



WARRINGTON

Borough Council

To: **Members of the Warrington Health and Wellbeing Board**

Professor Steven Broomhead
Chief Executive

Town Hall
Sankey Street
Warrington
WA1 1UH

4 September 2019

Meeting of the Warrington Health and Wellbeing Board, Thursday, 12 September 2019 at 1.30pm in the Council Chamber, Town Hall, Sankey Street, Warrington, WA1 1UH

Agenda prepared by Christine Oliver, Executive Assistant to the Leader
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Note – In line with The Openness of Local Government Bodies Regulations 2014 this meeting may be recorded. A guide to recording meetings has been produced by the Council and can be found at

https://www.warrington.gov.uk/info/201104/council_committees_and_meetings/1003/access_to_council_meetings

AGENDA

Part 1

Items during the consideration of which the meeting is expected to be open to members of the public (including the press) subject to any statutory right of exclusion.

1. **Apologies**

To receive any apologies for absence.

2. **Code of Conduct - Declarations of Interest**
Relevant Authorities (Disclosable Pecuniary Interests)
Regulations 2012

Members are reminded of their responsibility to declare any disclosable pecuniary or non-pecuniary interest which they have in any item of business on the agenda no later than when the item is reached.

3. **Minutes**

5 - 12

To confirm the minutes of the meeting of the Board held on 18 July 2019 as a correct record.

- | | | |
|-----------|--|---------|
| 4. | <u>Health Protection Annual Assurance Update Report</u> | 13 - 22 |
| | Report of Dr Muna Abdel Aziz (on behalf of Warrington Health Protection Forum). | |
| 5. | <u>Child Death Overview Panel (CDOP) New Arrangements</u> | 23 - 30 |
| | Report of Steve Peddie, Executive Director, Families and Wellbeing. | |
| 6. | <u>New Warrington Hospital Project</u> | 31 - 36 |
| | Report of the Director of Strategy, Warrington and Halton NHS Foundation Trust. | |
| 7. | <u>Joint Working Arrangements across Halton and Warrington – position to date</u> | 37 - 40 |
| | Letter from Dr A Davies, Clinical Chief Officer, NHS Warrington Clinical Commissioning Group and Dr I Watson, Chair, NHS Warrington Clinical Commissioning Group attached. | |
| 8. | <u>Bridgewater Community Healthcare NHSFT (BCH) and Warrington and Halton Hospitals NHSFT (WHH) Collaboration Update.</u> | 41 - 48 |
| | Joint report of Colin Scales, Chief Executive, BCH Chief Executive and Mel Pickup, WHH Chief Executive attached. | |

Updates from Reference Groups

- | | | |
|------------|---|----------|
| (A) | <u>Integrated Commissioning and Transformation Board</u> | |
| 9. | <u>Annual Report</u> | 49 - 58 |
| | Report of Steve Peddie, Executive Director, Families and Wellbeing, WBC and Carl Marsh, Chief Commissioner, NHS Warrington CCG. | |
| (B) | <u>Provider Alliance</u> | |
| 10. | <u>Warrington Together - Programme Director's Report</u> | 59 - 140 |
| | Report of Simon Kenton, Programme Director, Warrington Together attached. | |

(C) **Health and Wellbeing Strategy Progress Update**

11. Starting Well NWB Strategy Thematic Update 141 – 158

Report of Thematic Leads – Elaine Bentley, WBC and Stephen Tatham, WCCG.

12. Living Well Thematic Update 159 - 168

Report of Thematic Leads – Carl Marsh and Dot Finnerty, (Warrington CCG) and Tracy Flute, and Dave Bradburn, WBC.

13. Work Programme 169 - 172

To keep under review the Board’s Work Programme.

14. Future Meetings

Town Hall, Warrington at 1.30pm on Thursdays.

- 14 November 2019
- 23 January 2020
- 26 March 2020

Part 2

Nil.

Membership:

Chairman: Professor Steven Broomhead

Warrington Borough Council

Leader of WBC

Executive Lead Member, Statutory Health and Adult Social Care

Executive Lead Member, Public Health and Wellbeing

Executive Lead Member, Children's Services

Executive Board Member - Culture and Partnerships

Opposition Spokesperson

Steve Peddie, Executive Director, Families and Wellbeing (as Director of Adult Social Care and Director of Children's Services)

Dr Muna Abdel Aziz, Director of Public Health

NHS Warrington Clinical Commissioning Group

Dr Andrew Davies, Chief Clinical Officer, NHS Warrington Clinical Commissioning Group

Dr Dan Bunstone, NHS Warrington Clinical Commissioning Group

David Cooper, Chief Finance Officer, NHS Warrington Clinical Commissioning Group

Carl Marsh, Chief Commissioner, NHS Warrington Clinical Commissioning Group

Joint Appointments

Simon Kenton, Programme Director, Warrington Together

Other Representatives

Ruth Marie Dales, Chair, Healthwatch Warrington

Steve Cullen, Third Sector Network Hub

John McLuckie, Chief Financial Officer, NW Boroughs Healthcare NHS Trust

Colin Scales, Chief Executive, Bridgewater Community Healthcare NHS Trust

Mel Pickup, Chief Executive, Warrington and Halton Hospitals NHS Trust

Nigel Gloudon, Head of Finance, NHS England, Merseyside, Cheshire, Warrington and Wirral, Area Team

Richard Strachan, Independent Chair Warrington Safeguarding Children Board

Michael Sheppard, Chief Executive Officer, Warrington Community Living - Third Sector Provider Representative

Vacancy - Private Care Sector

Gill Healey, Group Head of Social Investment, Torus – Housing

Tim Long, Principal, Bridgewater High School - Education

Mike Larking – Cheshire Fire and Rescue

David Keane, Police and Crime Commissioner

Supt Martin Cleworth, Cheshire Constabulary

Emma Hutchinson, Culture Warrington/LiveWire

Standing Invitees (Not Members of the Board)

CLlr P Wright, Chair of Health Overview and Scrutiny Committee

**MINUTES
WARRINGTON HEALTH AND WELLBEING BOARD
18 July 2019**

Present:-

Councillor R Knowles (Chair (for this meeting)), Councillor M McLaughlin, Councillor C Mitchell, Councillor M Smith, M Abdel-Aziz, Professor S Constable (for M Pickup), S Kenton, C Marsh, M Sheppard, M Larking, G Johnson (for G Healey), L Thompson (for R M Dales), A Yates (for E Hutchinson)

HWB15 Apologies

Apologies for absence were received from Professor Steven Broomhead (Chair), Councillors R Bowden, P Wright and I Marks and from S Peddie, J McLuckie, S Cullen, R M Dales, M Pickup, Colin Scales, A Davies, D Cooper, G Healey.

HWB16 Declarations of Interest

There were no declarations of interest submitted at this meeting.

HWB17 Minutes

Resolved – That the minutes of the meeting of the Board held on 30 May 2019 be received as a correct record and be signed by the Chairman.

In receiving the minutes, it was noted that in relation to Minute HWB12, Simon Kenton was to present a report on the new proposed arrangements for the delivery of a partnership to deliver integrated health and social care services in Warrington (HWB24 below refers).

HWB18 Healthwatch Warrington Annual Report 2018-19

The Board received a report of Healthwatch Warrington, which presented the Annual Report of Healthwatch Warrington, which detailed the work that Healthwatch Warrington had carried out between April 2018 and March 2019.

The following highlights in the report were noted:

- Reports on oral health care in care homes and 15 enter and view reports had been published.
- a future priorities event, which was attended by a mix of people, was held in late June and that Healthwatch had receive over 313 surveys whilst the team was out and about on outreach sessions across Warrington.
- Dementia visits to be considered from Alzheimer’s Society to offer support and advice for residents, to create a dementia friendly community for the staff group, who’s who board so residents would recognise staff etc.

- Currently assessing Warrington and Halton Hospital Frailty unit, which will give the hospital independent feedback from patients.
- Continue to take an active role in the project group looking at the proposals for a new cancer hub.
- Commenced new contract with ECS from 1 August 2018.
- Healthwatch is now fully staffed and motivation
- Healthwatch is currently recruiting for board members and volunteers and a recruitment evening is being held on the 4 September
- Training Day in September

It was commented that the report was a clear, well presented and easy to follow report.

Resolved that the Health and Wellbeing Board noted the Healthwatch Warrington Annual Report 2018-19.

HWB19 Public Health Annual Report 2019

The Board received a report of Dr Muna Abdel Aziz, WBC Director of Public Health, which presented the Public Health Annual Report 2019 (PHAR).

It was noted that there is a statutory requirement for Directors of Public Health to publish an annual report that summarised the health of the local population and the interventions and initiatives in place to improve population wellbeing.

In recent years the PHAR had focussed on a range of different topics, including a prosperity, prevention and inclusive growth in 2017 and Health Protection in 2018.

It was noted that this year the focus of the report was the health and wellbeing strategy and that the report was designed as a 'wellbeing calendar' and provided tips and sign-posting to evidence-based resources aimed at improving wellbeing and making lifestyle changes. The tips and signposting was in a printable calendar format and was also available on line. As in previous years, a statistical supplement accompanied the main report. In order to enable analysis over time, this retained broadly the same content as last year and was themed around the lifecycle. The PHAR provided an accessible resource for partners and members of the public to help disseminate key messages about wellbeing, self-care and behaviour change. The continuation of the Health and Wellbeing Strategy 'pledge' theme aimed to keep wellbeing on people's agenda throughout the year.

In discussing the report members of the Board commented that it was of good quality and easy to read and that elected members would be able to share this information in their communities.

Resolved - that the Health and Wellbeing Board

- (1) Noted and reviewed the content of the Public Health Annual Report

- (PHAR) 2019; and
(2) Supported the dissemination of the report and the messages contained within it.

HWB20 Refreshment of Primary Care Strategy 2019-2020

The Board received a report on the refreshment of the Primary Care Strategy 2019-20, which invited Board members to comment on the Strategy.

It was noted that the last refreshed Primary Care Strategy was carried out by Warrington Health Partnership in 2015.

It was also noted that views on the Strategy should be submitted to the Clinical Commissioning Group by Friday, 23 August 2019 and it was also noted that a public stakeholder event was planned for September 2019.

In discussing the report members of the Board commented that it was the right moment to have a refresh of the Strategy and wanted to ensure that people living in the Town's most deprived areas have a voice on this. It was noted that one way to do this was to perhaps take the Strategy to the Central 6 Board. Board Members commented that a mechanism should be established to engage residents in the borough, who are in out of borough GP practices in this refresh.

Resolved – that the Health and Wellbeing Board noted the report and noted that the deadline for contributions to the Strategy was 23 August 2019.

HWB21 Update on New Hospital

Professor Simon Constable, Executive Medical Director and Deputy Chief Executive, Warrington and Halton Hospitals NHS Foundation Trust reported that the design workshop, as referred to at the May Board meeting, was held on 4 June 2019. It was noted that a new Hospital Delivery Group, involving all stakeholders, was to be established and that the inaugural meeting would be held in August. The Hospital Delivery Group will provide a written update report to the Health and Wellbeing Board at every future meeting.

It was noted that the new hospital was being viewed more as a health care hub rather than a conventional hospital and the aspirations, location and sites for the hospital will be explored and identified.

Resolved – That the verbal update was noted and that written updates will be provided to future meetings of the Health and Wellbeing Board.

HWB22 Primary Care Networks (PCNs)

The Board received a report of Carl Marsh, Chief Commissioner, Warrington Clinical Commissioning Group, which provided an update on the development of Primary

Care Networks for Primary Care Medical Services across Warrington.

It was noted that the 5 year plan starts in 2019-20 for the next four years thereafter and that the plan would be underpinned by PCNs.

It was also noted that in Warrington there would be five networks covering 100% of the population and that each PCN would eventually be required to deliver a set of seven national service specifications, five will start by April 2020 and the remaining two by 2021 as outlined in the report.

The Board also received a Power Point Presentation from Carl Marsh on the development of Primary Care Networks in Warrington and the following issues were reported on within the presentation:

- A five-year framework for GP contract reform to implement the NHS Long Term Plan.
- A five year framework for the GP services contract
- Guaranteeing Investment
- The Network Directed Enhanced – an automatic entitlement for practices to a new Primary Care Network (PCN) Contract as an extension of existing GP contracts.
- Primary Care Networks will:
 - Be required to deliver a set of seven national service specifications.
 - Five will start by April 2020
 - The remaining two will start by 2021
 - Primary Care Networks will be expected to provide a wider range of primary care services to patients, involving a wider set of staff roles than might be feasible in individual practices
 - Networks will receive specific funding for clinical pharmacists and social prescribing link workers in 2019-20, with funding for physiotherapists, physician associates and paramedics in subsequent years.
- The Network DES – Timeline
- Primary Care Networks in Warrington

Members of the Board discussed whether the Warrington Network would cover outlying areas like Burtonwood and noted that PCNs are based on where you are registered with a GP with Burtonwood being covered by St Helens, who also has PCNs.

It was recognised that there appeared to be a move towards prevention from a primary care point of view whereas traditionally it has been about dealing with health problems when they emerge. It was acknowledged that it would be challenging assessing what other things might be done differently with regard to prevention.

Resolved - that the Health and Wellbeing Board noted the content of the report.

HWB23 Integrated Commissioning and Transformation Board (ICTB)

Carl Marsh, Chief Commissioner, NHS Warrington CCG, reported that the ICTB continued to meet monthly and gave priority to the priority work streams in the Single Commissioning Prospectus – i.e. Frailty and SEND.

Under Frailty the group had supported an intensive piece of evidence-based work undertaken by Alex Robertson to support further targeted interventions with cohorts of people at different levels of frailty. It was intended to fund further work – a Frailty Improvement Programme - linked to enhancing the domiciliary care framework, which was due for tendering in the Autumn. Work was at an advanced stage to go into a progressive domiciliary care contract which supported better outcomes, linked to primary care.

Under SEND the ICTB had looked at the THRIVE Interim Evaluation Report which had been commissioned by Warrington's Public Health Knowledge and Intelligence Team to look at the processes and outcomes from the implementation of the Thrive model of working – an inclusive approach to improving mental health in children and YP. The group noted the positive impact from the investments and work thus far including the reduction in waiting times, increase in access to services, collaborative commissioning work with school, wider 3rd sector partners, better crisis response and hospital admission avoidance targets as well as the experience and outcomes for children, young people and their families. The ICTB confirmed its ongoing commitment to the existing and planned investment.

The ICTB also looked at the commissioning implications of an LGA peer review of Early Years. Overall it received very positive feedback but one issue that was raised was in relation to Speech and Language Therapy Services and interventions on children across the partnership, recognising that Speech and Language is well received when parents are able to opt-in and make use of the provision but the pathway could be strengthened. There is more we need to do to ensure the workforce are equipped to deliver this key priority and we have raised contractually with the provider.

The ICTB supported work around early planning for winter. The Board had approved spending plans under the pooled budget around three programmes of transformation work:

- Development of a more integrated rapid response service
- Expansion of the intermediate care at home service
- Establishment of further enablement bed base

Further business cases were to be brought into the ICTB in the near future.

It was noted that it is a statutory requirement that the Market Position Statement is

published. This is a document flagging to providers of social care and support what commissioners' analysis says of gaps in service and requirements of the market going forward. This has been updated and two open sessions had been run with providers.

The terms of reference of the Board are required to be updated annually, and this has been done. This Board is required to update formally to the Health and Wellbeing Board annually.

Resolved - that the Board

- (1) Note the verbal report provided.
- (2) Note that the ICTB annual report will be considered at the Health and Wellbeing Board meeting to be held on 12 September 2019.

HWB24 Warrington Together – Programme Director's Report

The Board considered a report of Simon Kenton, Programme Director, Warrington Together, which provided an update on the activities in relation to developing the Warrington Together Programme since the Board meeting in May 2019 and which also identified the progress made and issues that needed resolving by the Board.

Information in the report included:-

- Provider Alliance
- People's Panel
- Warrington Together – celebration of the year – Thursday, 11 July 2019
- New Hospital Workshop – 4 June 2019
- Integrated Community Teams (ICT)
- Independent Chair

It was noted that, unfortunately it was not possible for the Board to receive the presentation outlined in the report on Integrated Community Teams and that the presentation would be circulated to Board members outside of the meeting.

Resolved - that the Health and Wellbeing Board:

- (i) Agreed that information relating to the people's panel would be cascaded via the Board members' respective organisation's communication channels.
- (ii) Agreed that the WT celebration, which took place on 11 July 2019 was a priority event of which staff should be encouraged to attend.
- (iii) Noted the progress with the implementation of the Central ICT (Integrated Community Teams).
- (iv) Placed on record the Board's thanks to the independent chair of the Warrington Together Board, Sue Musson, for her work over the past 22 months in strengthening the brand of Warrington Together, maintaining its focus on improved outcomes for Warrington Citizens.

HWB25 Warrington Together – New Proposed Arrangements for the Delivery of a Partnership to Deliver Integrated Health and Social Care Services in

Warrington

The Board considered a report of Simon Kenton, Programme Director, Warrington Together, which provided an update regarding the current arrangements and a proposal to achieve integration and strengthen accountability to achieve integration by 2020 (Minute HWB12 / agenda item 7 from 30 May 2019 meeting refers).

It was noted that an elected member would be invited to join the Provider Alliance and that capacity for the health and Wellbeing Board would not be further stretched as the current Warrington Together Programme Director's report would be replaced by a report detailing the work of the Provider Alliance.

It was also noted that the already established meeting of non-executive chairs bringing together the chairs of local NHS Trusts, leading local councillors and chairs of local voluntary and housing associations agreed to continue to meet in the absence of Warrington Together Board, thus providing further scrutiny and assurance regarding integration.

Resolved – that the Health and Wellbeing Board:

- (i) noted the contents of the report, which provided an update on developments since the last Board meeting;
- (ii) Supported the enhanced role of Warrington Health and Wellbeing Board in delivering integration and in directing the Warrington Together Programme;
- (iii) Supported the establishment of a Provider Alliance;
- (iv) Noted the retention of the Warrington Together Programme Office and team as a system-wide resource; and
- (v) Approved the disestablishment of the Warrington Together Board as an intermediary part of the existing structure.

HWB26 Work Programme

Resolved – The Health and Wellbeing Board noted the updated work programme.

HWB27 Date of Next Meeting

Thursday, 12 September 2019 at the Town Hall, Warrington, at 1.30pm.

Signed:

Date: 12 September 2019

<p>Warrington</p> <p>Health & Wellbeing Board</p> <p>12 September 2019</p> <p>1.30 pm, Council Chamber, Town Hall, Warrington</p>	
Report Title	Health Protection Annual Assurance Update Report
Type of Decision Required	<input type="checkbox"/> Formal Decision as to a Statutory Function <input type="checkbox"/> Non-Statutory Advice, Guidance or Recommendation to Other Body <input checked="" type="checkbox"/> Note or Endorse a Report or Action by Others
Report Purpose	To provide Health and Wellbeing Board with an update on the Health Protection work on-going and provide the annual assurance about arrangements in place across partner agencies to protect population health.
Report author	Dr Muna Abdel Aziz on behalf of Warrington Health Protection Forum
Related Health and Wellbeing Strategy Priority	Priority 8 under the Living Well theme relates to protecting health.
Confidential or Exempt	This report is not considered to contain information which is confidential or exempt.
Recommendation	The Health and Wellbeing Board is recommended to note the work on-going across partners to ensure plans are in place to protect population health.

1. Report purpose

- 1.1 To provide Health and Wellbeing Board with an update on the Health Protection work on-going and provide assurance about arrangements in place across partner agencies to protect population health.

2. Introduction

- 2.1 This report provides an update on the 'Protecting Health in Warrington – Public Health Annual Report 2018'. It describes progress on the key priorities and work areas for 2018/19 from a range of stakeholders.
- 2.2 Health Protection is a key aspect of Public Health and Prevention aimed at protecting the public from harm. Health protection consists of three main broad areas: control of infectious diseases and screening; emergency preparedness, resilience and response (EPRR); and providing an environment that promotes health and wellbeing. In practice, it involves a range of activities across a number of partner agencies.
- 2.3 It includes work to ensure the safety and quality of food, water, air and the natural and built environment. It covers the measures needed to prevent the spread of infectious diseases, preparing for and managing outbreaks and other incidents which threaten health. It includes immunisation to prevent diseases from developing and screening programmes to detect particular diseases early enough for better treatment outcomes.
- 2.4 There is a range of other, broader, work that we might not immediately recognise as 'health protection' which also helps to protect population health. This work is diverse and led by various partners and different teams, and includes, for example; the work of the Trading Standards team to safeguard consumer safety, the work of housing officers to ensure that local homes are of a decent standard and can be heated efficiently, tobacco control and smoking cessation, noise control and the work of licensing and planning officers.

3. Background

- 3.1 The Health and Social Care Act 2012 changed the roles and responsibilities of public sector organisations involved in relation to health protection.
- 3.2 Since Public Health departments moved from the NHS to local authorities in 2013, the local Director of Public Health has a statutory duty to ensure plans are in place to protect the health of their population from all hazards, ranging from relatively minor outbreaks and contaminations, to full-scale emergencies.
- 3.3 The DPH also has a duty to gain assurances from other organisations that work is being carried out to protect the health of the local population, and to prevent

as far as possible those threats from emerging in the first place. This assurance is obtained through the local Health Protection Forum.

- 3.4 The Health Protection Forum is now well established, with regular attendance from key partners including; Public Health England, NHS England, Warrington Clinical Commissioning Group, the Community Infection Control Service, Warrington and Halton Hospitals Trust, North West Boroughs and Bridgewater Community Trust.
- 3.5 The Forum meets quarterly and receives regular updates from the partner organisations around screening and immunisations, healthcare associated infections, emergency planning and business continuity and environmental protection.
- 3.6 The 2018 Public Health Annual Report described the health protection priorities identified by partners for the 2018/19. Sections 4 to 7 of this report provide an update on the key areas of work within infectious disease control, screening and immunisations, emergency preparedness and environmental health.

4. Control of Infectious Diseases

- 4.1 There were a number of priorities identified in the 2018/19 work-plan related to infection prevention and control. These covered diverse issues such as increasing uptake for vaccination and immunisation programmes, increasing uptake of HIV testing and providing effective Environmental Protection services.
- 4.2 **HIV:** Warrington has relatively low incidence of HIV, but one of the key priorities is ensuring good coverage of HIV testing in at-risk groups. In 2018/19 the HIV outreach team targeted 3 GP practices, who have either a high level of BME patients and/or a relatively large percentage of men who have sex with men (MSM).The team provided HIV testing clinics within the practice to help increase uptake.
- 4.3 The HIV support team continue to provide outreach support to colleges; providing drop-ins and supporting awareness raising. The team also undertake targeted work with BME groups around the town.
- 4.4 A priority in 2019/20 is to undertake an audit of patients recently diagnosed with HIV to understand if any lessons can be learnt in terms of earlier diagnosis.
- 4.5 **Healthcare Associated Infections (HCAI):** There are national targets set to reduce the number of infections associated with healthcare provision. Local numbers continued to be monitored throughout 2018/19 for the specific infections.

- 4.6 The Clostridium Difficile target had been set at 45 cases but 49 cases were reported. A rigorous process is in place to ensure that a root cause analysis is undertaken for each case to understand if there are any lessons to be learned. Learning is fed back to the health professionals involved in the patient's care to help ensure continued improvements in patient care. The national target set for Warrington for 2019/20 has been increased to 56 cases. Continued monitoring will be on-going throughout the year.
- 4.7 MRSA: There were two MRSA cases in 2018/19, against a zero tolerance national target. A detailed post infection review took place for each of these cases and a multidisciplinary meeting held. The members agreed there were no lapses in care for either of the cases and both were deemed unavoidable.
- 4.8 E-coli bacteraemia: The 2018/19 national target of a 10% reduction on previous year's figures was not met. Locally the number of cases remained similar to 2017/18. However, national trends showed that E-coli was increasing by approximately 10% each year, so some improvement has been made in halting that year on year increase. Both national and local evidence shows that urinary tract infection (UTI) is the most common cause of E coli bacteraemia. In response, a range of evidence-based work is underway across the whole health and social care system to achieve a reduction in the number of UTIs. In 2018/19 work undertaken included; education for key frontline health and care staff on early recognition and treatment for urinary tract infection, introduction and promotion of the '*to dip or not to dip*' project in care homes, reinforcing to care home and domiciliary care staff, the importance of keeping their residents/clients hydrated, promotion and use of the national catheter passport, a review of patients with infection and single point lesson for GPs and care homes. This work will be continued and expanded through 2019/20.
- 4.9 There was an increase in the number of outbreaks of diarrhoea and vomiting in both care homes and schools during 2018/19. These were monitored by the community infection control nurses and appropriate infection control measures were put in place. Work continues during 2019/20 to provide training and infection control advice to staff in healthcare and care settings. The scheduled programme of infection control audits will continue, and reactive response and guidance will be provided as required.
- 4.10 Work is ongoing to continue to prioritise and inspect high risk food premises and to take action where necessary. Support has been provided for new and existing food businesses on compliance with food safety standards. All complaints received during 2018/19 were responded to appropriately and the necessary work was undertaken to investigate infectious disease outbreaks in consultation with Public Health England and the Food Standards Agency.
- 4.11 **Immunisations:** The NHSE/PHE Screening and Immunisation team have continued to support GP Practices in the delivery of the national immunisation programmes during 2018/19. Vaccination uptake varies considerably between

Practices. Work in 2019/20 will be focussed on continuing to support Practices to improve uptake and make meaningful comparisons with their peers to help facilitate the sharing of best practice. Across Warrington as a whole, vaccination uptake for 1 year olds is around 94% against a national target of 95%. Uptake of the preschool booster has reduced to 90%, again against a target of 95%. This reducing trend is in-keeping with the national picture, and further work is planned to explore and better understand the reasons for this. This is an important piece of work for 2019/20 especially given the increase in cases of measles and mumps observed recently in different parts of the country.

- 4.12 **Seasonal Flu:** In 2018/19 Influenza vaccination uptake decreased in all at-risk groups except pregnant women and school aged children (Reception to Year 5). The picture was reflected nationally with acknowledgement that the late change in the vaccine required to immunise the over 65's cohort was likely to be a significant contributory factor. The cumulative effect caused a delay in the vaccine distribution to primary care therefore a delay in services provided.

Table 1: Uptake of Seasonal Flu Vaccination 2018/19 and 2017/18, by cohort

At risk group	18/19	17/18	Cheshire & Merseyside 18/19	England 18/19
Over 65's	70.8	72.1	74.2	72.0
Under 65's	46.8	47.4	48.7	48.0
Pregnant women	49.7	49.6	45.0	45.2
2yrs	44.6	49.0	40.1	43.8
3yrs	48.2	49.0	44.6	45.9
Reception	76.0	70.3	Comparator data not available	
Year 1	73.2	67.8		
Year 2	69.9	66.2		
Year 3	69.5	63.3		
Year 4	65.9	62.4		
Year 5	65.6	Not vaccinated in this year		

The multi-agency seasonal flu planning group has continued to meet through 2019 to prepare for the 2019/20 flu season. The action plan is updated regularly to ensure all plans are in place for the forthcoming flu season including ordering of vaccines, training for care homes, and planning for the school vaccination programmes. In 2019/20, Year 6 children will be added to the free flu vaccine schedule along with staff who work in social care settings such as residential and nursing homes. The Warrington Flu Planning group has aligned with the Halton group to share best practice and ensure streamlined and effective planning with shared providers and partners working across both localities. Risks for the 2019/20 flu season include delay in supply of one of the

vaccines for the under 65's at risk cohort. NHSE are working closely with the CCG and Primary Care to mitigate any impact of this delay.

- 4.13 **HPV:** The national HPV vaccination programme has been extended in 2019, and from September 2019, all 12 and 13 year olds in schools will be offered the HPV vaccine. The vaccine has previously only been given to girls but will now include boys. The vaccine will be given in the school setting. The first dose will be given in year 8 and the second in year 9. The HPV vaccine protects against a range of cancers including cervical cancer, some mouth and throat cancers and some cancers of the anal and genital areas. Validated data on uptake rates for the new extended cohort will be available in 2021.
- 4.14 **AMR:** Antimicrobial resistance remains a key priority nationally and locally. The DHSC have produced a 5 year action plan for Antimicrobial Resistance (2019-2024) which emphasises the importance of reducing the use of antibiotics. Locally, work has continued during 2018/19 through the AMR working group to help optimise local antibiotic prescribing. This work is supported sub-regionally through the work of the Cheshire and Merseyside AMR Board, with additional support from the Consultant Microbiologist who works on a sub-regional footprint to support strategies and action to improve antimicrobial prescribing.

5. NHS Population Screening Programmes

- 5.1 NHSE and PHE Screening and Immunisations team have continued to work with GP Practices during 2018/19 to review screening and immunisation uptake, and understand potential barriers, in order to help improve the access for patients. To support this work, Warrington CCG have also recruited a cancer screening coordinator to help increase capacity to drive forward improvements in cancer screening provision in Primary Care and to increase uptake.
- 5.2 Cervical screening uptake is at an all-time low nationally. The national target for cervical screening is 80% and Warrington uptake is approximately 74%. There was a national campaign in March 2019 to promote the cervical screening programme. This was supported and amplified locally. Data is not yet available to enable evaluation of the impact of that campaign. Work continues during 2019/20 in collaboration with Cancer Research UK and PHE to support Practices to improve uptake rates.
- 5.3 Breast screening uptake in Warrington is currently around 74%, which is above the nationally acceptable level of 70%. A communications plan is currently being developed with PHE and Breast Screening Services to identify ways to promote the breast screening programme to eligible Warrington residents.
- 5.4 Recent trends show that uptake of bowel cancer screening has improved steadily. Latest figures show that Warrington has met the national target of 60%. A new, simpler test for bowel cancer screening, the FIT test, was

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introduced in June 2019 and has been rolled out in Warrington. Evidence from national pilots and early adopting sites suggest that this simpler, one-sample kit will increase uptake by an average of 7-10%.

- 5.5 Latest data shows an improvement in rates of antenatal and newborn screening. On-going monitoring will continue as part of the screening and immunisation plan for 2019/20 to ensure that the observed improvements continue.
- 5.6 Diabetic eye screening rates in Warrington are currently above the nationally set 'acceptable level' of 75% but not meeting the 'achievable target' of 85%. The NHSE/PHE Screening and Immunisations team have been working with the programme leads to improve uptake. Warrington is covered within the Central Mersey programme for diabetic eye screening provision.
- 5.7 Increased promotion of the AAA (Abdominal Aortic Aneurysm) screening programme is a priority for 2019/20. The screening programme invites all males in their 65th year to go for an ultrasound to detect a bulge or swelling in the aorta. If not spotted it can be extremely serious and the aorta could rupture. Feedback from GP Practices has highlighted that they would like to learn more about the AAA screening programmes.

6. Emergency Preparedness

- 6.1 A great deal of work has been undertaken within and between partner organisations during 2018/19 on emergency preparedness, resilience and response.
- 6.2 Work undertaken within WBC includes; completion of Corporate Flu Pandemic Plan, completion of Corporate Business Continuity Profile (details critical services and the recovery information for WBC critical services), WBC Major Emergency Plan revised to reflect internal response arrangements, Mass Fatalities plan (on behalf of the Coroner and Cheshire Resilience Forum) fully revised and tested via a strategic exercise in November 19.
- 6.3 There has been an ongoing training and exercise programme delivered in line with the Cheshire Resilience Forum programme.
- 6.4 NHS organisations take part in an annual assurance process overseen by NHS England and the Local Health Resilience Partnership. Providers and commissioners of NHS funded services need to show that they can effectively respond to major, critical and business continuity incidents whilst maintaining services to patients. The annual statutory assurance process incorporates four stages, including the organisation's own self-assessment against NHS Core Standards for EPRR, followed by three stages of confirm and challenge by; the Local Health Resilience Partnership, NHS England and the NHS Improvement regional and national teams. The annual assurance process will commence in October.

- 6.5 Work continues across all organisations to prepare for the EU Exit and work has commenced on cyber threats to reflect the national risk.
- 6.6 The Warrington Integrated Pandemic Influenza Health, Social Care and Education Plan was signed off in 2018. Work has continued with a range of partners, stakeholders and providers to raise awareness of pandemic flu and the need for effective plans and preparedness. A priority for all Health Protection Forum partner organisations for 2019/20 is to undertake an exercise to test the pandemic flu plans. This work is being led by WHHFT, with a multi-agency pandemic flu exercise scheduled for early 2020.

7. Environmental Health

- 7.1 **Air Quality** remains a key priority nationally and locally. In 2018/19, an Air Quality Action Plan (AQAP), informed by a comprehensive JSNA Chapter, was prepared and adopted. The AQAP has been integrated with the Local Plan and LTP4. The plan is monitored via a programme board, which is chaired by the Director of Public Health. There has been a continuation of assessing air quality in local areas that have been identified as being close to or exceeding the national standards. Warrington also have a number of background monitoring locations.
- 7.2 **Planning applications** continue to be assessed both in terms of the sensitivity of the proposed use and the likely impact or otherwise of the development on air quality, noise, land quality and light nuisance. During 2018/19 work was undertaken to inspect and authorise permitted installations and to liaise with the Environment Agency. This work will continue during 2019/20
- 7.3 **Statutory nuisance** and Clean Air Act complaints were investigated and monitoring of the progress of the National Air Quality Strategy and its proposed re-evaluation is ongoing.
- 7.4 **Warrington Public Protection Team** respond to service requests on noise nuisance and have over an 85% positive resolution rate. A number of issues relate to ASB, or involve vulnerable people, and more work is required to ensure that these people are supported, particularly where there is no actionable statutory nuisance. The team screen and respond to planning applications; providing advice and where necessary recommending the imposition of appropriate conditions. Noise assessments are often complex and this places significant demands on the service, such that it is not possible to respond to all major applications within the prescribed timescales. The team will continue to work with colleagues in Development Control during 2019/20 to review processes and procedures and to promote sustainable development.
- 7.5 **Brownfield sites:** Warrington has a legacy of industrial land usage and has a number of 'brownfield' sites. Over 210 hectares have been remediated since 2015. The public protection team have a strategic list of sites and will continue

to work with developers and consultants during 2019/20 to ensure that sites are suitable for their intended use with respect to human health and controlled waters.

8. New and Emerging Priorities for 2019/20

- 8.1 In addition to the programme-specific priorities for 2019/20 identified above, an emerging area of focus for health protection is in the cosmetic industry. There are increasing numbers of people, locally, regionally and nationally, having new cosmetic treatments and special procedures that pierce the skin, and therefore pose an infection risk. Legislation on special procedures differs across the UK, and local authorities have limited powers to refuse registration or regulate practice. Work is proposed locally on a number of levels; to understand the scale of the issue locally, to work with colleagues at a sub-regional level to lobby for national action, and to explore what can be done locally to work with the sector to, at a minimum, seek to raise awareness and promote good infection control.

9. Summary and Conclusions

- 9.1 There is a range of work on-going across all partners to protect the health of the local population and much progress has been made during 2018/19 to address key issues and deliver on action plans. Whilst key challenges remain, the local Health Protection Forum is well established and provides an effective mechanism for bringing partners together to work on health protection issues, share and review action plans, and provide challenge and support.

10. Recommendations

- 9.1 The Health and Wellbeing Board is recommended to note the work on-going across partners to ensure plans are in place to protect population health.

11. Background Papers

None

12. Health and Wellbeing Strategy 2019-23 – Strategic Priorities

Strategic Theme	Strategic Priorities
Strong and Resilient Communities	1: Where communities are strong, well connected, and able to influence decisions that affect them
	2: Where all local people can access and benefit from a strong economy with quality local jobs
	3: Where housing and the wider built environment promote health and healthy choices
	4: Where there are low levels of crime and people feel safe
	5: Where we work together to safeguard the most vulnerable
Starting Well	6: Where children and young people get the best start in life in a child friendly environment
Living Well	7: Where there is a strong, system-wide focus on promoting wellbeing, preventing ill-health and addressing inequalities
	8: Where there is a sustained focus on addressing lifestyle risk factors and protecting health
	9: Where both mental and physical health are promoted and valued equally
	10: Where self-care is supported, with more people managing their own conditions
	11: Where the best care is provided in the right place at the right time
Ageing Well	12: Where people age well and live healthy fulfilling lives into old age
Enabling Priorities	E1: Where we have a valued, well-trained and supported workforce that is fit for the future
	E2: Where the benefits from information and technology are maximised
	E3: Where we invest in the right intelligence to understand our local population
	E4: Where we utilise our collective estate so that it best supports local health and social care need
	E5: Where we get best possible value for our 'Warrington Pound'

Warrington Health & Wellbeing Board

12 September 2019

1.30 pm, Council Chamber, Town Hall, Warrington

Report Title	Child Death Overview Panel (CDOP) New Arrangements
Type of Decision Required	<input type="checkbox"/> Formal Decision as to a Statutory Function <input type="checkbox"/> Non-Statutory Advice, Guidance or Recommendation to Other Body <input checked="" type="checkbox"/> Note or Endorse a Report or Action by Others
Report Purpose	<p>Due to the implementation of the Children and Social Work Act 2017 revised statutory guidance was issued that created a new framework of expectations around safeguarding arrangements and Child Death Overview Panels (CDOP).</p> <p>Subsequently, consideration was given as to how statutory duties in relation to CDOP can most effectively be met moving forward in a changing safeguarding landscape, alongside sub-regional partners, with whom we jointly discharge our responsibilities.</p>
Report author	Steve Peddie, Executive Director Families and Wellbeing
Related Health and Wellbeing Strategy Priority <small>*see addendum attached to this report</small>	Starting Well.
Confidential or Exempt	This report is not considered to contain information which is confidential or exempt.

Recommendation	<p>The Health and Wellbeing Board notes that:</p> <ol style="list-style-type: none"> 1. Each area agrees to continue with a Pan-Cheshire CDOP approach and review effectiveness in January 2020 – this includes a commitment to the current funding and business support model. 2. The governance for CDOP develops a more effective relationship between the Local Safeguarding Children’s Boards (LSCB) and Health and Wellbeing Boards (H&WBB) in line with local agreements. 3. CDOP Members for each area will take responsibility for reporting into the most appropriate local forum for their area to ensure necessary activity is undertaken. 4. A workshop of CDOP members will review any required operational changes to be in line with statutory guidance such as the undertaking of thematic reviews, policy, and practice guidance amendments. 5. To use e-CDOP as a secure, cost-effective, flexible and web-based solution which allows the CDOP process to be managed efficiently, with effective and secure sharing of multi-agency information, focusing on the outcomes of the reviews.
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1. Introduction & Background

1.1 The implication of the Children and Social Work Act 2017 is that Local Authorities, Clinical Commissioning Groups and Police forces have had to revise their current Local Safeguarding Children Board (LSCB) arrangements. As well as disestablishing Children’s Safeguarding Boards and creating new arrangements for scrutiny of child safeguarding, as part of these changes they have also been required to establish Child Death Overview Panels (CDOP) as a distinct set of arrangements rather than as an adjunct to LSCBs. This split has been reinforced by the introduction of separate CDOP statutory guidance¹ outside of the revised Working Together Statutory guidance.

1.2 Under the revised guidance the new Child Death Review (CDR) partners, the Local Authority (LA) and the Clinical Commissioning Groups (CCG) in an area, have statutory responsibilities to:

1

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/758992/Child_death_review_statutory_and_operational_guidance_England.pdf

- Make arrangements to review all deaths of children normally resident in the local area and, if they consider it appropriate, for any non-resident child who has died in their area.
- Make arrangements for the analysis of information from all deaths reviewed
- Prepare and publish reports on what they have done and effectiveness of arrangements

The CDR partners have been given freedom to decide the structure within their area to meet these statutory duties which includes continuing with the current arrangements provided a minimum of 60 cases are reviewed and the learning is conducted in a way that can be shared nationally. This includes supporting the plans for a national database and utilising revised forms for the collation and analysis of data.

2 CDOP Model in the past

2.1 Within Cheshire this has operated on a Pan-Cheshire footing with CDOP representing all four Local Authorities and 6 Clinical Commissioning Groups in the area under the scrutiny of the LSCBs. The CDOP met quarterly to review all Child Deaths and made proposals to the LSCBs regarding escalation issues or directed specific agencies to respond to actions arising from a child's death, including the instigation of a Serious Case Review where appropriate. This work has been monitored under the Pan-Cheshire LSCB arrangements with an allocated LSCB board manager overseeing the process and the work of the Independent Chair of the Panel.

2.2 To support the functioning of the Panel an administrator has been employed 4 days per week. Each area contributes a set amount towards Independent Chair costs and a further additional payment based on case numbers for their area towards administration costs. In total CDOP administration costs approximately £26,000 alongside Independent Chair costs of £16,000. This funding has ensured that statutory duties in relation to recording child deaths, collating multi-agency information, reporting to the national system and reviewing child deaths for modifiable factors are conducted. It also generates quarterly reports and an annual report on activity and concerns for the locality.

2.3 The Panel has been made up of the following:

Chair	Independent CDOP Chair
Health	Designated Doctor (Cheshire East) Designated Doctor (Cheshire West and Chester) Designated Doctor for SUDIC(Warrington/ Halton) Cheshire East Specialist CDOP Nurse Cheshire West Specialist CDOP Nurse Supervisor of Midwives CWAC Warrington Safeguarding Nurse for SUDIC Designated Nurse Safeguarding (NHS Warrington CCG) Designated Nurse Safeguarding (NHS Halton CCG)
Local Authority	Cheshire East Head of Service – Children's Safeguarding Public Health Consultant (Cheshire W. and Chester)
LSCB	LSCB Business Manager (Warrington Borough Council)
Police	Public Protection Unit

3 Future Arrangements

- 3.1** A sub-regional group was set up to consider current and potential future arrangements. The current CDOP model is working effectively and is in line with statutory guidance in relation to reviewing deaths and identifying local lessons. Guidance requires 60 cases to be reviewed each year to be viable and CDOP reviews between 55-60 cases each year, making a reasonable argument to maintain this footprint. The group did consider the possibility of a merger with another area, (Merseyside was seen as a potential area for alignment for this work). However, there was general agreement that this would increase costs without tangible benefit and potentially lead to an overshadowing of our local trends and themes within a much larger dataset.
- 3.2** The opportunity to share learning and collaborate on a larger footprint for action on shared issues (for example campaigns and thematic reviews) could continue both with Merseyside and the wider North West region. This is currently supported through the activity of the Chair and the panel administrator. There is also potential in the future to consider partnership arrangements with Local Authorities to the East, West and South of the sub region (e.g. Derbyshire, Staffordshire, Flintshire), this will be kept under review by CDOP.
- 3.3** Therefore, partners have agreed that the Pan-Cheshire model is maintained. Partners will monitor the effectiveness of CDOP in 12 months to ensure it continues to operate within Statutory guidance and meet the needs of the CDR partners and the model supports the most effective response to Child deaths in the area.

4. Governance

- 4.1** CDOP has been managed via the LSCBs in Cheshire which have now all posted their transitional arrangements to new arrangements according to the government's timescale. The guidance is clear that CDOP is now a parallel rather than a subgroup process. Previously the Pan-Cheshire Protecting Vulnerable People Forum was considered for governance purposes. This approach was rejected on the grounds that this is not a statutory group with the relevant representation. The partners have identified that the requirement for analysis and the subsequent lessons emerging from CDOP are predominantly public health matters as opposed to safeguarding issues.
- 4.2** The functions for Health and Wellbeing Boards focus on the joint activity required between Local Authorities and health partners to improve the health and wellbeing of the community they serve. Where Modifiable/preventable, factors that may influence the death of a child can be identified, such as smoking, obesity and substance misuse for example, the Health and Wellbeing Board is the most appropriate place to address these matters on a population basis rather than being addressed via the current safeguarding mechanisms.
- 4.3** The themes and trends identified through the CDOP process should be placed within the context of the wider health and wellbeing data already considered at H&WBBs to inform their priorities and action, including joint commissioning. The new safeguarding partnership boards will still be significant in leading on individual reviews where abuse or neglect is identified in a child death and being assured on the effectiveness of services responsible for supporting parents whose parenting capacity is compromised by their mental health, drug and alcohol misuse and/ or domestic abuse. As each area operates different partnerships it was agreed that this decision will be made locally.

4.4 In order to manage costs, reporting into these forums will be led by CDOP members for that area. This will enable informed scrutiny of CDOP activity and local accountability for ensuring relevant learning is actioned in each area. Therefore, each area will treat its Health and Wellbeing Board as the default governance taking lead responsibility for scrutinising the work of CDOP, agreeing the actions, and over-seeing the effectiveness of those actions. There may be local agreement as to the pathway between the Children’s Safeguarding Partnership and the H&WBB and how this will function so assurance is provided.

4.5 The current senior leaders group, consisting of Executive Directors for Social Care, Directors of Public Health and CCG Chief Nurses or their designated representatives, will continue to monitor arrangements virtually for the next 18 months. This is to provide senior leadership for any barriers or challenges that emerge in relation to implementing the revised guidance in practice. The CDOP group will bring together these leaders as and when needed to resolve any issues in relation to practice or strategic accountability.

5. Information Sharing and Performance Monitoring

5.1 The Child death review: statutory and operational guidance (England) places additional responsibilities on the statutory partners (CCGs and LAs), including:

- Uploading each case onto the National Child Mortality Database (NCMD) within 24 hours of notification, and at various stages of the review process.
- Undertaking Child Death Review Meetings (CDRMs) with a standardised output being sent to CDOP

This will lead to more administrative time being taken up with organising and servicing of CDR Meetings, and uploading each case onto the NCMD, as the current process involves only uploading the information once, at the end of the year.

The CDOP members invited a presentation by QES, the designers of the eCDOP system at the Pan-Cheshire CDOP Development Day as a potential solution to ensure partners meet these new administrative burdens. It was demonstrated that e-CDOP is a secure, flexible and web-based solution which allows the CDOP process to be managed efficiently, with effective and secure sharing of multi-agency information. An increasing number of areas nationally are using e-CDOP to support their local CDOP process. More Panels are engaged with eCDOP than not across England at the time of presentation, including within the Northwest region. To date, operating areas have found the system to be both effective and cost-effective in reducing administration time, which will enable a greater strategic focus on the outcomes of the reviews.

Taking into account cost implications (£2,200 for Warrington, shared equally with the CCG²) CDOP members therefore unanimously agreed that the eCDOP system licence should be purchased to minimise the additional burden, and enable a more integrated system. It was also noted that

² The commissioning of this service is currently £9813 (excluding VAT) per annum, based on the number of cases for an area and Warrington’s split at 22%.

CDOPs nationally wish to explore how the other child death processes can more effectively share information and so eCDOP is being proposed as suitable for wider death review processes that need to begin to contribute to CDOP information. For example, the Neonatal network could be encouraged to engage nationally so that child cases can have simultaneous reviews linked for more effective information sharing.

The specific benefits of sign up are identified as:

- Automatic uploading of all cases onto the National Child Mortality Database (NCMD) so that data does not need to be inputted more than once
- Automatic reminders sent for Reporting Form (B) requests when overdue
- Mandatory fields in Notification (A), Reporting (B) and Analysis (A) Forms contribute to improved data completeness and standardisation
- A notification feature which instantly notifies all relevant partners of a child death
- Data automatically pulls forward e.g. from Notification Form A into a consolidated Reporting Form B, Reporting Form B to Analysis Form C, meaning double data entry is reduced delivering consistent data quality,
- An automatic upload to NCMD (there is over 1000 fields in NCMD - to input manually would require an increase in administrative time from April 2019)
- Co-ordination of meetings including CDOP, CDRM, Joint Agency Response and Neonatal Network (to be explored)
- Ability to view both individual and aggregated statistics increasing the ability to analyse trends and themes locally and regionally enhancing collaborative working across the NW
- Improve the efficiencies in end to end standardised Case Management
- Enhanced auditing to easy access to case and user activity
- Real time data: Dashboard, Case Duration and Report statistics available for you now. Picking up trends quickly and ready to react to emerging issues
- No additional IT requirements as the system is a virtual hub for multi agencies to coordinate information no matter who the partners are. The hub is fully hosted, maintained and supported
- QES, the product's creators are partners in the delivery of the NCMD

6. Next Steps

6.1 CDOP members have revised policy, procedures and practice guidance on behalf of the Cheshire Area to ensure that compliant documentation is in place by the deadline which was June 2019 and in operation by September 2019. To facilitate this a workshop is arranged to revise terminology and map the pathways for child death reviews as needed. This will also include revisiting the terms of reference for CDOP to ensure there is sufficiently robust data analysis for the area in quarterly and annual reports.

6.2 It was acknowledged that the transition of the safeguarding arrangements across Cheshire are varied which has created a lack of clarity currently in relation to the continuation of shared approaches. Warrington have agreed to continue to provide business manager support to the CDOP processes up to January 2020 when the model will be reviewed; Cheshire East will continue to host and manage the business support functions. This will provide some consistency during the

transition period and allow decisions to be reviewed when greater clarity of the Pan-Cheshire landscape is available.

7. Conclusions & Recommendations

7.1 Overall, after a review with CDOP panel members it would appear that CDOP can continue in its current format with the same stakeholders ensuring the operational activity is in line with statutory requirements. The main area for focus appears to be strategic accountability due to the changes to LSCB formats. Therefore the following actions have been proposed and agreed:

1. Each area agrees to continue with a Pan-Cheshire CDOP approach and review effectiveness in January 2020 – this includes a commitment to the current funding and business support model
2. The governance for CDOP develops a more effective relationship between the Local Safeguarding Children’s Partnerships and Health and Wellbeing Boards in line with local agreements.
3. CDOP Members for each area [The CDOP lead for Warrington is the Executive Director of Families and Wellbeing] will take responsibility for reporting into the most appropriate local forum for its area to ensure necessary activity is undertaken
4. A workshop of CDOP members will review any required operational changes to be in line with statutory guidance such as the undertaking of thematic reviews, policy, and practice guidance amendments.

8. Background Papers

Nil

<p>Warrington Health & Wellbeing Board 12 September 2019 1.30 pm, Council Chamber, Town Hall, Warrington</p>	
Report Title	New Warrington Hospital Project
Type of Decision Required	<input type="checkbox"/> Formal Decision as to a Statutory Function <input type="checkbox"/> Non-Statutory Advice, Guidance or Recommendation to Other Body <input checked="" type="checkbox"/> Note or Endorse a Report or Action by Others
Report Purpose	To inform the Board of progress on the development of the business case for a new hospital in Warrington.
Report author	Director of Strategy, Warrington and Halton NHS Foundation Trust
Related Health and Wellbeing Strategy Priority *see addendum attached to this report	The proposed new hospital relates to all Health and Wellbeing Themes and Priorities as set out in the addendum to this report.
Confidential or Exempt	This report is not considered to contain information which is confidential or exempt.
Recommendations	The Health and Wellbeing Board is recommended to note the progress made to date on the new Warrington Hospital Project and the items to progress in supporting the development of the business case.

WARRINGTON BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD – 12 September 2019

Report of the: Director of Strategy, Warrington & Halton NHS Foundation Trust

Report Author: Mark Welsh

Email

Address: Mark.welsh2@nhs.net

Telephone:

01925 662230

Ward Members: All

TITLE OF REPORT: NEW WARRINGTON HOSPITAL PROJECT

1. PURPOSE

- 1.1 To inform the Health and Wellbeing Board of progress on the development of the business case for a new hospital in Warrington.

2. CONFIDENTIAL OR EXEMPT

- 2.1 Not applicable.

3. INTRODUCTION AND BACKGROUND

- 3.1 Warrington's population has risen rapidly over the last 30 years with the development of Warrington town, to the current rate of 205,150. This increase is expected to continue, with projected growth of 15% to 235,600 by 2037. Recent NHS England figures show calculation of CCG population growth from 2016-17 to 2020-21 as 208,141 to 215,985 circa 0.73% per annum.
- 3.2 The Warrington and Halton hospitals NHS Foundation Trust currently provides services at 3 main sites; Warrington Hospital, Halton Hospital and the Cheshire and Merseyside Treatment Centre. The Trust serves a population of 330k and has 539 beds across the 3 sites.
- 3.3 Health services, including the hospital trust, are facing significant challenges due to an increasing aging population who are presenting with more complex care needs, often as a result of one or more co-morbidities. In addition, the town's health infrastructure is currently struggling to cope with demand and there are spiralling maintenance costs at Warrington Hospital, with large parts of the estate being over 120 years old, which does not provide a good patient experience. In addition, the lack of parking facilities result in the site frequently being gridlocked, causing further anxiety to patients and their families.

- 3.4 A recent fire in the roof section of part of the older building also highlighted the risks associated with an old building. In addition, the age and construction of the building provide for significant back log maintenance charges and emergency repair costs.
- 3.5 Decisions have not yet been made regarding potential sites for the new hospital. However, it is planned that the existing hospital would be demolished as part of the estates strategy providing a potential that any surplus land could part fund the capital required for the build of a new purpose built Warrington Hospital. A new purpose built modern hospital, equipped with appropriate adequate parking facilities, will ensure that the town is equipped to deal with future demand.
- 3.6 Warrington Borough Council prepared a new local plan and devised their Preferred Development Option for delivering the strategic objectives of the plan. The Preferred Development Option, which the Council consulted on in 2017, sets out the Council's proposed approach to meeting Warrington's need for new homes, at least 24,000, and jobs up to 2037. It also identifies the infrastructure which will be required to be delivered to ensure Warrington's growth is sustainable and enhance the local health infrastructure which includes a growing elderly population and is already struggling to cope with demand.
- 3.7 The Council is currently consulting on the Local Plan. In preparing the draft Local Plan the Council has worked closely with its NHS partners to ensure that future development promotes active and healthy lifestyles and that the necessary health infrastructure is delivered to support growth.

4. CRITICAL SUCCESSION FACTORS, PROGRESS TO DATE AND NEXT STEPS

- 4.1 6 key factors have been identified for the new hospital project:
- Improve the health and wellbeing outcomes of the population of Warrington
 - Deliver a plan which will allow the Trust to deliver its clinical vision
 - Improve the patient environment
 - Reduce backlog maintenance and running costs
 - Achieve better utilisation of the Trusts estate
 - Raise income from the release of available estate (capital receipts)

5. PROGRESS TO DATE

- 5.1 A multi-partner steering group has been instigated. Warrington New Hospital (WNH) Steering Group was established to be responsible for the strategy, development, design and delivery of a new hospital within Warrington. This includes identifying and committing the human and financial resources required to support the project, and ensuring that the vision for the new

development is ambitious, aspirational and supports the strategic vision for the Borough. A Project Manager has been appointed.

- 5.2 To support the Steering Group the Warrington New Hospital Delivery Group has been set up. It is responsible for developing the arrangements, compiling and writing of the Business Case for a new hospital within Warrington. This will include ensuring that arrangements are in place for production of the relevant business case stages that comply with all approvals processes and procedures.

The group will report to the Warrington New Hospital Steering Group.

- 5.3 Applications for funding have been made both to One Public Estate and STP. While both were unsuccessful, they have had the positive effect of ensuring that a new hospital for Warrington is known by regional and national organisations.
- 5.4 The Trust has been involved, or undertaken, considerable engagement with members of the public, local organisations and staff on the new hospital proposal. There has been involvement with local consultations (Local Plan & Central Area Masterplan), presentations made to the Health & Wellbeing Board and Health Scrutiny Committee and involvement with other events over the last six months. In June a Design Workshop was held with an attendance of over 100 representatives from local stakeholders. Outputs from this event will contribute to the plans and work going forward.
- 5.5 Discussions have been held with representatives of NHS England and Improvement to establish requirements for the development of the business case. As a major part of the approval process these have been positive and informative.

6. ITEMS TO PROGRESS

- 6.1 The key focus of work is on the development of the Strategic Outline Case. This follows the guidance set out by NHS England and follows the requirements for developing a business case to support applications for funding.
- 6.2 There is a development programme which includes:
- Defining service scope and content for the new hospital
 - Understanding the requirements based on service content in terms of scale for any new hospital
 - Developing criteria for assessing possible locations for the new hospital
 - Assessing suitability of sites against the agreed criteria
 - Exploring and identifying possible funding solutions for the project
 - Understanding different options around delivering the new scheme and assessing their suitability

- Preparing the Strategic Outline Case for approval and sign off by all relevant parties

7. FINANCIAL CONSIDERATIONS

- 7.1 Significant funding will be required to deliver the project. It is expected that there will be opportunities to apply for NHS capital in the future. Advice currently is that this will be in 2020/21.

8. RISK ASSESSMENT

- 8.1 The project is developing a risk register to support the project and the development of the business case.

9. EQUALITY AND DIVERSITY / EQUALITY IMPACT ASSESSMENT

- 9.1 Equality Impact Assessments will be undertaken as part of the development of the business case and completed at the relevant stages.

10. CONSULTATION

- 10.1 There will be significant consultation as the project develops. An engagement plan is currently being finalised.

11. RECOMMENDATION

- 11.1 The Health and Wellbeing Board is recommended to note the progress made to date on the new Warrington Hospital Project and the items to progress in supporting the development of the business case.

12. BACKGROUND PAPERS

N/A.

Health and Wellbeing Strategy 2019-2023: Strategic Priorities

Strategic Theme	Strategic Priorities
Strong and Resilient Communities	<i>1: Where communities are strong, well connected, and able to influence decisions that affect them</i>
	<i>2: Where all local people can access and benefit from a strong economy with quality local jobs</i>
	<i>3: Where housing and the wider built environment promote health and healthy choices</i>
	<i>4: Where there are low levels of crime and people feel safe</i>
	<i>5: Where we work together to safeguard the most vulnerable</i>
Starting Well	<i>6: Where children and young people get the best start in life in a child friendly environment</i>
Living Well	<i>7: Where there is a strong, system-wide focus on promoting wellbeing, preventing ill-health and addressing inequalities</i>
	<i>8: Where there is a sustained focus on addressing lifestyle risk factors and protecting health</i>
	<i>9: Where both mental and physical health are promoted and valued equally</i>
	<i>10: Where self-care is supported, with more people managing their own conditions</i>
	<i>11: Where the best care is provided in the right place at the right time</i>
Ageing Well	<i>12: Where people age well and live healthy fulfilling lives into old age</i>
Enabling Priorities	<i>E1: Where we have a valued, well-trained and supported work-force that is fit for the future</i>
	<i>E2: Where the benefits from information and technology are maximised</i>
	<i>E3: Where we invest in the right intelligence to understand our local population</i>
	<i>E4: Where we utilise our collective estate so that it best supports local health and social care need</i>
	<i>E5: Where we get best possible value for our 'Warrington Pound'</i>

☎ 01925 843681

Please Ask For: Dr Andrew Davies

E-mail: andrewdavies@nhs.net

Our Ref: AD/jsm

21st August 2019

Steven Broomhead
Chief Executive
Warrington Borough Council

Arpley House
110 Birchwood Boulevard
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Dear Steven

I am writing to you as the Chair of the Warrington Health and Wellbeing Board to provide an update with regards to the joint working arrangements across Halton and Warrington and the position to date.

As you will be aware in November 2018 NHS England issued a directive to all CCGs to reduce running costs (this is the budget for administrative and corporate costs) by 20% by 2020/2021. Over the last few months the CCG Integrated Management Team has been working to identify actions to reduce running costs and have exhausted all internal actions in terms of reducing spend.

An initial options appraisal was undertaken to consider what can be done to reduce costs, streamline commissioning in line with the ambitions of the NHS Long Term Plan and make best use of resources and expertise. These options included:

- Do Nothing – stay as two separate CCGs with two separate governance structures
- Joint senior management team (2 Memberships & Governing Bodies, separate governance structures are maintained).
- Integration with respective Local Authorities
- Alignment of commissioning - Creation of “joint committees” architecture and sub-committee reporting structure (with committees in common arrangements for statutory committees
- Formal merger of NHS Halton CCG and NHS Warrington CCG
- Formal merger of Mid-Mersey CCGs
- Formal merger of NHS Halton CCG with Mersey CCGs / NHS Warrington CCG with Cheshire CCGs
- NHS Halton CCG dissolution and transfer to NHS Warrington CCG and NHS St Helens CCG.

This long list of options was then assessed against criteria that included the following;

- Long Term Plan - Alignment with (or within) the local STP/ICS
- Coterminous with local authorities
- Strategic, integrated commissioning capacity and capability
- Clinical leadership
- Benefits for patients
- Ability to engage with local communities
- Joint working
- Financial management
- Cost savings

The outcome of the work was presented to a joint meeting of the Governing Bodies Wednesday 7th August 2019 where there was a full and detailed discussion of each of the options. It was agreed at the meeting that each option should be evaluated further by individual Governing Body members in order to identify the top three options for further consideration. The evaluation was undertaken in accordance with the respective CCGs Risk Management Framework and the outcome was then fed back to Governing Body members for further review, scrutiny and agreement.

The outcome of the evaluation was the identification of the following top three highest scoring options:

Option 1 – Formal merger of the two CCGs

This would build on the current integrated working arrangements but will mean the establishment of an entirely new CCG, with a single management team, governing body and one set of statutory duties to be delivered, coterminous with the local authorities. Savings would be made as the duplication would be greatly reduced. In addition, this would support the ambitions of the NHS Long Term Plan, retaining a focus on 'place' across both Halton and Warrington, whilst supporting the streamlining of commissioning and reducing running costs.

Option 2 – Do Nothing

This option would be to remain as is, with two separately accountable CCGs. There are already some benefits in terms of the integrated management team, the move to a single functional base and the alignment of some work programmes. However, there will still be a lot of duplication in terms of governance arrangements, with two governing bodies, accounts, commissioning plans, work programmes etc. This option would maintain the status quo but does not offer any benefit in terms of economies of scale nor deliver the required reduction in costs or fulfil the vision of becoming a strategic commissioner in line with the NHS Long Term Plan.

Option 3 – CCGs integrate with their respective Local Authorities

This option would be integration as it would not be possible for the CCG to fully merge with the Local Authority as a single entity as Local Authorities and CCGs are different legal entities with separate statutory responsibilities. This option would also require a significant amount of time to implement, even with complete sign up of all organisations and a level of duplication would remain as CCGs are accountable for delivering the financial and constitutional targets. In addition, this option may not meet the financial requirement to achieve a reduction in the running cost allowance by 20% in the mandated timescales.

In terms of next steps, further detailed work will be undertaken to develop the case for change for each of the three options above.

As part of this process, we are engaging with all our key stakeholders, including our members, partners, providers, third sector colleagues, the public and those who represent them and our staff to ascertain their views.

With this in mind, we would value the views of the Health and Wellbeing Board and would be more than happy to bring this to the next meeting.

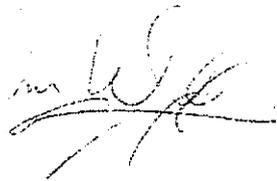
In the meantime, if you have any questions or should you wish to meet separately to discuss this further then this can be arranged by contacting Julie McCarthy (jmccarthy1@nhs.net).

Finally, may I take this opportunity to thank you for your continued support, it is very much appreciated.

Yours sincerely



Dr Andrew Davies
Clinical Chief Officer
NHS Warrington Clinical Commissioning
Group



Dr Ian Watson
Chair
NHS Warrington Clinical Commissioning
Group

Warrington Health & Wellbeing Board

12 September 2019

1.30 pm, Council Chamber, Town Hall, Warrington

Report Title	BCH and WHH Collaboration update
Type of Decision Required	<input type="checkbox"/> Formal Decision as to a Statutory Function <input type="checkbox"/> Non-Statutory Advice, Guidance or Recommendation to Other Body <input checked="" type="checkbox"/> Note or Endorse a Report or Action by Others
Report Purpose	<p>The purpose of this report is to provide an overview of the collaboration between Bridgewater Community Healthcare NHSFT and Warrington and Halton Hospitals NHSFT, including progress to date and key next steps. The collaboration is an equitable partnership of two foundation Trusts intended to support and accelerate the delivery of One Halton and Warrington Together priorities with system partners to improve the health and wellbeing outcomes of our populations.</p>
Report authors	Chief Executive, WHH and Chief Executive BCH
Related Health and Wellbeing Strategy Priority <small>*see addendum attached to this report</small>	All
Confidential or Exempt	This report is not considered to contain information which is confidential or exempt.
Recommendation	<p>The Health and Wellbeing Board is recommended to note the progress in the collaboration between Bridgewater Community Healthcare NHSFT and Warrington and Halton Hospitals NHSFT and the support provided through the collaboration to delivery of Warrington Together priorities.</p>

1. Report purpose

The purpose of this report is to provide an overview of the collaboration between Bridgewater Community Healthcare NHSFT and Warrington and Halton Hospitals NHSFT, including progress to date and key next steps. The collaboration is an equitable partnership of two foundation Trusts intended to support and accelerate the delivery of One Halton and Warrington Together priorities with system partners to improve the health and wellbeing outcomes of our populations.

2. Introduction/background

The NHS Long Term Plan published in January 2019 promotes models of collaboration with the 'breaking down' of barriers between primary and community and acute care with out of hospital provision of care prioritised and the development of integrated community teams and primary care networks.

BCH and WHH both operate across the Warrington and Halton health economy footprints and, like many health and care organisations, both face increasing pressures from increased demand for services due to population health trends, service delivery pressures due to workforce availability and need to address challenges at an organisation and system level.

In line with the direction of the NHS Long Term Plan both organisations, as parts of local systems within Warrington and Halton, share an ambition to develop true sustainable integrated care. Both Boards share the belief that there are opportunities to collaborate in developing place-based models of care in both Halton and Warrington which will not only remove the barriers between acute and community but also primary care social care and voluntary/charity sector services.

Given the geographic footprint of both organisations and the specific focus of each organisation on acute and community services, both organisations have agreed to work more closely together to explore opportunities for closer collaboration and efficiencies which will deliver benefits to the Warrington and Halton health and care systems.

Progress in establishing integrated care systems (ICSs) under the Cheshire and Merseyside Health and Care Partnership is moving towards place-based care at borough/s level with a model of collaboration between commissioners, providers and third sector providers. Provider Alliance Boards have been established with the aim of bringing together providers of health and care to deliver new solutions to place-based care as part of integrated care systems (ICSs) One Halton and Warrington Together are our respective ICSs. The collaboration between BCH and WHH is intended to support the delivery of Warrington and Halton's place based priorities through the Provider Alliance Boards.

The NHS Long Term Plan states:

We will boost 'out-of-hospital' care, and finally dissolve the historic divide between primary and community health services:

- A new NHS offer of urgent community response and recovery support
- Primary care networks of local GP practices and community teams

- Guaranteed NHS support to people living in care homes
- Supporting people to age well

The NHS will reduce pressure on emergency hospital services

- Pre-hospital urgent care Reforms to hospital emergency care
- Same Day Emergency Care
- Cutting delays in patients being able to go home

Local NHS organisations will increasingly focus on population health – moving to Integrated Care Systems everywhere

3. Content

As two of our proposed integrated care systems' care organisations, we want to commence the process of collaboration and integration for the benefits of our shared current and future populations.

The benefits to our populations, our workforce and our wider stakeholders are multiple:

- Higher quality services through service redesign and reconfiguration
- Higher quality services through having the right number of staff with the right skill set in the right place
- Higher quality services through better access to equipment and services
- A better and even safer experience through more 'joined up' care with seamless transition between services and teams
- Greater innovation through research and development
- Considerable quality improvements and financial efficiencies to the system such as those associated with
 - improved recruitment and retention of staff
 - more efficient clinical or managerial processes or working methods
 - efficiencies from supplying a broader scope of services
 - efficiencies from having a larger scale of operation

The reduction of costs through areas such as shared procurement and other back office services

Our guiding principle is the NHS Constitution 2019:

- a) The patient will be at the heart of everything the NHS does
- b) The NHS is accountable to the public, communities and patients that it serves
- c) The NHS works across organisational boundaries
- d) The NHS is committed to providing best value for taxpayers' money
- e) The NHS aspires to the highest standards of excellence and professionalism

Progress to date and key next steps

Governance

Agenda Item 8

The full boards of the two Trusts met in April to affirm our commitment to working together and to agree an outline work programme.

A 'Committees in Common' is now in place and convened for its inaugural meeting in June. The CiC will determine the scheme of delegation and provide assurance and pace to the progress of the programme plan.

A draft joint milestone programme plan has been developed and is overseen both by the CiC and by joint executive team meetings, which defines the integration programme as well as the key organisation specific components (such as the BCH divestments and the WHH acute collaborations).

A programme team will lead and monitor this programme, manage and mitigate the risks and provide assurance and escalation to the CiC, as per the governance structures as defined in the Terms of Reference.

The programme will serve to support delivery of both One Halton and Warrington Together's priorities. We are currently exploring opportunities to share programme resource locally to facilitate delivery of all place based priorities at pace.

Primary Care Networks will be central to the partnership, building on the appointment of 2 Halton GPs as Clinical Directors within BCH and the joint development of the Integrated Care Team model.

From a Warrington and Halton place perspective it is intended that by April 2020:

- All hubs will be in place with service operating plans for partnership working
- Public engagement is in place around the developing partnership and integrated models
- Risk stratification will be in place for all long term conditions and complex care patients
- Pathways are in place with other providers such as mental health
- Sustainable system financial plans are delivering to achieve control totals agreed with NHSE/I
- Workforce plans are in place in relation to joint posts, rotation and new roles.
- Support services in WHH and BCH are aligned to contracts, maximising efficiency in functions such as human resources, finance, and communications.

Service improvements that require wider system solutions will continue to be developed and delivered through the existing Provider Alliances within both One Halton and Warrington Together. The BCH WHH collaboration aims to support the acceleration of these improvements and the move towards the establishment of integrated local care organisations for Warrington and Halton, which will include all partners.

Workforce

Working collaboratively will help mitigate the staffing risks across both organisations and the wider system, as we have economies of scale and also have different workforce models. Skill mix across both organisations can shape the future sustainability models as services integrate. Collaboration across back office function

staff will mitigate risk, where individuals may be employed within one organisation to a team across both. The two Trusts have agreed to develop joint posts which would enable increased resilience and provide efficiency in corporate functions. The inclusion of partners outside of the two Foundation Trusts illustrates the ambition for wider integration and the centrality of primary care and social care to the emerging model.

- Joint Director of Workforce and OD
- Joint Medical Director
- BCH is appointing a deputy medical director (or possibly two) from primary care to work in Warrington and Halton accelerating the transformation and integration agenda.
- Two GPs in Halton have been appointed as Clinical Directors for BCH who are driving the transformation and integrated community team developments.
- WHH have a number of joint appointments with commissioners and local authority to develop local and Trust based plans.

We will continue to explore and deliver on opportunities to make joint appointments with all partners locally.

Clinical service sustainability

We have implemented a number of “quick wins” to enable service sustainability, for example increased IV provision in the community and WHH support to BCH safeguarding provision.

We are focussing further work on supporting the acceleration of One Halton and Warrington Together priorities e.g. Integrated Community Teams and Frailty services, as well as working with each of our clinical services to identify and deliver opportunities for collaboration that enable improvements to services for patients and clinical, workforce and financial sustainability.

Integrated community teams within neighbourhoods are the keystone to the new clinical models being developed across our shared geography. The ICTs developments have ensured that not only co-location but also improvements in care can be evidenced across all services.

A principle focus of the partnership is to deliver excellent care in each place, with integrated care teams as the foundation for wider transformation, both supporting and being supported by high quality local hospital services. The objective is to have a full set of ICTs operating across both boroughs. Beginning with the connection of community health services, primary care and social care, the inclusion of a broader range of providers will only build depth and value to the work of the teams and the places within which they operate.

Reducing costs in the system

Both Trusts are committed to delivering our control totals in 2019/20. We acknowledge that there is work to do to close the ‘system gap’ of approximately £16m beyond the plans that have been submitted. At the time of writing further plans are being developed to address this gap over the course of 2019-2021.

The Trusts are working together, using a common financial model to ensure that both

organisations' plans are consistent, and using the same inflationary assumptions and the same underlying key assumptions. This will allow any future modelling for shared services and functions to be produced in a consistent and efficient manner.

In addition the organisations are working in collaboration within the Warrington and Halton place economies including social and primary care and supporting system recovery planning. Working together in collaboration will be a vital element to support the delivery of the system financial plans and recovery plan.

4. Recommendation

- 4.1 The Health and Wellbeing Board is recommended to note the progress in the collaboration between Bridgewater Community Healthcare NHSFT and Warrington and Halton Hospitals NHSFT and the support provided through the collaboration to delivery of Warrington Together priorities.

5. Background Papers

Nil

Health and Wellbeing Strategy 2019-2023: Strategic Priorities

Strategic Theme	Strategic Priorities
Strong and Resilient Communities	<i>1: Where communities are strong, well connected, and able to influence decisions that affect them</i>
	<i>2: Where all local people can access and benefit from a strong economy with quality local jobs</i>
	<i>3: Where housing and the wider built environment promote health and healthy choices</i>
	<i>4: Where there are low levels of crime and people feel safe</i>
	<i>5: Where we work together to safeguard the most vulnerable</i>
Starting Well	<i>6: Where children and young people get the best start in life in a child friendly environment</i>
Living Well	<i>7: Where there is a strong, system-wide focus on promoting wellbeing, preventing ill-health and addressing inequalities</i>
	<i>8: Where there is a sustained focus on addressing lifestyle risk factors and protecting health</i>
	<i>9: Where both mental and physical health are promoted and valued equally</i>
	<i>10: Where self-care is supported, with more people managing their own conditions</i>
	<i>11: Where the best care is provided in the right place at the right time</i>
Ageing Well	<i>12: Where people age well and live healthy fulfilling lives into old age</i>
Enabling Priorities	<i>E1: Where we have a valued, well-trained and supported work-force that is fit for the future</i>
	<i>E2: Where the benefits from information and technology are maximised</i>
	<i>E3: Where we invest in the right intelligence to understand our local population</i>
	<i>E4: Where we utilise our collective estate so that it best supports local health and social care need</i>
	<i>E5: Where we get best possible value for our 'Warrington Pound'</i>

<p>Warrington Health & Wellbeing Board 12 September 2019 1.30 pm, Council Chamber, Town Hall, Warrington</p>	
Report Title	Annual report from Warrington Integrated Commissioning and Transformation Board
Type of Decision Required	<input type="checkbox"/> Formal Decision as to a Statutory Function <input type="checkbox"/> Non-Statutory Advice, Guidance or Recommendation to Other Body <input checked="" type="checkbox"/> Note or Endorse a Report or Action by Others
Report Purpose	To inform the Warrington Health and Wellbeing Board of the key activities and decisions made by the Warrington Integrated Commissioning and Transformation Board during the last 12 months.
Report author	Steve Peddie – Director of Families and Wellbeing, Warrington Borough Council Carl Marsh – Chief Commissioner, NHS Warrington CCG
Related Health and Wellbeing Strategy Priority	Strong and Resilient Communities Starting Well Living Well Ageing Well Enabling Priorities
Confidential or Exempt	This report is not considered to contain information which is confidential or exempt.

Agenda Item 9

Recommendation	The Health and Wellbeing Board is recommended to note the key activities and decisions made by the Warrington Integrated Commissioning and Transformation Board during the last 12 months.
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1. Report purpose

- 1.1. The purpose of this report is to inform the Warrington Health and Wellbeing Board of the key activities and decisions made by the Warrington Integrated Commissioning and Transformation Board during the last 12 months.

2. Introduction/background

- 2.1. The Integrated Commissioning and Transformation Board (ICTB) is established under the existing governance structure as the responsible body for the ongoing governance, development and implementation of joint Health and Social Care commissioning across the NHS in Warrington and the Local Authority and to support whole system transformation within Health & social care.
- 2.2. ICTB membership includes Chief Officers from Warrington Council and CCG, 3 Cabinet Members (covering Adult Social Care & Statutory Health, Children' Services and Public Health & Prevention), CCG Chair, Warrington Healthwatch and the Warrington Together Programme Director. It is co-Chaired by Warrington Council and Warrington CCG.
- 2.3. The ICTB is responsible for assuring the integration of commissioning for health and wellbeing, where appropriate. This arrangement will ensure the optimal use of the collective resources available in Warrington. The ICTB operates within the schemes of delegation and accountability arrangements of Warrington Borough Council and NHS Warrington Clinical Commissioning Group.
- 2.4. Terms of reference have recently been slightly revised to incorporate changes to the structure of governance around Warrington Together as agreed by the Health and Wellbeing Board.

3. Key activities of the Integrated Commissioning and Transformation Board in reporting period

3.1. Improved Better Care Fund (2018/19)

- 3.1.1. The Improved Better Care Fund (iBCF) was created in the Spending Review 2015 and provided local government with new funding for adult social care, which was passed to local authorities with social care responsibilities as a Section 314 grant, with conditions. The grant determination required the money to be used only for the purposes of:

- Meeting adult social care needs;

- Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and
 - Ensuring that the social care provider market is supported
- 3.1.2. The Integrated Commissioning and Transformation Board (ICTB) approved recommendations made by the Better Care Fund Steering Group to fund the following schemes in 2018/19.
- 3.1.3. Point of Care Testing. The development of point of care testing for influenza in care home settings in order to enable appropriate and rapid diagnosis of the influenza virus for any symptomatic patient in a care home which will reduce the risk of transmission.
- 3.1.4. Transitional Care Beds. The commissioning and contracting of transitional beds in nursing and nursing dementia care for winter 2018/19 in order to support a reduction in the number of delayed transfers from hospital when service users require a package of care in the community or home of choice. These arrangements are in addition to the transitional beds described in section 3.1.3 above.
- 3.1.5. Assistive Technology. Scaling up the Telecare and Carecall Response Services. The Telecare service supports carers to continue caring, supports early discharge, helps manage risk and can prevent crises; it also identifies and monitors signs of deterioration and provides essential information for assessment. The Carecall response service supports people to remain at home, avoiding hospital admission and reducing demand on ambulance services.
- 3.1.6. Joint reviews of packages of care (Section 117). To scale up the provision of timely reviews of Section 117 joint package of care by the appointment of an additional Complex Case Commissioning Manager in order to strengthen the review of joint funded packages both inside and outside of the Borough. This service has already been pump-primed through the Improved Better Care Fund (iBCF) and this proposal expands on that provision.
- 3.1.7. Safe, Warm and Well Service. Funding to provide home maintenance to support older and disabled homeowners with interventions in the home to keep them safe, warm and well. The service is managed as part of the WHiA (Warrington Home Improvement Agency) service provision, provides timely repairs and is not just an advisory service as provided in models elsewhere.
- 3.2. **iBCF Funding 2019/20**
- 3.2.1. For 2019/20 ICTB has approved in principle to support 3 'Big Ticket' investment proposals. These are system-wide projects of scale that are anticipated to prevent, reduce and or delay escalation in health and social care needs. The interventions summarised below are also seeking to reduce attendance and admission to Hospital and quicken safe discharge following a stay.

- 3.2.2. Work commissioned across the sub-region, undertaken by Venn Consultancy in 2018, that modelled capacity and demand across the Warrington health and care system, indicated that there was a capacity deficit of around 20 ‘interventions’, be they *home-based* or *bed-based*, to ensure that flow particularly out of hospital was timely and to an appropriate reablement/intermediate care provision.
- 3.2.3. Also, in March 2019, the Association of Directors of Adult Social Services (ADASS) report of delayed transfers of care data between March 2017 – March 2019, highlighted that the highest reason for delayed discharge reported was awaiting a care package at home (at 21.9% of all delays).
- 3.2.4. The aim for winter 2019-20 is primarily to meet the capacity deficit and to focus available staff and budgetary resources from iBCF, winter pressures funding and other sources on 3 key service areas:
- Development of Rapid Response element to reduce admission
 - Increase in Intermediate Care bed capacity with a focus on step up (from community) beds rather than step down.
 - Increase in Intermediate Care at Home capacity with a focus on step up (from community)
- 3.2.5. These schemes have been approved by ICTB in principle, pending submission of detailed and costed business cases.
- 3.2.6. All iBCF investment is evaluated according to a series of metrics against agreed trajectories, reportable to NHS England. The new reporting regime for BCF includes submission of a plan, by area, for all spending under BCF, iBCF, DFG (the Disabled Facilities Grant) and Winter Pressures Funding. The ICTB acts as the ‘clearing house’ (preparation and sign off) for all such plans.

3.3. Development of a joint commissioning prospectus

- 3.3.1. During 2018/19, ICTB has supported the development of a single commissioning prospectus.
- 3.3.2. The commissioning prospectus sets out the joint commissioning commitments that will deliver integrated health, social care and, where appropriate, education services. It concentrates on key needs and areas of joint priority for the Local Authority (LA) including Public Health, Warrington Clinical Commissioning Group (CCG) and Warrington Together.
- 3.3.3. This is a ‘direction-setting’ document that addresses the need to improve outcomes, manage demand and cost, deliver efficiency and improve operational and strategic integration. Notable in this plan is the emergence and significance of Warrington Together as a way of working that describes

how, together, we will lead key elements of the Health and Social care economy to align and integrate at pace to ensure ‘fuller integration by 2020’.

- 3.3.4. This prospectus covers locally-commissioned key health, Public Health and Social Care services provided in Warrington for Warrington people of all ages. It includes those services provided by, or paid for by, NHS provider organisations, some care services delivered by or paid for by Warrington Council, education partners in delivering services to children with special educational needs and disabilities (SEND), services delivered by Warrington voluntary sector providers and the majority of social care services delivered by the private sector, such as care homes, supported housing and domiciliary care.
- 3.3.5. Through the Commissioning Prospectus, Warrington commissioners have outlined the requirement for the Warrington Together integrated care work programme to be phased, based on specified population cohorts. Year one will focus on those with frailty and Special Educational Needs and Disability (SEND), expanding in year two to those with enduring mental health problems, learning disabilities and child and adolescent mental health needs before expanding to cover the whole population in year three. The phasing of this approach is shown in Figure 1 below

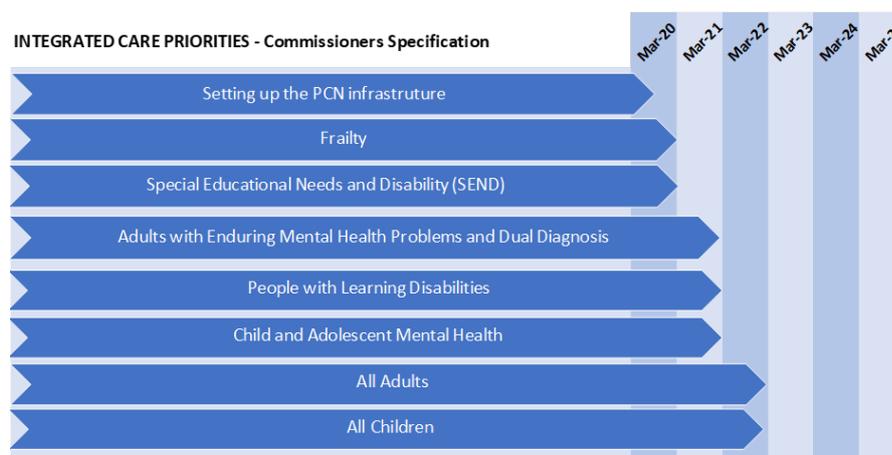


Figure 1

- 3.3.6. The Commissioning Prospectus was endorsed by the Integrated Commissioning and Transformation Board and was endorsed for approval by the Health and Wellbeing Board on 30th May 2019.

3.4. Warrington Demand and Capacity Review

- 3.4.1. As outlined in section 3.2 above, ICTB, with NHS England support, commissioned an external consultancy to support development of a whole system demand and capacity model, which was conducted by Venn Consulting. The Integrated Commissioning and Transformation Board facilitated discussions regarding how this could be maximised locally. As outlined in 3.2.2

this was extended to cover St Helens & Knowsley and Halton as well as Warrington.

- 3.4.2. Although the output from this review has already been utilised to inform the Warrington system's *Top Ten Interventions* to support winter planning, it was agreed that the output, along with other local intelligence should be utilised, to inform the future allocation of improved Better Care Fund (iBCF) funded schemes. To support this, it was agreed that the iBCF funding criteria should reflect this approach.

3.5. **Review of Intermediate Care Services across Warrington**

- 3.5.1. The BCF Steering Group reports into ICTB and makes recommendations. The Board was requested by the BCF Steering Group to approve the funding for a review of intermediate care and reablement services.

- 3.5.2. This is an *invest to save* scheme requiring the investment for a 12 month fixed term Project Manager to undertake a wide ranging review and redesign of intermediate tier services.

- 3.5.3. The findings of this review have been utilised to inform the Warrington winter pressures plan for 2019, which in turn will be supported by winter pressures funding and the use of iBCF described in section 3.3 above.

3.6. **Joint Commissioning Support and Guidance**

- 3.6.1. ICTB has provided ongoing governance, development and implementation of joint Health and Social Care commissioning across the NHS in Warrington and the Local Authority across key areas of commissioning including:

- Planning for 0-19 and Sexual Health contracts
- System Recovery Plan
- Development of Children & Young Peoples mental health (post THRIVE) implementation
- Development of Frailty Outcomes Improvement Programme
- Care Quality in Residential and Nursing Care from Hospital & delayed transfers of care
- Warrington autism strategy and commissioning implications
- System-wide winter pressures planning for 2018/19 and 2019/20
- 2019/20 NHS Warrington CCG Operational Plan
- Recommissioning of Care at Home (Domiciliary Care) Services 2019

- Joint Local Special Educational Needs and Disability (SEND) Inspection in 2019
- Overview of the Public Health Grant 2019/20
- Engagement on the Primary Care Strategy 2019 – Milestones Plan
- Review of findings of Warrington’s Children’s Early Years Peer Review
- Warrington Health Watch reviews of services such as the Warrington Frailty Hub, NHS Long Term Plan and its Annual Report
- Development of Long Term Plan for next five years for Warrington Place

3.7. Proposed workplan for next reporting period

3.7.1. The ICTB workplan for the next 12 months is in development but will include:

- Review and continued supporting to system-wide winter pressures
- Providing commissioning support to development and delivery of a system-wide sustainability plan
- Continued support to Warrington Together Provider Alliance through continued development of commissioning prospectus and use of pooled resources
- Applying lessons learned from recent inspections such as Joint inspections of arrangements and services for children in need of help and protection
- Implementation of an outcomes-based domiciliary care + contract
- Commissioning aspects of the Warrington Together integration journey

4. Summary and Conclusion

4.1. This report sets out the key funding decisions made by the ICTB in this reporting period as well as commissioning activities Support whole system transformation within Health & social care. It also sets out the proposed workplan for ICTB for the next 12 months.

5. Recommendation

5.1. The Health and Wellbeing Board is recommended to note the key activities and decisions made by the Warrington Integrated Commissioning and Transformation Board during the last 12 months.

6. Background Papers

Nil

Health and Wellbeing Strategy 2019-2023: Strategic Priorities

Strategic Theme	Strategic Priorities
Strong and Resilient Communities	<i>1: Where communities are strong, well connected, and able to influence decisions that affect them</i>
	<i>2: Where all local people can access and benefit from a strong economy with quality local jobs</i>
	<i>3: Where housing and the wider built environment promote health and healthy choices</i>
	<i>4: Where there are low levels of crime and people feel safe</i>
	<i>5: Where we work together to safeguard the most vulnerable</i>
Starting Well	<i>6: Where children and young people get the best start in life in a child friendly environment</i>
Living Well	<i>7: Where there is a strong, system-wide focus on promoting wellbeing, preventing ill-health and addressing inequalities</i>
	<i>8: Where there is a sustained focus on addressing lifestyle risk factors and protecting health</i>
	<i>9: Where both mental and physical health are promoted and valued equally</i>
	<i>10: Where self-care is supported, with more people managing their own conditions</i>
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Ageing Well	<i>12: Where people age well and live healthy fulfilling lives into old age</i>
Enabling Priorities	<i>E1: Where we have a valued, well-trained and supported workforce that is fit for the future</i>
	<i>E2: Where the benefits from information and technology are maximised</i>
	<i>E3: Where we invest in the right intelligence to understand our local population</i>
	<i>E4: Where we utilise our collective estate so that it best supports local health and social care need</i>
	<i>E5: Where we get best possible value for our 'Warrington Pound'</i>

Warrington Health & Wellbeing Board

12 September 2019

1.30 pm, Council Chamber, Town Hall, Warrington

Report Title	Provider Alliance Update - Warrington Together – Programme Director’s Update
Type of Decision Required	<input type="checkbox"/> Formal Decision as to a Statutory Function <input type="checkbox"/> Non-Statutory Advice, Guidance or Recommendation to Other Body <input checked="" type="checkbox"/> Note or Endorse a Report or Action by Others
Report Purpose	This paper sets out development in relation to the Warrington Together Provider Alliance since June 2019.
Report author	Simon Kenton, Programme Director, Warrington Together.
Related Health and Wellbeing Strategy Priority <i>*see addendum on 2nd page</i>	Alignment with strategic priorities 1-12
Confidential or Exempt	This report is not considered to contain information which is confidential or exempt.
Recommendation	To note the progress on the work being driven by the Warrington Together Programme.

Health and Wellbeing Strategy 2019-2023: Strategic Priorities

Strategic Theme	Strategic Priorities
Strong and Resilient Communities	<i>1: Where communities are strong, well connected, and able to influence decisions that affect them</i>
	<i>2: Where all local people can access and benefit from a strong economy with quality local jobs</i>
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	<i>10: Where self-care is supported, with more people managing their own conditions</i>
	<i>11: Where the best care is provided in the right place at the right time</i>
Ageing Well	<i>12: Where people age well and live healthy fulfilling lives into old age</i>
Enabling Priorities	<i>E1: Where we have a valued, well-trained and supported work-force that is fit for the future</i>
	<i>E2: Where the benefits from information and technology are maximised</i>
	<i>E3: Where we invest in the right intelligence to understand our local population</i>
	<i>E4: Where we utilise our collective estate so that it best supports local health and social care need</i>
	<i>E5: Where we get best possible value for our 'Warrington Pound'</i>

Provider Alliance Update

August 2019

Warringtontogether

Together for a happier and healthier Warrington



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DRAFT

Simon Kenton
Programme Director
Warrington Together
August 2019

1. Purpose

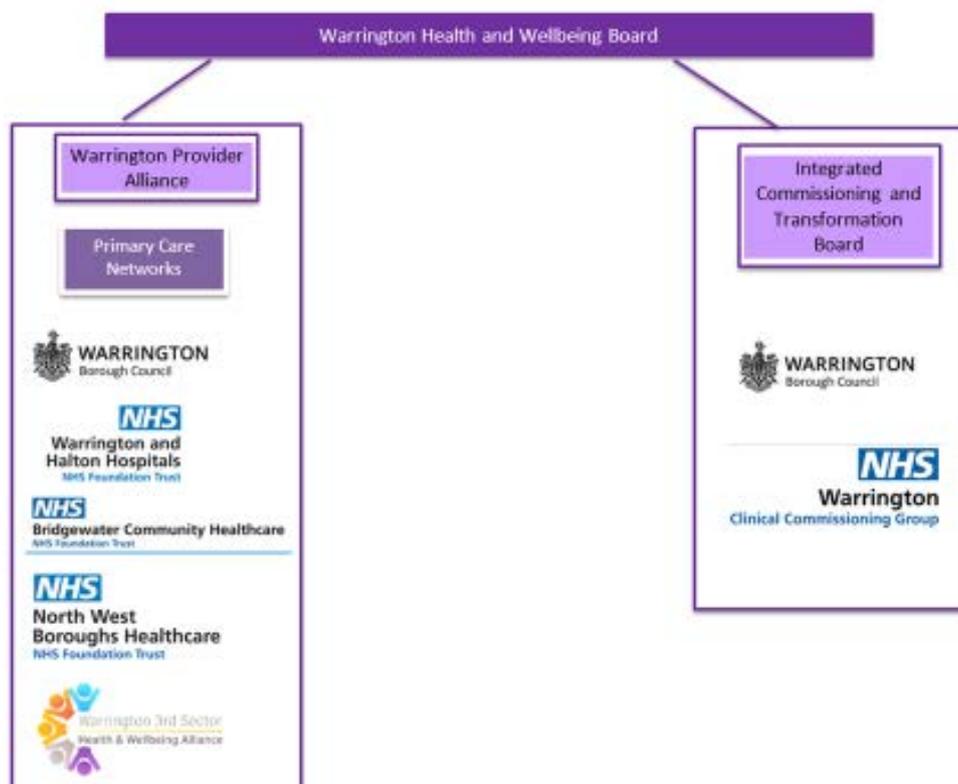
1.1 This paper sets out development in relation to the Warrington Together Provider Alliance since June 2019.

2. Governance Arrangements

2.1 At the July's meeting of Warrington's Health and Wellbeing Board, recommendations were agreed to:

- Support the enhanced role of Warrington Health and Wellbeing Board in delivering integration and in directing the Warrington Together programme;
- Support the establishment of a Provider Alliance;
- Note the retention of the Warrington Together Programme Office and team as a system wide resource for both commissioning and Provision
- Approve the disestablishment of the Warrington Together Board as an intermediary part of the existing structure.

Consequently, the following governance arrangements have been implemented (Figure 1).



3. Provider Alliance

- 3.1 The work of Warrington Together has been reviewed by the Provider Alliance and the refreshed priorities have been established as shown below (Figure 2)

Workplan structure



- 3.2 A spotlight session was held at July's meeting of the Provider Alliance which agreed the following actions in relation to the Integrated Care Team work-stream:
- a. Revised the group's terms of reference and project plan
 - b. Ensure that each Primary Care Network clinical director is in a position to shape the make-up of the core team
 - c. Set about discussions with Warrington Borough Council and North West Boroughs regarding (i) decanting local teams to each respective hub and (ii) specialist teams to one or two of the hubs
 - d. Agreed to produce demographic profiles for each PCN
 - e. Finalised evaluation framework of MDTs and ICTs.
 - f. Prioritised staff to undergo asset based training programme
- 3.3 The Provider Alliance agreed more time to ensure that the newly implemented teams are truly integrated and that the integration of children's services are fully considered
- 3.4 At its August meeting the Provider Alliance considered the draft Warrington Place Long Term Plan (appendix 1) and a response to CCG proposed merger (appendix 2)

4. Citizen Involvement

- 4.1 Development of a People's Panel has been led by Healthwatch and Warrington Voluntary Action and the establishment of a substantive panel and virtual reference group is well underway. The People's Panel is designed to be more inclusive of Warrington's population and representative of Warrington citizens with lived experience.

5. Connection to Wider Public Sector Transformation

- 5.1 Warrington Together's Programme Director continues to attend, inter alia, Warrington's Integrated Commissioning and Transformation Board. The approach in Warrington Together is to implement a population focussed programme based on purpose, predict and prevent. This approach is mirrored across public sector agencies such as: Housing (New Start to tackle homelessness); Complex families in crisis (Complex dependency programme) and Criminal Justice (SIM - Serenity Integrated Mentoring which calls upon agencies to avoid duplication to tackle mental health problems in recidivists. The cohort of patients of these programmes is generally similar hence the need for a joined up approach.

Warringtontogether

Together for a happier and healthier Warrington



Warrington Place Based Health and Care Five Year Plan April 2019 - April 2024

1st iteration – August 2019

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2 Foreword

The people of Warrington are known for their practical approach to life and their willingness to embrace change. Its location between Manchester and Liverpool and its status as a new town has supported its economic growth and its reputation for resilience. As such, Warrington is a driving force in the region in a number of sectors, and compared to other North West boroughs, many people here enjoy access to good schools, jobs and lifestyles.

Parts of the borough also belong to a longer, more established, economically secure history and residents enjoy good homes, beautiful scenery and a more affluent way of life.

At the same time, like many other parts of the country, there are significant challenges for some people in Warrington. Deprivation is highest close to the centre of the borough, as is demand for care and support. The focus for agencies in across Warrington is on prevention and lifestyle to improve the health and the independence of children and adults alike.

The role of health and social care also has wider, untapped potential – which must now be realised – in helping children to get the best start in life and helping people to achieve a full role in their communities.

A healthier Warrington could boost the borough in extraordinary ways – but it is not without its challenges. Making the system suitable, sustainable and affordable is set against a tough financial forecast. If we do not change the way in which health and social care is provided, we will not successfully face the systemic shortfalls in funding levels and the cost of care by 2020/21.

Warrington was formed as a new town and saw large numbers of new young families settling in the late 1960s and early 1970s. Now the younger population is slightly falling, and our demographic profile is shifting to see growing numbers of much older people. This presents an unusually high challenge as health and care outcomes among our older population are poorer than average and many of those residents have multiple health issues. Some of the newer issues like childhood obesity should also concern us in terms of potential impact in the longer term.

We need to meet the needs of today's Warrington with new, innovative ways of working. We can no longer follow historic approaches, which were often reactive. We need to shift the entire system to one that plays to people's strengths and uses our local assets to build independence. We need to

prioritise prevention and self-care, and, where possible, move more care out of hospital and closer to home.

The commitment to Warrington must override any organisational barriers as we concentrate on bringing care closer to people and the areas where they live. We also need to bring education, health and care closer together for children, so that being and staying healthy is a normal part of daily life. We want to help all children and adults to fully realise their potential.

This vision for more joined-up services is reflected in our Health and Wellbeing Strategy for the next five years, where health, social care, Public Health and other practitioners in the third sector (through the Warrington Third Sector Health and Wellbeing Alliance) will work together in partnership as 'Warrington Together'. These teams will collaborate with voluntary and community groups to empower people to increasingly self-care and improve wellbeing.

To achieve our ambitions, commissioners have worked collaboratively to jointly commission a transformed system that is able to deliver care to support people to live more healthy lives, that understands the needs of our population and is able to deliver new and sustainable models of care. This change will enable system efficiencies to be realised that will allow reinvestment into preventative models of delivery.

Dr Andrew Davies
SRO Warrington Place

Chief Clinical Officer
NHS Warrington Clinical
Commissioning Group

Prof Steve Broomhead
Chair of H&WBB

Chief Executive Officer
Warrington Borough Council

Simon Barber
Chair of Provider Alliance

Chief Executive Officer
North West Boroughs Healthcare FT

3 Introduction

In early 2019, Warrington's Health and Wellbeing Board published a refreshed Health and Wellbeing (HWB) Strategy for Warrington 2019-23 (Appendix 1). This aimed to deliver improvements to the health and wellbeing of residents in the town. The HWB Strategy set out the local health and care systems response to tackle the challenges identified in the Joint Strategic Needs Assessment (JSNA).

This document builds on the ambition of the Health and Wellbeing Strategy, to outline our local plans in response to the objectives set out in NHS Long term Plan, and the priorities of Cheshire and Merseyside Health and Care Partnership. The current year 2019-20, forms the foundation year of the Long Term Plan. Our plan and progress for this year is set out the Warrington Operational Plan (NHS) for 2019-20 (Appendix 2).

The organisational landscape within the NHS is evolving and this is the first 'place-based' plan established by health and care service providers alongside Commissioners in Warrington. The term 'place based' is becoming more frequently used and for Warrington refers to the resident population plus any additional patients registered with Warrington GPs.

The responsibility to deliver this plan does not rest with one organisation alone but will be delivered through joint working, partnership and the collaboration of organisations responsible for both commissioning and delivering health and care in Warrington. This programme of work is called Warrington Together and its objectives are set out in the Strategic Outline Case (Appendix 3).

By making a real commitment to working together and breaking down boundaries, we can make real difference for our population.

NHS England and NHS Improvement have outlined three important levels at which decisions will be made in the NHS:

- **Neighbourhoods** (populations circa 30,000 to 50,000 people) -served by groups of GP practices working with NHS community services, social care and other providers to deliver more coordinated and proactive services, including through primary care networks.
- **Places** (populations circa 250,000 to 500,000 people) -served by a set of health and care providers in a town or district, connecting primary care networks to broader services including those provided by local councils, community hospitals or voluntary organisations.
- **Systems** (populations circa 1 million to 3 million people) -in which the whole area's health and care partners in different sectors come together to set strategic direction and to develop economies of scale.

3.1 Warrington Together – ‘Place’

Warrington has a history of strong partnership working across sectors. Warrington Together is a partnership of the main health, social care and third sector bodies working together to deliver improved, integrated services for the people of Warrington.

This place-based partnership was established in January 2018 and involves the following organisations:

- Warrington and Halton Hospitals NHS Foundation Trust (WHH)
- Warrington Borough Council (WBC)
- NHS Warrington Clinical Commissioning Group (CCG)
- Bridgewater Community Healthcare NHS Foundation Trust (BW)
- North West Boroughs Healthcare NHS Foundation Trust (NWB)
- Warrington Third Sector Health and Wellbeing Alliance
- Primary Care Networks
- Housing Trusts
- Healthwatch Warrington
- Police and Crime Commissioner for Cheshire.

We know that by harnessing our collective efforts and energies and moving towards a population health approach, we will ensure all our residents are able to make the most of the assets and opportunities within the borough.

3.2 The Warrington Vision

Warrington Together’s shared system vision is:

“Together, we will enable the people of Warrington to enjoy happier and healthier lives by transforming the way we use our collective resources”.

3.3 Warrington in context of the wider health and care system

Since 2016, health and care organisations have been working together across England in sustainability and transformation partnerships (STPs).

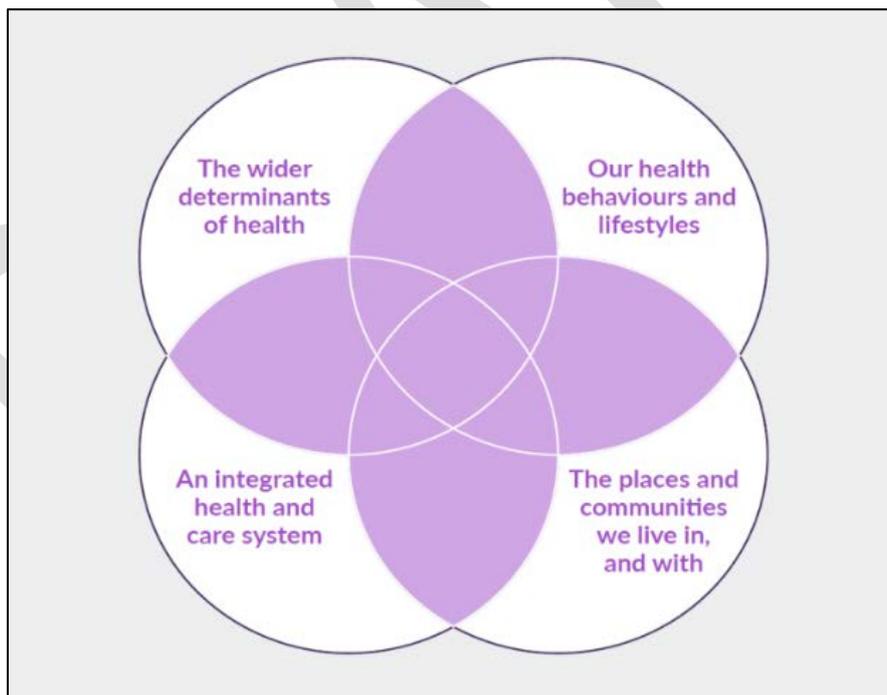
The STPs are now evolving to become Integrated Care Systems. This follows the NHS Long-Term Plan guidance that stated all STPs are expected to mature so that every part of England is covered by an integrated care system by 2021.

The Cheshire & Mersey Health and Care Partnership is our emerging Integrated Care System.

Our plans to support the better health and welfare of the people of Warrington are set in the context of national expectations and the developing plans of Cheshire and Merseyside Health and Care Partnership.

Whilst our plan focuses on the factors that influence our populations health status locally, it is important that these are connected to the national and regional activities. This will make best use of limited resources and will ensure maximum impact and health benefits for the people of Warrington. This relationship is highlighted in Figure 1 below to show the interconnection and overlap on the established priorities represented at local place, integrated care system and national level.

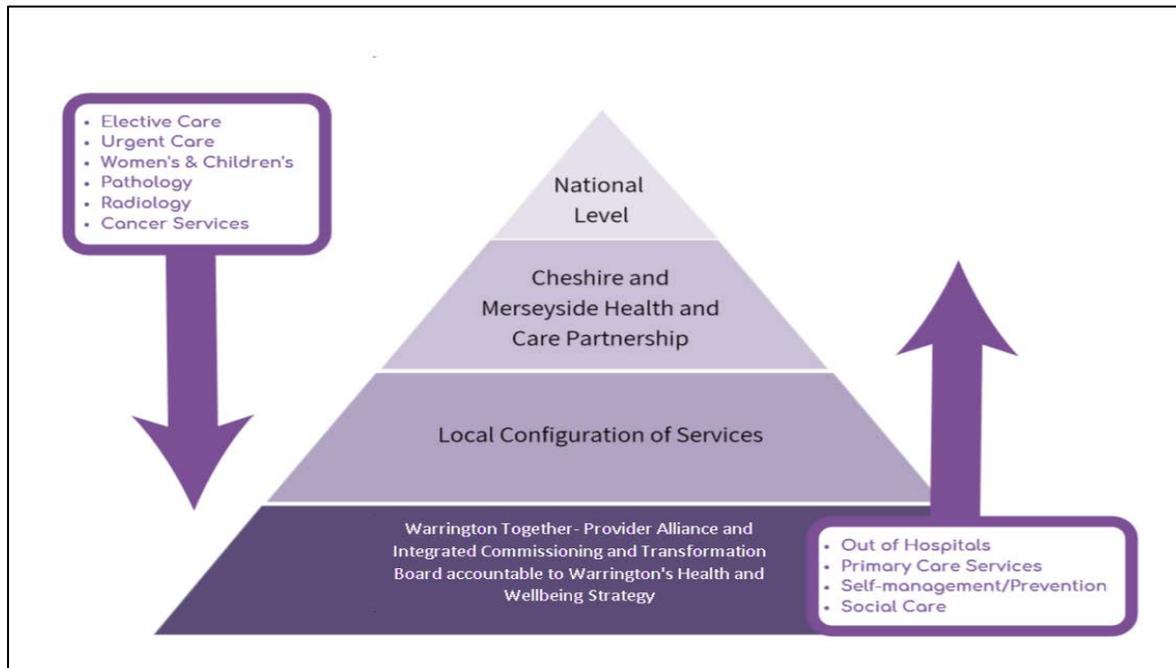
Figure 1: A vision for population health (The King's Fund, 2018)



The Cheshire and Merseyside Health and Care Partnership is working towards becoming an Integrated Care System (ICS) as set out in the NHS Long Term Plan and Warrington is one of the nine 'places' that form part of this Partnership. The Partnership seeks to deliver improvements at scale and has an

established work programme (Appendix 3). Representatives from the Warrington place-based system attend and contribute to these work streams in order to rollout and adopt improvements locally.

Figure 2: Warrington place in context of the Cheshire and Merseyside Health and Care Partnership work programme (Cheshire and Merseyside Health and Care Partnership)



The Cheshire & Merseyside H&C Partnership has set out 6 goals that all 'place' based systems are expected to meet these are;

- To achieve 100% vaccination and immunisation rates for children
- A zero tolerance to suicides and reduction in self-harm
- To reduce violent crime
- To reduce harm from alcohol - alcohol related admissions
- Improvements to cardiovascular disease with a reduction in high blood pressure and stroke
- To reduce falls for older people

Warrington place supports delivery of these ambitions and will work closely with Cheshire & Merseyside colleagues, through the partnership programme, to introduce agreed changes and services.

Creating a Culture of Health

Good mental and physical health can improve quality of life. It is a benchmark for measuring progress towards reducing poverty, promoting social inclusion and eliminating discrimination.

Good health is fundamental to sustainable economic growth and ensuring equal opportunities across society. It can only be achieved through the development of a culture which improves the social, economic and environmental factors which affect people's health.

In a culture of health, good health and wellbeing flourish across geographic, demographic, and social sectors – creating healthy, equitable communities, guiding public and private decision making, and providing everyone the opportunity to live their healthiest life.

A culture of health is built on the concept of equity rather than simple equality. Health equity means that everyone – no matter who we are, how much money we make, or where we live – has a fair and just opportunity to be as healthy as possible. Health equity benefits all of us and, therefore, requires all of us to focus on removing obstacles to health such as poverty, discrimination, and their consequences, which include powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

Figure 3: The difference between equality and equity (Robert Wood Johnson Foundation, 2017)



Warrington Together will promote a culture of health in the borough through collaboration and adopting an inclusive approach.

3.4 Plan on a page

Our vision is: “Together, we will enable the people of Warrington to enjoy happier and healthier lives by transforming the way we use our collective resources.”

Our aims are:

- To reduce the gap in life expectancy between the most and least deprived communities in the borough (inequalities index)
- That people will live longer, and those years will be lived in good health (increased healthy life expectancy for all)
- To make better use of our limited resources to achieve sustainable services in financial balance.

Our priorities are to:

- Focus on prevention
- Reduce health inequalities
- Focus on wider determinants of health
- Promote and empower our communities
- Reduce reliance on acute hospital care
- Build capacity and workforce
- Make best use of digital technology.

Our focus over the next five years will be to ensure the people of Warrington:

- Have the best start in life – To ensure our children and young people get the best start in life in a child-friendly environment
- Live well – A focus on major health conditions, cancer, alcohol, mental health, heart disease, stroke, diabetes and complex pain
- Age well – To promote healthy ageing and maximise the opportunity for older people to contribute to their community.

Our principles are to:

- Define a shared population group and care model across a system
- Provide co-ordinated care
- Create interdependency which is more likely to enable effective and efficient care
- Share care management and predictive modelling
- Share system governance
- Share accountability for quality and cost of care

- Share risk and savings.

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3.5 Warrington System Driver Diagram

Figure 4: System driver diagram

Vision	Aims	Primary Driver	Secondary Driver	Activities to make this happen...
		<i>We will...</i>	<i>Which requires...</i>	
Together, we will enable the people of Warrington to enjoy happier and healthier lives by transforming the way we use our collective resources	To reduce the gap in life expectancy between the most and least deprived communities in the borough (inequalities index)	Focus on prevention	<p>Screening programmes</p> <p>Immunisations and vaccinations</p> <p>Target at risk populations</p> <p>Promote wellbeing and prevent ill-health</p>	<ul style="list-style-type: none"> • Cervical Cancer screening and capacity building for HPV screening • Bowel screening • Flu and pneumonia vaccinations • Childhood vaccination and immunisations • Falls prevention programme • Making Every Contact Count • Social prescribing • Promote positive lifestyle choices – diet, exercise and stop smoking, alcohol consumption • Promoting positive mental health and preventing suicides
		Reduce inequalities	health Both mental health and physical health are promoted and valued	<ul style="list-style-type: none"> • Promotion and prevention • Perinatal mental health • Individual Placement Support • Supported Housing • Integrated Physical and Mental Health • Personality Disorder • Crisis Care
			Targeted work with areas/practices with highest excess burden of disease to improve detection and management of clinical risk factors	<ul style="list-style-type: none"> • Childhood screening and immunisation rates • Breastfeeding, smoking in pregnancy and other risks factors • Circulatory disease including diabetes, hypertension • Respiratory disease – chronic obstructive pulmonary disease (COPD, asthma)

Vision	Aims	Primary Driver	Secondary Driver	Activities to make this happen...
		We will...	Which requires...	
			Reduce unwarranted variation in care	<ul style="list-style-type: none"> • Cancer
	Focus on wider determinants of health		A strong economy with local employment	<ul style="list-style-type: none"> • Warrington Local Area Plan
			Air Quality Action Plan 2017-22	<ul style="list-style-type: none"> • Priority 1 – Reduce traffic volume and improve flows • Priority 2 – Reduce emissions from HGVs and LGVs • Priority 3 – Reduce emissions from bus and public transport including taxis • Priority 4 – Reduce exposure for those who are most vulnerable • Priority 5 – Ensure that future development is designed to reduce exposure and improve air quality
	People will live longer, and those years will be lived in good health (increased healthy life expectancy for all)		Housing	<ul style="list-style-type: none"> • Priority 1 – To provide new sustainable homes in places where people want to live • Priority 2 – To help people live at home, improve their independence, health and quality of life • Priority 3 – To provide housing advice, information and a preventative service
		Promote and empower our communities	Resilient and strong communities	<ul style="list-style-type: none"> • Central Area Neighbourhood Renewal Masterplan
			Personalised care and self-care	<p>Comprehensive model of personalised care (Network specification);</p> <ul style="list-style-type: none"> • Shared decision making • Enabling choice • Personalised care and support planning • Social prescribing and community-based support • Supported self-management

Vision	Aims	Primary Driver	Secondary Driver	Activities to make this happen...
<p>To make better use of our limited resources to achieve sustainable services in</p>		<i>We will...</i>	<i>Which requires...</i>	<ul style="list-style-type: none"> • Personal health budgets and integrated personal budgets • Cheshire and Merseyside Social Value Accelerator Programme • Volunteering • Integrated Community Teams • Integrated Community Teams – co-location • Frailty Hub model <p>Introduction of 7 new Network specifications inclusive of;</p> <ul style="list-style-type: none"> • Crisis response within 2 hours, and reablement care in 2 days • Integrated Community Teams – anticipatory care • Enhanced health in care homes – GP alignment • Building workforce capacity • First Contact Practitioner project • Same Day Emergency Care • Crisis response within 2 hours, and reablement care in 2 days • Frailty Hub • Integrated Discharge Team / delayed transfers of care • Plan to reduce long lengths of stay (21+ days) • National expansion programme – Nurses, Midwives, Allied Health Professionals, Pharmacists etc
		Enhance and promote social value		
		Reduce reliance on acute hospital care	New care models established to integrate services	
		Primary Care Networks		
Investment to boost ‘out of hospital care’ (community provision)				
Redesign and reduce pressure on emergency hospital services (supported by Better Care Funding)				
Investment to expand the clinical workforce				

Vision	Aims	Primary Driver	Secondary Driver	Activities to make this happen...
		We will...	Which requires...	
	financial balance	Build capacity and workforce	<p>Maximise retention of experienced, effective staff (doctors, nurses and other health professionals)</p> <p>Skills and training</p> <p>Identify and support carers</p>	<ul style="list-style-type: none"> • Workforce resilience project in primary care (Lantum tool) • Training Hub
		Make best use of digital technology	<p>Digitally-enabled primary care</p> <p>New ways to deliver outpatient care</p>	<ul style="list-style-type: none"> • Priority 1: Support for socially isolated carers • Priority 2: Promote physical and mental wellbeing for carers • Priority 3: identify and support carers in primary care and hospital discharge • Priority 4: Support carers to manage their finances • Priority 5: Identify and support young carers • Priority 6: Support family carers of children • Rollout of the NHS App in primary care • Virtual clinics: fracture / cardiology

4 Background

4.1 Current State

Warrington is a largely affluent borough compared to many areas in the North West. It benefits from a strong, growing economy which is driven in part by its location within the North West and connectivity through its strategic transport network.

The resident population of Warrington has grown year-on-year since 2004. The latest population estimate is 209,700, although 219,900 people are currently registered with a Warrington GP.

As a place, we have recently refreshed our Health and Wellbeing Strategy, reaffirming as a whole system, our ongoing commitment to addressing the wider determinants health as well as ensuring quality health and care services in our borough. Evidence shows that access to secure employment, good education and appropriate housing, along with having enough income and supportive social networks contribute most in terms of our health status. We know that a system-wide commitment to a focus on prevention is key to affecting long-term, sustained improvements.

As a health and care system, all our major NHS providers and commissioners are rated 'good' by the Care Quality Commission (CQC), as are most of our independent providers of residential, nursing and domiciliary care. Warrington Borough Council's services to vulnerable families are assessed as 'good' by Ofsted.

Average life expectancy at birth in Warrington is improving, but the pace of improvement has slowed in recent years, and the gap between Warrington and England has not narrowed. Comparing life expectancy for those living in the most and least deprived wards of Warrington, there is a gap of 10.6 years for men, and 11.9 years for women.

The major causes of premature death and reduced life expectancy in Warrington are cancer, cardiovascular disease (CVD) and respiratory disease. Premature deaths from CVD has more than halved over the last 13 years, and rates are now in-keeping with the England average. The rate of premature deaths from cancer have also reduced.

Evidence shows that a range of factors impact on life expectancy and on the risk of premature death. Factors include individual lifestyle and health-related behaviour, access to and quality of health and care services and wider factors related to socio-economic status such as education and employment. A brief overview of some of these factors is provided below:

Health-related behaviour: The impact of poor lifestyle behaviours on the NHS is well documented. Public Health England suggests that the cost of lifestyle-related risk factors to the NHS is around £11 billion per year. Prioritising and upscaling prevention is crucial to curb future demand on health and care services.

- **Smoking:** Estimates suggest that the numbers of smokers has continued to fall, and the most recent data suggests around 1 in 10 people in Warrington currently smoke – lower than the average for England. The most recent local survey shows that the numbers remained high in more deprived areas and amongst certain population groups. The rate of smoking-related deaths within Warrington is higher than the average for England.
- **Alcohol consumption and related harm:** Nationally-derived estimates for Warrington as a whole suggest that 1 in 4 Warrington adults drink more than the recommended safe levels – similar to the average for England. However, the proportion who are binge drinking is significantly higher than England. Alcohol-related hospital admissions are significantly higher in Warrington, with over 4,700 episodes per year. The number of premature deaths from liver disease is consistently significantly above the average for England.
- **Obesity:** Obesity and leading a sedentary lifestyle are major risk factors for conditions such as heart disease, stroke and Type 2 diabetes. Estimates suggest that over 2 in 3 adults in Warrington are overweight or obese – this is higher than the average for England, and the figures are rising. Whilst, 1 in 4 adults in Warrington are physically inactive, which is higher than the England average.
- **Premature and preventable death:** Around 1 in 5 of the 1,900 deaths each year in Warrington are considered preventable, although the figures have decreased considerably over the past ten years. Despite this, rates remain higher than the average for England. Within Warrington, rates of death are significantly higher in the more deprived areas of the borough, and the gap is greatest for causes that are considered preventable.

Wider determinants of health:

- **Out of Work:** The proportion of the working-age population who are claiming out-of-work benefits has been slowly reducing nationally, regionally and locally. Latest figures in Warrington are lower than national and regional averages, but there are big differences between different population groups, and people with various long-term conditions and health issues.
- **Homelessness:** The number of homelessness households living in temporary accommodation in Warrington is significantly lower than the average for England. However, there is a real shortage of affordable homes within the borough.
- **Childhood poverty:** Evidence shows that childhood poverty can lead to premature death and poor health outcomes in adulthood. Rates of child poverty in Warrington overall are lower than national and regional averages, but there is substantial variation within Warrington.
- **Educational attainment:** Educational attainment is closely linked to life chances, and evidence shows this in turn impacts on health. Over 7 in 10 local young children achieve a good level of development at the end of Reception, which is better than the average for England. However, the gap between those children entitled to free school meals and the rest is significantly wider than the gap across England as a whole. The picture is similar in terms of GCSE attainment.

Overall, Warrington fares better than the average for England but there is a significant inequalities gap between children eligible for free school meals and the rest.

- **Social Mobility:** The national Social Mobility Index uses a range of indicators to understand which areas provide young people from disadvantaged backgrounds the most opportunity to do well as adults. It ranks Warrington within the lowest third of local authorities nationally. However, Warrington ranks as one of the strongest economies in the country.
- **Air Quality:** Evidence shows that poor air quality is the biggest environmental risk to public health across England. It causes and worsens long-term conditions such as cardiovascular and respiratory diseases as well as lung cancer and is a factor in reduced life expectancy. Air pollution particularly affects the most vulnerable in society – children and older people, and those with heart and lung conditions. There is also often a strong correlation with equalities issues, because areas with poor air quality are also often the less affluent areas.

4.2 Future state: challenges and opportunities for change

4.2.1 Meeting the needs of a growing, ageing and changing population

Increases in population are projected to continue, with an estimated rise of around 9% (approximately 19,000 people) over the next 25 years. The largest increases are expected for the older age groups, with the numbers of under 65s expected to decrease overall.

Over the period of this plan, Warrington will likely see significant housing and business growth. Although this will create opportunities, it will also place significant demand on services and infrastructure. It is important for the long-term wellbeing of the population that we ensure that health and wellbeing principles are embedded into all policies and development plans to best meet the needs of our growing, ageing and changing population.

Currently, almost 1 in 5 people in Warrington are aged 65+, and our older population is set to increase faster than the average for the North West and England as a whole. The Warrington population aged 80+ is projected to more than double over the next 25 years. This presents opportunities for the borough but also challenges for our health and social care system and our local workforce. Services such as the NHS, social care and housing providers will have to adapt to meet the needs of the increasing ageing population and to deal with more people who are living with sometimes multiple and complex long-term chronic conditions.

4.2.2 Workforce

Like many areas, Warrington faces significant challenges in relation to workforce. We have shortages of nurses, GPs, therapists, experienced social workers, and entry-grade care staff and health care

assistants. In addition, both services themselves, and the people in need of care and support, rely heavily on informal carers.

We recognise that to maximise our collective resources we need to work as one workforce with shared values, principles and common aims. Our new population-based, integrated models of care require multi-disciplinary working across organisational boundaries. We need to ensure that our workforce planning fully harnesses the potential of the third sector and provides a workforce of the right scale and skill mix to cope as our population profile changes. We have a whole system workforce group designed to harmonise terms and conditions and offer opportunities for whole system portfolio working.

4.2.3 Maintaining an effective, financially sustainable health and care system

As the population increases, health and care services are dealing with a growing number of people with increasingly complex health and care needs.

Currently, many people are treated in hospital when it may be better for them to be treated in their own homes or communities. We also know that people may find it difficult to choose and access the right service. Combined with the significant gap between the predicted cost of service need and available funding, this means the way health and care services are delivered must be transformed if we are to ensure a sustainable and quality provision of care into the future.

Local organisations must all work together to focus on making care services more person-centred, more integrated and more preventative. Making the best collective use of shared resources across organisations and focussing on good outcomes for residents will help sustain and improve Warrington's health and care system.

4.2.4 Addressing the inequalities in our borough, to improve outcomes for all

A growing challenge is the inequalities linked to socio-economic deprivation and the impact this has on the health and wellbeing of individuals and communities. These inequalities are perhaps most starkly demonstrated by the gap in life expectancy between the most and least deprived areas of the borough. All Warrington Together partners are committed to supporting the range of interventions that are needed at different levels to address the root causes and the impact of inequalities as highlighted in our Health and Wellbeing Strategy.

5 Moving towards population health

5.1 Developing the Infrastructure and new models

Taking learning from the national ‘new care models’ work (Vanguard) and from international evidence, the NHS Long Term Plan advocates health and care systems move towards a population health

What is Population Health?

The **Kings Fund** defines **population** health as

‘An approach aimed at improving the health of an entire population. It is about improving the physical and mental health outcomes and wellbeing of people within and across a defined local, regional or national population, while reducing health inequalities. It includes action to reduce the occurrence of ill health, action to deliver appropriate health and care services and action on the wider determinants of health. It requires working with communities and partner agencies.’

This definition leads to a focus on actions in four broad areas – the four pillars of population health.

1. The wider determinants of health
2. Our behaviours and lifestyles
3. An integrated health and care system
4. The places and communities we live in, and with

Population health moves away from managing disease in silos to an approach based on defined populations of people, who may have multiple ‘disease conditions’. Populations may be defined by geography, by presenting health need, on communities or could be a population of interest. They are not service orientated.

Whilst primary care will play a crucial role in population health, a wider group of providers other than the GP will be necessary for accountability of the defined population. Prevention is inherent with consideration of the persons holistic health and care needs, focussing on improving wellbeing and keeping people healthy.

It provides a systematic approach to managing the care of the population and relies heavily on new technologies and information. Developing a population health approach requires the following elements as a minimum; (Alderwick H, Ham C, Buck D (2015); *Population Health Systems. Going Beyond Integrated Care. Kings Fund*)

- Pooling of data around the population served, to identify challenges and needs
- Segmentation of the population to enable interventions and targeted support
- Pooling of budgets to enable resource to be used flexibly to meet population needs, at least between

approach.

This population based approach across health and social care to implement a population focussed programme is based on pinpoint, predict and prevent and is implemented locally by Warrington Together. This approach is mirrored across public sector agencies in Housing (New Start to tackle homelessness); Complex families in crisis (Complex dependency programme) and Criminal Justice (SIM - Serenity Integrated Mentoring which calls upon agencies to avoid duplication to tackle mental health problems in recidivists). Often these differential programmes are targeting the same populations, and the adoption of a population based approach through Warrington Together enables connections to be made, synergies found and savings made..

New and evolving partnership arrangements are being established between health and care provider organisations in Warrington which support this direction of travel and a population health approach. The creation of Primary Care Networks, bringing together GP Practices to work collaboratively for their population, further supports a population health approach. In addition, Warrington and Halton Hospitals NHS Trust and Bridgewater Community Healthcare NHS Foundation Trust are aligning, by working more closely to integrate clinical services and back office support. This is evident with the appointment of joint senior level posts across the organisations.

5.1.1 Warrington Together 'Place Based' Transformation Programme

The Warrington Together Partnership has an established programme of work to transform and integrate health and care services in the borough. The work programme is iteratively testing and rolling out new ways of working. Progress to date on this work programme is presented in section 6.5.1.

The governance arrangements for the Warrington Together Partnership is evolving and currently being refreshed. This is in recognition of the need to increase the pace of change but also to streamline and strengthen the governance and oversight, with better reflection of the Commissioner and Provider roles.

A new Provider Alliance has recently been established, made up of the main NHS and wider care providers working in Warrington. The Provider Alliance now includes representation from the newly formed Primary Care Networks. The Provider Alliance is currently chaired by the Chief Executive Officer of North West Boroughs Healthcare NHS Trust.

Figure 5: Governance - Warrington Together Partnership

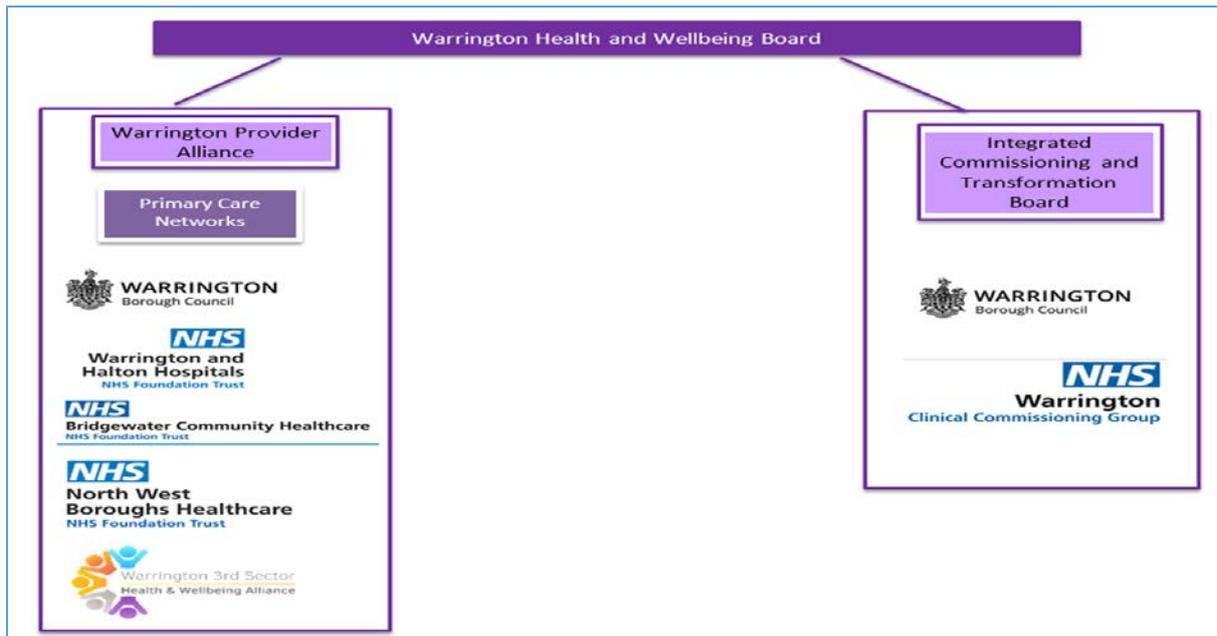
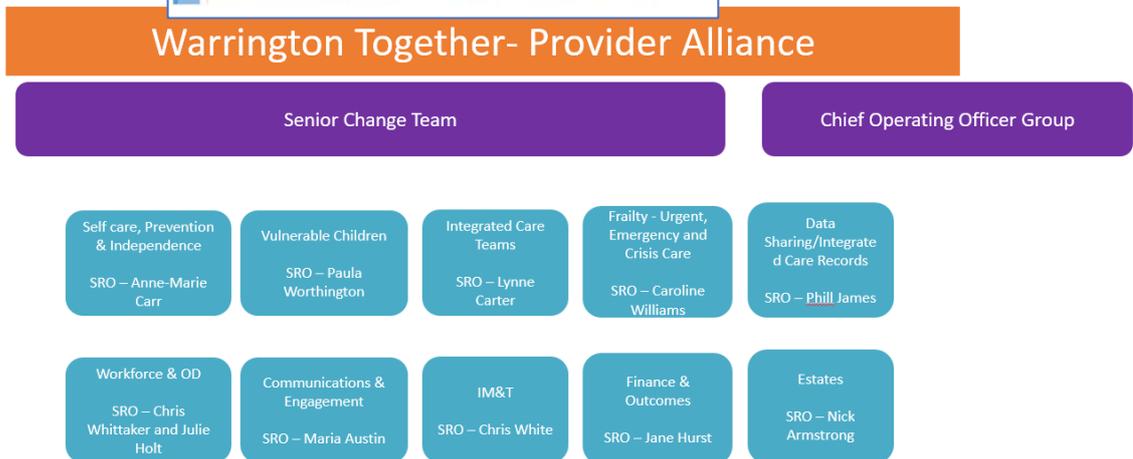


Figure 6: Workplan

Workplan s



5.1.2 Joined up commissioning (at scale)

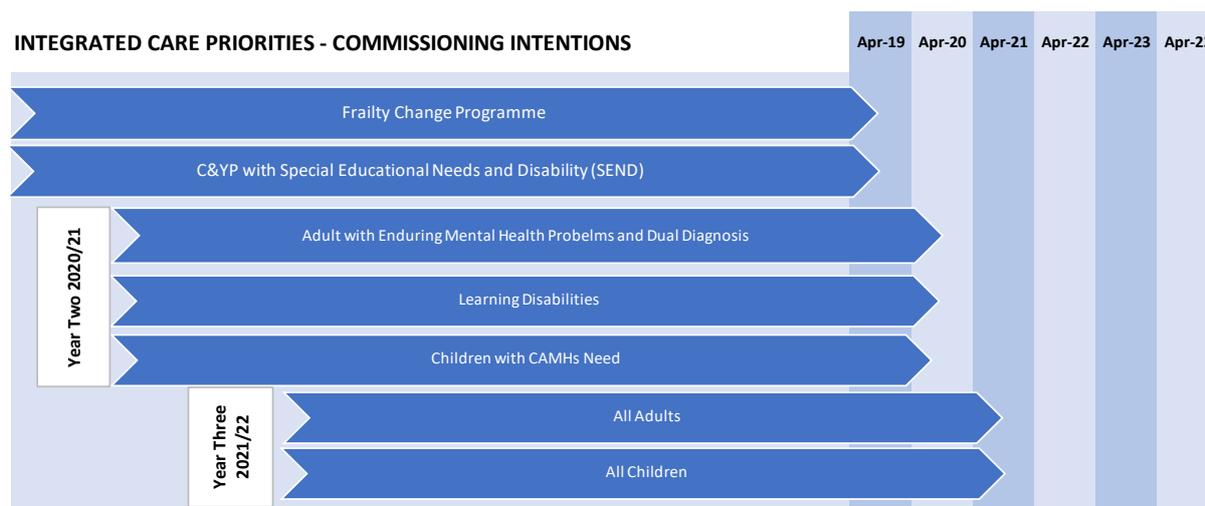
5.1.2.1 Local Joint Commissioning Arrangements

To support the integration of services, health and care commissioners including Public Health have jointly produced a Commissioning Prospectus for the borough (Appendix 4). The Commissioning Prospectus sets out the joint commissioning commitments to deliver integrated health and social care services. The Prospectus supports the ambition held by Warrington Health and Wellbeing Board, towards the establishment of a single set of commissioning intentions for the population of the borough, and a move towards commissioners acting as one body.

Warrington Commissioners have outlined in the Commissioning Prospectus, the requirements for integrated care specifying the population cohort, the design principles, the budget and the outcomes. It also set out requirements for the integrated care work programme to be phased, based on specified population cohorts. Year one will focus on those with frailty and Children & Young People with Special Educational Needs and Disability (SEND), expanding in year two to those with enduring mental health problems, learning disabilities and child and adolescent mental health needs before expanding to cover the whole population in year three.

Oversight for this work is by the Integrated Commissioning & Transformation Board (ICTB), which is the joint commissioning committee responsible for commissioning decisions for integrated care in Warrington.

Figure 7: Integrated Care Priorities – Commissioning Intentions



5.1.2.2 Better Care Fund and pooled funding arrangements

Increased integration of services across care pathways and providers and the adoption of a more asset-based approach will improve health and care outcomes and deliver both clinical and financially sustainable services.

The delivery model will be predicated on the health and social care economy exploring options around a change to funding and contracting models. Potential new funding models are intended to promote resources being delivered in the most efficient way across the whole system via a dedicated budget based on a given population’s needs. A new contracting model will also be required supported by strong risk sharing arrangements between the commissioners and providers, whilst also incentivising integrated care and improving outcomes.

Health commissioners have identified three NHS budgets (Acute care, Mental health, Community healthcare) in scope for the new approach plus Warrington Borough Council respective services budgets of approximately:

Frailty:	Aged 65+	£115.5m
	Aged 85+	£38.3m
SEND:		£13.1m

These budgets are spent in the NHS, social, private and voluntary sector organisations within and outside Warrington. In the case of social care, resources are spent through hundreds of separate organisations through different forms of frameworks or spot contracts. Taking a new approach will

present the chance to reduce cost growth whilst improving outcomes by integration of service delivery and adoption of a more comprehensive asset-based approach.

5.1.2.3 Collaborative Commissioning Arrangements

Some services are commissioned on a wider footprint than Warrington. This happens, most often to maximise the quality of a clinical service and deliver the best health outcomes for our population but also can be undertaken to make best use of limited resources such as workforce or where a service is not viable on a smaller (local) footprint. NHS Warrington CCG commissioners work closely with our neighbouring commissioners and across Mid Mersey and Cheshire & Merseyside Health and Care Partnership to collaborate and commission services at scale. Examples of services commissioned on a wider footprint are; the Eastern Sector Cancer Hub, Mental Health, Stroke Pathways, Complex Spinal pathways and urgent care (Urgent and Emergency Care Delivery Board).

5.1.2.4 NHS Halton and Warrington Clinical Commissioning Groups

Over the last 12 months, NHS Warrington and NHS Halton Clinical Commissioning Groups have been working closely together with a joint management team and a number of joint appointments including Chief Finance Officer and Clinical Chief Officer.

Both Clinical Commissioning Groups have a challenging financial position, with additional pressures to reduce running costs by 20% in 2020/21. In line with the national direction of travel and in consideration of the financial pressures, the CCGs are undertaking a formal options appraisal to streamline commissioning arrangements. In August 2019, the two respective Governing Bodies agreed the 3 options listed below to be fully worked up, for consideration;

1. Full Statutory Merger between Halton and Warrington CCG
2. Do nothing
3. Integration with the respective Local Authorities

This process will commence over the oncoming months, with decision later this year.

5.1.3 Population health and best use of strategic intelligence

The systematic use of data and intelligence is a core requirement to successfully plan and provide health and care services for a population. This will require data pooling across health and care organisations for strategic planning purposes and for systematic risk profiling of the population to support direct patient care.

The Health and Wellbeing Strategy identifies our commitment to invest in the right intelligence to understand our local population.

We will:

- Use technology to support population health management. New ways of assessing health risks, early diagnosis and providing preventative care are being created by new digital technology and information analysis. We want to make those benefits available to people in our communities. This is the identification of people at risk of illness and those who would benefit from early intervention to help reduce illness and premature death.
- Continue to work with local authority Public Health to utilise available information through the JSNA and other strategic intelligence to understand where there are inequalities in health outcomes for the local population. This information will inform how we align investment and jointly commissions services to address identified gaps in provision or inequalities in outcomes.

6 Shaping our plans with the people of Warrington

In Spring 2019, Healthwatch organisations across England engaged with the public about the national Long Term Plan guidance, in a campaign called 'What would you do'. The findings from the survey in Warrington are available in Appendix 5 and are summarised below:

- Access to help and services when needed is important. People want:
 - Access to convenient travel to services
 - More local services
 - Easy online access to written information
 - Quicker referrals to other professionals
 - Those at work want more appointments at convenient times, for example out of hours
 - Longer appointments for people with learning disabilities.
- People want a better use of technology, for example to book appointments, see records, find information and get test results
- People want to keep their independence and stay in their own home as long as possible
- Joint decision making is important with the health and care professional.

We will:

- Use this information to inform the implementation of our plans

- Continue to engage and consult with our public and patients to shape our local plans. We will do this using a variety of methods and existing forums including our existing patient forums such as the Patient Participation Groups
 - Adopt a Coalition for Collaborative Care utilising an Experience Based Design and Codesign approach to designing and transforming our services. Co-production is part of a range of approaches that includes citizen involvement, participation, engagement and consultation. It is a cornerstone of self-care, of person-centred care and of health-coaching approaches.
 - Provide regular feedback to the people of Warrington to show how their views are shaping future services
 - Work closely with colleagues in Cheshire & Merseyside Health and Care Partnership on their engagement plans relating to the Long Term Plan and new care models.
-

7 Our priorities

7.1 Focus on prevention

An underpinning priority of the Warrington Health and Wellbeing Strategy is to ensure all partners have a common understanding of the prevention agenda and a commitment to their role within it. Working collaboratively with a common aim and 'Making Every Contact Count' will help to deliver systematic, sustainable change.

A local Framework for Prevention has been established by the CCG Chief Nurse working with Public Health leads to support the delivery of the prevention challenge.

The Warrington Together Prevention Framework (Appendix 6) which underpins the Warrington Health and Wellbeing Strategy, has been informed by the Cheshire and Merseyside Population Health Framework produced by the C&M Health & Care Partnership Prevention Board, Public Health England (PHE), Warrington Borough Council, NHS Warrington CCG, NHS providers, the voluntary sector and third sector. The Framework seeks

Traditionally efficiencies have been delivered through improved delivery of care, but meeting the current goals of saving lives, reducing morbidity, improving quality, being more cost effective and reducing inequalities requires a new solution and a focus on stemming demand through delaying or preventing the onset of need.

The practical guidelines and approach of the Cheshire and Merseyside Population Health Framework have been utilised in the development of both the Warrington Health and Wellbeing Strategy and the Warrington Prevention Framework, shaping collaborative working on population health with:

- Local system leaders.

- Local communities.
- General Practices or Primary Care Hubs.
- Local tertiary and acute providers.

7.1.1 Screening programmes / Immunisations and vaccinations

Cancer is now the biggest killer in Warrington, recently overtaking CVD for numbers of deaths each year. Long-term trends show that premature cancer death rates locally have been reducing steadily and are in-keeping with the average for England. However, the rate of new cancers in Warrington is slightly higher than the England average. Survival rates for cancer are much better if cancer is caught earlier, and the screening programmes are a vital part of this.

Health and Care systems are required to meet a series of requirements relating to cancer screening expectations, child and adolescent vaccinations and immunisations in addition to the flu and other related immunisation programmes.

To support the delivery of these requirements we will;

- As set out in the Operational Plan for 2019-20, ensure there is capacity to deliver:
 - the additional colposcopies & cancer treatment in readiness for HPV primary screening;
 - treatment of additional bowel cancer cases likely to follow the switch from FOBt to FIT 120ug
- Continue to work with the Cheshire & Mersey Health & Care Partnership to support GP practices to sustain and improve cancer screening uptake. A particular focus is on cervical cancer where uptake is dropping nationally, regionally and locally, and there are significant inequalities, and in preparation for HPV as a primary screen in cervical screening.
- Continue to work with the NHS England / Public Health England Screening and Immunisation team to sustain and improve uptake and coverage of the routine childhood vaccination to achieve WHO targets. This will be to undertake an annual cycle of GP practice visits. These aim to:
 - Improve uptake and coverage across screening and immunisation programmes
 - Reduce and manage unwarranted variation between GP practices
 - Identify best practice and share this across all practices.
- Seek to meet the Cheshire & Merseyside Health & Care Partnership aspiration to deliver a 100% for childhood vaccination and immunisations programmes
- Ensure there are clear arrangements in place to support oversight of the flu programme between October and March every year

7.1.2 Target at risk populations

It is important to target those at greatest risk of disease to provide early detection, intervention and treatment.

Targeting at risk populations can take many forms be that using i) clinical risk markers such as HbA1c, blood pressure, cholesterol measures, multiple medications ii) lifestyle or social markers such as smoking status, alcohol consumption iii) data algorithms using multiple markers to identify those at risk of hospital admission such as risk stratification tools.

We will;

- Provide support to general practices to target at-risk population groups to improve uptake and coverage of the flu vaccination, and have a named flu lead in place
- Undertake targeted work with those practices serving areas with the highest prevalence of risk factors and greatest excess burden of disease to improve the detection and management of clinical risk factors and specific conditions including hypertension, atrial fibrillation, pre-diabetes, COPD, heart disease etc. and improve screening uptake to reduce variation

Diabetes;

- Reduce variation in achievement of the diabetes treatment targets (HbA1c, blood pressure, cholesterol for adults and HbA1c only for children) between GP practices in Warrington through targeted work with practices
- Ensure mechanisms are in place to refer individuals identified with Non-Diabetic Hyperglycaemia to the NHS Diabetes Prevention Programme to support them in reducing risk of Type 2 diabetes. A diabetes Prevention service (education) commenced in Warrington in July 2019 and has been rolled out across all practices during 2019.

Anticipatory Care

- Work with Networks to roll out the multi-disciplinary integrated community care team meeting to deliver the Anticipatory Care specification. Links with the [Integrated Community Team](#)

Anticipatory Care

The NHS Long Term plan sets out the ambition to dissolve the historic divide between primary and community medical services.

One of the seven national service specifications to be introduced through Primary Care Networks is the Anticipatory Care requirements for high need patients typically experiencing several long term conditions jointly with community services.

The Anticipatory care requirements will introduce more proactive and intense care for patients assessed as at high risk of unwarranted health outcomes. Patients identified as having the greatest risk and needs will be offered targeted support for both their physical and mental health needs including dementia and frailty. This will involve a structured programme of proactive care

7.1.3 Promote wellbeing and prevent ill-health

To address lifestyle factors and promote wellbeing we will:

- Work closely with Warrington Borough Council Public Health to encourage and promote awareness among NHS staff about the long-term impact of lifestyles choices, specifically food choices, inactivity, obesity, alcohol and smoking. A primary prevention priority is to upskill a high number of clinical staff to have productive behaviour change interactions with patients.
- Promote and drive appropriate referrals to Warrington Wellbeing to ensure individuals' holistic health and wellbeing needs are considered and the opportunity for meaningful social prescribing is maximised

Smoking;

- ensure that all people admitted to hospital who smoke, including expectant mothers and their partners, will be offered NHS-funded tobacco treatment services. Our local Stop Smoking Service has worked closely with WHHFT staff to ensure all patients are offered the opportunity to quit smoking, concentrating efforts and targeting those from most deprived areas of the borough. The maternity service has a part-time Stop Smoking Midwife who, with the Stop Smoking Service, ensure all pregnant women are CO tested at booking-in appointment with support to quit.
- Support the re-establishment of the Warrington Tobacco Alliance. The Health and Wellbeing Board has supported proposals to re-establish a Tobacco Control Alliance. By Mar 20, the Alliance will develop a comprehensive Tobacco Control Plan aimed at addressing the inequalities that remain in relation to smoking prevalence and tobacco-related harm.
- Ensure a robust approach to achieving a Smokefree NHS (including the hospital estate) this to include both a positive environment and integrated support for people to quit and actively encourage the development of tobacco control champions from partner organisations. work is underway between local Public Health team and senior management at WHHFT to develop an implementation plan for establishing the hospital site as smoke-free for patients, visitors and staff.
- support and help drive the implementation of the CURE model of smoking cessation support in NHS trusts as part of a Prevention Pledge and maximise the Risky behaviours CQUIN

Obesity;

- ensure appropriate referrals into the current Tier 2 community-based weight management service, supporting the monitoring of referrals from primary care following the NHS Health check and annual reviews
- support the identification of these cohorts on GP registers as part of an audit of long term condition management.
- actively support the CQUIN for 2017-19 on healthy NHS premises with all providers, and help to drive forward commitment and action through the Making Every Contact Count programme of work across providers.

Other;

- work with partners to support people who present with drug addictions, whether that be from the illegal market, prescribed pain management dependency or people addicted to drugs bought from a pharmacy or shop. We need to also ensure that appropriate measures are in place to promote the responsible supply and availability of alcohol.

7.2 Reduce health inequalities and unwarranted variation

7.2.1 Both mental health and physical health are promoted and valued

A distinction is often made between 'mind' and 'body', but mental health and physical health should be considered equally and together. Poor physical health can lead to an increased risk of developing mental health problems, including anxiety and depression. Similarly, poor mental health can negatively impact on physical health, leading to an increased risk of long-term conditions.

Promoting positive mental health and wellbeing starts with addressing some of the wider determinants of health. This can include addressing poverty and debt, ensuring there are opportunities to learn and connect with others, and providing access to employment, decent homes, culture and leisure facilities.

Improved integration of mental and physical health services will help ensure that the physical health needs of those living with mental health problems are addressed and that the mental wellbeing of those with physical illnesses is consistently considered.

7.2.1.1 Mental Health Investment

NHS Warrington CCG is committed to enhancing investment in mental health services and has committed to above notified allocation growth for each of the next five years. Such investment will reflect both local and national priorities aligned to the following for each age demographics:

Children and Young People

- i. Enhancing access to the children and young people aged 0-25 to access support via mental health services and school based Mental Health Support Teams;
- ii. Increasing investment in Eating Disorder services to ensure that effective and prompt access to service interventions is available for all 0-25 year olds that require it; and
- iii. Developing age-appropriate crisis services to improve the experience of children and young people and reduce pressures on accident and emergency (A&E) departments, paediatric wards and ambulance services.

Adults

- iv. Enhancing access to the Improving Access to Psychological Therapies (IAPT) services, supporting the needs of adults and older adults with common mental health problems, with a focus on those with long-term conditions;
- v. Improved physical health care, employment support, and support for self-harm and coexisting substance use;
- vi. Expanding specialist perinatal mental health services to enhance access to women to the care they need from preconception to two years after the birth of their baby; and
- vii. Providing better, and more options around, crisis services alongside improved community care for people with serious mental illness. Both CCGs will explore local needs for 24/7 community-based mental health crisis response for adults and older adults to reflect the national direction for this availability across England by 2020/21. This review will extend to the Liaison service offers at local acute care providers to support equitable provision with Mid-Mersey partners and ensuring that client needs are addressed effectively within the appropriate setting.

The CCG will consider options around commissioning at scale across both the Mid-Mersey footprint and Cheshire & Merseyside footprint and sourcing external funding opportunities to pump prime initiatives where possible.

7.2.1.2 Warrington Mental Health Commitments

The Warrington Mental Health Strategy 2019-2021 has recently been finalised (Appendix 7). The Strategy sets out the place-based intentions to improve Mental Health in adults.

7.2.1.3 Suicide Prevention

The Five-Year Forward View for Mental Health set the ambition that the number of people taking their own lives will be reduced by 10% by 2020/21 nationally compared to 2016/17 levels.

Locally Warrington is committed to work to zero suicide in line with the Cheshire & Merseyside Suicide Prevention Board Strategy.

7.2.1.4 Promotion and Prevention

We will;

- Continue to promote and participate in awareness raising of mental health e.g. Time to Change campaign 'In Your Corner', 'Time to Talk', 'Offload' a men's mental health programme developed in collaboration with Warrington Wolves
- To target 'at risk' groups with real time surveillance data to enable responsive wrap around support.
- Provide Access to information and support e.g. 'Happy? OK? Sad?'
- Build mental health skills across health and social care through delivery of 'Connect 5' Training developed by Public health England (PHE) and Health Education England (HEE).
- Promote the use of Warrington Wellbeing service to provide support
- Participation in awareness raising e.g. World Suicide Prevention Day
- Commissioning of Amparo & monitoring of service utilisation to support those bereaved by suicide
- Development and monitoring of the use of 'Staying Alive' app (live Feb 19)

7.2.1.5 Perinatal mental health

To meet the national requirements for perinatal mental health;

- NorthWest Boroughs will continue to work with Cheshire and Mersey Health & Care Partnership (HCP) to deliver the Specialist Perinatal Mental Health pathway
- We will develop local services to meet perinatal mental health needs of new or expecting mothers with less acute presentations.
- We will develop and implement the perinatal offer from Improving Access to Psychological Therapies (IAPT) services

7.2.1.6 Individual Placement Support

- Implement Wave 1 Individual Placement Support worker within the Early Intervention in Psychosis Services.

- Monitor the utilisation of employment support in other North West Boroughs teams.

7.2.1.7 *Employment Advisors in Increasing Access to Psychological Therapies (IAPT) Services*

- The Warrington IAPT service has been selected as a Wave 2 site for the Employment Advisors Project run jointly between the Department for Work and Pensions and the Department of Health and Social Care.
- Implement the project and participate in follow-up evaluations, rolling out recommendations and best practice from participation.

7.2.1.8 *Supported Housing*

- Link to Housing Strategy Priority 2 outlining the importance on health and housing for those aged over 65 and living with dementia [Housing and wider social determinants](#)

7.2.1.9 *Integrated Physical and mental Health Services*

- Talking Matters will continue to expand the increasing access to psychological therapies service (IAPT) offer for people with long-term physical health conditions and medically unexplained symptoms (MUS) to be seen within the Primary Care Networks
- Working as part of the Warrington Together Provider Alliance to ensure that emerging new models of care are fully integrated and provide access to appropriate mental health resource
- Continue to monitor Physical Health interventions through the Commissioning for Quality and Innovation (CQUin) with North West Boroughs, this covers physical health care in in-patient settings, community settings and in Early Intervention in Psychosis Teams.

7.2.1.10 *Personality disorders*

- To monitor, evaluate and iterate as required the Personality Disorder (PD) pathway implemented in 2017 by North West Boroughs Healthcare Trust.
- Development of inpatient psychological input to facilitate treatment in inpatient settings.
- Step 4 Provision delivered through Talking Matters Warrington.

7.2.1.11 *Crisis Care*

- Develop service provision to help people manage their mental health and avoid reaching / relapsing into crisis, including; Park House, Peer Support, and adopting regional tools such as Mental Health 111.
- Foster effective communication and sharing of information between professions e.g. NWAS, Cheshire Police and Health and Social Care Services.

Crisis Resolution Home Treatment

- Develop the CORE fidelity of the Home Treatment Team
- Undertake review of demand and capacity for Crisis Resolution

Psychiatric Liaison

- Continue to monitor the psychiatric liaison service and ensure it meets the needs of the presenting population
- Integrate alcohol worker into team for co-morbid presentations.

7.2.2 Targeted work to improve detection and management of clinical risk factors and reduce unwarranted variation

We need a continued focus on addressing lifestyle related risk-factors such as smoking, harmful drinking and obesity if the gains that have been made, in key areas of health improvement are not lost amidst other priorities. A significant proportion of chronic conditions such as cancer, heart disease and stroke could be prevented with healthier lifestyles. It is really important for individuals to

recognise that making even small lifestyle changes can have a huge impact. All our frontline services can help with that message.

Maternity: The numbers of women in Warrington who breastfeed and the length of time that they breastfeed for are both lower than the national average, and significant variation is linked to socio-economic deprivation. Although smoking in pregnancy rates for Warrington overall are lower than the average for England, the figures are much higher in some areas of the borough.

Alcohol: Warrington has unwarranted variation in care, National data estimates the percentage of adults drinking to unsafe levels in Warrington is in-keeping with the average for England. However, the proportion binge drinking is significantly higher than England. The number of smokers is significantly lower than the national average, but remains high in more deprived areas and in certain population groups.

Cardiovascular Disease and Stroke: Warrington has a higher rate of spend for coronary heart disease (CHD) than similar areas. The rate of deaths from cardiovascular disease (CVD) for people aged 65+ in Warrington are significantly higher than England. High blood pressure can affect 1 in 4 adults, but many are unaware of this 'silent' condition which could be undiagnosed in around 1 in 10 people in Warrington. There is significant variation between GP practices in the management of high blood pressure.

Respiratory disease: Deaths from respiratory disease are significantly high in Warrington compared to England. The percentage of people aged 65+ in Warrington who get their flu jab each winter is lower than the national target of 75%, and has been falling slowly but consistently over recent years.

7.2.3 Unwarranted variation in health care

Health Care Variation

It is well recognised that there are wide variations in healthcare, not just in the NHS but in healthcare systems around the world.

Warranted variation in Health Care

Some of the variation observed is random and occurs by chance, this arises because each patient is different and needs to be cared for as an individual with specific symptoms, characteristics, needs, personal circumstances and values. Whilst some variation is a good thing and to be desired. Acceptable variation may occur due to innovation in treatments or care. In such cases, the degree of variation across the country may appear to be wide initially, as the intervention is taken up by early adopters, but it is likely to decrease as the intervention becomes more widespread and is adopted throughout the health system.

Unwarranted variation in Health Care

Some types of variation can sometimes be unacceptable and harmful for patients, their families and carers, and the health services that support them. Variation that has harmful consequences is known as “unwarranted

Data supplied by NHS Rightcare, which identifies identified unwarranted variation in the use of health services in Warrington compounds the public health intelligence. When compared to similar populations, the Warrington population has **comparably high levels of emergency hospital activity** (admissions and related beddays) for the following areas:

- For those aged 65+ years (related to **frailty**):
 - Injuries due to falls
 - Flu and pneumonia
 - Syncope and collapse
 - Dementia
 - Urinary tract infections
- **Alcohol related admissions** to hospital and in particular hepatobiliary problems (fatty liver) for predominantly, but not exclusively, to those under 65 years of age
- **Complex pain** conditions for pain occurring in the chest (not heart related) and abdomen. Data analysis shows that this is a higher occurrence for adult females.
- **Coronary heart disease (add in)**

System leaders in Warrington have prioritised these clinical areas for action for transformational reform over the next 5 years. Change in these clinical areas will support improvement to outcomes through the introduction of new care pathways and care models, will support joined up and integrated care pathways across providers making best use of our valuable workforce and will support financial sustainability.

We will;

- Prioritise Frailty, Coronary Heart Disease, Complex Pain and Alcohol as the clinical areas for transformational change over the course of this plan. Change programmes for these areas will be established to sustainable service change.
- Prioritise frailty for year one and year two with a whole system response to tackle the issues and establish joined up services across health, social care, the wider service provision and the community to incorporate prevention and proactive care and support. A number of improvements have already commenced e.g. Warrington frailty hub and assessment unit at Warrington Hospital trust but a more comprehensive plan and pathway spanning all sectors will be introduced. This has been identified as the priority for Warrington Together.
- Work with Public Health partners and providers to address inequalities in maternity focussing on stopping smoking, improving breastfeeding uptake and other risk factors including alcohol and drugs.
- Continue at pace to establish a place-based alcohol change programme. Joint work led by Warrington Borough Council and NHS Warrington CCG will be prioritised with local clinical leads identified to champion the work.
- Work with Public Health colleagues and partners to consider the latest recommendation around Alcohol Care Teams, including models of delivery, funding and methodology.
- Introduce a new service in July 2019 to support those people identified as repeatedly attending Accident and Emergency departments. This will be a non-clinical service to case manage and support this group.
- Establish system wide transformational work programmes focussed on complex pain and coronary heart disease and to introduce evidence based optimal care pathways for these patient populations.
- Support and drive forward focussed work on the biggest drivers of the gap in life expectancy. Locally these are circulatory diseases, respiratory diseases and cancer. Work will be targeted to those areas and practices serving those areas with the most risk factors and greatest excess burden of disease to improve the detection and management of clinical risk factors and specific conditions. These include high blood pressure, atrial fibrillation, pre-diabetes, COPD, heart disease. Work will also be done to improve screening uptake.
- Support and help drive forward work and initiatives developed by Cheshire and Merseyside Healthcare Partnership Prevention Board on cross-cutting themes i.e. smoking, obesity, alcohol, screening and immunisation programmes and big killers such as cardiovascular disease, cancer and respiratory diseases.

7.3 Focus on wider determinants of health

7.3.1 A strong economy with local employment

Warrington benefits from a very strong economic position. Nationally we outperform many other areas. We want to continue this growth and enable our residents in the most deprived communities to benefit from the opportunities that this brings. Despite our strong economy, we still have high rates of unemployment in some of our most deprived areas and amongst vulnerable groups.

There is significant economic growth and regeneration in the town, and we need to ensure that all residents benefit from the associated employment opportunities. In regenerating our town, we should always consider, and plan for, community health and wellbeing. Access to a fulfilling, fairly-paid job can and does play a significant role in the health and wellbeing of people of working age.

To reduce social inequalities, Warrington needs a strong local economy driving sustainable economic growth for all people across the town. This includes creating more jobs and better jobs and supporting the sectors that can provide inclusive opportunities for individuals otherwise excluded. It also means tackling debt and addressing health-related worklessness and supporting employers to help staff with poor mental or physical health to stay in work. We need to take a joint approach across the town to creating opportunities for lifelong learning and developing the skills of individuals to meet the needs of local employers.

Warrington Borough Council's Local Plan Core Strategy sets out the ambitions for the borough (Appendix 8). The Local Plan is currently being refreshed.

7.3.2 Air quality

The majority of Warrington has good air quality. However, Warrington Borough Council is committed to reducing the exposure of people in Warrington to poor air quality in order to improve the health and wellbeing of our residents.

The Council's most current Air Quality Action Plan (AQAP) (Appendix 9) outlines the actions they will take to improve air quality in Warrington between 2017 and 2022 detailed as follows;

- **Priority 1:** Reduce traffic volume and improve flows
- **Priority 2:** Reduce emissions from heavy goods vehicles and light goods vehicles
- **Priority 3:** Reduce emissions from bus and public transport including taxis
- **Priority 4:** Reduce exposure for those who are most vulnerable

- **Priority 5:** Ensure that future development is designed to reduce exposure and improve air quality.

Health care services social value commitment will specifically support action to address air pollution in a number of ways, including:

- Supporting and encouraging active travel plans in the NHS for staff, patients and visitors, linking with Warrington Borough Council Active Travel team to seek advice and support and maximise the use of public transport, cycling and walking options.
- Promoting the use of electric vehicles and provide electric charging points at NHS and public and voluntary sector premises. Renew fleet and increase the proportion of electric vehicles.
- Maximising the use of technology, where practical, to reduce the need to travel for face-to-face meetings.
- Setting minimum environmental standards for all businesses that operate from NHS premises.
- Working with NHS Sustainable Development Unit to spread best practice in sustainable development, including improving air quality, plastics and carbon reduction.

7.3.3 Housing and wider social determinants

Where we live, and the homes we live in, have a big impact on our health and wellbeing. People need to have a place they can call home, and as Warrington grows, we must support the development of healthy places and homes with the aim of ensuring that health inequalities are considered and addressed when planning, developing and improving the built environment.

As the borough grows and care settings change, facilities must enable the best care to be provided in the right place. Health and social care organisations need to ensure that there are enough facilities and that they are fit for purpose for those who use them and work in them.

Warrington Borough Council has an established Housing Strategy 2018-2028 (Appendix 10) which sets out the priorities for housing in the borough.

We will:

- Deliver the priorities set out in the Warrington Housing Strategy 2018 – 2028
 - Priority 1 – To provide new sustainable homes in places where people want to live
 - Priority 2 – To help people live at home, improve their independence, health and quality of life
 - Priority 3 – To provide housing advice, information and a preventative service
- Encourage and promote awareness in primary care and other commissioned providers to ensure that frontline staff can recognise, and refer appropriately, when patients or clients need support with financial, social or welfare issues.

7.4 Promote and empower our communities

7.4.1 Resilient and strong communities

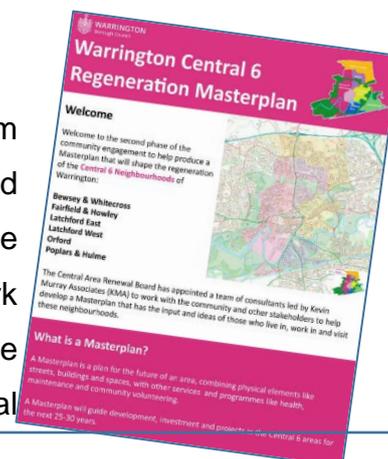
The relationships and resources in communities are the foundations for good health. Warrington has a thriving third sector and established neighbourhood networks. We want to nurture what works well and help the areas that would benefit from further improvement in a way that maintains our unique and proud neighbourhood identities.

There are vulnerable groups and areas of the town which experience worse health. The biggest influencing factor in this is poverty, with some groups and communities more likely than others to suffer the effects of poverty. This includes people with disabilities, people who are out of work or in low-paid or insecure jobs, people in extreme poverty, such as those who are homeless, being particularly vulnerable to poor health outcomes. In the central area of our borough, we have communities experiencing higher levels of deprivation.

It is therefore important that we give more focus to these areas whilst not forgetting those people vulnerable to poor health and social exclusion in our outer wards. People's health outcomes can also depend on specific characteristics such as ethnicity.

Central Area Neighbourhood Renewal Masterplan (CANR)

This is our ambitious project to create a long-term development plan for the central area of Warrington, and achieve our long-term ambition for sustainable change in the most disadvantaged areas of our borough. We will work closely with, and within, the communities of central, to shape the future of the area in terms of both physical and social



7.4.2 Promote self-care and personalised care

We must see a change in the way care is provided, ensuring that our population experience high quality, person-centred services that are timely and effective to enable them to take greater control

over their own health and wellbeing. We need to ensure that the community infrastructure is optimised to support self-care and promote resilience.

Long-term conditions are a major cause of death and disability in Warrington, and account for most of our health and care spending. Cases of cancer, diabetes, respiratory disease, dementia and cardiovascular disease will continue to increase as the population of Warrington grows and ages. There will be a rise in the number of people living with at least two health conditions, and this is most common in our more deprived areas.

We need to ensure that lifestyle interventions are considered and promoted for people diagnosed with long-term conditions. We know that lifestyle changes such as quitting smoking, drinking sensibly or exercising more can significantly improve outcomes in a number of long-term conditions.

People need the right information and resources in order to better manage their own health and access services appropriately. We need to make sure that there is accessible, coordinated information available to make it easier for people to understand what they can do for themselves along with what, where, when and how they can access further support.

We will:

- Work closely with Warrington Borough Council Public Health, Primary Care Networks, third sector and other partners to maximise the social prescribing offer and ensure that the new social prescribing link workers are established as part of primary care network and integrated with the existing local social prescribing offer (Warrington Wellbeing) to support delivery of the Network Contract Direct Enhanced Service (DES) from 2019-20.
- Be mindful of supporting the capacity of the community and third sector in order to ensure that there is enough availability of appropriate social prescribing interventions. Maximising and mainstreaming the social prescribing offer will help ensure that there is capacity to support individuals to access the right service, at the right time. This will be done in accordance with their individual needs and that services work in partnership to achieve the best outcomes.
- Support Primary Care Networks to fully implement the NHS Comprehensive Model for Personalised Care (new contract specification) starting in April 2020 and to be fully implemented by 2023/24. Working on the 6 component elements of;
 - Shared decision making
 - Enabling choice
 - Personalised care and support planning
 - Social prescribing and community-based support
 - Support self-management
 - Personal health budgets and integrated personal budgets
- Continue to promote and utilise My Life Warrington, an online directory of the approximately 1,600 community and voluntary groups based in Warrington. This to be promoted with all providers across Warrington and with the public.

7.4.3 Enhance and promote social value

What is Social Value?

- The good that we can achieve within our communities, related to environmental, economic and social factors;
- Our approach to building capabilities, strengths and assets and enabling people to live a 'valued and dignified life';
- An enabler for the growth of 'Social Innovation' and helps to reduce avoidable inequalities – linked to the Marmot Principles;
- A requirement of the public sector as 'Anchor Organisations' to use their purchasing power to build capabilities, strengths and assets within our communities, ensuring that C&M is a great 'Place' to live and work - Corporate Social Responsibility is the response from Suppliers, Business and Industry.

Taken from Cheshire & Merseyside Health & Care Partnership; Social Value Charter 2019

We will:

- To utilise Experience Based Design and Codesign approach to designing and transforming our services. Co-production is part of a range of approaches that includes citizen involvement, participation, engagement and consultation. It is a cornerstone of self-care, of person-centred care and of health-coaching approaches.
- Co-Production Charter for Special Educational Needs & Disability Publication of Asset-based training delivered to all front-line staff
- We support our GP Practices with their PPGs who are patient volunteers working with the Practice to jointly understand patient feedback, support the practice and patients and improve services. We have developed a PPG Toolkit which aims to support practice and PPGs.
- Continue to promote and support the role of volunteers within the NHS. Good examples of where the volunteers have been introduced both within provider and commissioning.
- Provide support to the wider voluntary sector through the shared principles of the Local Compact. Our Local Compact for promoting a culture of mutual understanding, trust and empowerment between the sectors in Warrington is very important in helping us engage with our patients and members of the public to ensure local people have their say on the services in the borough.

7.5 Reduce reliance on acute hospital care

Population-based, integrated models of care will be developed which meet the needs of local communities and provide services closer to home delivered by multidisciplinary teams. Effective integrated working will help to reduce unplanned care and avoidable hospital admissions. This includes our commitment to ensuring there is better integration between physical and mental health care.

Working through our Warrington Together health and care partnership will help us achieve our vision for seamless service provision.

7.5.1 Progress to date to integrate services in Warrington – new care models



Warrington Together transformation programme has made good progress in introducing new models of care within Warrington, with an aim to reduce reliance on acute hospital care and better integrate health and care services as listed below;

- **Integrated Community Teams - Multi-disciplinary Proactive Care Planning:** Multi-disciplinary team (MDT) meetings involving GPs, district nurses, community matrons, mental health

professionals, social workers and Warrington Wellbeing workers commenced in December 2018 in the Central Warrington neighbourhood.

The MDT proactively review patients identified with frailty and / or high risk of need. Review is undertaken with the patients consent, a case manager allocated, and a personalised care plan put in place. The aim is to slow disease progression and reduce the need for unscheduled acute admissions, achieved by supporting patients to understand and manage their own condition and to case manage patients with long-term conditions in the community.

- **Co-Location of community integrated Teams:** On 17th June, 50 staff from across the health and social care system in Warrington took the first steps in integration as part of the introduction of Integrated Community Teams. District nurses, community matrons, social workers and wellbeing workers are now co-located in Orford Jubilee Park in the first Integrated Community Team for the Warrington Together programme. They will now be working much more closely together to improve and streamline the care that residents in Central Warrington receive; we have already been able to see benefits in terms of improved communication.



Dianne Rudd Community Matron (pictured) said: "Co-location and the start of integrated working have already given me an increased positive outlook on future care delivery and the opportunities we have working together to

Donna Owen, District Nurse Co-ordinator said 'It has been a positive start and has been great to welcome new colleagues to Orford. We look forward to developing our working relationships and enhancing the care that we offer to people across Warrington. '

Donna Owen – District Nurse Co-ordinator Central Integrated Community Team- 'Week 9 of co-location of Integrated Community Team Central- I wouldn't want to go back 9 weeks to work how we previously worked'

Jemma Joynson- Nursing Associate 'The Integrated Community Team has allowed me to work how I was trained to deliver to care to patients'

- **Warrington Frailty Hub:** Following a test of change, a new model of care was implemented in October 2018 to provide enhanced care for frail older people in Warrington. The hub provides a frailty assessment unit (FAU) at Warrington and Halton Hospitals Foundation Trust with access to a comprehensive geriatric assessment (CGA), diagnostics and pharmacy, rapid intervention service and step up/down intermediate care beds. The service includes a multi-disciplinary team (MDT) with multi-agency governance and oversight and incorporates a skill mix of professions. GPs support assessment, care plans and interventions. There is also system-wide education and training in frailty.

We will;

- continue to rollout the multi-disciplinary team meetings and proactive case review across the borough in a staged approach. This service will be adapted as required to meet the Anticipatory Care Directed Enhanced Service (DES). [Link to PCNs](#) [Link to at risk groups](#)
- Roll out of integrated teams across Warrington from the 1st October 2019. The Provider Alliance is exploring the options of 4 potential hubs within which to co-locate core teams. These are proposed as being Orford Jubilee, Great Sankey, Irwell Road and Spencer House.
- Increase the effectiveness of the Frailty Hub, and in particular the Frailty Assessment Unit to increase the patient flow through the unit and reduce time spent in hospital for this patient cohort

7.5.2 Primary Care Networks in Warrington

In March 2019, NHS England and the British Medical Association's General Practitioners Committee agreed a new five-year GP (General Medical Services) contract framework to commence 2019/20. This contract aligned closely with the expectations in the NHS Long Term Plan, and introduced a new Directed Enhanced Service (DES), for the establishment of Primary Care Networks.

Primary Care Networks are an essential building block of every Integrated Care System and under the new Network Contract DES, general practice takes the leading role in every PCN.

Primary Care Networks were established on the 1st July 2019 in England. To support the newly formed PCNs, a centrally funded PCN Development Programme will be implemented and delivered locally.

Five Primary Care Networks have been formed in Warrington as set out in Table 1 below.

Table 1: Primary Care Networks in Warrington at 1st July 2019

CENTRAL & WEST WARRINGTON HEALTHCARE NETWORK Clinical Director: Dr Julian Poulter	CAUSEWAY MEDICAL CENTRE
	DALLAM LANE MEDICAL CENTRE
	ERIC MOORE PARTNERSHIP
	FOLLY LANE MEDICAL CENTRE
	GUARDIAN MEDICAL CENTRE
	PENKETH MEDICAL CENTRE
EAST WARRINGTON NETWORK Clinical Director: Dr Rakhi Raj	BIRCHWOOD MEDICAL CENTRE
	FEARNHEAD CROSS MEDICAL CENTRE
	PADGATE MEDICAL CENTRE
WARRINGTON CENTRAL EAST NETWORK Clinical Director: Dr Mike Northey	COCKHEDGE MEDICAL CENTRE
	FAIRFIELD SURGERY
	GREENBANK SURGERY
	HELSEY STREET MEDICAL CENTRE
	HOLEY LANE SURGERY
	MANCHESTER ROAD MEDICAL CENTRE
WARRINGTON INNOVATION NETWORK Clinical Director: Dr Dan Bunstone	4 SEASONS MEDICAL CENTRE
	CHAPELFORD MEDICAL CENTRE
	CULCHETH MEDICAL CENTRE
	PARKVIEW MEDICAL PRACTICE
	SPRINGFIELDS MEDICAL CENTRE
	WESTBROOK MEDICAL CENTRE
SOUTH WARRINGTON NETWORK Clinical Director: Dr Ash Ahluwalia	BROOKFIELD SURGERY
	LAKESIDE SURGERY
	LATCHFORD MEDICAL CENTRE
	STOCKTON HEATH MEDICAL CENTRE
	STRETTON MEDICAL CENTRE

7.5.3 Investment to boost 'out of hospital care' (community provision)

The NHS Long Term plan stated an additional £1.8bn funding is to be invested nationally by 2023/24 to support the introduction and development of Primary Care Networks and community-based services.

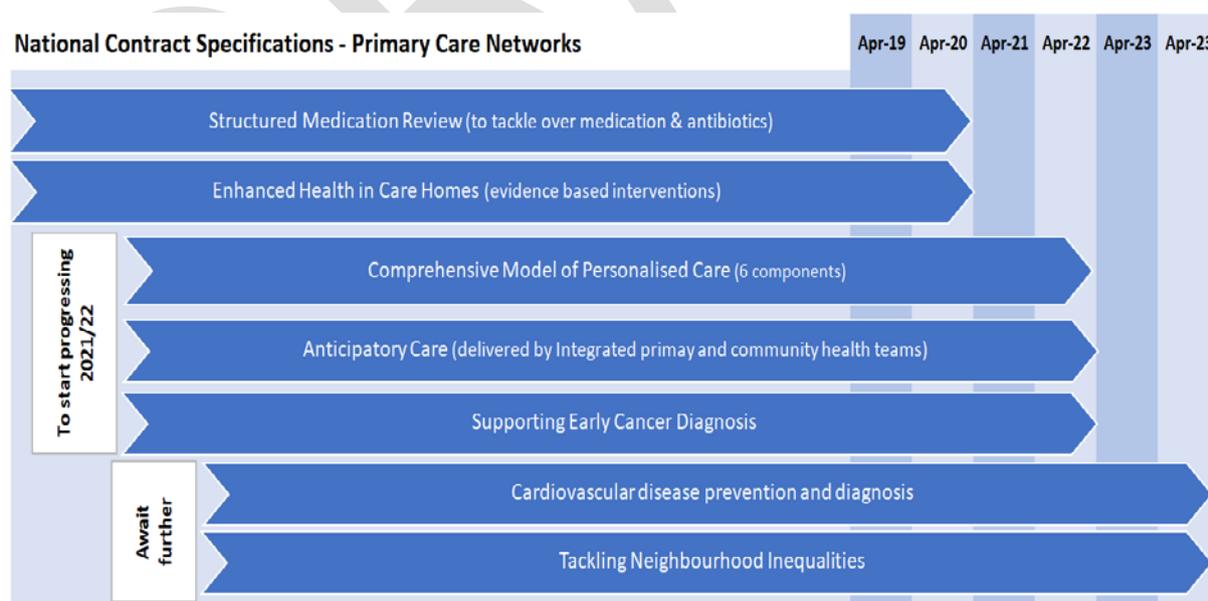
The indicative investment for Primary Care Networks to boost out of hospital care in Warrington is set at £1.47m for 2019-20 for the five Networks.

Table 2: Indicative Investment for 'out of Hospital care'

Payment Details	Amount	Total
1(a) Core PCN Funding (Paid to Network Trustee April to March 2020)	£1.50 per registered patient per year (equating to £0.125 per patient per month)	328,189
1(b) PCN Participation Funding (Paid to individual practices)	£1.761 per weighted population backdated to April 2019	385,678
2. Clinical Director Contribution	£0.514 per registered Patient to cover July 2019 to March 2020 (equating to £0.057 per patient per month)	112,459
3. Staff Reimbursements - Clinical Pharmacist - Social Prescribing link worker	Actual Costs to the maximum amounts per the Five-Year Framework Agreement, paid from July 2019 following employment (Indicative values included)	401,264
4. Extended hours access	£1.099 per registered patient to cover period July 2019 to March 2020 (i.e. equating to £0.122 per patient per month).	240,452
Indicative Network Budgets		1,468,042

The NHS Long Term Plan sets out the delivery expectations of Primary Care Networks, that the investment will bring over the next 5 years. These are detailed in Figure 8 with the expected timelines for implementation.

Figure 8: National Contract Specifications for Primary Care Networks



We will;

- Support our Networks, their clinical directors and constituent practices to achieve the requirements of the National Network DES to maximise both patient satisfaction and outcomes for the population of Warrington.
- Work alongside the networks and Bridgewater Community Healthcare NHS Foundation Trust to develop integrated community-based teams around our Primary Care Networks
- Aim to align our GP practices to care homes in the borough during 2019-20. This will support delivery of the enhanced care in care homes requirement but will be subject to patient choice.
- Work with Cheshire & Merseyside primary Care and population health programmes to align place-based work plan with those of the regional Integrated Care System.
- Work with NHS Warrington CCG to bring together extended hours and extended access hours activity to reduce fragmentation and confusion for practices and patients ensuring that the Networks are in a position to accept the £6/head funding for the Extended Access scheme on or before 31st March 2021.
- Work with NHS Warrington CCG and other primary care partners such as Warrington Health Plus to understand the workforce requirements thus allowing our networks to build up an expanded primary care team.

7.5.4 Redesign and reduce pressure on emergency hospital services (supported by Better Care Funding)

The aim for winter 2019-20 is primarily to meet the capacity deficit and to focus available staff and budgetary resources from iBCF, Winter Pressures and other sources on 3 key service areas:

- (1) Development of Rapid Response element to reduce admission
- (2) Increase in Intermediate Care bed capacity with a focus on step up (from community) beds rather than step down.
- (3) Increase in Intermediate Care at Home capacity with a focus on step up (from community)

XXX – IBCF/BCF

Same Day Emergency Care:

The NHS Long Term plan requires Same Day Emergency Care to be in place for at least 12 hours per day, 7 days a week by September 2019 and to increase the percentage of emergency patients being managed through same day assessment services from one fifth to a third over the next five years. Warrington & Halton Hospitals FT (WHHFT) has a well-established ambulatory medical model which provides same day emergency care. The service operates between 12 & 14 hours per day 7 days per week. In addition the Frailty Assessment Unit went live in 2018 offering SDEC for our arriving frail patients.

To reduce Length of Stay and Delayed Transfer of Care: To meet the national expectations to deliver a 40% reduction in long stay patients / beds from the March 2018 baseline a series of work is underway;

- **Integrated Discharge Team: XXXX what is about XXXX**
-

We will:

- Continue to expand and enhance our offer of Same Day Emergency Care (SDEC). A joint working group is in place and is developing a plan to meet this requirement and increase the use of short stay assessment areas in WHHFT. This will align service changes to contracts and will also explore opportunities for a surgical model.
- **Big ticket items for ibcf – winter plan**
- **IDT – what commitments**
- **intermediate care review**
- Ensure that close engagement with communities helps us to develop the right approach, and this will be key to our success.

7.6 Build capacity and workforce

People are our greatest asset and developing our staff to deliver the care models required in the future is a key enabler for transformation within Warrington. The skill mix and age profiles of the workforce have remained relatively stable over recent years, but it will need to change to reflect and respond to local demand and productivity.

A significant challenge for Warrington, moving forward, is ensuring that the workforce is appropriately skilled and is flexible enough to respond to changes in service delivery, particularly in light of the drive towards community-based services and integrated multi-disciplinary teams.

Considerable work supported by the Warrington Together Workforce & OD enabling group has been undertaken to support the establishment of the first Integrated Community Team and the process to establish teams across the whole of Warrington will now be accelerated.

We will;

- maximise our collective resources and work increasingly, where possible, as one workforce with shared values, principles and common aims. Our new integrated models of care will require multi-disciplinary working across organisational boundaries.
- undertake activities to develop and build a borough-wide understanding of the principles and skills needed to manage adaptive change effectively. As place-based structures are created and lessons learned through a participative change process, these insights will be embedded in a sustained way into the Trust's way of working.

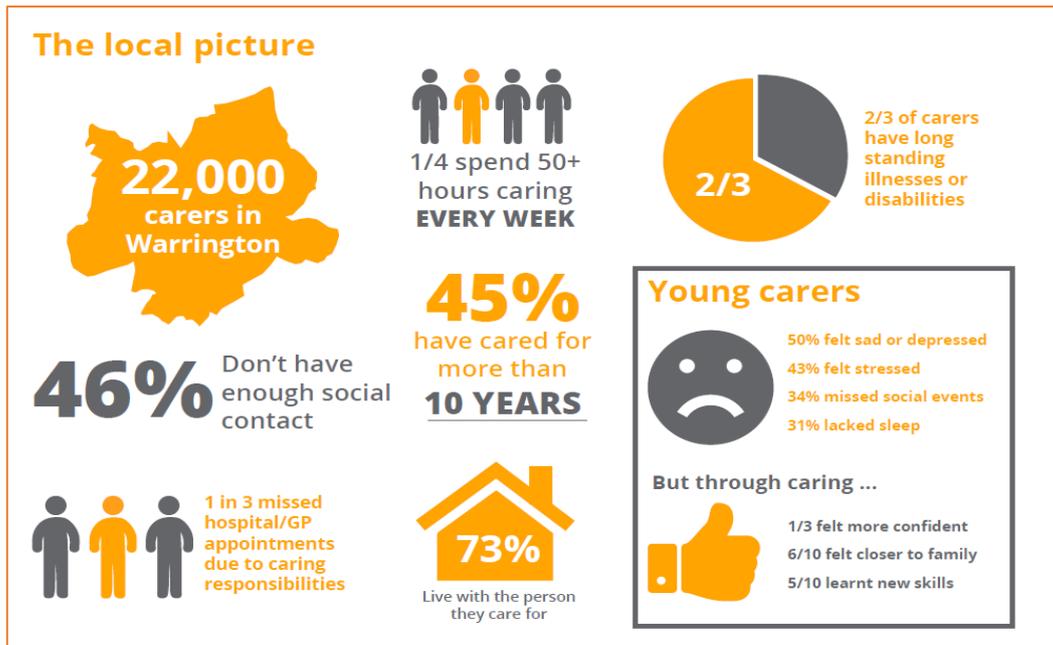
- Develop our leaders to ensure they not only understand their role but are also enabled and empowered to give their best. Future leadership development and talent management will underpin any change initiatives and be clearly aligned with the integration agenda.
- The enabling group also reacts to requests for assistance on any workforce related issues and has a programme of planned activity which is monitored at 6 weekly meetings
- ensure our workforce plans fully harness the potential of the third sector
- Seek to understand and fully utilise our communities' assets and strengths through activities like volunteering to develop a sustainable system that can meet the challenges of the future.
- will work with our trusts, primary care networks and other partners to develop optimal workforce models for the local health system, informed by national work but taking account of local context.
- Will work to increase practice workforce resilience and maximise retention of experienced and effective staff. Through practice collaboration, an IT solution is currently being promoted across General Practice in Warrington. This system (Lantum) will provide a systematic solution to support access to locum practitioners across practices.
- Support practices and Networks to introduce, when available, the agreed Cheshire and Merseyside demand and management support tools which will support practices with demand and workload management
- A clinical skills hub has been established to deliver clinical training and raise skills and consistency of care (policies and procedures) across our private nursing and residential homes. This scheme has been jointly funded through the Improved Better Care Fund.
- Support practices (and Networks) to access funding and training through the Enhanced Training Practice

7.6.1 Identify and support carers

Informal carers are the largest source of care and support in the UK; they have a vital role in the lives of the people they care for and their caring input brings value to the local economy. With a rise in life expectancy and a growth in the population aged 65+ in Warrington, the number of people living with multiple health conditions is expected to increase, resulting in a rise in demand for care and those in a caring role.

Caring can be rewarding and fulfilling, but it can also be challenging and demanding and can have a negative impact on a carer's physical and mental health. Some carers may face financial, social and health disadvantages because of their caring role. The national picture suggests there are around 6.5 million carers in the UK, with 1 in 6 caring for more than one person. In the 2011 Census, more than 21,000 unpaid carers were identified as living in Warrington.

Figure 9: Carers in Warrington; The local Picture



Warrington Borough Council works in partnership with the Carer's Partnership Board to identify and support all family, informal or unpaid carers in Warrington. The Warrington Carers Strategy 2018-2021 (Appendix 11) sets out the local ambition and commitment to carers and describes how Warrington's Carers Partnership Board will support carers of all ages during 2018-2021.

We will

- work to meet the 6 priorities set out in the Carers strategy for action:
 - Priority 1: Support for socially isolated carers
 - Priority 2: Promote physical and mental wellbeing for carers
 - Priority 3: Identify and support carers in primary care and hospital discharge.
 - Priority 4: Support carers to manage their finances
 - Priority 5: identify and support young carers
 - Priority 6: Support family carers of children
- maximise links and working relationships through the carers partnership board and carers centre and will maximise the social prescribing offer for carers.
- embed the Making Every Contact Count philosophy

Warrington Borough Council and NHS Warrington Clinical Commissioning Service jointly commission a service funded through the Better Care Fund (WIRED Carers) to support all carers across Warrington including young carers. This service includes a specific post – GP Liaison and Hospital Discharge Worker, which supports GP Practices to identify carers and offer appropriate support, including ensuring Carers Registers are up to date within the practice.

7.7 Make best use of digital technology

Technology is now a fundamental part of every aspect of our lives. The way we access and share information, interact with each other and use services all rely on technology working well and in a way that suits our lives. We want to help organisations to talk to each other more easily so that people can use technology to find out more about health and social care.

Our aim is to deliver barrier-free health and social care experiences through new ways of data capture, recording and apps integration, secure access and ultimately ownership of one's own record.

In order to achieve the digital ambitions of the NHS Long Term Plan, we will continue to embrace and build upon the emerging national, regional and locality initiatives and workstreams.

Delivering digital within Warrington will be built upon our continued engagement with the Cheshire and Merseyside Health Care Partnership Digit@LL Strategy. This will be a key enabler to allow us to deliver digital change locally whilst delivering efficiencies by collaborating at scale.

7.7.1 Empowering people

Technology can be a key asset for communities. It can help to support local business opportunities, improve educational experiences across all age groups, provide everyone with better ways of communicating with the outside world and offer the opportunity to learn from others. We want to work with partners and the wider community to make sure we are making the best use of the technology that is available to individuals and communities.

We can make better use of data and digital technology, such as improving access to digital tools and patient records for staff. The new NHS App will act as a digital 'front door', providing more convenient access to services and health information for patients. We can make improvements to the planning and delivery of services based on the analysis of patient and population data.

Prevention and early intervention will require effective use of new technology. We will explore how we can use telemedicine and continue to develop our approach to assistive technology to keep people safe and give them rapid access to support. We will use connected home technologies to allow patients with long-term conditions to access their health records, care plans and where they choose share information with the NHS via digital monitoring devices.

Our ambition is to drive forward digitisation focussed on the user need, whilst engaging with our staff and our patients in its development. Digital skills are no longer exclusive to our IT service providers. We are committed to mobilising the skills of our entire workforce and inclusiveness of all our residents to aid our ambition for 'digital first'.

We will;

- implement and develop a local shared care record to ensure professionals directly involved in health and social care have access to the most up-to date information.
- We also want people to have access to, and control over, their personal health and social care records which will be enabled through our Care Record programme. We want to help people take responsibility for self-managing their care, and technology has a role to play in offering easy ways to access advice and information.
- ensure that our local shared care record programme is fully aligned and takes advantage of the Share2Care programme. This is collaboration between Cheshire and Merseyside Health Care Partnership and Healthier Lancashire and South Cumbria to deliver electronic shared health and care records.
- address the need to increase the technical skills of both specialist and non-specialist staff through our aligned workforce plans. Digital transformation will require all staff to make adjustments in how they work.
- support further cohorts of NHS staff to become digital change leaders through the NHS Digital Academy. This will increase capability among senior technology and digital leadership and ensure that by 2021/22, all local NHS organisations will have a Chief Clinical Information Officer or Chief Information Officer on the Board.
- ensure our digital programmes make a direct contribution to the delivery of wider system transformation objectives and specific priorities such as improved cancer care and mental health services.

7.7.2 Digitally-enabled primary and community care

We intend to develop ever more impactful and accessible decision tools and insights for clinicians and patients in pursuit of the right advice, decision and support every time.

We will;

- increase the digital options available to people for their care. These will include, where appropriate, online consultations and digital advice across all health and social care services.
- continue to develop the digital capability available to our GP practices through the GP IT Futures Framework whilst ensuring these systems support our ambitions when redesigning clinical pathways.
- support our health and care professionals by providing them with timely access to the information they require in the location they require it.

- continue to rollout mobile devices for our staff working in the community, visiting people in their own home including care and residential homes.

7.7.3 New ways to support and deliver clinical care (including outpatients)

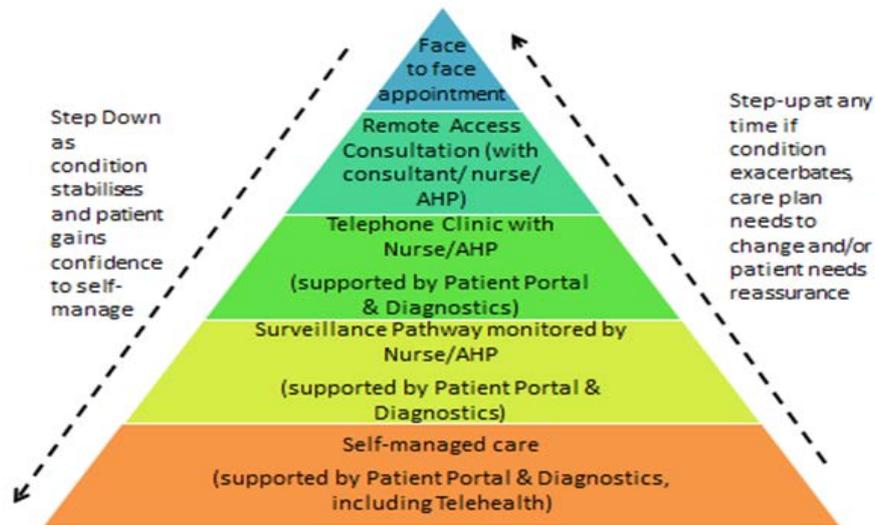
Our ambition to achieve a paperless health and social care system will focus upon optimisation and interoperability of electronic patient records used and to support our staff, patients and carers in embracing digital solutions for seamless but complex health and care services.

Improving clinical efficiency and safety, security and confidentiality, accessibility and availability, accuracy and comprehensiveness are all key facets of outstanding digitised care.

We will;

- ensure that any locally developed or procured services comply with the published open standards, ensuring full interoperability with the national infrastructure and other local services.
- ensure local systems and data are secure through the implementation of security and monitoring systems across the whole estate, the education of all staff, and the design of systems and services to be resilient and recoverable.
- Working with clinical leads and operational leads, redesign outpatient care taking a phased approach to implementation. Over the last 12 months, Warrington and Halton Hospitals NHS Foundation Trust has implemented an improvement programme for outpatients to improve the experience of patients attending appointments and to maximise productivity i.e. reduce missed appointments. The Trust is increasingly utilising alternative methods to face-to-face appointments and has identified three clinics (fracture clinic, diabetes and cardiology) to test new delivery models during 2019-20. The learning will be used to roll out in other clinics.
- Support the Cheshire and Merseyside Health and Care Partnership 'Collaborate on Outpatients' work programme – see Figure 10 below. Which will seek support from the Digital agenda for implementing innovative ways of working to manage secondary care interventions closer to home.

Figure 10: Cheshire and Merseyside Health and Care Partnership Outpatient Model (Cheshire and Merseyside Health and Care Partnership)



8 Our focus

The 'life cycle' approach has been adopted by the Warrington Health and Wellbeing Board. Transformation priorities were agreed for Starting Well, Living Well, Ageing Well and for Strong and Resilient Communities. Commissioners expect this approach to be mirrored in the response from delivery organisations.

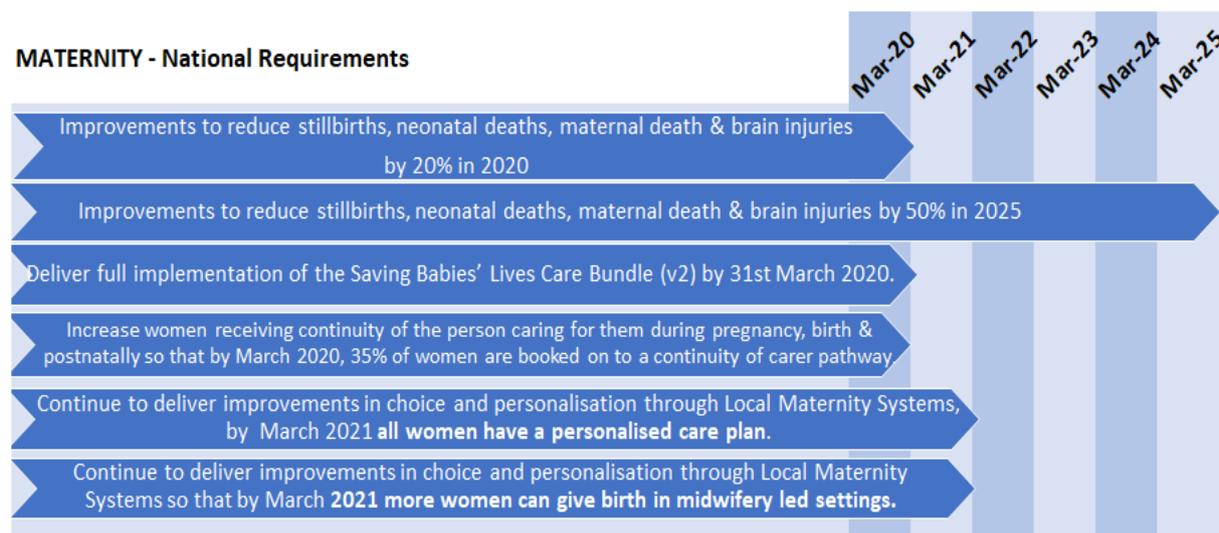
8.1 Starting Well

Analysis of health indicators across the life course shows a mixed picture for children and young people and highlights poorer outcomes for older people in Warrington compared to national averages:

- **Starting Well:** Indicators for children and young people show a slightly mixed picture.
 - The rate of infant deaths is in-keeping with the average for England.
 - Breastfeeding rates are lower than the average for England across Warrington overall and substantially lower in more deprived areas of the borough.
 - The percentage of Warrington mothers smoking during pregnancy is relatively low. However, there are much higher rates in the more deprived populations.
 - Childhood obesity levels have been broadly in-keeping with or lower than the average for England, but the latest data shows rates for 4-5 year-olds are significantly higher than the national average. As childhood obesity is known to have a potential long-term impact on health, this is an important priority area. Over 1 in 4 of 4-5 year-olds and almost 1 in 3 of 10-11 year-olds are classed as overweight or obese.
 - Hospital admissions as a result of self-harm, substance misuse and alcohol-specific conditions for young people are all significantly higher in Warrington than the average for England.

We will meet the requirements set out for maternity in the Long-Term plan as set out in Figure 11 below.

Figure 11: Maternity – National requirements



8.1.1 Children and young people get the best start in life in a child-friendly environment

All evidence supports the long-term value of focusing on children and young people's health and wellbeing outcomes. The best start in life provides important foundations for good health and wellbeing into adulthood and throughout life.

Much work is already going on, and our focus now needs to be on critical areas for improvement. By reviewing trends and data, listening to children and families, and looking at evidence of what makes a positive difference, we have identified four key areas of focus for system-wide priority action. We aspire for Warrington to see a reduction in child obesity and for all children to achieve a healthy balance of diet and exercise. We need co-ordinated action and commitment from all partners to help children and young people to attain a healthy weight.

Maximising opportunities for active travel and active play through our parks and green spaces will help achieve our goal. We particularly need to focus on the variations across the borough, and target early, evidence-based interventions to prevent childhood obesity. This includes improving breastfeeding uptake and encouraging children to travel to school on foot, by scooter or bicycle. Ensuring that our young people are safe and stay safe is fundamental. Reducing exposure to adverse childhood experiences such as neglect, domestic abuse and bullying are key to health and wellbeing.

Our approach will be:

- Wherever possible, on preventing adverse childhood experiences but where children are not safe, we will respond effectively quickly and collaboratively.

Our young people need to feel okay about themselves and their future.

We will:

- Work collaboratively to support promote children and young people's mental health and resilience, and the way they are dealing with the pressures of social media, expectations, friendships and the world.

We want all young people to get the most out of learning. Overall learning outcomes in our borough are good but there is variation linked to such things as socio-economic disadvantage and children with special educational needs and disability (SEND).

We will:

- Concentrate particularly on school readiness and children with SEND and issues related to the transition to adulthood and independence (including work)
- Ensure that the delivery plans to address these priorities reflect the value of a preventative approach, address the significant inequalities and acknowledge the importance of helping young people make a positive transition to adult life.

8.2 Living Well

8.2.1 A focus on major health conditions, cancer, alcohol, mental health, heart disease, stroke, diabetes and complex pain

Chronic conditions; Warrington has a higher rate of spend for Coronary Heart Disease than similar areas. The rate of deaths from Cardiovascular Disease (CVD) for those aged 65 in Warrington are significantly higher than England. High blood pressure can affect one in four adults but many are unaware of this silent condition (one in ten people in Warrington could have undiagnosed hypertension. There is significant variation between practices in the management of high blood pressure.

Cancer is now the biggest killer in Warrington, recently overtaking cardiovascular disease for numbers of deaths each year. Long-term trends show that premature cancer death rates locally have been reducing steadily and are in keeping with the average for England. However, the rate of new cancers in Warrington is slightly higher than the England average. Survival rates for cancer are much

better if cancer is caught earlier and the screening programmes are a vital part of this identification programme.

Deaths due to respiratory disease are significantly high in Warrington when compared to England. The percentage of people in Warrington aged 65 and above who received their flu vaccination is lower than the nationally set target of 75%; there has been a small but consistent downwards trend in the uptake of this vaccination.

Alcohol and smoking; nationally derived estimates for Warrington as a whole suggest that the percentage of Warrington adults drinking to unsafe levels is in keeping with the average for England. However, the proportion binge drinking is significantly higher than England.

Smoking prevalence; is significantly lower than the average for England but has remained high in more deprived areas and amongst certain population groups.

8.3 Ageing Well

Indicators suggest the health of older people in Warrington is worse than the national average.

- Life expectancy at age 65 is significantly lower than the average for England for both men and women. Although rates are falling, deaths in people aged 65+ from the 'major killers' such as CVD and respiratory disease are significantly higher than the average for England.
- As age is a risk factor for many conditions, and given the increasing older population, it is likely that the numbers of people with chronic and long-term conditions will increase substantially over coming years. Identifying people early is key to stopping or slowing disease progression where possible and, for conditions like dementia, enabling appropriate information and support to be provided. The number of recorded dementia cases in Warrington is in-keeping with the national average, but lower than the average for the North West. Data models suggest that there are 2,300 residents with the condition; with around 3 in 4 of these having received a diagnosis. This suggests there may be approximately 600 people with dementia as yet undiagnosed.
- Falling is a cause of distress, pain, injury, loss of confidence, loss of independence and in some cases, death – and people aged 65+ are at the highest risk. Around 1 in 3 people aged 65+, and around 1 in 2 people aged around 80+ fall at least once a year. Each year in Warrington we see around 1,000 fall-related emergency hospital admissions – this is significantly higher than the England average.

8.3.1 That people age well and live healthy fulfilling lives into old age

Our aim for Warrington is to promote healthy ageing and maximise the opportunity for older people to contribute to their community.

We need to recognise and make the most of the strengths of older people, building their role as consumers, investors, volunteers and employees. We need to ensure our built environment, transport, housing and other services enable people to be independent and, where possible, address the practical and financial factors which can limit social inclusion.

There are areas where we know we can improve outcomes and experiences:

- **Falls:** Warrington has one of the highest rates of spend in the country on admissions for injuries in people aged 85+. We are in the top 10% of all CCG areas for spend on injuries to hip and thigh for people aged 85+ and in the top decile and highest of similar CCGs for injuries to elbow and forearm for people aged 65+. The rate of hospital admissions for those aged 65+ due to a hip fracture has increased over the last two years. Most hip fracture injuries in older people are the result of a fall. Warrington has one of the highest rates of emergency admissions due to a fall (aged 65+) out of all local authorities across England.
- **Urinary tract infections (UTIs):** Spend on hospital admissions for unspecified UTI in people aged 75+ is higher than similar CCGs. There is also a high rate of bed days for unspecified UTIs compared to similar areas. Our spend for emergency admissions for flu and pneumonia is also higher than similar areas.
- **Extended hospital stays:** Warrington patients aged 65+ more often spend longer in hospital than for similar areas.

We will:

- Prioritise frailty across the borough to Make Every Contact Count and promote access to wider network of community support. Utilise evidence base to introduce new joined up care pathways to identify and target those at risk, assess, and put in place personalised care/treatment plans for those with frailty.
- Promote the benefits of evidence-based prevention and strength-based exercise and falls reduction with professionals across the system
- Implement pathway changes and new ways of working in line with the national optimal falls pathway to identify, triage, treat and prevent secondary falls. Working closely with communities and non-clinical organisations to support. This will reduce injuries due to falls and related emergency hospital admission.
- Work closely with the Cheshire & Merseyside Health & Care Partnership on initiatives to reduce falls
- Ensure that health and care services are focussed on reducing unnecessary and lengthy stays in hospital, supporting independent living and promoting self-care
- Remain committed to ensuring the quality of these services, recognising the importance of safety, timeliness and effectiveness
- Promote and develop dementia-friendly environments and services
- Support individuals and communities to address the issue of loneliness and isolation

- Raise awareness of the risk factors for dementia and the protective factors to reduce or delay dementia with health and care professionals.
 - Through our system-wide approach to prevention, our frontline staff will promote the evidence-based tips for healthy ageing, which will help reduce the number and impact of falls and minimise the excess death and ill-health during the winter.
-

9 Measuring success

Three critical outcomes will be used to measure success of the place-based plan and these align to the Warrington Health and Wellbeing Strategy:

- To reduce the gap in life expectancy between the most and least deprived communities in the borough
- Increased healthy life expectancy for all
- To achieve financial balance.

A further 20 indicators are used to monitor progress in improving health and wellbeing and are reported to the Health and Wellbeing Board.

Figure 12: Health and Wellbeing Strategy indicators, April 2019

9.1 Commissioning Prospectus Outcomes

In addition, more specific outcome indicators have been agreed to measure progress of integrated care. These have been set out by Commissioners in line with the phased delivery expectations for integration and are set out below. A dashboard is in development to monitor progress and delivery.

Table 3: Integrated Care Outcomes

Period	Outcomes
Year	Frailty
One	<ul style="list-style-type: none">• Increase in the number of people who feel supported to manage their Long Term Conditions

Period	Outcomes
--------	----------

- Reduction in spend on unwarranted variation in hospital-based care and conveyance to hospital
- Reduction in spend on long term nursing and residential care
- Increase in spend on extra care accommodation and time to assess beds
- An increasingly skill mixed workforce which includes expanded use of the voluntary sector
- A model of primary and community care which optimises capacity through the use of technology, different roles and integrated MDTs
- Appropriate and affordable education, health and care
- A pathway to independence and choice

Special educational needs and disability (SEND)

- Reduce delays in identifying and diagnosing children and young people's additional needs
- Improve information about what is available and how to access support
- Increase the availability of local specialist childcare, holiday and education provision
- Ensure support services are provided in a timely way
- Fill the 'gaps' when young people move from children's to adults' services in health, education and employment support
- Reinforce the role of children and young people and parents and carers in the EHC assessment and planning processes
- Ensure all organisations work together effectively to improve the lives of children and young people with SEND and for their families / carers
- Strengthen co-production arrangements for children and young people with SEND and their families / carers so that they can directly influence the shape and delivery of services that make up the SEND 'Local Offer'

Year Two	Child & Adolescent Mental Health, Learning Disability and Adults with Enduring Mental Illness
----------	--

- Taken together, care and support help people live the life they want to the best of their ability
- People are as involved in discussions and decisions about their care, support and treatment as they want to be
- When people move between services or care settings, there is a plan in place for what happens next
- People have access to a range of support that helps them to live the life they want and remain a contributing member of their community
- People have the information, and support to make decisions and choices about their care and support
- Carers feel supported and have a good quality of life
- More young people have fun and a healthy lifestyle
- More young children and young people are safe
- More young people and children achieve their full potential
- More young people achieve career success

10 Making best use of resources

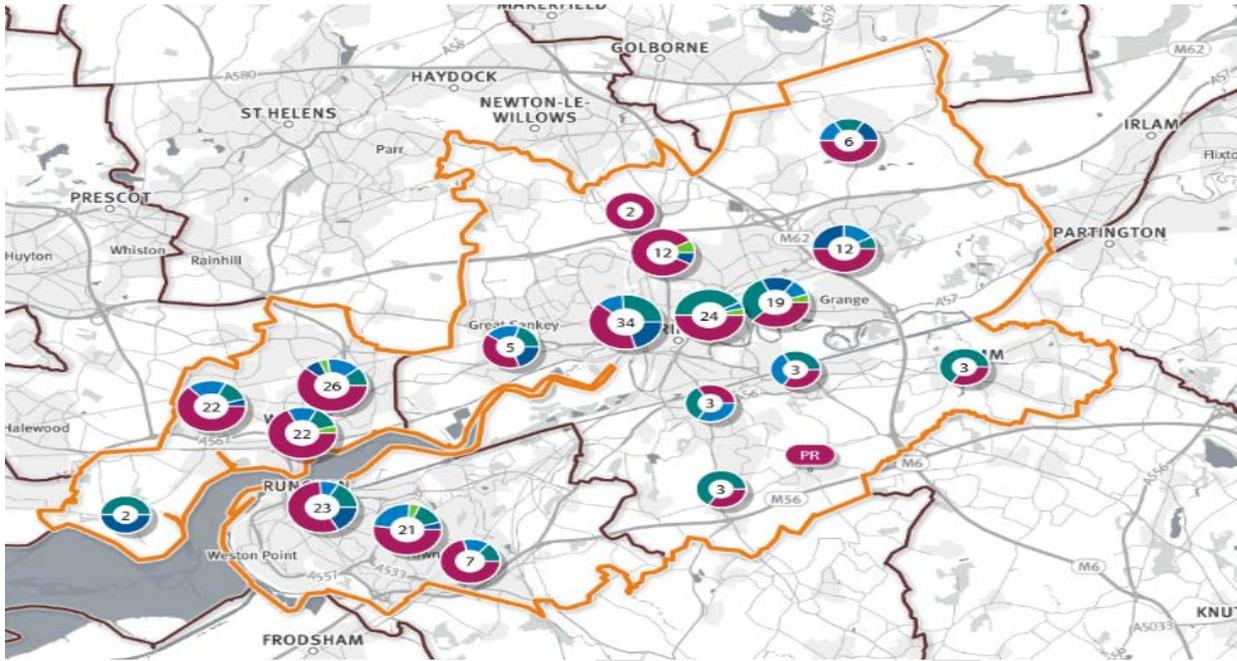
10.1 Capital and estates

Linked to our commitment in the Health and Wellbeing Strategy, we need to ensure that our collective estate (land, buildings and equipment) is used in the most effective way both in the short term and long term. This means making sure that we make best use of our land and property assets now; enabling joint working or finding alternative uses where appropriate.

We will;

- improve the way we use our land, buildings and equipment. This will mean we improve quality and productivity, energy efficiency and dispose of unnecessary land to enable reinvestment while supporting the government's target to build new homes for NHS staff. We will work with all providers to reduce the amount of non-clinical space.
- aim to reduce our carbon footprint by improving energy efficiency through widespread implementation of smart energy management.
- help improve the use of our community facilities, such as libraries and GP practices, by ensuring they are multi-purpose and can support health and wellbeing. We need to make sure our estates support the health and social care transformation and integration agenda and can respond to developing service models.

Figure 13: Map showing location of providers at health facilities across Halton and Warrington CCGs



Some of our buildings and equipment are old and do not meet the demands of a modern health service, even if they were upgraded. Equally, meeting our future aspirations will require our digital capability and diagnostic equipment to be enhanced significantly.

Looking forward, we also need to use what we know about Warrington’s changing needs and demographics to ensure that future estate is planned appropriately and to inform long-term local regeneration plans. This includes working with all partners to help secure commitment for a new, purpose-built, modern hospital which will be flexible and able to support the delivery of new models of care as they evolve.

We will;

- build on the work already completed to review our estates, including refreshing our existing place-based estates strategies.
- ensure our existing place-based strategic estates groups are aligned with the Cheshire and Merseyside Health and Care Partnership estates programme to ensure our estates plans support their clinical and service strategies and include proposals for a pipeline of possible capital investments.
- engage in the reforms to the NHS’ capital regime to ensure that we can access the appropriate capital funding to deliver our local plans. This includes reviewing our primary care premises.
- By reconfiguring and relocating services, we will make the best use of existing estate to reduce unused spaces and increase the use of bookable spaces.

- dispose of old or surplus property wherever possible, and end leases for properties that are no longer required.
- review our office space, and where possible, reduce and rationalise this to improve efficiencies.

10.2 Financial sustainability

Needs some work doing on this still

Public spending in Warrington totals £1.2 billion. As the local commissioning organisations, NHS Warrington Clinical Commissioning Group and Warrington Borough Council collectively spend around £550 million (gross) on health and social care.

The health and social care budgets are challenged. The

There is unlikely to be significant new funding coming into the health and care system. Achieving sustainability will only be through harnessing the redesign potential of delivery organisations, shifting to less resource-intensive solutions and managing demand.

Five Financial Tests – David C

- **Test 1:** The NHS (including providers) will return to financial balance 2023/24:
- **Test 2:** The NHS will achieve cash-releasing productivity growth of at least 1.1% per year
- **Test 3:** The NHS will reduce the growth in demand for care through better integration and prevention
- **Test 4:** The NHS will reduce unjustified variation in performance
- **Test 5:** The NHS will make better use of capital investment and its existing assets to drive transformation.

11 Conclusion

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11.1 Contacts

Name and Role	Email
Dr Andrew Davies, Senior Responsible Officer	Andrewdavies@nhs.uk
Simon Kenton, Programme Director	SKenton@Warrington.gov.uk
Professor Steve Broomhead, Chair, Warrington H&WBB	

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12 Appendices

Ref	Appendix	Weblink / File
1	Warrington Health and Wellbeing Strategy 2019-23	https://www.warrington.gov.uk/info/201104/council-committees-and-meetings/1224/health-and-wellbeing-board
2	Warrington Operational Plan 2019-20	https://www.warringtonccg.nhs.uk/Downloads/About%20Us/WCCG%20Commissioning%20Plan%20201920%20Final%201st%20Draft.pdf
3	Cheshire & Merseyside Health & Care Partnership	

Work

Programme

- 4 Warrington <http://www.warrington.gov.uk/download/downloads/id/22565/health-and-wellbeing-board---30-may-2019-agenda-pack.pdf>
Together

Commissioni

ng

Prospectus

2018-21

- 5 Healthwatch <https://healthwatchwarrington.co.uk/our-research/>

Warrington

'What would
you do?'

- 6 Warrington

Together

Prevention

Framework

- 7 Warrington

Mental

Health

DRAFT

- Strategy
2019-2021
- 8 Warrington <https://www.warrington.gov.uk/info/200564/planning-policy/1903/local-plan>
Borough
Council
Adopted
Local Plan
Core
Strategy
(2014)
- 9 Warrington <https://www.warrington.gov.uk/downloads/file/14548/air-quality-action-plan---draft>
Air Quality
Action Plan
- 10 Warrington <http://www.warrington.gov.uk/download/downloads/id/16542/housing-strategy-2018-28.pdf>
Housing
Strategy
2018-28
- 11 Warrington https://www.warrington.gov.uk/download/downloads/id/5068/carers_strategy.pdf
Carers

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Appendix 2 – Provider Alliance Response to CCG Proposal



Warrington Together
The Gateway Sankey
Street Warrington
WA1 1SR

30 August 2019

Confidential

Dr Andrew Davies
Warrington CCG
Arpley House
110 Birchwood Boulevard
Warrington
WA3 7QH

Dear Andy

Reference AD/SLL dated 19 August 2019

I write further to the holding letter from Warrington Together's Provider Alliance dated 28 August 2019 in connection with the options appraisal relating to NHS Halton CCG and NHS Warrington CCG. Thank you for granting us more time to craft this fuller and, hopefully, more informative response.

The opportunities presented by the challenging times that CCGs face offer a timely chance to improve outcomes for our population and place. On the face of it the proposals do not optimise these opportunities.

The Warrington Together Provider Alliance met on 28 August 2019 and discussed the letter outlining the stated options in detail. We recognise that the CCG is now seeking a response from a variety of interested parties. As I mentioned in our holding letter, the Alliance expressed concern in relation to the timing, lack of transparency and inclusiveness of the process to elicit views. We collectively felt that an important opportunity may have been missed to involve wider audiences and Boards in order to ensure that the resultant option was one deeply rooted in optimising better outcomes for the people and Place of Warrington.

In addition, due to the lack of detail presented, it was difficult to assess the merits of the various options and it was perceived by members of the Alliance – rightly or wrongly – that the letter was heavily weighted to the merger of the CCGs dismissing out of hand the opportunity of working more closely with the Council. This latter option would yield the same benefits as the obviously favoured option proposed and in our opinion merits further consideration. It would be helpful for the Provider Alliance to

understand why aligning with the Local Authority was not considered more favourably.

These comments stemmed from the fact that the vast majority of the discussion at the Provider Alliance concentrated on the functions of the CCG, rather than its form which, unfortunately is the sole focus of the letter. Senior representatives from each member of Warrington Together's Provider Alliance were present and in agreement

– Clinical Directors from Primary Care Networks; Bridgewater Community NHS Foundation Trust, Warrington and Halton NHS Hospital Foundation Trust, North West Boroughs NHS Foundation Trust; Warrington Borough Council (Executive and elected member); Warrington 3rd Sector Health and Social Care Alliance; and Warrington Together.

The group felt that commissioning is already fragmented for our population in Warrington. For example, a child in Warrington needing dentistry, health visiting and paediatric care necessitates the current provider of these services to respond to and assure separate contracts from three separate organisations, respectively NHSE, Public Health England and the CCG. This unnecessary fragmentation forces the diversion of sparse resources away from patient care into fulfilling bureaucratic requirements. It also does not assist in tackling the wider determinants of health which affect that child's development, such as, support to their family from social care and the local voluntary sector, better education, transport and housing, each of which are determined by commissioning held by the Local Authority. The clearly preferred option set out in your letter would do nothing to address this, but there are valid and viable ways to address these issues.

Accordingly, members of the Provider Alliance would prefer to implement a slightly nuanced option building on your shortlisted options one and three. We believe that our option rightly focusses on the future functions of a CCG rather than its form and also yields similar benefits from the preferred option proposed.

In reaching this alternative proposal, we have considered the recently published guidance, *CCGs roles where ICPs are established*, as well as the maturing collaborative arrangements in One Halton and Warrington Together. These factors call for a consolidation of some commissioning functions and 'back-office' resources at Place level, factoring in closer alignment with Local Authorities to ensure enhanced democratic oversight as well as addressing the wider determinants of health through the alignment of social care and public health delivery and commissioning.

Our preferred option would therefore be the separation of the tactical and strategic commissioning functions of the CCGs. We would suggest moving the tactical commissioning roles into the two separate Integrated Care Partnerships, Warrington Together and One Halton and at the same time, whilst preserving the separate statutory entity of the CCGs, moving the delivery of the strategic commissioning function/resource into each Local Authority, thus giving primacy to the place based approach. I note that similar approaches are being implemented elsewhere across the country.

The implementation of this option would enable the majority of "tactical commissioning" (e.g. care pathway redesign, primary care engagement, communication, estates services) to be carried out in the place based provider alliances. In turn, positioning the delivery of "strategic commissioning" through the

resources deployed in each respective Local Authority, will optimise opportunities for more joined up population health solutions to be pursued across other areas of public sector transformation (including complex families, housing and criminal justice) with the responsibility for setting the outcomes for delivery based on the borough's joint Strategic Needs Analysis and NHS National targets. I believe this approach will consolidate hitherto fragmented approaches to the targeting of population cohorts and focus wider resources to improve outcomes- key aspirations of the integration agenda.

Both One Halton's and Warrington Together's Provider Alliance are inclusive and giving these alliance resources to undertake tactical commissioning, directed by strategic commissioning objectives set by each Council and overseen by the NHS at a wider geographic level would deliver the necessary 20% savings, retain the primacy of Place and maintain the integrity of CCG's statutory functions. Indeed, it is not clear how the preferred option will deliver these savings alone, given the fact that some office functions have already been consolidated.

We do realise that the CCG is not required to actively agree to our constructive proposals, but note that models similar to that which we have suggested have been implemented elsewhere and it is very much the desire of NHSE to support CCG configurations which make the best sense for each Place.

I do hope that the CCG will actively and sincerely consider this option as the best way to secure enhance quality, efficiency and better outcomes for the citizens of Warrington and Halton and I invite you to attend the next meeting of the Provider Alliance which is taking place at 13:00 on 25 September 2019, so that the merits of our approach can be fully discussed and understood.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'S Barber', written in a cursive style.

Simon Barber
Chair Warrington Together Provider Alliance

<p>Warrington</p> <p>Health & Wellbeing Board</p> <p>12 September 2019</p> <p>1.30 pm, Council Chamber, Town Hall, Warrington</p>	
Report Title	Starting Well Strategy Thematic Update Report – Living Well
Type of Decision Required	<input type="checkbox"/> Formal Decision as to a Statutory Function <input type="checkbox"/> Non-Statutory Advice, Guidance or Recommendation to Other Body <input checked="" type="checkbox"/> Note or Endorse a Report or Action by Others
Report Purpose	To present the Health and Wellbeing Board with an update on the Starting Well theme of the Health and Wellbeing Strategy
Report author	Thematic Leads: Elaine Bentley and Steve Tatham
Related Health and Wellbeing Strategy Priority	The Starting Well theme consists of priorities 1,5,6,7 and 9 in the Health and Wellbeing strategy.
Confidential or Exempt	This report is not considered to contain information which is confidential or exempt.
Recommendation	<p>The Health and Wellbeing Board is recommended to:</p> <ul style="list-style-type: none"> (i) Receive this first update report, noting key areas of progress and work on-going under the Starting Well theme. (ii) Provide feedback on this initial report and indicate if any changes are required for reporting of future thematic areas.

1. Report purpose

- 1.1 To present the Health and Wellbeing Board with the first update report on the Starting Well theme of the Health and Wellbeing Strategy.

2. Introduction/background

- 2.1 Health and Wellbeing Board agreed that reporting on delivery of the Health and Wellbeing Strategy should be linked to existing mechanisms and governance/oversight structures, and reporting should be as streamlined and simplified as possible, and co-ordinated through the Thematic Leads and JSNA Steering Group.
- 2.2 This is the first annual report of the Starting Well thematic area. This report provides a high-level overview of delivery and progress on key priority areas within the Starting Well theme.

3. Content

- 3.1 The attached update template provides an overview on the range of work that is on-going within the Starting Well theme.
- 3.2 The report also provides an overview of next steps and work planned across the priority areas.

4. Summary and Conclusion

- 4.1 The report summarises the work in progress and planned under the Starting Well thematic area

5. Recommendation

- 5.1 The Health and Wellbeing Board is recommended to:
- (i) Receive this first update report, noting key areas of progress and work on-going under the Starting Well theme.
 - (ii) Provide feedback on this initial report and indicate if any changes are required for reporting of future thematic areas.

6. Background Papers

None.

7. Health and Wellbeing Strategy 2019-23 – Strategic Priorities

Strategic Theme	Strategic Priorities
Strong and Resilient Communities	1: Where communities are strong, well connected, and able to influence decisions that affect them
	2: Where all local people can access and benefit from a strong economy with quality local jobs
	3: Where housing and the wider built environment promote health and healthy choices
	4: Where there are low levels of crime and people feel safe
	5: Where we work together to safeguard the most vulnerable
Starting Well	6: Where children and young people get the best start in life in a child friendly environment
Living Well	7: Where there is a strong, system-wide focus on promoting wellbeing, preventing ill-health and addressing inequalities
	8: Where there is a sustained focus on addressing lifestyle risk factors and protecting health
	9: Where both mental and physical health are promoted and valued equally
	10: Where self-care is supported, with more people managing their own conditions
	11: Where the best care is provided in the right place at the right time
Ageing Well	12: Where people age well and live healthy fulfilling lives into old age
Enabling Priorities	E1: Where we have a valued, well-trained and supported workforce that is fit for the future
	E2: Where the benefits from information and technology are maximised
	E3: Where we invest in the right intelligence to understand our local population
	E4: Where we utilise our collective estate so that it best supports local health and social care need
	E5: Where we get best possible value for our 'Warrington Pound'

Starting Well

Thematic leads: Elaine Bentley (WBC) AND Stephen Tatham (Warrington CCG)

Key Strategic Groups: Early Help Partnership Board, Healthy Weight Strategy Group, SEND review Board/SEND Improvement Steering Group, Children and Young People’s Emotional Health and Wellbeing Board

Priority Theme	Specific sub-theme commitments	Update on Strategy Progress	Next Steps
<p>6: Where children and young people get the best start in life in a child friendly environment</p>	<p>Ensure Children and Young People have a healthy weight</p>	<p>Routine monitoring of children is in place for reception and year 6 via the National Child Measurement programme. In addition, the Health Visiting Service now routinely reviews the weights of all children as part of the mandated 2-2 ½ year developmental review. All staff completing a 2-2 ½ year ASQ have received training and are now assessing all children’s BMI. Those children identified as requiring further intervention are then supported and followed up. This early identification work and education will hopefully help to reduce the numbers of children in reception who are overweight or obese.</p> <p>All year 6 children presenting as overweight / very overweight identified by the National Child Measurement Programme are offered one to one support or the option of attending a healthy lifestyle programme delivered by the Public Health Integrated 0-19 service. If they prefer a one to one option this will include involvement with the whole family and a 12 week healthy lifestyle programme will be implemented and evaluated. This support can also be requested by parents who have concerns about their child’s weight. The 0-19 service will also accept referrals from other professionals working with children e.g. dieticians and schools.</p>	<p>Refresh of the Healthy Weight JSNA and Action Plan to support a whole system approach to obesity with coordinated actions across a range of partners. This will include planning and creating environments that enables healthier food choices and encourages physical activity. It will also seek to maximise opportunities for children and young people to acquire good food and activity habits they will take across their lifetime - working with nurseries, children’s centres, childminders, parents, schools, colleges and youth services to provide high uptake of nutritious food and provide a wide range of appealing activity opportunities for young people.</p> <p>Through the Active Warrington Strategy Group, continue to work together to maximise opportunities to become more active including</p>

		<p>The Active Warrington Strategy group has worked closely with environment and transport colleagues to ensure that opportunities to promote active travel are maximised within the Local Transport Plan 4.</p> <p>The breastfeeding peer support (volunteer) service has been commissioned to support and complement breastfeeding support provided from Midwives, Health Visitors, GPs and other professionals. This service is specifically to provide additional support to those families who are least likely to continue to breastfeed (for example; teenage mothers and mothers from quintile one). Overall, Breastfeeding continuation rates in Warrington improved from 35.3% in Q1 18/19 to 42.8% in Q4. This is now higher than the national average from a position where we have been below the national average for many years. In addition the rates in our most deprived 20% areas improved from 23.4% to 43.0% during the same timeframe.</p>	<p>the utilisation of green spaces for leisure, active travel and sports pitches.</p> <p>Working with the Public Health Enabling Team to create a number of wide ranging prevention messages that describes the long-term impact of poor lifestyle behaviours, particular diets low in fibre and high in sugar and salt. These will then be used across a number of interventions, for example as part of the experience days in the PE membership scheme.</p>
<p>Ensure Children and Young People are safe and stay safe</p>		<p>The Warrington GP's all undertook Domestic abuse training during 18/19. This has resulted in an increased number of referrals to children's services and to the IDVA service for victims and their children.</p> <p>All children who are living in a household where there is Domestic Abuse are flagged on GP records, so, that the child and families GP is fully informed, thus, meaning that the impact on the child can be identified and monitored from a physical and mental health perspective and appropriate intervention can be put in place at a much more timely juncture.</p> <p>Close working with the Early help teams and safeguarding teams at the local authority is crucial in order to get the right service at the right time.</p>	<p>Safeguarding level 2 and 3 training to continue to cover the impact of Adverse Childhood Experiences on Children and Young people.</p> <p>To implement the Graded Care Profile 2 tool (a neglect assessment tool) across the multi-agency partnership.</p> <p>The Designated Doctor for Warrington and Designated Doctor for Halton are planning training for</p>

The GP safeguarding children training for 19/20 has focused on the impact of parental mental ill health including personality disorder on children and young people, raising awareness of the impact of adverse childhood experiences of children and the short- and long-term impact on their health and development.

All safeguarding policies and procedures have been updated in line with the national changes to safeguarding children and the implementation of the Warrington Safeguarding Partnership and the dissolution of the Local safeguarding children Boards.

The Warrington Safeguarding partnership is leading on the implementation of the Graded care Profile2. A tool that is used to assess family situations where neglect is known or suspected and measures the quality of care given to a child by supporting front line practitioners. It will be used across the multi-agency partnership, including to support referrals required to other agencies.

We have secured a Designated Doctor into post, they are working with their community colleagues and updating the child protection medicals protocol and looking at changing the model currently in place to ensure that the experience for the child and family can be the best it can under extremely stressful and difficult circumstances.

Conversations have taken place with the Wave Trust to deliver a one day multi-disciplinary training event on Trauma informed/responsive practice and being ACEs aware. There will also be a bespoke training event for school leaders. Alongside this the early help division will be working with Chester University to deliver a trauma

all hospital based and community-based paediatricians on child protection medicals and the importance and impact of good report writing in relation to keeping children safe. This training will also be delivered to Warrington GP's.

Early Help Division to identify how the ACE's (Adverse Childhood Experiences) toolkit is used in Children's Social Care and consider mirroring the service. The introduction of the Therapeutic Social Workers in Early help will support the development of staff in this area and offer therapy to families where the relationships have broken down due to ACEs.

Family support workforce will continue to follow the Scottish National Framework to become Trauma Skilled Practitioners.

3 trauma informed workshops led by the Wave Trust and Chester University in partnership with early help to embed a shared narrative and approach across practitioners

	<p>informed programme of activity and research to support staff working in Warrington to be ACEs aware in their engagement with children and their families. These developments will be aligned to the roll out of the Graded Care Profile 2 and work taking place on the modelling of a PAUSE approach. A number of Families First workers have been co located in early help supporting families with children in need.</p> <p>A multi-agency early partnership board has been established bringing key professionals together to develop coordinated, effective, evidence based and outcome focused interventions focused on identifying problems early on and supporting families to achieve solutions to keep children safe and in their own homes (where this is the safe thing to do)</p> <p>A review of the Education Safeguarding Line to ensure coherent links with the MASH and early help front door to ensure consistent advice and guidance is given to schools and that the right referrals are being made at the right time to ensure children are kept safe and families are receiving timely interventions Therapeutic social workers have been recruited within early help to work alongside schools to identify issues as early as possible and work alongside school leaders to support children and their families – they will have a key focus on our SEN, FSM and PP children.</p> <p>We are working closely with the Education Endowment Foundation to ensure our most vulnerable children are supported – focusing especially on speech language and communication, early identification in the early years and the role of early help services</p> <p>The youth service has continued to work closely with colleagues in the CSP to support vulnerable young</p>	<p>in Warrington underpinned by an ACEs aware, trauma responsive methodology</p> <p>Review the Education Safeguarding Line linking with the early help front door and broader family support offer</p> <p>Review the success and impact of Operation Encompass</p>
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people at risk of County Lines, CSE, criminal exploitation etc.

Children’s Centres – offer support at level 2 of the Threshold of Need. All staff have received training on ‘Adverse Childhood Experiences’ and the service is ACE aware. All assessments consider ACE’s and aim to reduce trauma experiences by children.

An ACE’s task and finish group is identifying what actions are needed to ensure the service operates through an ACE Lens.

Individual level 2 work is carried out around routines and boundaries with children and parents. The ‘do you feel what I feel’ training has been delivered to all CCSW’s and has been used with children to talk about feelings and how they can express themselves. Evidence based tools are used such as graded care profile and home conditions assessments to identify where support should be focussed.

Child safety week events have been held in the centres and messages are constantly reinforced throughout sessions. Family first aid sessions are held for parents in the children’s centres and sessions with a focus on avoiding choking.

Family Support – Family Support workforce are practicing to a trauma informed standard, in line with the Scottish National Trauma Framework. Family Support Workers are completing safety planning and family plans, safeguarding grid, and risk and resilience tools with families and young people.

Support Children and Young People to get the most out of learning

At Foundation Stage (EYFS), 73.6% of children achieved a Good Level of Development (GLD) in 2019 which is above the 2018 North West average of 68.9% and England average of 71.5%.

The percentage of pupils achieving reading, writing and maths (RWM) combined at the end of KS2 has been historically strong in Warrington and well above average national figures. In 2019, 72.2% of all KS2 pupils achieved RWM combined compared to a national figure of 65%.

In 2018, 67.2% of KS4 pupils achieved Grades 4 or above in English & Maths which is above the North West average of 62.9% and the England average of 64.4%. Also, 46.6% of KS4 pupils achieved Grades 5 or above in English & Maths which is above the North West average of 41.2% and the England average of 43.5%.

In 2019 EYFS, 62.1% of disadvantaged pupils achieved GLD, a gap of 13.5 percentage points compared to all other pupils. The gap has narrowed by 7.7% due to an improvement in the performance of disadvantaged pupils (by 7.3%) and a small decrease in the performance of their non-disadvantaged peers (by 0.5%).

In 2019, 52.7% of disadvantaged pupils achieved RWM combined at KS2, with a gap of 26 percentage points compared to all other pupils. The gap has widened by 4.5% due to a dip in the performance of disadvantaged pupils (by 2.1%) and an increase in the performance of their non-disadvantaged peers (by 2.4%).

At KS4 in 2018, 39.8% of disadvantaged pupils achieved Grades 4 or above in English & Maths which is below the North West and England average for disadvantaged pupils. The achievement gap of 34.7% is also wider than at regional and national level. There is a similar picture for disadvantaged pupils achieving Grades 5 or above in

A 'Closing the Gap' Strategy has been developed to help focus and bring together all of the initiatives being deployed across all services. Evidence-based approaches are being implemented, supported by the Education Endowment Foundation (EEF), to address the following focus areas to improve outcomes for vulnerable children:

- Improving reading
- School workforce CPD programme
- Supporting parents and utilisation of Early Help
- Early years (2-5 year olds)
- Post-16 progression and aspirations

Schools continue to be challenged in relation to their use of exclusions (fixed term and permanent), particularly where these are used with children who have special educational needs or those with any social care involvement. This is to ensure that vulnerable children are not missing out on their education.

English & Maths with only 21.1% which is below the North West and England average for disadvantaged pupils. Again, the achievement gap of 32.3% is also wider than at regional and national level.

Locality clusters – Coffee mornings are being held in two of the three localities (West and South), which are located in the children’s centres and facilitated by School, Family Support, Housing, Mental Health Services and other agencies such as Foodbank, DWP and CAB invited in as requested by attendees.

Portage offer - an educational service for preschool children with additional needs across the town to provide fortnightly home visits for families who have a child identified as having developmental delay in 2 or more areas of 50 % or more. The team develop meaningful participation with parents / carers and children in the assessment and planning process and work towards successful transition into their respective early years provisions. Children’s development is measured in a variety of ways and the team have different assessment tools to meet each of the children’s individual’s abilities, that sometimes standard tracking methods don’t capture because their steps are too large to register what the children are currently doing.

Spend a proportion of their time in a home visit coaching the parents (family focus) ready for the next step. Part of the joint planning with parents involves looking at financial support through the DLA and then leading on from that a possible 2 year place in nursery. If children join Portage from the age of three onwards they are encouraged to start a nursery place and take advantage of the disability access fund (DAF).

Attendance and part-time timetabling arrangements are also a key focus area – ensuring children have access to a full time education and curriculum.

Ensuring all children in Warrington attend a good or better school is a key focus of our school improvement initiatives. An action plan to be developed with Warrington CCG, Public Health and school settings to decide how the bid money should be allocated.

CC – A review of services will take place to ensure the cluster information provided is utilised and sessions are targeted further to reach the most vulnerable families. Further work with schools to help identify younger children who may require early interventions.

Coffee mornings to be established in each locality, with a view to be held in every school attached to a children’s centre.

SENCO – 2 new WBC SENCOs (SEND Coordinators) (Due to start in the autumn term). They will work alongside staff in maintained nurseries and PVI nurseries / pre-schools providing support including modelling good practice,

The Portage team currently have the capacity to provide Portage training. To date there have been over 200 practitioners in Warrington who have attended the course. Parents often join the training sessions which provides an invaluable insight for all parties involved. Recently Early Help staff and foster carers have been amongst the delegates.

SENCO –

- SENCO surgeries, where practitioners can make appointments and gain advice given about children they care for (34 Practitioners have taken advantage of the service in the period Feb to June 2019) setting visits additional to this.
- Telephone mornings (Identified hours of service where practitioners can gain advice)
- SENCO networks – an opportunity for Childcare practitioners to book into sessions where they share the latest good practice and find out about any forthcoming Government and LA initiatives. At the moment Warrington provide extra support for our children with SEND through the pupil premium and the inclusion support.
- SENCO half day training. From April 2018 81 practitioners from across town have been trained and shown how to access Warrington inclusion support (for intensive child support and specialised staff training if needed; i.e. Makaton training for the whole team so that everyone can communicate with the child not just their teacher).
- The delivery of the latest NASEN SENCO Award (Level 3 Cache) to nurseries and pre-schools in Warrington. 21 SENCOs have completed their level 3 SENCO award.

supporting referrals at the right time and early intervention.

NASEN SENCO Award – Aiming to train a further 21 SENCOs. There has already been a positive feedback about the difference it has made in the setting and the early identification for children.

Further settings taking part in sensory integration project

		<p>Enabling 40 settings to take part in a sensory integration project (Funding gained from a bid made to the DfE to support 30 hours send and childcare) which consisted of the nurseries working with a particular child and supporting their needs through a sensory diet with support from a qualified OT. Following on from the initiation of the sensory project 144 practitioners were trained in Sensory integration (June 2018-February 2019)</p>	
<p>Help Children and Young People feel OK about themselves and their future</p>		<p>The Partnership Green Paper Bid for children and young people's mental health in schools was successful. This 3-year programme of work will access to direct and indirect support in school settings through development of the workforce and access to mental health professionals and is due to commence September 2019.</p> <p>All secondary schools have a dedicated school nurse who delivers a weekly health and wellbeing drop-in session. The school nurses are trained to give guidance, advice and emotional support to young people about a range of emotional health and wellbeing, self-esteem, relationship and sexual health issues.</p> <p>The Children and Young People's Mental Health Transformation Plan continues to be refreshed annually with a 2-year action plan underpinning delivery. The new THRIVE lead provider arrangement is now in place and North West Boroughs are working in partnership with Kooth.com and St Josephs' Family Centre to deliver a single point of access to mental health support. This includes supporting multi-agency professional across education and 0-19 services such as School Nursing. This</p>	<p>A steering group has been established to oversee the roll out of the Schools Green Paper funded programme of work and to ensure as a system we achieve the desired outcomes and can provide the assurances required by NHS England in respect to the funding.</p> <p>As a system for 2019/20 onwards our focus will be on the delivery of the latest NHSE planning guidance for Mental Health. This sets out the required transformation and standards up until 2024. IN respect to C&YP the guidance specifically highlights that for 2020/21 systems should focus on:</p> <p>Increasing Access & Reducing Waiting Times - At least 70,000 additional children and young people each year will receive evidence-based treatment – representing an increase in access to NHS-funded community services to meet the needs of at least 35%</p>

Plan is assured through established governance arrangements for Thrive under the single 'Lead Provider' arrangement with North West Boroughs.

Implementation of the THRIVE model (an integrated, person-centred and needs-led approach to delivering mental health services for children, young people and their families) has continued throughout 2019. With a key focus on the delivery of the increase in access and reduced waiting time standards set out by NHSE. The 'Mind Works' drop in sessions continue to be delivered 4 times a week are well used. Current performance is 'Green' and in line with our required improvement trajectory set out by NHSE.

Joint Commissioning arrangements between Warrington CCG and the Primary and Secondary Schools are in place to ensure each school has access to a mental health link worker who can provide direct access to consultation and assessment alongside a structured training programme for education staff.

Warrington, Halton, St Helens, Knowsley and Sefton CCG's have jointly commissioned a 0-18 Eating Disorder Service that is now broadly meeting the requirements set out by NHSE in respect to access and waiting time to Nationally mandated evidence-based interventions and community-based support.

Happy, Ok, sad Website www.happyoksad.org.uk is a mental health site for anyone who lives or works in Warrington. The website has pages aimed at people of different ages, including one for children and young people, with details of support services which they can access themselves, information for frontline workers and parents/carers.

of those with diagnosable mental health conditions

Joint Planning - Joint agency Local Transformation Plans aligned to STP plans are in place and refreshed annually

Crisis Support - Ensure there is a CYP crisis response that meets the needs of under 18-year olds

Eating Disorders - Achieve by 2020/21 target of 95% of children and young people with eating disorders accessing treatment within 1 week for urgent cases and 4 weeks for routine cases

Link here: <https://www.longtermplan.nhs.uk/publication/nhs-mental-health-implementation-plan-2019-20-2023-24/>

Planned work

We will continue to push on with our trajectory of improvement in respect to the access and waiting time targets to ensure we maintain our green status in terms of meeting the required standards.

The Green Paper Bid for work in schools will build on our existing joint commissioning arrangements with Primary and Secondary

The Public Health team continues to deliver the Youth Health Champions programme across Warrington High Schools. A core focus of this programme is around understanding emotional wellbeing, with students trained to recognise how emotional wellbeing and resilience can affect all aspects of a person's health and the protective factors that can help to improve this. Youth Health Champions have then delivered campaigns in their schools to raise awareness of the support that is available locally.

For more information; please see the Children and Young People Emotional Health and Wellbeing, Joint Strategic Needs Assessment (JSNA) 2017.

Schools to ensure we continue to improve access and outcomes for Children and Young People to evidence based interventions and that allied professionals can access training and consultation in respect to mental health issues.

We will continue blend our strategies and plans in respect to Children & Young Peoples Mental Health and SEND (Special Educational Needs and Disabilities) to ensure a coordinated response to need and better outcomes for some of our vulnerable young people. We also begin to explore how we can begin to meet the aspirations of NHSE and the SEND agenda to broaden the age range of service to 0-25 years to support transition to adulthood.

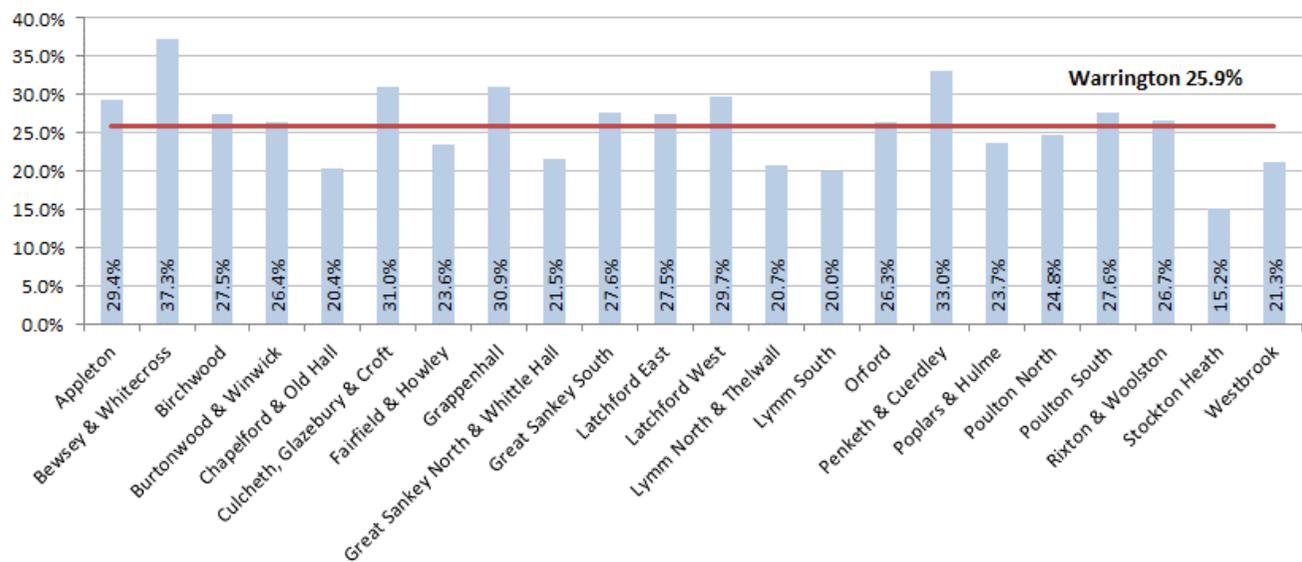
Through a single service specification Warrington CCG in collaboration with neighbouring CCG's will integrate the 3-current elements C&YP Mental Health Crisis Support into a single coherent offer that supports the needs of children and young people alongside the requirements of the NHSE across the community and urgent care settings.

Cascade any training and further learning undertaken by staff.

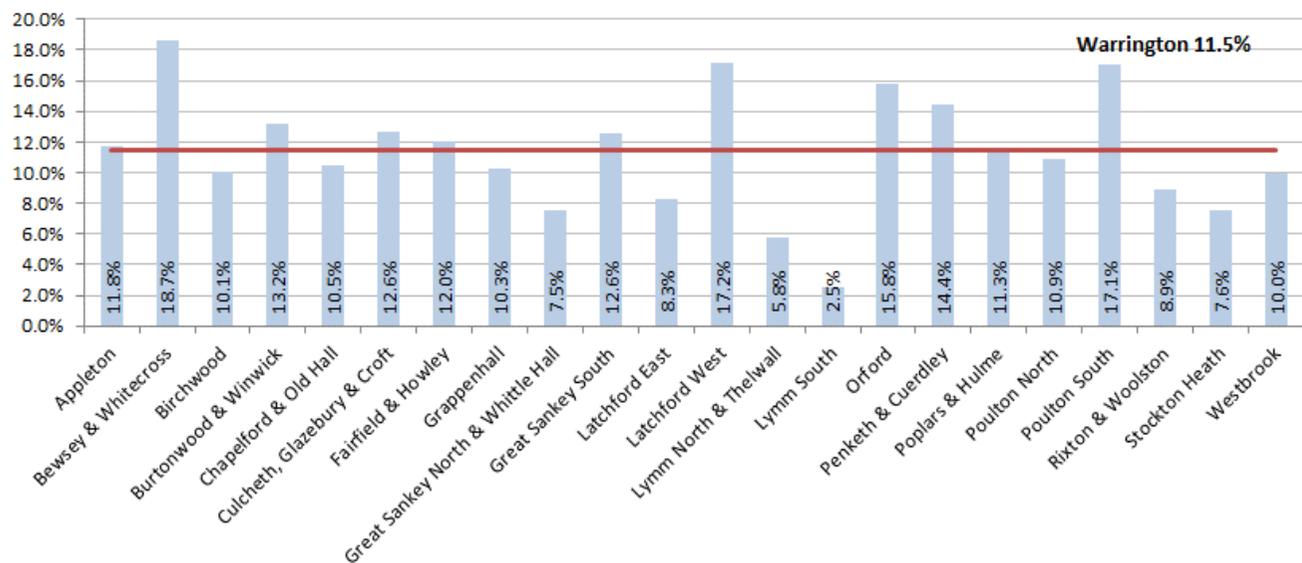
Family Support – Mental Health Champions from each division in each cluster. This is helping to build links with key agencies and practitioners such as Adult Mental Health, CAMHS, and Wakefield House.

Ensure Children and Young People have a healthy weight (Charts taken from Warrington Borough Council Ward Profiles 2018)

Percentage of overweight/obese Reception Children By Ward, 2017/18

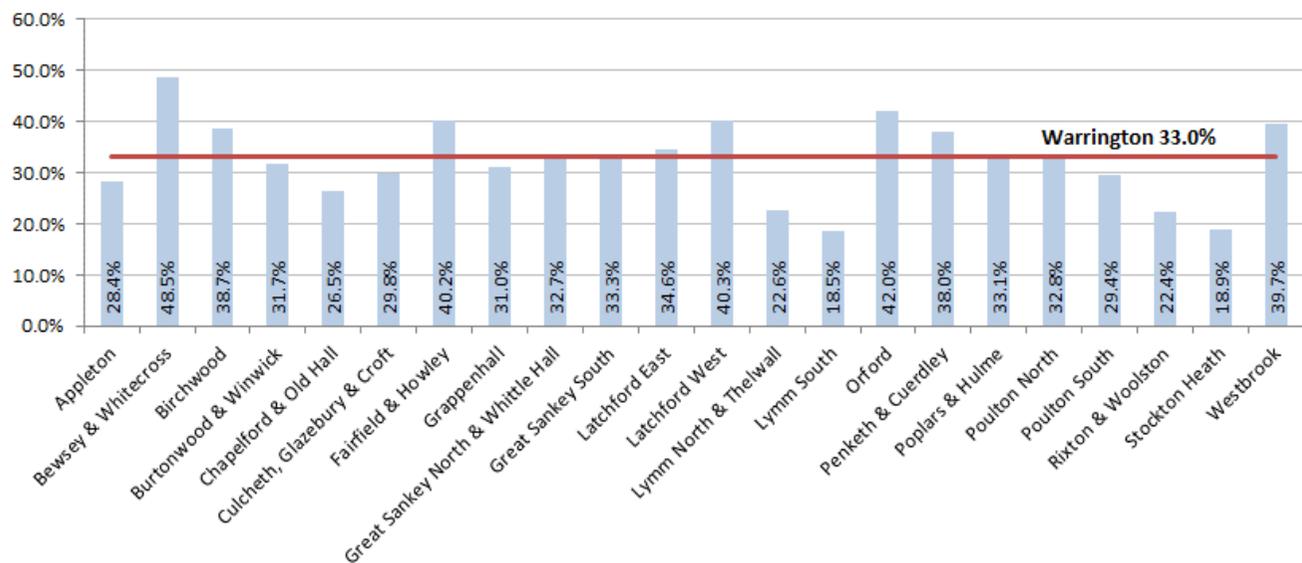


Percentage of obese Reception Children By Ward, 2017/18

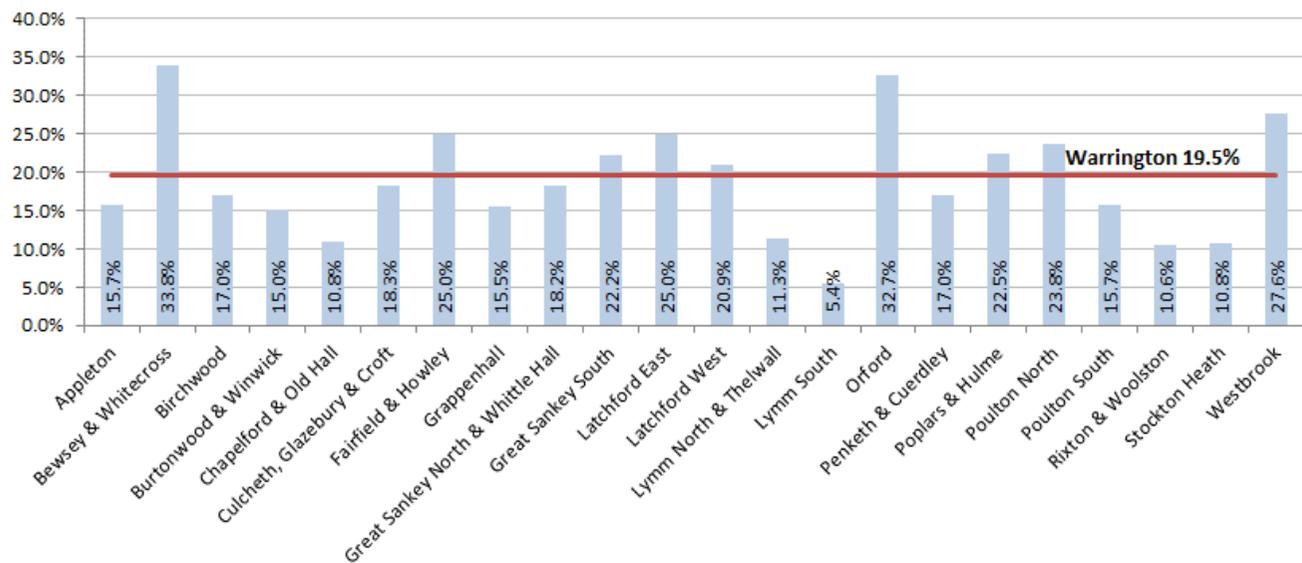


Ensure Children and Young People have a healthy weight (Charts taken from Warrington Borough Council Ward Profiles 2018)

Percentage of overweight/obese Year 6 Children By Ward, 2017/18



Percentage of obese Year 6 Children By Ward, 2017/18



<p>Warrington</p> <p>Health & Wellbeing Board</p> <p>12 September 2019</p> <p>1.30 pm, Council Chamber, Town Hall, Warrington</p>	
Report Title	Health and Wellbeing Strategy Thematic Update Report – Living Well
Type of Decision Required	<input type="checkbox"/> Formal Decision as to a Statutory Function <input type="checkbox"/> Non-Statutory Advice, Guidance or Recommendation to Other Body <input checked="" type="checkbox"/> Note or Endorse a Report or Action by Others
Report Purpose	To present the Health and Wellbeing Board with an update on the Living Well theme of the Health and Wellbeing Strategy
Report author	Thematic Leads: Tracy Flute, Dave Bradburn, (Warrington BC) Carl Marsh and Dot Finnerty (Warrington CCG)
Related Health and Wellbeing Strategy Priority	The Living Well theme consists of priorities <i>7,8,9,10 and 11</i> in the Health and Wellbeing strategy.
Confidential or Exempt	This report is not considered to contain information which is confidential or exempt.
Recommendation	<p>The Health and Wellbeing Board is recommended to:</p> <ul style="list-style-type: none"> (i) Receive this first update report, noting key areas of progress and work on-going under the Living Well theme. (ii) Provide feedback on this initial report and indicate if any changes are required for reporting of future thematic areas.

1. Report purpose

- 1.1 To present the Health and Wellbeing Board with the first update report on the Living Well theme of the Health and Wellbeing Strategy.

2. Introduction/background

- 2.1 Health and Wellbeing Board agreed that reporting on delivery of the Health and Wellbeing Strategy should be linked to existing mechanisms and governance/oversight structures, and reporting should be as streamlined and simplified as possible, and co-ordinated through the Thematic Leads and JSNA Steering Group.
- 2.2 This is the first annual report of the Living Well thematic area. This report provides a high-level overview of delivery and progress on key priority areas within the Living Well theme.

3. Content

- 3.1 The attached update template provides an overview on the range of work that is on-going within the Living Well theme.
- 3.2 The report also provides an overview of next steps and work planned across the priority areas.

4. Summary and Conclusion

- 4.1 The report summarises the work in progress and planned under the Living Well thematic area

5. Recommendation

- 5.1 The Health and Wellbeing Board is recommended to:
- (iii) Receive this first update report, noting key areas of progress and work on-going under the Living Well theme.
 - (iv) Provide feedback on this initial report and indicate if any changes are required for reporting of future thematic areas.

6. Background Papers

None

7. Health and Wellbeing Strategy 2019-23 – Strategic Priorities

Strategic Theme	Strategic Priorities
Strong and Resilient Communities	1: Where communities are strong, well connected, and able to influence decisions that affect them
	2: Where all local people can access and benefit from a strong economy with quality local jobs
	3: Where housing and the wider built environment promote health and healthy choices
	4: Where there are low levels of crime and people feel safe
	5: Where we work together to safeguard the most vulnerable
Starting Well	6: Where children and young people get the best start in life in a child friendly environment
Living Well	7: Where there is a strong, system-wide focus on promoting wellbeing, preventing ill-health and addressing inequalities
	8: Where there is a sustained focus on addressing lifestyle risk factors and protecting health
	9: Where both mental and physical health are promoted and valued equally
	10: Where self-care is supported, with more people managing their own conditions
	11: Where the best care is provided in the right place at the right time
Ageing Well	12: Where people age well and live healthy fulfilling lives into old age
Enabling Priorities	E1: Where we have a valued, well-trained and supported workforce that is fit for the future
	E2: Where the benefits from information and technology are maximised
	E3: Where we invest in the right intelligence to understand our local population
	E4: Where we utilise our collective estate so that it best supports local health and social care need
	E5: Where we get best possible value for our 'Warrington Pound'

Health and Wellbeing Strategy thematic update report 2019/20

Living Well

Thematic leads: Carl Marsh (Warrington CCG), Dot Finnerty (Warrington CCG), Tracy Flute (WBC) and Dave Bradburn (WBC)

Key Strategic Groups: Health and Wellbeing Board, Mental Health Prevention and Promotion Partnership, Early Help Strategy Group, Healthy Weight Strategy Group, Active Warrington Strategy Group, Strategic Drug and Alcohol Action Team, Tobacco Control Strategy Group, Health Protection Forum, Warrington CCG and Collaborative Clusters, Warrington Together Provider Alliance, Integrated Commissioning Transformation Board, Health and Wellbeing partner organisations,

Priority Theme	Specific sub-theme commitments	Review of activities/achievements over the previous 12 months	Actions to be taken over the coming 12 months
7: There is a strong, system-wide focus on promoting wellbeing, preventing ill-health and addressing inequalities	Foster a common understanding across all partners of the prevention agenda	Much work has been on-going through the Prevention Workstream of Warrington Together to ensure that there is a common understanding of prevention across all partners, and work is underway to ensure that the prevention agenda is an integral component of Long-Term Condition management in Primary Care.	Further work is needed to embed prevention into clinical agendas, and to encourage the new Integrated Community Teams need to incorporate prevention as standard practice. Work across all partners is needed to fully embrace MECC at all levels and escalate efforts to embed prevention as core component. Creation of Primary Care networks offers the potential for new ways of working with local GP's and establishing a more preventive approach in practices. Initial priority is to work collaboratively to create a coordinated sustainable
	Systematically embed prevention at all levels		
	Detect ill-health and risk factors and intervene early with evidence-based interventions	Work is in progress to promote systematic referral to sources of non-clinical support through social prescribing and community connecting roles, aligned with wider approaches to community	
	Ensure our collective workforce knows that prevention is everyone's business and we 'Make Every Contact Count'		

	<p>Secure whole system commitment to upstream interventions to address the wider determinants of health</p>	<p>capacity building and stronger partnerships with voluntary organisations</p> <p>Public Health have created a number of briefings, training sessions and resources that encompass a broad prevention messages across the life course. These resources support a wide range of professionals and the public to understand the impact of poor lifestyle behaviours on long-term health outcomes.</p> <p>Additional resources available for Making Every Contact Count through Cheshire & Merseyside Public Health Collaborative (CHaMPs), which is helping to further maximise impact locally.</p> <p>Sector-Led Improvement work across Cheshire & Merseyside being led and informed by work in Warrington on addressing health inequalities and the focus of the WBC Internal Audit on Health Inequalities.</p>	<p>approach to social prescribing across Warrington, ensuring that the new funding for PCN social prescribing link workers compliments and builds on our existing resource. Further priorities will include dementia prevention programmes and trialling group lifestyle advice in practice.</p> <p>Funding secured from British Heart Foundation via CHaMPs to roll-out a second stage of CVD prevention programme, commencing October 2019. Programme focussed mainly on workplaces, and improving the health of local workforces. Programme of work includes the location of a Health Kiosk in local businesses and Blood Pressure Champion training offer to workplaces.</p> <p>Scoping of potential for Warrington to become a Marmot Friendly City.</p> <p>Taking forward recommendations from the WBC audit on Health Inequalities and sharing the approach with partners.</p> <p>Working with Primary Care to identify and address unwarranted</p>
	<p>Ensure that health and wellbeing is in all policies and social value is maximised</p>		

<p>8: Where there is a sustained focus on addressing lifestyle risk factors and protecting health</p>			variation in detection and primary management of those at risk of conditions such as diabetes and hypertension.
	Ensure opportunities to deliver evidence-based interventions around a healthy diet are delivered consistently across the life course	Range of work on-going to promote and embed evidence based interventions to support a healthy diet, including work with schools to address diet and nutrition through the summer holidays, and development of interactive sessions for children to illustrate how foods in high fat, sugar and salt can clog-up a healthy system. Work also to reflect national evidence of need, in particular the risks associated with a poor diet and inactivity even if a person is not overweight.	Refresh of the Healthy Weight JSNA and Action Plan to support a whole system approach to obesity and coordinated actions across a range of partners. Work with Primary Care to further encourage provision of advice and brief interventions on lifestyle risk factors.
	Ensure the built environment, our policies, infrastructure and services support people of all ages to be physically active and maintain a healthy weight	Development and promotion of a 'Walking in Warrington' e-booklet.	Through the Active Warrington Strategy Group continue to work together to maximise opportunities to become more active including the utilisation of green spaces for leisure, active travel and sports pitches
	Ensure we work together to reduce the harm caused by alcohol and substance misuse, and use appropriate measures to promote the responsible supply and availability of alcohol	Refresh of the JSNA Chapter on alcohol to inform the new Alcohol Harm Reduction Strategy. Approval for the formation of a new Tobacco Control Alliance, which will work to address the recommendations made by the PHE CLEAR assessors, and foster greater accountability of all partners. Work on-going with hospital to deliver on the national CQUIN related to risky	Establishment of the new Tobacco Control Alliance and consultation and finalisation on the new local Tobacco Control Plan. Development of a refreshed Substance Misuse Strategy. Public Health will continue to work with Livewire to create a

<p>9: Where both mental and physical health are promoted and valued equally</p>	<p>Ensure continued sustained focus on addressing entrenched smoking, and on denormalising smoking</p>	<p>behaviours and alcohol and tobacco screening. A range of cancer prevention work is ongoing across partners including WBC Public Health, CCG, NHSE and CRUK.</p>	<p>Smokefree service that targets those most vulnerable to tobacco harm and minimising the risks to non-smokers. Potential additional funding for extension of the CURE smoking project (currently Royal Liverpool), and opportunity to deliver inpatient smoking cessation. This would further support the work currently ongoing with WHHFT to develop plans to progress and enhance smokefree work in the local hospital.</p>
	<p>Ensure adequate plans are in place to protect the health of the local population and encourage uptake of screening and immunisation programmes</p>	<p>Appointment of a Cancer Screening Co-ordinator at the CCG has improved capacity to work with GP practices to improve cervical screening uptake, promotion for Breast Cancer awareness month and on-going promotion of Be Clear on Cancer messages.</p> <p>Warrington Health Protection Forum continues to have oversight of all partners' plans to protect population health, including screening an immunisation programmes, infection control and emergency preparedness. A full annual report prepared by the HPF to update and provide assurance to Health and Wellbeing Board.</p>	<p>A comprehensive JSNA chapter for Cancer has been developed and will be out consultation through September before being finalised in November.</p> <p>Multi-agency seasonal flu plan updated for 2019/20 to focus on key target groups based.</p>
	<p>Promote positive mental health and wellbeing and address wider determinants of health</p>	<p>New mental health strategy has been developed for Warrington within which prevention remains a key strand.</p>	<p>Implementation of the Warrington Time to Change Hub. Time to Change is a social movement which supports people with lived experience to champion mental health within their communities and deliver community activities. The Time to Change Hub</p>
	<p>Ensure that our services address the needs of the individual as a whole</p>		

<p>10: Where self-care is supported, with more people managing their own conditions</p>			<p>will build on existing mental health and wellbeing promotion work through the voice of people with lived experience.</p>
	<p>Enable people to take greater control over their own health and wellbeing</p>	<p>Work has been on-going to develop and mobilise a new High Intensity User (HIU) pilot programme. The service aims to reduce A&E activity and unplanned hospital admissions amongst ‘high-intensity’ users: patients who often have a range of underlying issues including anxiety, depression, isolation and loneliness, alcohol and drug problems and self-harming. The service uses the holistic approach of the Warrington Wellbeing model to offer personalised community coaching and proactive targeting to support individuals to effectively manage and address underlying issues.</p> <p>The Public Health funded Lifestyles contract with Livewire enables people to achieve and maintain a healthy weight, become more active in their daily life and quit smoking.</p> <p>Effective partnership working between Public Health , Livewire and ‘Ingeus’ who are the national local providers of the National Diabetes Prevention Programme (NDPP), has ensured that there will be an</p>	<p>The HIU pilot will be evaluated after 6 months to assess effectiveness and feasibility for further rollout.</p>
	<p>Ensure that lifestyle interventions are considered and promoted for people diagnosed with long-term conditions</p>		<p>Use the learning from the evaluation of the first two years of Warrington Wellbeing service to inform future development and commissioning of services that support people to take greater control over their own health and wellbeing.</p>
	<p>Ensure that there is accessible, coordinated information available to support self-care</p>		<p>Review the model for the delivery of the NHS Health Check programme to ensure maximum effectiveness in terms of the opportunity for preventative interventions around lifestyle and behavioural risk factors.</p>

<p>11: Where the best care is provided in the right place at the right time</p>		<p>ongoing support function for people referred into the NDPP programme.</p> <p>On-going awareness raising to promote self-care and social prescribing throughout primary care for all patients including those with mental health conditions long term conditions.</p>	
	<p>Ensure that health and care services are effective and efficient</p>	<p>Development of a comprehensive dashboard to monitor effectiveness and quality of provision in Primary Care, alongside the ongoing contract review and management processes with secondary care providers helps ensure quality provision of care.</p> <p>Work has been on-going to integrate health, mental health and social care services, and develop effective multidisciplinary and multisector team approach to working together to improve population health, with promotion of this MDT approach for patients with complex needs.</p>	<p>Development and delivery of the Warrington Long-Term Plan which draws on the Health and Wellbeing Strategy and sets out the vision for improving population health over the next 5 years.</p>
	<p>Integrate care to ensure we have a single approach to using resources and to improving health outcomes</p>		
	<p>Coordinate the work that GPs, community services and hospital in order to better meet the needs of our population</p>		
	<p>Ensure there is better integration between physical and mental health care</p>		

Additional Key Documents: Separate Health Protection Annual Assurance Report

HEALTH AND WELLBEING BOARD WORK PROGRAMME 2019/20

12th September 2019				
REPORT DEADLINE –2nd September 2019				
Issue	Methodology, Details, Purpose	Lead Officer(s)	Further Action(s)	Committee coding
Update on Flu vaccination and flu-pandemic related issues: Reflection on success of the process during winter 2018/19	To be included in the Health Protection Annual Update report (see email from Tracy Flute dated 16/8/19)	Muna Abdel Aziz / Tracy Flute	<i>Moved from 30 May 2019 meeting to September Board meeting – see email from Tracy Flute dated 7/5/19</i>	
Living Well	H&WB Strategy thematic update	Carl Marsh/Dave Bradburn/Dot Finnerty/Tracy Flute		
Starting Well	H&WB Strategy thematic update	Elaine Bentley/Steve Tatham		
Warrington Together – Programme Director’s Update report	See updates from reference groups	Simon Kenton		
Integrated Commissioning and Transformation Board Programme – annual report	See updates from reference groups and also email from S Peddie/S Kenton dated 17/7/19	S Peddie/C Marsh	Advised at July 2019 meeting	
Child Death Overview Panel (CDPO) New Arrangements	As per request at 30/5/19 and email dated 23/8/19 from J Harrison	S Peddie	September 2019	
Joint Working Arrangements across Halton and Warrington – position to date	As per email request from S Broomhead – letter from Dr Andrew Davies	Dr A Davies/S Broomhead		
BCH and WHH Collaboration Update	As per email request from S Broomhead dated 16/8/19	C Scales/S Broomhead		

Possible Future Work Programme Items			
Issue	Rationale	Anticipated Timescale	
Standing Agenda Items	Written Updates from Reference Groups: (A) Integrated Commissioning and Transformation Board (B) Provider Alliance - Warrington Together – Programme Director’s reports (C) Health and Wellbeing Strategy Progress Update		
	<i>New Hospital - written update to be added as a standing item for each meeting going forward</i>		Updated at 18/7/19 meeting
Report from Healthwatch	<i>Regular report to be scheduled every 6 months</i>	July 2019/January 2020	
Alcohol Harm Reduction Strategy		tbc	
CQC Inspection 26-29 March 2019	<i>Lucy Gardner - From 28 March HWB meeting</i>	July 2019 – subsequently moved to September 2019	
Warrington Care Record Strategic Appraisal	<i>Phill James – from 28 March HWB meeting</i>	July 2019 – subsequently moved to September 2019 and subsequently moved to November 2019.	
Update on Flu vaccination and flu-pandemic related issues: Reflection on success of the process during winter 2018/19	<i>As per discussion at meeting on 31st May 2018 Moved from 30 May 2019 meeting to September Board meeting – see email from Tracy Flute dated 7/5/19 -To be included in the Health Protection Annual Update report (see email from Tracy Flute dated 16/8/19)</i>	September 2019	
JSNA Programme	<i>Annual report – see email from Tracy Flute dated 7/5/19</i>	May 2020	
Starting Well	<i>H&WB Strategy thematic update – lead officers – lead officers – Elaine Bentley/Steve Tatham</i>	July 2019 then subsequently moved to September 2019 (email from T Flute dated 28/6/19 refers)	
Living Well	<i>H&WB Strategy thematic update – lead officers Carl Marsh/Dave Bradburn/Dot Finnerty/Tracy Flute</i>	September 2019	

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Ageing Well	<i>H&WB Strategy thematic update – lead officers Sara Garrett/Rick Howell</i>	November 2019	
WSAB/SCB ½ yearly report	<i>As per 30 May 2019 meeting – lead officer to be advised (see email dated 11/07/19).</i>	November 2019	
Strong and Resilient Communities	<i>H&WB Strategy thematic update – lead officers Chris Skinkis/Nick Armstrong</i>	January 2020	
Enablers	<i>H&WB Strategy thematic update – lead officer Nick Armstrong</i>	March 2020	
Impact of transition to Warrington Safeguarding Partnership on the Child Death Overview Panel	<i>As per request at 30 May 2019 meeting</i>	September 2019	
Warrington Together: New proposed arrangements for the delivery of a partnership to deliver integrated health and social care services in Warrington	As per request at 30 May 2019 meeting (Minute HWB12).	July 2019	
Draft Health and Wellbeing Board Annual Report 2018-19.	S Kenton - As requested by Chair (see email)	TBC	
Best Value Decision making in light of NHS long-term plan	As per email from Simon Kenton dated 26/6/19	TBD	
Public Health Annual Report	As per email from Tracy Flute dated 27/6/19)	July 2019	
Refresh of Primary Care Strategy 2019-	As per email request from Professor Steven Broomhead dated 9/7/19	July 2019	

Updated 3 September 2019

2022 - consultation			
Primary Care Strategy 2019-2022	As per July 2019 Board meeting and as per email from Marie-Ann Hunter dated 10 July 2019	November 2019	
BCF Plan 2019/20	As per email sent by Amanda Lewis on 2/8/19 – requirement for HWB to sign-off prior to submission to NHS England on 27/9/19	September 2019 – subsequently moved to November 2019	
BCH and WHH Collaboration Update	As per email request from S Broomhead dated 16/8/19	September 2019	
Joint Working Arrangements across Halton and Warrington – position to date	As per email request from S Broomhead – letter from Dr Andrew Davies	September 2019	
Revised Terms of Reference	To update Health and Wellbeing Board Terms of Reference to include reference to governance arrangements for the Child Death Overview Panel (CDOP). Email from S Peddie dated 30/8/19 refers.	November 2019	