from children's to adult learning;
- Sensitivity to age issues at adolescence;
- Commissioning of more Tier 4 services; and
- Improvements to crisis response services.

Maternity Services

The Board noted a report of Halton CCG on the work that was progressing across parts of Cheshire and Merseyside to sustain and develop maternity services. The recommendations from that work would help to form part of Warrington CCG commissioning intentions, which would be brought to a future meeting of the HWB.

Exact timescales were still being developed, but it was envisaged that further details would be available in Summer 2015.

Governance

The Board keeps under review its own Terms of Reference, to ensure that its functions and powers are up to date, its procedures are comprehensive and efficient and its structures are fit for purpose. The Board's culture of openness ensures that its members are able to take robust strategic decisions which benefit the whole health and social care system.

Revisions to Health and Wellbeing Board Terms of Reference

The Board considered a report proposing various amendments to its Membership, Terms of Reference and Operating Arrangements, to ensure full compliance against the duties and powers introduced by the Health and Social Care Act 2012.

Additional representatives are currently being sought from the following sectors:- voluntary care; private care; criminal justice system; housing; education; and fire and rescue. The report also clarified the Board's priorities and the architecture of its subsidiary bodies.

Integrated Commissioning Board Terms of Reference

The Board considered a report on suggested changes to the Terms of Reference of the Integrated Commissioning Governance Board (ICGB), in the light of changes to its areas of responsibility due to the Better Care Fund and increased pooling of resources. A total of £26.4M had been approved as pooled funding, for use under a Section 75 Agreement made under the National Health Services Act 2006.

The new Terms of Reference had been slimmed down and included information on objects and rules about co-operation. The core voting Membership of the ICGB would comprise 6 members, with 3 drawn from WCCG and 3 from the Council. The ICGB would also be supported by a number of officers and other representatives of partners.

Health Protection Forum for Warrington

The Board considered a report on the establishment of a Health Protection Forum for Warrington to support the discharge of the duties of the local authority Director of Public Health for assurance and resilience. The Board noted information on the following:-

- national guidance, good practice and legislation;
- role of the Director of Public Health;
- existing regional and local arrangements for health protection;
- advantages of establishing a Health Protection Forum; and
- proposed terms of reference and membership of the Forum.

Joint Meetings between the Health and Wellbeing Board and Warrington Partnership

Joint meetings between the Board and Warrington Partnership took place on 28 May 2014 and 20 November 2015. Themes discussed included:-

- Warrington Integrated Leadership Programme – Update Report;
- Future Partnership Ambitions and Structures;
- Proposals from the Alcohol Priority Action Group;
- Select Committee inquiry into Patient and User Data Sharing;
- Joint Health and Wellbeing Strategy – Performance and Refresh; and
- Health and Wellbeing Board Development.

7. Summary and Looking Ahead



This report shows how the Health and Wellbeing Board has worked continuously to improve the health outcomes for the people of Warrington.

The Health and Wellbeing Strategy has pulled together an overarching outcome framework, which underpins Warrington's commitment to prevention, collaboration and integration. Collaborative approaches have already been developed in Warrington for intermediate care; hospital discharge; continuing health care and services for children with additional needs.

Joint health and social care teams have been established to oversee improved outcomes for adults and children supported by both health and social care. The Board is also implementing innovative approaches with Housing Trusts to support isolated older people; and with employment support and lifestyle teams to support those with mental health problems. The Board has increased the number of pooled funds across health and social care and supports joint commissioning across the Council and CCG, led by an Assistant Director employed by both agencies.

The Health and Wellbeing Board has also accelerated opportunities for joining up provision and commissioning for communities of interest, such as carers and rough sleepers.

An aging population and people living longer with more complex needs are placing unprecedented demands on the health and social care services. Also, the pressure on publicly funded bodies to achieve savings and deliver joined up, quality services is anticipated to intensify over the coming years. In Warrington, the Board is aware that we have specific areas of underperformance in relation to the following:-

- Life expectancy at birth;
- Health life expectancy at birth;
- Diagnosis rate for dementia;
- Proportion of older people (65+) who were still at home 91 days after discharge; and
- Delayed Transfers of Care (delayed days).

Warrington's Health and Wellbeing Board and its partners are ready to drive forward the system changes that are needed to meet the challenges ahead.

Appendix 1

Membership of the Health and Wellbeing Board (2014/15)

Warrington Borough Council (WBC)

Steven Broomhead (Chairman) - Chief Executive
Councillor Terry O'Neill - Leader of the Council
Steve Reddy - Executive Director of Families and Wellbeing
Steve Peddie - Deputy Director of Adult Social Services
Dr Rita Robertson - Director of Public Health
Councillor Pat Wright - Executive Lead Member, Health and Wellbeing and Adult Services
Councillor Jean Caterer - Executive Lead Member, Children and Young People's Services
Councillor Ian Marks - Opposition Spokesperson

Warrington Clinical Commissioning Group (WCCG)

Dr Andy Davies – Chief Clinical Officer
Dr Anita Malkhandi - Integrated Commissioning Lead
David Cooper – Acting Chief Finance Officer

Joint WBC/WCCG Appointments

Simon Kenton - Assistant Director, Integrated Commissioning

Other Appointments

Eileen Fitzgerald – Chair, HealthWatch Warrington
Steve Cullen – Chair, Third Sector Network Hub
Simon Barber – Chief Executive, 5 Boroughs Partnership NHS Foundation Trust
Kate Fallon – Chief Executive, Bridgewater Community Healthcare NHS Foundation Trust
Mel Pickup – Chief Executive Warrington and Halton Hospitals NHS Foundation Trust
Vacancy - NHS England - Merseyside, Cheshire, Warrington and Wirral Area Team
Audrey Williamson - Independent Chair Children's Safeguarding Board
Michael Sheppard - Voluntary care sector
David McGuinn - Private care sector
Vacancy - Criminal Justice system
Peter Fitzhenry - Housing
Tim Long - Education
Vacancy - Fire and Rescue

NB. The membership described is as at 1 May 2015.

Appendix 2

Sub-Groups

Health and Social Care Summit

The Health summit is supported by an agreed concordat which codifies behaviour and actions across the whole system. The Health Summit acts as the Programme Board for the Integrated Whole System Transformation Programme. It sets the strategic direction for programme delivery and will ensure that programmes fall in line with the business context of all partners. The Health Summit ensures that the programme remains consistent with business plans and the external environment.

The Health Summit is a decision making group, with the ability to commit resources to a programme/project. The Health Summit is responsible for authorising the programme and project plans and for holding the respective project delivery groups to account for delivery, and holds each partner organisation to account for facilitating progress and achievement of the project objective and deliverables. The Health Summit manages the Integrated Whole System Transformation Programme by exception, directing and authorising the projects at key stages and providing ad hoc direction to project delivery teams as required.

Provider Board

This Board, previously known as the Health and Care Summit Integrated Operational Group - explore opportunities for integrated delivery of services across NHS, Council, Housing, preventative, voluntary and private sectors.

Integrated Commissioning Governance Board.

This board oversees pooled budgets and will be a board vital to governance of the Better Care Fund. Its aim is to strengthen and increase shared financial decisions so as to support prevention and integration to meet quality outcomes for citizens.

This forum has aligned the outcome framework and identified potential financial efficiencies for re-investment in prevention and rehabilitation.

Transformational Change Board

The Transformational Change Board provides operational and clinical leadership and support to the Delivery Groups, and reports up to the Health Summit. The Board operationalises implementation plans and will further assess the impact of proposed changes to services or systems on patient care policies, practices and staff resources, before such changes are implemented. Members of the Transformational Change Board will be responsible for ensuring that planned changes are communicated widely across all participating organisations, agencies and stakeholder groups. Clinicians will be responsible for leading and gaining wider clinical engagement in the changes, ensuring patient/user focus remains at the centre of planning and decision making. The Board will oversee the performance of

the Integrated Whole System Transformation Programme and provide assurance to the Health Summit that project plans are robust (clinical and financial) and delivering to time. The Board have a responsibility to identify and coordinate cross cutting activities (finance, HR and communications for example). The Transformational Change Board will further facilitate shared learning across programme areas. There are a number of interdependencies between projects and a great deal of matrix working within and across Warrington. The Transformational Change Board provides a forum to identify and explore interdependencies and monitor any unintentional or negative impact on service or business delivery

Joint Autism and Learning Disability Partnership Board

A joint Partnership Board has been developed to consider the needs of people with autism and people with learning disabilities. Although both agendas are considered separately there are also times when the same issues apply to both groups and having a joint Partnership Board enables these links to be made.

The Partnership Board duties in relation to the Autism agenda include:-

- Overseeing the completion of the Autism Evaluation;
- Overseeing the development of the 'Warrington Autism Strategy' and updates to the strategy; and
- Ensuring the implementation of improvement /action plans derived from the 'Warrington Autism Strategy' and Autism Self Evaluation Membership is made up of representatives from key statutory agencies, families of people with autism and representatives of people with autism.

Joint Strategic Needs Assessment Steering Group

This Group is responsible for developing the Joint Strategic Needs Assessment (JSNA) and for ensuring that the information is refreshed from time to time. The Group will make a recommendation to the Board for it to formally adopt the JSNA.

**For more information about this document,
or to obtain a hard copy please contact:-**

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