

# **Health and Wellbeing Board**

## **Annual Report 2016/17**

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# 1. Introduction

Welcome to the third Annual Report of Warrington's Health and Wellbeing Board (HWB), which covers the period 2016/17. This year's report shows the on-going work by partners in the Borough to encourage residents to lead healthier lifestyles and live longer and to deliver joined-up health and social care services when people need support or treatment.

The Board is a unique gathering of top leaders from public, voluntary and private sector services, who meet to drive forward improvements in the health and social care system with a single vision and working towards common aims. We want you to stay fit and healthy first and foremost, but when you need help, the services that you receive will be coordinated, timely, effective and of a high quality.

This year's report highlights the latest work of our ambitious transformation programme 'Together We Can...' and the initial steps to establish an Accountable Care Partnership, which will join up services and pool partners' resources to make us more efficient. We also demonstrate how we are continuing to use monies available through the Better Care Fund to kick-start the process of integration.

The report outlines progress on the delivery of our overarching Health and Wellbeing Strategy, with some deeper dives into progress on the key themes within that Strategy. We have also kept an eye on other key strategies which have an impact on the wellbeing of our residents, including the Active Warrington Strategy, Carers Strategy and the Cheshire Complex Dependencies Programme which supports our most challenging families.

This year the Board has also engaged with regional NHS partnerships in the production of their Sustainability and Transformation Plans. Both nationally and regionally these have had a difficult evolution, but overall will help set the strategic direction to implement the NHS Five Year Forward View. Locally we will ensure that the implementation stage takes account of our own priorities and includes the wider social care environment.

The Board has also maintained oversight of annual reports and updates from key services and partners, including Public Health, Children's and Adult Safeguarding Boards and Healthwatch Warrington. We have also looked at numerous other policies which link to the wellbeing agenda.

On behalf of the Board, I hope that you enjoy reading about our work.

## **Steven Broomhead**

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



Professor Steven Broomhead  
Chairman of the Board

## 2. Who We Are and What We Do

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

### Membership of the Board

The Board was established with effect from 1 April 2013. It has a small core statutory membership as set out in the legislation, but additional members have been appointed either by the Council or by the Board itself to include key partners. The following organisations/sectors are represented on the Board:-

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

### Our Aims

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

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

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

### Powers and Duties

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

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

- Lead commissioning by one partner;
- Integrated provision; and
- Pooled budgets.

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

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

It may give the Council its opinion on whether the authority is discharging its duty to have regard to the JSNA and HWS when exercising

relevant health and wellbeing functions. This includes its functions relating to children with special educational needs and disabilities.

The Clinical Commissioning Group must involve the HWB in preparing or revising a Commissioning Plan and must consult the Board on whether the draft takes proper account of the Board's own HWS. The Health and Wellbeing Board must give the CCG its opinion on that matter and may also give an opinion to NHS England.

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

Under guidance issued by NHS England and the Local Government Association in 2013 and subsequent Department of Health and Department for Communities and Local Government Guidance, the Board has a role in the development of annual plans for use of the Better Care Fund (BCF). This is an on-going national initiative to drive the transformation of local services to ensure that people receive better and more integrated care and support.

### 3. Summary of Key Achievements

Warrington Health and Wellbeing Board has either achieved directly, or influenced its partners to deliver the following key successes in 2016/17:-

- ✓ Development and delivery of a Better Care Fund (BCF) pooled budget of some £21.79M.
- ✓ The mainstreaming of an ambitious Transformation Programme and the 'Together We Can...' ambitions into everyday work and governance structures of Warrington CCG's and the Council's commissioning teams.
- ✓ Development of an Accountable Care Partnership (ACP) for Warrington, which will provide an integrated structure for commissioning and delivering care services.
- ✓ Appointment of an independent Chair to the newly formed ACP Board.
- ✓ On-going monitoring of progress against delivery of the Health and Wellbeing Strategy 2015-18, with key improvements being realised.
- ✓ Overseeing development of the Active Warrington Strategy, which provides an infrastructure and environment for sport and activity for all residents.
- ✓ Engagement with NHS England and the Alliance Local Delivery System over development and implementation of the Sustainability and Transformation Plans, which support delivery of the NHS Five Year Forward View ambitions.
- ✓ Overseeing deep dives into themes within the Joint Strategic Needs Assessment (JSNA) Summary and Core Document 2015/16 and endorsing the programme for 2016/17.
- ✓ Overseeing the development of the revised Carers Strategy 2017 – 2020.
- ✓ Endorsing the innovative collaboration between Fire Service and NHS, to deliver Safe and Well Visits
- ✓ Overseeing the establishment of a Wellbeing Hub, for initial referral and triage for individuals with simple but multiple non-medical lifestyle or social needs.
- ✓ Overseeing the development and delivery of NHS Personal Health Budgets (PHBs) and cascading learning to the adult social care sector.
- ✓ Monitoring annual reports and updates from key services and partners including the Public Health Service, Safeguarding Adults and Children's Boards and Healthwatch Warrington.

## 4. Review of 2016/17

### Promoting and Delivering Integration

A key responsibility of the Board is to encourage those who arrange for the provision of health and social care services in its area to work closely together and in an integrated manner. The Board also maintains oversight of those services that are either starting to move towards formal integration, or are currently delivering services in a highly integrated system, or via a fully integrated structure.

#### Transformation Programme Updates

In previous years the Board considered numerous update reports as to the progress of the Health and Social Care Transformation Programme and those programmes and projects which underpinned its delivery. Collectively these programmes were branded as 'Together We Can...'. Regular reports were also provided in 2016/17.

The Board noted that the post for the Director of Transformation had ceased in mid-June 2016, following which NHS Warrington CCG had undertaken a review to ascertain the progress of the various workstreams that had been badged as 'transformation'. This had provided an opportunity for the various programme elements to be migrated into the mainstream work and governance structures of the CCG's and Council's commissioning teams.

The Integrated Commissioning Transformation Board (ICTB) would maintain oversight of any transformation themes that had not already been identified by commissioners as 'business as usual', with a view to migrating that work to the most appropriate organisation, as soon as practicable.

The Board agreed to continue to receive regular reports on health and social care transformation, including issues arising from the emerging Sustainability and Transformation Plans.

#### Outcome:

*The Board has kept a close watch on the development and progress of a large scale programme to deliver transformation across the health and social care landscape.*

#### Better Care Fund

Last year we reported that the Board had received a report detailing progress of the Better Care Fund (BCF) and requesting endorsement of the suggested actions and direction of travel for the Better Care Fund in 2016/17 in line with nationally mandated requirements.

A report early in 2016/17 set out a comprehensive case for the acceleration of the integration agenda, particularly in the light of the Comprehensive Spending Review 2015, which set out that by 2020 health and social care were to be integrated across the country and that authorities should begin to plan for this from 2017.

Subsequently, the Board noted that the final Plan for 2016/17 approved by NHS England comprised a BCF pooled budget of some £21.79M.

Monitoring reports were also provided quarterly which highlighted upcoming milestones; interdependencies and risks. Overall good progress was being made against the eight national conditions and associated key lines of enquiry.

Later in the year the Board received information on additional funding to be made available in the Spring 2017 budget for social care and health under the Improved Better Care Fund (iBCF).

*Outcome:*

*The Board has kept an overview of the delivery of Better Care Fund targets and has realised key performance improvements in the system. In addition, the Board has also overseen the Better Care Fund submission for 2017/18.*

### **Scope of Warrington Accountable Care Organisation**

Last year we reported that the Board had considered the advantages of integrated commissioning and moving towards the more widespread pooling of partners' budgets.

In 2016/17 the Board considered a report which provided further information on the possible development of an Accountable Care Organisation (ACO) for Warrington, which would provide a structure for commissioning and delivering care services.

The Board noted the progress to date of developing an accountable care system in Warrington and agreed to seek the view of providers about key features of a locally based ACO. An independent Chair, Sue Musson, was subsequently recruited and appointed to lead the ACO.

*Outcome*

*The Board has championed the development of a model of care which will provide integrated services to the public while maximising efficiencies, through what is now known as the Accountable Care Partnership (ACP).*

### **Third Sector Role within an Accountable Care Organisation**

The Board received a presentation on behalf of Warrington Third Sector Health and Wellbeing

Alliance on the role that the third sector might play in supporting the development and delivery of integrated health and social care, or in an ACO.

The Board noted the opportunities which might arise from the new Alliance, including greater capacity of the third sector through the Alliance, access to different funding streams and the ability to take on work for better value than the private sector.

The Board agreed to refer the question of how best to utilise the services of the new Warrington Third Sector Health and Wellbeing Alliance, to the independent chairman of the ACP.

*Outcome*

*The Board has listened to the views of wider third sector partners and tasked the ACP Board to consider how best to capitalise on this valuable resource.*

### **Warrington System Leadership Development Pilot Programme.**

The Board considered a report which advised Board members of work undertaken by the Organisational Development Leads Group on shared development programmes and outlined a plan for a pilot Warrington System Leadership Development Programme.

The Board noted the report and endorsed the proposed approach to the pilot programme. It also requested that all partners consider making a small financial contribution to the establishment of the pilot programme.

*Outcome*

*The Board has endorsed a programme which should develop staff with the necessary skills, knowledge and experience to manage complex systems which cut across organisational boundaries*

# Development and Delivery of Health and Wellbeing Strategy

A core activity of the Board is to develop a Health and Wellbeing Strategy and to oversee the delivery of those aims through the various partner organisations and subordinate Strategies.

## Health and Wellbeing Strategy

In July 2016, the Board considered a comprehensive report on progress in delivering the agreed outcomes in the Health and Wellbeing Strategy (HWS) 2015-18, based on the following key themes:-

- Starting Well;
- Living & Working Well
- Ageing Well;
- A Strong and Resilient Warrington

The report highlighted areas of significant progress and outcome areas in which further targeted activity was required or where concerns over delivery had been identified.

The Board agreed to note those areas in which positive progress was being made and to constructively challenge theme leads if the expected levels of progress were not being achieved. The Board was keen to support theme leads to develop and deliver improvement plans for those outcome areas that required improvement.

The Board were cognisant of mood of the public at that time, following the EU referendum outcome, and sought in future to monitor more closely targets in relation to:-

- More residents with the ability to benefit from local economic prosperity and improved employment rates; and
- Strong economy which maximises opportunity for everyone

A half year summary was then provided in November 2016, which showed updated information in an improved tabular format. The

table provided a Red/Amber/Green (RAG) rating, trend position and supporting commentary against each of the four themes of the HWS.

The Board applauded the positive outcomes shown. It was evident that collective effort and collaboration had helped to meet the targets, even if there was no single solution at work. Where red indicators remained, the Board recommended that lead officers consider how best to tackle those issues, ie. to try more of the same, or to stop the approach entirely and try an alternative. It was also necessary to keep the measures under review to ensure that they were still important, that the right measures continued to be used and that the target was still set at the right level.

The Board noted the performance position for the Health and Wellbeing Strategy provided in both the half-year and annual updates.

## *Outcome*

*The Board has continued to monitor progress against delivery of the Health and Wellbeing Strategy 2015-18 to realisation of Warrington's long term aspirations for the health of its population.*

## **Strong and Resilient Theme – Health and Wellbeing Strategy Spotlight Report**

The Board considered a report on the Strong and Resilient Communities theme of the HWS which highlighted how a large range of areas provided the bedrock upon which successful health and wellbeing outcomes could be built.

The report provided the Board with a brief update on delivery activity which had been aligned under the following identified outcomes:-

- Thriving communities which are connected and safe
- A sustainable transport infrastructure that enables access to work, health and leisure facilities for all
- More residents with the ability to benefit from local economic prosperity and improved employment rates
- Strong economy which maximises opportunity for everyone
- Affordable homes in places people want to live, reduced homelessness and people able to live independently at home for longer

#### *Outcome*

*The Board has received assurance that progress is being made against the Strong and Resilient Communities theme.*

### **Ageing Well Theme – Health and Wellbeing Strategy Spotlight Report**

The Board considered a report on the Ageing Well theme within the HWS.

The report indicated that the ageing population made it essential that the needs of older people were considered and that action was taken to ensure they received appropriate care and support to stay as healthy and independent as possible.

The Ageing Well theme aimed to tackle the challenges faced in meeting the needs of older people. There were three priority outcomes within the theme:-

- Services which promoted health, independence and wellbeing and developed community capacity;
- Care which was more preventative, personalised and anticipatory; and
- Care received by the right person, in the right place at the right time.

Progress was being made to achieve the outcomes within the theme, with key activities being delivered, including the development of collaborative clusters, a prevention hub and integrated out of hospital services. Many of those activities linked to more than one outcome. At that time, there were no red indicators for activity within the theme and only one red indicator for performance measures linked to the theme. The measure 'Non Elective Admissions 65+' did not achieve the target of 6,487 admissions, with a Quarter 1 outturn of 6,994 non-elective admissions.

The report provided further detail on what was working well and what required further consideration for each of the three priority outcomes for Ageing Well.

#### *Outcome*

*The Board has received assurance that progress is being made against the Ageing Well theme.*

### **Starting Well Theme – Health and Wellbeing Strategy Spotlight Report**

The Board considered a report on the progress made on the Starting Well theme and which sought approval to a revised approach to the strategy going forward.

The outcomes that had been agreed for the Starting Well theme of the Health and Wellbeing Strategy were as follows:-

- Healthier start in early years and throughout childhood to adulthood;
- Less children living in relative poverty;
- Narrow the gap in educational outcomes;
- Reduce risky behaviours; and
- Improve levels of emotional wellbeing.

Progress on the outcomes had been strong with only amber or green indicators being recorded. In the case of amber indicators, in some cases the reason was due to a change of direction of the overall policy. However, work

was still on going to deliver those outcomes, albeit against a revised timescale. Since the Strategy was first launched there had been a number of changes, particularly in the area of Government policy, and a number of the measures were out of date. Some changes included:-

- Focusing on activity with the greatest impact;
- Curriculum changes and focusing on progress across key stages and closing the gap;
- Academisation and the changing relationship between the Council and schools;
- Continuing Government austerity;
- Proposed reductions in funding for schools; and
- The shrinking public sector and communication of the 'Count Me In' message;

Accordingly, it was proposed to review the approach to the Starting Well theme.

The Board noted the progress that had been made and supported the approach identified in the report for taking the Strategy forward.

#### *Outcome*

*The Board has received assurance that progress is being made against the Starting Well theme and is due to receive a further report later in 2017/18 on the changes proposed to the approach to this theme.*

#### **Cheshire Complex Dependencies Programme**

In previous years the Board has considered reports on the performance of the Complex Families Programme and, last year, heard about a more comprehensive pan-Cheshire Complex Dependencies Programme (CDP). The latter programme has established a multi-agency approach to tackling issues of complex dependency for a wider cohort of children,

families and vulnerable adults across the sub-region.

In 2016/17, the Board considered a report, which detailed the progress of the CDP at a local level, including details of key milestones progressed in respect of the following themes:-

- An integrated 'front door';
- Locality case management;
- Joint commissioning;
- Benefits realisation and
- Workforce development.

The Board noted the report, including information on some areas in need of further development.

#### *Outcome:*

*The Board continues to monitor a key programme which takes a multi-agency approach to improving outcomes for children, families and vulnerable adults and which helps to reduce costs for partners through early intervention.*

#### **Active Warrington Strategy and Delivery Framework 2016 – 2019**

The Board considered a report on the Active Warrington Strategy, which aimed at providing an infrastructure and environment for sport and activity for all residents. The report advised Board members of work undertaken to refresh and update the Active Warrington Strategy and the associated delivery plan.

The Board supported development of the new strategy and delivery plan and encouraged partner organisations to consider how best to contribute to making Warrington more active

#### *Outcome*

*The Board recognises the benefits of a more active population for the long-term wellbeing of residents and their reduced reliance on public sector support across all service areas.*

# Oversight of Key Strategies and Reports

The Board maintains oversight of a large number of detailed strategies, work programmes and partnership activity, that support the core aims of the Health and Wellbeing Strategy. The Board also has oversight of inspection reports provided by a number of regulatory bodies and formal statutory annual reports.

## Sustainability and Transformation Plan

In 2015/16 we reported that the Board had considered an initial report on the development of Sustainability and Transformation Plans (STPs). Every health and care system in England would have to produce a multi-year STP, showing how local services would evolve and become sustainable over the next five years.

This year the Board tracked the development of the Plans by NHS England across a number of its meetings.

In September 2016, the Board considered an introductory report, which included information on the following:-

- The background and drivers for developing STPs;
- The footprint of the Cheshire and Merseyside STP and its Local Delivery Systems (LDS) based on geographical and patient service levels.
- Current engagement with local authorities and future engagement with the public and patients;
- Key areas:-
  - demand management and prevention;
  - reducing variation and improving quality;
  - reducing costs by collaborative productivity; and
  - how partners work better together;
- Cross-cutting themes, including Urgent Care and Maternity and Children's Services; and
- Timescales for development of the STP and the next step required.

Warrington was part of the Cheshire and Merseyside STP, and fell within the Alliance

LDS, comprising of Knowsley (facing Whiston), St Helens, Halton, Warrington, West Lancashire and Southport and Formby CCG.

Some key issues raised included the following:-

- The shortness of the timetable for submission of STPs and possible representations to Government and NHS England;
- The possible loss of services from Warrington and Halton Hospitals Trust to other providers;
- The need for partners to work together to ensure clinical sustainability;
- Innovative work already underway by local acute sector providers to work together to deliver efficiencies;
- Concerns nationally and regionally by HealthWatch about a lack of engagement, particularly with patients and the public;
- Engagement with local authorities and the statutory scrutiny powers of referral to the Secretary of State;
- The varying styles, timetables and footprints for consultation which might be required under the engagement framework, depending on the scale of the proposals being made;
- Historical underfunding of capital in Cheshire and a current lack of availability of large scale capital funding to bid for;
- The scale of savings across the NHS (£1Bn by 2020) and whether it was deliverable. A significant culture change would be required;
- Working collaboratively - The key role of the Public Health Service and Adult Social Care in delivering prevention and care strategies to ease the burden on the NHS (while at the same time subject to their own financial pressures) and the growing

role of the Fire and Rescue service in preventing ill-health;

Following that meeting representations were made to NHS England, about the tightness of the timetable for the submission of draft plans in the light of the fact that the STP Engagement Plan had only just been published.

In November 2016, the Board received an update as to progress, following the circulation of the latest draft plan. The Plan was a collection of options which would need to be further explored and would lead to further discussions about the preferred options for the future. Politicians and the public would be able to have their say. The Local Delivery System (LDS) content within the Plan was already an integral part of the NHS Warrington Clinical Commissioning Group's Strategic Commissioning Plan 2014 to 2019. There were relatively few changes required to that Strategy as a result of the new LDS information. However, there might be some items at the STP level which did not entirely dovetail with local priorities. Those points would be discussed further.

The Board noted at this stage that there had been some negative publicity in the local press particularly around implications for A&E provision, although a number of options were being considered and it was too soon to say what the actual implications might be. An assurance was received from NHS partners that before any changes could occur a formal process would have to be followed to consider the relevant issues.

There was an acknowledgment that communication about the STP had been poor in Cheshire and Merseyside, but the guidance from NHSE had been clear about not publishing the STP in draft form. On balance, the lack of transparency had not been helpful.

A special meeting of the Board was held in December 2016, to consider the final Sustainability and Transformation Plan.

a presentation was provided which covered the following key points–

- The national context;
- The Cheshire and Merseyside Sustainability and Transformation Programme;
- Local delivery systems across Cheshire and Merseyside;
- The case for change;
- Four key priorities:-
  - Support for people to live better quality lives;
  - Working together with partners in social care and the voluntary sector to provide better, more joined up care;
  - Designing hospital services to meet modern clinical standards and reducing variation in quality; and
  - Being more efficient by reducing duplication and using the latest technology: reducing costs in managerial and administrative areas;
- Improving health and wellbeing;
- Better Care in communities and in hospitals;
- A new way of working - Partnership approach based on common values, shared decision making and mutual accountability;
- The Alliance Local Delivery System;
- Delivery ... built on local plans;
- The Local Picture – Warrington;
- Making a difference for Warrington People;
- Making this happen – progress to date;
- Looking Ahead; and
- Timeline - what next.

The Board expressed concern over the STP process, timetable and lack of public and political engagement. It also requested the Council's Health Scrutiny Committee to fully consider the STP at its next meeting and make recommendations to the Executive Board at its meeting in January 2017.

A further meeting of the HWB then took place later in January to receive the findings and recommendations of the Health Scrutiny Committee and Executive Board and to discuss

the scope for the development of a Warrington Accountable Care Organisation (see page 8).

The Board heard that the Health Scrutiny Committee was minded not to support the STP, on the grounds that it lacked sufficient detail and any firm proposals, which might give rise to outcomes which were detrimental to the population of Warrington and that the Plan did not address the issue of developing an ACO which would deliver a truly integrated system for both health and social care and be accountable to the local community. The Council's Executive Board had noted that position and that the matter would be debated further at full Council. The Health and Wellbeing Board noted those comments.

Subsequently, through on-going dialogue between the various interested partners, significant progress was made towards the establishment of an Accountable Care System. As a result, the STP and ACO issue was not discussed by the full Council, but the detailed implications of the STP would continue to be monitored closely by the Council's Health Scrutiny Committee.

### *Outcome*

*The Board has been proactive in engaging in the development of the STP for Cheshire and Merseyside and has promoted discussion between relevant stakeholders to ensure that the key objectives of integrated and sustainable healthcare services are taken forward transparently, with appropriate public engagement and that they are inclusive of social care provision.*

### **Joint Strategic Needs Assessment (JSNA) Summary and Core Document 2015/16**

The Board considered a report which provided a summary of the main findings of the JSNA programme during 2015/16, comprising findings from 'deep dives', and including an overview of some headline measures of health and wellbeing. The report also included the JSNA core statistical document for 2015/16.

The overarching JSNA consisted of a number of topic-specific chapters across five domains:-

- Wider determinants of health and wellbeing;
- Health related behaviour;
- Burden of ill-health;
- Children and young people; and
- Vulnerable adults and older people.

The Board noted that the JSNA programme for 2016/17 would include a further five 'deep dive' chapters on the following:-

- Air pollution;
- Sexual health;
- Substance misuse;
- Children and Young People emotional health and wellbeing; and
- Adult Safeguarding;

If the prioritised chapters were completed ahead of schedule, the following three additional chapters had been identified:-

- Dental Health;
- Children with disabilities; and
- Domestic abuse.

The Board noted the report and approved the 2016/17 JSNA work programme.

### *Outcome*

*The Board continues to meet its statutory responsibility to produce and regularly update its JSNA*

### **Public Health - Annual Report 2016**

As in previous years, the Board considered the Public Health Annual Report. The report was a statutory requirement, although there was significant flexibility around the content.

The 2016 report described the health of the local population, assessed progress on key areas of work to date and described challenges

and priorities for the future. Those priorities included:-

- Population change;
- Poverty and deprivation;
- Improving health; and
- Protecting health.

The Board noted the report and endorsed the proposed dissemination plan.

*Outcome:*

*The Board has received assurance from the Public Health Service about their achievements and future challenges and priorities.*

### **Warrington Safeguarding Children's Board and Warrington Safeguarding Adults Board Annual Reports 2015/16**

In September 2016 the Board considered the Warrington Safeguarding Children's Board (WSCB) and the Warrington Safeguarding Adults Board (WSAB) Annual Reports. The reports highlighted the priorities and achievements in 2015/16 and the priorities and challenges for 2016/17.

Key achievements for the WSCB included:-

- Implementation of the Graded Care Profile (GCP) Neglect Assessment Tool;
- Forced marriage and honour-based violence awareness raising, including a Forced Marriage Conference;
- Supporting the launch of Operation Encompass across Cheshire;
- A multi-agency Child Sexual Exploitation Audit showed a trajectory of improvement in most areas;
- Supporting Warrington Secondary schools to roll out "Risking It All"; and
- A Multi Agency Safeguarding Hub (MASH) established in February in 2016

Key achievements for the WSAB included:-

- Surveys/user feedback forms/advocacy use and feedback/ 'Making Safeguarding Personnel' feedback;
- Prevention Strategy having wider consultation;
- Awareness raised and action planned - modern slavery/ honour-based violence/ forced marriage/ female genital mutilation;
- Launched policy and procedures, compliant with Care Act 2014;
- Learning from case examples to develop policy, supporting tools for staff, continued in relation to self-neglect;
- Work begun to identify concerns in 'invisible' communities;
- Improved links to Coroner's Office to ensure Regulation 28 notices issued to prevent future avoidable deaths are reported to WSAB so agency compliance is monitored;
- Social workers Care Act trained with plans in place for multi-agency training;
- Multi-agency safeguarding audits planned;
- Sub regional links established with other SABs;
- More effective governance: escalation policy, constitution, and executive business sub group; and
- 2016/19 Strategic Plan in final draft form following consultation.

The Health and Wellbeing Board noted the content of the two Annual Reports for 2015/16 and reaffirmed its commitment to ensuring that that safeguarding priorities were incorporated into its own future plans, as appropriate.

*Outcome:*

*The Board has received assurance that the WSCB and WSAB are carrying out their respective roles effectively and has maintained its commitment to promoting safeguarding.*

### **Children and Young People's Mental Health and Wellbeing Local Transformation Plan**

In 2015/16, we reported that Board had considered a number of reports on the

establishment of an Emotional Health and Wellbeing Local Transformation Plan.

This year, the Board considered a report on progress against the original Local Transformation Plan (LTP) and about the development of a refreshed LTP, which had been published in October 2016.

Members were reminded that, in 2015, NHS England had identified support for children and young people's mental health and wellbeing as a key priority arising from a number of publications, including the Five Year Forward View, the Five Year Forward View for Mental Health; and in 'Future in Mind'. CCGs were required to develop Local Transformation Plans in partnership with Local Authorities and wider partners. The time frame for development had been very tight.

NHS England had also required CCGs (in partnership with Local Authorities), to provide an update on progress against the original LTP, including a data refresh for 2015/16.

Locally, there had been a great deal of work underway to deliver on the initial plans and to develop longer term, sustainable plans going forward in line with national requirements and local need. Key areas of impact in 2015/16 were as follows:-

- Significant increase in investment in order to commission a specialist community based eating disorder service that would provide earlier intervention and reduce admissions into specialist in-patient beds.
- Kooth (an online counselling and emotional well-being platform for children and young people) had been commissioned to provide easily accessible, high quality information and online counselling. Feedback to date had been very positive;
- Additional capacity for mental health assessment and support was now available to Children's Services following a procurement process led by Warrington Borough Council. Core Assets (a provider of integrated services for children and

families) commenced service delivery in October 2016;

- Additional staff had been recruited to deliver an extended offer (8pm – midnight) at A&E at Warrington Hospital to ensure timely assessment of young people presenting in crisis; and
- Warrington Association of School and College Leaders had developed a borough-wide action plan to support school workforce development around children's mental health.

The report showed that collective and collaborative work was already well underway.

### *Outcome*

*The Board has monitored progress against the Local Transformation Plan which provides support for children and young people's mental health and wellbeing and has endorsed the provision of strategic support for the continuation of the programme within the latest version of the Plan.*

### **Cheshire Fire – Safe and Well**

The Board considered a presentation from Cheshire Fire Service representatives, about their service and development of 'Safe and Well' visits. Information was provided about the following:-

- Fire prevention in the home – a policy success story;
- Impact of sustained programme of fire safety activity;
- Health and fire – a natural partner;
- Safe and Well Visits – Cheshire and Merseyside Health and Fire Summit – 15 July 2015;
- Cheshire and Merseyside – supporting health agenda through 'Safe and Well' visits; and
- Implementing Safe and Well.

A Health and Fire Summit and subsequent work had identified the following issues where

the Fire Service could deliver positive health outcomes:-

- Slips, trips and falls;
- Supporting hospital discharge for over 65s admitted to ward for a fall;
- Supporting bowel cancer screening;
- Supporting smoking cessation and alcohol reduction;
- The possibility of hypertension and blood pressure also being added to the initiative.

As a result, the Fire Service had relaunched its Home Safety Assessment programme as 'Safe and Well' visits, with firefighters and advocates carrying out additional basic health checks.

#### *Outcome*

*The Board has endorsed the innovative collaboration between Fire Service and NHS, which demonstrates how wider partners can support health improvement.*

#### **Carers Strategy 2017 - 2020**

The Board considered a report on the Carers Strategy 2017 – 2020, which was a joint strategy of the Borough Council and NHS Warrington CCG. The report covered the national context, local consultation on the new Carers Strategy and achievement against the four priorities within the current Strategy.

The Warrington Carers Strategy 2012 – 2015 was being refreshed and the updated version was due to be launched during Carers Week in June 2017. Since the last publication in 2012, there had been major changes to legislation with the introduction of the Care Act 2014 and the Children and Families Act 2017. The Care Act legislation was designed to improve the support to carers and put them on the same footing as the people they cared for.

The emerging themes which would be considered for the new Strategy included the following:-

- Social isolation and recognising the impact;

- Carers who have their own health needs;
- Identification and support of young carers;
- Supporting family carers of children;
- Balancing finances and employment; and
- Primary care and hospital discharge practices.

The Board noted the progress made to develop a revised Carers Strategy and agreed to endorse and promote the new Carers Strategy 2017 – 2020 when published.

#### *Outcome*

*The Board has had oversight of revisions to an important Strategy, which now takes account of new statutory responsibilities regarding carers.*

#### **Developing a Wellbeing Hub in Warrington**

Members considered a report on the establishment of a Wellbeing Hub, which was one of the priority projects in future-proofing the Council and contributed to demand management in health and social care.

The Wellbeing Hub would set up a centralised physical hub, for initial referral and triage for individuals with simple but multiple non-medical lifestyle or social needs.

The report included information on the following matters:-

- The Wellbeing Hub concept;
- Lifestyles and poor health;
- Impact on health from social issues;
- Local insight work;
- Integrated prevention services;
- How the hub would operate;
- Who the hub would cater for;
- The hub and spoke approach (including hypertension and diabetes from next year);
- Set up costs;
- Potential additional resources;
- Governance; and
- Progress and next steps.

The Hub was based at the Gateway and commenced operation in April 2017.

The Board noted the progress in preparing for the launch of a Wellbeing Hub and the opportunities to further develop the Warrington Wellbeing approach. However, there was a need to secure additional resources to ensure the sustainability of the Wellbeing Hub going forward beyond year two.

#### *Outcome*

*The Board has endorsed the Warrington Wellbeing Hub project, which will help to manage demand in health and social care.*

### **Strategic Estates Planning - Re-connecting Planning and Health in Warrington**

The Board considered a report which set out the steps that had been taken to ensure that health and wellbeing was an integral component in planning for the future development of Warrington.

A Transformation Estates Enabler Group had been established to address an apparent disconnect between planning for the amount and location of new homes and the provision of health facilities to serve the residents of these new homes. That group had overseen the preparation of the Strategic Estates Plan (SEP), which would ensure that the planning of future health and social care provision was integrated with planning for new development. The work would also inform the on-going review of the Local Plan.

The Board noted the progress made in integrating spatial planning and health in Warrington.

#### *Outcome*

*The Board has recognised the positive effect that planning policies can have on health and wellbeing and will keep a close eye on this through the review of the Council's Local Plan.*

### **Local Plan Review**

The Board considered a presentation on the review of Warrington's Local Plan, which included information on the following:-

- The current Local Plan, including the implications of a High Court ruling in 2015;
- Figures on completion rates for new housing and levels of employment in the Borough;
- Warrington's new development needs;
- The scope and process for review;
- The programme for review; and
- Engagement with partners.

Given that the Local Plan set out the Borough Council's aspirations for growth there was a need to ensure that all partners understood and could comment on the proposals.

Some issues and concerns included:-

- A concern that the CCG would not receive any extra funding for population growth in the immediate future, as its funding was set on a 5 year cycle. The forecast of 1,000 new homes per year would give rise to an additional 2,300 population each year. That would mean a need for 1.5 new GP practices each year;
- Staffing levels was an issue for all health and social care services within the Borough and any increase in population would exacerbate the current recruitment and retention difficulties; and
- Keeping people active for longer would help to reduce ill-health. The concept of 'active by default' could be adopted, such as encouraging people to walk by providing appropriate pavements and footpaths within any development schemes. Technology and dementia friendly issues could be built in to the design.

#### *Outcome*

*The Board has considered the wider implications of housing and other developments on health and social care services and on the health and wellbeing of residents.*

# Wider Information and Context

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

## Healthwatch Warrington – Spotlight Session

The Board considered a presentation on behalf of Healthwatch Warrington, about the emerging themes for local Healthwatch in 2016.

The presentation highlighted the following issues:-

- Intelligence gathering methods;
- Major projects 2015/16;
- Key issues identified, including:-
  - Phone access – lack of use/accessibility;
  - Delayed operations causing disruption to care planning process;
  - Inconsistency of GP access;
  - Lack of awareness of patient pathway/ treatment;
  - Ineffective communication with patients and families/ between agencies;
  - Staff attitude;

The Board also considered two case studies to illustrate both positive results and challenges/missed opportunities. Case Study 1 focused on an elderly man with cancer; and Case Study 2 looked at a young man with a serious long term condition.

The key implications for consideration by commissioners and providers identified by Healthwatch Warrington were as follows:-

- More honest and comprehensive conversations needed with patients (especially relating to palliative situations);
- Expectation for patients to self-manage required a responsive care system that placed the patient at the centre as "expert in their own care";
- Intermediate care needed to be a philosophy, not just a location; and

- A cultural shift was required – the system could not remain paternalistic and expect patients to self-care or to engage fully in their care journey.

The Board encouraged all partners to consider carefully the challenges and missed opportunities and, in particular, why those elements were not currently being achieved, or why the service was not responding in the right way. It would be useful to contemplate whether the case studies were examples of staff 'having a bad day' or whether there were specific training needs to be addressed. Understanding those issues was a challenge for all health and social care partners and a key tool was to listen when something went wrong.

The Board noted the presentation by Healthwatch Warrington on the emerging themes in 2016.

### Outcome:

The Board has listened to the views of patients, service users and others, obtained by Healthwatch Warrington in 2015/16, which will help it to oversee the development of services which put the individual first.

## Personal Health Budgets – Progress and Forward Plan

The Board considered a report giving an overview of NHS Personal Health Budgets (PHBs) and how they were working in Warrington.

A personal health budget was an amount of money to support a person's health and wellbeing needs, which was planned and agreed between the person or their representative and their local NHS team. A

personal health budget was not new or extra money, but money that the NHS would have spent on the individual, used in a different way to meet the person's health outcomes.

Personal Health Budgets had been offered by Warrington CCG since 2015, and in 2016/17 were being offered to patients receiving end of life care (EOLC) through St Rocco's hospice as part of a 12 month pilot, as well as to other eligible patients outlined in the local offer. 100% of the 17 EOLC PHBs had been more cost efficient than the traditionally commissioned packages which would have been offered.

NHS England was keen to promote PHBs, and had set targets for each CCG to achieve by 2020. NHS Warrington CCG was looking to expand its local offer to enable more patients to have increased choice and control over their health and wellbeing outcomes in line with the national guidelines and targets. Personal budgets for social care were also being rolled out by the Council and lessons were already being learned from the experience of the health sector.

The Board noted the contents of the report on PHBs and the opportunities that they presented to both patients and the NHS.

### *Outcome*

*The Board has supported the expansion of Personal Health Budgets in Warrington at a pace and scale that meets local circumstances and capacity.*

### **Lessons from Manchester - Economic Growth and Wellbeing**

The Board considered a report which provided an update on the Greater Manchester devolution process, with a focus on economic growth and wellbeing. Key elements of the report included:-

- The devolution timeline and long history of joint working across the region;

- The signing of the Devolution Agreement with the Chancellor of the Exchequer in November 2014;
- The case for devolution based upon evidence from the Manchester Independent Economic Review (MIER) in 2008, which had identified limited economic regeneration and growth;
- The inclusion of health and social care as a key element of the devolution deal; and
- The opportunities for further powers to be devolved in the future.

The Board noted the example set by Greater Manchester and their long history of joint working. However, it was acknowledged that that region had a discrete identity. Members questioned what entity/footprint would serve Warrington the best. A population of 1.5M was thought to be the optimum number upon which to base the health and social care economy, which might necessitate working with Liverpool and/or Cheshire. Warrington was continuing to explore the options for a devolution deal and remained in a strong position to secure the best deal.

The Board noted the report on the Greater Manchester devolution process.

### *Outcome*

*The Board has viewed an example of good practice for a model of economic growth and wellbeing established in a neighbouring sub-region, which will help to inform the future direction for Warrington.*

### **General Practice Forward View**

The Board noted the content of a letter addressed to all Chairs of Health and Wellbeing Boards from David Mowatt MP, Parliamentary Undersecretary of State for Community Health and Care (July 2016 - June 2017). The letter referred to the General Practice Forward View document, which was part of the future vision for the NHS being developed as part of NHS England's overarching Five Year Forward View.

The Board heard that the background to the letter was the time taken (10 years) and cost (£0.5M) of training new GPs. A package of support and a range of strategies were being developed by the Government to tackle that issue. NHS Warrington CCG's strategies and plans were based on local populations of 30k – 50k people, as recommended by the Chief Executive of NHS England. Some additional investment was planned in primary care and Warrington was a pilot site. The CCG was committed to the programme, but there were some risks caused by needing to spend money in advance of the new funding being received.

All Health and Wellbeing Boards were being asked to review the GP Forward View document to consider what more Boards could do to build effective relationships between primary care and wider local services, to generate benefits for the whole system and better outcomes for patients.

#### *Outcome*

*The Board has received assurance that building effective relationships between primary care and wider local services is being considered carefully in Warrington.*

#### **Next Steps on the NHS Five Year Forward View**

In March 2017, the Board noted that Simon Stevens, Chief Executive of NHS England, was due to publish shortly a refresh of the Five Year Forward View Strategy. That Strategy set out why improvements were needed on the service's triple aim of better health, better care, and better value. It was anticipated that the new document would provide more specific information about the delivery of the Five Year Forward View and that the Board would need to be aware of its implications.

The refresh was subsequently published on 31 March 2017, as Next Steps on the NHS Five Year Forward View. The new Plan concentrated on what would be achieved over

the next two years, and how the Forward View's goals would be implemented.

#### *Outcome*

*The Board has kept abreast of the latest thinking and planning guidance in relation to the future of the NHS.*

#### **City of Culture**

The Board was informed that the Council intended to submit a bid to the Department of Culture Media and Sport for UK City of Culture 2021. The winning bidder would succeed Hull (the 2017 winner).

A submission was made in April 2017, however, Warrington was notified in July 2017 that it had not been shortlisted. Notwithstanding the disappointing result, the positive experience of bidding for UK City of Culture presented an opportunity to accelerate the Borough's creative programme that would shape the development of cultural activities across local communities for the coming years.

#### *Outcome*

*The Board has endorsed the wider value of a strong local cultural offer and its benefits for the economic wellbeing of the area and the health and wellbeing of local residents.*

#### **National and Local Policy Briefings**

The Board has also received briefings and supporting papers on the following matters:-

- Place based commissioning
- Next steps for integrated commissioning
- Transforming Care for people with Learning Disabilities.

#### *Outcome:*

*The Board has kept abreast of key national and local policies, relevant research and guidance, through its access to regular briefings and policy updates.*

# Governance

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

## **Health and Wellbeing Board Annual Report 2015/16**

The Board approved its Annual Report for 2015/16, which was the second public facing celebration of its work. The report described the nature of the Board and its role and highlighted some key achievements, as well as some priorities and challenges for the future.

## **New Appointments to the Board**

The Board approved the appointment of the Executive Board Member for Culture and Partnerships, Councillor Dan Price, and the Police and Crime Commissioner for Cheshire, David Keane, to the Board with effect from the Municipal Year 2017.

## **Outcomes of Health and Wellbeing Board Workshop: Self-Assessment for System Integration Readiness**

The Board considered a report which provided oversight of the headline results from the AQuA self-assessment framework for system integration, undertaken in June 2016.

The conclusions and recommendations contained in the report were as follows:-

- Pooled budgets and one (integrated) commissioning model would be the best answer;
- In general, the above conclusion had been reached in the past, but there appeared to be continuing organisational and cultural blockages which were holding back partners from achieving it;

- The following actions were identified for further discussion at a Health and Social Care Summit meeting:-
  - Finance and contracting arrangements needed to be a priority;
  - Possible reprioritisation of IT, as it was a key enabler?
  - Further consideration to be given to the possibility of an Integrated Commissioning Organisation;
  - Shared communications to be developed, including the opportunity for system leaders to provide support.

In discussing the report Board Members referred to the progress being made in the Manchester City region in relation to shared/pooled budgets.

The Board noted the report, which led to a more detailed exploration of the learning points (see 'Lessons from Manchester - Economic Growth and Wellbeing' in the previous section).

## **Stepping Up to the Place**

The Board was informed of a proposal for it to participate in a facilitated integration workshop 'Stepping Up to the Place'. The workshop was promoted by the Local Government Association, NHS Confederation, Association of Directors of Adult Social Services (ADASS) and NHS Clinical Commissioners and offered support to health and wellbeing system leaders to identify their ambitions, capacity, capability and commitment to achieving a fully integrated local health and care system.

The Board agreed to undertake the 'Stepping Up to the Place' facilitated integration workshop later in 2017

## 5. Summary and Looking Ahead

2016/17 has seen the Board meet its statutory roles of promoting and overseeing integration, leading on the implementation and monitoring of the Health and Wellbeing Strategy and having oversight of relevant local and regional strategies and of key national policy developments. The Board has also kept its own governance arrangements under review, including the use of relevant self-assessment tools to enable it to meet the challenges ahead.

In 2017/18, the Board will continue to drive forward transformation for the benefit of local residents. Some key activities will be to consider the following:-

- Overseeing the development of an Accountable Care Partnership;
- Refreshing the existing Pharmaceutical Needs Assessment (PNA); and
- Meeting the challenges identified by the Homelessness Priority Action Group.

The NHS England publication 'Next Steps on the NHS Five Year Forward View' comments as follows:-

“The NHS needs to adapt to take advantage of the opportunities that science and technology offer patients, carers and those who serve them. But it also needs to evolve to meet new challenges: we live longer, with complex health issues, sometimes of our own making”

The implementation of the Sustainability and Transformation Plans will deliver many of those changes needed, but may involve difficult choices. Where change is proposed we will ensure that residents are consulted and that change takes place for the right reasons, not just financial, but also to improve clinical outcomes.

The financial environment in which we live, with austerity and the uncertainties of leaving the European Union, will shape our ability as a nation to respond to the challenges ahead. In Warrington, all partners continue to work together to tackle headline issues such as 'bed-blocking, A&E under-performance and care providers at risk of going out of business. We have made good progress on those issues.

The Care Quality Commission's (CQC's) latest report on the State of Health Care and Adult Social Care in England 2016/17, shows that the quality of health and social care has been maintained despite very real challenges.

“The majority of people are getting good, safe care, and many individual providers have been able to improve. However, future quality is precarious as the system struggles with increasingly complex demand, access and cost.”

As residents we are all responsible for ensuring our own good health and this can be achieved in the simplest of ways. More exercise, better diet and cutting down or ceasing harmful habits will all help us to stay fitter for longer. The Board aims to support people to lead long and healthy lives, but we are also working to ensure that when you do need health or social care services, there will be modern, joined-up, person-centred provision available to you, delivered in a timely fashion.

**For more information about this document,  
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