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Cheshire East Health and Wellbeing Board

Agenda

Date:	**Tuesday, 30th January, 2018**
Time:	**2.00 pm**
Venue:	**Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ**

The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and at the foot of each report.

PART 1 – MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT

1. **Apologies for Absence**

2. **Declarations of Interest**

   To provide an opportunity for Members and Officers to declare any disclosable pecuniary and non-pecuniary interests in any item on the agenda.

3. **Minutes of Previous meeting** (Pages 3 - 8)

   To approve the minutes of the meeting held on 28 November 2017.

For requests for further information
Contact: Cherry foreman
Tel: 01270 686463
E-Mail: cherry.foreman@cheshireeast.gov.uk with any apologies

4. **Public Speaking Time/Open Session**

In accordance with paragraph 2.32 of the Committee Procedural Rules and Appendix 7 to the Rules a period of 10 minutes is allocated for members of the public to address the meeting on any matter relevant to the work of the body in question. Individual members of the public may speak for up to 5 minutes but the Chairman or person presiding will decide how the period of time allocated for public speaking will be apportioned where there are a number of speakers. Members of the public are not required to give notice to use this facility. However, as a matter of courtesy, a period of 24 hours' notice is encouraged.

Members of the public wishing to ask a question at the meeting should provide at least three clear working days' notice in writing and should include the question with that notice. This will enable an informed answer to be given.

5. **The Joint Commissioning Committee of the Four Cheshire Clinical Commissioning Groups** (Pages 9 - 32)

To note the progress made in establishing the CCG Joint Commissioning Committee and its initial work plan.

6. **Caring Together Programme Update** (Pages 33 - 38)

To consider a report updating the Board on the progress of the Caring Together programme.

7. **Community Cohesion and Integration - Equality of Service Delivery for Cheshire East Council and Partners** (Pages 39 - 54)

To consider a report informing the Board about Community Cohesion work in Cheshire East and to discuss how local challenges to cohesion can be addressed and improve health outcomes for migrant communities.

8. **Cheshire East Draft Health and Wellbeing Strategy** (Pages 55 - 66)

To consider and comment upon the draft Strategy, to inform the final version that will be brought forward for adoption in March 2018.

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board** held on Tuesday, 28th November, 2017 at Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Voting:
Councillor Rachel Bailey, Cheshire East Council (Chairman)
Dr Paul Bowen, Eastern Cheshire Clinical Commissioning Group (Vice-Chairman)
Councillor J Clowes, Cheshire East Council
Councillor J Saunders, Cheshire East Council
Mark Palethorpe, Acting Executive Director of People, Cheshire East Council
Linda Couchman, Acting Strategic Director of Adults and Health, Cheshire East Council
Clare Watson, South Cheshire Clinical Commissioning Group
Dr Andrew Wilson, South Cheshire Clinical Commissioning Group
Louise Barry, Healthwatch
Tracey Bullock, Independent NHS representative

Non-Voting:
Fiona Raynolds, Director of Public Health, Cheshire East Council
Mike Larking, Cheshire Fire and Rescue Service
Chief Inspector Alan Fairclough, Cheshire Police
Suzy Keen, CVS

Observers:
Councillor Sam Corcoran, Cheshire East Council
Councillor Stewart Gardiner, Cheshire East Council
Councillor Liz Wardlaw, Cheshire East Council

Cheshire East Officers/Others in Attendance:
Ceri Kay, Legal Services, Cheshire East Council
Guy Kilminster, Corporate Manager Health Improvement, Cheshire East Council
Rachel Graves, Democratic Services Officer, Cheshire East Council
Kate Daly-Brown, Mid Cheshire Hospitals NHS Foundation Trust
Nigel Moorhouse, Director of Children Social Care, Cheshire East Council
Shan McParland, Designated Nurse, Vale Royal Clinical Commissioning Group
Sally Rogers, Quality and Safeguarding Director, Eastern Cheshire Clinical Commissioning Group

31 **APOLOGIES FOR ABSENCE**

Apologies were received from Councillor Joy Bratherton, Jerry Hawker, Kath O'Dwyer, and Tom Knight.

32 **DECLARATIONS OF INTEREST**

Councillor S Corcoran declared a non-pecuniary interest by virtue of his wife being a GP and a Director of South Cheshire and Vale Royal GP Alliance Ltd.

33 **MINUTES OF PREVIOUS MEETING**

RESOLVED:

That the minutes of the meeting held on 26 September 2017 be approved as a correct record, subject to the deletion of minute 27 as the wording was a duplicate of minute 26 and renumbering of subsequent minutes.

34 **PUBLIC SPEAKING TIME/OPEN SESSION**

No members of the public present wished to speak.

35 **THE HEALTH OF CARED FOR CHILDREN AND YOUNG PEOPLE PROGRESS UPDATE NOVEMBER 2017**

The Board considered a report which provided an update on the health of Cared for Children and Young People.

Sally Rogers, Quality and Safeguarding Director Eastern Cheshire CCG and Shan McParland, Designated Nurse Looked After Children, were in attendance for this item.

The CCG had reviewed its commissioning arrangements and the Looked after Children (LAC) team was now employed by Wirral Community Partnership Trust, which had improved alignment and communication with community services across Cheshire East. In parallel an opportunity had arisen to review of the role of the Designated Nurse for Cared for Children in order to maximise the available clinical time.

The Designated Nurses and Doctors across the four Cheshire CCG areas had undertaken a root cause analysis on the Initial Health Assessments and as a result had implemented a number of recommendations to improve performance, as detailed in Appendix D to the Report.

Shan McParland gave a short presentation on the case of a young person and how the work of the service had helped them.

RESOLVED:

That the update report be received.

36 **CHILDREN'S IMPROVEMENT PLAN UPDATE**

The Board considered a report on the self-assessment of progress to date against the recommendations from the Ofsted inspection in July 2015 .

The Health and Wellbeing Board was the accountable body for the Children's Improvement Plan for the recommendations from the Ofsted inspection.

The Appendix to the report provided details of the annual review of progress against the recommendations.

Nigel Moorhouse, Director of Children Social Care, was in attendance for this item.

Concerns were raised that it may still be too soon to replace dedicated improvement monitoring with business as usual activities. Assurances were given that there were checks and balances in place, which included monitoring by the Overview and Scrutiny Committees and the Corporate Parenting Committee.

RESOLVED:

That the Health and Wellbeing Board

1 note the progress against the Ofsted recommendations;

2 endorse the recommendation that dedicated improvement monitoring activity is replaced by business as usual activities to reduce duplication; and

3 endorse the recommendation that the Health and Wellbeing Board continue to monitor progress through six monthly progress reports on the recommendations that are not yet being met.

37 **DELAYED TRANSFERS OF CARE PROGRESS UPDATE**

The Board considered a report on the Delayed Transfer of Care (DTOC) performance and the implications of this for the health and social care system.

The reporting requirements for the DTOC had been placed under increased scrutiny by both the Local Government Association and NHS England, with greater emphasis on seeking an equitable split between delays due to health and social care.

Activity across East and South Cheshire had seen the introduction and extension of a number of additional schemes which are starting to have an impact on the ability to deliver extremely challenging targets.

The Department of Health had been closely reviewing DTOC performance nationally, in order to benchmark those areas that were not making sufficient progress against agreed trajectories.

In October 2017 Cheshire East Council had received correspondence from Sajid David and Jeremey Hunt confirming that the Cheshire East DTOC performance was not within the 32 poorest performers nationally. The data took into account performance up to and including August 2017, where Cheshire East had performed well against the trajectory. This would continue to be closely monitored so it was important that the local system maintained a focus on DTOC to ensure the best outcomes for patients and most effective use of resources.

RESOLVED:

That the Health and Wellbeing Board acknowledge:

1 the significant efforts made by those working in the health and social care system to achieve the current targets set within the challenging trajectory set by NHS England;

2 the work being undertaken as part of the 'Delivering the Better Fund Plan in Cheshire East 2017-19' Better Care Fund plan, which provides the overarching strategy for health and social care transformation, of which DTOC is one of the four nationally mandated metrics;

3 how the new approach to data management adopted by Cheshire East Council, NHS Eastern Cheshire and NHS South Cheshire CCGs has provided the pivotal shift in the interpretation and use of information to create accurate trajectories; and

4 the correspondence from Sajid David and Jeremy Hunt that Cheshire East is not within the group whose DTOC performance identifies them as the poorest performers nationally.

38 **THE POWER OF PLACE - WORKSHOP FEEDBACK**

The Board considered a report on the direction of travel for the Health and Wellbeing Board.

The key finding from the 2017 Local Government Association report *"The Power of Place"* was that Health and Wellbeing Boards should undertake an annual self-assessment review to examine the progress that they had made and that this should focus on: place (i.e. linking wider determinants

and health improvement); leadership; collaborative working and making the geography work.

A workshop had been held at the June informal meeting of the Board and the report detailed the results of the discussions.

It was confirmed that the Executive Director of Place membership of the Board would be as a non-voting associate member.

RESOLVED: That

1 the number of priorities be reduced in the refreshed Health and Wellbeing Strategy, identified by the Joint Strategic Needs Assessment;

2 Partners ensure that actions discussed at the Health and Wellbeing Board are followed up in each organisation – acknowledging that the Board has a strategic role and implementation occurs outside the Board;

3 links be strengthened with sub regional working via expanded membership to include the Cheshire East Executive Director of Place;

4 Stakeholder mapping be revisited to identify actions taking place across the Borough; and

5 the agenda of the Health and Wellbeing Board be expanded to include Place issues (e.g. Crewe Masterplan).

39 **CQC LOCAL SYSTEM REVIEWS**

The Board considered a report on the newly introduced Care Quality Commission (CQC) Local System Reviews.

The CQC was reviewing health and social care systems in 20 local areas to find out how services were working together to care for people aged 65 and older. The reviews would include a review of commissioning across the interface of health and social care and an assessment of the governance in place for the management of resources and would focus on how services meet people's needs and how care providers work together.

An example of the pre-Review questionnaire was attached to the Report.

The first twelve reviews were underway and would be completed by early 2018. Eight more reviews would be conducted but the areas had not yet been identified.

Cheshire East Council and health partners had started to prepare plans in case a review into the Cheshire East Health and Care system was announced.

RESOLVED:

That the Board support the plans being developed to prepare for a Review.

The meeting commenced at 2.08 pm and concluded at 3.33 pm

Councillor Rachel Bailey (Chairman)

Agenda Item 5

NHS South Cheshire Clinical Commissioning Group

NHS Eastern Cheshire Clinical Commissioning Group

Cheshire East Council

CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	The Joint Commissioning Committee of the four Cheshire Clinical Commissioning Groups
Date of meeting:	30 January 2018
Written by:	Matthew Cunningham, Programme Director Unified Commissioning (Cheshire)
Contact details:	matthew.cunningham@nhs.net 01625 663339
Health & Wellbeing Board Lead:	Dr Paul Bowen, Dr Andrew Wilson, Jerry Hawker, Clare Watson

Executive Summary

Is this report for:	Information ☑	Discussion ☐	Decision ☐
Why is the report being brought to the board?	To provide an update to Board members on the establishment of the Joint Commissioning Committee and its initial Annual work programme.		
Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?	Starting and Developing Well ☐ Living and Working Well ☐ Ageing Well ☐ All of the above ☐		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness ☑ Accessibility ☐ Integration ☑ Quality ☐ Sustainability ☑ Safeguarding ☐ All of the above ☐		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	The Board is requested to: • note the progress made in establishing the CCG Joint Commissioning Committee and its initial work plan.		
Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	This report follows on from the report *'Working Together – an integrated Health and Care System for Cheshire'* received by the Board at its meeting on 25 July 2017. The content of this report is formed from information that has been provided to the Governing Bodies and GP memberships of NHS Eastern Cheshire CCG and NHS South Cheshire CCG between July and December 2017.		

Has public, service user, patient feedback/consultation informed the recommendations of this report?	Not at this stage
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	The report outlines progress in developing a Joint Commissioning Committee for the four CCGs and which is seen as an important part of the work being undertaken towards the development of integrated health and social care systems within and across Cheshire - which will improve outcomes for our citizens, removes duplication from the present system and provides opportunities for efficiencies and value for money.

1. Report Summary

1.1 Between July and December 2017 the Governing Bodies and GP membership groups of each of the four Cheshire Clinical Commissioning Groups (CCGs) received and approved the Terms of Reference (TOR) and Annual Work plan for the Joint Commissioning Committee of the Cheshire CCGs ('the Committee').

1.2 Following submission to NHS England of the TOR and associated amendments within each of the amended CCG Constitutions of each CCG, NHS England formally approved in December 2017 the establishment of the Committee.

1.3 The Committee held its first meeting on 30 November 2017.

2. Recommendations

2.1 The Board is requested to:

- **note** the progress made in establishing the CCG Joint Commissioning Committee and its initial work plan.

3. Reasons for Recommendations

3.1 Members of the Board need to be kept appraised of the development of a new forum for the four CCGs to make significant decisions on commissioned health services to benefit the local population.

4. Impact on Health and Wellbeing Strategy Priorities

4.1 The commissioning of health services through the Joint Committee should take into account the priorities within the respective Health and wellbeing Strategies of Cheshire East and Cheshire West and Chester.

5. Background and Options

5.1 As reported to the Board at its meeting on 25 July 2017[1] local health organisations and Local Authorities have worked together to agree three key improvement priorities to jointly deliver in order to drive forward the necessary transformation and improvement of the health and care services across Cheshire. These three priorities were:-

- **Integrated Commissioning** – to move to a unified health and care commissioning approach for the population of Cheshire (i.e. for the Cheshire East and Cheshire West and Chester HWBB footprint).
- **Integrated Provision** – to work towards the creation of excellent care systems across Cheshire delivering integrated health and care services tailored to meeting the population health needs of each area.

[1] http://moderngov.cheshireeast.gov.uk/ecminutes/documents/s57201/ACS%20Update%20report%20East.pdf

- **Sustainable Hospital Services Across Cheshire** – to ensure that we deliver hospital services that are sustainable both financially and clinically across Cheshire and that these services are more integrated with local health and social care services.

5.2 The content of this report specifically relates to the first agreed area – **Integrated Commissioning** – and the initial area of focus in terms of establishing the CCG Joint Commissioning Committee.

5.3 **Terms of Reference**. Following the approval of the four CCG Governing Bodies to progress the establishment of a CCG Joint Commissioning Committee, subsequent work was undertaken with each CCG Governing Body and GP Membership to determine the Committees TOR. Between July and September 2017 the TOR (**Appendix A**) was received and approved by each CCG. Key areas to note within the TOR include:

- **Purpose**. The purpose of the Committee has been agreed as *'to enable transparent, consistent and timely decision making for commissioning health services across Cheshire, thereby improving outcomes and enabling the efficient use of available resources within its delegated authority.'*

- **Principles**. The principles of the Committee have been agreed as:
  - commissioning at scale to help lead to better outcomes
  - meeting the needs of people not organisations
  - reducing unwarranted variation
  - be an enabler for the development of accountable care systems
  - ensuring the local NHS commissions services within its available resources.

- **Remit.** It has been agreed that the Committee will be responsible for exercising the following functions:
  - delegated decision making authority for recommendations made by the Cheshire and Merseyside Five Year Forward View (NHS Cheshire and Merseyside) leadership board for adoption across Cheshire
  - strategic oversight and development of the workplan for the establishment of unified health commissioning across Cheshire, providing recommendations for adoption to CCG Governing Bodies and endorsement by Health and Wellbeing Boards
  - delegated decision making authority on commissioning services at scale, as outlined with the Committees Annual Workplan.

- **Membership.** It has been agreed that each CCG will have equal representation, with the individual CCG membership on the Committee, namely:
  - Clinical representation: CCG General Practitioner (GP) Chair and one other General Practitioner Representative (voting)
  - Executive representation: Accountable Officer and one other Executive Director (voting)
  - Independent Representation: CCG Lay Member (voting)

It was also agreed by each CCG that the Committee would:
- be chaired by an independent Chair (non-voting), with the Vice Chair position of the Committee being held by a CCG GP Chair, with the post rotated between the four CCG GP Chairs.
- have additional standing members of the committee including:
  - Independent Clinical Member - Secondary Care Doctor (voting)
  - Independent Clinical Member - Registered Nurse (voting)
  - Healthwatch Cheshire representative (non-voting)

- Local Authority representation (non-voting).

- The membership of the Committee can be found in **Appendix B**.

- **Operation.** It has been agreed that the Committee will meet in public. The frequency of meetings will be determined by the activity resulting from the work plan, but the TOR state a minimum meeting frequency of four times per year.

5.4 **Annual work plan.** Between November and December 2017 each CCG Governing Body and GP Membership received and approved a high level annual work plan of the Committee (**Appendix C**). The work plan of the Committee articulates in the areas that fall within the delegated decision making authority or scope of the Committee. Work is ongoing to further define the work programmes that fall under the work plan areas that will require Committee oversight and decision.

5.5 The Committees business is defined within the work plan as being either a Level One matter/decision or a Level Two matter/decision. These are defined as:

Level One: *where decision making authority is within the delegated authority of the Joint Committee as outlined within its Terms of Reference and where a decision(s) undertaken by the Joint Committee will be final and binding on all member CCGs*

Level Two: *where health and social care commissioning areas and operational functions affect / impact on the population of Cheshire (or wider) are considered by the Committee and any decision(s) undertaken by the Committee form the basis of endorsements and recommendations to the Governing Bodies of each member CCG, and other decision making bodies.*

5.6 It has been agreed that if over the course of time the member CCGs believe that the Committee should have a greater or lesser number of areas under its Level One decision making remit, each CCG will need to seek the approval of a revised work plan for the Committee from their respective Governing Bodies and/or GP Memberships. The Committee cannot add or remove a Level One area without seeking the collective approval of the four CCGs.

5.7 Each CCG - through its Committee members - will need to undertake its own internal engagement with its Governing Body and GP memberships on papers, especially ones with Level One decision implications, in order to have a considered CCG position ahead of the deliberations undertaken at Committee meetings.

5.8 Where Level One decisions are undertaken by the Committee, the accountability for the decisions still remains with each CCG. Where decisions undertaken by the Committee may result in the need to consult, each CCG is still required to observe and undertake the necessary consultation processes and meet its legal and statutory duties. The Committee is established with this understanding.

5.9 Level Two considerations include areas where it is envisaged that a Cheshire wide (or larger) commissioning approach or consideration may be required in the future as more joint and/or integrated commissioning arrangements develop between CCGs and between CCGs and Local Authorities. The establishment of the Committee provides a forum where such arrangements can be discussed and agreed.

5.10 **Joint Commissioning Committee meeting**. The Committee held its first meeting in public on 30 November 2017.[2] Items discussed included its remit and operation, terms of reference, work plan and the Eastern Cheshire, South Cheshire and Vale Royal Adult and Older Persons Specialist Mental Health Services Redesign: Pre-Consultation Business Case.

5.11 The next meeting in public scheduled for 9 March 2018.

5.12 **Appendix D** demonstrates the Committees governance diagram.

6. Access to Information

6.1 The background papers relating to this report can be inspected by contacting the report writer:

Name: Matthew Cunningham
Designation: Programme Director Unified Commissioning (Cheshire)
Tel No: 01625 663339
Email: matthew.cunningham@nhs.net

[2] https://www.easterncheshireccg.nhs.uk/Meetings/30-november-2017.htm

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NHS Eastern Cheshire Clinical Commissioning Group
NHS South Cheshire Clinical Commissioning Group
NHS Vale Royal Clinical Commissioning Group
NHS West Cheshire Clinical Commissioning Group

Joint Commissioning Committee of the Cheshire Clinical Commissioning Groups

Terms of Reference

Date approved and Approval Committee	NHS Eastern Cheshire Clinical Commissioning Group Governing Body	26.07.17
	NHS South Cheshire Clinical Commissioning Group Governing Body	03.08.17
	NHS Vale Royal Clinical Commissioning Group Governing Body	03.08.17
	NHS West Cheshire Clinical Commissioning Group Governing Body	20.07.17

Document Control:

Description	Comment
Title	Joint Commissioning Committee of the Cheshire Clinical Commissioning Groups
Author	Matthew Cunningham
Date Last Amended	26.09.17
Version	1.3
Approved By	Governing Body
Review Date	01.10.18
Responsible Person/Owner	Matthew Cunningham
Publish on Public Web Site Y/N?	Y
Constitutional Document Y/N?	Y
Requires an Equality Impact Assessment Y/N?	N

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Amendment History – see Appendix A.

Terms of Reference for the Joint Commissioning Committee of the Cheshire Clinical Commissioning Groups

1. PURPOSE AND PRINCIPLES

1.1 **Purpose:** to enable transparent, consistent and timely decision making for commissioning health services across Cheshire, thereby improving outcomes and enabling the efficient use of available resources within its delegated authority.

1.2 Principles of Joint Commissioning across Cheshire include:

- commissioning at scale to help lead to better outcomes
- meeting the needs of people not organisations
- reducing unwarranted variation
- be an enabler for the development of accountable care systems
- ensuring the local NHS commissions services within its available resources.

2. ACCOUNTABILITY & RESPONSIBILITY

2.1 The Committee is a Joint Commissioning Committee ('the Committee') of NHS Eastern Cheshire CCG, NHS South Cheshire CCG, NHS Vale Royal CCG and NHS West Cheshire CCG. It has been set up to manage, to the extent permitted under s.14Z3 NHS Act 2006 (as amended), the activities of the four CCGs as within its delegated responsibilities.

2.2 The Committee has the primary purpose of enabling the CCG members to work effectively together to collaborate and take joint decisions in the areas of work they agree. Individual CCGs that constitute the membership of the Committee will still always remain accountable for meeting their statutory duties.

2.3 The Committee will be constituted in a way that reflects the governance of the CCGs and will therefore:

- have clinical leadership
- be managerially supported
- be independently moderated
- be operated in line with best practice guidance for management of conflicts of interest.

2.4 The Committee may appoint working groups or sub-committees for any agreed purpose which, in the opinion of the Committee, would be more effectively undertaken by a working group or sub-committee. Any such working group or sub-committee may be comprised of members of the CCGs or other relevant external partners, who are not required to be members of the Committee. Minutes/reports of working groups or sub-committees will be promptly submitted to the Committee.

3. REMIT

3.1 The Committee will be responsible for exercising the following functions:

- delegated decision making authority for recommendations made by the Cheshire and Merseyside Five Year Forward View leadership board, and Cheshire and Wirral Local Delivery System recommendations for adoption across Cheshire
- strategic oversight and development of the workplan for the establishment of unified health commissioning across Cheshire, providing recommendations for adoption to CCG Governing Bodies and endorsement by Health and Wellbeing Boards
- delegated decision making authority on commissioning services at scale, as outlined with the Committees Annual Workplan and CCG Scheme of Reservation and Delegation.

4. MEMBERSHIP

4.1 Each CCG will have equal representation, with the individual CCG membership on the Committee being:

- Clinical representation: CCG GP Chair and one other GP Representative
- Executive representation: Accountable Officer and one other Executive Director
- Independent Representation: CCG Lay Member (Public and Patient Involvement (PPI) or Governance and Audit (G&A)).

4.2 It is the responsibility of each CCG to identify and appoint its representatives on the Committee. In identifying the Executive Director and Lay Member representation of each CCG on the Committee, the CCG GP Chairs and Accountable Officers will work collectively to ensure that there is adequate representation from the different disciplines of each role (i.e. finance, transformation, strategy, commissioning, quality, safeguarding, PPI, G&A) so as to ensure that the Committee has sufficient expertise and perspectives to aid discussion and inform decisions.

4.3 The Committee will be chaired by an independent Chair. In the position of Chair, the post holder will:

- encourage contributions from all members/attendees
- promote a culture of openness, transparency, constructive challenge and honesty
- facilitate discussion to ensure the outcomes are concise and focussed and that the meetings run to time.

4.4 The Vice Chair position of the Committee will be held by a CCG GP Chair, with the post rotated between the four CCG Chairs throughout the calendar year.

4.5 Additional standing members of the committee will include:

- x1 Secondary Care Doctor
- x1 Registered Nurse
- x1 Healthwatch Cheshire representative
- x1 Public Health representative
- x1 Local Authority Chief Executive / Executive Director representative.

4.6 Named deputies will only be permitted to attend with the prior approval of the Chair. No person can act in more than one role on the Committee, meaning that each named deputy needs to be an additional person from outside of the standing Committee membership. Individual CCGs have a collective duty to identify named deputies for their standing Committee members and inform the Committee secretariat.

4.7 The Committee membership consists of members who are able to cast a vote and those that are unable to do so, namely:

Voting Members	Members unable to vote
CCG GP Chair	Independent Chair
CCG GP Representative	Local Healthwatch representative
CCG Accountable Officer	Local Authority Public Health Representative
CCG Executive Director	Local Authority Chief Executive / Executive Director representatives
CCG Lay Member	
Clinical Member - Secondary Care Doctor	
Clinical Member - Registered Nurse	

4.8 Named deputies of standing voting Committee members do not – as individuals - carry a voting right when in attendance at a Committee meeting. When in attendance at a Committee meeting, deputies can only cast a proxy vote on behalf of the standing committee member.

4.9 The Committee shall be authorised to co-opt other members onto the Committee to ensure it is able to undertake its business, achieve its purpose and has the sufficient expertise and membership to enable it to deliver its remit.

4.10 The Committee may permit or require the attendance of officers of the CCGs or external experts to attend meetings of the committee on an ad hoc basis to inform discussions.

4.11 Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of the knowledge and ability, and endeavour to reach a collective view.

5. QUORUM

5.1 For the Committee to undertake its business the following Committee membership attendance arrangements must be met:

- a minimum of two voting representatives from each member CCG must be present
- at least one Accountable Officer, one CCG GP Chair and one CCG lay member must be present
- the Chair or deputy chair must also be present.

5.2 A duly convened meeting of the Committee at which quorum is present shall be competent to exercise all or any of the authorities, powers and directions vested in or exercisable by it.

6. VOTING

6.1 Members of the Committee have a collective responsibility for its operation. Committee members will use their best endeavours to make decisions by reaching a consensus, which should take into account the views shared by Committee members who are unable to cast a vote.

6.2 Exceptionality - where decision making by consensus is not possible, the Committee Chair will call on each voting member to cast a vote. Where a minimum of 75% of the voting committee membership in attendance at the meeting in question are in agreement, a recommendation/decision will be carried.

7. DECISIONS AND REPORTING

7.1 The Committee will make decisions within the bounds of the scope of the functions delegated.

7.2 The decisions of the Committee will be binding on all member CCGs.

7.3 Minutes, action notes and decisions made by the Committee will be reported to the Governing Body of each member CCG and published by the CCGs.

7.4 The Governing Bodies of each member CCG requires that the Committee provides a quarterly written update report to the Governing Body, hold annual engagement events to review aims, objectives, strategy and progress of the Committee, and publish within the CCG annual report progress made against objectives.

8. CONFLICTS OF INTEREST

8.1 The provisions of Managing Conflicts of Interest: Statutory Guidance for CCGs or any successor document will apply at all times.

8.2 The Committee shall hold and publish a Register of Interests. This Register shall record all relevant and material, personal or business, interests as set out in the CCG's Standards for Business Conduct Policy.

8.3 Each member and attendee of the Committee shall be under a duty to declare any such interests. Any change to these interests should be notified to the Chair.

8.4 Failure to disclose an interest, whether intentional or otherwise, will be treated in line with the respective CCG's Standards for Business Conduct Policy and may result in suspension from the Committee.

8.5 Any interest relating to an agenda item should be brought to the attention of the Chair in advance of the meeting, or notified as soon as the interest arises and recorded in the minutes.

8.6 All members of the Committee and participants in its meetings shall comply with, and are bound by, the requirements in the relevant CCGs' Constitutions, Standards for Business Conduct Policy, the Standards of Business Conduct for NHS staff (where applicable) and NHS Code of Conduct.

8.7 The Committee Chair (or Vice Chair in their absence or where the Chair is conflicted) will make a determination regarding the arrangements for management of conflicts of interest, in consultation, to the extent they feel appropriate, with the nominated Committee Secretary and/or nominated CCG Conflicts of Interest Guardians.

9. MEETINGS

9.1 The Committee shall adopt the standing orders of all CCGs insofar as they relate to the:

- notice of meetings
- handling of meetings
- agendas
- circulation of papers
- conflicts of interest.

9.2 Meetings of the Committee:

- shall, subject to the application of 7(b), be held in public
- may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

10. FREQUENCY OF MEETINGS

10.1 The Committee shall hold at least four meetings per year.

10.2 A special meeting may be called at any time by the Chair in consultation and agreement with any two CCG members of the Committee (from different CCGs) upon not less than three working days' notice being given by the other members of the Committee on the matters to be discussed.

11. INFRASTRUCTURE / ORGANISATIONAL SUPPORT

11.1 The Committee will be supported in its operation and management by a senior manager of the Cheshire CCGs.

11.2 The Committee shall agree with the member CCGs the required support for the operations of the Committee, including the provision of secretariat support for its activities.

11.3 Identified secretariat support will be responsible for supporting the Chair and identified senior manager in the organisation of the Committee meeting and the preparation and circulation of agendas, papers and minutes. The Secretariat will:

- circulate the agenda and accompanying papers to committee members at least five working days in advance of the meeting date
- ensure declarations of interest are noted and correct minutes are taken. Once agreed by the Chair, circulate minutes and action notes within ten working days of the meeting to all committee members
- ensure that decisions made and the discussions around the decision making ae clearly noted and logged
- ensure an action log is produced following each meeting and any outstanding actions are carried forward until complete
- ensure the Committee risk log and decision log is kept up to date
- provide appropriate support to the Chair and Committee members
- ensure the papers of the Committee are filed in accordance with the relevant member CCGs policies and procedures
- support the Chair in the production of written reports and an annual report to the Governing Bodies of each member CCG.

12. REVIEW OF TERMS OF REFERNCE

12.1 These Terms of Reference will be formally reviewed annually by the CCGs set out in paragraph 2.1 and may be amended by mutual agreement between the CCGs at any time to reflect changes in circumstances as they may arise.

13. WITHDRAWAL FROM THE COMMITTEE

13.1 Should the joint commissioning arrangement prove to be unsatisfactory, the Governing Body of any member CCG can decide to withdraw from the arrangement, but has to give a minimum of six (6) months' notice to partners, with consideration by the Committee of the impact of a leaving partner – a maximum of 12 months' notice could apply.

14. DISPUTE RESOLUTION

14.1 Where any dispute arises between the member CCGs or where the Committee cannot reach a decision in accordance with its terms of reference, the member CCGs must use their best endeavours to resolve that dispute on an informal basis at the next meeting of the Joint Committee.

14.2 Where any matter referred to dispute resolution is not resolved under 13.1, any Party in dispute may refer the dispute to the Accountable Officers of the relevant CCG, who will cooperate in good faith to recommend a resolution to the dispute within ten (10) Working Days of the referral.

14.3 If the dispute is not resolved under Clauses 13.1 and 14.2, any CCG in dispute may refer the dispute to NHS England and each CCG will co-operate in good faith with NHS England to agree a resolution to the dispute within ten (10) Working Days of the referral.

14.4 Any referral to NHS England under Clause 13.3 shall be to Director of Commissioning Operations, NHS England.

14.5 Where any dispute is not resolved under Clauses 13.1. to 13.4, any CCG in dispute may refer the matter for mediation arranged by an independent third party and any agreement reached through mediation must be set out in writing and signed by the member CCGs in dispute.

Appendix A - Amendment History:

Version	Date	Comment on Changes
V1	14.06.17	Amendments made following feedback received at CCG workshop
V1.1	22.06.17	JH Amendments to Purpose and inclusion of principles & 2.4 amendments re FYFV leadership Board & 6.4 amends re JC reporting rather than Accountable Officer
V1.2	10.07.17	Amendments following CCG Governing Body workshop 06.07.17
V1.3	26.09.17	Amendment to 4.1 Each CCG will have equal representation, with the individual CCG membership on the Committee ~~to be drawn from its existing Governing Body membership, namely~~ being: Amendment to bullet point 3 of Section 3: • delegated decision making authority on commissioning services at scale, as outlined with the Committees Annual Workplan and ~~Delegation Agreement~~ CCG Scheme of Reservation and Delegation.

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Membership of the Joint Commissioning Committee of the Cheshire CCGs

Name	Position	Organisation
Dr Paul Bowen	Clinical Chair *(Committee Vice Chair)*	NHS Eastern Cheshire CCG
Jerry Hawker	Accountable Officer	NHS Eastern Cheshire CCG
Jane Stephens	Lay Member	NHS Eastern Cheshire CCG
Fleur Blakeman	Executive Member	NHS Eastern Cheshire CCG
tbc	GP Member	NHS Eastern Cheshire CCG
Dr Andrew Wilson	Clinical Chair *(Committee Vice Chair)*	NHS South Cheshire CCG
Clare Watson	Accountable Officer	NHS South Cheshire CCG
John Clough	Lay Member	NHS South Cheshire CCG
Lynda Risk	Executive Member	NHS South Cheshire CCG
Dr Andrew Spooner	GP Member	NHS South Cheshire CCG
Dr Jonathan Griffiths	Clinical Chair *(Acting Committee Chair)*	NHS Vale Royal CCG
Clare Watson	Accountable Officer	NHS Vale Royal CCG
Ann Gray	Lay Member	NHS Vale Royal CCG
Lynda Risk	Executive Member	NHS Vale Royal CCG
Dr Fiona McGregor-Smith	GP Member	NHS Vale Royal CCG
Dr Chris Ritchieson	Clinical Chair *(Committee Vice Chair)*	NHS West Cheshire CCG
Alison Lee	Accountable Officer	NHS West Cheshire CCG
Pam Smith	Lay Member	NHS West Cheshire CCG
Paula Wedd	Executive Member	NHS West Cheshire CCG
Dr Andrew McAlavey	GP Member	NHS West Cheshire CCG
Delyth Curtis	Council Representative	Cheshire West & Chester Council
Mark Palethorpe	Council Representative	Cheshire East Council
Louise Barry	Healthwatch Representative	Healthwatch Cheshire East Healthwatch Cheshire West & Chester
Vacant	Independent Clinical Advisor - Registered Nurse	
Vacant	Independent Clinical Advisor - Secondary Care Doctor	
Vacant	Independent Chair	

30 November 2017

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Joint Commissioning Committee of the Cheshire CCGs

Annual Work Plan 2017 – 2018

Review date	June 2018

Date approved and Approval Committee	NHS Eastern Cheshire Clinical Commissioning Group Governing Body	29.11.17
	NHS South Cheshire Clinical Commissioning Group GP Membership Council	21.12.17
	NHS Vale Royal Clinical Commissioning Group GP Membership Assembly	13.12.17
	NHS West Cheshire Clinical Commissioning Group GP Membership Council	29.11.17

NHS Eastern Cheshire Clinical Commissioning Group

NHS South Cheshire Clinical Commissioning Group

NHS Vale Royal Clinical Commissioning Group

NHS West Cheshire Clinical Commissioning Group

Decision making authority level definition:

Level 1: *where decision making authority is within the delegated authority of the Joint Committee as outlined within its Terms of Reference and where a decision(s) undertaken by the Joint Committee will be final and binding on all member CCGs*

Level 2: *where health and social care commissioning areas and operational functions affect / impact on the population of Cheshire (or wider) are considered by the Committee and any decision(s) undertaken by the Committee form the basis of endorsements and recommendations to the Governing Bodies of each member CCG, and other decision making bodies.*

Level 1 Work plan

Area	Key areas of work	Role of Committee
Committee Administration & Operation	• Holding of Committee meetings • Committee Agendas and papers • Committee minutes • Review of progress against Annual Workplan • Annual Committee report to CCG Governing Bodies • Committee Self-assessment.	• Publication of notice of meetings • Approval and publication of Committee Agendas and papers • Approval of Committee minutes and ensure publication of minutes on each CCG website • Approval of progress against Workplan and ensure publication within each CCG annual report of progress • Approval of Quarterly and Annual Committee Reports to each CCG Governing Body • Review of self-assessment.
CCG Collaborative Commissioning Areas ***(with regard to commissioning at scale)***	• Emergency Ambulance Services • NHS 111 • Patient Transport Services • Commissioning support • Offender Health • Military Veteran Health • Specialised Services *(bariatric Surgery, children's wheelchair services, neuro outpatients and coordination with NHSE).*	• Receive and approve/decide on the implementation of the recommendations of the Cheshire CCGs Joint Executive Team regarding service commissioning / de-commissioning, delivery and performance management of existing CCG collaborative commissioning arrangements.
CCG Commissioning Policies ***(with regard to commissioning at scale)***	• Continuing Healthcare • Procedures of lower clinical value.	• To approve commissioning policies for commissioned services where the expected standards and outcomes will be applied across the whole population of the four CCGs.

NHS Cheshire & Merseyside (STP) Work Areas	• High Quality Hospital Care (Acute Sustainability)
	  • Women & Children's Services
	  • Urgent and Emergency Care
	• Transforming Care Programme (Learning Disabilities)
	• Public Health Prevention Initiatives.
		• Receive and approve/decide on the implementation of the recommendations made by the NHS Cheshire & Merseyside (STP) leadership board for adoption across Cheshire.

Level 2 Work plan

Area	Key areas of work	Role of Committee
Committee Administration & Operation	• Annual Committee Workplan • Committee TOR • Memorandum of Understanding (MOU) between the CCGs for operation of the Committee and its delegated responsibilities.	• Review annual workplan and submit amendment recommendations for adoption to each CCG Governing Body / GP memberships • Review Committee TOR and submit amendment recommendations for adoption to each CCG Governing Body / GP Memberships. • Development and agreement of a MOU between the CCGs for the undertaking of the business of the Committee and its delegated responsibilities, and providing a recommendation for adoption to the Governing Body of each CCG.

CCG Health (and Social Care) Commissioning areas and policies	• Mental Health and Learning Disabilities
	• Continuing Health Care & Funded Nursing Care
	• Personal Health Budgets
	• Prescribing / Medicines Management
	• QIPP / Right Care
	• Policies
	• Referral Management.
	• Safeguarding Children, Adults at Risk and Looked After Children
	• Better Care Fund.
		• Strategic oversight and the development of a workplan towards a more unified approach to commissioning health and social care services
		
		• Receive the recommendations of the Cheshire CCGs Joint Executive Team regarding
		  • commissioning/de-commissioning,
		  • performance management issues
		  • policy adoption / implementation
		
		• Receive the recommendations of the Integrated Health and Care Across Cheshire - Officer Working Group regarding:
		  • commissioning/de-commissioning
		  • policy adoption / implementation
		
		• Consider these recommendations to form a collaborative position and submit these collaborative recommendations to relevant decision making body(s).

NHS Cheshire & Merseyside (STP) Work Areas	• Mental Health • Cancer • Neurosciences • CVD • Diabetes • End of Life / Palliative Care • Place based Care.	• Receive the recommendations made by the NHS Cheshire & Merseyside (STP) leadership board for adoption across Cheshire • Consider these recommendations to form a collaborative position and submit collaborative recommendations to relevant decision making body(s).
Unified Commissioning across Cheshire	• System Intentions. • Local Authority integrated (joint) commissioning • Cheshire & Warrington Devolution • Public Sector Reform • Sub-regional Leadership boards.	• Strategic oversight and development of the workplan for the establishment of a *unified* commissioning *system* across Cheshire, providing recommendations for adoption to relevant decision making body(s). • Receive the recommendations of the Cheshire CCGs Joint Executive Team regarding the development and establishment of unified commissioning across Cheshire. Consider these recommendations and provide recommendations for adoption to relevant decision making body(s).

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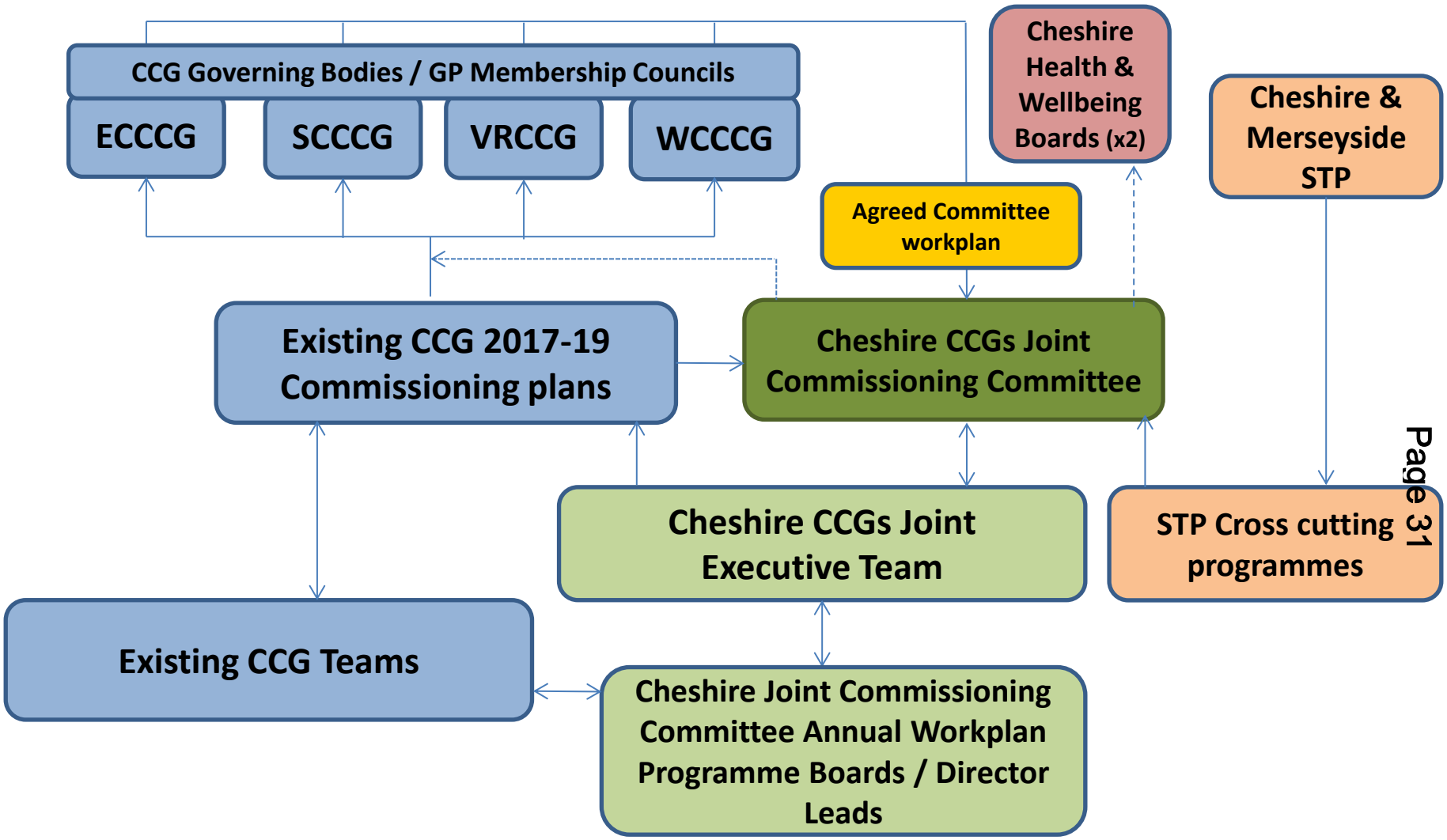
Cheshire CCGs Joint Commissioning Committee Governance



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Agenda Item 6

NHS South Cheshire Clinical Commissioning Group

NHS Eastern Cheshire Clinical Commissioning Group

Cheshire East Council

CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	Caring Together programme update
Date of meeting:	January 2018
Written by:	Fleur Blakeman, Programme Director Caring Together/Strategy and Transformation Director NHS Eastern Cheshire CCG
Contact details:	f.blakeman@nhs.net
Health & Wellbeing Board Lead:	Jerry Hawker, Chief Officer NHS Eastern Cheshire CCG

Executive Summary

Is this report for:	Information X	Discussion ☐	Decision ☐
Why is the report being brought to the board?	To update Board members on the progress of the Caring Together programme.		
Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?	Starting and Developing Well ☐ Living and Working Well ☐ Ageing Well ☐ All of the above X		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness ☐ Accessibility ☐ Integration ☐ Quality ☐ Sustainability ☐ Safeguarding ☐ All of the above X		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	To note the content of the report. To note plans to merge the Caring Together (Eastern Cheshire) and Connecting Care (South Cheshire and Vale Royal) transformation programmes into a joint programme overseen by a joint Programme Board. To note discussions are underway to agree the geography for the joint programme, with a commitment to resolve this by 31 March 2018.		

Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	The proposal to merge the two local transformation programmes Caring Together (Eastern Cheshire) and Connecting Care (South Cheshire and Vale Royal) has been considered and supported by the Boards and Governing Bodies of the partner organisations: • NHS Eastern Cheshire CCG, • NHS South Cheshire CCG, • NHS Vale Royal CCG, • East Cheshire NHS Trust, • Mid Cheshire NHS Foundation Trust, • Cheshire and Wirral Partnership NHS Foundation Trust, • Senior Management Team Meeting Cheshire East Council (plans to be formally shared with Cabinet once the geography has been confirmed and the Memorandum of Understanding has been agreed by the joint Board for approval by the statutory organisations)
Has public, service user, patient feedback/consultation informed the recommendations of this report?	Not applicable
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	Better coordinated, integrated care. More effective use of resources. Safe sustainable services.

1 Report Summary

1.1 The report provides an update on the Caring Together programme.

2 Recommendations

2.1 That the Board note the content of the report and plans to merge the two local transformation programmes Caring Together (Eastern Cheshire) and Connecting Care (South Cheshire and Vale Royal). The Board are also asked to note discussions are underway to agree the geography for the joint programme, with a commitment to resolve this by 31 March 2018.

3 Reasons for Recommendations

3.1 To support the delivery of high quality, clinically safe and financially sustainable care services.

4 Impact on Health and Wellbeing Strategy Priorities

4.1 None specifically.

5 Background and Options

5.1 The Caring Together programme has been in place since 2013 and has made some progress in transforming local care services. Achievements include:

- extensive patient and public engagement supporting the development of a shared vision, values and ambitions, objectives and 'I statements' for the programme;
- improved partnership working, relationships and trust;
- implementation of a Caring Together contract for Primary Care;
- success in securing external resources to support the development of the Cheshire Career Hub and the WRaPT workforce modelling tool, leadership and cultural development;
- development of an integrated outcomes framework;
- development of options for the future configuration of hospital based and community care services and more recently
- prototyping of integrated community teams in Bollington, Disley and Poynton and Knutsford soon to be expanded to include Macclesfield, Wilmslow, Alderley Edge, Handforth, Chelford, Holmes Chapel and Congleton.

The prototyping of community teams has promoted greater integrated working, better care coordination and has helped to avoid duplication and fragmentation of care. It is envisaged that the services will become more joined up; ultimately operating under integrated management arrangements as this new way of working is further developed and rolled out across Eastern Cheshire.

There are a number of case studies which showcase the achievements of the programme and demonstrate the tangible differences the service changes have made, for example:

- a Consultant Psychiatrist providing local dementia clinics in a GP practice and routine annual reviews provided by practice staff, reducing travel times for patients, increasing clinician collaboration and freeing up Consultants to see new patients reducing the waiting times for a first outpatient appointment.
- reviewing carers lists across primary and social care, increasing uptake of carers assessments and arranging care packages which support people to maintain their caring roles. This includes creating a carers passport with links to local retailers who offer vouchers for carers.

Whilst good progress has been made in developing possible options for the future configuration of care services locally, large scale service transformation has yet to take place. System leaders have however identified that a number of local services are becoming increasingly fragile and are unlikely to be clinically and financially sustainable in the longer term and are therefore committed to implementing system-wide service transformation.

Further modelling work was completed in late 2016 early 2017 and this work was reviewed as part of the Central and Eastern Cheshire Review commissioned by NHS England and

NHS Improvement in July 2017. A key recommendation of the Central and Eastern Cheshire Review, was to merge the two local transformation programmes, Caring Together and Connecting Care, to achieve greater economies of scale, change at scale and deliver greater efficiency savings and productivity gains. Health and Social Care partners have agreed to merge the two programmes into one programme which will be overseen by a joint Programme Board. The Caring Together programme is therefore coming to a close and when the time is right there will be communication regarding the launch of the new joint programme and the establishment of the joint Programme Board.

An Independent Chair, Neil Goodwin CBE, has been appointed to the programme along with an Executive Lead, Tracy Bullock, Chief Executive of Mid Cheshire Hospital NHS Foundation Trust. The joint Programme Board will comprise of the Chairs and Chief Executives of the partner organisations as its core membership with a representative of the Cheshire and Merseyside Sustainability and Transformation Partnership and the Greater Manchester Sustainability and Transformation Partnership in attendance. The partners include:

- Cheshire East Council
- Cheshire and Wirral Partnership NHS Foundation Trust
- Cheshire West and Cheshire Council
- East Cheshire NHS Trust
- NHS Eastern Cheshire CCG
- NHS South Cheshire CCG
- NHS Vale Royal CCG
- Mid Cheshire NHS Foundation Trust
- South Cheshire and Vale Royal GP Alliance
- Vernova Healthcare

The first meeting is scheduled to take place on 7 February 2018.

A Memorandum of Understanding and governance arrangements are being finalised, but it is envisaged that there will be an Executive Group, a Stakeholder Forum and a Care Professional Advisory Group all reporting into the joint Programme Board. Discussions are underway to agree the geography for the joint programme. These discussions will be concluded and an agreement reached by 31 March 2018.

The partner organisations in both Caring Together and Connecting Care have been part of the National Capped Expenditure Programme which requires NHS Organisations to reduce expenditure in-line with agreed financial control totals and where necessary, explicitly scale back on locally unaffordable services. By creating a joint programme we hope to close the financial gap within the local health and social care economy by eradicating duplication, increasing the productivity and efficiency of residual services and confirming the most appropriate configuration of services going forward.

The joint Programme Board will be accountable to the individual statutory organisations and the Cheshire and Merseyside Sustainability and Transformation Partnership.

There will be a number of workstreams aimed at developing the most appropriate configuration of services and the most appropriate organisational form that will most effectively meet the care needs of local people within the resources available. As with Caring Together, the aim is to retain as many services as possible locally and to provide as much treatment and care as possible in the community. Some people will however have to travel further for their treatment and care, especially specialist care, as is the case now. The high-level impact of the proposed service changes have been identified and further modelling work will now be done to quantify the full impact before more detailed proposals are shared with the Overview and Scrutiny Committee, key stakeholders including patients and the public, before going out to public consultation.

The programme workstreams will include:

- Primary and Community Care
- Accountable Care System
- Hospital Based Services
- Prevention
- Finance
- Workforce and Organisational Development
- Communications
- IT

Work plans are being developed for each workstream and a workshop is planned for the 6 March 2018 to explore the interdependencies between the individual workstreams and to develop an overarching implementation plan with associated timescales and key milestones. The programme management arrangements have yet to be finalised and an independent review will be commissioned to help shape this.

A stakeholder analysis and communication strategy are being developed and it is envisaged that a website will be created to act as a central repository for information and that there will be regular communications and press releases providing updates on the progress of the joint Programme. A further update will be given at the next Health and Wellbeing Board meeting on 27 March 2018.

6 Access to Information

6.1 Caring Together website: http://www.caringtogether.info/

6.2 Further information can be obtained from Fleur Blakeman, interim Programme Director by emailing f.blakeman@nhs.net or telephoning 01625 663 476.

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Agenda Item 7

NHS South Cheshire Clinical Commissioning Group

NHS Eastern Cheshire Clinical Commissioning Group

Cheshire East Council

CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	Community Cohesion and Integration – Equality of service delivery for Cheshire East council and partners
Date of meeting:	
Written by:	Loreen Chikwira, Community Cohesion Manager, Communities Team, Public Health
Contact details:	Loreen.chikwira@cheshireeast.gov.uk
Health & Wellbeing Board Lead:	Fiona Reynolds, Director of Public Health

Executive Summary

Is this report for:	Information X	Discussion X	Decision ☐
Why is the report being brought to the board?	To inform Board Members about Community Cohesion work in Cheshire East and to discuss how together we can address local challenges to cohesion and improve health outcomes for our migrant communities.		
Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?	Starting and Developing Well ☐ Living and Working Well ☐ Ageing Well ☐ All of the above X		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness Accessibility Integration ☐ Quality ☐ Sustainability ☐ Safeguarding ☐ All of the above X		

Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	1. **Cultural Competency training for all staff.** To address the knowledge and skills gap in health and social care staff in relation to engaging with migrant communities. 2. **Member organisations to commit to joining the Multi-agency groups in the South and East.** Increased membership of community cohesion working groups will maximise the impact of the Community Cohesion Strategy and implementation plans. A Memorandum Of Understanding (MoU) for members in this instance would be required. 3. **Fully utilise the diversity in health and social care workforce.** The cultural knowledge and skills of migrant health and social staff can be utilised in community engagement and development of services. 4. **Review of existing on-line methods of education and sharing information. Develop better mechanisms to engage with under-represented migrant groups.** For example, use of migrant social media groups to reach more people. The mechanisms will be informed by training and current knowledge on Cheshire East migrant population.
Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	Yes – Presented at Health and Adult Social Care Overview and Scrutiny Committee in September 2017 and at the Cheshire East Multi Faith Conference in November 2017, with service providers and community groups from across Cheshire East.
Has public, service user, patient feedback/consultation informed the recommendations of this report?	• Yes, Crewe Community Cohesion survey conducted from Sept – Nov, 30th 2017. • Community feedback from engagement events • Community Connectors feedback • Service providers feedback
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	1. **Targeted services improve health outcomes for migrant communities.** Cultural Competency training increases health care staff's knowledge and understanding of Cheshire East migrant population and develop their skills in effective community engagement. 2. **More cohesive working among member organisations with focused use of resources for maximum impact.** 3. **Develop and strengthen provision of Health and Social Care services for all communities.** Inclusivity of migrant health care staff's knowledge and expertise of their communities in development of services helps to improve service provision for migrant groups. Consequently, reducing inconveniences for the wider communities. 4. **More people reached through use of on-line social media groups and information is easily available on gadgets.**

Report Summary

1. Introduction

Cheshire East has seen a rise in the migrant population and diversity with an increase from Eastern Europe - Slovakians, Romanians and Romanian Gypsy and Traveller communities, and Bulgarians. Also, other nationalities and ethnicities, i.e. from the Middle East, India, China, East Timor Leste and other African countries.

The 2011 Census showed that a total of 2.7% of the total population (349,833) had been resident in the UK for less than 10 years with 0.6% less than 2 years. 1.8% of the population spoke another European language and 0.8% all other languages.

The Cheshire East schools census (January 2017) provides the most up to date evidence. This shows that there are about 102 languages spoken by 3,093 pupils, out of a total cohort of 52,820. Therefore 5.9% of pupils do not have English as their first language. After English, the highest first language spoken is Polish (1245). Of the nationalities above Slovakian is spoken by 199, Romanian and Roma by 87, and Bulgarian by 46. Urdu is spoken by 99, Malayalam by 77, Tagalog/Filipino by 59, Bengali by 79, and Chinese by 69. At least 16 pupils speak an African language. These numbers maybe more, as the data collected is from families with children currently registered in school.

There are currently 5 refugee families within the area, comprising of 10 adults, 17 children and 1 infant. In addition there are currently 19 unaccompanied asylum seeking children that are supported in Cheshire East. Whilst there are also undoubtedly adult asylum seekers these are currently under the radar and figures are not obtainable at this time.

The Crewe Cohesion Action Plan was developed to help address challenges to community cohesion and integration. The Crewe Community Cohesion Steering group, responsible for overseeing the action plan is made up of individuals from various organisations, local councillors and school representatives. One of the key objectives of the action plan is to improve equality of service delivery by Cheshire East council and its partners. A Cheshire East Cohesion Strategy will be developed from the evaluation and lessons learnt from the action plan.

Migrant population dispersal is varied across Cheshire East. Larger populations of migrant communities are mainly located in Wilmslow, due to it proximity to Manchester, Knutsford and Macclesfield. In the South, Crewe has the largest population and diversity of migrants. This cultural, language, and religious diversity makes for rich experiences between groups. However, there are challenges that services and communities face including; barriers to accessing and navigating health care services or community based support when they are isolated, lonely and do not speak English.

1.1 The challenges faced by migrant communities

i) Lack of knowledge on services available, how they function and how to access them; this limits the services migrants can access, i.e. use of pharmacies or community based support instead of the GP or A&E. The lack of knowledge can result in inappropriate use of these services.

ii) Language barriers – Some migrants who do not speak or understand English struggle with accessing services and communicating their needs, with some having to depend on family members, in some cases their children and community individuals to help interpret for them.

iii) Anecdotal reports received during community survey held in 2017, of real or perceived discrimination by health services deterring migrants from accessing GP services, or mental health services when needed.

1.2 Challenges for Service providers

i) Lack of understanding of the needs of different migrant communities, including homogenising of certain migrant communities, e.g. 'Eastern Europeans' without consideration for their diversity of languages and cultures may create 'one size fits all' services that may not apply and cater to those diverse needs.

ii) Difficulty in engaging some migrant communities in promoting health information, conducting consultations and other activities. Challenges in community engagement can be a result of unawareness of the actual migrant populations in a community. Furthermore, there is a lack of knowledge and skills in engaging with marginalised groups.

iii) Difficulty in catering for the diverse communities, with specific needs, compounded by different languages, cultural and religious beliefs, due to lack of financial and other resources needed to improve health outcomes.

2. Recommendations

2.1 Cultural Competency training for all staff.

To address the knowledge and skills gap in health and social care staff in relation to engaging with migrant communities, Cultural Competency training for both front- line staff and management should be provided. Trained staff will be better able to understand the diversity and make up of migrant population in Cheshire East and be able to provide targeted health services, health promotion, literacy and education activities that reach migrants effectively. The Community Cohesion Manager is currently developing a Cultural Competency training course for Cheshire East Council staff. This training will be specific to Cheshire East geography drawing from the information we already know about our communities. This can be shared across partner organizations.

2.2 Member Organisations to commit to working with multi-agency groups in the South and East with an agreed Memorandum of Understanding (MoU)

Member organisations should be actively involved in the Crewe Community Cohesion Action Plan and in developing and implementing the Cheshire East Community Cohesion Strategy, which commences in March, 2018. The goal is to embed the Cohesion Strategy within all service provision for Cheshire East Council and partners. Member organizations should have a Memorandum of Understanding that has a clear framework to an integrated approach to health and social care provision. Communities team are currently liaising with Manchester Multi-Faith groups, who are working with the local authority to develop a MoU that sets out how faith communities can help foster health and wellbeing and inform the MoU. The objective of the meetings with Manchester Multi-faith groups is for CEC to learn from the process in Manchester and be able to implement similar method for MoU with local faith groups.

2.3 Fully utilising the diversity in the health and social care workforce

Migrant health care staff from various countries bring their knowledge of their cultures and experiences of services to the host country. They may also be resident in the area and part of a migrant community that is disengaged. Their knowledge and understanding of their culture, health habits and the local community are valuable resources that can be utilised to develop services and improve engagement with communities.

2.4 Review of existing on- line methods of education and sharing information and develop better mechanisms to engage with under-represented migrant group.

Social media groups have been identified as mechanisms through which all communities engage with each other and are informed about local events. For migrant groups, Social media groups help them keep in touch with family and other people from their country. Use of migrant social media groups would be far reaching and translations of literature into 102 languages as identified through the schools census is not feasible. Therefore use of on line platforms will be more effective and reduce costs on translations.

3. Reasons for Recommendations

These recommendations are based on evidence collected from services, communities and other stake holders. The recommendations will help providers identify who their service users are and how to better develop their provision to better meet the needs of the diverse communities.

3.1 Provision of Cultural competency training will help equip health care staff with the knowledge and skills to develop services that reflect Cheshire East demographics and improve health outcomes for all communities**.** This will save costs on resources that are being wasted on ineffective health promotions, education and community based support services. Provision of the right information at the right time, in ways migrant communities can easily understand helps reduce barriers to accessing services. Additionally, a culturally competent organisation is better placed to help improve health outcomes for migrant communities through improved access to services and has the capacity to work effectively in cross-cultural settings to produce better outcomes for all.

3.2 A memorandum of understanding helps to provide clear responsibilities and direction for all member organisations. This aids in creating more cohesive working across services and stakeholders and helps identify and fully utilise local social and cultural capital. Member organisations can also share health expertise on migrant groups, to increase shared understanding regarding the impact of community cohesion and integration on health and well being of communities. Effective use of resources, with savings being made on tackling health issues within our migrant communities will benefit all residents. These savings can then be utilised elsewhere.

3.3 Inclusion of the diverse health and social care workforce also means drawing from their expertise on their cultures and religions to help inform development of services and help strengthen relationships and trust between services, migrant communities and established communities. This benefits all residents of Cheshire East and reduces community tensions, as some established communities tend to blame migrant communities for economic and social issues, resulting in fragmentation and divisions. Cross-cultural communication and Inclusivity also helps migrant communities feel empowered and included in decision making processes.

3.4 Social media groups are generally a platform used not only for socialising, but also for raising awareness of local issues and sharing information. Use of these platforms helps migrant communities share information in their own languages and also provides mechanisms for isolated individuals to have access to information.

4 Impact on Health and Wellbeing Strategy Priorities

4.1 These issues have an impact on all health and well being strategy outcomes;

i) **Creating a place that supports health and well being in Cheshire.**
When services are developed in partnership with all communities, it improves their access to services, leisure and recreational facilities.

ii) **Improving the mental health and well being of people living and working in Cheshire East Services.**
Review of online services and other mechanism used to engage with migrant communities provides people with choices in accessing information and feel less isolated.

iii) Living well for longer
Better knowledge understanding on migrant populations can help identify heath care needs and provide informed targeted promotions around Diabetes, Tuberculosis, etc.

5 Access to Information

5.1 The background papers relating to this report can be inspected by contacting the report writer:

Name: Loreen Chikwira, Cohesion Manager
Designation:
Tel No: 01270686765
Email:loreen.chikwira@cheshireeast.gov.uk

Community Cohesion: Faith & Hope Conference report

'Partnership working to support local communities'

The event was a great success with new information and insights shared by all! We are looking to build on that success and maintain the momentum. We had over 75 people from different communities, faiths and services attending. A special thank you to Crewe faith and community groups that were involved in the planning and day event including;

Pastor David Edwards and Linda Edwards (Lighthouse Centre)

Rev Jenny Wakefield (Chair of Churches Together)

Rev Jennifer Matthews (St Peter's Church and All Saints Church)

Lindsey Tough (Baha'i faith)

Sally Graham (South Cheshire Methodist Circuit)

Rev Lynne Cullens (St Andrew's Church)

Phil Howell (Hope Church)

Shah Jalal Masjid Crewe

Responses to questions:
What does community mean to you?
What does faith and hope look like in your community?

Living shoulder to shoulder

Feeling connected

Unity in diversity

Everybody

Support where it is needed

All of us

A sense of belonging

Belonging

Acceptance

Working together

Welcoming and supporting everyone

Meeting the needs of local/ global community

Diversity programmes

Love, fellowship, friendship, smiling people

Loving, supportive people in a common space

Individuals and everyone working together for the good of the community

Shah Jalal Masjid Crewe

Cheshire East Council

Belonging without prejudice

You have the support to do things better

Showing mutual care, concern and respect for each other

Something bigger than ourselves

Respect, tolerance, neighbourliness

People living in harmony,

A variety of people interacting

Showing mutual care, concern and respect for each other

Looking after the needs of the community and caring for the community

Support and belonging. Togetherness

Love CREWE

Bahá'í

CHURCHES TOGETHER IN CREWE

QUAKERS

connected communities

Shah Jalal Masjid Crewe

Successes of the Day

1. Large diverse number of people attended, which in itself was a success – Attendees recognised and appreciated the fact that this was the first time, such a conference was held and such large numbers of people had attended.
2. Networking opportunities – People were able to network, learn about what other people were doing and also build contacts and relationships.
3. Community cohesion perspective: Diverse people attending is a start of cohesive working and engaging people with the Community Cohesion Action Plan and Strategy.
4. The key note speaker, Rev Charles was able to share some of the work they are doing in Manchester, which was inspiring and gave all of us ideas of what we can do in our areas.
5. Emotional stories from Elena and Jubeyar, which were very insightful.

Reverend Charles Kwaku—Odoi (Manchester BME Network) with Cllr Liz Wardlaw (Cheshire East Council)

Jubeyar Ahmed (Crewe Mosque) with Rev David Edwards (Lighthouse Centre) and Cllr. Rachel Bailey (Cheshire East Council Leader)

Feedback from the workshops

1. Isolation and Loneliness

The groups had great feedback and wished they had more time to explore some of these points further.

Q1 Who is affected by Isolation and loneliness?

Reasons	Examples of groups
People feeling isolated due to life circumstances	Unemployed, people who are homeless, Divorced/ Widowed, Domestic abuse sufferers, carers, new parents / single parents
Health and well being related	People with mental health issues and other health issues like, Autism, cancer, dementia, Disabled, Mental health sufferers, people who may have special needs, people affected by drug and alcohol,
Reasons due to immigration and migration	Migrant workers, Non English speakers, Refugees migrant communities, BME communities, Travellers, people with uncertain immigration status unsure if they can remain in the country
Isolation and Loneliness due to Geographical location	People who live in rural areas
Age related	Young people, Children, elderly, Students, Young mothers,
Other	Vulnerable times – Christmas, people who maybe experiencing gender/ identity issues

Q2 What impact does Isolation and loneliness have on individuals, families and wider community?

- People become withdrawn, feeling like they are different
- Low mood, low self esteem, which can lead to suicidal thoughts
- Loss of personal sense of value/victims of abuse
- Loss of social skills/ Less contribution and fear of judgement
- Depression/ mental illness/ Eating disorders
- Lack of confidence/ self esteem
- Negative thinking, aggression
- Substance / alcohol misuse and poor health problems
- vulnerability / inappropriate relationships
- Unnecessary risk taking, poor judgement / decisions, Joining gangs
- Dependence on internet – chatrooms, social media, gambling, pornography

Q3 What current support is being provided for those in need?

- **Faith groups:** homeless programs working in collaboration
- **Supermarkets,** Local industry – Bentley, CSR
- **Community centre hubs**
- **Community champions** working in different communities across Cheshire East
- **Council –** Information, investment (where possible), networking, cooperation. Food banks and opportunities to collect and distribute clothes, etc., for those in need
- **Support groups**- Wishing well, Churches, YMCA, night shelter, substance misuse service, CWA, children centre, Pick mere, Acorns, Cheshire buddies, Young carers, Hope church, CAP. **Example of Oak hanger project, Alsager-** provides different activities in the community to develop transferable skills; Breakfast clubs/ Coffee mornings, Food for the homeless, Men's breakfast – Public speaking development

2. Support and Advocacy

Q1 What are the barriers to accessing support?

- **Lack of knowledge on what services are available-** e.g. if someone has additional needs and needs help: Ask how we can help? If not, one need to know what else that is out there can help the person. For homeless people - What is the number that is accessing voluntary sector services?
- **In Crewe, people from deprived communities are mistrustful of the statutory services.**
- **Feeling of isolations**
- **Controlling environment**
- **Impact of Austerity on funding available**
- **Misconceptions about help available**
- **Mainstream media reinforcing wrong information**
- **Language barriers**
- **Fear of authority:** People more ready to access help from churches and voluntary bodies. Memorandum of agreement is a powerful instrument in this instant, as it helps build trust between services, faith and voluntary sector and communities.

Elena (Community connector) talking about some of the issues faced by migrant communities

Q2 How can we better provide support and advocacy?

- **Town council needs to create an environment to allow churches, community groups to work together;** to engage with residents and give everyone an equal voice.
- **Churches can help support people with additional needs,** e.g. epilepsy, autism, issues at home, domestic abuse
- **There needs to be audit of voluntary sector services and provision**
- **We need to have more information about who is in the community and work to understand our communities more.**
- **Less talking and more action** - Issue with Houses with Multiple Occupancy (HMOs)
- **More partnership working** between groups and people to increase understanding and building trust within communities. It gives various groups a voice and a wider sense of belonging / ownership.
- **Town council initiated work** to support the homeless.
- **Joint working; connection and relationships** with Mosque, Bentley support, Churches Together
- **Education to break down barriers**; Understanding and honesty will lessen fear which has to start in Schools
- **Practical clinics to follow services in church**- e.g. flu jabs, advice, credit union, debt counselling
- **People are being pulled in many different directions**
- **We must do more- DOING!** Do what we say we will do!

Q3 What more could we do to support those who are isolated and lonely and /or need support and an advocate?

- **Face to face advice and support**
- **Coordination and communication between those who provide services**
- **English language lessons** – Also thinking about from whom? Where?
- **Diversity café** (sharing of cultures with schools as well).
- **Community champions**
- **Trust –** share assets, people and resources.
- **Community cohesion: Respect must be mutual** – No more 'us' and 'them'
- **Share best practise;** communicate with each other
- **Communicate with and encourage younger generations**
- **Organise more multi- faith events and activities**
- **Develop projects where people who are isolated can use their skills**
- **Provide support for people who may want to volunteer in the first place** i.e. those that are retired.
- **Advocacy must give confidence for the future.**

Next Steps

1. Share current population data of our communities

2. To create Cheshire East Cohesion Strategy (draft by March 2018) with input from communities, faith groups and other stakeholders. The multi-faith conference feedback, community survey data will be used to help inform development of the strategy.

3. Rev Charles has kindly offered to support the faith groups in the community cohesion work. So, we will be meeting with him and Faye Bruce (Colleague and Manchester Metropolitan University lecture) to see if we can learn from the work they are doing with multi-faith groups on community cohesion and integration in Manchester.

4. Planning 'Know your neighbour' social events with faith groups across Cheshire East in 2018 to help engage with people in local neighbourhoods and encourage integration and networking.

5. Identify funding for such activities

If you are interested in taking part in any community cohesion activities, please do get in touch.

Loreen Chikwira, Cohesion Manager
Loreen.chikwira@cheshireeast.gov.uk

Cllr. Diane Yates (Crewe Town Mayor) with Rev David Edwards (Lighthouse Centre)

Shah Jalal Masjid Crewe

Cheshire East Council

Love CREWE

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CHURCHES TOGETHER IN CREWE

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Agenda Item 8

NHS South Cheshire Clinical Commissioning Group

NHS Eastern Cheshire Clinical Commissioning Group

Cheshire East Council

CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	Cheshire East draft Health and Wellbeing Strategy
Date of meeting:	30th January 2018
Written by:	Fiona Reynolds
Contact details:	Fiona.reynolds2@cheshireeast.gov.uk
Health & Wellbeing Board Lead:	Fiona Reynolds – Director of Public Health

Executive Summary

Is this report for:	Information ☐	Discussion X	Decision ☐
Why is the report being brought to the board?	To offer an opportunity for consideration and comment prior to the final Strategy being presented for adoption in March 2018.		
Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?	Starting and Developing Well ☐ Living and Working Well ☐ Ageing Well ☐ All of the above X		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness ☐ Accessibility ☐ Integration ☐ Quality ☐ Sustainability ☐ Safeguarding ☐ All of the above X		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	The Board are asked to read and offer comments on the draft Strategy to inform a final version.		
Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	N/A		

Has public, service user, patient feedback/consultation informed the recommendations of this report?	There have been two public engagement events held in January and an online consultation is currently live.
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	The Health and Wellbeing Strategy sets the priorities for the Health and Wellbeing Board for the next three years.

1 Report Summary

1.1 The draft Cheshire East Health and Wellbeing Strategy 2018 – 2021 sets out the vision and priorities for the Health and Wellbeing Board's collective endeavours over the next three years.

2 Recommendations

2.1 That the Health and Wellbeing Board consider and comment upon the draft Strategy to inform the final version that will be brought forward for adoption in March 2018.

3 Reasons for Recommendations

3.1 To ensure the Health and wellbeing Board has the opportunity to comment upon the draft Health and Wellbeing Strategy.

4 Impact on Health and Wellbeing Strategy Priorities

4.1 The revised Strategy will set the priorities for the next three years.

5 Background and Options

5.1 Taking responsibility for the drafting and adoption of a Health and Wellbeing Strategy is one of the Health and Wellbeing Board's core responsibilities. The revised Strategy has been drafted to set a direction of travel for the Board to collectively work together on over the next three years. With increasing pressures on the health and care system and reducing resources, it is more important than ever that there is system leadership to help address the challenges faced and to facilitate improved health and wellbeing for the residents of Cheshire East.

6 Access to Information

6.1 The background papers relating to this report can be inspected by contacting the report writer:

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The Joint Health and Wellbeing Strategy for the Population of Cheshire East 2018 - 2021

The Joint Health and Wellbeing Strategy for the Population of Cheshire East (2018 – 2021)

A Message from Councillor Rachel Bailey, Chair of the Health and Wellbeing Board, Dr Paul Bowen, Chair and GP Lead of the NHS Eastern Cheshire Clinical Commissioning Group, Dr Andrew Wilson, Chair and GP Lead of the NHS South Cheshire Clinical Commissioning Group and Fiona Reynolds, Director of Public Health.

This is the third Joint Health and Wellbeing Strategy for Cheshire East which has been produced in collaboration with Health and Wellbeing Board partners. Much has changed since we published the first Strategy in March 2013, and there is significant pressure in the health and care system and the public sector more widely because of increasing demand and reducing capacity. This makes it more important than ever that as system leaders we agree a small number of priority areas that will be our focus of attention over the next three years and lead the transformation required to ensure better outcomes, but within a system that is financially sustainable in the long term. Early intervention and prevention has to be at the heart of this, to reduce demand and improve outcomes for individuals, families and communities.

The Health and Wellbeing Board is attended by members from different organisations and our intention is to deliver the Strategy through a place-based approach. We will improve health and wellbeing in the Borough by building on the distinctive strengths and characteristics of the towns and villages within Cheshire East. The key motivation for us is that we are **"working in the interests of our population."**

We are now part of the Cheshire and Merseyside Sustainability and Transformation Partnership and will be working more closely with the Health and Wellbeing Boards in our Local Delivery System (Cheshire West and Chester and the Wirral). We also need to ensure that economic growth creates opportunities for our residents, working with our neighbours in the sub-region (Cheshire West and Chester and Warrington). Our starting point in identifying priorities will always be the health and wellbeing needs of the population of Cheshire East. To do this we have reviewed the Joint Strategic Needs Assessment and the data from sources such as the Public Health England Health Profiles.

This document represents a commitment by the NHS, the Local Authority and our other partners on the Health and Wellbeing Board to collaborate to tackle the complex, difficult and inequitable health and wellbeing issues together.

The Health and Wellbeing Strategy provides an overarching framework that will influence the commissioning plans of the local NHS, the Council, and other organisations in Cheshire East. It will be a driver for change, focussing upon those key areas that will make a real impact upon improving the health and wellbeing of all our communities.

Our vision is that the

Cheshire East Health & Wellbeing Board will work together to reduce health inequalities and make a positive difference to people's lives, through a partnership that understands and responds to the health and wellbeing needs of the population now and in the future.

The board will do this by:

- ***Providing strategic system leadership;***
- ***Demonstrating improved outcomes within a broad vision of health and wellbeing;***
- ***Enabling people to be happier, healthier, and independent for longer;***
- ***Making the connections between wellbeing and economic prosperity;***
- ***Supporting people to take personal responsibility and make good lifestyle choices;***

- ***Engaging effectively with the public.***

Councillor Rachel Bailey - Chair of the Health and Wellbeing Board
Dr Paul Bowen – Chair and GP Lead of the NHS Eastern Cheshire Clinical Commissioning Group
Dr Andrew Wilson – Chair and GP Lead of the NHS South Cheshire Clinical Commissioning Group
Fiona Reynolds – Director of Public Health

Membership

There are two Clinical Commissioning Groups in Cheshire East, the NHS Eastern Cheshire Clinical Commissioning Group and the NHS South Cheshire Clinical Commissioning Group (CCGs). Representatives from these two organisations, together with Councillors, the Director of Public Health and senior managers from Cheshire East Council and a patient representative (from Healthwatch), form the core membership of the Health and Wellbeing Board. NHS England, the Police, Fire and Rescue Service and voluntary and community sector are also represented.

Vision

Our vision is to enable people (individuals and communities) to live well for longer; independently and enjoying the place where they live.

Approach

Meaningful engagement with our communities, patients and carers continues to inform all that we do and we will commission to improve health and social care services for our local populations and to lead the integration agenda around the needs of individuals. Co-production and collaboration with the community, faith and voluntary sector will be key to improving health and wellbeing. The Health and Wellbeing Strategy sits alongside the Cheshire East Sustainable Community Strategy and the Cheshire East Industrial Strategy.

Our goals are to:

- Ensure action is centred around the empowered individual, their goals, communities and carers
- Have shared planning, decision-making and supported self-care, family and community care and wellbeing as integral components to all care
- Focus our attention on health promotion, pro-active models of wellbeing and population level accountability and outcomes
- Continue to tackle health inequalities, the wider causes of ill-health and need for social care support e.g. poverty, isolation, housing problems and debt

Our Population and Place

In general, the health and wellbeing of the residents of Cheshire East is good. However there are still very significant challenges that need to be addressed.

Amongst these are:

- Reducing the number of people leading unhealthy lifestyles;

- Preparing for an ageing population (by 2029 the numbers of people aged 65 or over will increase by more than 50% to 108,000 and those aged 85 or over will more than double to 20,000);
- Improving the mental health and emotional wellbeing of residents;
- Addressing some stark differences across Cheshire East. For **life expectancy** there is a noticeable difference of around 13 years between the lowest rates in Crewe Central and the highest in Gawsworth for females. For males, there is an 11 year gap between the lowest rate, again in Crewe Central, and the highest in Wilmslow East.

Highest: Female Life Expectancy: Gawsworth: 89.5 Male Life Expectancy: Wilmslow East 84.1
Lowest: Female Life Expectancy: Crewe Central: 76.3 Male Life Expectancy: Crewe Central 72.7

There is good practice to build upon to address these challenges with high quality general practice, effective NHS / local authority / wider partners' joint working and innovative projects already in place, identifying local, bespoke solutions. But we recognise that more needs to be done and the Board, through the Strategy will drive improvement in health and wellbeing.

As stated we also recognise the link between health and wellbeing and economic growth. The latter is essential to provide the infrastructure and opportunities for employment that help people to live well and flourish.

The Joint Health and Wellbeing Strategy is an evolving document, responding to the changes that occur through these new ways of working and to new challenges that we may face in the future, the priorities will modify over time. The Strategy is informed by and underpinned through the evidence of the **Joint Strategic Needs Assessment** which itself has been refreshed during the course of 2016.

Our challenges

There is significant demand on services, high costs to the system and local demographic pressures which, coupled with the impact of preventable premature morbidity and mortality and reduced funding, will continue to put pressure on the Cheshire East health and care system.

A new vision for place-based health is emerging and people must be empowered to take greater control over their own lives, to influence personalised services and to take greater responsibility for their health outcomes.

We want to focus on individuals, supported by families and friends within their local communities. All resources and assets in places must be used to support the wider determinants of health and improve health and wellbeing outcomes. There needs to be a shift towards prevention and early intervention which will require services to organise and professionals to behave in very different ways.

Every community in Cheshire East is different and local solutions will reflect local challenges. But our action will be united around the four shared commitments:

Integrated and empowered communities: Individuals will be enabled to live healthier and happier lives in their communities with minimal support. This will result from a mindset that focuses on people's capabilities rather than deficits; a joint approach to community capacity building that tackles social isolation; the extension of personalisation and assistive technology; and a public health approach that addresses the root causes of disadvantage.

Integrated case management: individuals with complex needs – including older people with longer term conditions, complex families and those with mental illness will access services

through a single point and benefit from their needs being managed and co-ordinated through a multi-agency team of professionals working to a single assessment, a single care plan and a single key worker.

Integrated commissioning: People with complex needs will have access to services that have a proven track record of reducing the need for longer term care. This will be enabled by investing as a partnership at real scale in interventions such as intermediate care, reablement, mental health services, drug and alcohol support and housing with support options.

Integrated enablers: We will ensure that our plans are enabled by a joint approach to information sharing, a new funding and contracting model that shifts resources from acute and residential care to community based support, a joint performance framework and a joint approach to workforce development.

We recognise that the current position of rising demand and reducing resources make the status quo untenable. Integration is at the heart of our response to ensure people and communities have access to the care and support they need. Prevention to support people from needing health or care interventions will be a priority as will addressing the wider determinants of health that are significant contributors to ill health.

Our Principles

Equality and fairness – Provision of services meet need, reduce health outcome variations, and are targeted to areas which need them the most. **Proportionate universalism** will be a key tenet – the idea that health inequalities can be reduced across a community through universal action, but with a scale and intensity that is proportionate to the level of disadvantage.

Accessibility – services are accessible to all, with factors including geography, opening hours and access for disabled people and other vulnerable groups considered.

Integration – To jointly commission services that fit around the needs of residents and patients, encouraging providers to collaborate to create integrated services where appropriate. This will maximise the benefits of delivery through the Health and Wellbeing Board.

Quality – The strategy is based on sound evidence and reasoning, and focuses on quality, within our resources

Sustainability – Services are developed and delivered considering environmental sustainability and financial viability.

Safeguarding – services and staff prioritise keeping vulnerable people of all ages safe. There will be proactive and effective relationships with the Safeguarding Children and Adults Boards.

Our Priorities

What we want to achieve for 2018-2021	What we need to focus on
Outcome one – Creating a place that supports health and wellbeing in Cheshire. *Ensuring that the role of wider determinants are maximised to improve health and wellbeing.*	• Our local communities are supportive with a strong sense of neighbourliness. • People have the life skills and education they need in order to thrive. • Everyone is equipped to live independently. • People have access to good cultural, leisure and recreational facilities.
Outcome two – Improving the mental health and wellbeing of people living and working in Cheshire East.	• Our children and young people have improved emotional wellbeing and mental health thanks to a focus on prevention and early support.

	• People do not feel lonely or isolated. • Cheshire East will be part of the Cheshire and Merseyside Suicide Safer Community.
Outcome three – Living Well for Longer *Enabling people to live healthier and more active lives for longer:*	• Alcohol Harm Reduction Strategy is implemented. • People are fitter and healthier – participating in physical activity and eating more healthily. • Fewer people develop cardiovascular disease and cancer; for those who do, survival is improved.

It should be noted that these outcomes and objectives apply across the life course, from children and young people to older people. The Board will ensure that where this is the case appropriate actions will be put in place.

It must be emphasised that the constituent organisations of the Health and Wellbeing board will also be working themselves on other areas that they have identified as key to supporting improvements in health / health and social care.

Demonstrating achievement

Outcome One – Creating a place that supports health and wellbeing in Cheshire East.

Why is this a priority for Cheshire East?

Health and wellbeing is influenced by a number of social, economic and environmental factors, some of which are influenced by large-scale universal trends and others by individual behaviour. Many factors combine to affect the health of individuals and communities. Our income and education level, our employment, the environment in which we live and our relationships with friends and family all have considerable impacts on our health, as well as the more commonly considered factors such as access to, and use of health care services. Local authorities, health services and others can do much to support and promote healthy lives. In Cheshire East we can create an environment that enables people to lead more healthy lifestyles and to make the healthy choice the easier choice. We want to ensure individuals are engaged and able to participate.

Outcomes People have healthier lifestyles.

Indicators

1. Number of households in fuel poverty.
2. Killed and seriously injured (KSI) road casualties.
3. Air quality.
4. People manage their own support as much as they wish.
5. Carers can balance their caring roles and maintain their desired quality of life.
6. Number of properties achieving the decency standard.
7. Percentage of children achieving five GCSEs at grade C and above including Maths and English.
8. Proportion of adults with learning disabilities in employment.

Outcome Two – Improving the mental health and wellbeing of people…

Why is this a priority for Cheshire East?

Our mental health is as important as our physical health. Poor mental health and wellbeing, (including social isolation and loneliness and the stigma that surrounds these conditions), presents one of the biggest burdens of ill health for the people of Cheshire East. Within the borough, 13.1% or nearly 24,300 of children and young people aged between 0- 24 years are estimated to have a mental health disorder. Others are suffering from emotional and behavioural problems. A wide range of factors affect the mental health and wellbeing of children and young people, including deprivation, parenting style and adverse peer influences such as bullying. Early diagnosis of mental health conditions is important so that people can receive the appropriate support or treatment.

Outcomes - Improved mental health, wellbeing and personal resilience where mental health is valued equally with physical health.

Indicators

1. Diagnosed depression in adults.
2. Number of children known to services with a mental health condition.
3. Proportion of adult social care users who have as much social contact as they would like.
4. Proportion of adult social carers who have as much social contact as they would like.
5. Number of people who recover following the use of psychological therapy.
6. Proportion of adults in contact with secondary mental health services living independently.
7. Proportion of adults in contact with secondary mental health services in employment.
8. Suicide rate.

Outcome Three – Living well for longer

Why is this a priority for Cheshire East?

As our resident population ages (with a more quickly growing older population than many other areas), demand upon the health and care system is increasing (when the capacity in the system is at the same time reducing). To help address this it is critical that we all take more responsibility for our own health and wellbeing to help us lead more active and healthier lives for longer. Stopping smoking, drinking less, eating more healthily and being more active are all key to helping us remain independent as we get older.

Outcomes People Improved population health and wellbeing**.** Older people live healthier and more independent lives, feel supported and have a good quality of life.

Indicators

1. Percentage of adults over 18 that smoke.
2. Excess weight in adults.
3. Physical activity in adults.
4. Rate of alcohol related admissions to hospital.
5. Successful completion of drug treatment.
6. Health related quality of life for older people.
7. Number of hip fractures.
8. Excess winter deaths in the over 85s.

9. Permanent admissions to residential and nursing care homes per 100,000 population. 10. Injuries due to falls.

11. Proportion of people feeling supported to manage their condition.

12. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation service.

Performance framework for the strategy

Joint Scorecard

Key statistical data monitored regularly by the Health and Wellbeing Board.

Exception reporting

Statistical data which is escalated to the Health and Wellbeing Board requiring review and action.

Health and wellbeing partnerships updates

A report will be presented at every Health and Wellbeing Board meeting, bringing together updates from across the Health and Wellbeing Partnerships.

Themed discussions

An external speaker will challenge the Health and Wellbeing Board to take action on key issues.

The voices of local people and wider partnership

There will be regular opportunities for groups and communities to feedback their own views and experiences.

Conclusion

This strategy sets out our ambition to deliver real improvements to health and wellbeing and reduce health inequalities across Cheshire East. The focus on prevention will enable more people to live healthier, more active and fulfilling lives, and provide a greater proportion of resources to support the most vulnerable people living in our borough. Whilst some of the challenges identified will respond to shorter term actions, others will take much longer to change. The Health and Wellbeing Board will be mindful of the varying timeframes relating to different priorities set out in this strategy. The strategy will develop over the coming years as goals are achieved and circumstances change. To reflect this and stay relevant, the strategy will be refreshed annually. We will seek to continually involve local people, groups and organisations. Key indicators for success will be identified and action plans will be developed to support the delivery of the outcomes. The indicators identified will use existing performance measures which align to the outcomes identified within the strategy. The Health and Wellbeing Board will review the action plan and the outcome measures at least annually.