WARRINGTON
Borough Council

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

Professor Steven Broomhead MBE
Chief Executive

Town Hall
Sankey Street
Warrington
WA1 1UH

13 January 2021

Meeting of the Warrington Health and Wellbeing Board, Thursday, 21 January 2021 at 1.30pm

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

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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 12 November 2020 as a correct record.

4. **Covid Update and Response**

Verbal report from Professor Steven Broomhead MBE

5. **Updates from Reference Groups**

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

Verbal report of Cath Jones, Director of Adult Services, Warrington Borough Council and Carl Marsh, Director of Commissioning Warrington CCG

(B) (**i**) **Warrington Together**

Verbal report of Simon Kenton, Programme Director, Warrington Together

6. **H&WB Strategy Thematic Update – Ageing Well** To follow

Report of Rick Howell - Strategic Lead Commissioning, Families and Wellbeing

7. **Integrating Care: Next steps to building strong and effective integrated care systems, published by NHSI/E on 26 November 2020 and Warrington's response** Page.12

Report of Simon Kenton – Warrington Together

8. **Warrington & Halton Children & Young Peoples Mental Health & Wellbeing Local Transformation Plan (LTP) – Refresh 2020/21 to 2021/22** Page.62

Steve Tatham – Senior Commissioning Manager for Maternity, Children and Families at Warrington CCG

9. **Work Programme** Page.148

To keep under review the Board's Work Programme

10. **Future Meetings**

All on a Thursday at 1.30pm:

25 March 2021
27 May 2021
15 July 2021
16 September 2021
11 November 2021
20 January 2022

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.

Nil

Membership:

Chairman: Professor Steven Broomhead MBE

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
Lydia Thompson, Healthwatch Warrington Manager
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
12 November 2020

Present:-

Councillor R Knowles (Chair), Councillor M McLaughlin, Councillor R Bowden, Councillor C Mitchell, Councillor M Smith, Councillor I Marks, A Amesbury, C Jones, C Marsh, S Kenton, S Cullen, L Thompson, M Larking, Dr D Bunstone, L Gardner, J Carter, J Ubido, S Meegan, S Quinn.

HWB96 Apologies

Apologies for absence were received from Professor S Broomhead MBE, Councillor P Warburton, T Raj, C Scales, S Constable, Dr A Davies, D Cooper.

HWB97 Declarations of Interest

There were no declarations of interest submitted at this meeting.

HWB98 Minutes

Resolved – That the minutes of the meeting of the Board held on 10 September 2020 be received as a correct record and be signed by the Chairman.

HWB99 Covid Update

This item was removed from the agenda due to the reporting Officer being unable to attend.

HWD100 Children and Young People Health Profile

The Board received a presentation from Liverpool John Moore' University that provided details of the newly updated Children and Young People Health and Wellbeing Profile for Cheshire & Warrington.

The update report was commissioned by the Cheshire & Merseyside Directors of Public Health through the Cheshire and Merseyside Public Health Intelligence Network and Champs Public Health Collaborative (Cheshire and Merseyside) and is an update of the 2017 Children and Young People Health Profiles and provided one for Cheshire and Warrington and one for the Liverpool City Region. A summary of demographics and key statistics which will help to inform strategic priorities and potential areas for collaborative working for pre-birth and early years, primary school years and from older childhood to becoming a young adult were provided to the Board.

Key areas from the study were highlighted to the Board and included;

- The profile relates to a population of approximately 59,000 young people (28% of total population) for the region which is more than neighbouring Cheshire areas
- 7692 of children are from ethnic minorities, which is more than neighbouring Cheshire areas but less than national levels
- There is significantly lower levels of deprivation and child poverty in Warrington, with the area being the second lowest in the North West
- Lone parent and looked after children levels in Warrington are higher than national average
- Hospital admissions for Warrington young people are significantly lower than the national average and are the lowest across the North West, however, unintentional and deliberate injury admissions are significantly higher than national levels
- In Pre-birth and early years, Warrington is the second lowest in North West in terms of mothers who smoke during pregnancy at 8.1%
- Infant mortality and birth rates are in line with national averages
- There are high vaccine uptake rates across Warrington and Cheshire
- 39% of babies continue to be breastfed after 8 weeks which is lower than national levels
- Warrington has the highest number of hospital admissions for babies and injuries in 0 - 4 year olds are similar to national rates
- With regards to Primary School aged children, 73.6% of children have better levels of school readiness than the rest of the North West, and 61% of children eligible for Free School Meals have better levels of school readiness
- Obesity levels are similar to national average and are the lowest in North West, however this is still a concern with as national levels are high
- Warrington has the fourth lowest levels of children with decayed or missing teeth, approx. ¼ of children which is still considered high
- For children of Secondary school age and young adults, attainment is high at 49% with 5 or more GCSE's, which is the third highest in North West
- There are low rates of entry to youth justice system in Warrington
- Chlamydia detection is low amongst young people
- There are significantly higher rates of hospital admission in young people in Warrington for unintentional or deliberate injuries, alcohol and substance misuse.

The Board agreed that the key findings of the report would be presented to the Early Help Partnership Board and Warrington Children's Safeguarding Board to identify and commission additional work to support those areas that required improvement and to discuss what intervention measures may be required.

HWB101 Updates from Reference Groups

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

The ICTB are responsible for overseeing joint commissioning projects across the NHS for Warrington & Local Authority and designed to support whole system transformation to ensure optimal use of resources. Key decisions made in last reporting period include;

- Extension of funding for the 'Good Neighbour Voluntary Scheme' to continue. This is a local scheme that offers temporary support to those who need it. A key issue that was found from residents who have accessed this service in the last 6 months was that there is a longer term impact with people reconnecting with the outside world following period of isolation. This service does not replace work already undertaken by Social Services or other care agencies, but is an additional service that helps to compliment current services
- Continuation of the British Red Cross Service – the current contract between WBC and The British Red Cross to provide a provision of support for at home services was due to end in September. The intention was to relocate this service to the Rapid Response Team as this is a complimentary services that supports one another but due to Covid 19 this has not been possible. There has also been an increase use of telephone support provided provision of support for an 'at home service' and risk assessment and practical support following discharge for acute services
- Discharge to Assess Funding – currently looking at funding options to support discharge from acute services to community settings. This scheme has been processed quickly and moved from an idea to a business case in 3 – 4 weeks which is extremely quick and to maintain this momentum for other projects going forward would be beneficial.

Other highlights of work undertaken by the Board include a Review of Intermediate Care Services and Modelling / Key Design Principles of the review were approved by the Board and will be consulted on soon.

In addition the Board reviewed the Warrington& Halton Winter Plan as part of a 'critical friend' role and submitted their comments to NHS regulators with the plan now being approved.

Resolved;

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

(B) **Warrington Together**

The Board received a verbal report in relation to Warrington Together system

wide programme that supports collaborative working, with key highlights identified as;

- The paper produced by Dr A Davies relating to collaborative commissioning and provision will be taken forward and considered by the Provider Alliance and will look at various issues, including ICTB's
- Funding in relation to the Peoples Panel has been really effective especially around communication on Covid 19 and Mental Health issues. It was reported that there are issues around mental health in young people of transitional age 14 – 16 who do want parental involvement
- A report on flu jab uptake has been commissioned which has acknowledged that there have been struggles with uptake due to accessibility and a knock on effect of anxiety begin caused if patients are unable to access the jab
- Disability Awareness Day was held on 25th October and was a great success, along with a virtual workshop held in the same week that talked about Integrated Community Teams and work around the Fragility Programme and ensuring that consultations around changes to provision of care take into account accessibility of transport
- A new organisation 'MoveMENt' has been set up with the aim to tackle suicide in men. There has been a series of social media publications about connecting with a whole range of issues across the borough and a number of events held including a 'Darkness to Light Walk' that took place from Widnes to Warrington in the early hours of the morning to help highlight prevention and encouraged people to talk
- Meetings had taken place regarding specialist housing and how it can be ensured that Housing Associations with developments in the pipeline are supported by relevant commissioning services
- All members of Warrington Together have been involved in a successful £22.5 million town centre deal which will connect health and wellbeing issues with transport and regeneration issues
- A note of thanks to those who were involved with the Health Foundation Bid. Notification will be provided in January if successful or not
- A celebratory event to recognise the work undertaken by the Voluntary Sector during the last year will be planned that will promote the work of My Life Warrington and encourage more people to become involved in the voluntary sector
- Warrington Healthwatch have also published their Young People's Mental Health Report and Covid Survey Update Report and will meet with CCG Representatives to discuss recommendations and will report back to the Board in due course.

Resolved;

That the update from Warrington Together be noted.

HWB102 Initial Evaluation of NHS 111 First requested by Cheshire and Merseyside Health and Care Partnership

The Board received a report that provided details of the initial evaluation of the implementation of NHS 111. Warrington Hospital was 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 2020.

Patients attending A&E at Warrington Hospital have been requested to call NHS 111 to book an appointment under the scheme which commenced in July 2020. The scheme was implemented in a 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.

The purpose of NHS 111 First is to prevent nosocomial infection by avoiding congregation in emergency department waiting rooms by ensuring that Patients who do not need to attend are directed elsewhere, go directly to the correct department and not via the emergency department and that community services are robust. This will ensure that the emergency department is reserved for emergency patients.

During an 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 communication and engagement plan

On the 3rd September, the system was given permission to go live on 8th September. Since this date any patient that ordinarily uses the services of Warrington & Halton Hospital Emergency Department, Runcorn and Widnes UCC and the local Clinical Assessment Service Offer were directed the NHS 111 facility. Since September, the process has been embedded, providers are gaining confidence with the new process and patients have given positive feedback about their experience.

To date, patient facing communications has been limited 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.

It is the intention that all systems in the North West will be live by December 2020 and it's anticipated that robust communications will be published at this point. It is hoped that once robust patient facing communications are issued, patients will start to choose to call NHS 111 first rather than walking through the doors of an

emergency department for non-life threatening but urgent needs, giving hospitals 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 emergency departments they can be offered a better service so that patients wait less time and the departments risk of overcrowding is reduced.

Locally, a Steering Group and Operational Group has been established to direct, monitor and review performance, activity and there is opportunity to expand the model into all parts of the system to reduce 'unheralded' (walk in) demand into the emergency departments. Feedback from Healthwatch and elected members has generally been positive apart from waiting time to NHS 111.

Resolved;

That the update report be noted and a further update be presented to the Board in 2021.

HWB103 Integrated Care System

The Board received a report that provided an update on Integrated Care Systems. In some areas of the country, partnerships have evolved to form an integrated care system, a new type of even closer collaboration with 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.

Under this system, 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.

It was reported that 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. In return, integrated care system leaders gain greater freedoms to manage the operational and financial performance of services in their area.

The Board were informed that in integrated care systems are in yet statutory and differ across the country due to different geographical footprints and neighborhood primary care networks.

Detailed scrutiny is required to ensure that the correct support in place that works for Warrington and the Board were requested to feed in to consultation requests as appropriate.

Resolved;

That Health and Wellbeing Board noted the update.

HWB104 Work Programme

The Board received the work programme for the remainder of 2020 - 21.

Resolved;

(1) That the Health and Wellbeing Board agreed the details of the work programme
(2) That an update regarding the impact of Covid 19 on BAME Communities be circulated to the committee when available
(3) A further update regarding the implementation of NHS 111 be provided to the Board at a future meeting
(4) An update be provided to the Board at a future meeting regarding the Town Centre Deal.

HWB105 Date of Next Meetings

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

21 January 2021
25 March 2021

HWB106 Exclusion of the Public (including the press)

Resolved; That members of the public (including the press) be excluded from the meeting by reason of the confidential nature of the following items of business to be transacted being within Schedule 12A Local Government Act 1972 (Rule 10 of the Access to Information Procedure Rules) and the public interest in disclosing the information is outweighed by the need to keep the information confidential.

HWB104 Strategic Outline Case and Overarching Cases Warrington / Halton Hospital

The Board received a presentation that detailed the Strategic Outline Case and Overarching Cases for Warrington and Halton Hospital.

Resolved; that the Board noted the presentation and endorsed the ongoing work of the project.

Signed:……..

Date: ……

Warrington
Health & Wellbeing Board

21 January 2021

1.30 pm

Report Title	Integrating Care: Next steps to building strong and effective integrated care systems, published by NHSI/E on 26 November 2020 and Warrington's response
Type of Decision Required	☐ Formal Decision as to a Statutory Function ☐ Non-Statutory Advice, Guidance or Recommendation to Other Body ☒ Note or Endorse a Report or Action by Others
Report Purpose	To note Warrington's response to the consultation paper
Report author	Simon Kenton
Related Health and Wellbeing Strategy Priority *see addendum attached to this report	*(see attached list)* *1-12*
Confidential or Exempt	This report is not considered to contain information which is confidential or exempt.
Recommendations	To note the report

Health and Wellbeing Strategy 2019-2023: 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 work-force 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'

NHS England

PO Box 16738

Redditch B97 9PT

Warrington Together's response to NHS England's consultation document

Integrating care: Nest steps to building strong and effective integrated care systems, published by NHSI/E on 26 Nov

This response to the above document has been developed through engagement with all partners within Warrington, through our inclusive enterprise 'Warrington Together'. It offers some suggestions as to how to strengthen the welcomed principles set out in the document, presents some constructive comments on the consultation questions and suggests a third option. Warrington Together, including Warrington Borough Council, welcomes the opportunity to offer some added value to this important policy area. The national document settles on 2 options to consult upon, with 4 subsequent questions on which feedback is welcomed by 8th January. The constituent partners of Warrington Together hope that the comments in this response will be helpful and taken as a whole, rather than filtered to the limited options and questions posed by the national document.

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 (comprising of 12 local well-being providers e.g culture, leisure, independence, housing and preventative services)
- Primary Care Networks
- Housing Trusts
- Healthwatch Warrington
- Police and Crime Commissioner for Cheshire
- Warrington's wider voluntary, community and faith organisations

Warrington Together 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. Through this approach different bodies have jettisoned individual organisational objectivities to a realisation that we work for Warrington citizens. Warrington Together has established a Provider Alliance which drives connectivity and integration and integration in the delivery of services; and an Integrated Commissioning and Transformation Board which pools resources and looks for opportunities to link to other local initiatives. All fora involve elected councillors in their membership to ensure democratic overview. The division between commissioners and providers is an artificial one, and more focus need to be on pointing all resources in achieving our shared objectives and improved health and social care outcomes.

It has made real Warrington Together's shared system vision of:

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

In turn, this has allowed us make the most of the £1.3 billion generated in Warrington to connect existing NHS and Social Care funds and initiatives as well as adding value to complementary programmes, such as our successful New Town Deal bid; Local Enterprise Partnership, Cultural, Leisure, Housing and third sector funding streams and thus take a holistic approach to wellbeing by addressing the wider determinants of health.

Warrington Together has a concern that the proposals will enable the ICS to bypass existing place-based successful collaborative partnerships and will devolve functions rather than securing resources and power at a place-based level. It is unfortunate that there is little recognition of existing effective place-based partnerships, such as Warrington Together, Partnerships for Childrens' and Young People, Housing and Regeneration Partnerships. This is probably due to the lack of reference to the engagement of citizens, service users, voluntary and community groups (VSCE).

However, Warrington Together strongly support the document's proposed characteristics for each ICS. Warrington Together has a concern that the proposals will enable the ICS to bypass existing place-based successful collaborative partnerships and will devolve functions rather than securing resources and power at a place-based level:

- Stronger partnerships in local places between the NHS, local government and others with a more central role for primary care in providing joined-up care;
- Provider organisations being asked to step forward in formal collaborative arrangements that allow them to operate at scale;
- Developing strategic commissioning through systems with a focus on population health outcomes;
- The use of digital and data to drive system working, connect health and care providers, improve outcomes and put the citizen at the heart of their own care.

As a starting point, it would be helpful to have reiterate the published joint principles of the LGA, the NHS Confederation, NHS Clinical Commissioners, NHS Providers, ADASS and ADPH that must underpin effective integrated care. They are:

- collaborative leadership
- subsidiarity - decision-making as close to communities as possible
- building on existing, successful local arrangements
- a person-centred and co-productive approach
- a preventative, assets-based and population-health management approach
- achieving best value.

Some of these principles feature strongly in the consultation document, in particular collaborative leadership, subsidiarity, and achieving best value. However, these principles should be based on principles which we have discovered in our Warrington Together journey. These include 'collaborative', 'co-ordinated', 'transparent', 'empowering' ,'comprehensive', 'co-produced', and 'shared responsibility and accountability'. These values have been corroborated by the systematic review published by the International Journal of Integrated care[i].

Warrington Together also strongly supports the four fundamental purposes of an ICS

• improving population health and healthcare; because "decisions taken closer to the communities they affect are likely to lead to better outcomes"

• tackling unequal outcomes and access; because "collaboration between partners in a place across health, care services, public health, and voluntary sector can overcome competing objectives and separate funding flows to help address health inequalities, improve outcomes, and deliver joined-up, efficient services for people"

• enhancing productivity and value for money; because "collaboration between providers across larger geographic footprints is likely to be more effective than competition in sustaining high quality care, tackling unequal access to services, and enhancing productivity."

• helping the NHS to support broader social and economic development

In terms of further clarification from the broader document before moving down to the option response section:

- The consultation focusses almost exclusively on adults, statutory agencies and institutions. More radical and sustainable proposals could have been proposed if more concentration could have been placed on integration for children and young people, voluntary and community sectors and citizens themselves.
- It would be helpful to demonstrate links to Housing and Growth and Regeneration Partnerships, due to the lack of reference to the engagement of citizens, service users, and voluntary/community groups.
- Warrington Together is thriving as it is able to shape its own governance arrangements. In its interaction with citizens, it was clear that housing and crime were major determinants of wellbeing. Accordingly, we added housing and Police and Crime

Commissioner to our membership and established a chairs network, to ensure non-executive power was focussed beyond organisational boundaries. We strongly support systems the having the freedom and flexibility to determine their own membership, beyond the statutory minimum. We would like to see a stronger emphasis on ensuring the system governance arrangements build on and enhance existing place and neighbourhood governance arrangements. They should not bypass, undermine or duplicate existing governance arrangements at place. In particular, they should ensure that HWBs remain the key place based decision-making body.

- It would be helpful to understand the governance arrangements to ensure that decision making is accountable and that commissioned resource, funding and expertise, will be retained at a local level rather than being diluted into a generic regional pot. Such a regional approach will 'drag back' places such as Warrington which have managed to optimise local approaches and link inter-sectorial collaboration, to those which are still taking a soled and tribal approach.
- Bureaucratic differences between NHS and Local Authorities hamper integration. There is a danger of this happening with regard to the proposal that NHS services being removed from the scope of the Public Contracts Regulations 2015. Local government is subject to the Public Contracts Regulations so this proposal represents greater regulatory burden on local government. We would be concerned if this difference created a barrier to existing or new joint commissioning arrangements, or if commissioning was inappropriately channelled through the NHS.
- Warrington is in a good place locally re integration and want to build on this, and we are fearful of any change which would have a negative effect on this partnership approach. We need to know that the local knowledge built up around place and prevention in the local authority - and with our partners in Warrington Together, partner NHS organisations, the Health and Wellbeing Board and wider influencers around housing, regeneration and local policing as examples - are not lost to an overly NHS-based model which does not have the flexibility to deliver what is needed, particularly in terms of prevention.
- The purpose and the proposed benefits of an ICS are supported. However, how the formation of the ICS will benefit Warrington, its residents, their current and future health and care and also build on its current successes are not so clear. The role of local government in the future development of an ICS should also be clearly defined.
- The local authority has the widest understanding of the needs and interests of the local population, not only directly in relation to those who need input with regard to ill health and social care, but also with respect to the social determinants of their health and the many influences on these. It is the fixed point around which the other elements of the health and care system turn and is thus the paramount guardian of the interests of the place. Without parity of esteem between health and local government within the integrated system, it is unlikely to be successfully and beneficially integrated
- Warrington's Health and Wellbeing Board recently analysed the dichotomy between morbidity/mortality as to access to health and exposure to wider determinants of health. Those communities with plentiful access to health services were still dying earlier than those that did not. We would therefore welcome a new reciprocal "duty

of collaboration to improve population health and address health inequalities" on all NHS organisations and local authorities

- To cement true integration, Warrington Together would propose:
    - a legal requirement on ICSs to involve health and wellbeing boards (HWBs) in the development of plans and to devolve the development of place or locality plans to HWBs
    - a new duty for Place based HWBs to 'sign off' on all ICS plans
    - commissioning to continue to have a strong place-based focus, with a strong and proactive role in HWBs in approving commissioning plans
    - duty on ICSs to be accountable to their local communities through existing democratic processes.
- Further questions:
    - Exactly what legislative powers will an ICS have over its constituent NHS organisations, particularly over foundation trusts?
    - What will the role for local government and other non-NHS partners in the ICS be, particularly in the scenario set out in option two (below), where it becomes a statutory NHS body accountable for NHS finances?
    - What will be the models for new provider collaboratives and how will they be structured to enable mutual support between provider organisations and effective co-operation within sectors at the level of place?
    - In light of the recent announcement to abolish Public Health England, how will these proposals align with the operating model for public health, which is being developed separately?
    - How will delegation of functions (and budgets, in some cases) to the level of place be supported in practice?
    - How will the cultural change that underpins better integration be supported? How will staff at all levels be supported to genuinely collaborate across organisational and professional boundaries?
    - How will the voices and priorities of residents, service users and patients be captured and meaningfully reflected in the governance and decision-making of ICSs?.

We are seeing a marked impact of various responses to the pandemic on children's development, attainment and emotional health and wellbeing. There is a growing anxiety in the secondary population and we are observing some significant developmental delay in our youngest children. Addressing inequalities for our youngest children is critical and we fear that the gaps are widening greatly as we see the impact of the pandemic on growing financial hardship in our families. It is possibly the SEND services where I would want to see the greatest connectivity and join up. These services cover 0-25 and cross education and 'Health' and we are keen to see a more robust shared narrative and responsibility for our SEND and adults with learning disability population. If we truly have a long term vision of narrowing health inequalities, being able to tackle barriers to children's social, emotional, behavioural and physical health early and effectively must surely be our aspiration and our practical task? The proposals are very medically oriented, when in fact the solutions often reside within local government. We need to know that the local knowledge built up around place and prevention in the local authority - and with our partners in Warrington Together, partner NHS

organisations, the Health and Wellbeing Board and wider influencers around housing, regeneration and local policing as examples - are not lost to an overly NHS-based model which does not have the flexibility to deliver what is needed, particularly in terms of prevention.

Warrington Together's Response

The document restates the NHSEI recommendations to the government on legal reform made in 2019, and which formed the basis of the NHS Bill 2019 (which fell due to a general election being called). It also includes two options for creating a legal framework for ICSs.

- **Option 1** – A statutory ICS board or joint committee with an accountable officer, recognised in legislation. This partnership would bring together statutory organisations – NHS commissioners, providers and local authorities – to enable them to take decisions collectively. This option is predicated on remaining unmerged CCGs had been merged to leave one per ICS, with the resulting loss of local accountability. The joint committees would enable NHS "commissioners, providers and local authorities" to take decisions collectively. Warrington Together notes that, inevitably, "many questions" about accountability and clarity of leadership unresolved.
- **Option 2** – ICSs will become a statutory corporate NHS body, into which current CCG commissioning functions would be transferred. CCGs would be abolished and replaced by a board with representation from system partners, including local government. As a minimum, membership would include representatives of NHS providers, primary care and local government. would effectively take the place of a CCG, replacing its governing body (along with its GP membership model) with a new board consisting of representatives from the "system partners" – including representatives of NHS providers, primary care and local government alongside a Chair, a Chief Executive and a Chief Financial Officer. A worry recognised is that the CCGs, having been merged into bodies far larger in scope than the original 207 CCGs, would be abolished, with their commissioning role taken over by the ICSs.

  The document makes it very clear that this second model is the one favoured by NHS England. Warrington Together acknowledges this fact.

Options

The document gives organisations are asked to consider 4 questions relating to the legislative proposals in the paper and to respond with views on the proposed options by 8 January 2021.

Q. Do you agree that giving ICSs a statutory footing from 2022, alongside other legislative proposals, provides the right foundation for the NHS over the next decade?

Q. Do you agree that option 2 offers a model that provides greater incentive for collaboration alongside clarity of accountability across systems, to Parliament and most importantly, to patients?

Q. Do you agree that, other than mandatory participation of NHS bodies and Local Authorities, membership should be sufficiently permissive to allow systems to shape their own governance arrangements to best suit their populations needs?

Q. Do you agree, subject to appropriate safeguards and where appropriate, that services currently commissioned by NHSE should be either transferred or delegated to ICS bodies?

Q1. Do you agree that giving ICSs a statutory footing from 2022, alongside other legislative proposals, provides the right foundation for the NHS over the next decade?

As you will have understood from the above narrative, you will have acknowledged that Warrington Together elevated the value of collaboration across organisations, across sectors and between localities as a necessary characteristic of a system organised to pursue shared objectives or a population served jointly. Subject to comments set out above, we believe, that the proposals in the national document to establish those through statutory means recognise and fix those objectives for the long term.

We hope the comments made above can only be fully realised if they are genuinely able to support models for comprehensive, inclusive, democratically accountable, place based working with the most local possible control of the range of resources to make that happen. The facility to establish locally accountable place based system boards with the authority and flexibility to jointly control the full range of resources for the populations they serve is the key condition the ICS should be expected to enable. The risk without this recognition is that decision making actually becomes more distant from communities, is disconnected from those wider citizens and VCSE services which is the only way to unlock preventative potential and affect patterns of demand on formal health and care services.

The facility to establish locally accountable place based system boards with the authority and flexibility to jointly direct the full range of resources for the populations they serve is the key condition the ICS should be expected to enable. As much power and resources should be devolved to place based programmes at a local authority footprint. The risk is without this recognition is that decision making actually becomes more distant from communities, is disconnected from those wider public and VCSE services, wider funding and transformation opportunities which is the only way to unlock preventative potential and affect patterns of demand on formal health and care services.

Q2. Do you agree that option 2 offers a model that provides greater incentive for collaboration alongside clarity of accountability across systems, to Parliament and most importantly, to patients?

Warrington Together agrees, subject to the condition that the ICS Board model is constructed on the basis and ethos of place based membership alongside members representing system level accountabilities as proposed above. We believe that model is strengthened by being rooted in place and set to avoid the creation of a two tier, or hierarchical system.

The primary statutory duty to “secure the effective provision of health services to meet the needs of the system population, working in collaboration with partner organisations” is very helpful in supporting clarity on obligations to the NHS between the ICS and Parliament. This must not overlook the purpose and objectives however to improve health, reduce health inequalities and tackle unequal access and outcomes. Our ambition, in Warrington Together, is to establish local governance and financial lows which similarly reduces the transactional

burden of the commissioner provider split and this should be replicated at the system level. Option 2 could be strengthened further by having clear recommendation about an enhanced role of local authority scrutiny functions to build these into place based whole system scrutiny of quality, finance and other mattes requiring more granular review than can occur at the level of the ICS.

Q3. Do you agree that, other than mandatory participation of NHS bodies and Local Authorities, membership should be sufficiently permissive to allow systems to shape their own governance arrangements to best suit their populations needs?

Warrington Together's strongly agrees, hence our comments on devolving as much commissioning resource locally as possible. This also provides the necessary flexibility to allow us to establish and benefit from that breadth of leadership. The potential for place based provider collaboratives is immense. New models spanning social, emotional, psychological and medical approaches are the key to public service transformation and the ability to improve health.

Those models maximising the social value they bring to local places over the coming decade will be central to the nation's recovery from the social and economic effects of the pandemic and will be positively transformative regardless.

Q 4. Do you agree, subject to appropriate safeguards and where appropriate, that services currently commissioned by NHSE should be either transferred or delegated to ICS bodies?

We agree. Our ambition is to fully join pathways so that coordinated decisions are made locally and funding is used in the most effective way possible to improve outcomes for the population including the use of non- NHS agencies where appropriate.

Warrington Together is mindful that where commissioned services have been transferred in the past this has been associated with a reduction in funding (case in point – the public health grant). If this is purely a reduction of funding exercise it won't deliver on that key preventative approach, so we need to make the case that where we are in agreement there are caveats around what funding would look like and making sure we get a fair settlement.

The purposes of an ICS in improving health tackling inequalities, enhancing productivity and helping social & economic development are to be supported. However I have great concern that the collaborative work, success and focus of Warrington as a place will be reduced as, as you say, part of 'a diluted regional pot'. There is a great risk that the focus of an ICS decision making body will be the benefit of the whole ICS population rather than the best interests of Warrington and its residents.

Steps to address the dilution of focus on place through the Health & Wellbeing Board and HoSC are likely to be of limited success unless the governance structures are clearly defined; these bodies should be able to influence and challenge the strategy and decisions of the ICS. It is unclear what the proposals for the governance arrangements will be - and the option of defining them as the ICS is formed and develops is not ideal.

Democratic input that includes the voice of citizens and governance structures that properly reflect and value the contributions and responsibilities of the various elements of the system are going to be critical to whether this is successful, and it is these structures that will underpin and define the quality of the relationships that make it work effectively.

Warrington Together would therefore propose **Option 3**, which was proposed by the LCR and has been supported by NW DASS's based upon ensuring maximum equal relationship between NHS and LG (see below). Given that the aim of the statutory reform is to accelerate integration of health and care, local authorities should be legislated as equal partners. The current options 1 and 2 do not offer parity of esteem between health and Local Government which has the following features:

•ICSs to be a statutory joint committee acting as strategic partnership bodies for the whole system, with a parity of esteem and representation between local government and the NHS

•There will be a reciprocal duty of cooperation to address health inequalities on the NHS and local government.

•Accountability of the statutory ICS joint committee will be established within existing democratic structures

•Directors of Adult Social Care (DASS) will be included as mandatory members of 'place' integrated care partnerships; and DASS representation on the ICS joint committee will be mandated

•Partners within the statutory joint committee will take on current clinical commissioning group (CCG) functions, as determined at a local level, recognising the maturity of local systems

I hope these comments and observations are helpful. Warrington Together would be happy to continue to contribute to this policy journey. Please contact me on the email address below.

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Programme Director

Warrington Together

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[i] Values of Integrated Care: A Systematic Review - PubMed (nih.gov)

Integrating care

Next steps to building strong and effective integrated care systems across England

Contents

Introduction

This document builds on previous publications that set out proposals for legislative reform and is primarily focused on the operational direction of travel. It opens up a discussion with the NHS and its partners about how ICSs could be embedded in legislation or guidance. Decisions on legislation will of course then be for Government and Parliament to make.

This builds on the route map set out in the *NHS Long Term Plan*, for health and care joined up locally around people's needs. It signals a renewed ambition for how we can support **greater collaboration** between partners in health and care systems to help accelerate progress in meeting our most critical health and care challenges.

It details how systems and their constituent organisations will accelerate **collaborative ways of working** in future, considering the key components of an effective integrated care system (ICS) and reflecting what a range of local leaders have told us about their experiences during the past two years, including the immediate and long-term challenges presented by the COVID-19 pandemic.

These are significant new steps towards the ambition set out in the *NHS Long Term Plan*, building on the experience of the earliest ICSs and other areas. Our challenge now is to spread their experience to every part of England. From April 2021 this will require all parts of our health and care system to work together as Integrated Care Systems, involving:

- Stronger **partnerships in local places** between the NHS, local government and others with a more central role for primary care in providing joined-up care;
- **Provider organisations** being asked to step forward in formal collaborative arrangements that allow them to operate at scale; and
- Developing strategic **commissioning** through systems with a focus on population health outcomes;
- The use of **digital and data** to drive system working, connect health and care providers, improve outcomes and put the citizen at the heart of their own care.

This document also describes options for giving ICSs a firmer footing in **legislation** likely to take affect from April 2022 (subject to Parliamentary decision). These proposals sit alongside other recommendations aimed at removing legislative barriers to integration across health bodies and with social care, to help deliver better care and outcomes for patients through collaboration, and to join up national leadership more formally. NHS England and NHS Improvement are inviting views

on these proposed options from all interested individuals and organisations by Friday 8 January.

It builds on, and should be read alongside, the commitments and ambitions set out in the *NHS Long Term Plan* (2019), *Breaking Down Barriers to Better Health and Care (2019)* and *Designing ICSs in England* (2019), and our *recommendations to Government and Parliament for legislative change (2019)*.

1. Purpose

1.1. The NHS belongs to us all[1] and any changes to it must bring clear improvements for our health and care. Since 2018, integrated care systems (ICSs) have begun doing just this, enabling NHS organisations, local councils, frontline professionals and others to join forces to plan and provide around residents' needs as locally as possible.

1.2. By doing this, they have driven a 'bottom-up' response to the big health and care challenges that we and other countries across the world face and have made a real difference to people's lives. They have improved health, developed better and more seamless services and ensured public resources are used where they can have the greatest impact.

1.3. These achievements have happened despite persistent complexity and fragmentation. This document describes how we will simplify support to local leaders in systems, making it easier for them to achieve their ambitions. Our proposals are designed to serve four fundamental purposes:

- improving population health and healthcare;
- tackling unequal outcomes and access;
- enhancing productivity and value for money; and
- helping the NHS to support broader social and economic development.

1.4. The *NHS Long Term Plan* set out a widely supported route map to tackle our greatest health challenges, from improving cancer care to transforming mental health, from giving young people a healthy start in life to closing the gaps in health inequalities in communities, and enabling people to look after their own health and wellbeing.

1.5. The COVID-19 pandemic has given the NHS and its partners their biggest challenge of the past 70 years, shining a light on the most successful approaches to protecting health and treating disease. Vulnerable people need support that is joined up across councils, NHS, care and voluntary organisations; all based on a common understanding of the risks different people face. Similarly, no hospital could rise to the challenge alone, and new pathways have rapidly developed across multiple providers that enable and protect capacity for urgent non-COVID care.

1.6. This has all been backed up by mutual aid agreements, including with local councils, and shared learning to better understand effective response. It has

[1] https://www.gov.uk/government/publications/the-nhs-constitution-for-england

required openness in data sharing, commitment to collaboration in the interests of patients and communities, and agile collective decision-making.

1.7. The significant challenges that face health and care as we recover from the pandemic make it even more important to have strong and thriving systems for the medium term. Important changes were driven by emergency response but must be hard-wired into our future working so that the gains of 2020 can endure. DHSC's 'Busting Bureaucracy: Empowering frontline staff by reducing excess bureaucracy in the health and care system in England' report, published on the 24th November 2020, describes in detail some of these important areas of change. The report found that there are many sources of excess bureaucracy and that these are often exacerbated by duplicative or disproportionate assurance systems and poorly integrated systems at a national, regional and local level. The report also acknowledges that the more levels of hierarchy in a system, the more likely it is that bureaucracy will exist and grow. ICS' therefore have the potential to reduce bureaucracy through increased collaboration, leaner oversight through streamlined assurance structures and smarter data-sharing agreements.

1.8. To deliver the core aims and purposes set out above, we will need to devolve more functions and resources from national and regional levels to local systems, to develop effective models for joined-up working at "place", ensure we are taking advantage of the transformative potential of digital and data, and to embed a central role for providers collaborating across bigger footprints for better and more efficient outcomes. The aim is a progressively deepening relationship between the NHS and local authorities, including on health improvement and wellbeing.

1.9. This reflects three important observations, building on the *NHS Long Term Plan*'s vision of health and care joined up locally around people's needs:

- **decisions taken closer to the communities** they affect are likely to lead to better outcomes;
- **collaboration between partners in a place** across health, care services, public health, and voluntary sector can overcome competing objectives and separate funding flows to help address health inequalities, improve outcomes, and deliver joined-up, efficient services for people; and
- **collaboration between providers** (ambulance, hospital and mental health) across larger geographic footprints is likely to be more effective than competition in sustaining high quality care, tackling unequal access to services, and enhancing productivity.

1.10. This takes forward what leaders from a range of systems have told us about their experiences during the past two years.

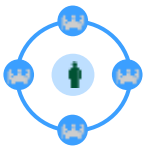
Devolution of functions and resources

1.11. Joining up delivery is not enough on its own. In many areas, we can shift national or regional resources and decision-making so that these are closer to the people they serve. For example, it will make sense to plan, commission and organise certain specialised services at ICS level, and to devolve a greater share of primary care funding and improvement resource to this more local level.

1.12. ICSs also need to be able to ensure collectively that they are addressing the right priorities for their residents and using their collective resources wisely. They will need to work together across partners to determine:

- **distribution of financial resources** to places and sectors that is targeted at areas of greatest need and tackling inequalities;
- **improvement and transformation resource** that can be used flexibly to address system priorities;
- **operational delivery** arrangements that are based on collective accountability between partners;
- **workforce planning, commissioning and development** to ensure that our people and teams are supported and able to lead fulfilling and balanced lives;
- **emergency planning and response** to join up action at times of greatest need; and
- the use of **digital and data** to drive system working and improved outcomes.

"Place": an important building block for health and care integration



1.13. For most people their day-to-day care and support needs will be expressed and met locally in the place where they live. An important building block for the future health and care system is therefore at '**place**.'

1.14. For most areas, this will mean long-established local authority boundaries (at which joint strategic needs assessments and health and wellbeing strategies are made). But the right size may vary for different areas, for example reflecting where meaningful local communities exist and what makes sense to all partners. Within each place, services are joined up through primary care networks (PCNs) integrating care in neighbourhoods.

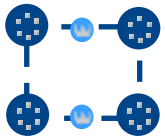
1.15. Our ambition is to create an **offer to the local population of each place**, to ensure that in that place everyone is able to:

- access clear advice on **staying well**;
- access a range of **preventative services**;
- access **simple, joined-up care and treatment** when they need it;
- access digital services (with non-digital alternatives) that put the citizen at the heart of their own care;
- access proactive support to keep as well as possible, where they are **vulnerable or at high risk**; and to
- expect the NHS, through its employment, training, procurement and volunteering activities, and as a major estate owner to play a full part in **social and economic development** and **environmental sustainability**.

1.16. This offer will be met through providers of primary care, community health and mental health services, social care and support, community diagnostics and urgent and emergency care working together with meaningful delegated budgets to join up services. It will also allow important links to be made to other public or voluntary services that have a big impact on residents' day-to-day health, such as by improving local skills and employment or by ensuring high-quality housing.

1.17. Delivery will be through NHS providers, local government, primary care and the voluntary sector working together in each place in ICSs, built around primary care networks (PCNs) in neighbourhoods.

Developing provider collaboration at scale



1.18. At some times, many people will have more complex or acute needs, requiring specialist expertise which can only be planned and organised effectively over a larger area than 'place'. This may be because concentrating skills and resources in bigger sites improves quality or reduces waiting times; because it is harder to predict what smaller populations will need; or because scale working can make better use of public resources.

1.19. Because of this, some services such as hospital, specialist mental health and ambulance needs to be organised through **provider collaboration** that operates at a whole-ICS footprint – or more widely where required.

1.20. We want to create an **offer that all people served by an ICS** are able to:

- access a full range of high-quality acute hospital, mental health and ambulance services; and
- experience fair access to these services, based on need and not factors such as geography, race or socio-economic background.

1.21. We also need to harness the involvement, ownership and innovation of clinicians, working together to design more integrated patient pathways horizontally across providers and vertically within local place-based partnerships.

2. Putting this into practice

2.1. There are many good examples of recent system working that have improved outcomes and productivity, and helped to address inequalities. But COVID has made the case for a step up in scope and ambition. NHS and local government are increasingly pressing for a more driven and comprehensive roll out of system working.

2.2. So, in this section we set out a series of practical changes which will need to be in place by April 2022 at the latest, to make a consistent transition to system working focused on further devolution to systems, greater partnership working at place and closer collaboration between providers on a larger footprint. The main themes are:

1. Provider collaboratives
2. Place-based partnerships
3. Clinical and professional leadership
4. Governance and accountability
5. Financial framework
6. Data and digital
7. Regulation and oversight
8. How commissioning will change

2.3. We will support preparatory work during 2021/22 with further guidance for systems and in the NHS Operational Planning Guidance for 2021/22.

Provider collaboratives

2.4. Provider organisations will play an **active and strong leadership role** in systems. Through their mandated representation in ICS leadership and decision-making, they will help to set system priorities and allocate resources.

2.5. **Providers will join up services across systems.** Many of the challenges that systems face cannot be solved by any one organisation, or by any one provider. Joining up the provision of services will happen in two main ways:

- **within places** (for example, between primary, community, local acute, and social care, or within and between primary care networks) through place-based partnerships as described above (‘vertical integration’); and

- **between places** at scale where similar types of provider organisation share common goals such as reducing unwarranted variation, transforming services, providing mutual aid through a formal provider collaborative arrangement ('horizontal integration' – for example, through an alliance or a mental health provider collaborative).

2.6. **All NHS provider trusts will be expected to be part of a provider collaborative**. These will vary in scale and scope, but all providers must be able to take on responsibility for acting in the interests of the population served by their respective system(s) by entering into one or more formal collaboratives to work with their partners on specific functions.

2.7. This greater co-ordination between providers at scale can support:

- higher quality and more sustainable services;
- reduction of unwarranted variation in clinical practice and outcomes;
- reduction of health inequalities, with fair and equal access across sites;
- better workforce planning; and
- more effective use of resources, including clinical support and corporate services.

2.8. For provider organisations operating across a large footprint or for those working with smaller systems, they are likely to create **provider collaboratives that span multiple systems** to provide an effective scale to carry out their role.

2.9. For ambulance trusts specifically we would expect collaboration and integration at the right scale to take place. This should operate at scale to plan resources and join up with specialist providers, and at a more local level in places where focused on the delivery and redesign with other partners of urgent and emergency care pathways.

2.10. We want to spread and build on good work of this type already under way. The partnerships that support this collaboration (such as provider alliances) often take place on a different footprint to ICS boundaries. This should continue where clinically appropriate, with NHS England and NHS Improvement helping to ensure consistent and coherent approaches across systems, especially for smaller partnerships.

2.11. Local flexibility will be important but providers in every system, through partnership or any new collaborative arrangements, must be able to:

- deliver relevant programmes on behalf of all partners in the system;
- agree proposals developed by clinical and operational networks, and implement resulting changes (such as implementing standard

operating procedures to support agreed practice; designating services to ensure their sustainability; or wider service reconfiguration);

- challenge and hold each other to account through agreed systems, processes and ways of working, e.g. an open-book approach to finances/planning;
- enact mutual aid arrangements to enhance resilience, for example by collectively managing waiting lists across the system.

2.12. In some systems, larger providers may also choose to use their scale to host functions on behalf of other system partners.

2.13. NHS England and NHS Improvement will set out further guidance in early 2021, describing a number of potential models for provider collaboratives, based on those that have been established in some parts of the country, including looser federations and more consolidated forms.

2.14. We know that providers are already making progress towards effective, collaborative working arrangements despite the constraints of relevant legislation and frameworks. Indeed, many crucial features of strong system working – such as trust between partners, good leadership and effective ways of working – cannot be legislated for.

But we recognise that these could be supported by changes to legislation, including the introduction of a 'triple aim' duty for all NHS providers to help align priorities, and the establishment of ICSs as statutory bodies with the capacity to support population-based decision-making and to direct resources to improve service provision. Our recommendations for this are set out in part 3.

2.15. Systems will continue to play an increasingly important role in developing multidisciplinary leadership and talent, coordinating approaches to recruiting, retaining and looking after staff, developing an agile workforce and making best use of individual staff skills, experience and contribution.

2.16. From April 2022, this will include:

- developing and supporting a 'one workforce' strategy in line with the NHS People Plan and the People Promise, to improve the experience of working in the NHS for everyone;
- contributing to a vibrant local labour market, with support from partner organisations and other major local employers, including the care home sector and education and skills providers.
- enabling employees to have rewarding career pathways that span the entire system, by creating employment models, workforce sharing arrangements and passporting or accreditation systems that enable

their workforce to be deployed at different sites and organisations across (and beyond) the system, and sharing practical tools to support agile and flexible working;

- valuing diversity and developing a workforce and leadership which is representative of the population it serves; and
- supporting organisational and leadership development at all levels, including talent management. This should encompass investment in, and the development of improvement expertise.

Place-based partnerships

2.17. In many places, there are already **strong and effective place-based partnerships** between sectors. Every area is different, but common characteristics of the most successful are the full involvement of all partners who contribute to the place's health and care; an important role for local councils (often through joint appointments or shared budgets); a leading role for clinical primary care leaders through primary care networks; and a clear, strategic relationship with health and wellbeing boards.

2.18. The place leader on behalf of the NHS, as set out above, will work with partners such as the local authority and voluntary sector in an inclusive, transparent and collaborative way. They will have four main roles:

- to support and develop primary care networks (PCNs) which join up primary and community services across local neighbourhoods;
- to simplify, modernise and join up health and care (including through technology and by joining up primary and secondary care where appropriate);
- to understand and identify – using population health management techniques and other intelligence – people and families at risk of being left behind and to organise proactive support for them; and
- to coordinate the local contribution to health, social and economic development to prevent future risks to ill-health within different population groups.

2.19. Systems should ensure that each place has **appropriate resources, autonomy and decision-making capabilities** to discharge these roles effectively, within a clear but flexible accountability framework that enables collaboration around funding and financial accountability, commissioning and risk management. This could include places taking on delegated budgets.

2.20. Partnerships within local places are important. Primary care networks in neighbourhoods and thriving community networks are also provider collaboratives, and for integration to be successful we will need primary care

working with community, mental health, the voluntary sector and social care as close to where people live as possible.

2.21. The exact division of responsibilities between system and place should be based on the principle of subsidiarity – with the system taking responsibility only for things where there is a clear need to work on a larger footprint, as agreed with local places.

The NHS's offer to local government

2.22. We will work much more closely with local government and the voluntary sector at place, to ensure local priorities for improved health and care outcomes are met by the NHS becoming a more effective partner in the planning, design and delivery of care. This will ensure residents feel well supported, with their needs clearly understood; and with services designed and delivered in the most effective and efficient way for each place.

2.23. As ICSs are established and evolve, this will create opportunities to further strengthen partnership working between local government, the NHS, public health and social care. Where partnership working is truly embedded and matured, the ability to accelerate place-based arrangements for local decision-making and use of available resources, such as delegated functions and funding, maximises the collective impact that can be achieved for the benefit of residents and communities.

Clinical and professional leadership

2.24. Clinical and other frontline staff have led the way in working across professional and institutional boundaries, and they need to be supported to continue to play a significant leadership role through systems. ICSs should embed **system-wide clinical and professional leadership** through their partnership board and other governance arrangements, including **primary care network** representation.

2.25. **Primary care clinical leadership** takes place through critical leadership roles including:

- Clinical directors, general practitioners and other clinicians and professionals in primary care networks (PCNs), who build partnerships in **neighbourhoods** spanning general practice, community and mental health care, social care, pharmacy, dentistry, optometry and the voluntary sector.
- Clinical leaders representing primary care in **place-based partnerships** that bring together the primary care provider leadership role in federations and group models

- A primary care perspective at system level.

2.26. **Specialist clinical leadership** across secondary and tertiary services must also be embedded in systems. Existing **clinical networks** at system, regional and national level have important roles advising on the most appropriate models and standards of care, in particular making decisions about clinical pathways and clinically-led service change. System-wide clinical leadership at an ICS and provider collaborative footprint through clinical networks should:

- be able to carry out clinical service strategy reviews on behalf of the ICS;
- develop proposals and recommendations that can be discussed and agreed at wider decision-making forums; and
- include colleagues from different professional backgrounds and from different settings across primary care, acute, community and mental health care.

2.27. **Wider clinical and professional leadership** should also ensure a strong voice for the wide range of skills and experience across systems. From nursing to social care, from allied health professionals to high street dentists, optometrists and pharmacists, and the full range of specialisms and care settings, people should receive services designed and organised to reflect the expertise of those who provide their care.

Governance and public accountability

2.28. Systems have told us from recent experience that good partnership working must be underpinned by mutually-agreed governance arrangements, clear collective decision-making processes and transparent information-sharing.

2.29. In the *NHS Long Term Plan* and *NHS planning and contracting guidance for 2020/21*, we described a set of consistent operating arrangements that all systems should put in place by 2021/22. These included:

- system-wide governance arrangements (including a system partnership board with NHS, local councils and other partners represented) to enable a collective model of responsibility and decision-making;
- quality governance arrangements, notably a quality lead and quality group in systems, focused on assurance, planning and improvement;
- a leadership model for the system, including an ICS leader with sufficient capacity and a chair appointed in line with NHSEI guidance; and
- agreed ways of working with respect to financial governance and collaboration.

2.30. ICSs now need to put in place firmer governance and decision-making arrangements for 2021/22, to reflect their growing roles and responsibilities. With the below consistent framework, these should be flexible to match local needs.

2.31. As part of this, each system should define:

- **'place' leadership** arrangements. These should consistently involve:
    i. every locally determined 'place' in the system operating a partnership with joined-up decision-making arrangements for defined functions;
    ii. the partnership involving, at a minimum, primary care provider leadership, local authorities, including Director of Public Health and providers of community and mental health services and Healthwatch;
    iii. agreed joint decision-making arrangements with local government; and
    iv. representation on the ICS board.

  They may flexibly define:

    i. the configuration, size and boundaries of places which should reflect meaningful communities and scale for the responsibilities of the place partnership;
    ii. additional membership of each place partnership that is likely to include acute providers, ambulance trusts, the voluntary sector and other partners;
    iii. the precise governance and decision-making arrangements that exist within each place; and
    iv. their voting arrangements on the ICS board.

- **provider collaborative leadership** arrangements for providers of more specialist services in acute and mental health care. These should consistently involve:
    i. every such provider in a system operating as part of one or more agreed provider collaboratives with joined up decision-making arrangements for defined functions;
    ii. provider collaboratives represented on the appropriate ICS board(s).

  They may flexibly define:

    i. the scale and scope of provider collaboratives. For smaller systems, provider collaboratives are likely to span multiple systems and to be represented on the board of each. These arrangements should reflect a meaningful scale for their responsibilities;

ii. the precise membership of each collaborative (acute providers, specialist providers, ambulance trusts at an appropriate footprint, mental health providers);

iii. the precise governance and decision-making arrangements that exist within each collaborative; and

iv. their voting arrangements on the ICS board.

- **individual organisation** accountability within the system governance framework. This will consistently involve:

  i. the responsibility and accountability of the individual provider organisations for their current range of formal and statutory responsibilities (which are unchanged); and

  ii. the accountability relationship between the provider organisation and all place-based partnerships and provider collaboratives of which it is a member.

  It may flexibly define:

  iii. Any lead provider responsibility that the organisation holds on behalf of a place partnership or a provider collaborative.

2.32. Integrated care systems draw their strength from the effectiveness of their constituent parts. Their governance should seek to minimise levels of decision-making and should set out defined responsibilities of organisations, partnerships at place, provider collaboratives and the core ICS role. Each ICS should seek to ensure that all the relevant bodies feel ownership and involvement in the ICS.

2.33. The local test for these governance arrangements is whether they enable joined-up work around a shared purpose. Provider collaboratives and place-based partnerships should enable peer support and constructive challenge between partners delivering services and accelerate partners' collective ability to improve services in line with agreed priorities.

2.34. The greater development of working at place will in many areas provide an opportunity to align decision-making with local government, including integrated commissioning arrangements for health and social care, and local responsiveness through health and wellbeing boards. There is no one way to do this, but all systems should consider how the devolution of functions and capabilities to systems and places can be supported by robust governance arrangements.

2.35. ICS governance is currently based on voluntary arrangements and is therefore dependent on goodwill and mutual co-operation. There are also legal constraints on the ability of organisations in an ICS to make decisions jointly. We have previously made a number of recommendations for legislative change to Government and Parliament to increase flexibility in decision making by enabling decision making joint committees of both

commissioners and providers and also committees of Providers. Section 3 of this document captures these options and also describes our thinking on clarifying arrangements for an ICS.

2.36. Many systems have shown great ways to involve and take account of the views and priorities of local residents and those who use services, as a 'golden thread' running through everything they do. During 21/22, every ICS should work to develop systematic arrangements to involve lay and resident voices and the voluntary sector in its governance structures, building on the collective expertise of partners and making use of pre-existing assets and forums such as Healthwatch and citizen's panels.

2.37. In particular, governance in ICSs should involve all system partners in the development of service change proposals, and in consulting and engaging with local people and relevant parts of local government (such as with overview and scrutiny committees and wider elected members) on these. It should appropriately involve elected councillors, and other local politicians such as metro mayors where relevant, and reflect transparency in wider decision-making.

2.38. Each system should also be able to show how it uses public involvement and insight to inform decision-making, using tools such as citizens' panels, local health champions, and co-production with people with lived experience. Systems should make particular efforts to understand and talk to people who have historically been excluded.

Financial framework

2.39. In order that the collective leadership of each ICS has the best possible opportunity to invest in and deliver joined-up, more preventative care, tailored to local people's needs, we will increasingly **organise the finances of the NHS at ICS level** and put **allocative decisions in the hands of local leaders**. We are clear that we want ICSs to be key bodies for financial accountability and financial governance arrangements will need to reflect that. NHSEI will update guidance to reflect these changes.

2.40. That means that we will **create a 'single pot**,' which brings together current CCG commissioning budgets, primary care budgets, the majority of specialised commissioning spend, the budgets for certain other directly commissioned services, central support or sustainability funding and nationally-held transformation funding that is allocated to systems.

2.41. ICS leaders, working with provider collaboratives, must have the freedom – and indeed the duty – to distribute those resources in line with national rules such as the mental health, and the primary and community services investment guarantees and locally-agreed strategies for health and care, for example targeting investment in line with locally-agreed health inequalities

priorities, or responding flexibly as new, more preventative services are developed and patient journeys change.

2.42. ICS leaders will also have a duty to ensure that they deploy the resources available to them in order to protect the future sustainability of local services, and to ensure that their health and care system consumes their fair share of resources allocated to it.

2.43. It also means that ICS leaders will be expected to use new freedoms to delegate significant budgets to 'place' level, which might include resources for general practice, other primary care, community services, and continuing healthcare. Similarly, through active involvement at place level, providers will have a greater say in how transformation funding is deployed. Decisions about the use of all of these budgets will usually be made at the lowest possible level, closest to those communities they serve and in partnership with their local authority. New powers will make it easier to form joint budgets with the local authority, including for public health functions.

2.44. Providers will through their role in ICS leadership have the opportunity to shape the strategic health and care priorities for the populations they serve, and new opportunities – whether through lead provider models at place level or through fully-fledged integrated care provider contractual models – to determine how services are funded and delivered, and how different bodies involved in providing joined-up care work together.

2.45. We will deliver on the commitment set out in the Long Term Plan to mostly move away from episodic or activity-based payment, rolling out the blended payment model for secondary care services. This will ensure that provider collaboratives have greater certainty about the resources available to them to run certain groups of services and meet the needs of particular patient groups. Any variable payments will be funded within the ICS financial envelope, targeted to support the delivery of locally-identified priorities and increasingly linked to quality and outcomes metrics. Each ICS will be expected to agree and codify how financial risk will be managed across places and between provider collaboratives.

2.46. These changes will reduce the administrative, transactional costs of the current approach to commissioning and paying for care, and release resources for the front line - including preventative measures - that can be invested in services that are planned, designed and delivered in a more strategic way at ICS level. This is just one way in which we will ensure that each ICS has to capacity and capability to take advantage of the opportunities that these new approaches offer.

2.47. Finally, we will further embed reforms to the capital regime introduced in 2019/20 and 2020/21, bringing together at ICS level responsibility for allocating capital envelopes with responsibility for allocating the revenue

budgets which fund day-to-day services. This will ensure that capital investment strategies:

- are not only coordinated between different NHS providers, but also aligned with local authorities' management of their estates and wider assets;
- reflect local judgments about the balance between competing priorities for capital expenditure; and
- give priority to those investments which support the future sustainability of local services for future generations.

2.48. We will set out in the 2021/22 planning guidance how we will support ICSs to begin operating more collective financial governance in 2021/22 and to prepare for the powers and duties set out above.

Data and Digital

2.49. Data and digital technology have played a vital role helping the NHS and care respond to the pandemic. They will be at the heart of creating effective local systems, helping local partners in health and social care work together. They can help improve productivity and patient outcomes, reduce bureaucracy, drive service transformation and stimulate improvement and research.

2.50. But digital maturity and data quality is variable across the health and care. Data has too often been held in siloes, meaning that clinicians and care professionals do not have easy access to all of the information that could be useful in caring for their patients and service users.

2.51. To fulfil the potential of digital and data to improve patient outcomes and drive collaborative working, systems will need to:

(1) build smart digital and data foundations
(2) connect health and care services
(3) use digital and data to transform care
(4) put the citizen at the centre of their care

Build smart digital and data foundations

- Have clear **board accountability** for data and digital, including a member of the ICS Partnership Board being a named SRO.
- Have a system-wide **digital transformation plan.** This should outline the three year journey to digitally-driven, citizen-centred care, and the benefits that digital and data will realise for the system and its citizens.

- Build the **digital and data literacy** of the whole workforce as well as specific digital skills such as user research and service design.

- Invest in the **infrastructure** needed to deliver on the transformation plan. This will include **shared contracts and platforms** to increase resiliency, digitise operational services and create efficiencies, from shared data centres to common EPRs.

Connect health and care services

- Develop or join a **shared care record** joining data safely across all health and social care settings, both to improve direct care for individual patients and service users, and to underpin population health and effective system management.
- Build the tools to allow **collaborative working** and frictionless movement of staff across organisational boundaries, including shared booking and referral management, task sharing, radiology reporting and pathology networks.
- Follow **nationally defined standards** for digital and data to enable integration and interoperability, including in the data architecture and design.

Use digital and data to transform care

- Use digital technology to **reimagine care pathways**, joining up care across boundaries and improving outcomes.

- Develop shared **cross-system intelligence and analytical functions** that use information to improve decision-making at every level, including:

    - actionable insight for frontline teams;
    - near-real time actionable intelligence and robust data (financial, performance, quality, outcomes);
    - system-wide workforce, finance, quality and performance planning;
    - the capacity and skills needed for population health management.
- Ensure **transparency of information** about interventions and the outcomes they produce, to drive more responsive coordination of services, better decision-making and improved research.

Put the citizen at the centre of their care

- Develop a road map for **citizen-centred digital channels** and services, including access to personalised advice on staying well, access to their own data, and triage to appropriate health and care services.

- Roll out **remote monitoring** to allow citizens to stay safe at home for longer, using digital tools to help them manage long-term conditions.

- We want to build on the experience of data sharing during COVID so that data is shared, wherever it can and should be. This will inform the upcoming Department of Health and Social Care Data Strategy. While this will be mainly about embedding a culture of sharing data with appropriate safeguards, we would support legislative change that clarifies that sharing data for the benefit of the whole health and care system is a key duty and responsibility of all health and adult social care organisations. This will require a more flexible legislative framework than currently exists to support further evolution and empower local systems to lead and drive that agenda.

Regulation and oversight

2.52. We have consistently heard that regulation needs to adapt, with more support from national regulators for systems as well as the individual organisations within them, and a shift in emphasis to reflect the importance of partnership working to improve population health.

2.53. Regulation best supports our ambitions where it enables systems and the organisations within them to make change happen. This means a focus on how effective local arrangements are at implementing better pathways, maximising use of collective capacity and resources, and acting in partnership to achieve joint financial and performance standards.

2.54. We have already taken steps to bring together NHS England and NHS Improvement to provide a single, clear voice to the system and our legislative proposals haven't changed – this merger should be formalised in future legislation.

2.55. As a formally merged body, NHS England will of course remain answerable to Parliament and to the Secretary of State for Health and Social Care for NHS performance, finance and healthcare transformation. There will need to be appropriate mechanisms in law to ensure that the newly merged body is responsive and accountable. We envisage Parliament using the legislation to specify the Secretary of State's legal powers of direction in respect of NHS England in a transparent way that nevertheless protects clinical and operational independence.

2.56. There are a further practical steps that we can take to support systems:

- working with the CQC to seek to embed a requirement for strong participation in ICS and provider collaborative arrangements in the "Well Led" assessment;
- issuing guidance under the NHS provider licence that good governance for NHS providers includes a duty to collaborate; and
- ensuring foundation trust directors' and governors' duties to the public support system working.

2.57. We expect to see greater adoption of system- and place- level measurements, which might include reporting some performance data such as patient treatment lists at system level. Next year, we will introduce new measures and metrics to support this, including an 'integration index' for use by all systems.

2.58. The future **System Oversight Framework** will set consistent expectations of systems and their constituent organisations and match accountability for results with improvement support, as appropriate.

2.59. This approach will recognise the enhanced role of systems. It will identify where ICSs and organisations may benefit from, or require, support to help them meet standards in a sustainable way and will provide an objective basis for decisions about when and how NHSEI will intervene in cases where there are serious problems or risks.

The proposed future Intensive Recovery Support Programme will give support to the most challenged systems (in terms of quality and/or finance) to tackle their key challenges. This will enable intervention in response to CQC findings or where other regulatory action is required. This approach enables improvement action and targeted support either at organisation/provider level (with system support) or across a whole system where required and may extend across health and social care, accessing shared learning and good practice between systems to drive improvement.

2.60. Greater collaboration will help us to be more effective at designing and distributing services across a local system, in line with agreed health and care priorities and within the resources available. However there remains an important role for patient choice, including choice between qualified providers, providers outside the geographic bounds of the system and choice of the way in which services need to be joined up around the individual person as a resident or patient including through personal health budgets.

2.61. Our previous recommendations to government for legislation include rebalancing the focus on competition between NHS organisations by reducing the Competition and Market Authority's role in the NHS and

abolishing Monitor's role and functions in relation to enforcing competition. We also recommended regulations made under section 75 of the *Health and Social Care Act 2012* should be revoked and that the powers in primary legislation under which they are made should be repealed, and that NHS services be removed from the scope of the *Public Contracts Regulations 2015*. We have committed to engage openly on how the future procurement regime will operate subject to legislation being brought before Parliament.

How commissioning will change

2.62. Local leaders have repeatedly told us that the commissioning functions currently carried out by CCGs need to become more strategic, with a clearer focus on **population-level health outcomes** and a marked reduction in transactional and contractual exchanges within a system. This significant change of emphasis for commissioning functions means that the organisational form of CCGs will need to evolve.

2.63. The activities, capacity and resources for commissioning will change in three significant ways in the future, building on the experience of the most mature systems:

- Ensuring a single, system-wide approach to undertake **strategic commissioning**. This will discharge core ICS functions, which include:
    - assessing population health needs and planning and modelling demographic, service use and workforce changes over time;
    - planning and prioritising how to address those needs, improving all residents' health and tackling inequalities; and
    - ensuring that these priorities are funded to provide good value and health outcomes.
- Service transformation and pathway redesign need to be done differently. Provider organisations and others, through partnerships at place and in provider collaboratives, become a principal engine of transformation and should agree the future service model and structure of provision jointly through ICS governance (involving transparency and public accountability). Clinical leadership will remain a crucial part of this at all footprints.
- The greater focus on population health and outcomes in contracts and the collective system ownership of the financial envelope is a chance to apply capacity and skills in transactional commissioning and contracting with a new focus. Analytical skills within systems should be applied to better understanding how best to use resources to

improving outcomes, rather than managing contract performance between organisations.

2.64. Many commissioning functions are now **coterminous with ICS boundaries**, and this will need to be consistent across the country before April 2022. Under the legislative provisions recommended in section 3 current CCG functions would subsequently be absorbed to become core ICS business.

2.65. However, with the spread of place-based partnerships backed by devolved funding, simplified accountability, and an approach to governance appropriate to local circumstances along with further devolution of specialised commissioning activity, there will be flexibility for local areas to make full use of the local relationships and expertise currently residing in CCGs.

2.66. Systems should also agree whether individual functions are best delivered at system or at place, balancing subsidiarity with the benefits of scale working. Commissioners may, for example, work at place to complete service and outcomes reviews, allocate resources and undertake needs assessments alongside local authorities. But larger ICSs may prefer to carry out a wider range of functions in their larger places, and smaller ones to do more across the whole system.

2.67. Commissioning support units (CSUs) operate within the NHS family across England, providing services that have been independently evaluated for quality and value for money. We expect that CSUs will continue to develop as trusted delivery partners to ICSs, providing economies of scale which may include joining up with provider back office functions where appropriate and helping to shape services through a customer board arrangement.

Specialised commissioning

2.68. Specialised services are particularly important for the public and patients, with the NHS often working at the limits of science to bring the highest levels of human knowledge and skill to save lives and improve health.

2.69. The national commissioning arrangements that have been in place for these services since 2013 have played a vital role in supporting **consistent, equitable, and fast access for patients** to an ever-expanding catalogue of cutting edge technologies - genomic testing, CAR-T therapy, mechanical thrombectomy, Proton Beam Therapy and CFTR modulator therapies for patients with cystic fibrosis to name just a few.

2.70. But these national commissioning arrangements can sometime mean fragmented care pathways, misaligned incentives and missed opportunities for **upstream investment and preventative intervention**. For example, the split in commissioning responsibilities for mental health services has

potentially slowed the ambition to reduce the number of children admitted for inpatient treatment and, where they are admitted, making sure they are as close to home as possible. Bringing together the commissioning of mental health services has aligned incentives and enabled resources to be moved into upstream services, reducing over-reliance on geographically distant inpatient care.

2.71. Integrated care systems provide an opportunity to further **align the design, development and provision of specialised services with linked care** pathways, where it supports patient care, while maintaining consistent national standards and access policies across the board.

2.72. The following principles will underpin the detailed development of the proposed arrangements:

- ***Principle One: All specialised services, as prescribed in regulations, will continue to be subject to consistent national service specifications and evidence-based policies determining treatment eligibility.*** NHS England will continue to have responsibility for developing and setting these standards nationally and whoever is designated as the strategic commissioner will be expected to follow them. Over time, service specifications will need to become more outcomes focused to ensure that innovative and flexible solutions to unique system circumstances and/or opportunities can be easily adopted. But policies determining eligibility criteria for specific treatments across all specialised services will remain precise and consistently applied across the country.

- ***Principle Two: Strategic commissioning, decision making and accountability for specialised services will be led and integrated at the appropriate population level: ICS, multi-ICS or national.*** For certain specialised services, it will make sense to plan, organise and commission these at ICS level. For others, ICSs will need to come together across a larger geographic footprint to jointly plan and take joint commissioning decisions. And many services, such as those in the highly specialised services portfolio, will continue to be planned and commissioned on a national footprint. Importantly, whichever level strategic commissioning occurs the national standards will apply.

- ***Principle Three: Clinical networks and provider collaborations will drive quality improvement, service change and transformation across specialised services and non-specialised services.*** Clinical networks have long been a feature of the NHS. But, during the COVID pandemic they have become critical in supporting innovation and system wide collaboration. Looking ahead they will be supported to drive clinically-led change and service improvement with even greater

accountability for tackling inequalities and for improving population health.

- ***Principle Four: Funding of specialised services will shift from provider-based allocations to population-based budgets, supporting the connection of services back to 'place'.*** We are considering from April 2021 allocating budgets on a population basis at regional level and are considering the best basis for allocating funding and will provide further information in due course. In this first year, adjustments will then be made to neutralise any changes in financial flows and ensure stability. We intend to publish a needs-based allocation formula, before using it to inform allocations against an agreed pace of change in future years. A needs-based allocations formula will further strengthen the focus on tackling inequalities and unwarranted variation.

3. Legislative proposals

3.1. The detailed policy work described above will be necessary to deliver our vision but will not by itself be sufficient. While legislation is only part of the answer, the existing legislation (*the National Health Service Act 2006 and the Health and Social Care Act 2012* does not present a sufficiently firm foundation for system working.

3.2. In September 2019, NHSEI made a number of recommendations for an NHS Bill[2]. These aimed to remove current legislative barriers to integration across health and social care bodies, foster collaboration, and more formally join up national leadership in support of the ambitions outlined above.

3.3. Recommendations included:

- rebalancing the focus on **competition** between NHS organisations by reducing the Competition and Markets Authority's role in the NHS and abolishing Monitor's role and functions in relation to enforcing competition;
- simplifying **procurement** rules by scrapping section 75 of the 2012 Act and remove the commissioning of NHS healthcare services from the jurisdiction of the Public Contracts Regulations 2015;
- providing increased flexibilities on **tariff**;
- reintroducing the ability to establish **new NHS trusts** to support the creation of integrated care providers;
- ensuring a more coordinated approach to planning **capital investment**, through the possibility of introducing FT capital spend limits;
- the ability to establish decision-making **joint committees** of commissioners and NHS providers and between NHS providers;
- enabling **collaborative commissioning** between NHS bodies – it is currently easier in legislative terms for NHS bodies and local authorities to work together than NHS bodies;
- a new "**triple aim**" duty for all NHS organisations of 'better health for the whole population, better quality care for all patients and financially sustainable services for the taxpayer; and

2 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/875711/The_government_s_2020-2021_mandate_to_NHS_England_and_NHS_Improvement.pdf

- **merging NHS England and NHS Improvement** – formalising the work already done to bring the organisations together.

3.4. These recommendations were strongly supported and backed across the health and social care sector[3]. We believe these proposals still stand.

3.5. One of the key considerations in our recommendations was how, and to what extent, ICSs should be put on a statutory footing. Responses to our engagement were ultimately mixed – balancing the relatively early stage of development of some ICSs against a desire to enable further progress and to put ICSs on a firmer footing.

3.6. At the time, we proposed a new statutory underpinning to establish ICS boards through voluntary joint committees, an entity through which members could delegate their organisational functions to its members to take a collective decision. This approach ensured support to those systems working collectively already and a future approach to those systems at an earlier stage of development.

3.7. Many respondents to our engagement and specifically Parliament's Health and Social Care Select Committee raised a number of questions as to whether a voluntary approach would be effective in driving system working. There was particular focus on those areas at an earlier stage of their development and whether a voluntary model offered sufficient clarity of accountability for health outcomes and financial balance both to parliament and more directly to the public.

3.8. The response of the NHS and its partners to COVID-19 and a further year of ICS development has increased the appetite for statutory "clarity" for ICSs and the organisations within them. With an NHS Bill included in the last Queen's Speech, we believe the opportunity is now to achieve clarity and establish a "future-proofed" legislative basis for ICSs that accelerates their ability to deliver our vision for integrated care.

3.9. We believe there are two possible options for enshrining ICSs in legislation, without triggering a distracting top-down re-organisation:

Option 1: a statutory committee model with an Accountable Officer that binds together current statutory organisations.

Option 2: a statutory corporate NHS body model that additionally brings CCG statutory functions into the ICS.

[3] https://www.aomrc.org.uk/wp-content/uploads/2019/09/190926_Support_letter_NHS_legislation_-proposals.pdf

3.10. Both models share a number of features – broad membership and joint decision-making (including, as a minimum, representatives from commissioners; acute, community and primary care providers; and local authorities); responsibility for owning and driving forward the system plan; operating within and in accordance with the triple aim duty; and a lead role in relating to the centre.

Option 1 – a statutory ICS Board/ Joint Committee with an Accountable Officer

3.11. This option is closer to our original proposal. It would establish a mandatory, rather than voluntary, statutory ICS Board through the mechanism of a joint committee and enable NHS commissioners, providers and local authorities to take decisions collectively.

3.12. Unlike previously proposed versions of this model it would have a system Accountable Officer, chosen from the CEOs/AOs of the Board's mandatory members. This Accountable Officer would not replace individual organisation AOs/CEOs but would be recognised in legislation and would have duties in relation to delivery of the Board's functions. There would be a duty for the Board to agree and deliver a system plan and all members would have an explicit duty to comply with it.

3.13. In accordance with our stated ambition, there would be one aligned CCG only per ICS footprint under this model, and new powers would allow that CCGs are able to delegate many of its population health functions to providers.

3.14. This option retains individual organisational duties and autonomy and relies upon collective responsibility. Intervention against individual NHS organisations (not working in the best interests of the system) would continue to be enhanced through the new triple aim duty and a new duty to comply with the ICS plan.

3.15. The new Accountable Officer role would have duties to seek to agree the system plan and seek to ensure it is delivered and to some extent offer clarity of leadership. However, current accountability structures for CCG and providers would remain.

3.16. There remain potential downsides to this model. In effect, many of the questions raised through our engagement in 2019 about accountability and clarity of leadership would remain. While the addition of an Accountable Officer strengthens this model, there remains less obvious responsibility for patient outcomes or financial matters. Having an ICS Accountable Officer alongside a CCG Accountable Officer may in some cases confuse rather than clarify accountability. The CCG governing body and GP membership is

also retained, and it is questionable whether these are sufficiently diverse arrangements to fulfil the different role required of CCGs in ICSs.

3.17. Furthermore, many may not consider this model to be the “end state” for ICSs and opportunities for primary legislative change are relatively rare. There are therefore strong arguments to go further when considering how the health and care system might evolve over the next ten years and more.

Option 2 – a statutory ICS body

3.18. In this option, ICSs would be established as NHS bodies partly by “re-purposing” CCGs and would – among other duties – take on the commissioning functions of CCGs. Additional functions would be conferred and existing functions modified to produce a new framework of duties and powers.

3.19. The CCG governing body and GP membership model would be replaced by a board consisting of representatives from the system partners. As a minimum it would include representatives of NHS providers, primary care and local government alongside a Chair, a Chief Executive and a Chief Financial Officer. The ICS body should be able to appoint such other members as it deems appropriate allowing for maximum flexibility for systems to shape their membership to suit the needs of their populations. The power of individual organisational veto would be removed. The ICS Chief Executive would be a full-time Accounting Officer role, which would help strengthen lines of accountability and be a key leadership role in ensuring the system delivers.

3.20. The ICS’s primary duty would be to secure the effective provision of health services to meet the needs of the system population, working in collaboration with partner organisations. It would have the flexibility to make arrangements with providers through contracts or by delegating responsibility for arranging specified services to one or more providers.

3.21. This model would deliver a clearer structure for an ICS and avoids the risk of complicated workarounds to deliver our vision for ICSs. Although there would be a representative for primary care on the Board, there would no longer be a conflict of interests with the current GP-led CCG model (created by the 2012 Act) and it could be possible to allocate combined population-level primary care, community health services and specialised services population budgets to ICS.

3.22. Many commissioning functions for which NHSE is currently responsible could, for the most part, be transferred or delegated to the ICS body, but with the ability to form joint committees as proposed through our original recommendations, with NHSE, if and where appropriate.

3.23. Through greater provider involvement, it could also reduce some of the transactional burdens of the current contracting processes. There would be powers for the ICS to delegate responsibility for arranging some services to providers, to create much greater scope for provider collaboration to use whole-population budgets to drive care pathway transformation.

Our approach

3.24. Either model would be sufficiently permissive in legislation to allow different systems to shape how they operate and how best and most appropriately deliver patient care and outcomes support at place.

3.25. Under either model we would want local government to be an integral, key player in the ICS. Both models offer a basis for planning and shaping services across healthcare, social care, prevention and the wider determinants of health. Both would allow for the delegation of functions and money to place-based statutory committees involving NHS bodies and local government. Both would enable NHS and local government to exploit existing flexibilities to pool functions and funds.

3.26. While both models would drive increased system collaboration and achieve our vision and our aims for ICSs in the immediate term, we believe Option 2 is a model that offers greater long term clarity in terms of system leadership and accountability. It also provides a clearer statutory vehicle for deepening integration across health and local government over time. It also provides enhanced flexibility for systems to decide who and how best to deliver services by both taking on additional commissioning functions from NHS England but also deciding with system colleagues (providers and local councils) where and how best service provision should take place.

3.27. Should these proposals be developed further and proposed by Government as future legislation, we would expect a full assessment of the impact of these proposals on equalities and public and parliamentary engagement and scrutiny as is appropriate.

Questions

Q. Do you agree that giving ICSs a statutory footing from 2022, alongside other legislative proposals, provides the right foundation for the NHS over the next decade?

Q. Do you agree that option 2 offers a model that provides greater incentive for collaboration alongside clarity of accountability across systems, to Parliament and most importantly, to patients?

Q. Do you agree that, other than mandatory participation of NHS bodies and Local Authorities, membership should be sufficiently permissive to allow systems to shape their own governance arrangements to best suit their populations needs?

Q. Do you agree, subject to appropriate safeguards and where appropriate, that services currently commissioned by NHSE should be either transferred or delegated to ICS bodies?

4. Implications and next steps

4.1. The ambitious changes set out here are founded on the conviction that collaboration will be a more effective mechanism for transformation against long term population health priorities and also for driving sustainable operational performance against the immediate challenges on quality, access, finance and delivery of outcomes that make difference to people's experience of services today.

4.2. International evidence points to this being the case as across the world health systems change to pursue integration as the means of meeting health needs and improving health outcomes. We have seen this reinforced through our experiences in tackling COVID-19.

4.3. The rapid changes in digital technology adoption, mutual cooperation and capacity management, provision of joined up support to the most vulnerable that have been essential in the immediate response to the pandemic have only been possible through partners working together to implement rapid change as they focus on a shared purpose.

4.4. As we embed the ways of working set out above, partners in every system will be able to take more effective, immediate operational action on:

- managing acute healthcare performance challenges and marshalling collective resource around clear priorities, through provider collaboratives;
- tackling unwarranted variation in service quality, access and performance through transparent data with peer review and support arrangements organised by provider collaboratives;
- using data to understand capacity utilisation across provider collaboratives, equalising access (tackling inequality across the system footprint) and equalising pressures on individual organisations.

The NHS England and NHS Improvement's operating model

4.5. NHSEI will support systems to adopt improvement and learning methodologies and approaches which will enable them to improve services for patients, tackle unwarranted variation and develop cultures of continuous improvement.

4.6. This will be underpinned by a comprehensive support offer which includes:

- access to our national transformation programmes for outpatients and diagnostics;
- support to tackle unwarranted variation and increase productivity (in partnership with the Getting it Right First Time programme);
- the data they need to drive improvement, accessed through the 'model health system';
- the resources and guidance that they need to build improvement capability; and
- assistance from our emergency and electivity intensive support teams (dependent on need).

4.7. Much of this support offer will be made available to systems through regional improvement hubs, which will ensure that improvement resource supports local capacity- and capability-building. Systems will then able to flexibly and rapidly deploy the support into place partnerships and provider collaboratives.

4.8. NHSEI developed a joint operating model during 2019, with input from senior NHS leaders including those in systems and regions, as well as frontline staff and other stakeholders. This resulted in a description of the different ways NHSEI will operate in future, underpinned by a set of principles including subsidiarity, and a set of 'levers of value' that NHSEI can use at national and regional level to support systems.

4.9. NHSEI will continue to develop this operating model to support the vision set out above, and any legislative changes. This will include further evolving how we interact with systems nationally and regionally; and ensuring that its functions are arranged in a way that support and embed system working to deliver our priorities.

4.10. The new operating environment will mean:

- increased freedoms and responsibilities for ICSs, including greater responsibility for system development and performance, as well as greater autonomy regarding assurance.
- the primary interaction between NHSEI and systems will be between regions and the collective ICS leadership, with limited cause for national functions to directly intervene with individual providers within systems.
- as systems take on whole population budgets they will increasingly determine how resource is to be used to 'move the dial' on outcomes, inequalities, productivity and wider social and economic development

against their specific health challenges and population health priorities.

- NHSEI regional teams will become ‘thinner’ as we move direct commissioning responsibility out to systems (individually and collectively). They will increasingly continue to enable systems to take on greater autonomy, working with them to identify their individual development priorities and support needs.

Transition

4.11. The experience of the earliest ICSs shows that great leadership is critical to success and can come from any part of the health and care system. But, to be effective, it must be felt right across, and draw on the talents of leaders from every part of, a system.

4.12. These systems have developed a new style of behaviour, which makes the most of the leadership teams of all constituent organisations and empowers frontline leaders. System leaders have impact through a collaborative and distributive leadership style that operates across boundaries, leading for communities.

4.13. This shared approach to leadership is based on qualities such as openness and transparency, honesty and integrity, a genuine belief in common goals and an ability to build consensus.

4.14. ICSs need to be of sufficient size to carry out their ‘at scale’ activities effectively, while having sufficiently strong links into local communities at a much more local level in places and neighbourhoods.

4.15. Pragmatically we are supporting ICSs through to April 2022 at their current size and scale, but we recognise that smaller systems will need to join up functions, particularly for provider collaboration. We will support the ability for ICSs to more formally combine as they take on new roles where this is supported locally.

4.16. We will work with systems to ensure that they have arrangements in place to take on enhanced roles from April 2022. We will set out a roadmap for this transition that gives assurance over system readiness for new functions as these become statutory.

4.17. We know that under either legislative proposal we need to ensure that we support our staff during organisational change by minimising uncertainty and limiting employment changes. We are therefore seeking to provide stability of employment while enabling a rapid development of role functions and purpose for all our teams, particularly in CCGs directly impacted by legislative Option 2.

4.18. We want to take a different approach to this transition; one that is characterised by care for our people and no distraction from the 'day job': the critical challenges of recovery and tackling population health.

4.19. **Stable employment:** As CCG functions move into new bodies we will make a 'continued employment promise' for staff carrying out commissioning functions. We will preserve terms and conditions to the new organisations (even if not required by law) to help provide stability and to remove uncertainty.

4.20. **New roles and functions:** For many commissioning functions the work will move to a new organisation and will then evolve over time to focus on system priorities and ways of working. The priority will be the continuation of the good work being carried out by the current group of staff and we will promote best practice in engaging, consulting and supporting the workforce during a carefully planned transition, minimising disruption to staff.

4.21. Other functions will be more directly impacted, principally the most senior leaders in CCGs (chief officers and other governing body / board members). ICSs need to have the right talent in roles leading in systems.

4.22. Our commitment is:

- not to make significant changes to roles below the most senior leadership roles;
- to minimise impact of organisational change on current staff during both phases (in paragraphs 4.19 and 4.20 above) by focusing on continuation of existing good work through the transition and not amending terms and conditions; and
- offer opportunities for continued employment up to March 2022 for all those who wish to play a part in the future.

Next steps

4.23. We expect that every system will be ready to operate as an ICS from April 2021, in line with the timetable set out in the *NHS Long Term Plan*. To prepare for this, we expect that each system will, by this time, agree with its region the functions or activities it must prioritise (such as in service transformation or population health management) to effectively discharge its core roles in 2021/22 as set out in this paper.

4.24. All ICSs should also agree a sustainable model for resourcing these collective functions or activities in the long term across their constituent organisations.

4.25. To support all of the above, all systems should agree development plans with their NHSEI regional director that clearly set out:

- **By April 2021:** how they continue to meet the current consistent operating arrangements for ICSs and further planning requirements for the next phase of the COVID-19 response
- **By September 2021:** implementation plans for their future roles as outlined above, that will need to adapt to take into account legislative developments.

4.26. Throughout the rest of 2020, the Department of Health and Social Care and NHSEI will continue to lead conversations with different types of health and care organisations, local councils, people who use and work in services, and those who represent them, to understand their priorities for further policy and legislative change.

4.27. The legislative proposals set out in this document takes us beyond our original legislative recommendations to the government. We are therefore **keen to seek views on these proposed options from all interested individuals and organisations**. These views will help inform our future system design work and that of government should they take forward our recommendations in a future Bill.

4.28. Please submit your response to this address: www.engage.england.nhs.uk/survey/building-a-strong-integrated-care-system

4.29. Alternatively you can also contact england.legislation@nhs.net or write with any feedback to NHS England, PO Box 16738, Redditch, B97 9PT by Friday 8 January.

4.30. For more information about how health and care is changing, please visit: www.england.nhs.uk/integratedcare and sign up to our regular e-bulletin at: www.england.nhs.uk/email-bulletins/integrated-care-bulletin

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

Warrington
Health & Wellbeing Board

21 January 2020

1.30 pm, Council Chamber, Town Hall, Warrington

Report Title	Warrington & Halton Children & Young Peoples Mental Health & Wellbeing Local Transformation Plan (LTP) – Refresh 2020/21 to 2021/22
Type of Decision Required	☒ Formal Decision as to a Statutory Function ☐ Non-Statutory Advice, Guidance or Recommendation to Other Body ☐ Note or Endorse a Report or Action by Others
Report Purpose	This refresh of the existing LTP seeks to inform members of the progress to date and seek support from the Board for the proposed priority areas for further development in 2021/22
Report author	Steve Tatham – Senior Commissioning Manager for Maternity, Children and Families at Warrington CCG
Related Health and Wellbeing Strategy Priority *see addendum attached to this report	*(see attached list)* *Starting Well – 6. Where children and young people get the best start in life in a child friendly environment*
Confidential or Exempt	This report is not considered to contain information which is confidential or exempt.
Recommendations	The recommendation is that the Board note the considerable progress to date and then consider and support the priority areas for development identified for 2021/22.

1. Report purpose

This refresh of the existing LTP seeks to inform members of the progress to date and seek support from the Board for the proposed priority areas for further development in 2021/22

2. Introduction/background

NHS Clinical Commissioning Groups (CCGs) are required, in partnership with stakeholders to publish an annual Children and Young People's Local Transformation Plan (LTP). The plan is a reflection of the commitment made locally to improving the mental health and wellbeing of our children and young people, which has been a national priority since the launch of Future in Mind (2015) and the Five Year Forward View for Mental Health (2016) an ambitious 5-year plan (2016 - 2021).

Following the appointment of a joint Chief Accountable Officer for NHS Halton and Warrington CCGs, in February 2018 it was proposed that a joint Halton and Warrington LTP refresh be undertaken. In many areas, where the priorities and aims align and where there is a single main provider of mental health services, it made sense to have a consistent approach across the two boroughs. However, through local placed based partnership arrangements within the wider 'One Halton' and 'Warrington Together' programmes, there continues to be scope and plans to tailor services to local need and local pathways.

3. Content

Over the last 2 years, NHS Halton and Warrington CCGs have worked in close partnership focussed on transforming mental health and wellbeing services for children and young people. Some of this work has been on a wider geographical footprint with neighbouring NHS Mid-Mersey CCGs. As we reach the end of the original 5-year plan, we can demonstrate that significant progress has been made and our continued commitment to better outcomes and experiences for children, young people, and their families/carers. The plan describes in detail progress to date against previous years plans, CCG and Local Authority investment and the proposed areas of focus for development in 2021/22.

4. Summary and Conclusion

A continued commitment and focus involving all stakeholders including Children, Young People and Families/Carers has ensured locally we have improved considerably our offer in respect to emotional and mental health services alongside meeting the requirements of NHS England both in terms of investment and quality.

5. Recommendations

It is recommended that the Board support the continued focus on improving the experience and outcomes for Children, Young People & Families/Carers and the identified priority areas for development in 2021/22.

6. Background Papers

Nil

Contacts for Background Papers:

Name	E-mail	Telephone

Health and Wellbeing Strategy 2019-2023: 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 work-force 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'

NHS
Halton
Clinical Commissioning Group

NHS
Warrington
Clinical Commissioning Group

Warrington and Halton Children and Young People's Mental Health and Wellbeing Local Transformation Plan (LTP) Refresh 2020/21 to 2021/22

Introduction

NHS Clinical Commissioning Groups (CCGs) have been required, in partnership with a wide range of local and regional stakeholders to publish an annual Children and Young People's Local Transformation Plan (LTP). The plan is a reflection of the commitment made locally to improving the mental health and wellbeing of our children and young people, which has been a national priority since the launch of Future in Mind (2015) and the Five Year Forward View for Mental Health (2016) an ambitious 5 year plan (2016 - 2021).

Following the appointment of a joint Chief Accountable Officer for NHS Halton and Warrington CCGs, in February 2018 it was proposed that a joint Halton and Warrington LTP refresh be undertaken. In many areas, where the priorities and aims align and where there is a single main provider of mental health services, it made sense to have a consistent approach across the two boroughs. However, through local placed based partnership arrangements within the wider 'One Halton' and 'Warrington Together' programmes, there continues to be scope and plans to tailor services to local need and local pathways.

Over the last 2 years, NHS Halton and Warrington CCGs have worked in close partnership on a number of initiatives focussed on transforming mental health and wellbeing services for children and young people. Some of this work has been on a wider geographical footprint with neighbouring NHS Mid-Mersey CCGs. As we reach the end of the 5 year plan we can demonstrate through this Joint LTP, that significant progress has been made in Halton and Warrington and our continued commitment in the future is established through our upcoming plans.

Executive Summary

Ambition

The partnerships across Halton and Warrington continue to be ambitious in delivering transformation change across the system to ensure we achieve the best outcomes for children and young people with mental health and emotional wellbeing needs.

Our ambitious objectives require close partnership working with all stakeholders, including children, young people and their families; clinical commissioning groups; local authorities including early help; children's services, education and schools; voluntary Sector; specialised commissioning; youth justice services, Primary Care; and regional assurance teams.

For both CCGs, plans and priorities cover the full range of need from promotion and prevention to specialist in-patient care including:

- ✓ Early help
- ✓ Evidence based routine care (in line with children and young people's improving access to psychological therapies programme)
- ✓ Crisis care and intensive interventions
- ✓ Supporting vulnerable children and young people including those who have experienced trauma or abuse/adverse childhood experiences, looked after children, children with learning disability and/or autism, young people in the youth justice system and children with long-term conditions.

A focus on understanding local need has been ongoing over the last 5 years (see previous LTP refresh documents). This year, there is a much greater focus on vulnerable groups.

Slides 72 show a significant improvement in the use of data to ensure accountability and transparency; there is the ambition is to ensure this continues and develops further, including through more consistent use of and reporting of outcome measures.

We want to ensure that the changes we make deliver real improvements in the experience of care and the outcomes for the children and young people of Halton and Warrington.

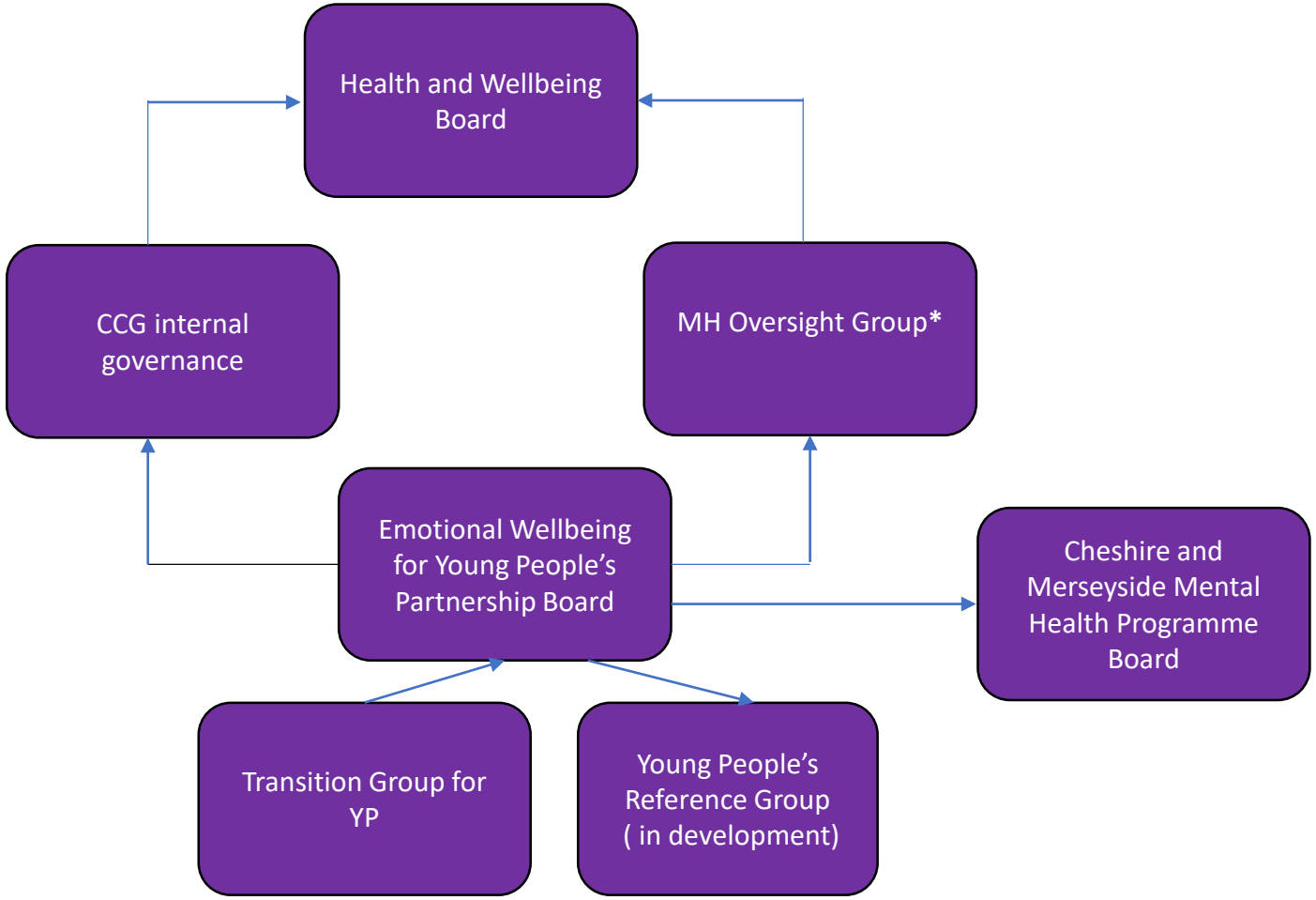
Cheshire and Merseyside Health and Care Partnership Mental Health Programme Board

Cheshire and Merseyside Health and Care Partnership has developed its five-year health and care strategy 'Cheshire and Merseyside Better Lives Now' in 2019/20, closely aligned with the NHS England Long Term Plan. The strategy is due to be published by the end of March 2020. Mental Health is a key element within both the NHS England Long Term Plan and 'Better Lives Now' and the CYP Transformation Plan is fully aligned to the priorities outlined for children and young people's mental health. The Mental Health Programme (MHPB) in Cheshire and Merseyside is a strategic programme within the Health and Care Partnership, leading on those NHS England Long Term Plan Mental Health Priorities that are to be planned at scale.

The MHPB are currently leading on the development of a new care model in Cheshire and Merseyside for the delivery of CAMHS Tier 4 services. A whole system approach is being taken to the development of the care model and it is anticipated that this work will be complete in early 2020/21. Cheshire and Wirral Partnership NHS Foundation Trust have been successful in a bid to become 'Lead Provider' for the Cheshire and Merseyside CAMHS Tier 4 Provider Collaborative and will therefore be the vehicle through which the new care model will be implemented. It is anticipated that the MHPB will also take a lead on the development of a Cheshire and Merseyside wide model for CYP crisis care, this work will also incorporate a whole system approach, contributed to by all stakeholders in 2020/21. All other priorities within the Long Term Plan for CYP mental health are being led at scale and therefore incorporated in detail within this transformation plan.

Halton - Governance

Halton's oversight and governance arrangements have remained consistent and have enabled a balance of wide engagement and operational input and delivery, with strategic oversight and decision making when required.



- Wider stakeholders
- NHSE & Specialised commissioning
- Senior and |Primary head teachers Forum
- Halton Children's Social Care service
- Improving Access to Psychological Therapies
- Voluntary Sector

***review of governance due to closer working with Warrington CCG**

Halton Emotional Health and Wellbeing Service Offer

Thriving

www.activehalton.co.uk
http://haltoncommunitycentres.co.uk/
https://www3.halton.gov.uk/Pages/libraries/libraries.aspx

https://localoffer.haltonchildrenstrust.co.uk/

https://www.wearewithyou.org.uk/services/halton-for-young-people/ Tel: 01928 240406
https://www.nhs.uk/Services/Trusts/GPs/DefaultView.aspx?id=89570

https://www.haltonsthelensvca.org.uk/

https://www.smilingmind.com.au/

https://www.stopbreathethink.com/

Getting Advice

https://kooth.com

https://www.wearewithyou.org.uk/services/halton-for-young-people/ Tel: 01928 240406

https://www.nhs.uk/Services/Trusts/GPs/DefaultView.aspx?id=89570

http://www.bridgewater.nhs.uk/schoolnursing/

http://www.bridgewater.nhs.uk/healthvisitingservice/

https://children.haltonsafeguarding.co.uk/contact-and-referral-team/

https://childbereavementuk.org. Tel: 01928 577164

Email: cheshiresupport@childbereavementuk.org. Face to face support and app available

https://library.haltonbc.info/books-on-prescription/

Getting Help

http://www.nwbh.nhs.uk/camhs-halton

Tel: 01928 568 162

https://kooth.com/

https://papyrus-uk.org/hopelineuk/

https://localoffer.haltonchildrenstrust.co.uk/educational-psychology-service/

https://www.wearewithyou.org.uk/services/halton-for-young-people/ Tel: 01928 240406

https://childbereavementuk.org. Tel: 01928 577164

Email: cheshiresupport@childbereavementuk.org. Face to face support and app available

http://ncnw.co.uk/ Tel: 0151 3456454

https://children.haltonsafeguarding.co.uk/contact-and-referral-team/

advice@citizensadvicehalton.org.uk

Getting More Help

http://www.nwbh.nhs.uk/camhs-halton Tel: 01928 568 162

https://kooth.com/

https://www.wearewithyou.org.uk/services/halton-for-young-people/ Tel: 01928 240406

https://children.haltonsafeguarding.co.uk/contact-and-referral-team/

https://www.rapecentre.org.uk/contact.php

https://www.nspcc.org.uk/services-and-resources/childrens-services/

Getting Risk Support

https://children.haltonsafeguarding.co.uk/contact-and-referral-team/

https://www.wearewithyou.org.uk/services/halton-for-young-people/
Tel: 01928 240406

http://www.nwbh.nhs.uk/camhs-halton Tel: 01928 568 162

www.youngminds.org.uk
https://youngminds.org.uk/find-help/get-urgent-help/youngminds-crisis-messenger/

https://www.minded.org.uk/
https://www.childline.org.uk/get-support/

https://www.prevent-suicide.org.uk/stay_alive_suicide_prevention_mobile_phone_application.html
https://calmharm.co.uk/

- Named link practitioners from the CAMHS team are allocated to every primary, secondary and special school in Halton, to offer advice and support.

- The CAMHS team provide multi-agency consultations to primary and secondary schools on a 6 weekly basis.

- Early help and children's services can directly access consultation via a practitioner being co-located within multi-agency safeguarding hubs.

- * NHS Halton CCG have bid for national funding to have two teams of Education Mental Health Practitioners (one in Widnes and one in Runcorn) to support children and young people in all primary and secondary schools in Halton, including the Special Schools and the Pupil Referral Unit. The outcome of the bid will be known by April 2021.

- Healthwatch Halton is the patient champion for health and social care services in Halton.
- They collect feedback from the public, patients and service users who have used health and social care services. The feedback that they collect is used to inform the people who design services and those that deliver them of people's experiences and to encourage them to make improvements to the services.

- Following the introduction of the Thrive model, Healthwatch Halton collected anonymous feedback about children's and young people's mental health services in Halton. The survey was designed to find out from young people about how they would go about getting help if they needed it. The survey can be accessed here: https://wh.snapsurveys.com/s.asp?k=154202954831
- Responses were collected from 20th November to 31st December 2020, and the answers were used to write a report that was shared with service providers and commissioners to help us to continue to improve the local offer. **Evaluation to be included here when available.**

- Children and Young Peoples Mental Health was an issue regularly raised at the Halton Youth Cabinet (HYC). It featured amongst the campaign issues for Members of Youth Parliaments across the UK and was an annual topic on their ‘Mark Your Mark’ ballot. Most HYC members had experienced mental health (MH) issues or knew people who had, and a number of concerns relating to CYP accessing services in Halton and the support young people received through schools and colleges had been raised.
- In response to this, in 2018, working with Young Addaction, HYC developed the Halton MH Champions Programme. 18 young people received accredited Mental Health First Aid training through the Mental Health Foundation. They ran peer led sessions with HYC members, looking at the issues facing young people in relation to mental health, access to decision makers to talk about young people and mental health, and support from partners about campaigning around mental health.
- The MH Champions continue to work with schools, the community and decision makers to promote MH awareness, and to campaign for more effective services and support for young people.

Halton – Promotion and Prevention

Healthy Schools Mental Health Offer

Mental Health and Resilience in Schools (MHARS) Self assessment sets out 7 key areas for good mental health, wellbeing & resilience. We will support you to assess your current practice, support development & celebrate good practice.

5 Ways to Wellbeing Award- Based on a framework of 5 everyday activities that boosts children's wellbeing. Schools can achieve the award by imbedding these activities into everyday school life

Primary Only

School Council sessions are available to support pupils to make a difference in their school as part of the 5 ways to wellbeing award

Readiness to deal with death and suicide – Primary and Secondary

Help when we need it most guidance- how to prepare and respond to suicides in schools- Guidance to be imbedded within bereavement policy to ensure schools are prepared to respond to suicide appropriately reducing the risk of further suicides in staff, pupils and the school community.

Guidance on bereavement policies available from CBUK https://www.childbereavementuk.org/primary-school-bereavement-policy

Staff Wellbeing Workshop Helps staff to reflect on what impacts their wellbeing within school and explore possible solutions as a school to improve staff wellbeing.

Stress Awareness Training Helps staff understand how the body reacts to stress, the impact it has on our mental health and ability to function at work and introduce tools to reduce stress**.**

The Access to work mental health support services Confidential and vocational support for employees who are struggling with their mental health provide a range of support and interventions

Staff Training provided by Healthy Schools – Primary and Secondary

Basic Mental Health Awareness Training- Provides a basic knowledge of children and young people's mental health including; risk and resilience factors, wellbeing, resilience and support available.

Self-Harm Awareness Training- Provides a basic knowledge of self-harm including; why young people self-harm, risk factors to look out for, tips for talking about self-harm and support available

Mental Health Resources workshop- Provides an overview of evidence based resources and lesson plans available to imbed mental health awareness within the curriculum

Mental health awareness for managers-Provides managers and supervisors with knowledge and resources to support staffs mental health and wellbeing

Educational Psychology team- Work with Families, schools and other professionals to bring about positive change for children and young people where there are concerns about their learning, behaviour or emotional wellbeing. For Further information contact a member of the Educational Psychology team [Educational Psychology team details]

Halton Behaviour Support Service-Work collaboratively with schools across the primary and secondary age range to embed a culture of consistency of practice, promote positive behaviour management policies, techniques and strategies. Offers Mental Health First Aid Training For further information contact HBSS@halton.gov.uk

Nurturing Approach - Nurture is a whole school approach which involves developing physical, social and emotional resilience, in order to allow children and young people to thrive. There are also regular network meetings to provide support and training for schools. For further information visit [Halton Nurture Strategy]

CAMHS- Support children and young people up to age 18 with their emotional and mental health and wellbeing. For further information or to contact CAMHS visit
[Halton Child and Adolescent Mental health Service]

Time to Change anti stigma campaign – Secondary only

time to change halton
let's end mental health discrimination

Time to Change Training for staff This session is designed to equip you with knowledge and resources for you to deliver anti stigma activity directly with students

BE IN YOUR MATE'S CORNER

Young Leaders Campaign Training Equips young people with the knowledge, skills and resources to deliver campaigns to challenge stigma and discrimination. Creates a culture were young people can talk openly about mental health

Mental Health First Aid- 2 day course Will teach you the skills and confidence to spot the signs of mental health issues in a young person, offer first aid and guide them towards the support they need- For further info contact Halton Behaviour Support Service HBSS@halton.gov.uk

Emotional Literacy Support Assistant Training (ELSA)- ELSA training aims to give Teaching Assistants / Pastoral Workers / Learning Mentors the knowledge and skills they need to plan and deliver individualised programmes of support to pupils with additional social, emotional and mental health (SEMH) needs. For Further information contact a member of the Educational Psychology team Educational Psychology team details

Bespoke SEMH training packages-The Educational Psychology Service can offer a wealth of bespoke training packages that can be delivered to promote the SEMH of children, young people, parents, carers and/or staff. For Further information contact a member of the Educational Psychology team Educational Psychology team details

CAMHS- Halton CAMHS offer a variety of training to any professionals working with children, young people and families. For details of the training provided by CAMHS please contact HaltonTier2.CAMHSTraining@nwbh.nhs.uk

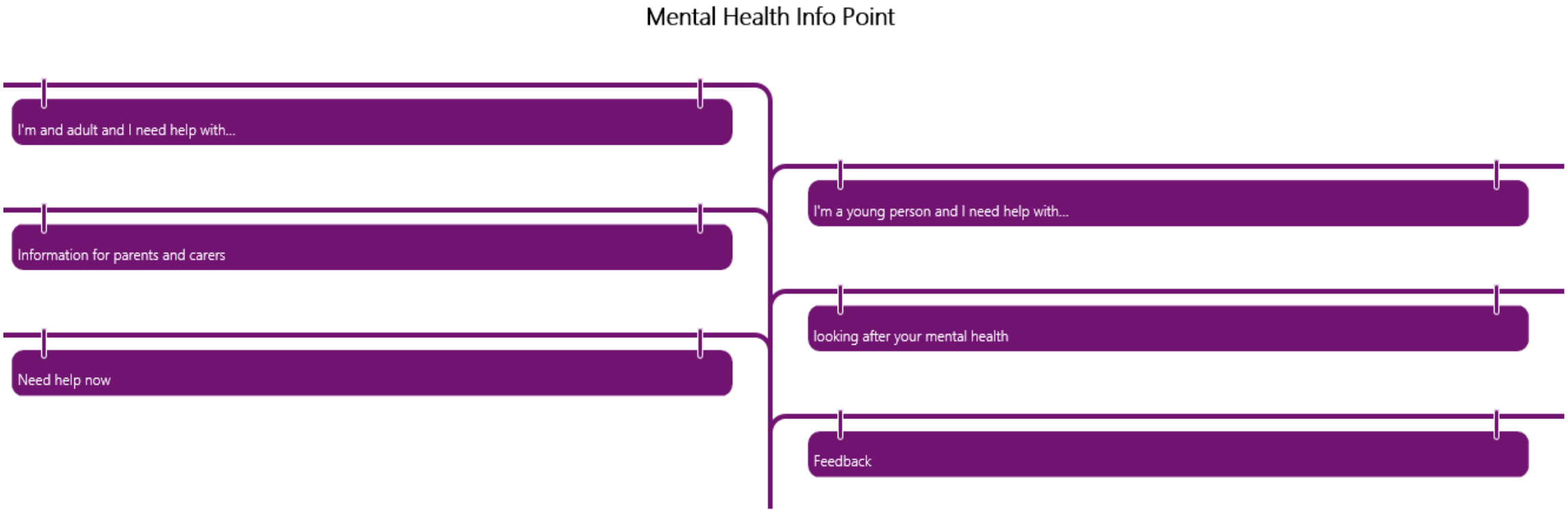
OTHER TRAINING

Basic Mental Health Awareness Training for those who work with children and young people that don't work in a school, for example children's homes staff etc.

Self-Harm Awareness Training for those who work with children and young people that don't work in a school, for example children's homes staff etc.

Halton Mental Health Service Directory

www.halton.gov.uk/mhinfopoint



Updating the list of services is work in progress, and a marketing and communications plan will be developed to promote it widely across the borough.

Halton: Needs Assessment, Engagement and Equality – a Focus on Vulnerable Groups

http://bridgewater.nhs.uk/halton/woodview-specialist-childrens-services/

Halton: Needs Assessment, Engagement and Equality – a Focus on Vulnerable Groups

Learning Disabilities

assess the progress that local areas were making towards meeting the recommendations of The North West England Operational Delivery Network model of care for Children and young people with Learning disability and / or Autism service model. This used the Thrive framework - and recommended that all services (including mainstream ones) will be supported by locality Single Points of Access/Hubs. Further work on the actions agreed through the audit will continue this year and updates on progress will be reported accordingly.

Halton: Needs Assessment, Engagement and Equality – a Focus on Vulnerable Groups

Children in Care

Halton – Vulnerable Children

There are a large number of factors that can increase the vulnerability of children and young people who are experiencing mental health problems. Our early help services and social work teams have a range of interventions to work with these children identified with early help needs, or where they are open to social care as children in need or are looked after. There is increasing alignment and integration of these services with health services to achieve the best outcomes for children and young people, e.g. implementation of the local THRIVE model.

Area of Priority	Progress	Forward Plans
Children with emerging needs are supported through targeted early help support	'We are with you' Halton is commissioned by the local authority as an Integrated Youth Provision. The target group for this contract is all young people aged 10-19 and up to 25 for those with additional needs in Halton. The service was formally known as Young Addaction, and now has three strands to its service offering: 1. Treatment interventions that are recovery and participative orientated including one to one psychosocial interventions and a range of talking therapies including MI, Solution Focussed therapies and ITEP mapping for young people who are experiencing problems with substance misuse. 2. It is the main hub within Halton for driving and delivering targeted and preventative early interventions, working within all of the high schools. The service also provides a Hidden Harm Service operating on a whole family approach, working with children and their parents where domestic abuse and or substance misuse is prevalent, breaking the cycle of intergenerational substance use and improving family functioning. An outreach service is also in operation which includes a dedicated street based team , travelling to areas that wouldn't ordinarily access services. This allows us to take our integrated provision into the community thus ensuring that our reach is truly borough wide. 3. A universal youth provision which is again targeted in areas that are most in need, delivering and facilitating diversionary activities, art and play therapy classes whilst at the same time providing safe environments for children and young people to socialise and relax in.	• Runcorn Primary Care Network 'R Health', are piloting an enhancement to the current health engagement officer service which will provide additional capacity to support families presenting in primary care with non medical issues including emotional wellbeing, • NHS Halton CCG are submitting a collaborative proposal with NHS St Helens CCG, NHS Knowsley CCG and NWB to bid for Mental Health in school teams, initially based in Runcorn, and followed there after in Widnes, to help upskill school staff and provide an early offer of help for lower level support.

Halton – Vulnerable Children

Area of Priority	Progress	Forward Plans
Children with emerging needs are supported through targeted early help support	• There is a regular monthly children in care emotional wellbeing panel where cases are brought by social care to a multi agency panel including CAMHS staff, for advice and guidance, support on making referrals and on appropriate placements. • Halton Borough Council have embarked upon a project to improve provision for children and young people with emotional health and wellbeing needs and displaying challenging behaviours. The project to have two resource bases in key stage one for children with these needs is now underway. • Integrated risk support pathways in line with the THRIVE model have been developed • Development of the One Halton all age autism strategy 2018 -2021 • Emotional Literacy Support Assistant Training for Teaching Assistants / Pastoral Workers / Learning Mentors to plan and deliver individualised programmes of support to pupils with additional social, emotional and mental health (SEMH) needs. Currently in primary and Secondary Schools but will be rolled out to early years • Co-location of MH Practitioner in Social care front door now in place and thrive model firmly embedded in the local system.	• As part of the SEND agenda, a pilot has been funded by NHS St Helens CCG, to increase the skillset within the CAMHs service to accommodate children with LD /Additional needs. Evaluation of the pilot will be in 2021 and if successful it will be rolled out across Halton and other Mid Mersey boroughs. • To roll out the Emotional Literacy Support Assistant Training to early years groups.

Halton Data and Performance

Children and Young Peoples Mental Health Targets

Nationally:

- **Eating Disorder target** – currently achieving 100% for routine cases as of February 2020. There have been no urgent cases that required treatment within 1 week to date.
- **CAMHS Access Target** - As of February 2020 Halton have achieved 31% of the 34% CAMHS access target for 19/20. This includes the online data that is now flowing. In 20/21 there are plans to count the drop in centres full year activity and indirect activity, and the activity from the Local Authorities Children in Care EHB Service, due to plans to collobrate. The expectation is that the 35% target for 20/21 will be met, and the lead provider has provided an action plan to show how they aim to do this.
- **Early intervention in Psychosis target –** currently achieving target of 50% seen within 2 weeks (14-65yrs)
- **Children and Young People Liaison Mental Health Service -** provides a 24/7 core liaison service (including CAMHS) at St Helens and Knowsley Hospitals Trust (STHK). The core liaison service is currently available 7 days a week from 8am - 8pm at Warrington and Halton Hospitals Foundation Trust (WHHFT), however as from April 2020, the same 24/7 provision will be available.

Locally:

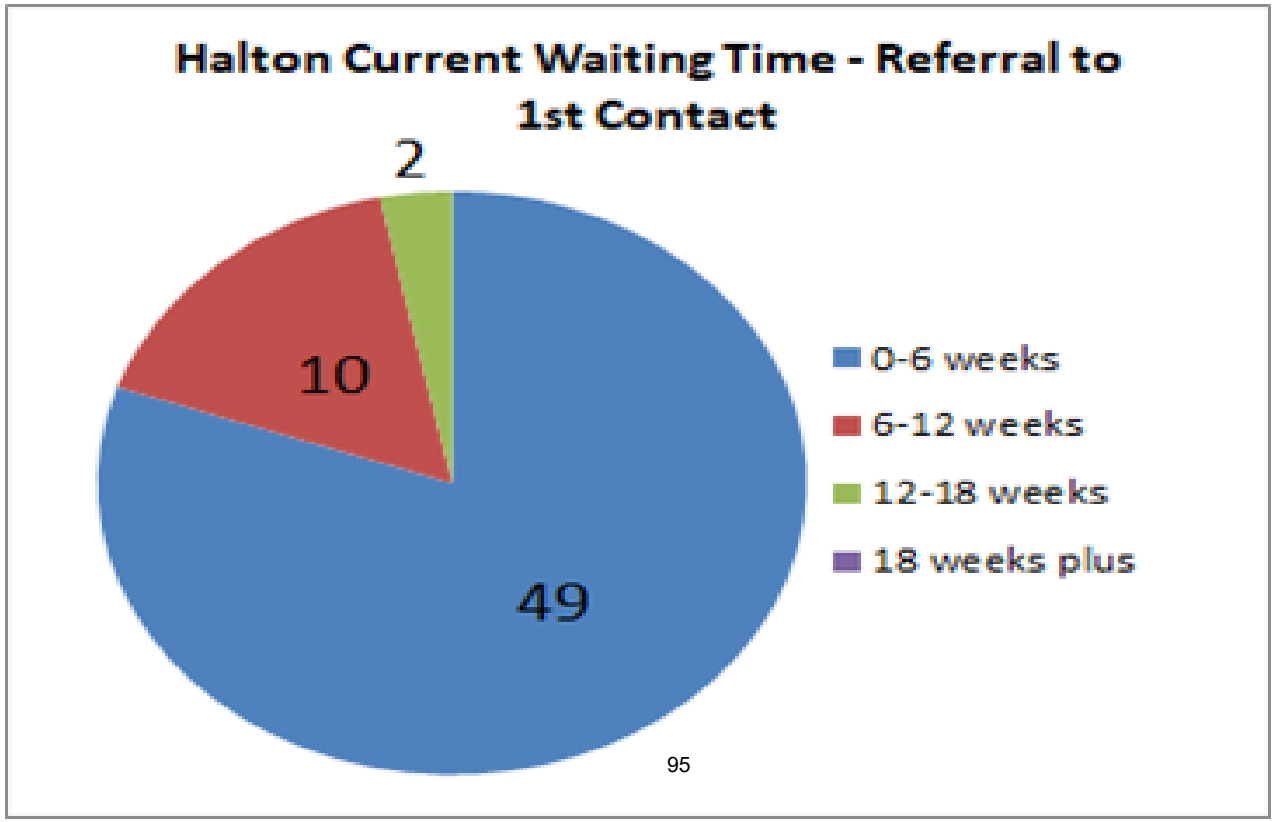
- Comprehensive Performance Outcomes Framework in place with new THRIVE based Service specification
- Outcomes reporting in place

Halton Children's and Young People's Access Target

% Access Target/Forecast	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Halton (incl KOOTH Online)	5.3%	10.8%	13.5%	16.4%	18.4%	19.9%	21.5%	23.7%	25.4%	28.1%	29.9%	31.6%

Local NWBH CAMHS Data (Cumulative) (2019/20)													
Actual	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Forecast Mar- 20	Difference from 34% Target
Halton	141	285	351	419	465	504	545	592	632	695	737	779	-203
Kooth Online	11	26	39	54	68	71	78	92	102	118	127	136	
Halton + Kooth online	152	311	390	473	533	575	623	684	734	813	864	915	-67
Headz Up Halton Drop Ins		4	6	5	5	9	9	6	14	20	19	16	+27

- There are no current issues with waiting times to first contact in the team, over 80% are currently seen within 6 weeks.
- Referral to treatment times average at 5 weeks (which include indirect contacts). Any long waiters are monitored on a weekly basis and proactively followed up if they DNA or cancel their appointments.

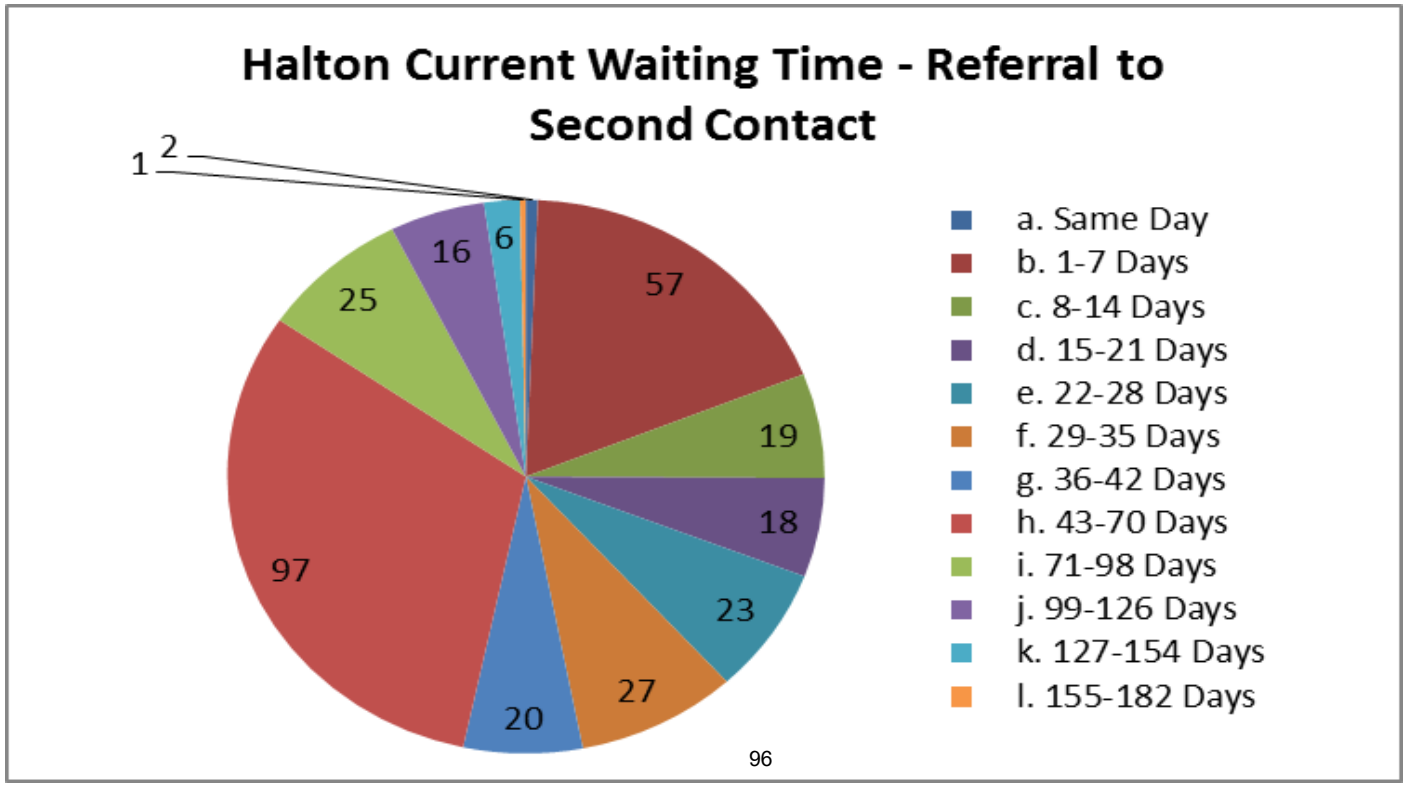


80% Waiting < 6 weeks
No over 18 week waiters

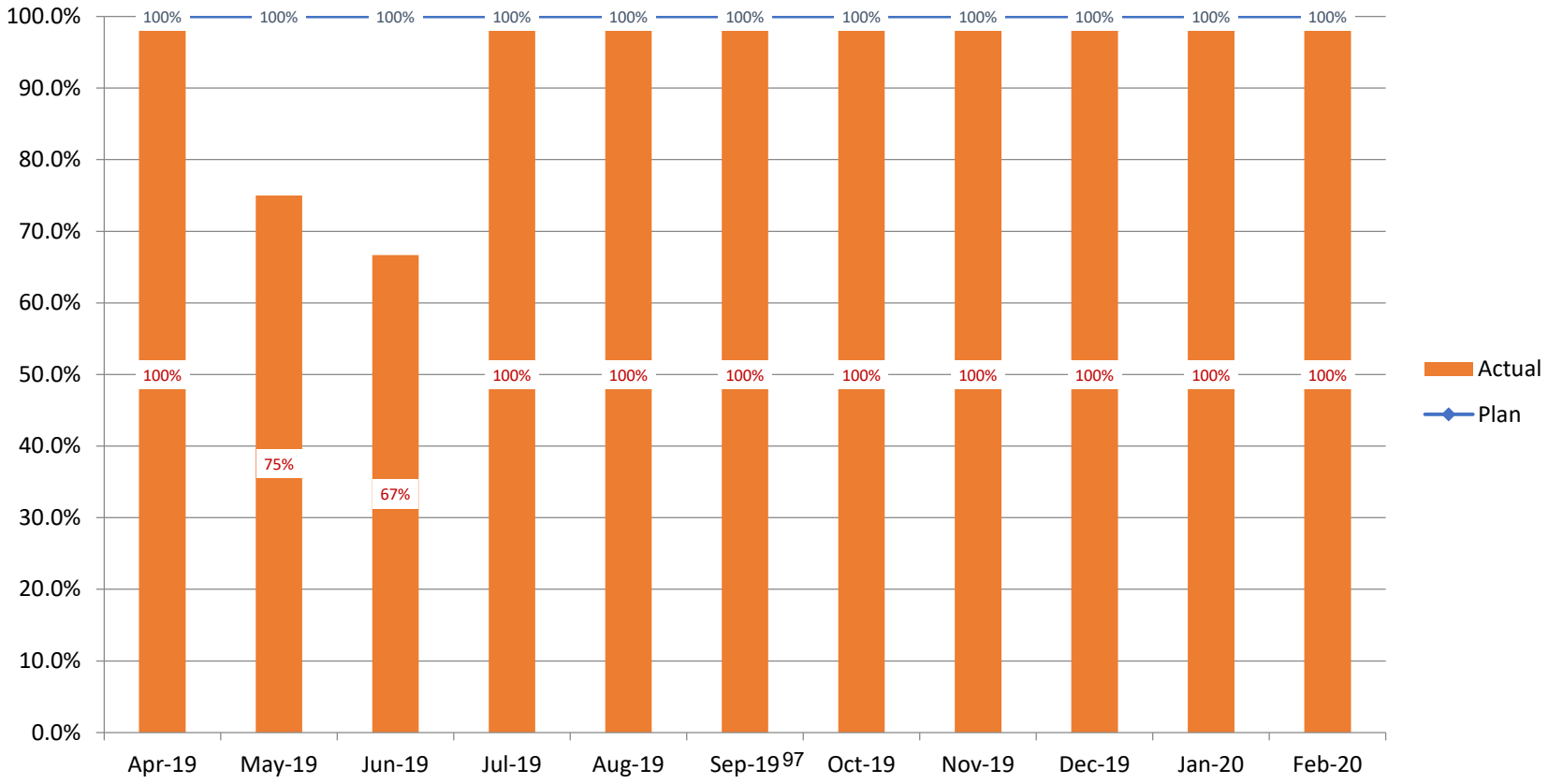
Halton CAMHS Waiting Times
Referral to 2nd Contact (Treatment)

(as of 10 March 2020)

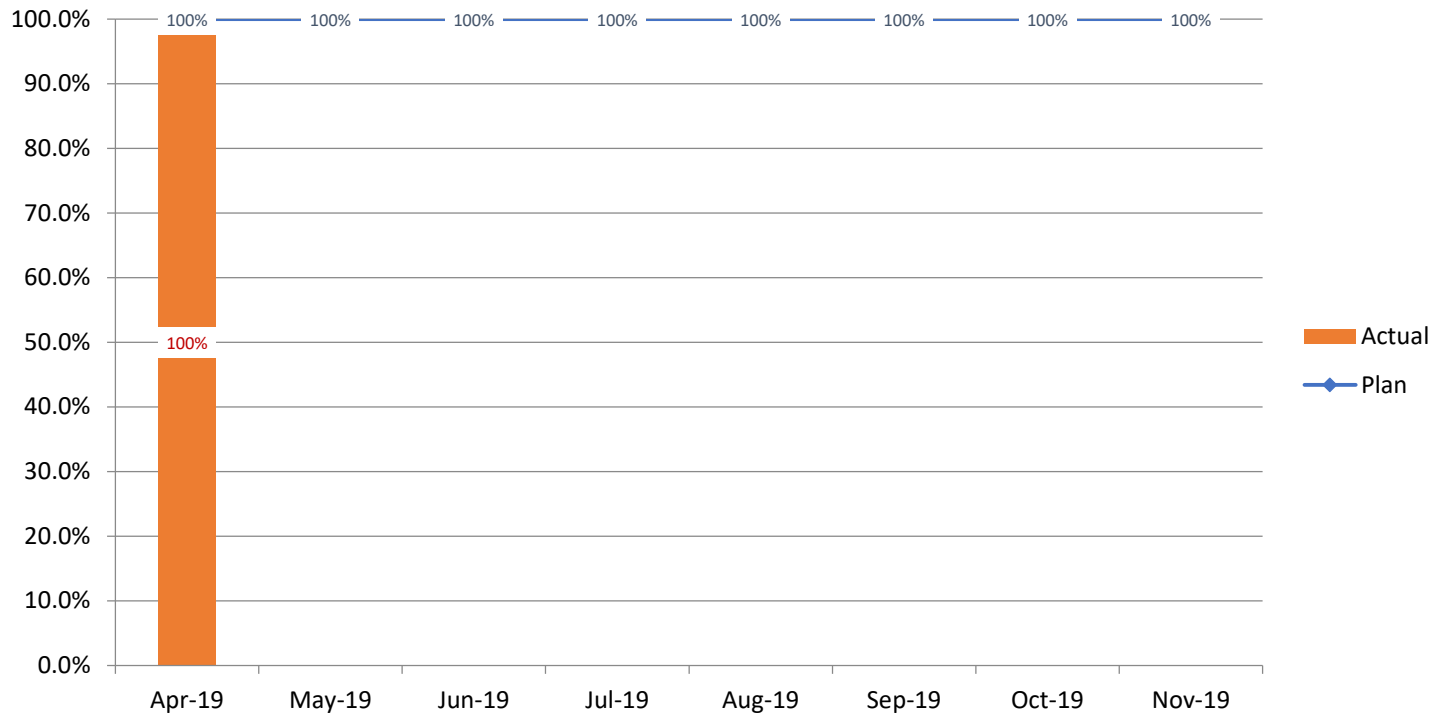
- 62% accessed treatment within 3 weeks (21 days)
- 71% accessed within 5 weeks and the remaining 29% (10 patients) commenced treatment within 10 weeks



4 Weeks Waiting Time Target
Eating Disorder Routine Referrals



Since April 2019, there have been no urgent referrals to the eating disorder service.



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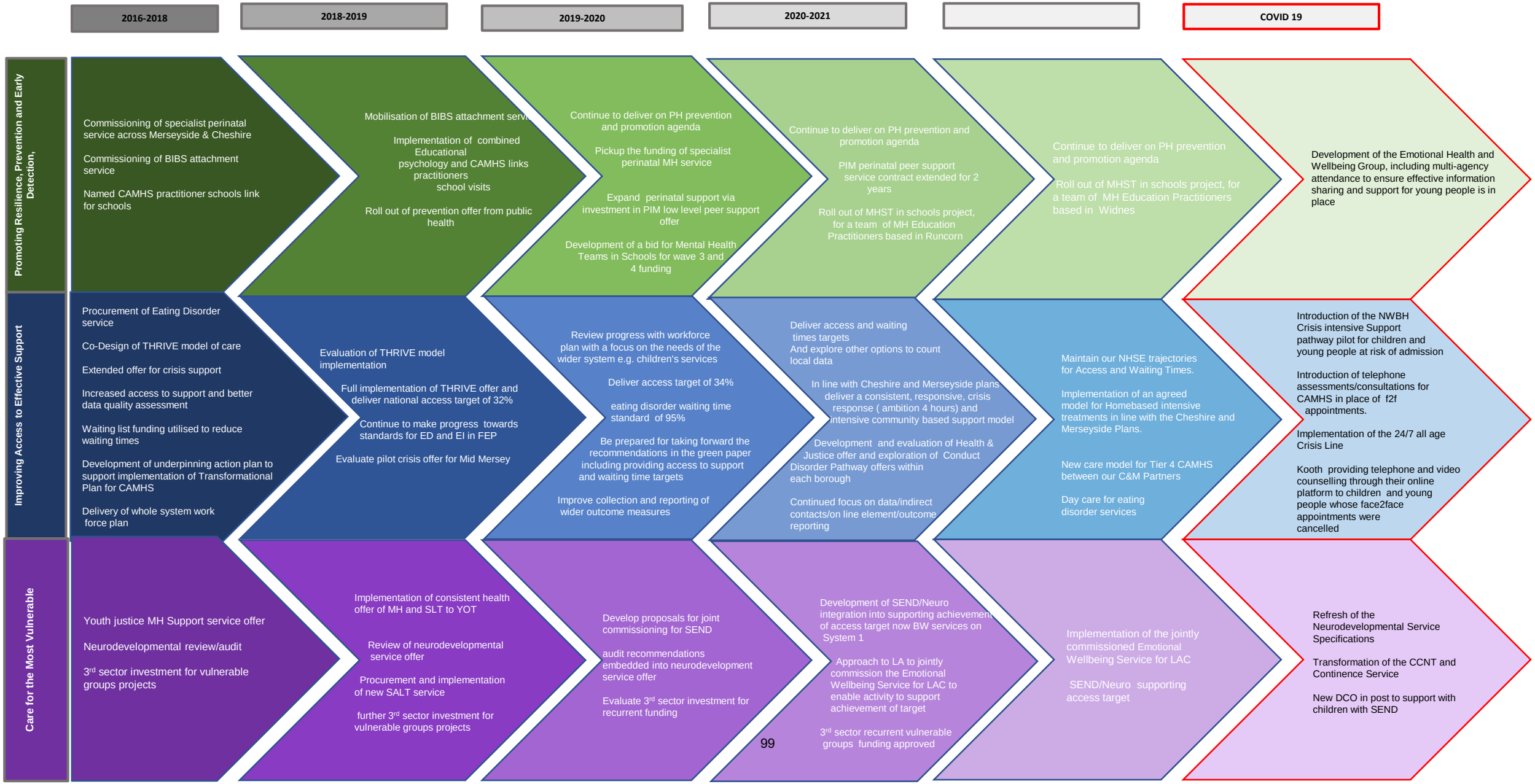
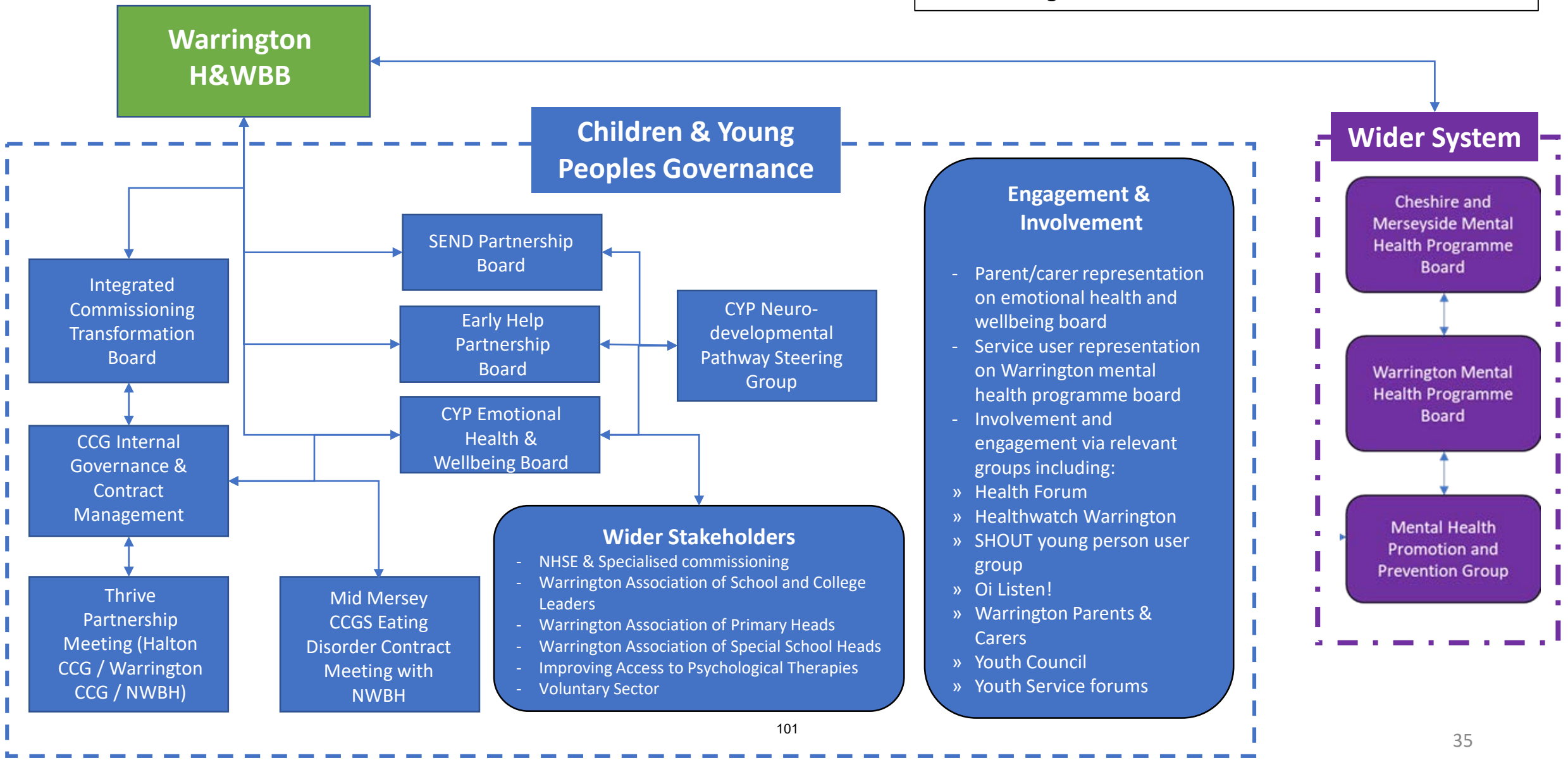
Halton Road Map – Key Priorities



Commissioner	Service	Actual Spend 2018/2019	Actual Spend 2019/2020	Planned Spend 2020/2021
Halton CCG Total Spend on CYP MH		**1,907,848**	**1,881,038**	**1,916,580**
CCG	THRIVE provision (Specialist CAMHS & Kooth, BIBs, Crisis Response, schools link and YOT service)	1,657,853	1,657,917	1,657,980
CCG	YJS Grant Allocation	9,000	9,000	9,000
CCG	Eating Disorders	120,995	124,121	135,600
CCG	Neurodevelopmental LD Nurses	90,000	90,000	90,000
CCG	Grants to variety of 3rd sector organisations utilisation of CAMHS slippage	30,000	0	24,000
Public Health	0-19 service and Family Nurse Partnership	3,450,000	3,450,000	3,450,000
Council	Looked after children's MH Service	187,000	187,000	187,000
Council	Substance misuse services for YP (including Hidden Harm Service)	171,000	171,000	171,000
Total Spend across CYP System		**5,715,848**	**5,689,038**	**5,724,580**

Governance arrangements have remained consistent, ensuring wide engagement with key stakeholders ensuring strategic oversight and shared decision making.



Warrington's Emotional Health and Wellbeing Service Offer

Thriving

http://happyoksad.warrington.gov.uk/children-and-young-people.aspx

https://livewirewarrington.co.uk/

https://www.mylifewarrington.co.uk/

https://www.warrington.gov.uk/libraries-0

https://www.mylifewarrington.co.uk/kb5/warrington/directory/localoffer.page?localofferchannel=0

https://www.mylifewarrington.co.uk/kb5/warrington/directory/directory.page?directorychannel=1

https://www.warringtonva.org.uk/

https://www.smilingmind.com.au/

https://www.stopbreathethink.com/

Getting Advice

http://happyoksad.warrington.gov.uk/children-and-young-people.aspx

https://kooth.com

https://www.mylifewarrington.co.uk/kb5/warrington/directory/service.page?id=vFSDD42nQhA

https://www.nhs.uk/service-search/find-a-gp/results/Warrington?latitude=53.389571223760 9&longitude=-2.59089667658018

http://www.bridgewater.nhs.uk/schoolnursing/

http://www.bridgewater.nhs.uk/healthvisitingservice/

https://childbereavementuk.org. Tel: 01928 577164 Email: cheshiresupport@childbereavementuk.org. Face to face support and app available

https://www.mylifewarrington.co.uk/kb5/warrington/directory/advice.page?id=sQnBZtzP2FQ&&

Getting Help

https://www.nwbh.nhs.uk/camhs-warrington

http://happyoksad.warrington.gov.uk/children-and-young-people.aspx

https://kooth.com/

https://papyrus-uk.org/hopelineuk/

https://childbereavementuk.org. Tel: 01928 577164

Email: cheshiresupport@childbereavementuk.org. Face to face support and app available

https://www.warrington.gov.uk/warrington-safeguarding-partnership

https://www.mylifewarrington.co.uk/kb5/warrington/directory/advice.page?id=sQnBZtzP2FQ&&

https://www.saintjosephsfamilycentre.co.uk/counselling

Getting More Help

https://www.nwbh.nhs.uk/camhs-warrington

https://kooth.com/

https://www.mylifewarrington.co.uk/kb5/warrington/directory/advice.page?id=sQnBZtzP2FQ&&

https://www.rapecentre.org.uk/contact.php

https://www.nspcc.org.uk/services-and-resources/childrens-services/

Getting Risk Support

https://www.warrington.gov.uk/warrington-safeguarding-partnership

www.youngminds.org.uk

https://youngminds.org.uk/find-help/get-urgent-help/youngminds-crisis-messenger/

https://www.minded.org.uk/

https://www.childline.org.uk/get-support/

https://www.prevent-suicide.org.uk/stay_alive_suicide_prevention_mobile_phone_application.html

https://calmharm.co.uk/

Warrington – Promotion and Prevention

- Warrington's Public Health Team leads an all age mental health promotion and prevention strategy that is aligned with the children and young people's local transformation plan
- Prevention & Early Intervention is a key element within universal settings, schools, colleges and primary care
- Public Health promote a whole school/setting approach, as part of overall THRIVE model, through:
  - 0 to 19 public health commissioned service with specific KPI's around mental wellbeing
  - PSHE network meetings
  - Academic delivery plans
  - Youth Health Champions
  - Training
  - Promotion of evidenced based mental wellbeing campaigns e.g. In Your Corner
  - www.happyoksad.org.uk website
  - Suicide Prevention and intervention

- There is a named lead in each primary and secondary school for mental health who has received mental health first aid training. This includes a senior lead and an operational lead. In addition, every secondary school has a named CAMHS link worker.
- There is some early data to indicate that there are increased opportunities for the wider system to get support and advice on managing and containing lower level mental health needs at home and in schools, leading to a reduction in referrals to specialist services. It is hoped this then creates capacity for a greater number of the appropriate referrals to receive evidence based interventions.

Warrington runs a variety of courses to support Children and Young People			
Course	**Run by**	**Description**	**Audience**
Understanding and Managing Low Mood	CAMHS	Focus on Cognitive Behavioural Therapy for young people to manage anxiety and low mood	Staff who work with young people – teachers, SENCO, Teaching assistants, voluntary sector
Anxiety and Panic Self-Harm Awareness	CAMHS	Offered to School Employees to support the early identification of Children with anxiety and suffering with self-harm	School Colleagues
Learning Acceptance and Commitment Therapy Skills	CAMHS	Stopping the Struggle with Emotions, using Acceptance and Commitment Therapy.	Teachers, SENCO, Teaching assistants, youth workers, voluntary sector
Child Development and Attachment	CAMHS	The course covers brain development, normal developmental and emotional milestones, attachment styles and identifying attachment difficulties	Family support workers, Youth Workers, School Nurses and Health Visitors
Adolescent Brain Development Training	CAMHS	Focus on supporting teenagers through adolescent years, through the learning of brain development during puberty and the importance of child-parent relationships	School Nurses, Health Visitors, Youth Workers, Family Support, SENCO
Teaching Mindfulness	CAMHS	Introduction of mindfulness to delegates & support them with skills to introduce mindfulness to young people	Voluntary Sector Workers, Teachers, Youth Workers
DBT Manage Strong Emotions	CAMHS	Introduction to Dialectical Behaviour Therapy to support regulation of emotions	Teachers, Teaching assistants, family support, school nurses

Warrington Public Health ‘Healthy Child Programme 0-19 years’ Commissioned service is based on the delivery of the 4–5–6 Model for Health Visiting & School Nursing.

The 4-5-6 model is an evidence based approach to deliver the healthy child programme. It encompasses the reach and impact of health visiting and school nursing services through:

- 4 levels of service
- 5 universal reviews
- 6 high impact areas of which EHWB features in the following:

    Early Years High Impact Area 2 – Maternal and (Perinatal) Mental Health

    Early Years High Impact Area 1 – Transition to Parenthood and the early weeks

    School nursing High Impact Area 1 (Resilience and emotional wellbeing)

Warrington HCP 0-19 service:

- Have care pathways clearly defined with other organisations and agencies providing Level 1, 2 and/or 3 mental wellbeing services and other primary care providers; including perinatal mental health and infant mental health
- Provides early identification and access for children and young people showing early signs of emotional distress or attachment difficulties for infants.
- Provides appropriate referral to Child and Adolescent Mental Health Services & other local services.
- Supports schools to adopt a comprehensive whole-school approach to social and emotional wellbeing

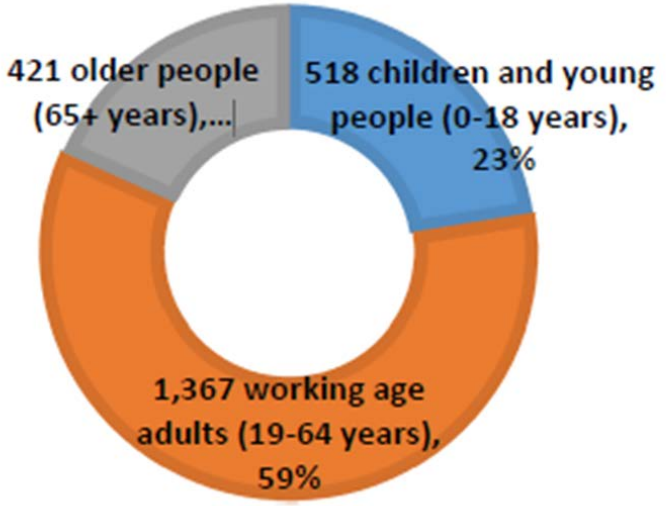
Health visiting services deliver the core Mandated contacts of the Health Child Programme. Emotional health needs are discussed at every contact.

- Pre-Birth Assessment (for all clients) -Mental Health – previous, peri-natal and family
- Birth Visit 10-14 days - Observation and assessment of peri-natal mental health using evidence based tools
- 6-8 week Visit - Observation and assessment of peri-natal mental health using evidence based tools
- 9-12 Month Contact and developmental assessment -Peri-natal mental Health
- 2-2 1/2 year developmental assessment.

- Support the emotional health and wellbeing early help offer.
- School Nursing Service offer holistic weekly drop in service in Warrington High Schools
- School nurses offer enhanced EHWB support to pupils in secondary school (up to 6 contacts) based on evidence based practice (SFBT etc)
- EHWB Lesson delivery is offered to primary schools for all Year 5/6s on request as part of half day entitlement.
- Support the Public Health delivery of the school health champions and the EHWB campaigns.

- MHST – Warrington have two teams of Education Mental Health Practitioners who will be supporting children and young people in 40 schools across Warrington, including the Special School and the Pupil Referral Unit
- Warrington are also working with the Anna Freud Centre to deliver the Schools Link Programme to schools with access to MHST in 2020. This will be rolled out to other schools over the coming years
- NHS Warrington CCG continue to joint commission with the schools across the borough for dedicated support and consultation from mental health services within the schools.
- Early Help have delivered the ROAR Programme in Primary Schools to support Mental Health in young children through awareness and early identification.

Autism in Warrington - based on the national estimate that 1.1% of the population has Autism, it is likely that there are 2,307 people living in Warrington with Autism.



- There has been an increase in the diagnosis of neurodevelopment conditions in children and young people as a result of better understanding of conditions such as Autism, Pathological Demand Avoidance and Attention Deficit Hyperactivity Disorder. There are currently 348 children and young people known to health services with Autism.
- There are some inconsistencies in the diagnostic pathway for children and some are diagnosed very early in their lives and others wait several years.
- The number of pupils with Autism has increased 40% in the past four years and as of January 2018 there were 335 pupils in primary, secondary and special schools were receiving additional support from school or an with an Education, Health and Care Plan.

Working towards an Autism Friendly Warrington

Our priorities are based on what we know about the needs of children, young people and adults living with Autism in Warrington and the changes we need to make to the way we run our services so that they are Autism friendly.

Our priorities are for people with Autism to:

1. Be supported by professionals who understand Autism
2. Be identified at the earliest opportunity
3. Get the best from school and college
4. Be prepared for adulthood
5. Live as independently as possible.

We also understand that parents and carers of children, young people and adults with Autism also need help and support to ensure that they are able to cope with the daily challenges that face them.

Warrington: Needs Assessment, Engagement and Equality – a Focus on Vulnerable Groups

NHS Warrington CCG has undertaken extensive engagement and needs assessment to inform the development of the newly commissioned THRIVE model. Detailed information can be found on the CCG website in both previous LTPs and supporting documents.
Following implementation of THRIVE, there continues to be a need to focus on some specific vulnerable groups e.g. children looked after or that have been abused, and children with neurodevelopmental conditions.

Neurodevelopment and Special Educational Needs and Disabilities (SEND)

Based on national prevalence data, it is expected that in Warrington there are 407 children with autism spectrum disorder (ASD) and between 740 and 1851 children with attention deficit hyperactivity disorder (ADHD). A joint strategic needs assessment for SEND in Warrington can be found here.

After recent quality reviews of the neurodevelopmental pathways which highlighted some clear opportunities to improve services a new pathway went to consultation in 2019. Recommendations from the consultation are forming further improvements to the pathway including the co-design with Early Help and an improved communication and engagement plan, which has been designed with WarrPAC to include a parents briefing.
Warrington CCG and Warrington Council will continue to co-design the pathway with the aim to implement in on the 1st of April 2020, following further recruitment to the planned workforce.

Warrington CCG and Warrington Council have developed a process by which schools can apply for funding for individual children and young people with complex medical needs in an equitable manner.

Warrington: Needs Assessment, Engagement and Equality – a Focus on Vulnerable Groups

Children in Care

In June 2018, the rate of children in care in Warrington was significantly higher than the England average, at a rate of 93 per 10,000. Over the past 18 months there has been a significant decrease in the number of children in care, Warrington currently has a rate of 83 per 10,000. Interventions have focused on avoidance of unnecessary care admissions, early help, edge of care and a restorative approach to family breakdown.

Upcoming programmes for children in care:

No Wrong Door Programme

- A 2 year programme aiming to provide support to young people who are within or on the edge of the care system
- Through co-production a local community hub will host an MDT style model to combine residential care with fostering
- The Hub will include speech therapists, a clinical psychologist, community foster families and staffed community supported lodging
- The Warrington No Wrong Door is planned to go live in March 2021.

Mockingbird Programme

- Warrington will be implementing the Fostering Network's Mockingbird Family Model which aims to improve the stability of fostering placements and strengthens the relationships between carers, children and young people, fostering services and birth families. The model can support young people's wellbeing and can reduce foster carer isolation.
- The Mockingbird Family Model is a method of delivering foster care using an extended family model which provides sleepovers, short breaks, peer support, regular joint planning and training, and social activities.
- The first Mockingbird constellation is due to be launched in late April 2020

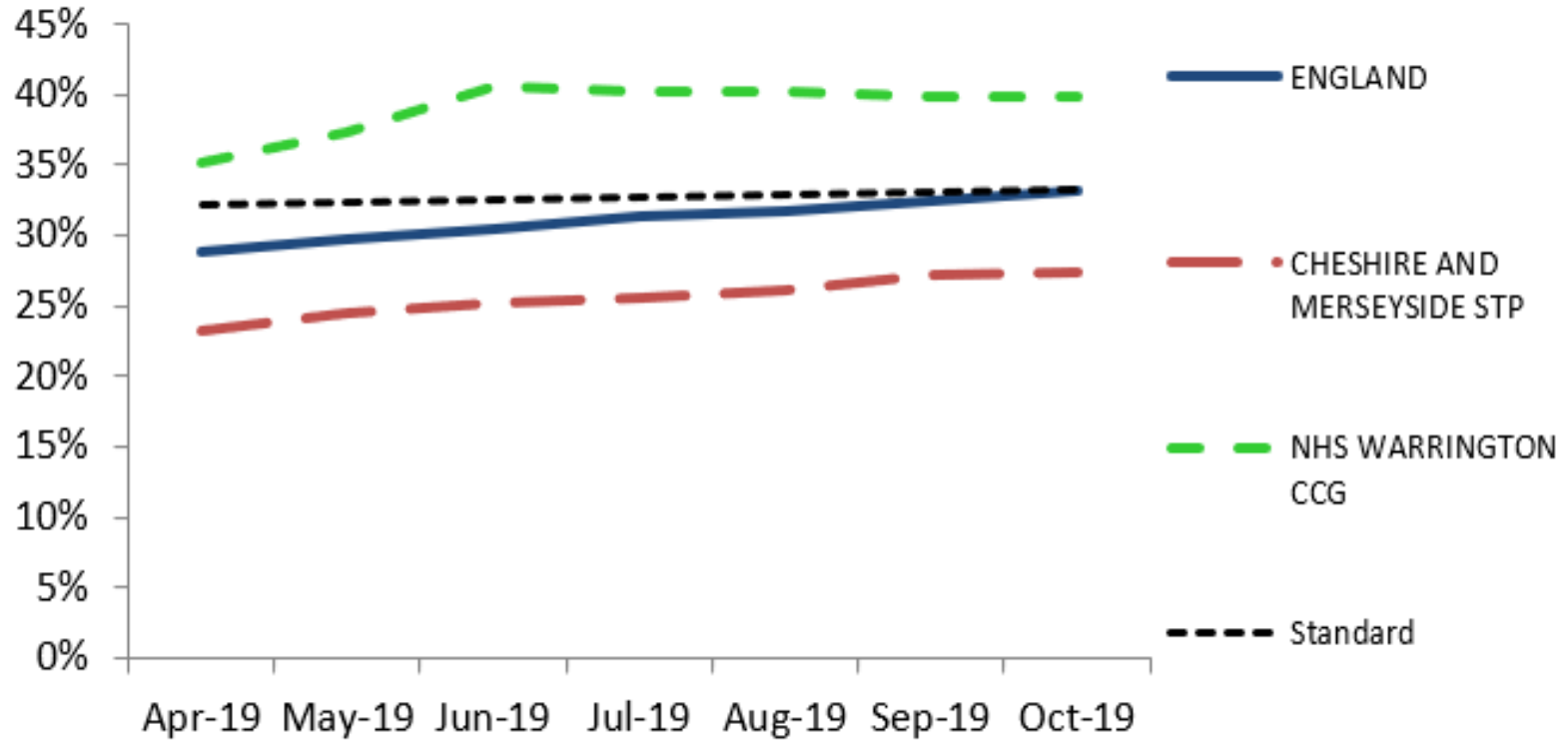
Warrington – Vulnerable Children

There are a large number of factors that can increase the vulnerability of children and young people who are experiencing mental health problems. Our early help services and social work teams have a range of interventions to work with these children identified with early help needs, or where they are open to social care as children in need or are looked after. There is increasing alignment and integration of these services with health services to achieve the best outcomes for children and young people, e.g. in moving to a THRIVE model.

Area of Priority	Progress	Forward Plans
Children with emerging needs are supported through targeted Early Help support	• Many Warrington schools and the Early Help division are trauma trained to support adverse childhood experiences • The Youth Service facilitates and promotes the health drop-ins and provide targeted interventions for young people, e.g. emotional wellbeing, drugs and alcohol, sexual health • Risky Behaviours education, advice & support to all year 7 & 10 pupils within Warrington education settings • Working in partnership with children's mental health services to deliver the THRIVE model, e.g. mental health practitioner co-located in the multi-agency safeguarding hub. • Early help staff co-deliver training to the wider workforce including health, e.g. GPs. • The Early Help division has 2 x Therapeutic social workers supporting children with conduct disorder through the redesign • Early Help Practitioners (Family Support Workers) support families with children with complex needs to enable them to remain at home. • MHST have moved into Orford youth base and will be working in partnership with the Early Help Integrated teams (Family Support, Youth service, Children centre staff). • 10 Mental health champions are part of the Early Help workforce. • Whole family practitioners based in the Early Help Support team are linked with all schools to model whole family working and promoting the importance of timely Early Help assessments being completed.	• Development of integrated risk support pathways in line with the THRIVE model • Early Help, along with schools to support action on the impact of social media on mental health • Development of an all age autism strategy • Early help strategy to include a focus on mental health, drug and alcohol and domestic violence, along with CSE • To work towards a trauma informed council • A new timetable supporting the existing offer of Mind works (Mental health drop in) due to Youth Café and NTH closure moving to another town centre space. • Revised model of YP targeted drug and alcohol and Risky behaviour programme facilitated by the Early Help Youth service in partnership with PH and schools • Health visitor to be part of the triage team and process at the Early Help front door/MASH to identify children at an earlier stage • To work with corporate communications around the use of social media to promote Early Help Services in line with other LA

Area of Priority	Progress	Forward Plans
Targeted Interventions /Edge of care	• The Families First Service deliver a range of edge of care interventions to support children to remain at home where safe to do so, providing low level support for children's emotional wellbeing including interventions based on the principles of multi systemic practice; targeted support from a therapeutic social worker; and trained therapy practitioners. Children's mental health services are integrated within the edge of care service, to guide and support interventions with more complex children so needs can be met early and at home. • Trained social workers undertake effective direct work with children, supported by an additional therapeutic social worker based in the permanency team, linking to children's homes, foster carers and offering 1:1 therapeutic work to a small number of children. • Social workers commission bespoke psychological treatments when required. • 2 social workers have accessed the systemic family practice training through the national IAPT programme.	• Continued roll out of a workforce development programme for all social care workforce based on relationship based systemic practice. • An ambition to offer mental health first aid training to the whole children's services workforce. • Develop links between peri-natal mental health and infant mental health pathways where specialist support is needed to strengthen attachment, and with specialist services such as forensic CAMHS and sexual assault services. • The No Wrong Door Hub "Life Coach", a Clinically Trained Psychologist, will provide open access to in-house psychological services for young people working with No Wrong Door. • CAMHS funded post within the Children's Services Systemic Hub. To be launched in 2021
Children in Care	• Children in care receive an annual assessment of their emotional wellbeing, though the use of the Strengths and Difficulties Questionnaire (current uptake 92%). Children who score high are supported by the children in care therapeutic social worker and are prioritised for mental health support. • Children's emotional needs are best met through stable, family based care. Where children need to come into care, Warrington seeks to ensure they are provided with this. Warrington has greater placement stability than other areas, with 73% of our children being in the same placement for 2 or more years. The therapeutic social worker in the permanency team supports this work. • The focus of the service is on family based care, and we have invested in our fostering team to ensure we can recruit and retain foster carers equipped, and supported, to manage children with lower level mental health needs. Training includes: Solihull approach – understanding behaviour, emotional first aid, ADHD, attachment, foetal alcohol syndrome training, autistic spectrum disorder training. • The service has been gathering the views of children in care and care leavers through the "The	• Through a range of individual support and interventions, there will be a trend of improvement when the strengths and difficulties questionnaire is repeated. • Explore the use of a wider range of outcome tools • More engagement with children in care to find what they want in terms of support for their mental health and wellbeing • Develop the role of a dedicated educational child psychologist

Warrington Data and Performance



Children's and Young People's Access Rate (latest 12 months)

120

Warrington are on target for year 2019/20!

NHS
North West
Boroughs Healthcare
NHS Foundation Trust

MHSDS Access Target

At least 35% of CYP with a diagnosable MH condition receive treatment from NHS funded community MH services

Borough	2017/18	2018/19	2019/20 As at Nov 19	2020/21
National Target	30%	32%	34%	35%
Halton CYP Target M8 2019/20 Forecast Year End	870 490 / 17%	928 845 / 29%	982 587 / 23% 31%	1,012
Knowsley CYP Target M8 2019/20 Forecast Year End	1,019 620 / 18%	1,090 450 / 13%	1,154 374 / 11% 15%	1,188
St Helens CYP Target M8 2019/20 Forecast Year End	1,101 790 / 22%	1,175 995 / 27%	1,248 1124 / 31% 43%	1,285
Warrington CYP Target M8 2019/20 Forecast Year End	1,192 1220 / 31%	1,272 1375 / 35%	1,351 1015 / 30% 37%	1,391

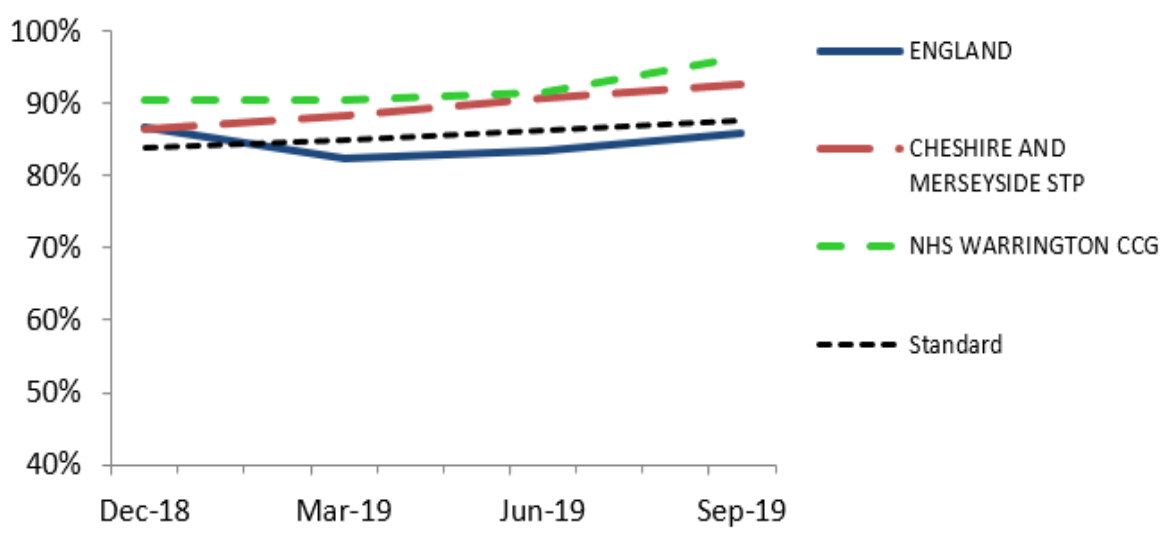
Supporting our communities to **live life well**

Eating Disorder Services Performance Data

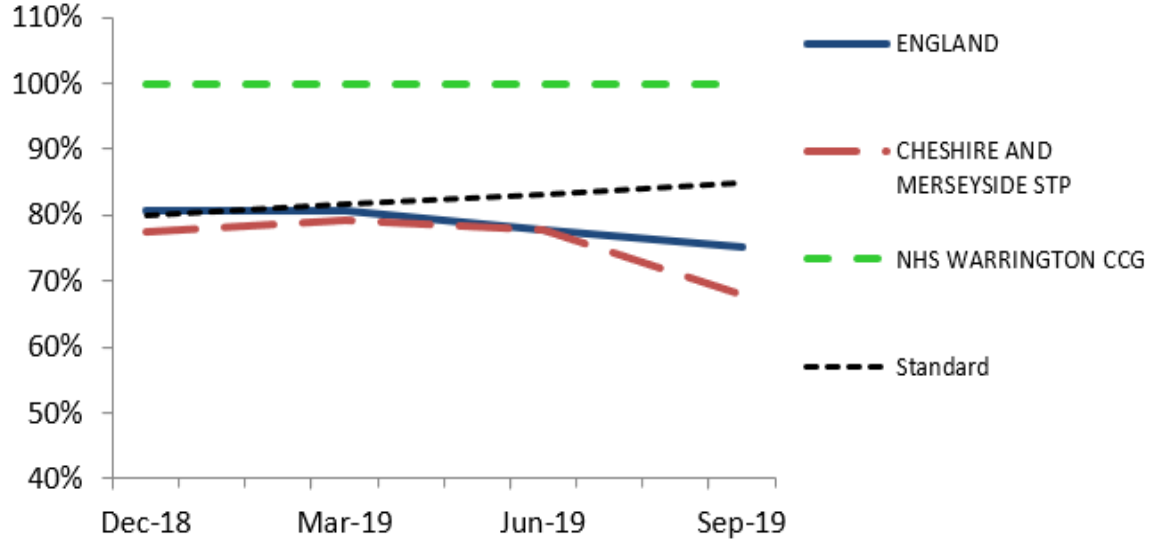
Warrington meeting the required standards!

Mid Mersey	Indicators	Thresholds	2018/19				2019/20	
			Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2
Children and Young Persons Eating Disorder Service- Completed Pathway into NICE recommended treatment	Proportion of routine referrals who receive a NICE concordant treatment within 4 weeks of referral	75% by 2018 85% by 2019 95% by 2020	93.0%	81.3%	92.3%	70.8%	100.0%	100.0%
	Proportion of urgent referrals who receive a NICE concordant treatment within 1 week of referral		75.0%	100.0%	100.0%	81.8%	100.0%	100.0%

Warrington Data and Performance



CYP Eating Disorder Waiting Time – Routine (rolling 12 months – quarterly for national & regional)



CYP Eating Disorder Waiting time - Urgent (rolling 12 months - quarterly for national & regional)

Improving picture to ‘Second Appointment’!

Numbers waiting for Treatment as at 6th January 2020 – Thrive Teams

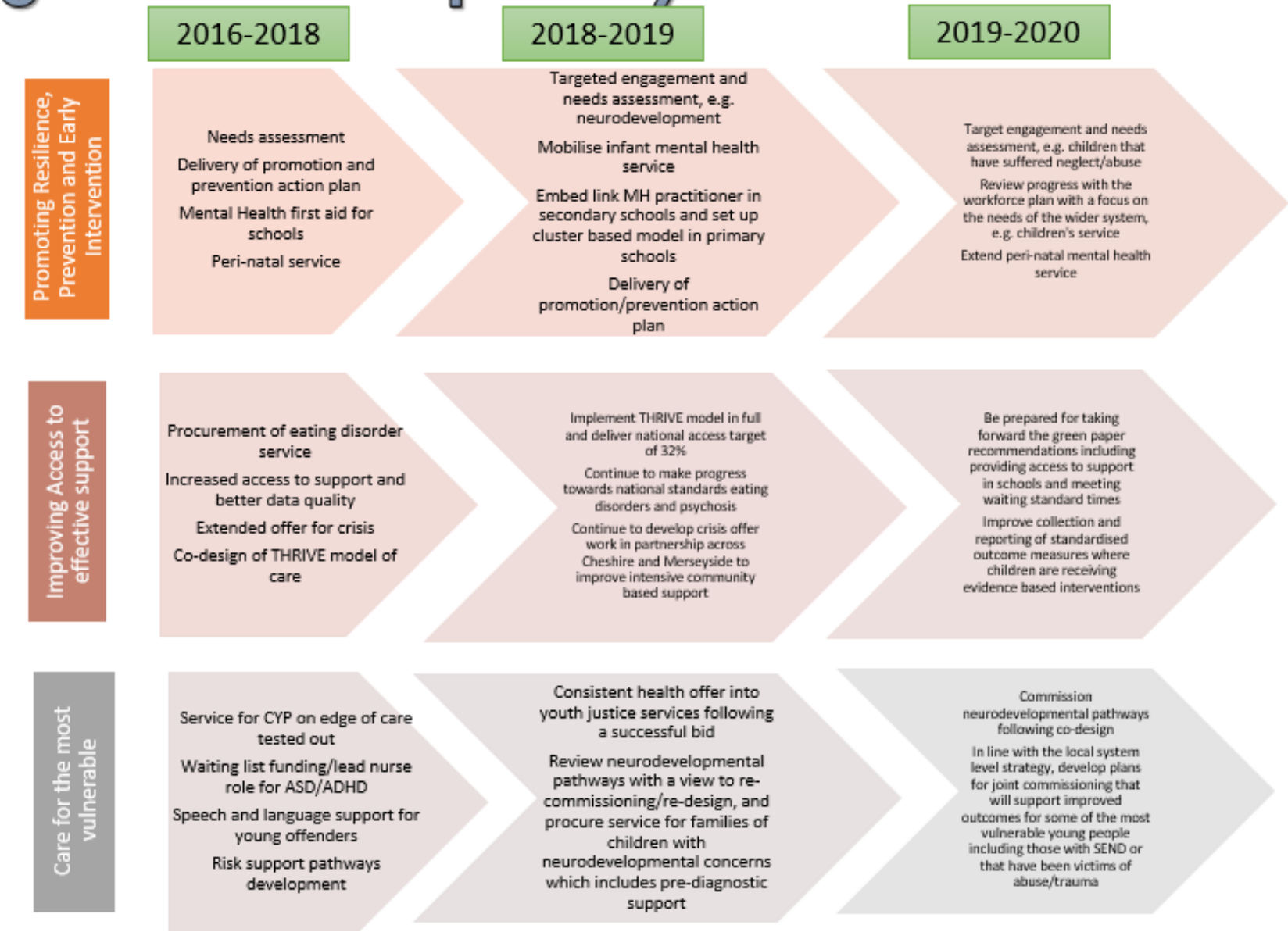
Second face to face attendance - unvalidated

NHS
North West Boroughs Healthcare
NHS Foundation Trust

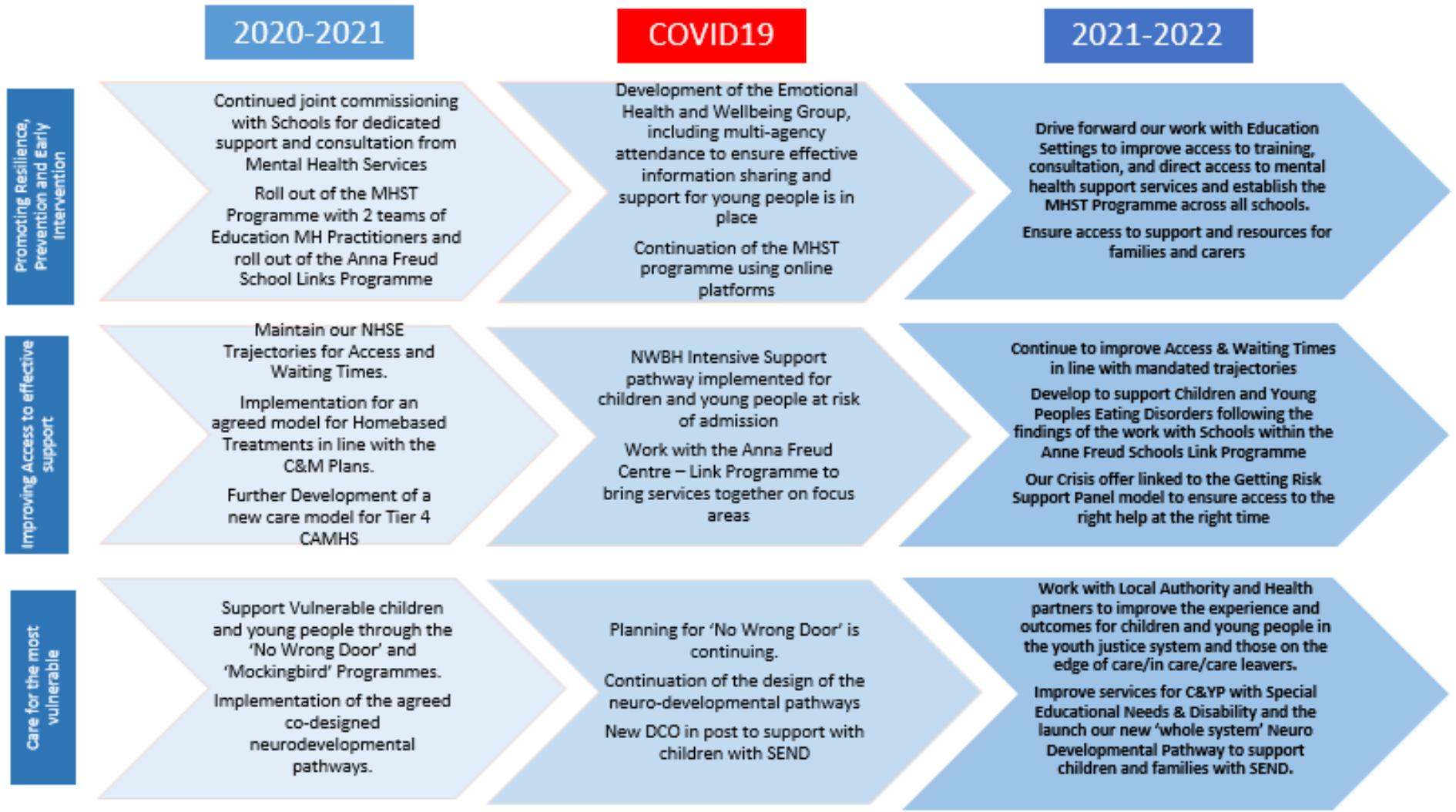
Borough	0-6 weeks	6-12 weeks	12-18 weeks	18 weeks plus	Total	% within 18 weeks
Halton	19	12	3	4	38	89.5%
Knowsley	27	14	1	4	46	91.3%
St Helens	20	14	8	10	52	80.8%
Warrington	46	26	21	4	97	95.9%
Total	**112**	**66**	**33**	**22**	**233**	**90.6%**

Supporting our communities to **live life well**

Warrington Road Map – Key Priorities 2016- 2020



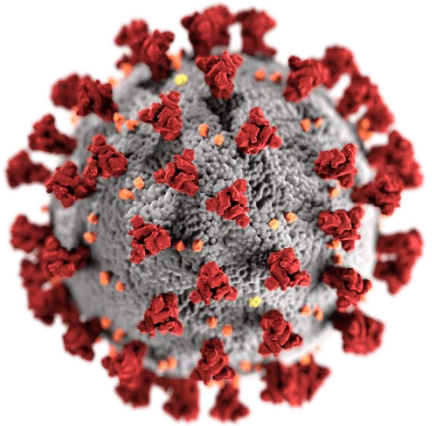
Warrington Road Map – Key Priorities 2020 -2022



Warrington – Financial Investment 3 Year Plan

	2019/20 Actual	2020/21 Actual	2021/22 Plan
Warrington Total CCG Spend on C&YP MH	£1,101,710	£1,670,894	£1,796,569
NHSE CCG Allocation - Thrive	£720,000	£932,000	983,000
Youth Justice Service Allocation	£25,036	£25,036	£0
NHSE CCG Allocation - Eating Disorder Services	£175,236	£175,236	£285,135
NHSE CCG Allocation - MHST Programme	£123,708	£528,434	£528.434
NHSE CCG Allocation MHST Programme (Non Recurrent)	£40,000	£0	£0
Primary School Joint Commissioning Income	£35,000	£35,000	£35,000
Secondary Schools Joint Commissioning Income	£25,000	£25,000	£25,000
Waiting list monies	£0	£0	£0
Improved Access to Talk Therapies (IAPT)	£0	£0	£0
WBC School Health Service & Health Visitors and FNP Allocation	£3,533,586	£3,533,586	£3,533,586
Total Allocation	£4,677,566	£5,254,292	£5,390,155
Total Spend	£4,635,296	£TBC	£TBC

COVID-19



In recent years Halton and Warrington CCGs have worked in close partnership on a number of initiatives focussed on transforming mental health and wellbeing services for children and young people. Some of this work has been on a wider geographical footprint with neighbouring Mid-Mersey CCGs. Positive progress has been made on a number of the joint working initiatives over the last 12 months, and is demonstrated on the next slides.

Halton and Warrington – What has been achieved in 19/20

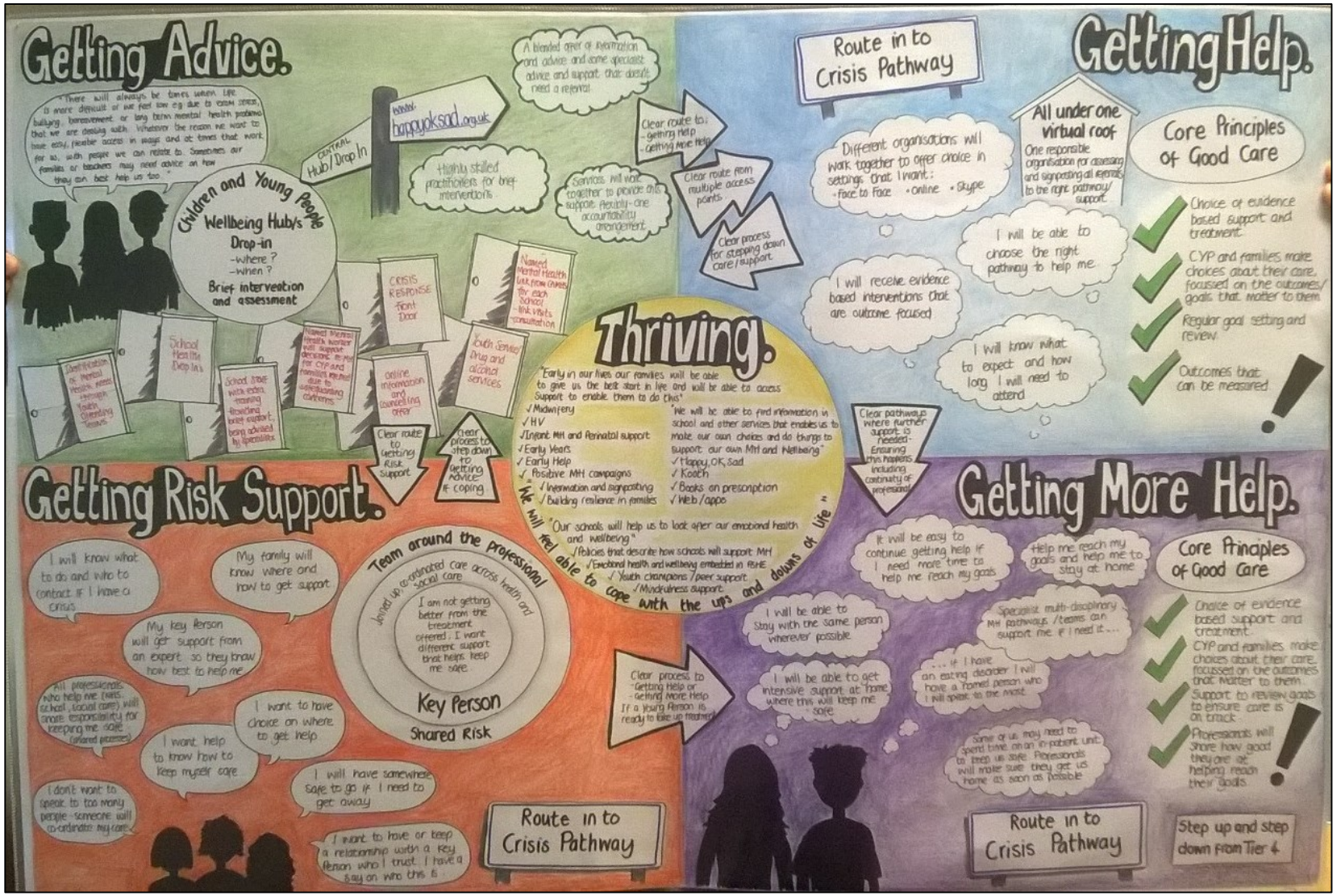
Area of Priority	NHS Warrington CCG Update on Progress	NHS Halton CCG Update on Progress
THRIVE/Improving access to effective support (from prevention to specialist community based care).	The Thrive model was successfully implemented in 2018/2019. This model along with workforce planning and capacity and demand planning continues to support delivery of the national access target as all providers now flow data consistently to the mental health services dataset, including Kooth online. Successful submission of online data from KOOTH now available through NHS Digital https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics/final-october-provisional-november-2019	
	Mind Works drop-ins are available across Warrington for children and young people and/or parents, allowing self referral/access to support. Currently the activity data flows in to the MHSDS to contribute towards the access target. Drop-in sessions run from the Orford Youth Base Centre, Capesthorne Road Warrington and the Warrington Youth Café New Town House, Buttermarket Street.	Headz Up Halton drop-ins are available in both Widnes and Runcorn for children and young people and/or parents, allowing self referral/access to support. Plans are in place to flow the activity data to the MHSDS to contribute towards the access target. Following the success of previous years, the CCG plans to continue funding the 4 third sector organisations to support system wide response to EWB issues for Young People - the right service in the right place at the right time: • Cheshire Autism CHAPS • Widnes and Runcorn Cancer Support group • Child Bereavement UK • Halton Community Radio
Schools and the Green Paper	Warrington CCG continue to jointly commission with primary and secondary schools in the town to provide access to training, consultation and direct support in respect to children and young peoples mental health Warrington CCG has successfully bid for MH Teams in both Primary and Secondary Schools, The opportunity to has allowed implantation for 2 teams of MH workers to begin their training and work with schools to provide better early prevention and intervention. Following publication of the green paper, the partnership will need to be prepared to align local and national plans in line with national recommendations and national roll out.	All primary and secondary schools in Halton have a named link mental health worker who works in conjunction with the educational psychologist aligned to each school to provide advice and guidance to staff. Following publication of the green paper, the CCG has worked with a task and finish group of children's health, social and educational professionals to agree a suitable model for the mental health teams in schools. A joint Mid Mersey bid has been submitted by the provider North West Boroughs, on behalf of the CCGs. If successful, a team will be recruited to support all schools in Runcorn initially due to its higher deprivation, shortly followed by a team to support all the schools in Widnes. We are also exploring the opportunity to bid for a team to support the local college.

Halton and Warrington – What has been achieved?

Area of Priority	NHS Warrington CCG Update on Progress	NHS Halton CCG Update on Progress
Eating Disorders	The CCGs co-commission a specialist community based eating disorder service with NHS Knowsley and St Helens CCGs which operates in line with the model recommended in NHS England commissioning guidance and which is signed up to the national quality improvement programme. In Halton, the service has met the national 4 weeks waiting time target to date, with 100% of CYP routine and urgent referrals being completed within 4 weeks, and they are on track to achieve the target in the last quarter. (see data and performance information, slides xx) The Eating Disorder Awareness Group has been recognised nationally as an innovative model of good practice, and the service were approached by NHS England to present at the Royal College of Psychiatry Conference on 5th December. The group enables CYP who are high risk be identified quicker and low risk to exit the service sooner. The service are also exploring the opportunity of having an ED champion in each of the Mid Mersey CYP Mental Health service teams. The ED champion will help to improve identification, assessment and communication around ED and raise baseline confidence of other staff members around eating disorder's. The Family Therapy Team have trialled intensive clinics for the more complex cases by working in partnership with Warrington CYPMHS, Trauma and CBT Therapist to offer a combination of interventions to families that need more intensive support. So far this has been a positive intervention and they will continue to trial it with their high risk children. Due to its success, the 4 CCGs have agreed for the contract to be extended for a further 2 years.	
EIP	The CCGs co-commission a specialist early intervention in psychosis team with NHS Knowsley and St Helens CCGs for ages 14 years + that offers NICE recommended treatment. The service is meeting current national access and waiting times standards. The service has now achieved level 3 accreditation for both Halton and Warrington.	
CAMHS Crisis Offer	Both CCGs commission a Pan Borough (St Helens, Knowsley, Halton, Warrington) emergency response team from North West Boroughs Partnership Trust, that manage all front door emergency assessments/FU/Intensive support packages ,including children with a learning disability and/or autism. They also act as liaison between the community CAMHS teams and Tier 4 inpatient beds. They are a link for children in custody with a mental health concern and police point of contact for any young people who are detained on a section 136, as well as street triage point of contact. They provide a 24/7, 365 days per year response, this includes: 9am-9pm crisis duty line (can also be accessed via NHS 111), a dedicated practitioner at both hospital sites from 9pm – midnight 7 days a week (as part of an all age liaison psychiatry offer), and a sleeping on call clinician for psychiatric emergencies. In addition there is still an online offer available in both boroughs via kooth.com until 10pm, 7 days per week. Commencement of pilots for implementing 111 pathways and direct self emergency referrals are currently underway, and the trusts have widened their offer of the crisis drop in clinics by borough, available daily. New KPIs have been implemented and work is now underway with the crisis team, Acute Trust's and Local Authority to develop the home intensive treatment offer.	

Area of Priority	NHS Warrington CCG Update on Progress	NHS Halton CCG Update on Progress
Peri-natal and infant mental health	The Cheshire and Mersey Specialist Community Perinatal Mental Health Service is fully mobilised. The service provides assessment and support to women who are pregnant or have a baby, and are experiencing severe or complex mental health problems. The service also provides pre-conception advice to women with pre-existing Mental Health needs who are planning a pregnancy; and provides advice to other health professionals. In a 2019 survey, 100% said they would recommend the service to others (122 responses). The CCGs continue to invest additional resource into a dedicated infant mental health offer (BIBS) that focuses on attachment and bonding where maternal mental health is not a significant concern - this service will work closely with the peri-natal service.	
		Halton CCG invested 12 months funding for 19/20 in a 3rd sector organisation 'Parents in Mind', who provide evidence based safe and effective perinatal mental health peer support to pregnant woman and mothers of new babies up to the age of 2 years, who are struggling will low level mood or feeling isolated or anxious. Parents in Mind are linked in well with the local offer and makes onward referrals to the appropriate services where necessary. The CCG will be extending the contract for a further 2 years, following the success of the first year.
Transition CQUIN (commissioning for quality and innovation)	The provider for Halton and Warrington's children's and adult mental health services was signed up to deliver on the national mental health transition 2 year CQUIN (2017-19). The CQUIN covered all services including eating disorders. All commissioners agreed that the Trust had met the full CQUIN requirements based on the evidence they were presented with. Post transition survey responders said: • **100%** had a transition plan and achieved their goal • **100%** of young people had either a transition plan or discharge plan in place • **92%** of the young people (the nominator) had a meeting to prepare for transition. Since Q4 in 2018 this is a significant increase from 70% • **67%** had this meeting either at least 6 months before transitioning or for individuals who are less than 6 months from transition age on joining the sending service, at least 1 month before transition. Of those not held within the timescales , details were provided to show when the meeting took place and in some cases why the timescale wasn't met. Positive outcome for the patient summary numbers and feedback was that Halton transition meetings were much better than other areas. The Trust Lead was asked if they were linked into SEND agenda and this was confirmed through the preparing for adulthood meetings. There was no CQUIN in place for 19/20.	
Children and Young People's improving Access to Psychological Therapies (CYP-IAPT) and Workforce Planning	There is a CYP-IAPT partnership across 4 CCGs (including NHS Halton and Warrington CCGs) with both a strategic and operational lead identified from the main mental health provider. There is a reporting mechanism that tracks compliance with key principles including collaboration and participation, and routine outcome measurement. This is reported to commissioners and decisions are made in relation to funding training places for providing evidence based interventions. In 2019 the CCGs funded 4 x Systemic family practice (SFP) PG Diploma courses (2 x Warrington social care and 2 x Halton Social care), 1 x parenting PG Diploma (Warrington social care), 1 x CBT (Halton CAMHS) 2 x Systemic Supervision course (1 x Warrington CAMHS and 1 x CEDS – pan borough), 2 x CYWPs (Warrington CAMHS) All trainees either passed/completed or are about to. The courses helped to meet the IAPT principle of evidence based practice, skilling staff up in an evidence based way of working. The courses also emphasise all the other principles of IAPT and this aspect of the training is measured by an exam on CYP IAPT which is one of the assessments of the courses.	

THRIVE – a whole system approach



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- NHS Halton and Warrington CCGs' THRIVE model of care has been fully implemented and embedded into the local offer for children and young people. The work undertaken to model capacity and demand in line with THRIVE has contributed to increasing access to support.
- CYP and their parents/carers can self refer and access prompt information, advice and signposting via the drop in hubs, which are now available:
  - Halton on Wednesdays at the Grangeway Community Centre in Runcorn and Fridays at the Kingsway Children's Centre in Widnes; both from 2.30pm-4.30pm.
  - Warrington at the Youth Base and Youth Café, Capesthorne Road, Orford
- Named link practitioners are allocated to each primary and secondary school in Halton and Warrington, and early help and children's services can directly access consultation via a practitioner being co-located within multi-agency safeguarding hubs.
- Multi agency re-launch of THRIVE model has taken place, and regular communication takes place via various CCG social media outlets.
- There is increasingly dedicated support to the Youth Justice population following a newly developed health offer that includes dedicated mental health provision and speech and language therapy, Co-location of staff and shared training and development, consistent service specification and key performance indicators and linking with local authorities in relation to AIM assessments for sexualised behaviours.
- A joint Halton and Warrington Thrive Steering group has been established on a bi-monthly rotational basis.

- There is a CYP-IAPT partnership across 4 CCGs (including NHS Halton and Warrington CCGs) with both a strategic and operational lead identified from the main mental health provider. There is a reporting mechanism that tracks compliance with key principles including collaboration and participation, and routine outcome measurement. This is reported to commissioners ar made in relation to funding training places for providing evidence based interventions.
- In 2019 the CCGs funded 4 x Systemic family practice (SFP) PG Diploma courses (2 x Warrington social care and 2 x Halton Social care), 1 x parenting PG Diploma (Warrington social care), 1 x CBT (Halton CAMHS) 2 x Systemic Supervision course (1 x Warrington CAMHS and 1 x CEDS – pan borough), 2 x CYWPs (Warrington CAMHS) All trainees either passed/completed or are about to.
- New courses for 2020 started in January and February, with no drop outs to date. Training is on-going for 3 x SFP PG Diploma courses (2 x Warrington social care and 1 x Halton CAMHS), 1 x CBT PG Diploma course (Warrington CAMHS) 2 x Systemic Supervision course (1 x Warrington CAMHS and 1 x CEDS – pan borough), 4 x CYWPs (2 x Warrington and 2 x Halton) .
- The courses have helped to meet the IAPT principle of evidence based practice, skilling staff up in an evidence based way of working. The courses also emphasise all the other principles of IAPT and this aspect of the training is measured by an exam on CYP IAPT which is one of the assessments of the courses. There is a strong focus on the courses for outcome measuring, working collaboratively, reducing stigma and helping people in need to get the right treatment in a timely way.
- In the boroughs, THRIVE has helped implement the IAPT principles by ensuring access to getting advice and help, as well as the getting more help aspect of traditional CAMHS.
- In the CAMHS services, there is a continued push to use outcome measures and data on this is now flowed through the MHMDS. North West Boroughs have an on-going plan for in house training (next one planned is for the ORS – Outcome rating Scale).
- They continue to have monthly CYP IAPT meetings with all the CAMHS teams, Warrington social care and our partners Kooth, St Josephs and Barnardos, where we jointly plan and implement the courses and IAPT principles.

- After a successful pilot, BIBS was recognised as a ‘Rare Jewel’ by the Parent Infant Partnership in 2019.
- BIBS is 1 of 27 specialised parent-infant relationship teams in the whole of the UK
- BIBS was commissioned in 2018, locally it has been well received by those who have accessed the service
- Following feedback from the CCG’s Clinical Leads, it has been noted there are opportunities to develop this service even further.
- Currently, there has been limited access to this service due to the low staffing levels and strict referral criteria.
- During 2020 a review will take place to establish the potential the service has to offer our local community.

Ambition

- To narrow the health inequalities gap between those in the criminal justice system and the rest of the population and improve their outcomes.
- To support a reduction in the number of people who are detained as a result of undiagnosed and untreated mental health issues and also support continuity of care after release.

Achieved

- Equality of access to health assessments at the point of arrest rather than post sentence – this has resulted in young people with unidentified / unmet health needs being diverted to health services as opposed to the criminal justice pathway
- Dedicated mental health provision for young offenders
- Dedicated speech and language therapy provision for young offenders.
- More than 500 have been diverted from the criminal justice system across the Cheshire footprint – many into more applicable treatment to support their health and special educational needs that had previously not been identified.

NHS England Health and Justice

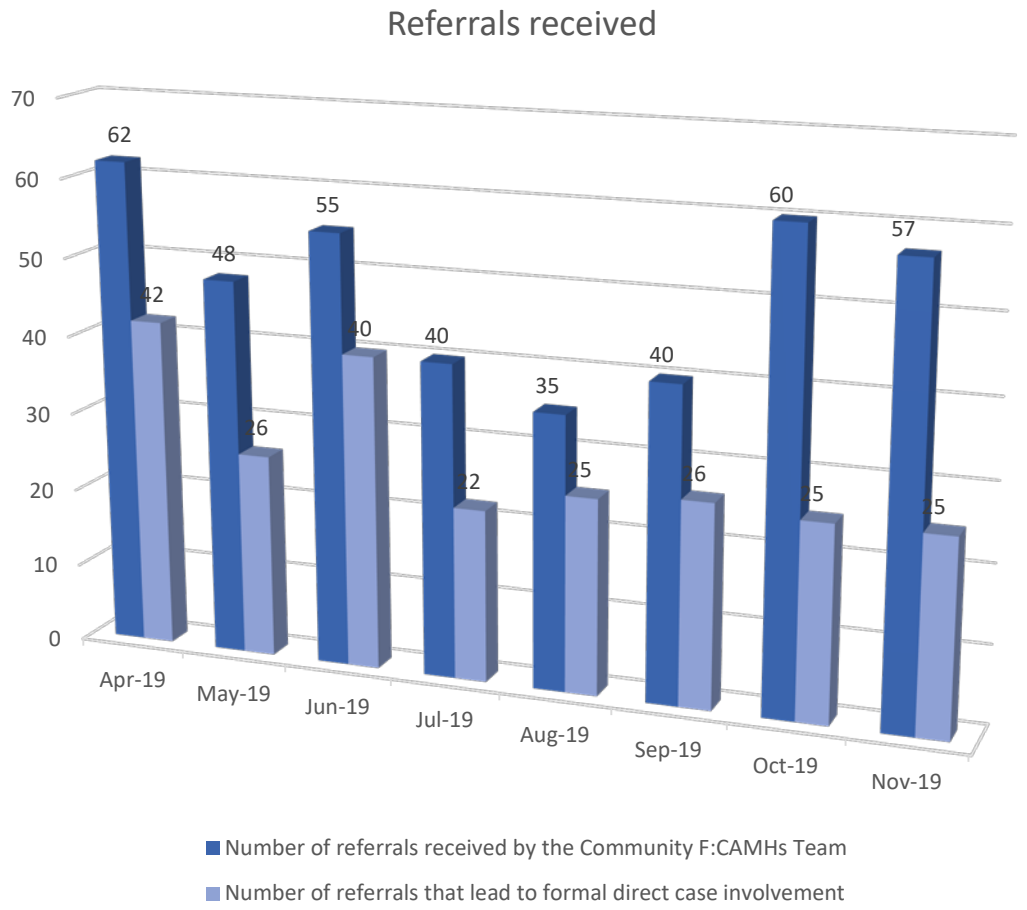
Halton and Warrington Health and Youth Justice

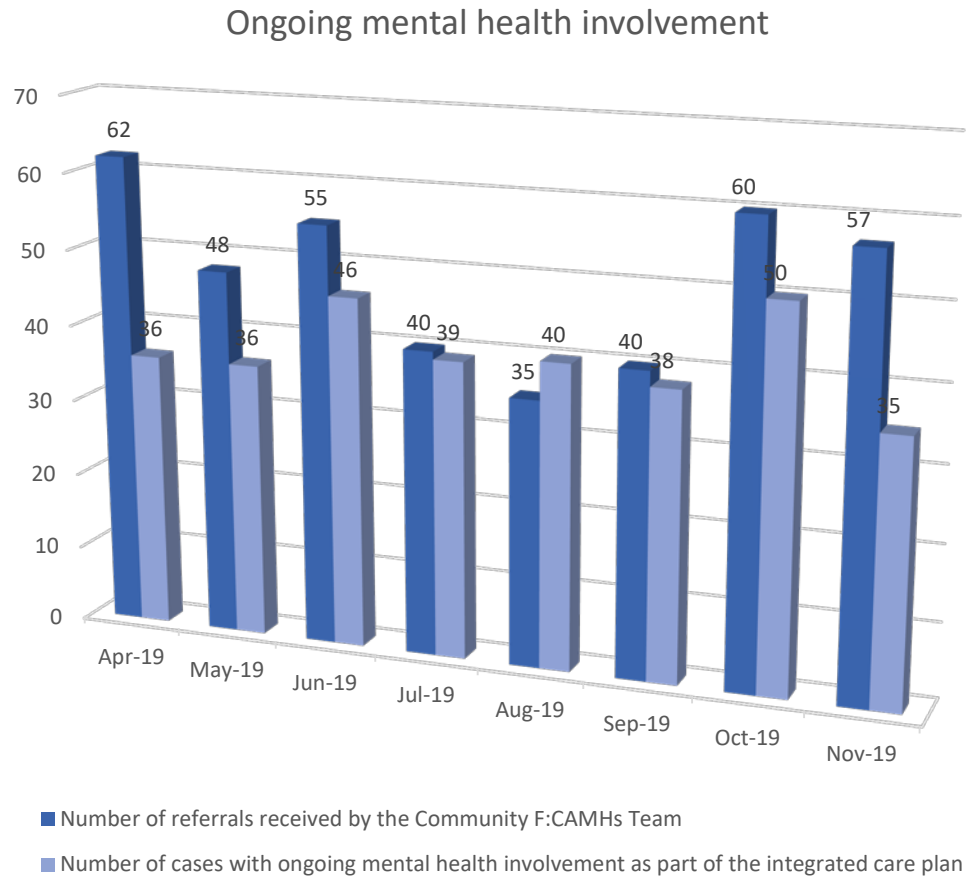
Collaborative Commissioning Network

- Includes stakeholder representation from the six clinical commissioning groups, four local authorities, the Police and Crime Commissioner, NHSE and Public Health across the Youth Justice Service
- The Health and Youth Justice Subgroup has been established and is reporting to the Youth Justice Management Board – focused specifically on those young people in contact with the Youth Justice Service as a vulnerable group
- Attracted NHSE investment to establish a consistent health offer across the area which includes:
  - ✓ Co-location of health and justice staff
  - ✓ Shared training and development
  - ✓ Consistent service specification and key performance indicators

Halton and Warrington Health and Youth Justice

Specialist CAMHS Services for High Risk Young People with Complex Needs





Flowing data to the Mental Health Services dataset (MHSDS) and Outcome Measures

CCG	2016/2017	2017/2018	2018/2019	2019/2020	20/21	21/22
NHS Halton CCG	North West Boroughs flowing limited data	• KOOTH begin to flow face to face data if quarter 4 • No indirect contacts data flowing • No outcome measures data flowing • No online data flowing	• All NHS funded providers are flowing face to face data • Indirect contacts data flowing July 2018 • Online data to flow from December 2018 • Work underway to flow outcome measures	• All NHS providers flowing complete and accurate data • % Increase in reporting of paired scores (outcome measures) • Increased recording of indirect contacts/activity	• Drop in hubs activity data to flow • Explore the opportunity to flow data from looked after childrens service • Explore the opportunity to flow data from local third sector providers	• MHST data begin to flow • Jointly commissioned looked after children's EHWB service data to flow • Third sector organisation data to flow
NHS Warrington CCG	North West Boroughs flowing limited data	• St Joseph's begin to flow data • Kooth submit data for national data refresh • No indirect contacts data flowing • No outcome measures data flowing • No online data flowing	• All NHS funded providers are flowing face to face data. • Indirect contacts data flowing from July 2018 • Online data to flow from December 2018 • Work underway to flow outcome measures	• All providers flowing complete and accurate data • % increase in reporting of paired scores (outcome measures) • Increased recording of indirect contacts/activity	• Continue to monitor	• Continue to monitor

Cheshire and Merseyside Workforce Planning

Cheshire and Merseyside Workforce Planning

Cheshire and Merseyside Workforce Planning

Following the publication of the CYP mental health Mid-Mersey workforce plan 2017 - 2020, capacity and demand modelling exercise was undertaken in line with THRIVE to plan the required workforce. As of February 2020, the workforce levels for each team are shown below:

Warrington

Clinical/Medical
Clinical Manager (B7)
Deputy Manager (B6)
Senior MH Practitioners (B7)
Senior MH Practitioners (B6)
Clinical Psychologist (B8a)
Clinical Psychologist (B7)
Consultant Family and Systemic Psychotherapist
Child and Adolescent Psychotherapist (8a)
Support Workers (B3)
Consultant Child and Adolescent Psychiatrist

Total Clinical/Medical Workforce =
Required workforce = 31.6

Halton

Clinical/Medical
Clinical Manager (B7) 1.00 WTE
Deputy Manager (B6) 1.00 WTE
Senior MH Practitioners (B7) 0.60 WTE
Senior MH Practitioners (B6) 7.80 (WTE)
Clinical Psychologist (B8a) 2.00 WTE
Clinical Psychologist (B7) 0.60
Consultant Family and Systemic Psychotherapist(8c)0.60 WTE
Child and Adolescent Psychotherapist (8a) 0.50 WTE
Support Workers (B3) 2.00 WTE
Consultant Child and Adolescent Psychiatrist 1.50 WTE

Total Clinical/Medical Workforce = 17.5 wte
Required workforce = 20.6wte

Using Data to Inform Improvements

Future in Mind highlighted the need for improved transparency and accountability in relation to children and young people's mental health services. Historically, there has been very limited information/data to inform commissioning and support improvements in services. **This is now changing.** In addition to CCGs publishing local transformation plans, there is an increasing range of data sources, benchmarking and monitoring/evaluation to enable an evidence based approach to improvement. **This includes:**

- New local outcomes and reporting framework monitored through contract arrangements
- Involvement in local and national evaluation of THRIVE implementation
- Mental Health Services dataset
- National and regional dashboards (in development)
- Rightcare data packs
- Hospital data (SUS data)
- Development of local dashboards to track key measures through partnership arrangements
- Accountability to NHS England through local 'deep dive' meetings to confirm and challenge
- Accountability to local health and wellbeing boards, safeguarding children's boards and other local forums
- Supporting capacity and demand planning to enable effective flow
- Supporting workforce planning and staff development needs in order to provide appropriate evidence based interventions

Risks to Delivery

Risk	Risk level	Mitigation
Workforce – recruitment, retention, evidence based interventions	High	Workforce plan developed and aligned with implementation of THRIVE model to include new roles, new training routes, improving retention, IAPT training places
IT and performance support to support flowing data	Medium	This has reduced from high risk and work to ensure all providers flow all required information is on track.
Current NHS and system level infrastructure both local, regionally and nationally not developed sufficiently in terms of integration to support ambitions	Medium	Undertake the ground work, e.g. needs assessment, engagement in order to be prepared for when the wider system changes can support and enable some of the changes in the more complex, integrated pathways
Financial pressures within CCGs, local authorities, and providers impacting on ability to invest	High	Ensure good awareness of the national requirements and CCG responsibilities, work with finance to incorporate into budget setting, prioritise resource to enable delivery of key national targets.
Impact of COVID 19 restrictions on the delivery of the core service offers, and achievement of the national CAMHS access target	High	Phase 3 action plan monitors and updates progress regularly. CCGs to meet with providers to discuss recovery and restoration plans.

Warrington Appendices

- Warrington Action plan 2018 - 2020
- Warrington children's mental health joint strategic needs assessment
- Warrington children's special educational needs and disabilities joint strategic needs assessment
- Mid Mersey children's mental health workforce plan
- Corporate parenting report 2018
- Warrington Autism Strategy: https://www.warrington.gov.uk/sites/default/files/2019-08/revised_autism_strategy.pdf
- Warrington SEND Strategy: https://www.warringtonccg.nhs.uk/Maternity%20Children%20and%20Young%20people/Integrated%20Special%20Educational%20Needs%20and%20Disablities%20Strategy%20201821.pdf
- Warrington SEND JSNA: https://www.warrington.gov.uk/sites/default/files/2019-09/jsna-special-educarion-needs-2017.pdf
- Warrington Early Help Strategy: https://www.warrington.gov.uk/sites/default/files/2019-09/early_help_strategy.pdf

Halton Appendices

- Halton children's Mental Health and Emotional Well Being JSNA JSNACYPMHEW
- Halton SEND strategy 2016 – 2020 http://www.haltonccg.nhs.uk/your-health/Documents/SEND-Strategy.pdf
- One Halton All age Autism Strategy https://www3.halton.gov.uk/Pages/councildemocracy/pdfs/adultsocialcare/autismstrat.pdf
- Halton's Trust Joint Commissioning Strategy https://haltonchildrenstrust.co.uk/wp-content/uploads/2018/02/Halton-Joint-Commissioning-Strategy-2018-2021-FINAL.pdf
- Everyone Early Help Strategy https://localoffer.haltonchildrenstrust.co.uk/wp-content/uploads/2018/12/Everyone-Early-Help-Strategy-2018-20121.pdf
- Halton Suicide Prevention Strategy https://www3.halton.gov.uk/Pages/health/PDF/health/SuicidePreventionStrategy.pdf
- Woodview Children's Specialist Services Information - http://bridgewater.nhs.uk/halton/woodview-specialist-childrens-services/
- Mid Mersey Children's mental health Workforce Plan

https://www.warringtonccg.nhs.uk/Downloads/About%20Us/CYPMHS%20Mid-Mersey%20Workforce%20Plan.pdf

HEALTH AND WELLBEING BOARD WORK PROGRAMME 2020/21

21 January 2021			
Item	**Details**	**Officer**	**Action required for HWBB**
Updates from Reference Groups - Integrated Commissioning and Transformation Board - Warrington Together	Standing item	Cath Jones / Simon Kenton	Noting
Ageing Well	H&WB Strategy thematic update	Rick Howell	Noting / discussion
Integrated Care – Next Steps		Simon Kenton	Noting / discussion
Covid 19 – Update and Response		Professor Broomhead MBE	Noting
Warrington & Halton Children & Young Peoples Mental Health & Wellbeing Local Transformation Plan (LTP) – Refresh 2020/21 to 2021/22	Updated plan presented to HWBB to sign off the plan and support it in respect to the priorities for the remainder of this year and next year.	Steve Tatham – Senior Commissioning Manager for Maternity, Children and Families at Warrington CCG	Approval / discussion

Possible Future Work Programme Items			
Issue	**Rationale**	**Anticipated Timescale**	**Notes**
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		
	New Hospital - written update to be added as a standing item SB requested future updates come to HWB every six months. Next report expected – June 2021 TBC	Latest update provided at November 2020 meeting	
Report from Healthwatch	*Regular report to be scheduled every 6 months*	March 2021	
Warrington Care Record Strategic Appraisal	Phill James – from 28 March HWB meeting phillip.james@nhs.net	Moved to later 2020 meeting, at request of S Broomhead	
JSNA Programme	Annual report	Postponed To May 2020 Deferred – new date TBC	
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 Deferred TBA	
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 May 2020 TBC	
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 2019-20.	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	
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	As per email request from S Broomhead – letter from Dr Andrew Davies	TBA	

Halton and Warrington – position to date			
5 year Local Place Plan	Delayed due to purdah (General Election)	Deferred from November 2019 Initial discussions at January 2020 meeting	Current draft plan endorsed by HWBB 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 Deferred - TBA	
Local Transformation Plan for Children's and Young People's Mental Health		Collette Woolley (Paula Worthington) – March 2020 Deferred - TBA	
Warrington Wellbeing Evaluation and Next Steps	Overview of findings from the evaluation of the Warrington Wellbeing Service.	Tracy Flute – Deferred from July 2020	
Integrated Care System	Further details to be provided to HWBB on the statutory powers for Integrated Care Systems – what measures are required – vision	November 2020 and January 2021	

	statement of healthcare systems	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 helped to develop some aspects sooner than initially thought - including the wider use of technology. Final version of the strategy to be presented at future meeting	Carl Marsh? TBC	
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	
Town Centre Deal	Update of bid / progress to date	Lucy Gardener – Date TBC	
Better Care Fund Plan	Report on plan progress	Sally McGrail – March 2021	
Warrington & Halton Children & Young Peoples Mental Health & Wellbeing Local Transformation Plan (LTP) – Refresh 2020/21 to 2021/22	Updated plan presented to HWBB to sign off the plan and support it in respect to the priorities for the remainder of this year and next year.	Steve Tatham – Senior Commissioning Manager for Maternity, Children and Families at Warrington CCG	

Completed Work Programme Items			
Issue	**Rationale**	**Presented to HWB**	**Action**
Impact of transition to Warrington Safeguarding Partnership on the Child Death Overview Panel	Information noted	September 2019	Complete
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	January 2020	HWBB agreed to adopt Marmot Community

	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 – Readying 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 and update provided November 2020	Discussion noted
Covid Situational Awareness	Details of implementation progress	September 2020	Discussion noted
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	November 2020	Discussion noted and findings to be presented to Early Help Partnership Board and Warrington Children's Safeguarding Board
Integrated Care System	Details provided to HWBB on the statutory powers for Integrated Care Systems and what measures are required including vision statement of healthcare systems	November 2020	Discussion / noting