



To: **Members of the Warrington Health and Wellbeing Board** Professor Steven Broomhead MBE  
Chief Executive

Town Hall  
Sankey Street  
Warrington  
WA1 1UH

4 November 2020

**Meeting of the Warrington Health and Wellbeing Board, Thursday, 12 November 2020 at 12.30pm**

**Venue - This meeting will take place remotely in accordance with the Coronavirus Act 2020 - Section 78**

**Members of the public can view this meeting by visiting [www.warrington.gov.uk/committees](http://www.warrington.gov.uk/committees)**

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## **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.

Page No.

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**

Page. 5

To confirm the minutes of the meeting of the Board held on 10 September 2020 as a correct record.

4. **Covid Update**  
Verbal report from Professor Steven Broomhead MBE
5. **Children and Young People Health Profile** Page. 17  
Updated Children and Young People Report commissioned by the Intell Network and delivered by Liverpool John Moores University – Presented by Janet Ubido
6. **Updates from Reference Groups**
- (A) **Integrated Commissioning and Transformation Board - Update** Page. 5  
Verbal report of Cath Jones, Director of Adult Services, Warrington Borough Council
- (B) (i) **Warrington Together**  
Verbal report of Simon Kenton, Programme Director, Warrington Together
7. **Initial Evaluation of NHS 111 First requested by Cheshire and Merseyside Health and Care Partnership** Page. 37  
Report of Simon Kenton, Programme Director, Warrington Together
8. **Integrated Care System** Page 41  
Report of Simon Kenton, Programme Director, Warrington Together
9. **Work Programme** Page 47  
To keep under review the Board’s Work Programme
10. **Future Meetings**  
All on a Thursday at 1.30pm:  
21 January 2021  
25 March 2021

## **Part 2**

Items of a “confidential or other special nature” during which it is likely that the meeting will not be open to the public and press as there would be a disclosure of exempt information as defined in Section 100I of the Local Government Act 1972.

Page No.

11. **Strategic Outline Case and Overarching Cases Warrington / Halton Hospital**

Report of Project Manager, Warrington Hospital.

## Membership:

Chairman: Professor Steven Broomhead

### Warrington Borough Council

Leader of WBC

Deputy Leader and Cabinet Member, Corporate Resources

Cabinet Member, Statutory Health and Adult Social Care

Cabinet Member, Housing, Public Health and Well-being

Cabinet Member, Children's Services

Opposition Spokesperson

Amanda Amesbury, Director, Children's Social Care

Cath Jones, Director, Adult Social Care

Paula Worthington, Director, Education and Early Help

Thara Raj, Director of Public Health

### Standing Invitee (Not Member of the Board)

Cllr P Wright, Chair of Health Scrutiny Committee /

Cllr P Warburton, Deputy Chair of Health Scrutiny Committee

### NHS Warrington Clinical Commissioning Group

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

Ian Watson, Chair, 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

Simon Constable, Chief Executive, Warrington and Halton Hospitals NHS Trust

Vacancy, NHS England, Merseyside, Cheshire, Warrington and Wirral, Area Team

Richard Strachan, Independent Chair Warrington Safeguarding Children Board

David Cummins/Dave Thompson, Warrington Health and Social Care Voluntary sector alliance

*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

Dr Dan Bunstone, Clinical Directors, PCNs

**WARRINGTON HEALTH AND WELLBEING BOARD  
10 September 2020**

**Present:-**

Professor S Broomhead (Chair), Councillor R Knowles, Councillor M McLaughlin, Councillor I Marks, A Amesbury, C Jones, C Marsh, S Kenton, S Cullen, S Constable, E Hutchinson, Dr D Bunstone, L Carter, L Gardner, T Raj, Dr A Davies

**Also in Attendance:**

Cllr P Warburton

**HWB84 Apologies**

Apologies for absence were received from Cllr P Wright, Cllr M Smith, Cllr C Mitchell, M Larking, R M Dales, M Cleworth, J McLuckie, and M Austin.

**HWB85 Declarations of Interest**

There were no declarations of interest submitted at this meeting.

**HWB86 Minutes**

Resolved – That the minutes of the meeting of the Board held on 16 July 2020 be received as a correct record and be signed by the Chairman.

**HWB87 Introduction to Thara Raj – Director Public Health**

Thara Raj, Director of Public Health took up her role in August 2020 and brings with her 30 years of experience working across the public health sector in a number of areas including the Midlands, Yorkshire and London working at both regional and national level.

Thara explained that she has an eye for doing things differently and with Warrington being a town committed to achieving growth and stability whilst tackling inequalities she was looking forward to working in the town. In addition to supporting the town through the current pandemic, there are also a number of other areas that would be a priority for focus including, inequality issues, mental health and ensuring educational outcomes keep improving.

The Chair welcomed Thara to her new position on behalf of the Board.

**HWB88 Updates from Reference Groups**

**(A) Integrated Commissioning and Transformation Board**

It was reported that the Integrated Commissioning and Transformation Board

### Agenda Item 3

has been working well together throughout the pandemic having a joined up approach to prioritising and allocating work and financial resources to meet the main objectives of keeping vulnerable residents safe and well at home and keeping the flow through hospital and acute services to enable access to be available to those most vulnerable requiring services.

The Integrated Commissioning and Transformation Board is now concentrating on 'Reset' and phase 2 of Covid planning with the Better Care Fund Steering Group feeding in to the decisions made by the board. A lot of joint work and funding decisions are made here and over recent months some areas of work had been paused to enable services to focus on the pandemic response however, the scheme evaluations have been resumed, terms of reference have been refreshed and work has also resumed on Section 75 Agreements. In addition, a pilot scheme called 'The Good Neighbour Scheme' has been introduced which has come off the back of the tremendous work that was undertaken by the Safe and Well Team over the past few months and has a focus on reducing isolation and minimising the impact of isolation. The board will also continue to fund work with the British Red Cross to provide support for people at home over the next 6 months.

It was reported that a focus is now on the priority of investment areas agreed by the Better Care Fund that were developed in 2019/ 20, which included Developing Integrated Rapid Response Service, Redesign Intermediate Tier Services (Bed Based and Community Based) and Enhanced Reablement Support in the Community. It had been agreed that going forward there would be one finance work stream with standard reporting requirements that would feed in to the ICTB that will provide financial oversight and direction of the Better Care Fund, IBCF and Warrington Together budgets. This will help to streamline the governance arrangements across the System and assist with directing work to the ICTB where there is mature partnership working in place.

National guidance and requirements for 'Discharge to Access' has been published and going forward arrangements will be put in place to support people out of hospital and provide assessments in a timely manner out of an acute environment.

An update was also provided regarding the Winter Plan which has now been published and assured by regulators. This plan includes the provision of NHS 111 First which has been supported by the ICTB and being part of the pilot for its use.

Resolved;

That the update of from the Integrated Commissioning and Transformation Board be noted.

**(B) (i) Warrington Together – Delivery Reimagined, Team Reflections and Suggestions**

The Board received a report that detailed proposals on changes to Warrington Together governance and remit which included;

- As Warrington Together has a single vision it is preferable to have a single forum consisting of commissioners and providers chaired by an elected member;
- Consolidating Warrington Together programmes of work with Transformation and Sustainability programmes
- Moving to a single programme team

It was reported that COVID – 19 has brought us all closer together as organisations even as we have sheltered and distanced as individuals. Technology has provided the opportunity for more contact and conversation, rapidly sharing ideas, and views. This has allowed solutions to be sourced without friction or being overburdened by process to convey knowledge and arrive at agreement.

To that end officers from organisations got together to consider how to capture the benefits off this new working pattern and approach. Conversations highlighted infrastructural problems with current governance arrangements which have historically inhibited progress. The Board was informed that the report makes recommendation to simplify governance arrangements underpinning Warrington Together’s work, whilst providing the necessary assurances, public accountability and embedding the new.

In addition it was reported that there will be a national drive to streamline CCG arrangements by 2022 with one CCG covering Cheshire and Merseyside providing joint decision making facilities which will result in having a strong Warrington offer around the ICTB that will become part of the Place based decision making body.

Resolved;

That the Board agreed to support the proposals as set out in the Warrington Together Delivery Reimagined, Team Reflections and Suggestions document and that details of the overall changes to structure of CCG’s and resources covering Cheshire & Merseyside to be provided at a future meeting of the Board.

**(ii) Warrington Together – Cheshire and Merseyside’s Covid 19 System Plan Phase 3 Response**

The Board received a report from the Programme Director of Warrington Together that detailed Cheshire and Merseyside’s Covid-19 System Plan

Phase 3 Response. This was a draft submission to the system via the Cheshire and Merseyside Health & Care Partnership, with final submissions required by 21<sup>st</sup> September.

Post COVID 19 it was reported that there would be a need for individual citizens, communities, voluntary groups, local authorities and NHS commissioners and providers across Warrington to continue to work together. Lessons learnt throughout the current pandemic do not want to be wasted and it was highlighted that Warrington Together want to come back better and part of this journey will be 'Restoration and Recovery'. It was summed up that, when through the current crisis, evaluation will be undertaken to agree what changes can be made and can continue to areas that have worked well. What was also made clear was that things should not simply go back to how they were before and a commitment to recognise to take long-term advantage of all of the enormous energy, innovation, ideas, and solutions that have been introduced in recent weeks recognising that often "necessity is the mother of invention".

It was proposed that there will be three stages to Restoration and Recovery:

- Manage the immediate issues – which is the current phase
- Restore – bring back essential services that may have reduced and ensure that patients are confident to engage with the NHS; and
- Recovery – address the backlog of need that has accrued. Developing our new ways of working; and consolidating the additional capacity created by the use of digital solutions, enduring that NHS and social care continue working collaboratively.

Some of the innovations introduced since lock down include:

- Moving significant parts of business from a largely buildings- and desk-based operation to virtual and cloud-based
- Replacing staff face-to-face meetings with online and digital
- Introducing digital consultations between service users and clinicians
- Equipping scores of teams with the most up-to-date laptops and mobile devices to facilitate federated working
- Significantly reducing our carbon footprint through slashing the number of car journeys needed to get our people to work; and
- Introducing enhanced service user risk assessment processes to ensure we maximise the effectiveness of our service offer.

Undertaking all of the above has been a massive undertaking and has provided the opportunity to really 'think big' about what can be achieved when combining common purpose, confidence with determination. It was reported that there is a need to be aware that coming out of the current situation and returning to a "new business as usual" will not be without significant risk.

Warrington Together is a vision for the future of care in Warrington and now

needs to be consolidated, post COVID, with transformational schemes and sustainability plans for the system. Each programme has prevention, collaboration, and strength-based community resilience at the core. Programme aims and outcomes, are expressed and delivered at a Primary Care Network/Integrated Care Team/Neighbourhood level. Some services and initiatives necessitate delivery at a scale across a larger geographical footprints for example, at a Mid-Mersey level and some on a Cheshire and Merseyside footprint.

These are challenging times, therefore, attention is focused on protecting and supporting our public service staff's mental, emotional, and physical wellbeing. In terms of bringing the NHS back to business as usual, the plan will enable acute, community, mental health, and primary care to return safely to normality and will encourage communities to equitably access health care services, screening and vaccinations to promote and maintain wellbeing whilst also ensuring that we diagnose and treat illnesses in a timely way. Warrington is using the experience of the pandemic to accelerate plans for integration of services such as those providing health visiting, safeguarding, allied therapies, pharmacy, long terms condition optimisation and wellbeing.

The approach to working towards the new normal, restoration and recovery will include:

- Supporting care homes to manage residents' health and through innovation, collaboration, adoption of technology, responsive support and sharing of resources
- Testing, Tracing and Containment - By implementing the Government's new tracing and isolation plans to prevent a second wave of infection
- Protecting Children - By continuing our work to promote resilience through our schools programmes and community whilst also safeguarding their mental and physical wellbeing
- Building additional capacity - Ensuring NHS and care services can cope with the inevitable surge in demand. Managing profiled capacity in line with urgency and priorities informed by local need and national priority.

Resolved;

That the Board endorsed and noted the content of the report.

#### **HWB89 Living Well – H & WB Strategy Thematic Update**

The Board received an update regarding the Living Well theme of the Health and Wellbeing Strategy, which focused on keys areas including;

- Systematically embed prevention at all levels
- Sustained focus on reducing risk factors
- Ensuring Mental Health is supported with a focus on middle aged men to improve quality of life and reduce numbers needing crisis care

- Ensuring Self-care is supported
- Right Care at the Right Time with Rapid Community Response Service providing 2 hour rapid response and up to 72 hours of reablement

It was also reported that changes to health care appointments – such as GP appointments – had had to take place due to Covid restrictions, with appointments now taking place in a different way, often over the telephone and work was being undertaken to ensure GP's and patients were comfortable participating in this way.

In terms of future areas of work to focus on, due to the pandemic there had been a decrease in the number of referrals to the Tobacco Control Alliance due to other areas of work taking priority. However, there has been opportunity to increase the number of smoke free areas outside of restaurants and bars which has enabled further protection for non-smokers to be introduced in public areas. Work has also been undertaken at hospitals in regards to smoke free processes for those patients admitted to hospital who smoke, being provided with support to stop smoking.

The local plan for flu vaccination has been developed and will include two additional cohorts - year 7 children and adults aged 50 to 64 years. The National target for all groups to be vaccinated is 75%. It was highlighted that the programme is vaccine dependant with vulnerable and at risk residents being given priority for vaccines.

Resolved;

That the update report be noted.

#### **HWB90 COVID 19 – Situational Awareness**

The Board received a report from the Director of Public Health that provided an overview of the latest position in relation to COVID-19 in Warrington. It was highlighted that the situation was fluid and details of the report were correct at the time of writing.

It was reported that Leadership of Warrington's response during the Covid-19 pandemic has been strong during the most unprecedented attack on the health and economic wellbeing of the country and large parts of the world. The Council in partnership with the voluntary sector, quickly established a team who contacted almost 9,000 Warrington residents who are on the NHS shielding list to check they were okay and whether they needed any support. People that were identified as needing follow up support were referred to the safe and well service. An example of the support provided includes distributing over 4300 food parcels and supporting residents to stay safe. In addition the council and partners made huge efforts to support local businesses, schools and care homes to reduce the impact of COVID-19 on them and to ensure that they are supported to be able to operate in line with COVID secure guidance.

It was highlighted that the work front line staff and essential services have been

undertaking is very much appreciated for keeping services running, preventing the spread of COVID as much as possible and caring for those who needed it. Warrington has been fortunate to have a willing army of volunteers to support shielded and vulnerable residents through regular reassurance calls. In addition to this many Council staff volunteered to work extra hours over week-ends, bank holidays and at unsociable times. The community spirit and dedication of our front line workers has been one of the highlights of the local response to this pandemic.

Warrington has also played a crucial leadership role working closely with partners across Cheshire and Merseyside to ensure the response to coronavirus has been focused on containing the spread as much as possible, and minimising the impact on residents and services. The Public Health team continue to provide vital data analysis, intelligence and modelling to inform the local response to COVID-19. They also worked closely with Public Health England (PHE) and the infection control team to provide advice and local guidance for a range of services, to enable them to deal with issues responsively. This includes providing assured guidance to care homes, schools and workplaces.

It was reported that robust surveillance processes are in place, and there is daily monitoring of key metrics to ensure there can be timely intervention should there be a rise in infection rates within the borough. In addition to the local surveillance, the Warrington Public Health team have worked closely with Public Health England and colleagues across Cheshire and Merseyside to develop a dashboard with key 'trigger' metrics and thresholds for action. This consistent approach to surveillance on a broader geographical footprint is crucial to ensuring vigilance on trends beyond our borough.

The Board were informed that at the time of writing, the number of new cases within Warrington was low, with infection incidence rates amongst the lowest across the North West. The rate of testing per head of population within Warrington was slightly higher than the average for England but the positivity rate (the proportion of all tests undertaken that are positive) was generally lower. However in the past week, numbers of infection rates had been increasing to relatively high rates in other areas of the country also, therefore national guidance would be being released to support these areas in the coming days. In addition to this, discussions were underway to agree possible local lockdown measures.

It was reported that the rate of new hospitalisations due to COVID-19 peaked within Warrington in early April. Numbers decreased through June, and have been very low throughout July and into August, with an average of less than one admission per day. Similarly, the number of deaths recorded with mention of Covid-19 amongst Warrington residents peaked in April and has continued downwards since. Numbers at the time of writing were very low, with an average of less than 2 deaths per month in July and August nevertheless every death is a tragedy that has affected families and communities.

Whilst the current picture for Warrington remains reasonably reassuring and stable,

it was important to ensure that we do not become complacent, and keeping lines of communication open with our residents needs to continue to find the right balance between reporting the low numbers and encouraging people to remain vigilant, follow guidance and adhere to social distancing and prevention measures. The approach to testing, nationally and locally has evolved through the course of the pandemic to date, with priorities for testing changing as testing capacity increased.

Locally, in addition to the home testing kit option, testing is available at the regional testing sites at Haydock and Liverpool John Lennon Airport, and this is currently complemented with provision from the mobile testing unit deployed at Orford Jubilee Hub on a regular basis. Whole Care Home testing continues to be undertaken across all Warrington care homes, in line with national guidance

The next iteration of the local Testing Plan is currently underway. The plan considers the demand for testing, particularly for vulnerable populations and sets out how this demand can be fulfilled. The plan needs to be responsive to local needs and will include actions to improve the local system. The priorities for this next iteration also include access to antigen testing for different cohorts and the development of an action plan to address any issues in particular around access to antibody testing.

The refreshed Testing Plan will be submitted to the Health Protection Board on the 24th September for comment. The Plan will remain a work in progress and will need to be updated and refined as the system for testing develops.

With regards to Local Outbreak Management and part of the local response, a local outbreak management team for Warrington has been established and recruited to. The team will help ensure there is capacity locally to manage the consequences of any local outbreaks. Some of the posts are funded for 12 months through the national Covid-19 grant, and include an Outbreak and Testing Co-ordinator, Outbreak and Prevention Practitioners and additional analytical capacity. The funding is also being used to increase capacity in the Local Infection Prevention and Control Team, and within the Environmental Health Team. This increased capacity, and the range of posts within the Outbreak Management Team will help ensure that effective prevention work can be scaled up, and there can be a timely response to any rise in cases. Collaborative working will continue with the Cheshire Hub which we have jointly invested in with PHE and other Local Authorities across Cheshire.

Work is currently underway to develop an exercise to test local lockdown plans for both Warrington & Halton boroughs. This will provide an opportunity to ensure there is clarity about the mechanisms and processes by which enhanced mitigation measures will be activated and the roles, responsibilities and considerations for local partners.

Effective, clear communications continue to be crucial. Local residents are being encouraged to continue to take responsibility for protecting themselves, their families and communities. Local workplaces are being supported to understand that adhering strictly to Covid-safe practices is both good for the health and wellbeing of

their staff and customers and also for business. The key to driving desired behaviours is by consistently reinforcing the most important messages over a sustained period of time. To that end, the communications focus continues to be around supporting people to 'play their part' in preventing outbreaks, as well as encouraging people to get tested ASAP if even mildly symptomatic.

Track and Trace arrangements were provided and confirmed that residents are being contacted as required, however the local public health team have had to intervene to contact residents on occasions as the national test and trace system do not tend to make contact when it is a local outbreak so there is a slight disconnect between national and local contacting methods.

The impacts of Covid, both direct and indirect, continue to be felt across many sections of the community. In responding to the crisis the strong partnership working, within Warrington and beyond has proved invaluable. Whilst the situation in Warrington at the moment remains relatively stable, it is important that collectively, we emphasise through all channels the importance of continuing with the key measures we know are effective in keeping our communities safe.

Resolved;

That Health and Wellbeing Board noted the update and on-going work and commit to continued support and partnership working to help manage and respond to the on-going challenges as they arise.

**HWB91 Public Health Accounts Committee NHS / Social Care – Readyng the NHS and Social Care for the Covid 19 Peak**

The Board received a summary report on the House of Commons Public Accounts Committee – 'Readyng the NHS and Social Care for the COVID – 19 Peak'.

Within the summary there was formal recognition that Adult Social care require further investment and support, and it was agreed that work that can be done at a local level to support the services more. The way resources and funding is currently approached can often be disjointed and in need of revising to enable confidence to be built. In addition it was highlighted that there is now a good opportunity in Warrington to provide assurances to the Council and NHS that services can be provided for purposes of healthcare whilst supporting Adult Social Care requirements.

Resolved;

That the Board noted the report.

**HW92 Reset not Restart – Adult Social Care - The Future Since Covid**

The Board received a report from the Director of Adult Social Care that provided details of a survey that had been undertaken by The Association of Directors of Adult Social Services to capture challenges faced by the service area during the Covid 19 Pandemic.

The key challenges were highlighted as;

- The use of short-term and time-limited funding settlements to support ASC budgets, including the IBCF
- Fragile care markets
- Increasing demographic pressures
- Increasing levels of unmet & under met need
- Insufficient resources to invest in early intervention & prevention in a meaningful way
- Recruitment & retention of the workforce

The Board were informed that planned savings to social care budgets were no longer possible. Adult Care in Warrington have delivered over £9m cashable savings since 2016 and over £6m in cost avoidance work to support the budget. However, in 2021 the target savings of £3M would be more challenging to deliver as a result of the Covid with an impact on tendering work in commissioning being delayed, resulting in higher costs of care packages to keep people at home.

The survey also enabled some reflections to be made which highlighted the true value of Adult Social Care to the public, the importance of social work & safeguarding people, showcased the skill, compassion & dedication of care staff across the country and highlighted that councils are the right home for Adult Social Care. Covid-19 also magnified & exposed challenges that have faced Adult Social Care for more than a decade.

Information was provided to the Board that explained, nationally, initially the balance was wrong between protecting the NHS and discharging patients to prepare for the surge that came and protecting our care homes and community services at the beginning of Covid-19. Regionally, new plans are emerging for comprehensive Integrated Care System (ICS) coverage by 2021, with a single STP/ICS leader, a system Partnership Board to serve communities and streamlined commissioning of CCG's typically with one CCG across a system. Locally, Adult Social Care and the NHS found a 'new normal' quickly and this showed the way for the future working e.g. rapid discharge arrangements, joint decision making processes, more integrated working on the front line.

It was reported that a public conversation about adult social care reform is required, with locally integrated care built around the individual being the norm. A complete review of how care markets operate is required and issues around existing and historical inequalities must be addressed.

Recommendations for change have been proposed and include,

- Good quality housing and accommodation is central to care and to our lives
- Implement a social care workforce strategy
- Prioritise access to technological and digital solutions
- Implement a cross-Government strategy
- Implement a managed & funded transition pending proper long-term funding.

With public awareness of adult social care now being higher than ever before, ADASS are developing a New Vision and 10 year timetable for change that will utilise the influence of local Councillors and MPs to support this agenda. It was requested to the Board that as leaders, to continue to be joined-up in the message to Government, acknowledging the crucial role of Adult Social Care and the urgent need for reform.

Resolved,

That the Board endorse the findings of the survey and support the principles of Reform in Adult Social Care.

#### **HWB93 NHS 111 – First Programme North West Implementation**

The Board received a report that provided details on the NHS 111 First initiative with Warrington Hospital being an early implementer site.

NHS 111 First is a national programme which will encourage the use of the NHS 111 service to access a range of urgent care services including, for the first time, direct booking of slots in A&E. NHS 111 First aims to ensure that patients can access the clinical service they need, first time, both in and outside of hospital, with the convenience of a booked appointment or time slot for ED or an Urgent Care Centre. Importantly, it will help to reduce the risk of transmission of COVID-19 for patients and NHS staff by reducing crowding in waiting areas across services.

It was highlighted that this a new initiative and each region had to select ‘first mover’ sites to roll out NHS 111 to ED, following a request from NHS England in mid-July. First mover sites in the North West will be Blackpool, scheduled for 25 August, and Warrington, scheduled for 8 September.

From 8 September NHS 111 First will encourage patients in Warrington and Halton to call NHS 111 in the first instance if they need urgent, but not emergency, NHS care. Patients will still be encouraged to dial 999 in life-threatening emergencies and contact their GP practice directly online (via eConsult on their surgery website) or via phone if they need to access services at their surgery. If appropriate, NHS 111 can book time slots for patients at local urgent care centres, the emergency department at Warrington Hospital and other NHS services.

It was stressed that patients who do attend urgent care centres or Warrington

Hospital ED without a booked time slot will never be turned away. Local processes will be developed over time to help manage the flow of patients by appropriately streaming patients to other health services in addition to urgent care.

Resolved;

That the Board noted the content of the report and supported Warrington Hospital being an early implementer site. In addition, an update report on progress be presented to a future meeting of the Board.

**HWB94 Work Programme**

The Board received the work programme for the remainder of 2019-20.

Resolved – The Health and Wellbeing Board agreed the details of the work programme.

**HWB95 Date of Next Meetings**

The Health and Wellbeing Board agreed that the future meetings will take place at 1.30pm on the following dates;

12 November 2020

21 January 2021

25 March 2021.

Signed:.....

Date: .....

<b>Warrington</b> <b>Health &amp; Wellbeing Board</b> <b>12 November 2020</b> 12.30 pm, Council Chamber, Town Hall, Warrington	
<b>Report Title</b>	Newly updated Children and Young People Health and Wellbeing Profile: Cheshire & Warrington from Champs Intell Network and LJMU
<b>Type of Decision Required</b>	<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
<b>Report Purpose</b>	<p>The report is an update of the 2017 Children and Young People Health Profiles, one for Cheshire and Warrington and one for Liverpool City Region. They provide a summary of demographics and key statistics for: pre-birth and early years, primary school years and from older childhood to becoming a young adult. The profiles will help to inform strategic priorities and potential areas for collaborative working.</p> <p>The work was commissioned by the Cheshire &amp; Merseyside Directors of Public Health through the Cheshire and Merseyside Public Health Intelligence Network and Champs Public Health Collaborative (Cheshire and Merseyside).</p>
<b>Report author</b>	An updated Children and Young People Report commissioned by the Intell Network and delivered by Liverpool John Moores University
<b>Related Health and Wellbeing Strategy Priority</b>	<i>Starting Well – 6</i>
<b>Confidential or Exempt</b>	This report is not considered to contain information which is confidential or exempt.
<b>Recommendations</b>	To note the content of the report.

**Health and Wellbeing Strategy 2019-2023: Strategic Priorities**

<b>Strategic Theme</b>	<b>Strategic Priorities</b>
<b>Strong and Resilient Communities</b>	<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>
<b>Starting Well</b>	<i>6: Where children and young people get the best start in life in a child friendly environment</i>
<b>Living Well</b>	<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>
<b>Ageing Well</b>	<i>12: Where people age well and live healthy fulfilling lives into old age</i>
<b>Enabling Priorities</b>	<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>

# Children and Young People Health and Wellbeing Profile: Cheshire & Warrington

Update 2020

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## Contents

Infographic summary .....	1
Introduction .....	2
Children and young people in Cheshire & Warrington .....	2
Pre-birth and early years .....	4
Primary school .....	6
Secondary school to young adults .....	8
Interpretation guide .....	12
Data sources .....	12
Appendix 1. Population count, Cheshire and Merseyside mid-2019 .....	13
Appendix 2. Population by 5-year age bands (0-24 years), Cheshire and Merseyside, 2019 .....	14

## Acknowledgements

This work was commissioned by the Cheshire and Merseyside Directors of Public Health, through the Cheshire and Merseyside Public Health Intelligence Network and Champs Public Health Collaborative (Cheshire and Merseyside). Matthew Ashton, Director of Public Health for Liverpool, leads the Public Health Intelligence Network with support from Sharon McAteer (Halton), and the wider network. Their role in the Intelligence & Evidence Service involves setting the work programme, providing strategic direction and facilitating collaborative links between the Champs Public Health Collaborative, the Public Health Institute, LJMU and the wider public health community. They also contribute to editing and final approval of reports, alongside Lisa Jones, Reader in Public Health, LJMU who manages the Champs Intelligence & Evidence Service.

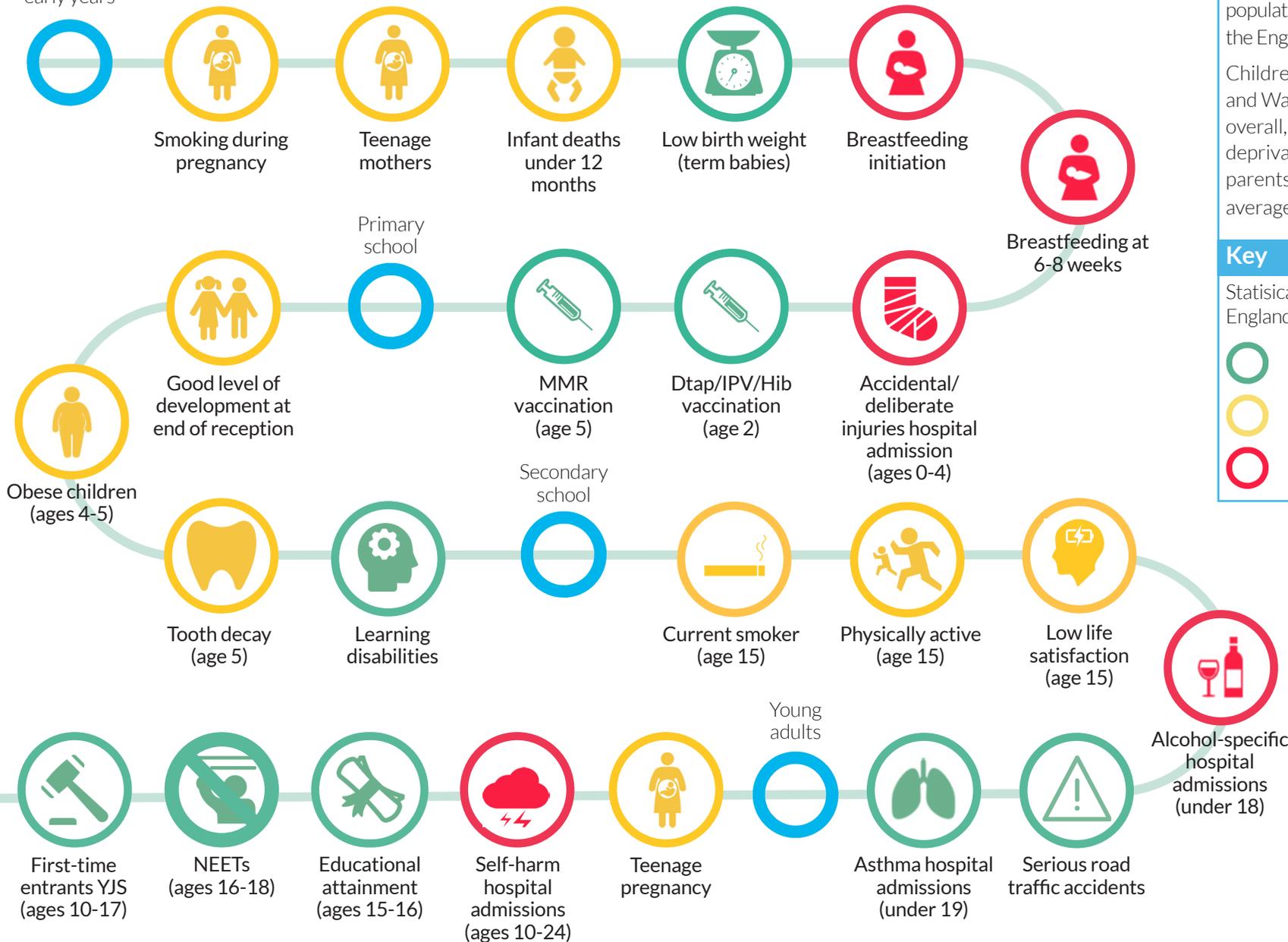
Thanks to David Nolan of Public Health England for data checking, Cath Lewis, LJMU for proof reading and Jen Lovelady LJMU for the cover design.

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# Children and Young Adults in Cheshire & Warrington

Prebirth & early years

A comparison to England, 2020



## Cheshire & Warrington Facts

Children and young people represent 27.2% of the total Cheshire & Warrington population (aged 0-24 years), similar to the England average of 29.8%

Children and young people in Cheshire and Warrington face a good start in life overall, with significantly lower levels of deprivation, child poverty and lone parents, compared to the national average.

## Key

Statistical significance compared to England:

- Better
- Similar
- Worse

This work is based on the latest published data as of June 2020, and was commissioned by the Cheshire & Merseyside Public Health Intelligence Network and Champs Public Health Collaborative.

For more information and data sources please contact Janet Ubido, Champs Researcher, Public Health Institute LJMU email: [j.ubido@ljmu.ac.uk](mailto:j.ubido@ljmu.ac.uk)

Originally based on a template from Halton Public Health Intelligence Team. Icons made by Flaticon.com.



## Introduction

This is an update of the 2017 Children and Young People Health Profile<sup>1</sup>. It provides a summary of demographics and key statistics for: pre-birth and early years, primary school years and from older childhood to becoming a young adult. The profile will inform strategic priorities and potential areas for collaborative working. Not all data in this report is updated annually. Data presented here is the latest published information as of May 2020.

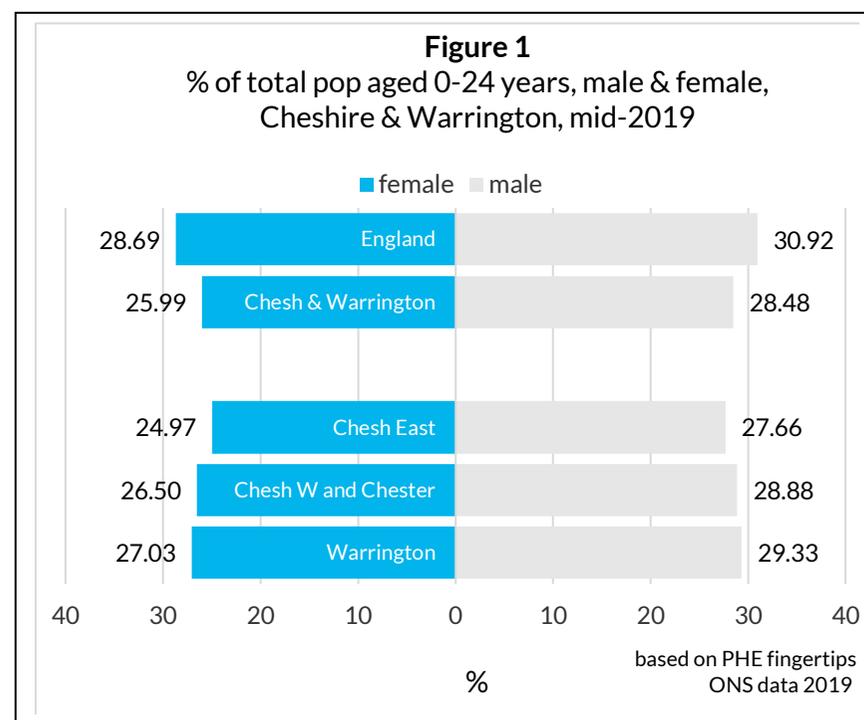
## Children and young people in Cheshire & Warrington

Children and young people (0-24 years) represent 27.21% of the total Cheshire and Warrington population, which is lower than the England average of 29.79% (see Figure 1 for males and females and totals in Appendix). Amongst the local authorities that make up the region, there is a relatively low proportion of young people in Cheshire East. There are slightly smaller proportions of females compared to males aged 0-24 years in each local authority.

In Warrington, 13.3 % of children belong to a minority ethnic group, 12.1% in Cheshire East and only 9.6% in Cheshire West and Chester - all far fewer than the national average of 33.0%<sup>2</sup>.

Children and young people in Cheshire and Warrington face a good start in life overall, with significantly lower levels of deprivation and child poverty compared to the national average (Table 1). Cheshire East has the lowest deprivation and child poverty levels in the North West (NW). However, there are still clear pockets of need within each local authority, as illustrated in the small area map of the Index of Multiple Deprivation produced by Public Health England<sup>3</sup>. In Warrington, levels of lone parent families and looked after children are higher than the national average, although child poverty is the second lowest in the NW.

In Warrington, rates of hospital admission for asthma amongst children and young people are significantly lower than the England average and the lowest across the NW. However, all three authorities in Cheshire and Warrington have significantly higher rates of admissions caused by unintentional and deliberate injuries.



<sup>1</sup> [Children and young people health and wellbeing profile. Cheshire and Warrington 2017.pdf](#)

<sup>2</sup> [Fingertips Child-Health-Profiles 2020](#)

<sup>3</sup> e.g. IMD 2015 from 'PHE local health': [localhealth.org.uk/imd/2015](http://localhealth.org.uk/imd/2015)

**Table 1. Indicators across all children and young adult stages** (Interpretation guide on last page)

**GREEN** better      **YELLOW** similar      **RED** worse      than England average

	Cheshire East	Cheshire West & Chester	Warrington	Cheshire & Warrington	Cheshire & Merseyside	England
% of people in an area living in 20% most deprived areas in England 2014 (IMD 2015)	8.5	16.3	18.5	13.6	33.1	20.2
*% Children living in poverty, aged <16 years, 2016	10.2	12.7	11.5	11.4	17.9	17.0
% of households that have lone parents with dependent children, 2011	5.9	6.4	7.3	6.4	8.3	5.9
Looked after children, <18 years old, per 10,000, 2019	63.4	70.5	86.5	71.4	100.4	65.4
Hospital admissions caused by unintentional and deliberate injuries, aged 0-14 years, crude rate per 10,000, 2018/19	117.4	120.9	112.3	117.5	113.8	96.1
Asthma hospital admissions, aged <19 years, crude rate per 100,000, 2018/19	167.4	188.3	96.1	158.1	202.1	178.4

\* i.e. 'Children in low income families' - used in PHE 2020 Child Health Profiles - not 'English Indices of Deprivation 2015, IDACI (Income Deprivation, children aged <16 years) proportion of all children aged 0-15 years living in income deprived families', as in LCR 2017 profile.

## Pre-birth and early years

The first 1,000 days from conception and the early years are essential to ensuring children are healthy, ready to learn, grow and have good life chances. For Cheshire and Warrington, there is a mixed picture for babies and young children (Table 2).

### Better or similar compared to England averages:

- In **Warrington**, significantly fewer women smoke during pregnancy, with the second lowest level in the NW. Levels in **Cheshire East** and **Cheshire West and Chester** are similar to the national average.
- Levels of infant mortality and low birthweight are similar to the national average in **each local authority area** – with low birth weight at a significantly lower level in **Cheshire West and Chester**.
- In **Cheshire East**, levels of breastfeeding 6-8 weeks after birth are significantly higher than the national average.
- **All local Authority areas** have significantly higher vaccination uptake for MMR and Dta/IPV/HIB.

### Worse compared to England averages:

- In **Cheshire West & Chester** and **Warrington**, significantly fewer babies are breastfed;
- **All local Authority areas** in Cheshire & Warrington have significantly higher rates of hospital admissions for babies, and for childhood injuries in **Cheshire East** and **Cheshire West & Chester**. In **Warrington** the rate of hospital admissions for babies is the highest in the NW, with a rate two and a half times the national average.

**Table 2. Pre-birth and early years indicators** (Interpretation guide on last page)

**GREEN** better      **YELLOW** similar      **RED** worse      than England average

	Cheshire East	Cheshire West & Chester	Warrington	Cheshire & Warrington	Cheshire & Merseyside	England
<b>Pre-birth &amp; maternal health</b>						
*Number of births, 2018	3,642	3,314	2,174	<b>9,130</b>	<b>26,184</b>	<b>625,651</b>
% smoking during pregnancy, 2018/19	10.9	10.6	8.1	10.2	12.8	10.6
Mild-moderate depressive illness and anxiety in perinatal period (numbers, lower estimate), 2017/18	294.3	269.7	162.8	<b>726.8</b>	<b>2,058.7</b>	<b>49,218.8</b>
Teenage mothers, % aged 12-17 years, 2017/18	0.6	0.5	0.8	0.6	0.8	0.6
<b>Early years (ages 0-4)</b>						
Infant mortality rate: deaths under 12 months, per 1,000 live births, 2016/18	3.4	3.1	3.6	3.3	4.3	3.9
Low birth weight of term babies, % all births, 2018	2.4	2.2	2.5	2.4	2.4	2.9
% baby's first feed breastmilk, 2018/19	65.1	63.1	58.7	62.9	57.6	67.4
**% breastfeeding at 6-8 weeks after birth, 2018/19	50.92	**	39.4	44.7	36.0	46.2
Admissions of babies under 14 days, per 1,000, 2018/19	122.2	115.4	206.6	139.2	111.0	77.0
Hospital admissions for unintentional and deliberate injuries in children, aged 0-4 years, 2018/19, Crude rate - per 10,000	157.9	153.5	134.1	150.7	142.9	123.1
%Dtap /IPV/Hib vaccination, aged 2 years, 2018/19	96.1	95.6	96.9	96.1	95.8	94.2
%MMR vaccination - 2 doses, aged 5 years, 2018/19	91.89	88.73	90.38	90.32	89.12	86.43
% children in care with up-to-date vaccinations, aged <18 years, 2019	93.6	96.1	87.3	92.7	89.0	86.8

\* data source ONS: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/datasets/birthsummarytables>

\*\* % not published for data quality reasons. Count & denominator were available, so were used to calculate combined authority totals.

## Primary school

Primary school is a significant milestone and presents a key opportunity for tackling health and social inequalities faced by children across Cheshire and Warrington. For the indicators shown in Table 3, the Cheshire and Warrington region compares better or similar to the national average.

### Better compared to England averages:

- **Warrington** has significantly better levels of school readiness, and levels in **Cheshire East** and **Cheshire West & Chester** are similar to the national average. The three Cheshire & Warrington authorities are second, third and fourth best in the NW. Warrington is best in the NW on school readiness for those with free school meals.
- **Cheshire East** has significantly fewer obese children age 10-11 years. Levels in Cheshire West and Chester, Warrington, and in all three authorities for ages 4-5, are similar to the national average and amongst the lowest in the NW. These levels are still a cause for concern, as national levels are very high, at around 1 in 10 for ages 4-5 and 1 in 5 for ages 10-11.
- **Cheshire West & Chester** and **Warrington** have the second and fourth lowest levels in the NW of children with decayed or missing teeth (for all except the three where data was not available).

### Worse compared to England averages:

- In **Cheshire East**, only around half of children with free school meals have good levels of school readiness – significantly fewer than the national average.

**Further comments:** lower levels of children with learning disabilities known to schools could be an indication of delayed diagnosis or under-diagnosis. To interpret this value further local investigation is needed.

**Table 3. Primary school indicators** (Interpretation guide on last page)

**GREEN** better      **YELLOW** similar      **RED** worse      than England average

	Cheshire East	Cheshire West & Chester	Warrington	Cheshire & Warrington	Cheshire & Merseyside	England
% children achieving a good level of development at the end of reception, 2018/19	72.8	71.8	73.6	72.6	69.4	71.8
% children with free school meals achieving a good level of development at the end of reception, 2018/19	50.5	52.5	61.4	54.5	52.2	56.5
% obese children, aged 4-5 years, 2018/19	9.1	9.1	9.7	9.2	11.0	9.7
% obese children, aged 10-11 years, 2018/19	17.9	19.4	19.0	18.7	21.4	20.2
% with obvious dental decay, aged 5 years, 2019/20	not available	22.7	24.3	not available	not available	23.4
Children with learning disabilities known to schools, per 1,000 pupils, 2018	18.7	28.4	32.4	25.5	32.2	33.9

## Secondary school to young adults

Progression to secondary school gives new opportunities and choices for many children and young adults. It is essential that children are supported with positive environments and opportunities to grow in to confident and healthy young adults. The Cheshire and Warrington region compares significantly better to the national average for several of the selected indicators below and significantly worse for the four indicators relating to hospital admissions (Table 4). There are exceptions in some local authorities.

### Better or similar compared to England averages:

- Teenage pregnancy rates in **Cheshire East** are the lowest in the NW, significantly lower than the national average. Rates in **Cheshire West & Chester** and **Warrington** are similar to the national average<sup>4</sup>.
- Chlamydia detection is significantly high in **Cheshire West & Chester** (the best in the NW) and similar to the national average in **Cheshire East**.
- **Cheshire East** has the second lowest rate of Children under 15 killed and seriously injured on England's roads, similar to the national average.
- Average educational attainment is significantly higher than the national average in **Cheshire East** and **Warrington** (second and third highest in the NW) and similar in **Cheshire West & Chester**.
- All local authority areas have the three lowest levels in the NW of young people not in employment, education or training (NEET) - significantly lower than the national average –and less than half the national average in **Cheshire East**
- **Warrington** has significantly lower levels of first-time entrants to the youth justice system - the lowest in the NW. Levels in **Cheshire East** and **Cheshire West and Chester** are similar to the national figure.

### Worse compared to England averages:

- Chlamydia detection in **Warrington** is significantly low.
- **Warrington** has significantly higher rates of hospital admissions of young people for unintentional and deliberate injuries, self-harm, alcohol, and substance misuse. There is a similar picture in **Cheshire East**, except for alcohol admissions, which are similar to the national average.
- **Cheshire West & Chester** has significantly high levels of hospital admissions of young people for self-harm, but similar levels to nationally for the other selected admissions data.

### Young carers

There has been no update to numbers of young carers. 2011 census data showed the following:

- **Cheshire East** has significantly lower proportions of young carers – the lowest in the NW across each age group and level of care.
- **Warrington** has significantly high proportions of young carers at the lower level of care.

### What About Youth survey

There has been no update to the **2014/15** 'What About Youth' survey, which showed the following, compared to national averages:

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<sup>4</sup> It should be noted that teenage pregnancy should not always necessarily be seen in negative terms, e.g. see [Social issues of teenage pregnancy](#) p.330  
Children & Young People Health Profile 2020, Cheshire and Warrington

*Better:*

- In **Warrington** and **Cheshire East**, 15 year olds self-reported significantly lower daily mean sedentary time over the last week;
- In **Cheshire West and Chester**, significantly more 15 year olds self-reported being physically active for at least one hour per day seven days, with the highest level in the NW.

*Worse:*

- In **Cheshire East**, a significantly higher proportions of 15-year olds self-reported being drunk in the last four weeks, the second highest in the NW.

**Table 4. Secondary school to young adult indicators** (Interpretation guide on last page)

**GREEN** better      **YELLOW** similar      **RED** worse      than England average

	Cheshire East	Cheshire West & Chester	Warrington	Cheshire & Warrington	Cheshire & Merseyside	England
Teenage pregnancy rate, conceptions per 1,000, aged <18 years, 2018	11.9	13.4	19.5	14.2	21.6	16.7
*Chlamydia detection, aged 15-24 years, per 100,000, 2018	1902.2	3435.1	1765.8	2465.9	2514.0	1974.9
Hospital admissions due to unintentional and deliberate injuries, aged 15-24 years, per 10,000, 2018/19	165.2	140.0	222.5	168.5	186.4	136.9
**Hospital admissions due to self-harm, aged 10-24 years, per 100,000, 2018/19	563.2	520.1	712.4	*572.4	*595.0	440.1
Hospital admissions due to alcohol specific conditions, aged <18 years, per 100,000, 2016/17 - 2018/19	37.3	34.7	48.6	39.0	49.6	31.5
**Hospital admissions due to substance misuse, aged 15-24 years, per 100,000, 2016/17 - 2018/19	116.2	76.1	176.2	*112.2	*125.5	83.1
Estimated number of children and young people with mental disorders, aged 5-17 years, 2017/18	6827	5932	3953	16713	43799	...
Children killed or seriously injured on England's roads, aged <15 years, per 100,000, 2016/18	*12.3	13.3	15.1	13.3	21.2	17.7
Average Educational Attainment 8 score, aged 15-16 years, 2018/19	49.4	47.5	49.3	48.7	45.9	46.9
#% not in education, employment or training (NEET), or activity unknown, aged 16-17 years, 2018	2.2	2.7	3.1	2.6	5.3	5.5
First time entrants to the youth justice system, per 100,000, aged 10-17 years, 2018	187.0	188.9	150.0	179.0	234.7	238.5
% children providing unpaid care, aged <15 years, 2011	0.94	1.05	1.23	1.05	1.22	1.11
% young people providing unpaid care, aged 16-24 years, 2011	4.11	4.68	5.16	4.57	5.60	4.81
% children providing considerable unpaid care, +20hrs per week, aged <15 years, 2011	0.15	0.15	0.25	0.17	0.25	0.21

	Cheshire East	Cheshire West & Chester	Warrington	Cheshire & Warrington	Cheshire & Merseyside	England
% young people providing considerable unpaid care, +20hrs per week, aged 16-24 years, 2011	1.0	1.3	1.4	1.19	1.67	1.31
% smokers, aged 15 years, 2014/15	7.5	6.8	9.0	7.70	7.6	8.20
% drunk in the last 4 weeks, aged 15 years, 2014/15	19.1	14.3	16.5	16.6	16.4	14.6
% mean daily sedentary time +7hrs per day in the last week, aged 15 years, 2014/15	67.1	70.3	66.7	68.1	72.4	70.1
##% physically active, aged 15 years, 2014/15	14.7	16.2	12.2	14.5	13.2	13.9
% reporting low life satisfaction, aged 15 years, 2014/15	12.8	12.3	12.4	12.5	13.1	13.7

\*There are several data quality issues with this indicator: It is **not a measure of morbidity**. The number of positives detected is highly dependent on the screening services offered to the population. The Department of Health Public Health Outcomes Framework 2013-2016 recommends that local areas aim to achieve a chlamydia detection rate among 15 to 24 year olds of at least 2,300 per 100,000 population.

\*\*Crude rates for Cheshire & Warrington and Cheshire & Merseyside (LA rates have been age-standardised by PHE)

# Previously 16-18 years

## More recent data from the 'Active Lives Children and Young People Survey 2018/19' covered Cheshire and Warrington, ages 5-16, but was not used here as it did not include Merseyside, except Sefton.

## Interpretation guide

The values in each column on Tables 1-4 represent local measures for the identified row indicators in the named area. Some might have lower or higher values than others, but not be statistically different to the England comparator. Measures of statistical significance (such as 95% confidence intervals, as used here) give us an idea of precision and confidence that can be used when interpreting estimated local values and the probability that the difference shown is (or is not) a chance finding. The benchmarking method applied here is 'Confidence intervals overlapping reference value (95.0)' (PHE, indicator definitions<sup>5</sup>). Cheshire & Warrington rates have been calculated using the sum of rounded counts at local authority level.

**GREEN** means the value is statistically significantly better than the England value and the difference shown is not likely to be a chance finding.

**YELLOW** means the value is NOT statistically significantly different to the England value and the difference shown is not likely to be a chance finding.

**RED** means the value is statistically significantly worse than the England and the difference shown is not likely to be a chance finding.

## Data sources

All data are from PHE's Data Visualisation Platform 'Fingertips' <https://fingertips.phe.org.uk>, unless otherwise stated



<sup>5</sup> [https://fingertips.phe.org.uk/search/development#page/6/gid/1/pat/6/par/E12000002/ati/202/are/E06000006/iid/90631/age/34/sex/4/cid/4/page-options/ovw-tdo-0\\_car-do-0](https://fingertips.phe.org.uk/search/development#page/6/gid/1/pat/6/par/E12000002/ati/202/are/E06000006/iid/90631/age/34/sex/4/cid/4/page-options/ovw-tdo-0_car-do-0)

## Appendix 1. Population count, Cheshire and Merseyside mid-2019

	Male		Female		All	
	count aged 0-24 years	% of total population	count aged 0-24 years	% of total population	count aged 0-24 years	% of total population
Halton	19,614	31.09	18,795	28.34	38,409	29.68
Knowsley	23,528	32.81	22,553	28.50	46,081	30.55
Liverpool	82,961	33.36	81,948	32.87	164,909	33.11
Sefton	37,579	28.24	35,296	24.63	72,875	26.36
St. Helens	25,751	28.93	24,218	26.44	49,969	27.67
Wirral	46,365	29.54	43,424	25.99	89,789	27.71
<b>LCR total</b>	<b>235,798</b>	<b>30.92</b>	<b>226,234</b>	<b>28.39</b>	<b>462,032</b>	<b>29.63</b>
Cheshire East	52,035	27.66	48,959	24.97	100,994	26.29
Cheshire West & Chester	48,307	28.88	46,590	26.50	94,897	27.66
Warrington	30,610	29.33	28,560	27.03	59,170	28.17
<b>Cheshire &amp; Warrington total</b>	<b>130,952</b>	<b>28.48</b>	<b>124,109</b>	<b>25.99</b>	<b>255,061</b>	<b>27.21</b>
<b>Cheshire &amp; Merseyside total</b>	<b>366,750</b>	<b>30.01</b>	<b>350,343</b>	<b>27.49</b>	<b>717,093</b>	<b>28.72</b>
<b>England total</b>	<b>8,605,577</b>	<b>30.92</b>	<b>8,164,607</b>	<b>28.69</b>	<b>16,770,184</b>	<b>29.79</b>

Based on ONS data:

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland>

## Appendix 2. Population by 5-year age bands (0-24 years), Cheshire and Merseyside, 2019

Total males & females	0-4 years	5-9 years	10-14 years	15-19 years	20-24 years	0-24 years	All ages total
Halton	7,580	8,483	8,379	7040	6927	38,409	129,410
Knowsley	10,235	9,706	9,011	8102	9027	46,081	150,862
Liverpool	29,509	28,099	24,808	29854	52639	164,909	498,042
Sefton	14,166	15,928	15,240	14015	13526	72,875	276,410
St. Helens	10,096	10,828	10,334	9142	9569	49,969	180,585
Wirral	17,553	19,797	19,320	17201	15918	89,789	324,011
<b>LCR total</b>	<b>89,139</b>	<b>92,841</b>	<b>87,092</b>	<b>85354</b>	<b>107606</b>	<b>462,032</b>	<b>1,559,320</b>
Cheshire East	20,307	22,080	22,415	19366	16826	100,994	384,152
Cheshire West & Chester	18,284	20,213	19,511	17664	19225	94,897	343,071
Warrington	11,596	13,020	12,601	11334	10619	59,170	210,014
<b>Cheshire &amp; Warrington total</b>	<b>50,187</b>	<b>55,313</b>	<b>54,527</b>	<b>48364</b>	<b>46670</b>	<b>255,061</b>	<b>937,237</b>
<b>Cheshire &amp; Merseyside total</b>	<b>139,326</b>	<b>148,154</b>	<b>141,619</b>	<b>133718</b>	<b>154276</b>	<b>717,093</b>	<b>2,496,557</b>
<b>England</b>	<b>3,299,637</b>	<b>3,538,206</b>	<b>3,354,246</b>	<b>3,090,232</b>	<b>3,487,863</b>	<b>16,770,184</b>	<b>56,286,961</b>

Based on ONS data:

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland>





# Warrington Health & Wellbeing Board

12<sup>th</sup> November 2020

12.30 pm, Council Chamber, Town Hall, Warrington

<b>Report Title</b>	Initial Evaluation of NHS 111 First
<b>Type of Decision Required</b>	<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
<b>Report Purpose</b>	To update the Board on 111 First pilot
<b>Report author</b>	Simon Kenton/Sara Garrett
<b>Related Health and Wellbeing Strategy Priority</b> <small>*see addendum attached to this report</small>	<i>(see attached list)</i> E2
<b>Confidential or Exempt</b>	This report is not considered to contain information which is confidential or exempt.
<b>Recommendations</b>	To note report

**Health and Wellbeing Strategy 2019-2023: Strategic Priorities**

<b>Strategic Theme</b>	<b>Strategic Priorities</b>
<b>Strong and Resilient Communities</b>	<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>
<b>Starting Well</b>	<i>6: Where children and young people get the best start in life in a child friendly environment</i>
<b>Living Well</b>	<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>
<b>Ageing Well</b>	<i>12: Where people age well and live healthy fulfilling lives into old age</i>
<b>Enabling Priorities</b>	<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>

## NHS 111 First – update for C & M Health and Care Partnership

### 1 Introduction

- 1.1 Patients attending A&E at Warrington Hospital will be told to call NHS 111 to book an appointment under a new pilot scheme which commenced in July 2020.
- 1.2 Warrington is one of five areas where the new system is being tested, alongside Blackpool, Cornwall, Hampshire and Portsmouth. If successful it could be rolled out to all NHS trusts across the country in December.
- 1.3 The move is being made in response to the coronavirus pandemic, with the hope that patients being triaged by phone or online will reduce their waiting times in the emergency department.

### 2 Purpose

- 2.1 The purpose of NHS 111 First is:-

**To** Preventing nosocomial infection

**We need to** Avoiding congregation in ED waiting rooms

**By ensuring that:-** Patients who do not need to attend ED are directed elsewhere  
 Patients go directly to the correct department NOT via ED  
 Our community services are robust

**So** ED is reserved for emergency patients

### 3 Preparing implementation

- 3.1 WHHFT and WCCG agreed a joint SRO. During the 8-week mobilisation period the whole system came together to design the model for the Warrington System. The model includes:-
- Additional 111 capacity
  - The ability to book appointments into ED for appropriate patients
  - A 24/7 Clinical Assessment Service (CAS)
  - Direct Access for the CAS into Same Day Emergency Care within the hospital avoiding the need for patients to travel through ED
  - A full comms and engagement plan
- 3.2 On the 3<sup>rd</sup> September, the system was given permission to go live following an assurance process led by NHSE/I. On the 8<sup>th</sup> September 20, NHS 111 First went live for any patient that ordinarily uses the services of WHHFT Emergency Department, Runcorn and Widnes UCC and the local Clinical Assessment Service Offer.

- 3.3 Since then the process has been embedded, providers are gaining confidence with the new process and patients have given positive feedback about their experience.

#### **4 Initial Evaluation**

- 4.1 To date, we have limited patient facing communications due to the increased demand into 111 due to COVID. A new service has been commissioned and the intention is that COVID demand will be directed to this service allowing NHS 111 to concentrate on non COVID demand.
- 4.2 It is the intention that all systems in the North West will be live by December 20 and its anticipated that robust communications will be published at this point. Its hoped that once robust patient facing comms are issued, patients will start to choose to call NHS 111 first rather than waling through the doors of ED for non-life threatening but urgent needs giving us the opportunity to support and treat patients in the right part of the system for their presenting needs and where patients do require the services of ED, offer a better service so that patients wait less time and the departments risk of overcrowding is reduced.
- 4.3 Locally, a Steering Group and Operational Group is established to direct, monitor and review performance, activity and opportunity to expand the model into all parts of the system to reduce 'unheralded' (walk in) demand into the ED.
- 4.4 Feedback from Healthwatch and elected members has generally been positive apart from waiting time to NHS 111.

# Warrington Health & Wellbeing Board

12<sup>th</sup> November 2020

12.30 pm, Council Chamber, Town Hall, Warrington

<b>Report Title</b>	Integrated Care Systems
<b>Type of Decision Required</b>	<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
<b>Report Purpose</b>	To update the Board on Integrated care systems
<b>Report author</b>	Simon Kenton/Sara Garrett
<b>Related Health and Wellbeing Strategy Priority</b> <small>*see addendum attached to this report</small>	<i>(see attached list)</i> E2
<b>Confidential or Exempt</b>	This report is not considered to contain information which is confidential or exempt.
<b>Recommendations</b>	To note report

**Health and Wellbeing Strategy 2019-2023: Strategic Priorities**

<b>Strategic Theme</b>	<b>Strategic Priorities</b>
<b>Strong and Resilient Communities</b>	<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>
<b>Starting Well</b>	<i>6: Where children and young people get the best start in life in a child friendly environment</i>
<b>Living Well</b>	<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>
<b>Ageing Well</b>	<i>12: Where people age well and live healthy fulfilling lives into old age</i>
<b>Enabling Priorities</b>	<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>
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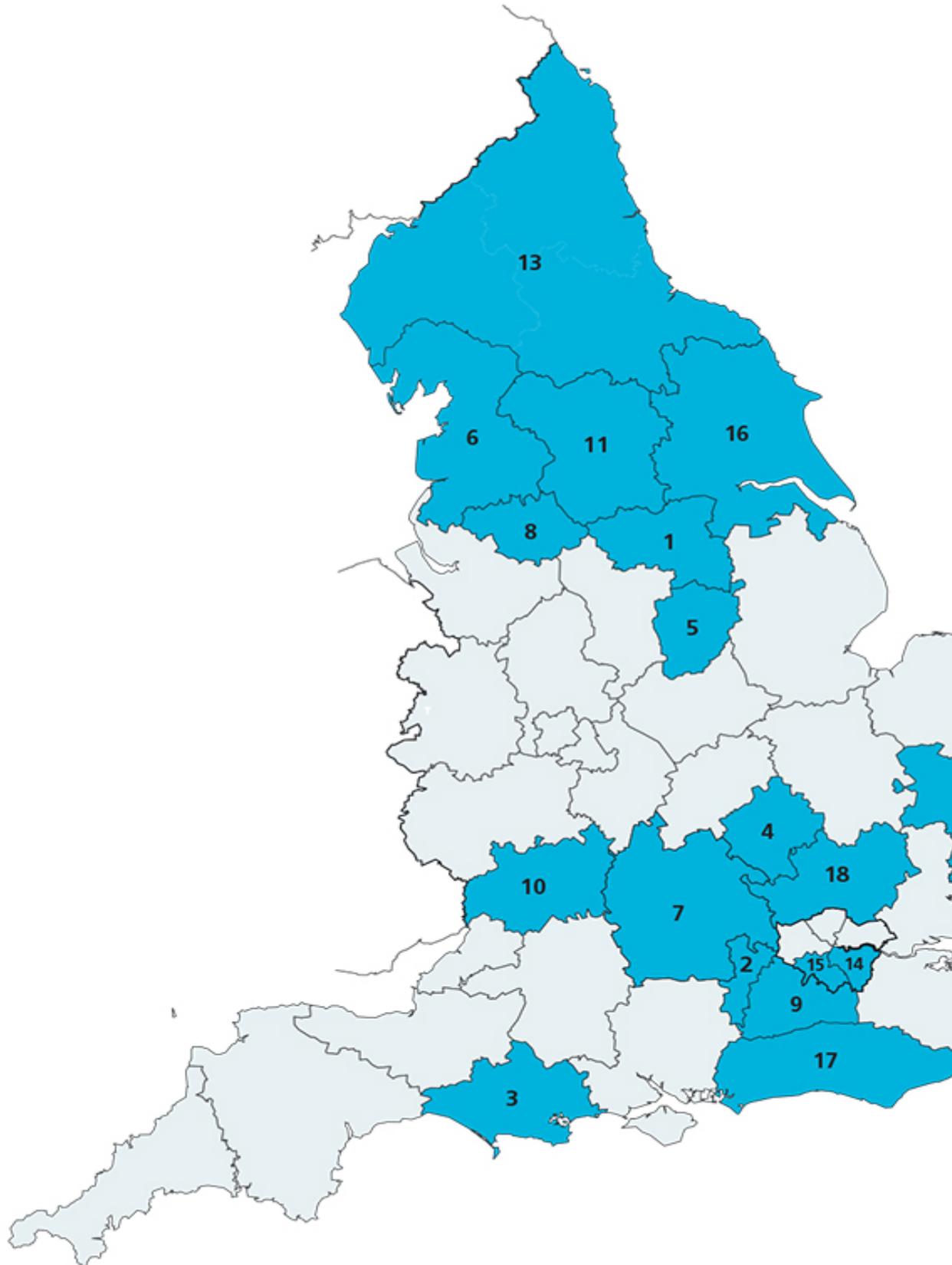
## Integrated care systems

### 1 Introduction

- 1.1 In 2016, NHS organisations and local councils came together to form sustainability and transformation partnerships (STPs) covering the whole of England, and set out their proposals to improve health and care for patients.
- 1.2 In some areas, a partnership will evolve to form an integrated care system, a new type of even closer collaboration. In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.
- 1.3 Local services can provide better and more joined-up care for patients when different organisations work together in this way. For staff, improved collaboration can help to make it easier to work with colleagues from other organisations. And systems can better understand data about local people's health, allowing them to provide care that is tailored to individual needs.
- 1.4 By working alongside councils, and drawing on the expertise of others such as local charities and community groups, the NHS can help people to live healthier lives for longer, and to stay out of hospital when they do not need to be there.

### 2 Details

- 2.1 In return, integrated care system leaders gain greater freedoms to manage the operational and financial performance of services in their area. They will draw on the experience of the 50 'vanguard' sites, which have led the development of new care models across the country.
- 2.2 More information is available in: [Breaking down barriers to better health and care](#). In May 2020 another four areas were designated as integrated care systems (with three having been named in June 2019) meaning around half of the country's population is now covered by an ICS. There are now 18 integrated care systems as shown below:



Find out more about some areas that are working towards developing an integrated care system:

1. [South Yorkshire and Bassetlaw](#)
2. [Frimley Health and Care](#)
3. [Dorset](#)
4. [Bedfordshire, Luton and Milton Keynes](#)
5. [Nottinghamshire](#)
6. [Lancashire and South Cumbria](#)
7. [Buckinghamshire, Oxfordshire and Berkshire West](#) ([Buckinghamshire](#) and [Berkshire West](#) were already ICSs prior to June 2019).
8. [Greater Manchester \(devolution deal\)](#)
9. [Surrey Heartlands \(devolution deal\)](#)
10. [Gloucestershire](#)
11. [West Yorkshire and Harrogate](#)
12. [Suffolk and North East Essex](#)
13. [The North East and North Cumbria](#)
14. [South East London](#)
15. [South West London](#)
16. [Humber, Coast and Vale](#)
17. [Sussex](#)
18. [Hertfordshire and West Essex](#)



**HEALTH AND WELLBEING BOARD WORK PROGRAMME 2019/20**

12 November 2020			
Item	Details	Officer	Action required for HWBB
Updates from Reference Groups - Integrated Commissioning and Transformation Board - Warrington Together Alliance	Standing item	Cath Jones / Simon Kenton	Noting
Children and Young People Health Profile	Updated Children and Young People Report commissioned by the Intell Network and delivered by Liverpool John Moores University – Presented by Janet Ubido from JMU	Julia Carter	Discussion / noting
Integrated Care System	Further details to be provided to HWBB on the statutory powers for Integrated Care Systems – what measures are required – vision statement of healthcare systems	Officer TBC	Discussion / noting
Initial Evaluation of NHS 111 First requested by Cheshire and Merseyside Health and Care Partnership	Update on implementation	Simon Kenton	Noting
Strategic Outline Case for the new Warrington Hospital	Confidential item	Lucy Gardener	Discussion / noting

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 SB requested future updates come to HWB every six months. Next report expected – March 2020 (update postponed, date TBC)</i>	September 2019 March 2020	Updated at 12/9/19 meeting
Report from Healthwatch	<i>Regular report to be scheduled every 6 months</i>	July 2020 / January 2021	
Warrington Care Record Strategic Appraisal	Phill James – from 28 March HWB meeting <a href="mailto:phillip.james@nhs.net">phillip.james@nhs.net</a>	Moved to later 2020 meeting, at request of S Broomhead	
JSNA Programme	Annual report	Postponed To May 2020	
Starting Well	H&WB Strategy thematic update – lead officers – Elaine Bentley/Steve Tatham 12/9/19 Further report requested by Chair in six months' time	July 2020 <b>Deferred TBA</b>	
Living Well	H&WB Strategy thematic update – lead officers Carl Marsh/Dave Bradburn/Dot Finnerty/Tracy Flute 12/9/19 Further report requested by Chair in six months' time	Last update September 2020  Next update TBC	
Ageing Well	H&WB Strategy thematic update – lead officers Sara Garrett/Rick Howell	Deferred from November 2020 Update to be provided at January 2021 meeting	
WSAB/SCB ½ yearly and annual report	As per 30 May 2019 meeting – lead officer to be advised (see email dated 11/07/19).	May 2019 November 2019 <b>May 2020 TBC</b>	

Strong and Resilient Communities	H&WB Strategy thematic update – lead officers Chris Skinkis/Nick Armstrong/Tracy Flute	Deferred from January 2020 to March 2020 Deferred again from July 2020 meeting to date to be confirmed	
Enablers	H&WB Strategy thematic update – lead officer Nick Armstrong	May 2020 Deferred TBA	
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). Updates to be provided to HWB when appropriate	TBA	
Draft Health and Wellbeing Board Annual Report 2018-19.	S Kenton - As requested by Chair	TBA	
Best Value Decision making in light of NHS long-term plan	As per email from Simon Kenton dated 26/6/19	TBA	
Public Health Annual Report	As per email from Tracy Flute dated 27/6/19	TBA	
Primary Care Strategy 2019-2022	Deferred from January 2020 to March 2020. Subsequently deferred to July 2020	July 2020	Verbal Update from Carl Marsh
BCH and WHH Collaboration Update	As per email request from S Broomhead dated 16/8/19 Further report requested by SB in 3-4 months' time at 12/9/19 meeting	September 2019 January 2020	
Joint Working Arrangements across Halton and Warrington – position to date	As per email request from S Broomhead – letter from Dr Andrew Davies	TBA	
5 year Local Place Plan	As per email request from S Kenton dated 24/10/19	Deferred from November 2019	Current draft plan endorsed by HWBB

	Delayed due to purdah (General Election) as per email from S Kenton 13/11/19	Initial discussions at January 2020 meeting	Workshop to discuss further to be arranged for HWBB
Tobacco Alliance	Details required	TBA	
Integrated Commissioning and Transformation Board Programme – annual report	Regular update	S Kenton /C Marsh	
GP Access in Burtonwood	Following Healthwatch update at January 2020 meeting, update requested to monitor access concerns to GP surgeries in Burtonwood area	TBA	
Winter Wellbeing Advice	Following Healthwatch update at January 2020 meeting, update requested regarding how information have been received	TBA	
Integrated Care Hubs (Orford & Great Sankey)	Update on how hubs are operating since opening	TBA	
Pharmaceutical Needs Assessment	Refresh / update of current assessment	Tracy Flute – short briefing at March 2020 meeting, followed by full review July 2020 <b>Deferred - TBA</b>	
Local Transformation Plan for Children’s and Young People’s Mental Health		Collette Woolley (Paula Worthington)– March 2020 <b>Deferred - TBA</b>	
Warrington Wellbeing Evaluation and Next Steps	Overview of findings from the evaluation of the Warrington Wellbeing Service.	Tracy Flute – <b>Deferred from July 2020</b>	
Integrated Care System	Further details to be provided to HWBB on the statutory powers for Integrated Care Systems – what measures are required – vision statement of healthcare systems	November 2020  Simon Kenton	
Primary Care Strategy 2019 - 2022	Verbal report at July 2020 meeting that informed HWBB that due to COVID 19 strategy refresh postponed. Strategy has now been aligned with guidance on COVID19 and has	Carl Marsh? TBC	

	helped to develop some aspects sooner than initially thought - including the wider use of technology. Final version of the strategy to be presented at September 2020		
Health Inequalities and Impact of COVID 19	Initial report presented to HWBB July 2020  Further report requested to detail wider impact, key actions undertaken in line with 7 listed priorities	Thara Raj / Dave Bradburn Jan or March 2021 meeting	

<b>Completed Work Programme Items</b>			
<b>Issue</b>	<b>Rationale</b>	<b>Presented to HWB</b>	<b>Action</b>
Impact of transition to Warrington Safeguarding	Information noted	September 2019	Complete

Partnership on the Child Death Overview Panel			
BCF Plan 2019/20	Requirement for HWB to sign-off prior to submission to NHS England on 27/9/19	November 2019	Complete
One Year Spending Review	Members analysed what spending review means to them. Members to forwarded comments to Simon Kenton.	November 2019	Complete
Minimum Unit Pricing (MUP) - Update	As per emails from MAA/SB dated 21/10/19 re support for collaborative work across the north and to lobby nationally.	November 2019	Complete
Update on Commissioning at Scale	Information noted – further updates at future meetings if required	November 2019	Updates to be agreed
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. And to amend WBC Member titles	January 2020	Updates to be sent to WBC Constitutional Sub Committee to amend constitution
Update on Flu vaccination and flu-pandemic related issues: Reflection on success of the process during winter 2018/19	To update the Board on the recent flu vaccination programme and issues arising from the delay in supply	January 2020	Report noted and Board Members agreed to encouraged future vaccinations To be included in the Health Protection Annual Update report.
Marmot Communities	Supports all of Warrington's Health and Wellbeing Strategy 2019-2023 strategic priorities – Board to discuss if to adopt an evidence based approach to tackling health inequalities by becoming a Marmot Community	January 2020	HWBB agreed to adopt Marmot Community practices
Overview of Cancer JSNA following public consultation	Tracy Flute	January 2020	Report content noted and recommendations endorsed by the HWBB

Public Accounts Committee NHS/Social Care – Readyng the NHS and Social Care for the Covid 19 Peak	Details provided to HWBB around ‘negligent approach towards adult social care’ – discharging patients to care homes without COVID testing beforehand	September 2020	Discussion noted
Reset Not Restart - Adult Social Care The Future Since Covid	Updates from Association of Directors of Adult Social Services	September 2020	Discussion noted
NHS 111 – First Programme North West Implementation	Details of implementation progress	September 2020	Discussion noted
Covid Situational Awareness	Details of implementation progress	September 2020	Discussion noted