

# Cheshire East Health and Wellbeing Board

## Agenda

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**Date:** Tuesday 29th January 2019  
**Time:** 2.00 pm  
**Venue:** Committee Suite 1,2 & 3, Westfields, Middlewich Road,  
Sandbach CW11 1HZ

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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**

To receive 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 5 - 8)

To approve the minutes of the meeting held on 27 November 2018.

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For requests for further information

**Contact:** Rachel Graves

**Tel:** 01270 686473

**E-Mail:** [rachel.graves@cheshireeast.gov.uk](mailto:rachel.graves@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. **Local Transformation Plan Refresh 2018/19** (Pages 9 - 74)

To consider a report on the refresh of the Local Transformation Plan for Children and Young People's Mental Health.

6. **Cheshire East Carers Hub** (Pages 75 - 84)

To consider a report on the progress, performance and key risks in relation to the Cheshire East Carers Hub Service.

7. **The NHS Long Term Plan and Prevention is better than cure: Our vision to help you live well for longer** (Pages 85 - 94)

To consider a report on the Long Term Plan and vision for prevention.

8. **Connected Communities Digital Inclusion Strategy 2018-2021**  
(Pages 95 - 124)

To consider a report on the Connected Communities Digital Inclusion Strategy 2018-2021.

9. **Champs Public Health Collaborative Strategic Delivery Plan**  
(Pages 125 - 168)

To consider a report on the achievements and progress of the Champs Collaborative April 2017- April 2018 and the Champs Collaborative Strategic Delivery Plan 2018 – 2020.

10. **Cheshire and Warrington Health and Wellbeing Boards Summit 5 December 2018** (Pages 169 - 186)

A report to inform the Board of the main points of the discussions at the Cheshire and Warrington sub-regional summit of Health and Wellbeing Boards held on 5 December 2018.

11. **Cheshire East Partnership Transformation Update**

To receive a verbal update on the Cheshire East Partnership Transformation.

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**CHESHIRE EAST COUNCIL**

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board**  
held on Tuesday, 27th November, 2018 at Committee Suite 1,2 & 3,  
Westfields, Middlewich Road, Sandbach CW11 1HZ

**PRESENT****Voting Members**

Dr Andrew Wilson, South Cheshire CCG (Vice-Chair, in the Chair)  
Councillor Janet Clowes, Cheshire East Council  
Councillor Jos Saunders, Cheshire East Council  
Linda Couchman, Cheshire East Council.  
Mark Palethorpe, Cheshire East Council  
Dr Daniel Harle, Eastern Cheshire CCG  
Alex Mitchell, Eastern Cheshire CCG  
Tracey Bullock, NHS Independent Representative

**Non-Voting Members**

Fiona Reynolds, Cheshire East Council  
Suzy Keen, CVS

**Observers**

Councillor Sam Corcoran, Cheshire East Council  
Councillor Liz Wardlaw, Cheshire East Council

**Cheshire East Officers/Others in Attendance**

Guy Kilminster, Cheshire East Council  
Rachel Graves, Cheshire East Council  
Sally Sanderson, Cheshire and Wirral Partnership NHS Trust  
Alex Jones, Cheshire East Council (minute 24 only)

**20 APOLOGIES FOR ABSENCE**

Apologies were received from Councillor Rachel Bailey, Louise Barry (Healthwatch), Clare Watson (South Cheshire CCG), Kath O'Dwyer (Cheshire East Council), Mike Larking (Cheshire Fire and Rescue Service) and Caroline Whitney (CVS).

**21 DECLARATIONS OF INTEREST**

Councillor S Corcoran declared a non-pecuniary interest by virtue of his wife being a GP.

**22 MINUTES OF PREVIOUS MEETING**

**RESOLVED:**

That the minutes of the meeting held on 25 September 2018 be approved as a correct record.

**23 PUBLIC SPEAKING TIME/OPEN SESSION**

There were no members of the public present.

**24 BETTER CARE FUND AND IMPROVED BETTER CARE FUND 2018/19 QUARTER 2**

The Board considered a report which provided a summary of the key points arising from the 2018/19 Quarter 2 Better Care Fund and Improved Better Care Fund return.

The report has been presented in a new format, with Appendix 1 setting out the performance of the five metrics identified in the Integration and Better Care Fund Operating Guidance 2017-19.

**RESOLVED:**

That the Better Care Fund and Improved Better Care Fund performance during Quarter 2 be noted.

**25 CHESHIRE EAST COUNCIL LOCAL ACCOUNT FOR ADULT SOCIAL CARE 2017/18**

The Board considered the Adults Social Care Local Account 2017/18.

The document set out the achievements and services provided by Adult Services in 2017/18 and how these linked to the outcomes in the Council's Corporate Plan 2017-2020.

**RESOLVED:**

That the Cheshire East Local Account for Adult Social Care 2017/18 be noted.

**26 REDESIGN OF ADULTS AND OLDER PEOPLES SPECIALIST MENTAL HEALTH SERVICES UPDATE**

It was reported that following feedback from service users, the public and stakeholders Option 2 Plus, which was a revised version of the previously consulted Option 2, had been put forward to the combined governing bodies of the Clinical Commissioning Groups as the way forward for the Adult and Older Peoples Specialist Mental Health Service.

This Option proposed that 15 beds would be set aside for older patients with more complex conditions, such as dementia, at the former Complex Assessment & Recovery Services ward on the Macclesfield Hospital site. A further 26 beds would be allocated for impatient use by other adults at Lime Walk House and that there would also be up to 6 local short stay crisis beds in the wider community.

Consultation would now be carried out on Option 2 Plus for a further 4 week period.

**RESOLVED:**

That the verbal report be received.

**27 UPDATE ON THE CHESHIRE AND MERSEYSIDE HEALTH AND CARE PARTNERSHIPS' FIVE YEAR PLAN**

The Board considered the update report on the Cheshire and Merseyside Health and Care Partnerships' Five Year Plan.

It was expected that all Sustainability and Transformation Partnerships and Integrated Care Systems would develop and agree their strategic plan by October 2019, and that there should also be engagement with patients, the public and local stakeholders before plans were finalised.

It was suggested that the issue be raised at the Joint Health and Wellbeing Boards meeting in December and that Mel Pickup, the Partnership's SRO be invited to a Board meeting in early 2019.

**RESOLVED:**

That the report be received.

**28 CHESHIRE EAST PARTNERSHIP TRANSFORMATION UPDATE**

The Board received an update on the Cheshire East Partnership Transformation.

A strategy had been developed which had been considered by the Partnership Board in September and would be presented to the Regulators by the end of November. A meeting was planned with the Regulators in early December to go through the plan and strategy. Once these had been signed off they would be brought to the Health and Wellbeing Board.

**RESOLVED:**

That the update be received.

The meeting commenced at 2.00 pm and concluded at 3.00 pm

Dr A Wilson (Vice-Chair, in the Chair)



## CHESHIRE EAST HEALTH AND WELLBEING BOARD

## Reports Cover Sheet

<b>Title of Report:</b>	Local Transformation Plan Refresh 2018/19
<b>Date of meeting:</b>	29 <sup>th</sup> January 2019
<b>Written by:</b>	Jacqueline Shaw
<b>Contact details:</b>	01270 275642
<b>Health &amp; Wellbeing Board Lead:</b>	Laura Marsh / Tracey Cole

## Executive Summary

<b>Is this report for:</b>	Information <input checked="" type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input type="checkbox"/>
<b>Why is the report being brought to the board?</b>	Agreement to publication		
<b>Please detail which, if any, of the Health &amp; Wellbeing Strategy priorities this report relates to?</b>	Starting and Developing Well <input checked="" type="checkbox"/> Living and Working Well <input type="checkbox"/> Ageing Well <input type="checkbox"/> All of the above <input type="checkbox"/>		
<b>Please detail which, if any, of the Health &amp; Wellbeing Principles this report relates to?</b>	Equality and Fairness <input checked="" type="checkbox"/> Accessibility <input checked="" type="checkbox"/> Integration <input type="checkbox"/> Quality <input checked="" type="checkbox"/> Sustainability <input checked="" type="checkbox"/> Safeguarding <input checked="" type="checkbox"/> All of the above <input type="checkbox"/>		
<b>Key Actions for the Health &amp; Wellbeing Board to address. Please state recommendations for action.</b>	The Health & Wellbeing Board are asked to : 1. Acknowledge the development of the joint Cheshire Local Transformation Plan and the scope for shared working that this will bring during 2018/19 2. Recognise the developments made towards improving children's and young people's mental health during 2017/18 many of which have been as a result of the joint working between health and social care. 3. Authorise publication of the Local Transformation Plan Refresh 2018/19 on the Local Authority and CCG's websites.		
<b>Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?</b>	This report has been considered at the following meetings :  The CCG's Joint Executive Committee meeting on 19/11/2018  Cheshire West & Chester Health & Wellbeing Board 16/01/2019		

<b>Has public, service user, patient feedback/consultation informed the recommendations of this report?</b>	Yes
<b>If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.</b>	The joint Local Transformation Plan for children’s and young people’s mental health and wellbeing for Cheshire demonstrates effective joint working relationships between the 4 CCG’s and 2 Local Authorities and the work that is planned to continue through development of the LTP steering group to enhance the offer to support mental health and wellbeing for the children and young people of Cheshire.

## 1 Report Summary

- 1.1 The refresh of the Local Transformation Plan (LTP) for Children & Young People’s Mental Health (CYPMH) services provides oversight of the work each local health and social care economy have been doing and details plans for the future. The document itself should be transparent, straight forward and young person friendly.
- 1.2 Following an NHS England Deep Dive in March 2018, reviewing the progress being made towards ambitions to transform Children & Young People’s Mental Health (CYPMH) within Cheshire, agreement was reached to develop a single LTP and roadmap. The aim was for the development of a single document to demonstrate the Cheshire offer for children and young people.
- 1.3 Development of the LTP refresh 2018/19 has been undertaken in collaboration between the 4 CCG’s; East Cheshire, South Cheshire, Vale Royal and West Cheshire together with the two Local Authorities, Cheshire East Council and Cheshire West and Chester.
- 1.4 The purpose of this paper is to seek approval of the LTP Refresh 2018/19 from the HWBB.

## 2 Background and Options

- 2.1 LTPs set out how local services invest resources to improve children and young people’s mental health across the whole system. The transformation of children and young people’s mental health is led locally by professionals from across the NHS, public health, children’s care, education and youth justice working together with children, young people and their families, to design and provide the best possible services for their locality. LTP’s are “living documents” setting out local areas’ responses to Future in Mind (FIM), including the use of resources. To support this NHS England ask that CCGs work with commissioners and providers across health, social care, education and youth justice and the voluntary sectors, to develop LTPs for Children and Young People’s Mental Health.
- 2.2 The specific content and priority within the LTP is decided collaboratively with children, young people and their families as well as providers and commissioners. NHS England monitor LTPs against Key Lines of Enquiry (KLOEs) which help to assist and guide development of the plan.

## 2.3 LTP's should:

- Be transparent – declaring current and planned investment, the services already available, including details regarding staff numbers, skills and roles, waiting times and access to information.
- Demonstrate service transformation – providing a description of available services and areas highlighted for development as part of transformational plans.
- Monitor the progress of improvement – detailing action plans and key performance indicators (KPIs) to track improvement.

## 3 Requirements of the LTP refresh 2018/19

### 3.1 The 2018/19 plan includes the detail behind the transformational plans for CYPMH in the following areas :

- Understanding Local Need
- LTP Ambition 2018-2020
- Workforce
- Collaborative and Place Based Commissioning
- Health and Justice
- Children and Young People's Improving Access to Psychological Therapies (CYP-IAPT)
- Eating Disorders
- Data - access and outcomes
- Urgent & Emergency (Crisis) Mental Health Care for CYP
- Integration
- Early Intervention in Psychosis (EIP)
- Green Paper

## 4 Recommendations

### 4.1 The Health & Wellbeing Board are asked to :

- Acknowledge the development of the joint Cheshire Local Transformation Plan and the scope for shared working that this will bring during 2018/19.
- Recognise the developments made towards improving children's and young people's mental health during 2017/18 many of which have been as a result of the joint working between health and social care.
- Authorise publication of the Local Transformation Plan Refresh 2018/19 on the Local Authority and CCG websites.

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**A Letter to Our Young People:**

**The 2018/19 Local Transformation Plan Refresh**

***From Cheshire West and Chester Council, Cheshire East Council  
and the 4 Clinical Commissioning Groups***

Contents

1. A Letter to Our Young People
2. We Want You to THRIVE!
3. Helping You Manage at All Times
4. Getting the Help You Need When You Need It!
5. Making Sure Everyone Gets the Help They Need
6. You Need to Know How We are Doing
7. Making Sure We Know How to Help You
8. Making Change Happen
9. Risks



All information and data held herein have been provided by both Local Authorities and all The CCGs.

© West Cheshire Clinical Commissioning Group

## 1. A Letter to Our Young People

To all our young people living in Cheshire,

You are our future. Your mental health is essential, your emotional wellbeing vital.

We want you to be able to respond positively to the ups and downs that life throws at you and we want you to know that we are doing everything we can to tailor your mental health services to meet your needs.

We believe by investing in your future we can help improve the health of our nation, ensuring that the world you live in will be made more manageable by giving you the skills, resources and support you need to overcome any problems or difficulties that life puts in your way.

It is OUR responsibility to give you the right resources you need to grow and flourish to be the person that you want to be.

It is OUR ability to make sure that the help you need is available, and most importantly, it is OUR responsibility to provide you with the services that you want and need.

With our very best wishes,

**The Cheshire East Council, Cheshire West and Chester Council, Eastern Cheshire, South Cheshire, Vale Royal and the West Cheshire Clinical Commissioning Groups**

## 2. We Want You to THRIVE!

Since the 2017/18 Local Transformation Plan Refresh, all 4 [Clinical Commissioning Groups](#), Cheshire East and Cheshire West and Chester Councils have continued to drive forward our Local Transformation Plans using the [THRIVE approach](#)<sup>1</sup> in order to achieve our [Future in Mind](#)<sup>2</sup> ambitions of helping you learn how to safely manage the stressors of life, creating an emotional health and wellbeing service that you can use no matter what the problem and making sure you get help as early as possible..

We have continued to focus on improving access to mental health services by broadening our focus on achieving a wider Children and Young People's Mental Health Service that gives you access to more 'Getting Advice' and more 'Getting Help' services. We know there is nothing more frustrating, worrying and upsetting than feeling like there is nothing available to help you when you need it.

<sup>1</sup> Wolpert, M. et Al. (2015). THRIVE Elaborated, CAMHS PRESS.

<sup>2</sup> Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing (2012). Department of Health and NHS-England.

This year we have developed:

**New ways to 'Get Advice, 'Get Help' and 'Get More Help'.**

**The start of an all age Neuro-developmental Disorders service.**

**New ways of collecting data on how you use your services.**

This year NHS-England expect:

- 32% of the children and young people with a diagnosable mental illness will access our Specialist 'Getting More Help' Mental Health Service
- 95% of children and young people with an eating disorder will receive treatment within 4 weeks for routine cases and 1 week for urgent cases
- More community based treatments as an alternative to admission to hospital.

Across Cheshire, we have identified key areas of focus for your mental health services including (**Appendix 01**):

- Increasing your access to emotional health and wellbeing and mental health support, especially if you are in care or leaving care.
- Redesigning your Neurodevelopmental Disorder services so you get the right treatment at the right time
- Investing in your schools to provide earlier mental health and wellbeing support
- Ensuring that children and young people at risk of entering the Youth Justice Service have access to the same 'Health' offer across all of Cheshire.
- Training our workforce so your Children and Young People's Mental Health Services can provide the right support at the right time
- Developing robust data collection methods so we can tell how well we are doing

### 3. Helping You Manage at All Times

We recognise that talking about how you are doing and what might be upsetting you is sometimes difficult, especially as there are perceptions that having a problem is somehow unusual or abnormal. Challenging the stigma around 'talking about mental health' means making it the norm. We believe schools are key to promoting resilience, prevention and early intervention.

Over the last three years we have helped your schools understand mental health. Staff in Cheshire West schools have now received Mental Health First Aid training and 188 school staff in 136 schools have received Emotional Literacy Support Assistant training. Your schools are now aware of your basic mental health needs.

In 2016, our Education Psychology Service realised many children and young people struggled to attend school because of anxiety and strong negative emotions.

The Education Psychology Service delivered a Pilot programme called 'Emotionally Based School Non-Attendance' in 2017 and 2018 helping schools to support these children and young people. All schools who received the advice and guidance packs, said they helped and many schools noted that the children and young people struggling with emotional problems were attending school more often.

The first step to preventing mental health problems is to **help Children and Young People learn how to manage stress safely.**

We believe we can help schools to:

**Promote resilience building,**

**Help you understand how stress and worry affect us and**

**Help school staff support you with your emotional health and wellbeing.**

In Cheshire East, your schools have been involved in the Emotionally Health Schools programme which has become a foundation of our Emotional Health and Wellbeing strategy.

After a successful start, the Emotionally Healthy Schools project is now in phase 2, which includes three parts: Tools for Schools, The LINK and School Leadership. This programme will promote positive emotional health and wellbeing for you and will help us to work better together with all the agencies outside of school. We are aiming for all schools in Cheshire East to be working this way by March 2019.

We know sometimes hurting yourself feels like the only option when you're upset, so we have helped schools know how to help you.

This new pathway is now being successfully implemented across all Cheshire East Schools. We expect this will mean you don't have to go to the hospital for help but can talk to someone in school, college or in the community.

The Emotionally Healthy Schools Programme has received national praise and recognition at the Local Government Association awards and has appeared in several national government 'good practice' publications. Our work is even supported by the [Government](#) as the right way to help you in schools.<sup>3</sup>

The Local Government Association has even invited Cheshire East Council to help other Local Authorities who want to help children and young people's emotional health and wellbeing.

**Did you know** there are a lot of other places to get help other than the NHS? They are called Independent and Third Sector Mental Health Services and we are working together to develop a 'single point of access' so whatever service you have contact with will make sure you get seen in the Mental Health and Emotional Wellbeing service that is right for you at that time.

#### Emotional Health and Wellbeing Service

**Did you know** struggling with feelings and problems is a normal part of life, but sometimes problems can take over and we can feel trapped and helpless? The good news is that there is help available and we can support you to have positive emotional health and wellbeing.

To support you to have positive emotional health and wellbeing these are the services you can use before things get worse. We know you need more of these services and we are planning for more of them by 2020.

In Cheshire East there are four Children's and Families Early Help Emotional Health and Wellbeing services which give you a range of early help emotional health and wellbeing services if you are between 11 and 19 years old.

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<sup>3</sup> Government Response to the Consultation on Transforming Children and Young People's Mental Health Provision: A Green Paper and Next Steps (2018).

'Getting Help' services are part of the THRIVE Model we are using to transform your Mental Health Services.

**We continue to provide Emotional Health and Wellbeing Support for all children and young people in Cheshire between the ages of 0 to 19 years old.**

Good mental health starts with trusting relationships and an openness to talk.

We know how important this is for all children and young people and that trusted relationships can be found at school AND in the community.

**We are working hard to make sure the right support is available where ever you are.**

You can use an online web counselling and peer mentoring service, a face-to-face counselling service, and therapy and drop-in sessions. Visyon now have 'pop up' drop in sessions that you and your parents can use and they offer you help right there so you feel supported right away.

Parents have told us they like this new service, especially those with a child under the age of 11 years who has Special Education Needs or Disabilities.

Cheshire East Council strives to provide services of a high quality and standard and recognises there will always be room for improvement. In 2016/17, 1,954 children and young people used these services. Young people between 12 and 15 years old were the highest users of the face-to-face support.

In the same year, 953 young people used the online counselling and peer mentoring service. This year, we want these emotional health and wellbeing services to be part of the single point of access.

In Cheshire West we developed a new Emotional Health and Wellbeing Service to support children and young people who work with the Early Help and Prevention Service.

The 'Targeted Early Help and Prevention Service for Emotional Health and Wellbeing' is there for young people being supported by Early Help and Prevention services. These young people may need extra help but may not have a mental illness. The service also provides training to all the 0-19 years' workforce.

In the first six months of opening, we helped 74 children and young people, provided 165 direct 1:1 sessions to children and young people. When asked, 88% of the children and young people we worked with said they felt better in their emotional health and wellbeing, suggesting this service is making a difference and is valued.

## 0-19 Starting Well Services

**Did you know** Local Authorities are responsible for commissioning 0-19 Healthy Child Programmes? These programmes include:

- Health Visiting,
- Family Nurse Partnership,
- School Nursing,
- National Child Measurement Programme and
- Targeted Breastfeeding Support Service.

These 0-19 services are a universal service provision, which anyone can use. These services are also there to make sure children are healthy from birth and to help you at significant transitional points and key ages and stages of your life.

The 0-5 part of the 0-19 services are essential for Public Health and are led by Health Visiting services. The 5-19 part of the 0-19 Services are led by School Nursing or

Public Nursing services. These professional teams provide most of the Healthy Child Programme services which are for everyone. These programmes provide support from the start of a child's life and help families who need additional support as well as children who are at risk of poor outcomes.

In January 2018, Cheshire West and Chester Council commissioned Cheshire and Wirral Partnership NHS Foundation Trust to deliver the 0-19 Starting Well Service. The 0-19 Starting Well Service Emotional Wellbeing offer includes the following:

- 28-week antenatal contact
- Newborn Behavioural Observation
- Universal mental health assessment for all new mothers
- School and Community Drop-ins
- CAMHS referrals
- The [My Wellbeing website](#)
- Partnership work with Brio (health and wellbeing services provider)
- Strengths and Difficulties Scores for Looked after Children
- Using Next Steps Cards

**Did you know** a new mother's mental health is important to their child's emotional health and resilience?

In the last three months of 2017 and the first three months of 2018, 750 new mothers received a mental health assessment at their 6-8 week contact leading to 27 new mothers being referred to the newly established Perinatal Mental Health Service.

New mothers may be prone to developing mental health difficulties and we want to provide the best support as soon as possible, because adjusting to having a new baby is hard.

Our Public Health Nurses offer drop-in sessions each week at Secondary Schools support children and young people not in educational settings through Children's Centres or home visits. Public Health nurses are able to help manage a variety of concerns you might have.

This 5-19 service provided 1,007 drop-in sessions in 2017/18 and in the first three months of 2018/19 has provided 195 drop-in sessions.

The things you have talked about in these sessions include:

- emotional health issues
- sexual health issues
- relationship problems
- and healthy eating

Of course, there are loads of other things you've talked about too. You can talk about anything you feel is important.

We know preventing emotional health and wellbeing difficulties means getting the right support from pre-birth!

Our 0-19 Starting Well Services are there for this reason!

**Across Cheshire, you and your family will get the same support and help from birth until you're 19 years old!**

Our Public Health Nurses are also learning how to use the 'Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) so we can help you to track how well you are doing from start to finish. This tool is evidence-based and easy for you to use as there are only seven questions.

**Do you know** about the '[5 Ways to Wellbeing](#)'? We help you think about this with support from the [NHS choices website](#) and the [Starting Well website](#).

Using this scale we can help you have the life you want to live and if you need extra support, the Starting Well Nurse is there to help.

In Cheshire East, the 0 -19 Healthy Child Programme is delivered by Wirral Community Trust. Services in Cheshire East are delivered directly in schools and early year settings. In addition, this service leads on a number of 'Parenting Journey' stops including:

- Antenatal health visit
- New baby review
- 6/8 week assessment
- 1 year review
- 2 to 2.5 year review

Cheshire East Council is currently reviewing how this works and we hope to develop a new way of working by October 2020. We are doing this by involving you and your families as well as the people who use and run the services.

#### Substance Misuse Service

Using drugs and alcohol is unfortunately a solution many young people and adults use to manage their problems. Cheshire East Council has created a new Substance Misuse Service across Cheshire East, which opens on the 1<sup>st</sup> Nov 2018.

This new service is an all-age drugs and alcohol service for Young People and Adults. As well as delivering early help interventions and targeted work in schools this new service treats and supports Young People with drug and/or alcohol problems.

The service will also support Young People whose parents are receiving drugs and/or alcohol treatment through a whole family approach. We want to improve the emotional health and wellbeing of Young People whose parents use drugs and alcohol to prevent them from using drugs and alcohol in the future.

#### Carers Hub – Young Carers

The Cheshire East Carers Hub was opened on the 1<sup>st</sup> April 2018 as an all age, single point of access for all Carers, including Young Carers, Parent Carers, Working Age Carers, and Older Carers, taking a whole family approach to delivering support. This service provides support and help to improve the emotional health and wellbeing of Young Carers.

Your Mental Health Services are MORE than just 'CAMHS'.

We know that getting early help is essential.

We know that getting specialist help is essential.

We are working hard to **shape a Mental Health Service that provides you with all the right services you need at all times.**

**Your Emotional Health and Wellbeing is supported by lots of services and we want you to know who they are!**

Trusted Relationships Service

In Cheshire West and Chester, we realised some children and young people who struggle and may develop difficult behaviours or become involved with the police don't get help. We found a gap in our 'Getting Help' offer for children and young people between the ages of 10-15 years old who have multiple risk-factors, placing them in a vulnerable group.

As a result, we asked the Youth Federation to provide a 'Trusted Relationships' service for these children and young people. We want this service to give children and young people a chance to develop a trusted relationship with an adult so they can begin to believe it is okay to talk to someone about worries, concerns or frustrations.

We know life is hard for many children and young people and they may see and experience things that are harmful. We understand they may not trust others to hold them in mind or keep them safe and as a result they don't speak to anyone about their emotional health and wellbeing.

We hope this new service will make it easier to believe that talking about problems is healthy so that if mental health difficulties develop in the future, they will be able to access our 'Getting Help' and 'Getting More Help' services.

**4. Getting the Help you Need When you Need it!**

We are passionate about making help easy for you to get. In the past, because 'CAMHS' was the only service available, you cannot always get the help you need when you need it.

In order to get you the help you need, we are working to streamline our Specialist 'Getting More Help' Mental Health Service by making it clear who should use the service.

These services are there for you if you have struggled with your difficulties for a long time and still find it hard to cope. If you need more help or support than 'Getting Help' services can give, this 'Getting More Help' service is there for you.

[Visyon](#)

In Eastern Cheshire, Visyon provide additional mental health support which means you can access the right help. Because Visyon helps children and young people between 11 and 19 year old with a wide range of difficulties and risks, this is a 'Getting More Help' Service. Visyon works closely with Cheshire and Wirral Partnership NHS Foundation Trust Specialist Children and Young People's Mental Health Services, which means the right support will always be available if your risks or concerns increase.

Having only one service where children and young people can get help does not make sense.

**We want you to have a range of services that will make up your Mental Health Service.**

[Kooth](#)

We know sometimes you won't want to talk to someone but you may still want help. In Cheshire East, Kooth provide you with online digital support for emotional health and wellbeing for a range of issues. Services include:

- Moderated discussions
- Online Counselling
- Online content, articles and blogs
- Use of Routine Outcome Measures to track progress and improvement in wellbeing

We are currently discussing how we can bring the same online digital offer to all our young people across Cheshire as you have said these differences are confusing and problematic.

[Just Drop In](#)

Just Drop In is a 'Getting Help' service provided in Eastern Cheshire for children and young people between 12 and 16 years old who may struggle with low self-esteem and confidence, unhappy relationships with friends and family or difficulties in school. This service is designed to support children and young people before they need specialist mental health support.

Mental Health Support in Schools

At the end of 2017, the Government said that mental health in schools was essential and asked local areas to develop plans to deliver extra help in schools. In Cheshire West, we developed a plan to achieve this and we asked NHS-England for funding. We said we wanted to develop:

- Designated Senior Mental Health Leads in schools
- [MyHappyMind](#) programmes in all primary schools
- Mental Health Support Teams in schools
- A 4 week waiting time for Specialist 'Getting More Help' services
- Specialist therapy help for vulnerable parents

We want to build on our existing school-based emotional health and wellbeing support in schools to develop a 'ground-up' emotional health and resilience-building programme within our schools.

Teaching you about emotional health and wellbeing and how to acquire happiness and manage stressors and anxieties as early as possible is the most important thing. We believe this will mean fewer children and young people need specialist 'Getting More Help' services in the future.

We are focusing on how we can **support schools to be a main part of your Mental Health Service.**

We know you spend most of your week days in school and **want you to know your schools are there to help you.**

**Helping your Schools to be better able to support your Emotional Health and Wellbeing means We need to support your Schools!**

Emotionally Healthy Schools

In Section 3 we mentioned Emotionally Healthy Schools, which is a multi-agency Emotional Health and Wellbeing project that began in 2014. This programme promotes your positive emotional health and wellbeing and develops stronger working relationships between agencies outside of your school.

The Emotionally Health Schools programme is established in 73% of Cheshire East High Schools and 84% of Cheshire East Primary Schools. We aim to reach 100% of schools by the end of Phase 2 in March 2019.

It is important that all Cheshire-based organisations are aligned with the 2015-2018 joint commissioning strategies which prioritise emotional health and wellbeing. We have worked hard to bring all our Emotional and Mental Health and Wellbeing services across all sectors together to make sure children and young people in Cheshire receive the right support where ever they are.

[Crisis Care Out-of-Hours Telephone Service](#)

Moments of crisis are often sudden and unexpected and if you feel there is no one around to help it can feel very worrying. In Cheshire we have worked with NHS-England to develop an Out-of-Hours Telephone Crisis Service.

This new 'Getting Help' Crisis Care service provides advice, support and consultation for children, young people and their families outside of normal working hours, which is when many children and young people and their families struggle to manage risk.

Cheshire and Wirral Partnership NHS Foundation Trust provide this additional service and report they have received 79 calls across Cheshire from April 1<sup>st</sup>, 2018 when the service commenced to June the 30<sup>th</sup>, 2018. The things most people have called about are:

- Anxiety
- Self-harm
- Behavioural difficulties
- Depression
- Drug and alcohol use
- Neurodevelopment difficulties

**(Appendix 02).**

We believe this useful resource will help support children, young people and their families to manage mental health concerns. In addition to the telephone service, this service offers weekend assessments if you attend the hospital. You will receive a swift and thorough face-to-face assessment so you can go back home as soon and as safely as possible.

When you are in Crisis and normal services are not available, **we want you to still be able to get help.**

We have a new Out-of-Hours Telephone Advice Line **you can use when you need someone to talk to after school.**

The Telephone Number is **01244 397 644.**

We are also developing a new service called the Crisis Café, which will provide you with the right support when you feel like the problems are too big to manage. We hope to be able to include you in this development over the next year so that the service meets your needs.

Transitions to Adult Services

We know that turning 18 years old means very little in terms of being a Young Person on one day and an Adult the next, but unfortunately the difference in legal terms is whether or not you are seen in a Children and Young Peoples' service or an Adult service.

This can be both frightening and worrying if you are making a transition to adult services from the service you are receiving, so CWP child and adolescent and adult services have been working harder to make sure you know what to expect and are prepared for the transition. We are now just beginning to collect the data on how this work is going and will be able to let you know more when we refresh the LTP again next year.

**5. Making Sure Everyone Gets the Help They Need**

Caring for the most vulnerable is naturally something we should be prioritising. Unfortunately, we know there are many children and young people who are not always able to access these services. This year we have prioritised our vulnerable groups so they are just as able to access mental health and wellbeing support as anyone else.

Family Nurse Partnership

Family Nurse Partnership is part of our 0-19 Starting Well Services and it provides intensive support for vulnerable first-time young mothers, including those from highly disadvantaged areas and backgrounds.

Young parents work with a specially-trained family nurse who visits them regularly from the early stages of pregnancy until their child is two. Family Nurse Partnership enables young parents to:

- Build positive relationships with their baby and understand their needs
- Make positive lifestyle choices to give their child the best possible start in life
- Build their self-efficacy
- Build positive relationships with others

As mentioned in section 3, this work supports the long term emotional health and wellbeing of the child and strengthens the family's emotional resilience.

New Ways of Working

Cheshire West and Chester Council is introducing a New Ways of Working Approach for working with children, young people and families from all walks of life. This is a

Health and Social Care Services are beginning to work more closely together.

We are using new ways of working with vulnerable children and young people so **that the health, wellbeing and safety of all children is thought about and supported in ALL our services.**

transformational approach that makes sure all services are working in the same way using the same guiding principles.

All our partners working with children and families in Social and Health Care and the Third Sector have signed up to this approach, which will be supported through the Children's Trust.

This system wide approach to practice is about:

- Strengthening early help and prevention
- Preventing children and young people becoming vulnerable
- Reducing demand across all services
- Improving resilience, emotional health and wellbeing
- Improving overall outcomes for children and families

Establishing the evidenced based approaches of motivational interviewing and trauma informed practice alongside multi-agency group supervision we want the whole children's workforce to have a shared language, shared skilled set and understanding of assessment, need and vulnerability.

Signs of Safety

In Cheshire East we have adopted [Signs of Safety](#) as our new way of working with families across our safeguarding partnership. We have adopted Signs of Safety so we can deliver the type of service that children, young people and parents and carers have told us they want; one that works *together with families*, is clear about what could happen and fully involves them at all stages.

Signs of Safety is internationally recognised as the leading approach to child protection casework. It is a solution-focused approach which helps families to recognise their strengths and build on these to create their own safety plans.

Signs of Safety supports families to create strong community networks of people who are invested in the child and the family in the long term. This approach supports families to be able to discuss their most difficult times with their children, lifting the stigma so often associated with talking about problems and allows families to heal and support each other together.

These new ways of working across the workforce will take place over a five year period and will empower children and families to take action and begin to find solutions to problems which can lead to more complex emotional health and wellbeing and mental health problems in the future.

We are deeply invested in improving the lives of those who are most at risk and believe everyone is capable of identifying and making the life changes that will help them to be as successful as they want to be.

Children and Young People who are most at risk of being involved in crime are often unable to access the right mental health support.

**We are developing new services to make sure there is a single Health offer for these children and young people.**

We know that Children and Young People who do not live with their birth family need to be able to talk about how this affects them. **We continue to offer this help.**

Youth Justice Service

**Did you know** that 66-70% of all children and young people in contact with Youth Justice Services have Neurodevelopmental Disorders, many of which are undiagnosed?

In 2018/19, the four Cheshire Clinical Commissioning Groups, Warrington Clinical Commissioning Group and Halton Clinical Commissioning Group developed a proposal to improve the existing ‘health’ offer within our local Youth Justice Service by ensuring that Speech and Language and Mental Health services were part of the Youth Justice Service.

NHS-England has funded this service for the next three years and we have now begun delivering on our intention to provide an equal Speech and Language Therapy offer to children and young people in Cheshire Youth Justice Service.

This means that many of the vulnerable young people who might not have received the right ‘Health’ service at the right time in the past, will get the right help to support their emotional health and wellbeing.

Children in Care in Cheshire West and Chester

Can you imagine what it would be like to have to live away from your birth family because you are at risk of harm? Without thinking about the reasons why this might happen, imagine how hard it must be to figure out the meaning of having to leave your parent.

We know that 498 children and young people in West Cheshire are Children in Care, Foster Care or Kinship Care and that the uncertainty that can come with being under the care of others can be deeply unsettling.

Core Assets provide our ‘Caring to Care’ service, which supports the emotional health and wellbeing of children and young people in care. From December 2017 to August 2018, the Caring to Care Service worked with 124 children and young people and they talked about the following:

- Relationship difficulties (20%),
- Risk-taking behaviours (20%),
- Self-esteem and confidence (16%),
- Anxiety (15%),
- Anger (11%),
- Aggressive behaviour (9%).

This vital ‘Getting Help’ service helps vulnerable children and young people receive the evidence-based interventions they need, ensuring that any additional mental health needs can be referred to our Specialist ‘Getting More Help’ service quickly.

Children in Care are a priority group for us in Cheshire.

We know that living away from birth families requires big adjustments to change and must be very hard.

**We know more needs to be done to assess the mental health and emotional wellbeing of children in care.**

**We are working to get the right services and support them to help with these transitions.**

All Children in Care receive a Review Health Assessment with a Health Visitor, a Family Nurse and a Public Health Nurse or Starting Well Nurse. The review focuses on the child's physical and emotional wellbeing using tools such as Ages and Stages Questionnaire: Social and Emotional Five and Under and the Strengths and Difficulties Questionnaire to identify early signs of social and emotional distress.

Cheshire West and Chester Council have recently established a multi-agency working group including partners in Health, Social Care, Education, Youth Justice Services, and the Cheshire Police Constabulary, that focuses on 'Permanency Planning'.

The aim of this work is to ensure the emotional and mental health needs of children in care are attended to and supported at the right time by the right people.

We know that more needs to be done in this area, though, and we are working together to identify additional gaps that may leave children in care or those leaving care unsupported or struggling to manage the ups-and-downs that life stressors can create.

#### Children in Care in Cheshire East Council

When children and young people need to be cared for by others who are not their birth families, we know they may have experienced abuse, neglect and other traumatic experiences. Safeguarding children by providing them with an alternative and safe home either with foster carers, family members, residential settings or in adoption is not the end of their journey and is only temporary safety, without healing.

Cheshire East cares for 503 cared for children and approximately 200 children and young people who are leaving care. Our offer to these children and young people in supporting them with understanding their journeys and the trauma and abuse they have experienced is varied.

The Corporate Parenting Committee has the emotional wellbeing of this group of children and young people as one of its five priorities. It recognises the necessity to continue on a journey to ensuring that early identification, prevention and timely response is an offer that is available for any cared for child or care leaver.

#### All-Age Neurodevelopmental Service

**Did you know** 110 of the 7,300 babies born in Cheshire each year will have [Autism](#)?<sup>4</sup> Almost ½ of parents of children and young people with autism report concerns about their child during the first year of their life. Most parents are aware of problems between the ages of 1 and 2 years old.

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<sup>4</sup> Cheshire East Council and Cheshire West and Chester (2017) Autism Joint Strategic Needs Assessment.

We know how hard it is **to access the right neuro-developmental help.**

We are developing a new service **so getting the right support for ASD and ADHD and any Special Educational Needs and Disabilities is quick and easy.**

We are working across Cheshire to make sure **this is achieved as soon as possible.**

In October 2017, West Cheshire and Vale Royal Clinical Commissioning Groups, alongside Health, Social Care and Education providers undertook a Review of the Autistic Spectrum Disorder Pathway.

We found the services do not currently meet the level of need, which we have found unsatisfactory. Across Cheshire we are now working to develop an All-age Neurodevelopmental Service to streamline access into and through the diagnostic process. West Cheshire hopes to deliver the new service by October 2019.

In early 2018 Ofsted and the Care Quality Commission conducted a joint inspection of Cheshire East to look at the effectiveness of the area in implementing the special educational needs and disability reforms as set out in the Children and Families Act 2014.

They highlighted a number of areas where we can improve, particularly around the lack of an effective Autism Spectrum Disorder (ASD) pathway and neonatal screening checks.

We know in Eastern Cheshire, the waiting time for the CWP Autism and Attention Deficit Hyperactive Disorder Team is currently 22-months and rising, which we recognise is unacceptable.

There are currently 421 children/young people on the waiting list for an Autistic Spectrum Disorder and/or Attention Deficit Hyperactive Disorder assessment which is against the National Institute of Clinical Excellence guidance of a 12-week wait.

We are continuing with a dual assessment service for both neurodevelopmental disorders and have planned to reduce this waiting list to zero by October 2019.

We will focus on the children and young people who have been waiting the longest first while looking at a combination of making the assessment process more efficient and increasing the number of assessments completed per year by increasing the capacity of our teams. This will increase the number of assessments completed per year from 504 to 768, an increase of 52%.

In response to the inspection, Eastern Cheshire, South Cheshire and Vale Royal Clinical Commissioning Groups and Cheshire East Council have established an Autistic Spectrum Disorder Assessment Working Group to focus initially on autism with a plan to develop an Attention Deficit Hyperactive Disorder pathway afterwards. The aim of the working group is to create a 0-4 offer for children and young people residing in the Eastern Cheshire CCG area and to streamline the pathways across the CCGs.

We know what we don't know and we have worked with your Specialist Mental Health Service Providers to make sure we can tell you how your service is performing.

**By June 2019 we will be able to report how your emotional health and wellbeing are improving when you use your Mental Health Services.**

6. You Need to Know How We are Doing

Data Dashboard

Data may sound uninteresting but would you believe we need it to create an effective mental health service for you?

Cheshire and Wirral Partnership have been working closely with all four Cheshire Clinical Commissioning Groups, both Cheshire Local Authorities and Wirral Clinical Commissioning Group to produce a single data dashboard that will provide the same data for all commissioners.

We have worked well together and have produced clear time scales for delivery of data across four phases, ensuring that essential access and waiting time data is prioritised so we can begin understanding where development is needed.

Our most exciting phase is phase 4 where we will begin to see data on improved outcomes for the children and young people using the service. We expect this to be complete by June 2019.

We have also worked closely with our 3<sup>rd</sup> Sector services to ensure that they can send their usage data to the national dataset, which helps us keep track of how our services are doing compared to the rest of the nation. Sometimes this can be difficult, though, and we have worked with NHS England to find solutions that work so we can be sure we know whether our work is as effective as it needs to be.

We have also identified gaps in the data that flows from our Community Paediatrics services in respect to Autistic Spectrum Disorder assessments and A&E data for self-harm and self-poisoning. (Appendix 03) We are working towards standardising the data we collect with the data collected by our partners across Cheshire.

Our Specialist 'Getting More Help' CYPMHS

Access and Waiting Times

We know that the specialist mental health services that you use are in high demand and that this can sometimes mean long waits to receive mental health support. We need to be clear and transparent about how our services are used and what the actually waiting times are. We have developed some visual images to help you see how we are performing (Appendix 04).

Workforce

We have worked with Cheshire and Wirral Partnership NHS Foundation Trust to show you how many people are working in our teams.

There are understandable pressures on how our specialist services perform that can come from not having enough people in our workforce. There is a national shortage

We have some graphs, tables and charts to help you see information about:

**Access and Waiting Times**

**Who is working in your Specialist Mental Health Service**

**How much money is being spent on your Mental Health Service**

**What information we currently collect**

of Consultant Psychiatrists for Children and Young People’s Specialist mental health services and in Cheshire we expect this will affect us in the next year or two.

Cheshire and Wirral Partnership Foundation Trust are addressing this workforce gap by training some of their staff in ‘Non-Medical’ Prescribing, which will mean our children and young people continue to have access to the medicines they need to help them manage their mental health better (**Appendix 05**).

***Spend on Service***

We want you to know that each year we continue to invest in our Children and Young People’s Mental Health Services. To make this clear, we have included in this report some of the costs of the services that we provide across Cheshire (**Appendix 06**).

***Data Collection***

We know where our gaps are in collecting information about how our services are used, but we want to be clear about the information we do have, so you know how our services are doing. We have also included in this report information about referrals and waiting times for all of the services we have including Specialist Children and Young Peoples’ Mental Health Services, our Eating Disorder Service and our Learning Disabilities Children and Young Peoples’ Mental Health Service (**Appendix 07**).

**7. Making Sure We Know How to Help You**

We know our workforce must understand your needs before they can help. Across Cheshire, providers in all our sectors continue to contribute to training our workforce in Social Care, Education settings, on a range of subjects including:

- Parenting and attachment strategies
- Autism and communication
- Brief interventions for anxiety and depression
- Understanding psychosis
- Working with self-harm and
- Using evidence-based interventions (**Appendix 08 & 08a**).

Vale Royal and South Cheshire Clinical Commissioning Groups have supported Children and Young People’s-Increasing Access to Psychological Therapies training for one trainee for each CCG in this financial year.

Cheshire West and Chester Council have implemented a Workforce Training strategy (**Appendix 09**) which uses [Mind-Ed](#) as the basis for all mental health training, much of which is provided by the providers of Emotional Health and Wellbeing services.

We know that to give you the best mental health service **we need to train our workforce properly.**

Some of the training on offer is educational.

**Some of the training is in evidence-based approaches and interventions to make sure you receive help that is proven to work.**

In line with Cheshire West and Chester Council’s New Ways of Working Approach, which focuses on using evidence-based approaches of trauma-informed practice and Motivational Interviewing throughout the workforce, our focus on developmental trauma helps the workforce to support children and young people who have experienced significant negative life events.

We value the Children and Young People’s-Increasing Access to Psychological Therapies principles of collaboration and participation and want you to shape the service you get at the point of contact. We will listen to you and what is or is not working when you meet with your clinician and all of our EHWB services and specialist mental health services use paired outcome measures with you so your progress towards your goals is both recognised and achieved.

Cheshire East continues to support the development and training of the workforce in the Signs of Safety model, which is being implemented across all public sectors in the Local Authority. Across Cheshire, we are confident that the comprehensive workforce development strategies we are implementing will support the ongoing mental health service transformation.

**8. Making Change Happen**

We sometimes think about local areas and regions in our transformation work. **Did you know** Cheshire County sits in the wider Cheshire and Merseyside Health and Care Partnership, which is the second largest Health and Care Partnership (HCP) in England?

The purpose of the Partnership is to plan together how best to deliver health services now and in the future so they meet the needs of local people and are of a high quality and are affordable.

The Partnership agreed that ‘Mental Health’ should be a strategic priority in Cheshire and Merseyside and established the Mental Health Programme Board. The Board’s membership includes Mental Health NHS trusts, Local Authorities, Third Sector, Clinical Commissioning Groups (CCGs) and the Police and Crime Commissioners Office. The Board’s purpose is to accelerate the implementation of the Five Year Forward View (FYFV) for mental health and this is now happening ‘at scale’ across the region.

Bringing individual localities together to achieve change ‘at scale’ is a big undertaking, but with our commitment that our children and young people should receive similar services regardless of where they live. We are now working more closely together to ensure this is achieved.

Each Local Authority will have different ways to make sure we do what we say we will do. In Cheshire West and Chester Council the Health and Wellbeing Board has oversight over the Children’s Trust, both of which are needed to deliver five Key priorities of which the Emotional Health and Wellbeing of our children is the first.

To make sure that we stay on track, we have a number of **groups that support our transformation.**

We believe your services should be shaped by you.

**We are talking to Participation Groups with Children and Young People and Parents and Carers**

Our Local Transformation Plan is steered by our Emotional Health and Wellbeing Partnership and focuses on delivering the change expected in the Future in Mind document (**Appendix 10**).

We want you to be able to help shape your mental health services in the future and we value your contribution to this process. We have heard from our Children and Young People’s Participation groups that mental health is an area we should focus on in schools.

We have asked our children and young people in schools how they would best like to receive mental health support and what this would look like and we have used this feedback to shape the delivery of new services.

You have told us that being able to receive the same service regardless of where you live is important to you, and we could not agree more. We have taken big steps to make this happen in many areas of mental health support and we believe we are getting closer to providing the mental health services you are asking for.

**9. Risks**

As much as we hope our transformation plan will improve your mental health service, we recognise that there are very real risks that could make this difficult to achieve. Although the government give us funding to support our ongoing transformation, how much we are given varies across Cheshire and this means that some areas may have the funding to carry on our work while other areas may not.

To counteract this big problem, we intend to continue to work closely together and to learn from each other about what has worked best and what has not.

We will take a closer look at our services and make sure that we are spending the funding we have in the right place and in the right way. Doing this will mean that further change to your mental health services might happen, because as the needs of our population are likely to change over time, it is right that our services do as well.

As always, your thoughts, ideas and opinions are essential when we think about the risks to maintaining our services and we will include you as we continue to move forward.

Even though we are working hard to transform your Mental Health Services, we know **there are risks to keeping these changes.**

**We are working together to prevent this from happening.**

Appendices

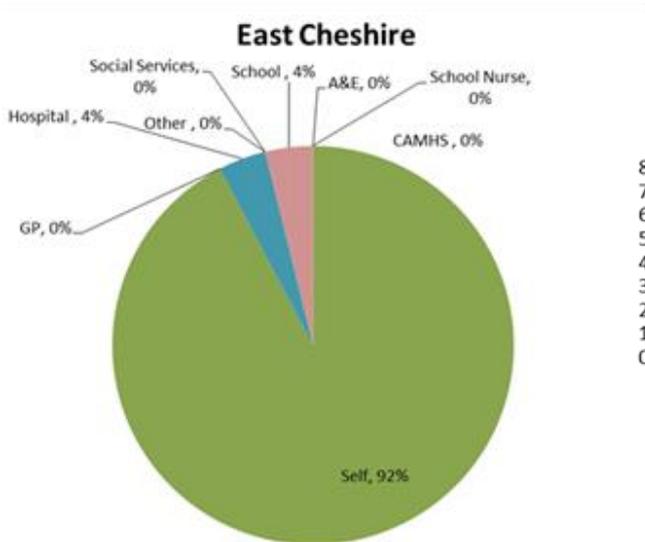
## Appendix 01

### Pan Cheshire Local Transformation Plan Road Map

<b>2018/19 Roadmap For our Local Transformation of Children and Young People's Mental Health Services</b>
<b>Workforce</b> <ul style="list-style-type: none"><li>• Development of specialist training (evidence-based)</li><li>• Improving EHWB</li><li>• CYP-IAPT Principles</li><li>• Training needs analysis (health, social care, third sector)</li><li>• Interoperability across all settings</li></ul>
<b>Access</b> <ul style="list-style-type: none"><li>• ASD/ADHD Pathways</li><li>• Implementing THRIVE new models of care</li><li>• T3 shared CAMHs Service specification</li><li>• Joint Commissioning across THRIVE</li></ul>
<b>Data</b> <ul style="list-style-type: none"><li>• MHDS data flow</li><li>• Joint data across shared contracts – contract monitoring as a system</li><li>• Capturing outcomes from non-MHDS delivery</li><li>• JSNA development</li></ul>
<b>Vulnerable Groups</b> <ul style="list-style-type: none"><li>• Youth Justice Bid</li><li>• Conduct disorder</li><li>• Looked After Children</li><li>• SEND</li></ul>

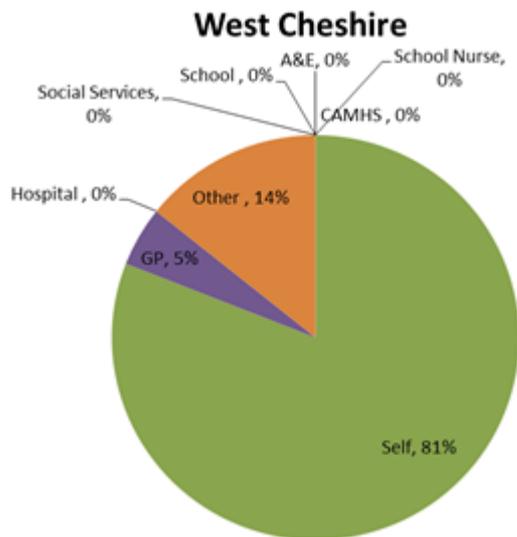
Out-of-Hours Telephone Service Usage Data

**East Cheshire**



Referrals

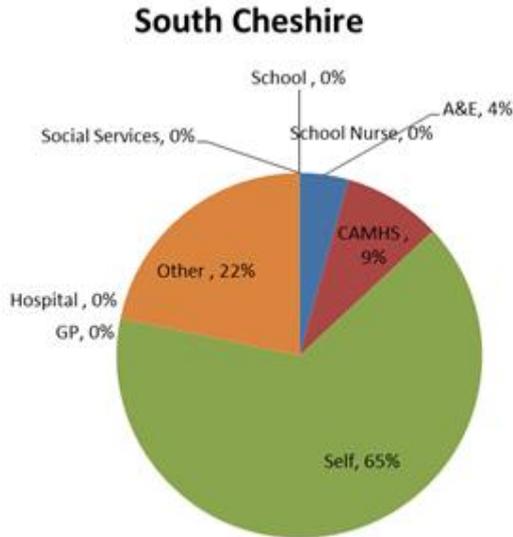
**West Cheshire**



Referrals

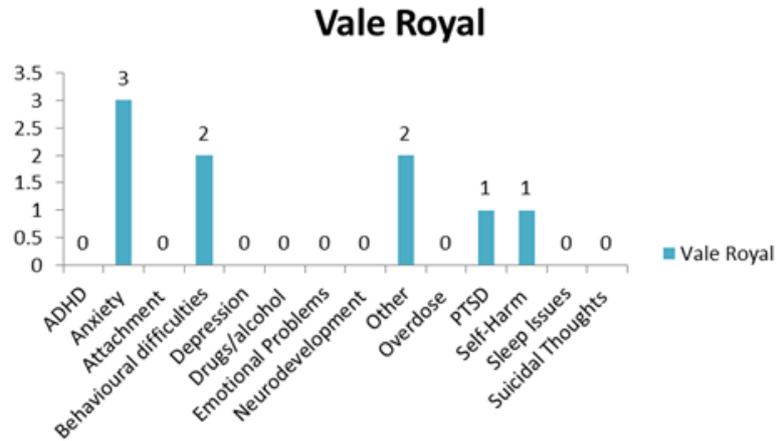
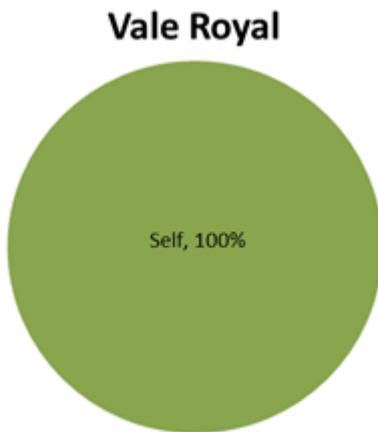
Out-of-Hours Telephone Service Usage Data

South Cheshire



Referrals

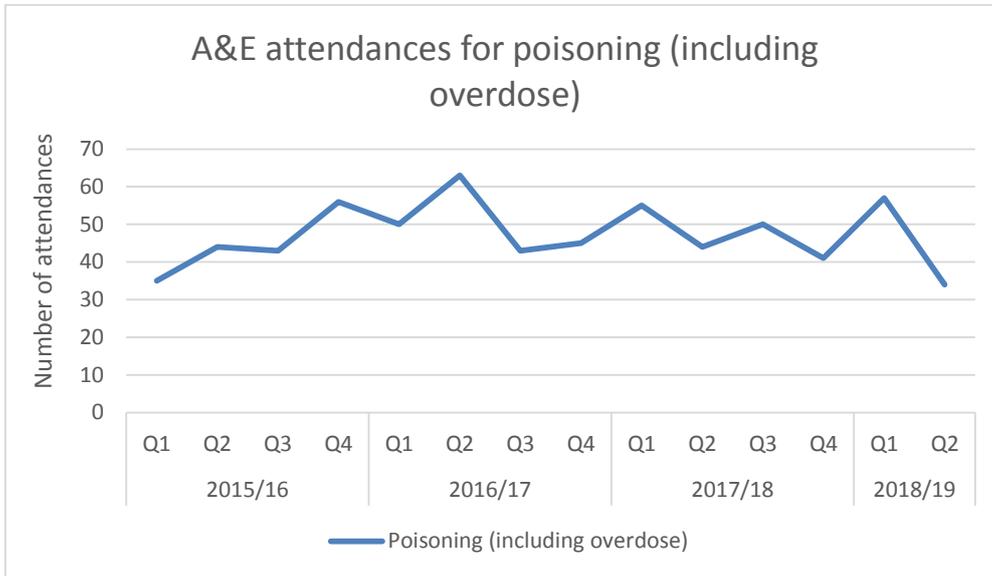
Vale Royal



Referrals

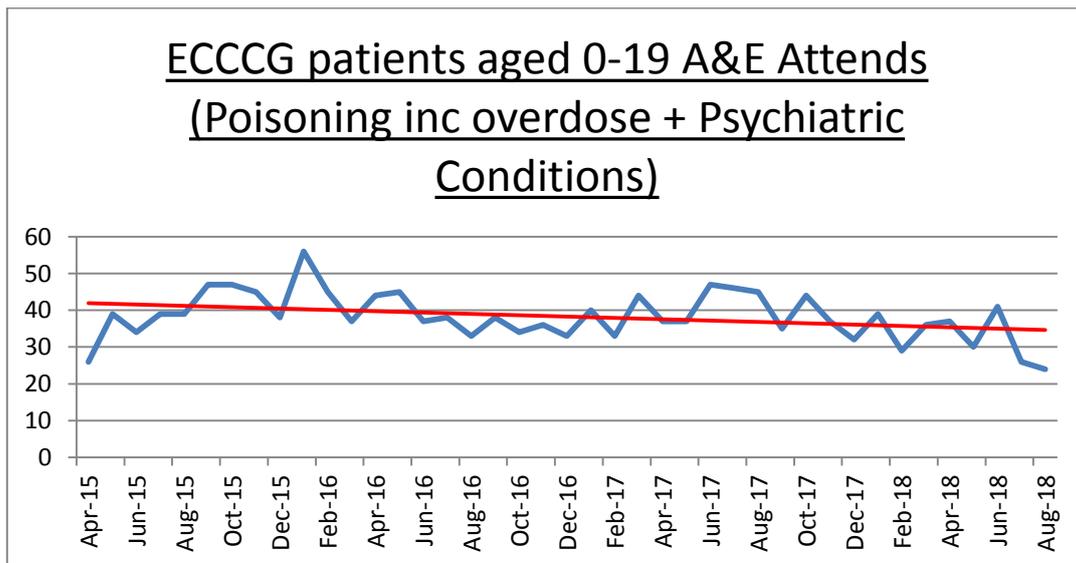
**Appendix 03-**

**Self Harm and Self Poisoning West Cheshire**



The data we currently collect in our Accident and Emergency service (Countess of Chester Hospital) is not collected according to a specific definition, e.g. lacerations can include accidental injury, self-poisoning can include alcohol consumption. Therefore it is difficult to identify the number of CYPs aged 5-19 who attend due to intentional self-injury.

**Self-Harm and Self Poisoning Eastern Cheshire**



**Appendix 3**

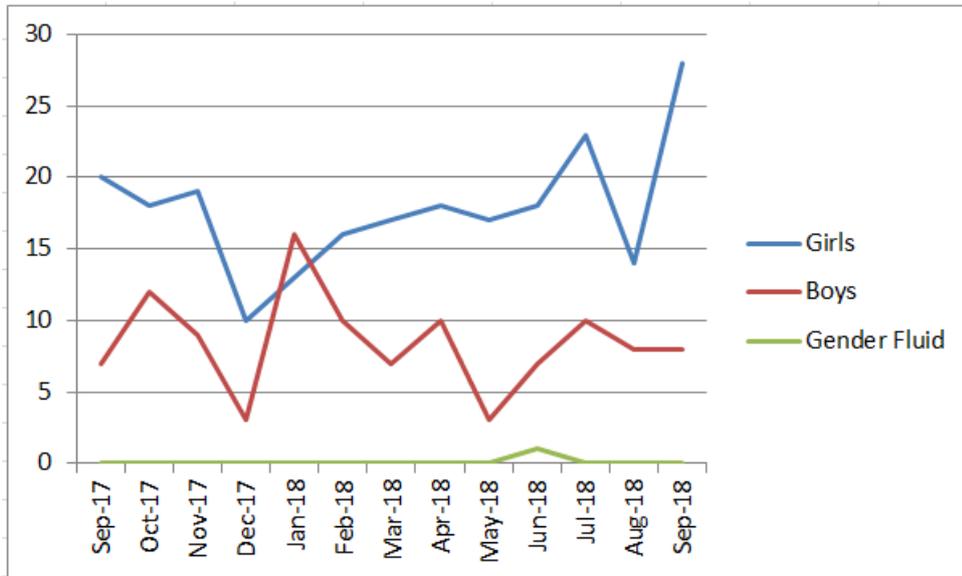
**Self Harm Presentations NHS South Cheshire CCG & NHS Vale Royal CCG**

The following summary incorporates numbers of CYP attendances as Mid Cheshire Hospital Foundation Trust, Accident and Emergency Department for self-harm in respect of CYP aged 0 – 18 years. The data covers the period September 2017 – September 2018.

Total number of presentations within that time period = 341

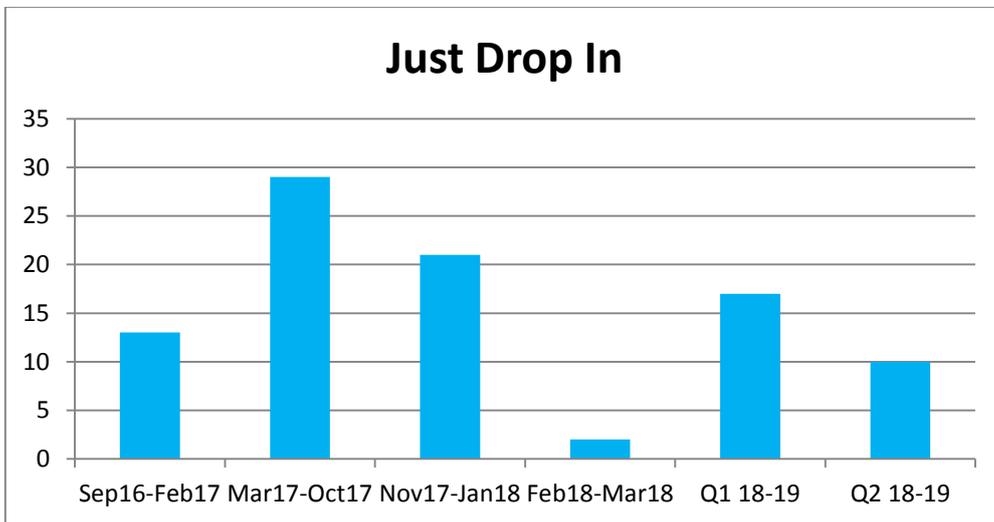
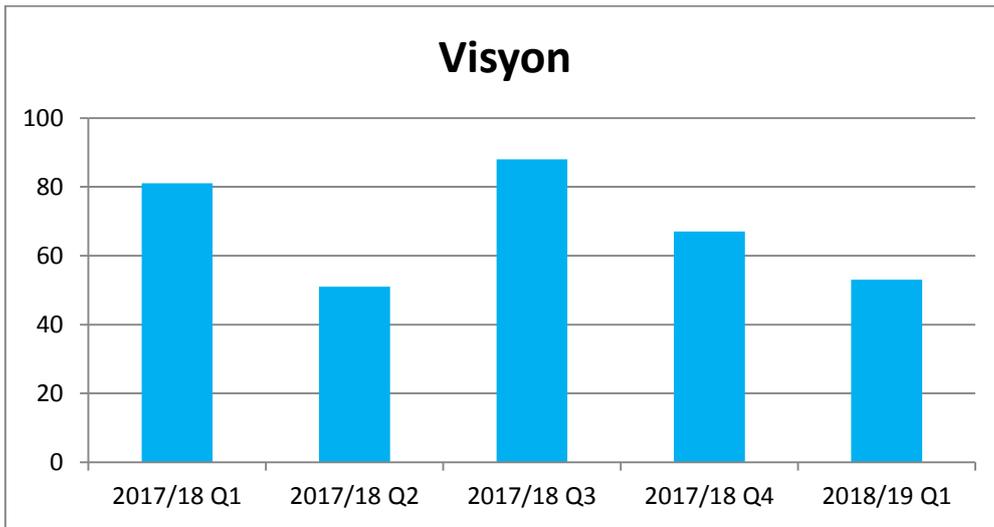
	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Total
Girls	20	18	19	10	13	16	17	18	17	18	23	14	28	231
Boys	7	12	9	3	16	10	7	10	3	7	10	8	8	110
Gender Fluid	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Total	27	30	28	13	29	26	24	28	20	25	33	22	36	341

Largest number of presentations relates to female attendances = 231 (67.74% of attendances recorded)

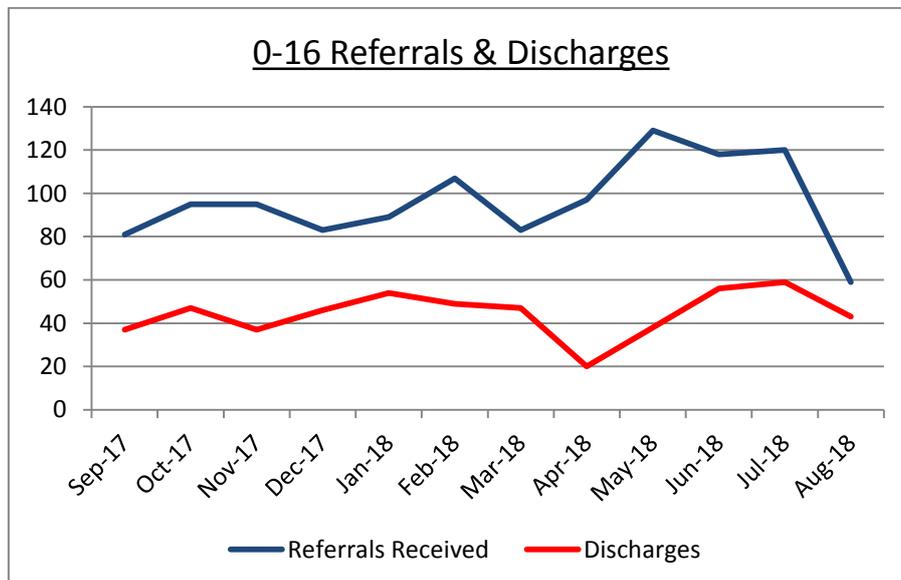


Appendix 04-  
NHS Eastern Cheshire CCG Access and Waiting Times

3<sup>rd</sup> Sector Referrals

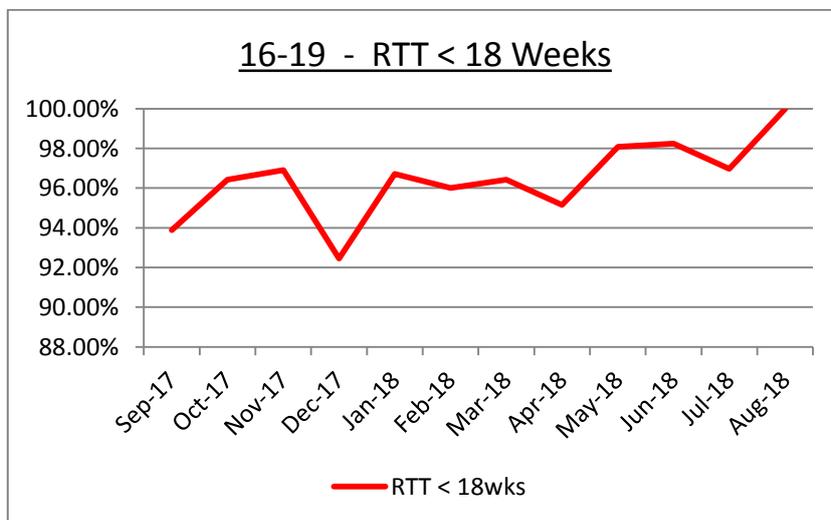
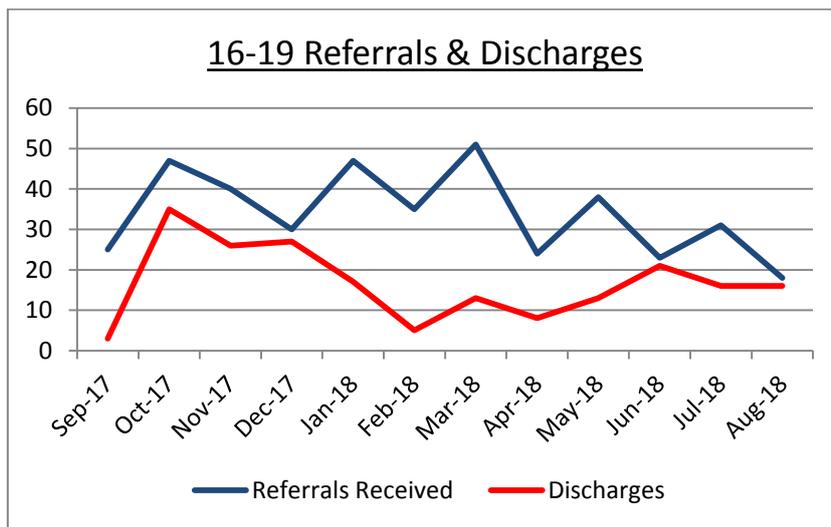
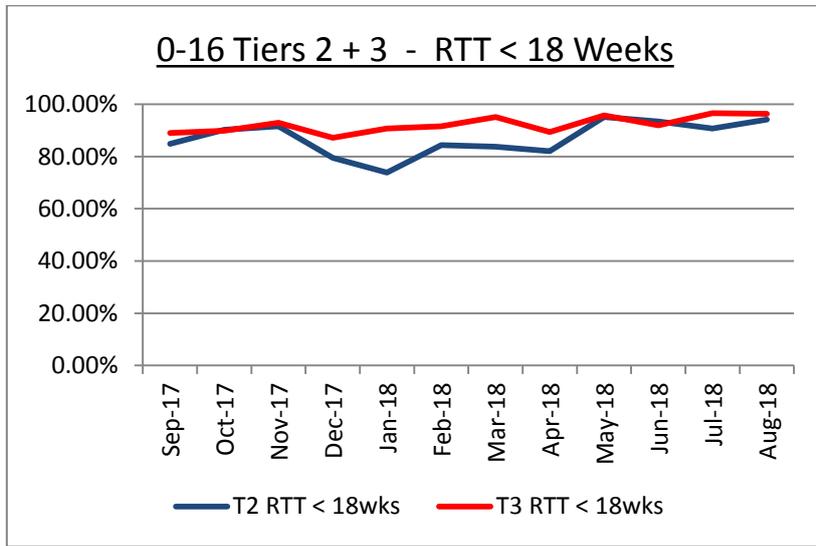


Specialist Child and Adolescent Mental Health Services



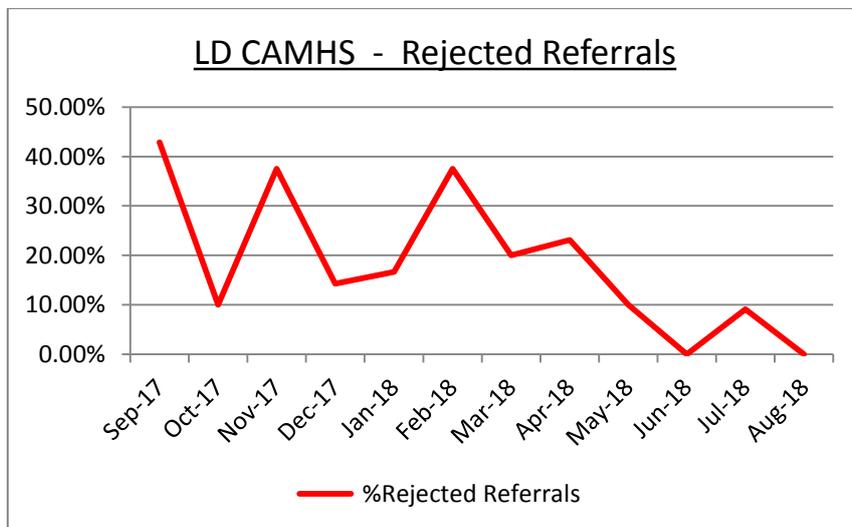
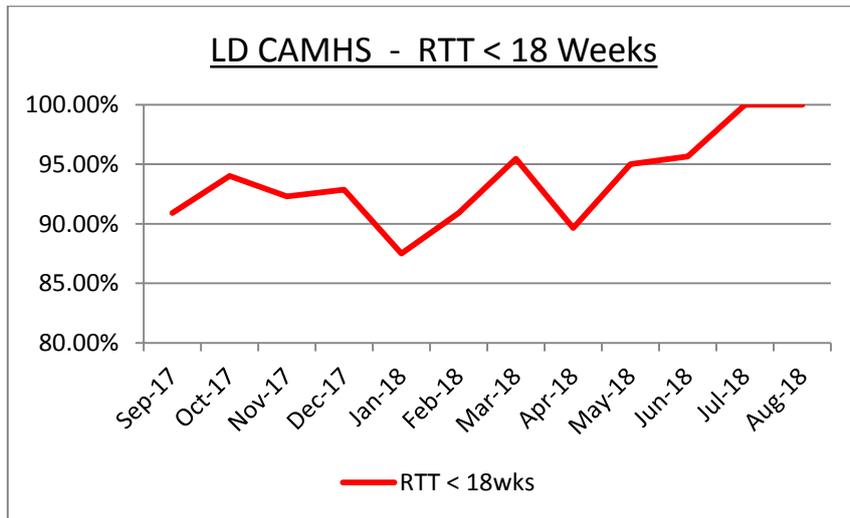
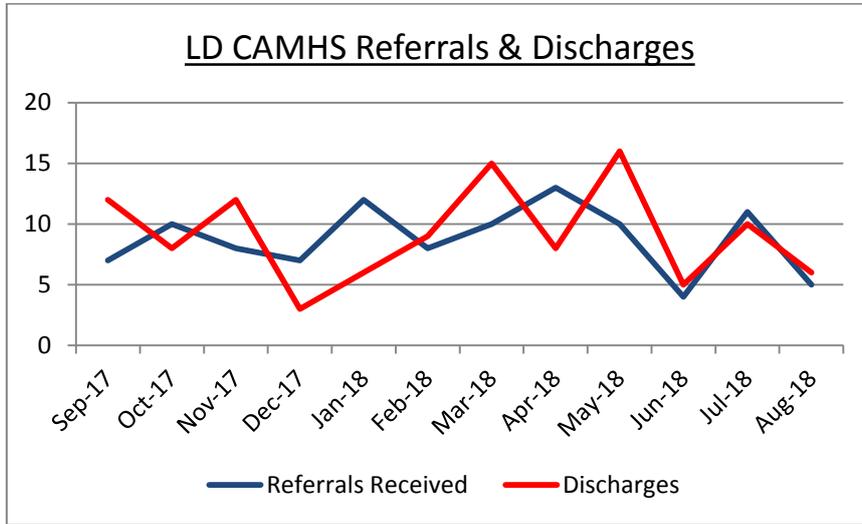
Appendix 04-  
NHS Eastern Cheshire CCG Access and Waiting Times

Specialist Child and Adolescent Mental Health Services (cont.)



**Appendix 04-**  
**NHS Eastern Cheshire CCG Access and Waiting Times**

**LD CAMHS**

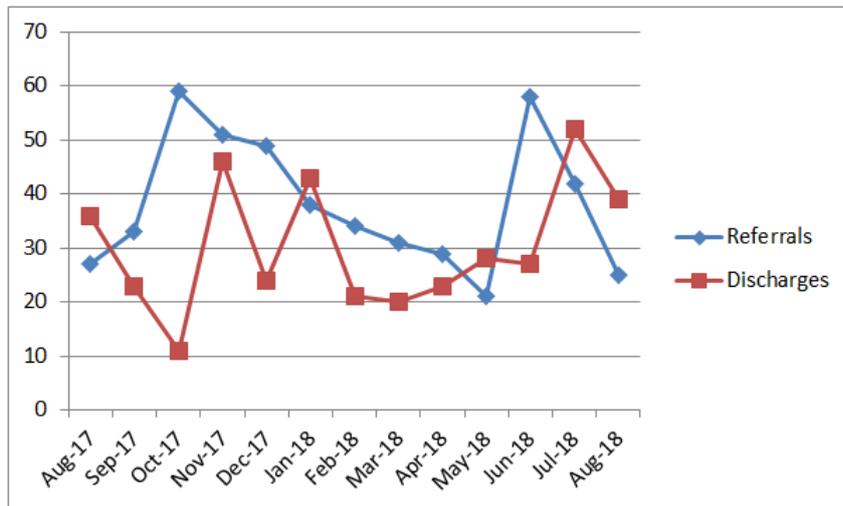


**Appendix 04:  
NHS Vale Royal CCG Access and Waiting Times**

**0 – 16 referrals and discharges**

Vale Royal Access and Waiting Times

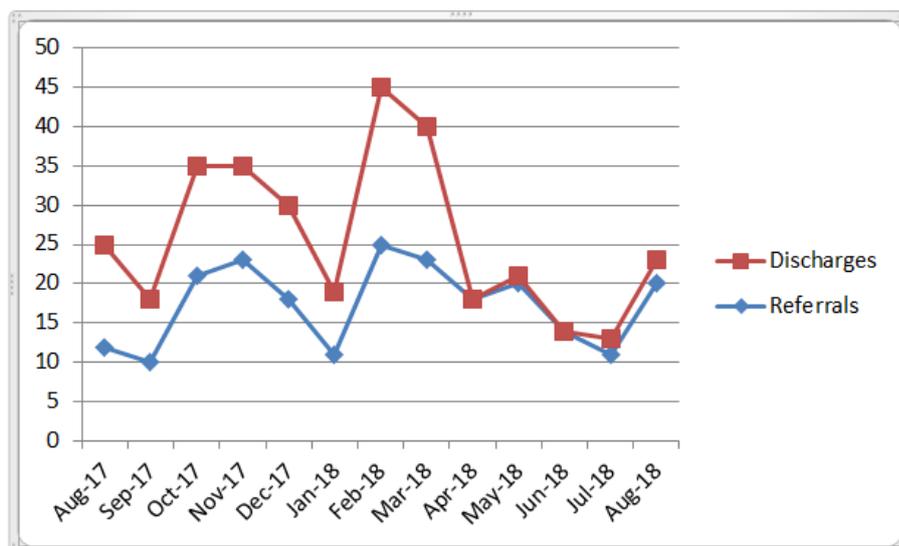
	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Referrals	27	33	59	51	49	38	34	31	29	21	58	42	25
Discharges	36	23	11	46	24	43	21	20	23	28	27	52	39



**16-19 referrals and discharges**

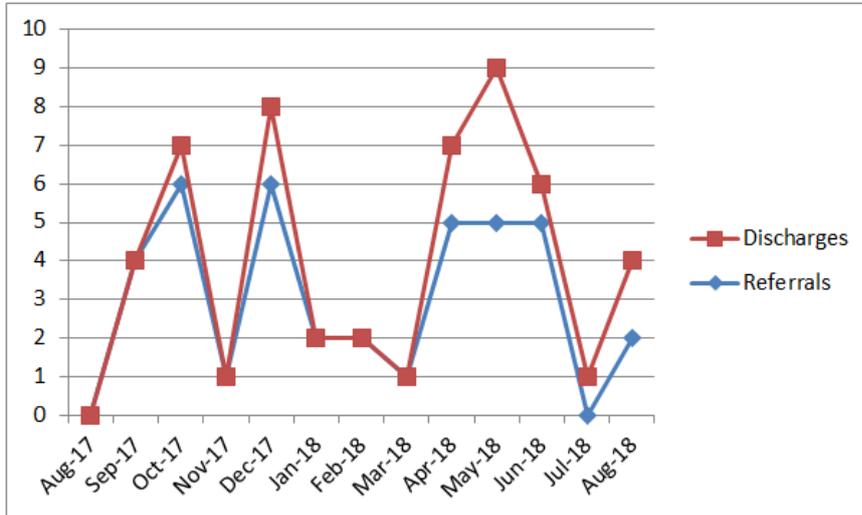
16 - 19 CAMHS

	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Referrals	12	10	21	23	18	11	25	23	18	20	14	11	20
Discharges	13	8	14	12	12	8	20	17	0	1	0	2	3



**LD CAMHS referrals and discharges**

LD CAMHS													
	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Referrals	0	4	6	1	6	2	2	1	5	5	5	0	2
Discharges	0	0	1	0	2	0	0	0	2	4	1	1	2

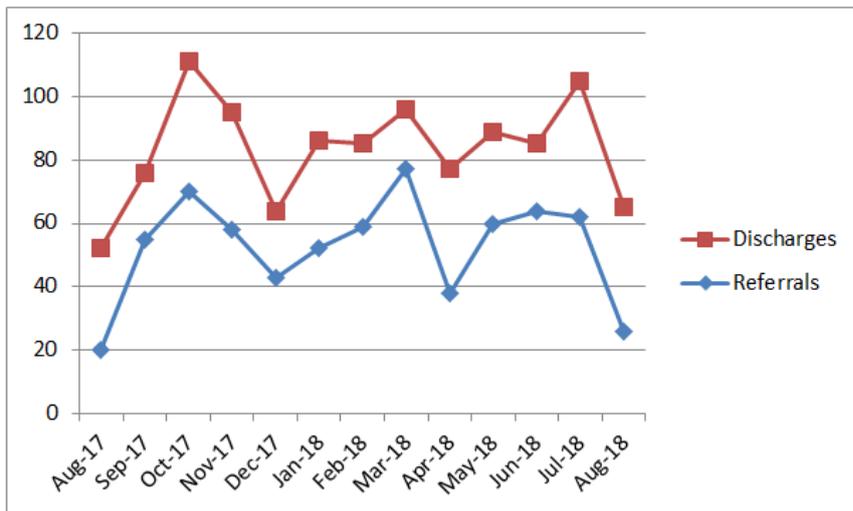


**NHS South Cheshire Access and Waiting Times**

**0-16 referrals and discharges**

0-16 referrals and discharges

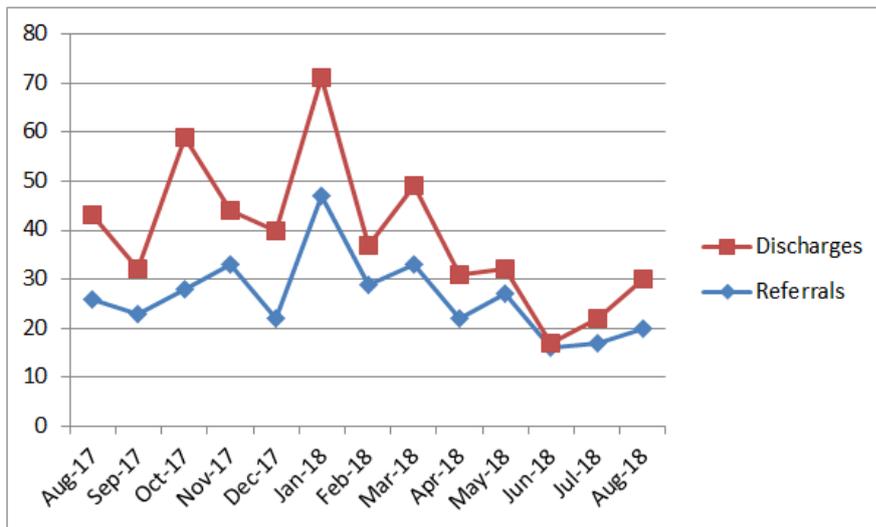
	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Referrals	20	55	70	58	43	52	59	77	38	60	64	62	26
Discharges	32	21	41	37	21	34	26	19	39	29	21	43	39



**16-19 referrals and discharges**

16-19 CAMHS referrals and discharges

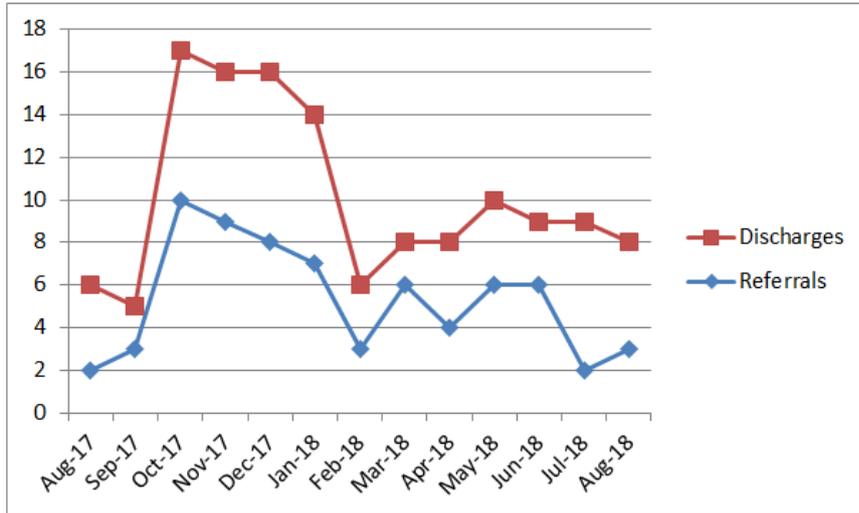
	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Referrals	26	23	28	33	22	47	29	33	22	27	16	17	20
Discharges	17	9	31	11	18	24	8	16	9	5	1	5	10



**LD CAMHS referrals and discharges**

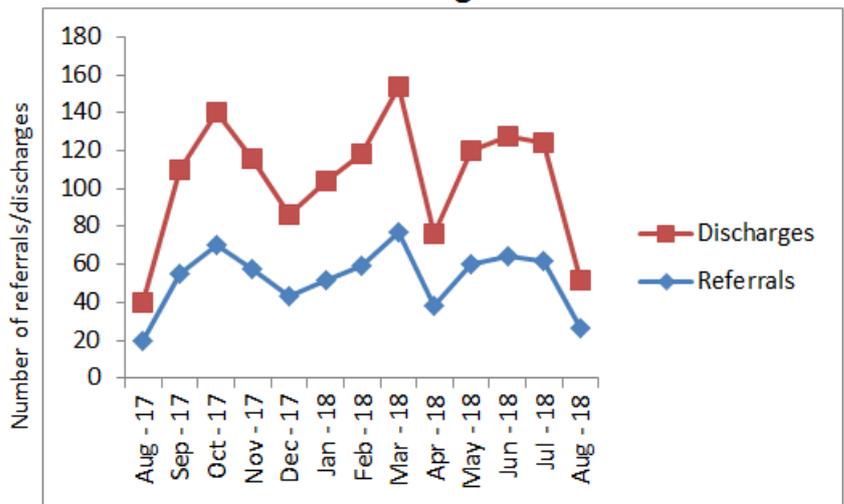
LD CAMHS

	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Referrals	2	3	10	9	8	7	3	6	4	6	6	2	3
Discharges	4	2	7	7	8	7	3	2	4	4	3	7	5



NHS South Cheshire CCG Access and Waiting Times

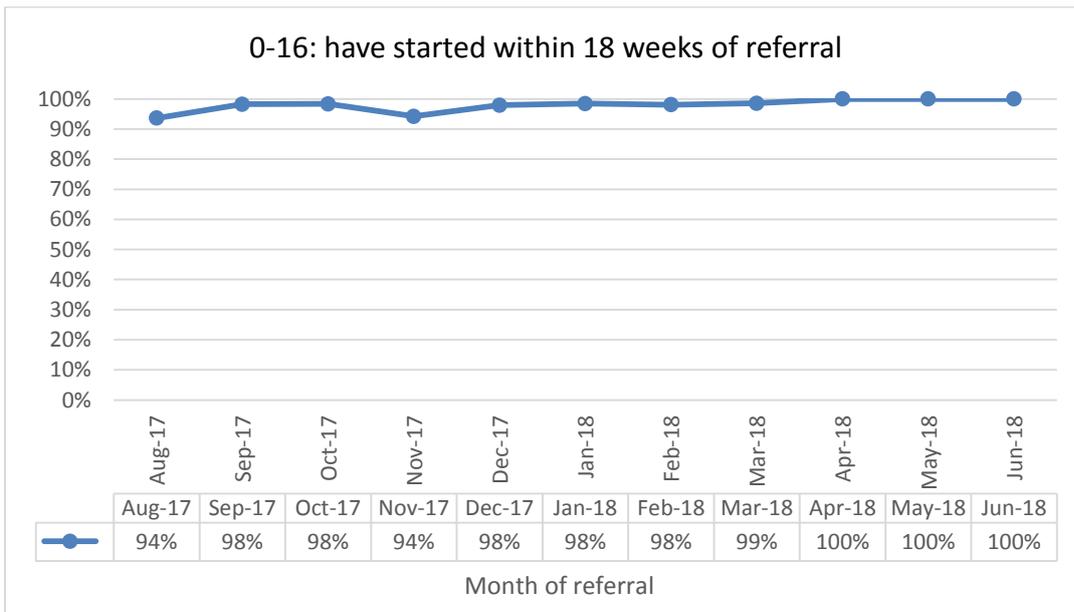
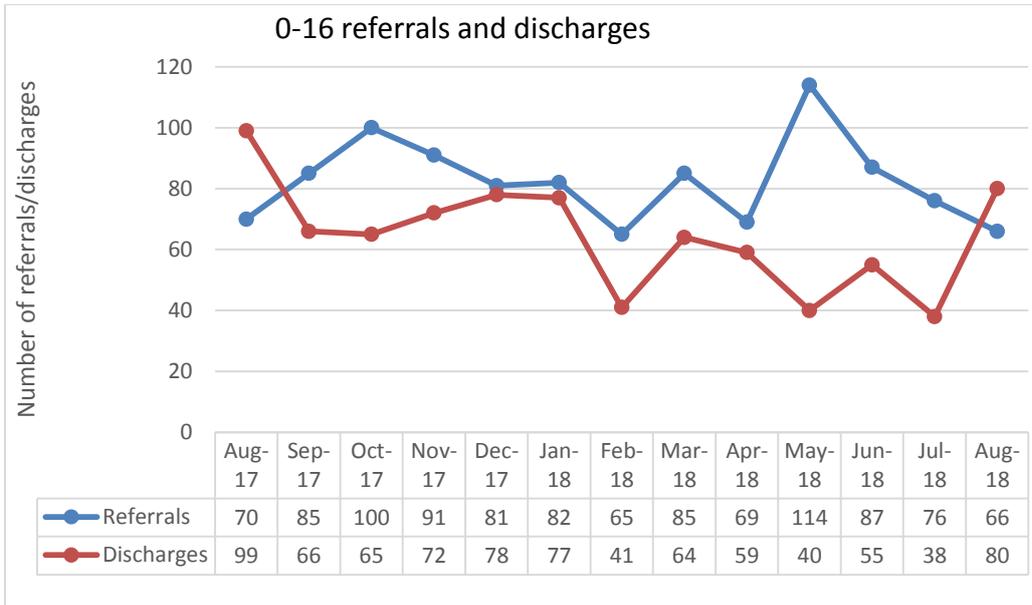
0-16 referrals and discharges



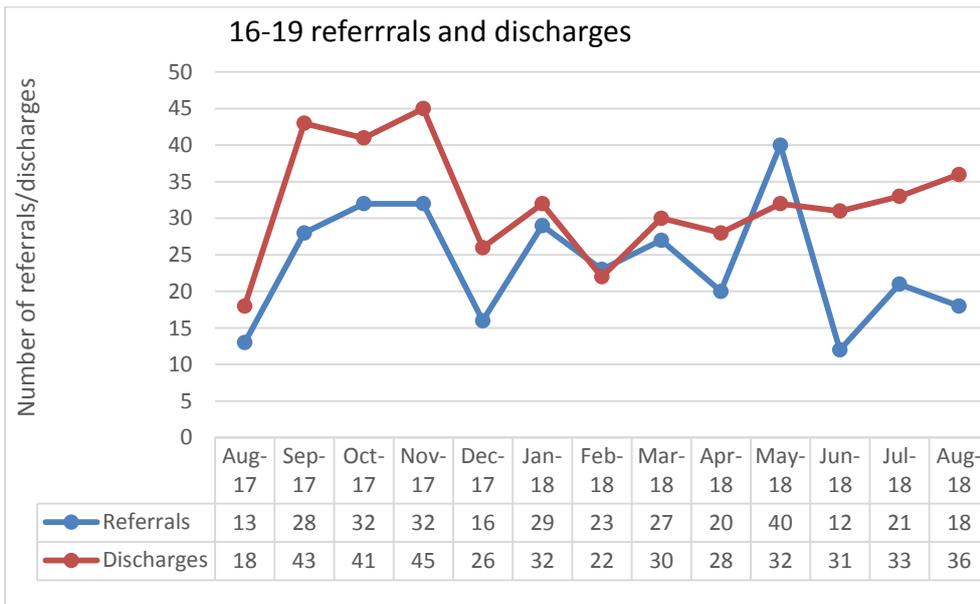
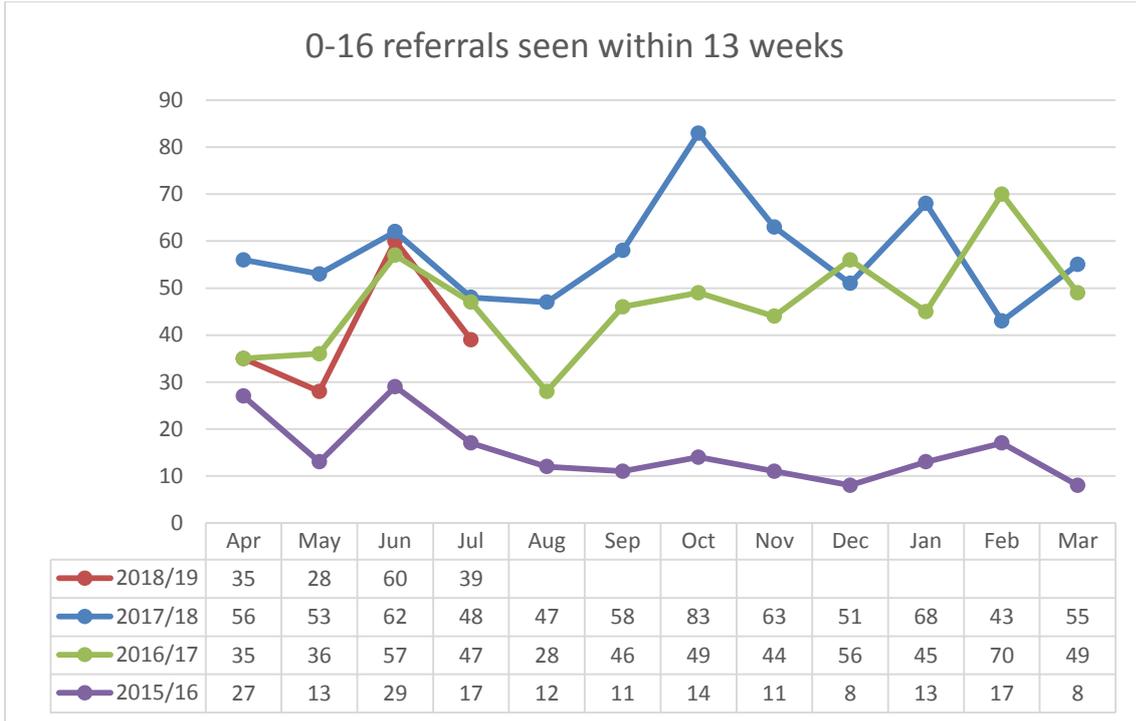
	Aug - 17	Sep - 17	Oct - 17	Nov - 17	Dec - 17	Jan - 18	Feb - 18	Mar - 18	Apr - 18	May - 18	Jun - 18	Jul - 18	Aug - 18
Referrals	20	55	70	58	43	52	59	77	38	60	64	62	26
Discharges	40	110	140	115	85	105	120	155	75	120	130	125	50

Appendix 04

West Cheshire Access and Waiting Times

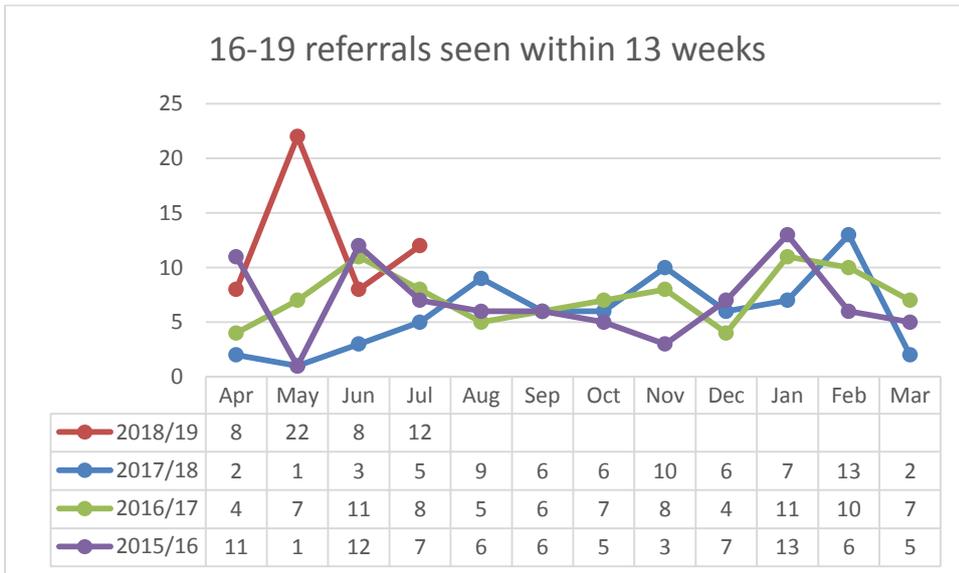
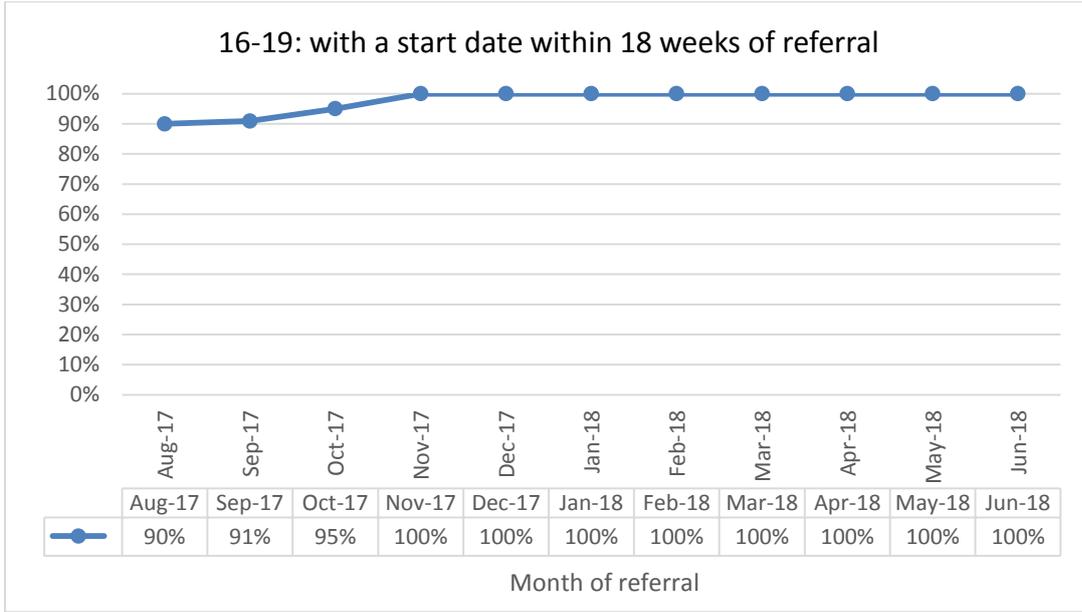


West Cheshire Access and Waiting Times

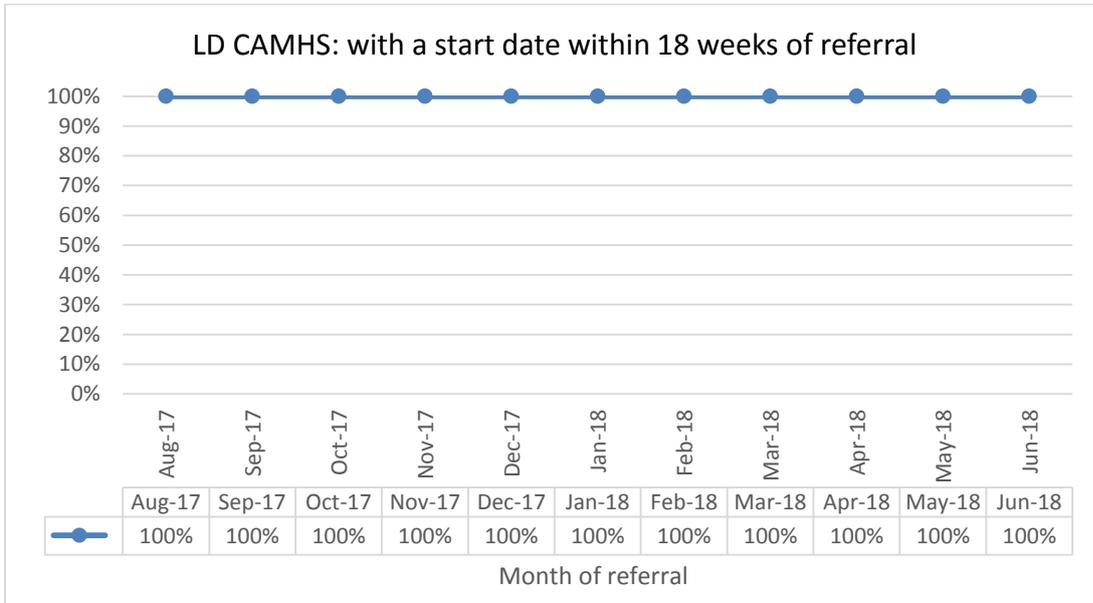
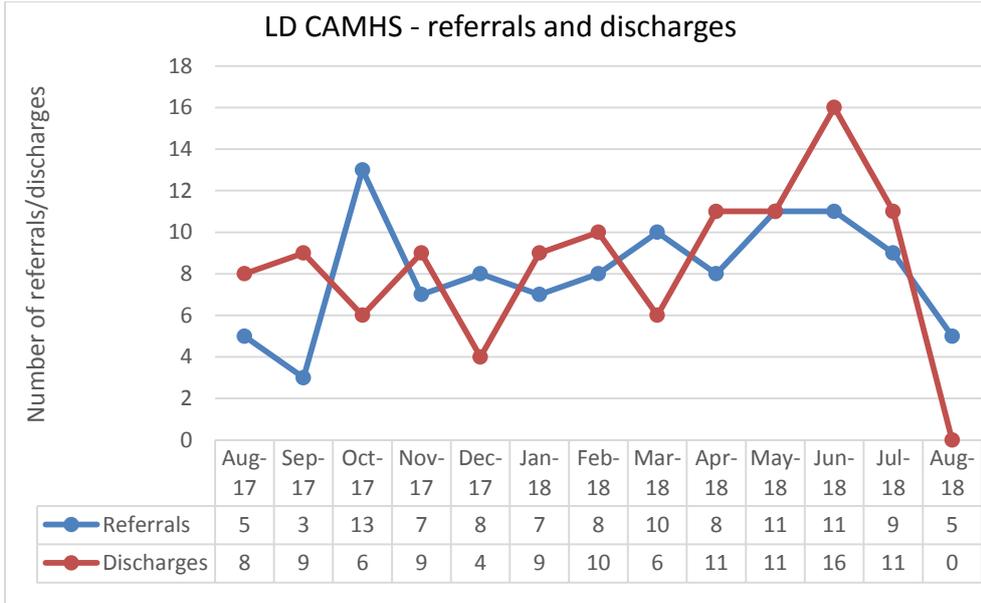


Appendix 04

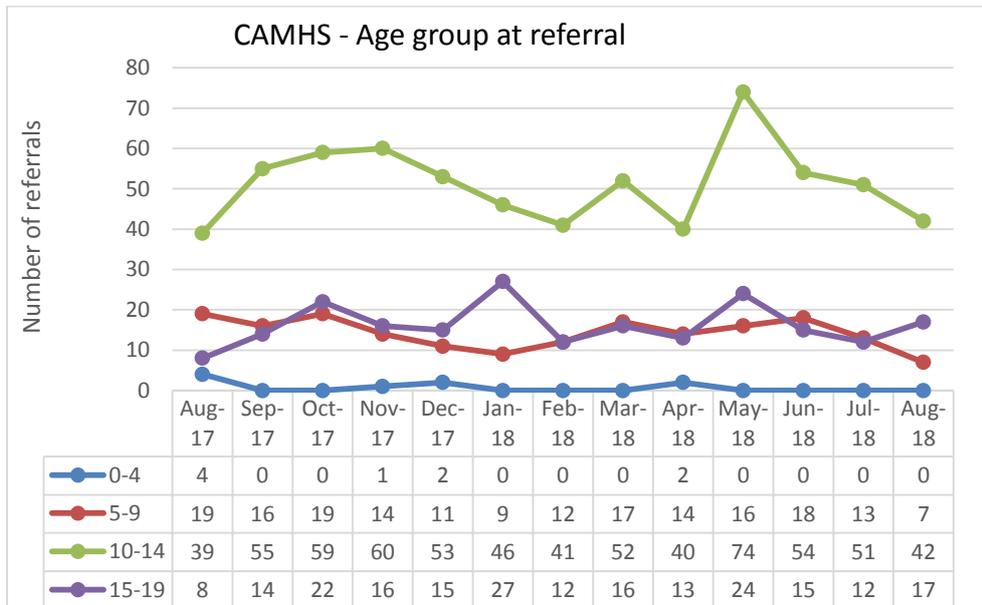
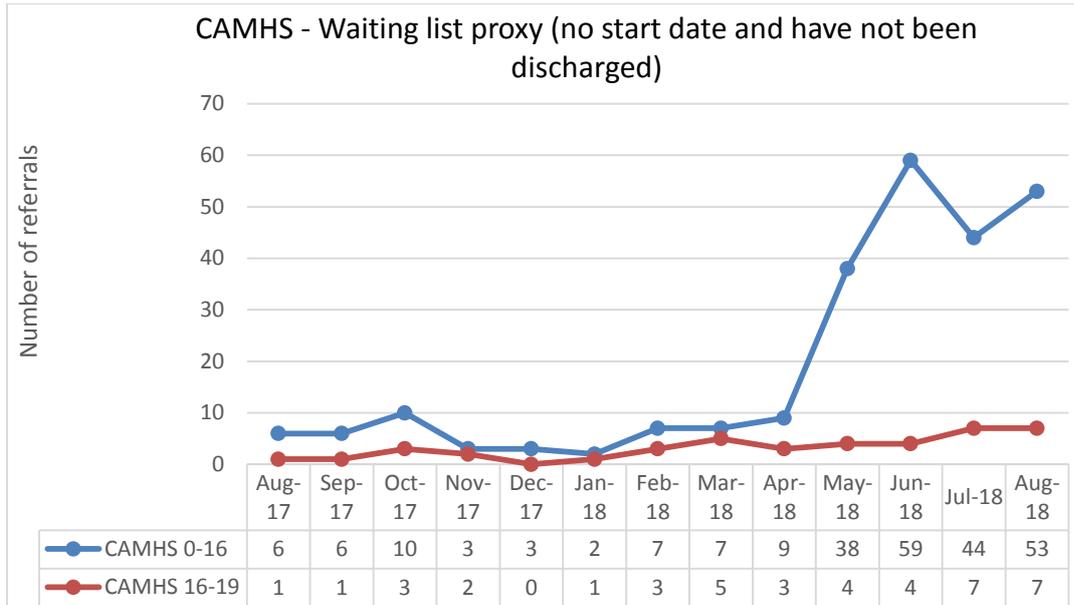
West Cheshire Access and Waiting Times



West Cheshire Access and Waiting Times



West Cheshire Access and Waiting Times



Appendix 05

**2018/19 All Whole Time Equivalent  
CYPMHS Workforce Cheshire**

Team	Assistant Psychologist	Consultant	Nurse/Therapist	Psychologist	Unqualified Nurse	Grand Total
CAMHS Crewe	0	1	6.08	0.7	0	<b>7.78</b>
CAMHS Crewe 0-16 T2	0	0	1	0	0	<b>1</b>
CAMHS East 16-19	0.8	1	8.8	0	0	<b>10.6</b>
CAMHS Macclesfield	0	1.45	13.89	0.6	0	<b>15.94</b>
CAMHS Winsford 0-16 T2	0	0	0.6	0	0	<b>0.6</b>
CAMHS Winsford 0-16 T3	0	1	6.8	0.8	0	<b>8.6</b>
LD CAMHS Central	0	0.1	3.8		0.6	<b>4.5</b>
LD CAMHS East	0	0.1	3	0.8	0.8	<b>4.7</b>
West Cheshire 0-16 T2	0	0	4.16	0	0	<b>4.16</b>
West Cheshire 0-16 T3	1	2.75	12.11	1	0	<b>16.86</b>
West Cheshire CAMHS 16-19	0.72	1	4.86	1	0	<b>7.58</b>
West Cheshire LD CAMHS	0.3	0.2	3	0	2.09	<b>5.59</b>
<b>Grand Total</b>	<b>2.82</b>	<b>8.6</b>	<b>68.1</b>	<b>4.9</b>	<b>3.49</b>	<b>87.91</b>

Appendix 05

West Cheshire 2017/18

Team	Medics	Qualified Nurses	Unqualified Nurses	Therapists	Admin Staff	Total
CAMHS	3.75	12.12	0	5.5	5.17	26.54
LD CAMHS	0.2	3	2.1	0.3	1.35	6.95
16-19 Team	1	4.73	0	3.3	2.18	11.21
<b>Total</b>	<b>4.95</b>	<b>19.85</b>	<b>2.1</b>	<b>9.1</b>	<b>8.7</b>	<b>44.7</b>

Vale Royal 2017/18

Team	Medics	Qualified Nurses	Unqualified Nurses	Therapists	Admin Staff	Total
CAMHS	1.0	8.77	0	0	1.75	11.52
LD CAMHS	0.0	1.36	0.47	0	0.55	2.38
16-19 Team	0.33	0.16	0	1.26	0.5	2.25
<b>Total</b>	<b>1.33</b>	<b>10.29</b>	<b>0.47</b>	<b>1.26</b>	<b>2.8</b>	<b>16.15</b>

East Cheshire 2017/18

Team	Medics	Qualified Nurses	Primary Mental		Admin Staff	Total
			Health/Unqualified Nurses	Therapist		
0-16 Tier 3	1.6	4.6	1.8	1.4	3	12.4
16-19 Macclesfield	0.5	4	0.3	0	1	5.8
LD CAMHS	2	1	1.4	0	1	5.4
<b>Total</b>	<b>4.1</b>	<b>9.6</b>	<b>3.5</b>	<b>1.4</b>	<b>5</b>	<b>23.6</b>

South Cheshire 2017/18

Team	Medics	Qualified Nurses	Primary Mental		Admin Staff	Total
			Health/Unqualified Nurses	Therapist		
0-16 Tier 3	1	1	1	4.7	2.2	9.9
16-19 Crewe	0.5	2.8	0.3	0	0.6	4.2
LD CAMHS	0	2	1.75	0	1	14.1
<b>Total</b>	<b>1.5</b>	<b>5.8</b>	<b>3.05</b>	<b>4.7</b>	<b>3.8</b>	<b>18.85</b>

**Appendix 06**

<b>Commissioning Body</b>	<b>Year</b>	<b>Child and Adolescent Mental Health Spend</b>	
East Cheshire Clinical Commissioning Group	2015/16	£	1,711,000.00
South Cheshire Clinical Commissioning Group	2015/16	£	1,096,653.00
Vale Royal Clinical Commissioning Group	2015/16	£	1,101,551.00
West Cheshire Clinical Commissioning Group	2015/16	£	1,900,000.00
<b>Annual Total</b>		<b>£</b>	<b>5,809,204.00</b>

East Cheshire Clinical Commissioning Group	2016/17	£	1,938,000.00
South Cheshire Clinical Commissioning Group	2016/17	£	1,381,000.00
Vale Royal Clinical Commissioning Group	2016/17	£	1,182,000.00
West Cheshire Clinical Commissioning Group	2016/17	£	2,160,000.00
<b>Annual Total</b>		<b>£</b>	<b>6,661,000.00</b>

East Cheshire Clinical Commissioning Group	2017/18	£	2,606,000.00
South Cheshire Clinical Commissioning Group	2017/18	£	1,503,000.00
Vale Royal Clinical Commissioning Group	2017/18	£	1,239,000.00
West Cheshire Clinical Commissioning Group	2017/18	£	2,277,000.00
<b>Annual Total</b>		<b>£</b>	<b>7,625,000.00</b>

East Cheshire Clinical Commissioning Group	2018/19	£	2,945,000.00
South Cheshire Clinical Commissioning Group	2018/19	£	1,848,000.00
Vale Royal Clinical Commissioning Group	2018/19	£	1,505,000.00
West Cheshire Clinical Commissioning Group	2018/19	£	2,313,000.00
<b>Annual Total</b>		<b>£</b>	<b>8,611,000.00</b>

**Appendix 06**

Service	Provided By	Commissioned By	Cost	Population of Children and Young People	Cost Per Head
Getting Help and Getting More Help Mental Health Services including Eating Disorders	CWP and VCS Providers	East Cheshire CCG	£ 2,447,000.00	42627	£57.40
Getting Help and Getting More Help Mental Health Services including Eating Disorders	CWP and VCS Providers	South Cheshire CCG	£ 1,839,000.00	39050	£35.06
Getting Help and Getting More Help Mental Health Services including Eating Disorders	CWP and VCS Providers	Vale Royal CCG	£ 1,500,000.00	23401	£50.13
Getting Help and Getting More Help Mental Health Services including Eating Disorders	Cheshire & Wirral Partnership NHS	West Cheshire CCG	£ 2,313,000.00	53373	£43.34
<b>TOTAL</b>			<b>£ 8,099,000.00</b>		

Collaboratively Commissioned Services	Provided By	Commissioned By	Cost
Out-of-Hours Telephone Crisis Line	Cheshire & Wirral Partnership NHS	E, S, W and VR CCGs	£ 306,785.00
Youth Justice Service Speech and Language Therapy Service	Cheshire & Wirral Partnership NHS	NHS-England	£ 84,729.82
<b>TOTAL</b>			<b>£ 391,514.82</b>

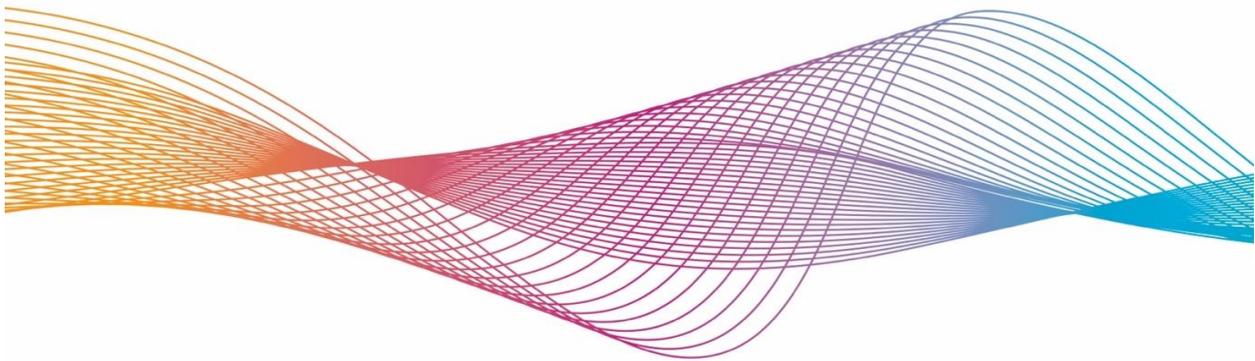
Emotional Health and Wellbeing Services	Provided By	Commissioned By	Cost
Mental Health First Aid Youth Training in Schools	CWaC Educational Psychology Service	Cheshire West and Chester Education	£ 26,836.75
Emotional Literacy Support Assistant Training in Schools	CWaC Educational Psychology Service	Cheshire West and Chester Education	£ 41,460.00
0-19 Starting Well Service	Cheshire & Wirral Partnership NHS	Cheshire West and Chester	£ 146,000.00
Caring to Care Service	Core Assets	Cheshire West and Chester	£ 302,526.00
Emotional Health and Wellbeing Service	Core Assets	Cheshire West and Chester	£ 146,000.00
Trusted Relationships Service	Youth Federation	West Cheshire CCG	£ 20,000.00
Emotionally Healthy Schools:	Visyon & Cheshire & Wirral Partnership	Cheshire East Council	£ 550,000.00
Emotionally Healthy Schools: EHWPB Services	Just Drop In, South Cheshire CLASP, Visyon, KOOTH	Cheshire East Council	£ 248,500.00
Sexual Health Services	Sub-Contracted Body Positive	Cheshire West and Chester	£ 2,680,000.00
Sexual Health Services		Cheshire East Council	£ 1,998,878.00
<b>TOTAL</b>			<b>£ 6,160,200.75</b>

**Total Spend:** £ 14,650,715.57

**Business Intelligence**  
*Embedded Nantwich Team*

# **Pan Cheshire Mental Health f**

**Quarter 1 2018/19**





**Midlands and Lancashire**  
Commissioning Support Unit

# Report



## Pan Cheshire Mental Health Performance - August 2018 (Q1 2018/19 Data)

Measure	Performance	Current Mth/Qtr Perf	2018/19 Year to Date Perf	
<b>CYP Eating Disorder Service</b> - Routine referrals seen within 4 weeks	Failed 100% target for Pan Cheshire full year 2017/18	97.0%	93.8%	17/18 only
<b>CYP Eating Disorder Service</b> - Urgent referrals seen within 1 week	Achieving 100% target Pan Cheshire for the full year 2017/18	100.0%	100.0%	17/18 only
<b>Early Intervention Psychosis</b> - Referrals seen within 2 weeks	Achieving 50% target Pan Cheshire year to date 2018/19	80.0%	79.4%	
<b>CAMHS</b> - Under 19 admission rates (due to MH conditions/concerns)	Performance fluctuates between March and June 2018. Although in June 2018 we see the lowest admission rate since the start of 2017 financial year			
<b>CAMHS</b> - Tier 2 Waiting Times	Overall decrease in activity during May and a slight increase in June 2018			
<b>CAMHS</b> - Tier 3 Waiting Times	Overall decrease in activity during May and a slight increase in June 2018			
<b>CAMHS</b> - 16-19 Waiting Times	Overall decrease in activity during May and a slight increase in June 2018			
<b>CAMHS</b> - LD Waiting Times	Activity levels remain unremarkable			
<b>CAMHS</b> - % Referrals accepted	During the month of June 2018 the chart demonstrates a significant increase in the number of accepted 0-16 CAHMS referrals			

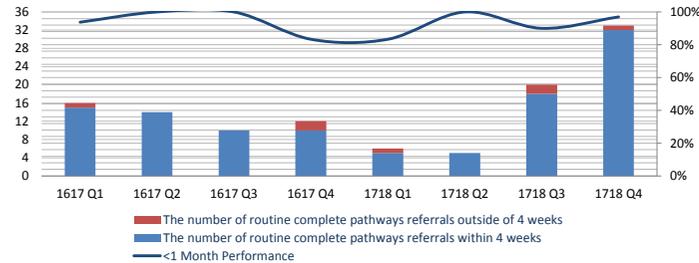
### Useful Resources

Public Health England FingerTips Tool <http://fingertips.phe.org.uk/profile-group/mental-health/profile/cvpmh/data#page/0>  
 NHSE CAHMS <https://www.england.nhs.uk/mental-health/resources/camhs/>  
 NHS Digital - MHSDS details <http://content.digital.nhs.uk/CAMHS>

Produced by **MLCSU Business Intelligence Team**  
 Contact Details: [MLCSU.BIRequests@nhs.net](mailto:MLCSU.BIRequests@nhs.net)

## CYP Eating Disorder Waiting Times

South Cheshire, Vale Royal, Eastern Cheshire and West Cheshire CCGs

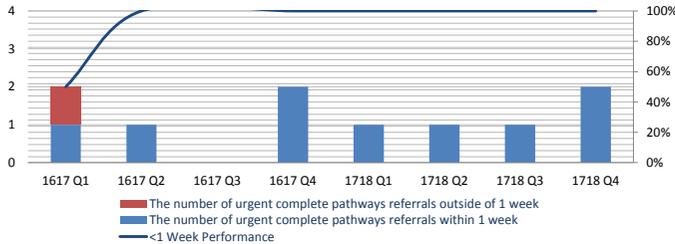


<1 Month Performance	2016/17				2017/18				2018/19			
	1617 Q1	1617 Q2	1617 Q3	1617 Q4	1718 Q1	1718 Q2	1718 Q3	1718 Q4	1718 Q1	1718 Q2	1718 Q3	1718 Q4
South Cheshire CCG	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-	-	-	-
Vale Royal CCG	100.0%	100.0%	100.0%	100.0%	-	100.0%	100.0%	100.0%	-	-	-	-
West Cheshire CCG	100.0%	100.0%	100.0%	50.0%	100.0%	100.0%	100.0%	100.0%	-	-	-	-
Eastern Cheshire CCG	85.7%	100.0%	100.0%	75.0%	50.0%	100.0%	66.7%	75.0%	-	-	-	-

### Routine refs seen within 4 wks: Performance Commentary

- Wirral CCG data is suppressed due to small numbers and therefore excluded from the analysis
- Eastern Cheshire was the main contributor to the under performance in Q4 2017/18
- Numbers involved tend to be very small, so performance fluctuates – a quarter with a very small increase in breaches tends to push performance below target
- There has been a significant increase in the total number of completed pathways in quarter 4 2017/18

South Cheshire, Vale Royal, Eastern Cheshire and West Cheshire CCGs



<1 Week Performance	2016/17				2017/18				2018/19			
	1617 Q1	1617 Q2	1617 Q3	1617 Q4	1718 Q1	1718 Q2	1718 Q3	1718 Q4	1718 Q1	1718 Q2	1718 Q3	1718 Q4
South Cheshire CCG	#N/A	-	-	-	-							
Vale Royal CCG	50.0%	#N/A	#N/A	100.0%	100.0%	#N/A	#N/A	100.0%	-	-	-	-
West Cheshire CCG	#N/A	100.0%	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	-	-	-	-
Eastern Cheshire CCG	#N/A	#N/A	#N/A	100.0%	#N/A	100.0%	100.0%	100.0%	-	-	-	-

### Urgent refs seen within 1 wk: Performance Commentary

- Wirral CCG data is suppressed due to small numbers and therefore excluded from the analysis
- All 4 Cheshire CCGs met the 1 week target from Q1 2015/17 to Q4 2017/18
- Numbers involved tend to be very small, so performance fluctuates – a quarter with a very small increase in breaches tends to push performance below target

### EDS Data Availability

- \* MLCSU Aristotle Tool
- \* Public Domain via NHSE
- \* Local CCG Mental Health Dashboard
- \* Local CWP Contract Report
- \* Available quarterly

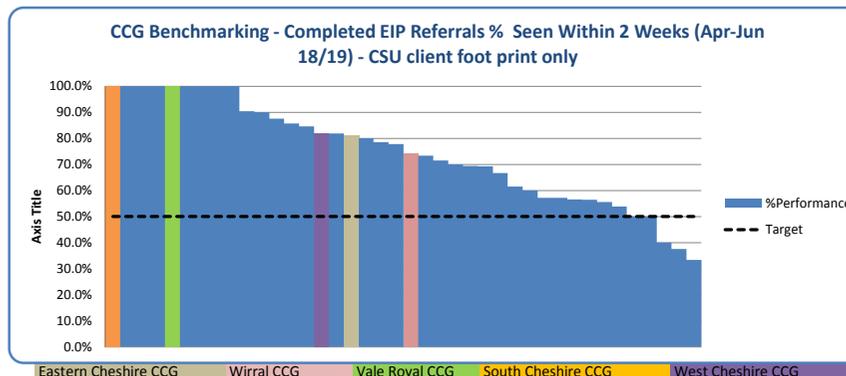
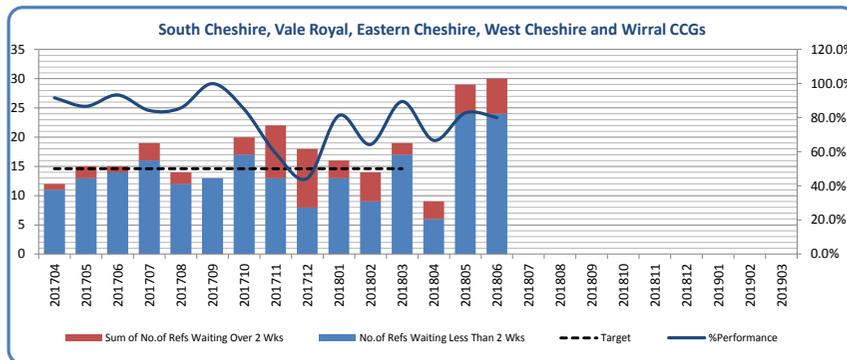
### Additional EDS Data Available

- \* 7 day FU EDS split OPMH and AMH (via CWP Contract Report)
- \* The number of incomplete pathways (routine and urgent) for CYP ED

### Indicator Information

These metrics track those referrals to the Eating Disorder service at CWP that are seen within 1 week for urgent referrals and 1 month for routine referrals (complete referrals)

# Early Intervention Psychosis



EIP Completed % Seen Within 2 wks	2017/18												2018/19											
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Target 50%	-	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	75.0%	-	100.0%	100.0%	100.0%	-	100.0%	-	-	-	-	-	-	-	-	-	-
South Cheshire CCG	100.0%	100.0%	-	-	100.0%	-	-	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-	-	-	-	-	-	-	-	-	-
Vale Royal CCG	100.0%	50.0%	100.0%	33.3%	75.0%	100.0%	66.7%	60.0%	44.4%	100.0%	33.3%	77.8%	50.0%	90.9%	85.7%	-	-	-	-	-	-	-	-	-
West Cheshire CCG	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	-	100.0%	-	100.0%	-	80.0%	81.8%	-	-	-	-	-	-	-	-	-
Eastern Cheshire CCG	75.0%	85.7%	80.0%	100.0%	66.7%	100.0%	80.0%	66.7%	57.1%	71.4%	57.1%	-	80.0%	70.0%	75.0%	-	-	-	-	-	-	-	-	
Wirral CCG	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

**EIP Completed Referrals Seen Within 2 Weeks: Performance Commentary**

- Collaboratively across the 5 CCGs the 2 week target was achieved from April 2018 through to June 2018
- Where the performance states 0% for South Cheshire and Vale Royal CCGs this relates to 1 patient (for each CCG)
- Numbers involved tend to be very small, so performance fluctuates – a quarter with a very small increase in breaches tends to push performance below target

**Additional EIP Data Available**

- \* The number of incomplete pathways at reporting month end
- \* Data at provider level

**Indicator Information**

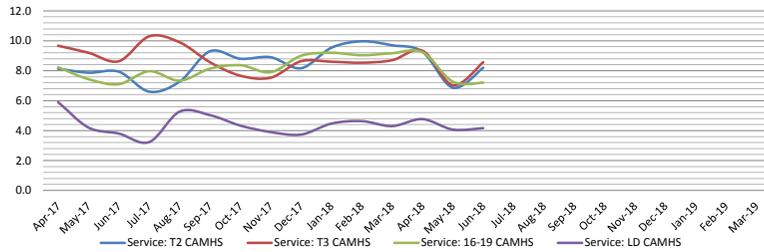
The metric measures the number and percentage of patients who have a completed EIP pathway at the end of the reporting month.

**EIP Data Availability**

- \* MLCSU Aristotle Tool
- \* Public Domain via NHSE
- \* Local CCG Mental Health Dashboard
- \* Local CWP Contract Report
- \* Available monthly

## Child and Adolescent Mental Health Services

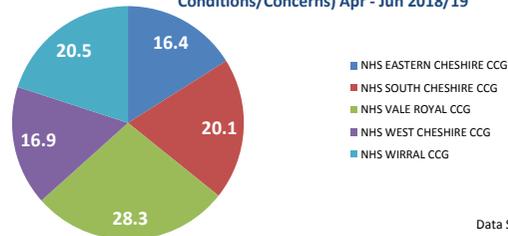
South Cheshire, Vale Royal and Eastern Cheshire CCGs - Average Waiting Times (in wks)



### CAHMS Average Waiting Times: Performance Commentary

- Collaboratively across the 3 CCGs the average waiting time for Tier 2 CAHMS has decreased in the month of May but increased again in June 2018. February 2018 sees the longest average waiting time this financial year.
- Collaboratively across the 3 CCGs the average waiting time for Tier 3 CAHMS has decreased in the month of May but increased again in June 2018.
- Collaboratively across the 3 CCGs the average waiting time for 16-19 CAHMS has decreased in May and June 2018.
- Collaboratively across the 3 CCGs the average waiting time for LD CAHMS has decreased in May and June 2018.

Under 19's - Non Elective Admission Rate per 10k Population (for MH Conditions/Concerns) Apr - Jun 2018/19

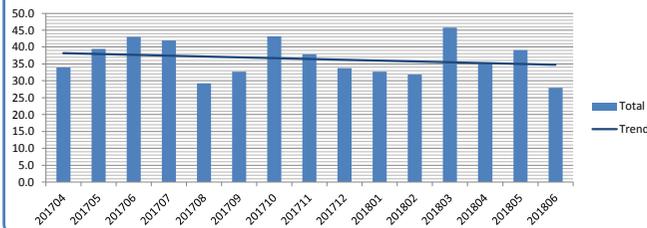


Data Source: SUS

### CAHMS Under 19 NEL Admission rate (due to MH Condition/Concern): Performance Commentary

- 2018/19 year to date Vale Royal CCG has the highest rate of admissions due to MH condition/concern
- Collaboratively across the 5 CCGs the overall rate of admissions has decreased in June 2018, however West Cheshire CCG has an increased rate from April 2018 onwards

Under 19's - Non Elective Admission Rate per 10k Population (for MH Conditions/Concerns) All CCGs



### CAHMS Data Availability

- Local CCG Mental Health Dashboard
- Local CWP Contract Report
- SUS Data
- Available monthly
- CWP Community Episodes dataset

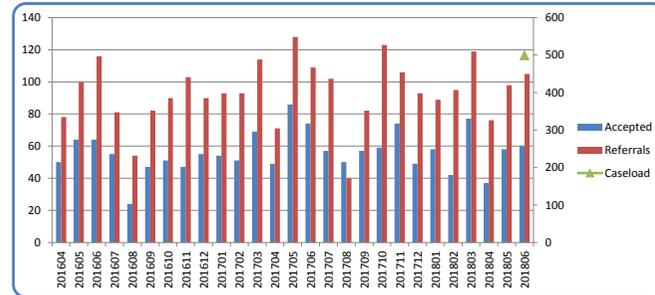
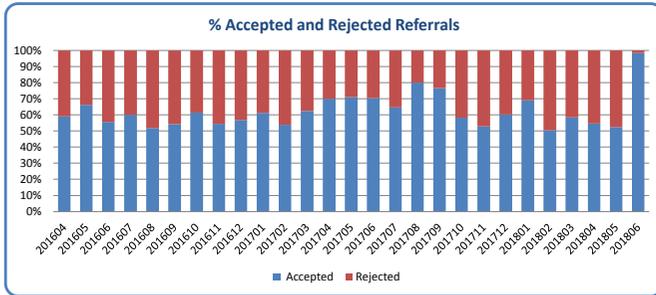
### Additional CAHMS Data Available

- The number of incomplete pathways at reporting month end

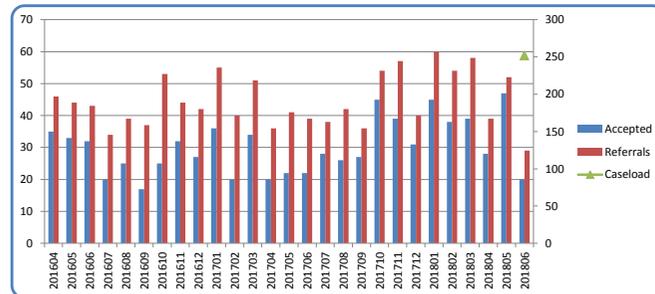
### Information

- The CAHMS average waiting data is sourced from the CWP monthly Contract Report
- The non elective admission rate for MH condition/concern contains activity for all secondary care providers and all routes to admission i.e. A&E, GP, Transfers
- CYP referrals, accepted and rejected data contains IAPT

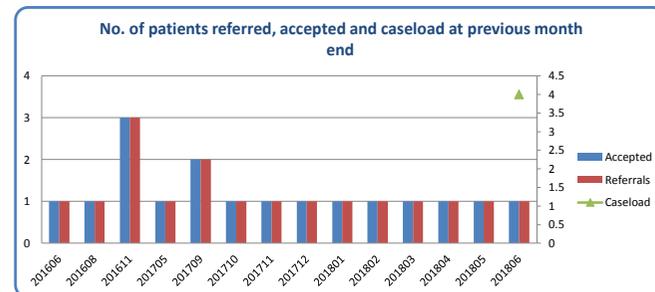
### CYP 0-16 (South Cheshire and Vale Royal CCGs)



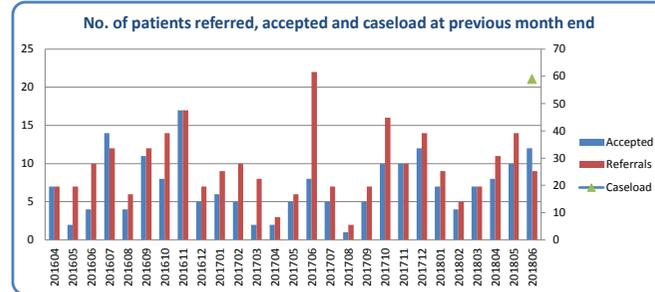
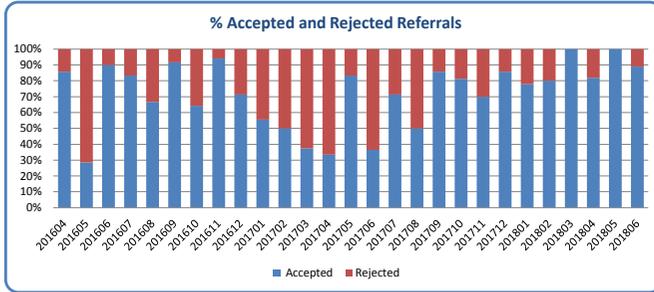
### CYP 16-19 (South Cheshire and Vale Royal CCGs)



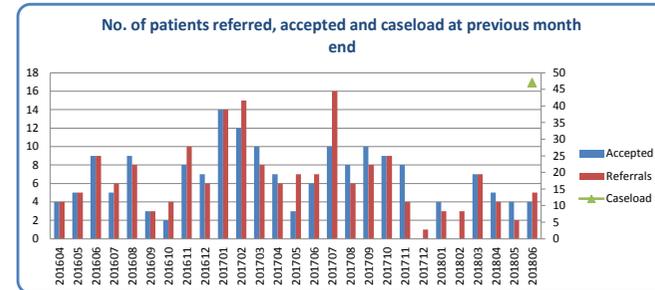
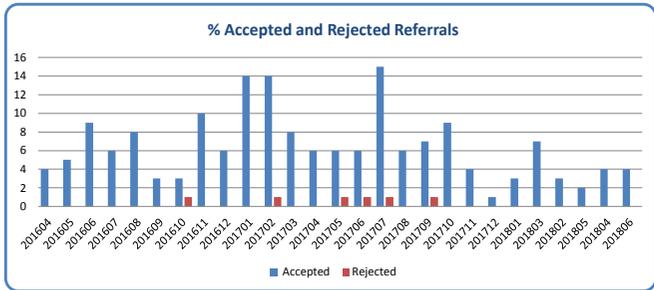
### CYP CHEDs (South Cheshire and Vale Royal CCGs)



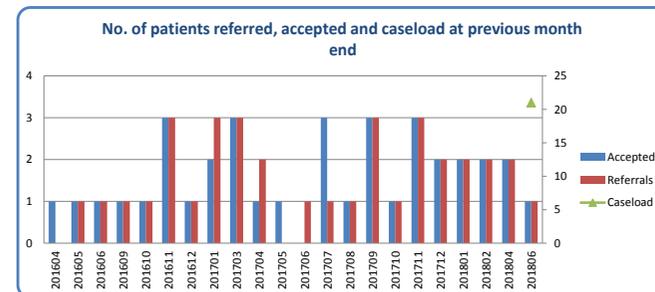
## CYP LD CAMHS (South Cheshire and Vale Royal CCGs)



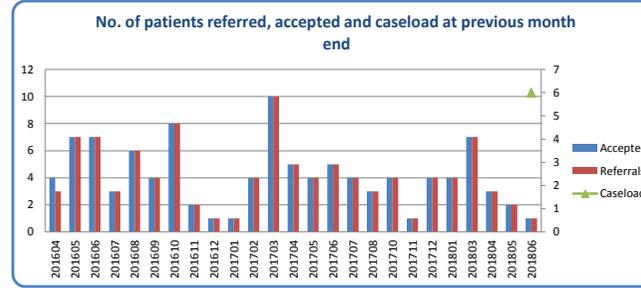
## CYP Tier 2 (South Cheshire and Vale Royal CCGs)



## CYP Tier 3 (South Cheshire and Vale Royal CCGs)



## CYP Tier 4 (South Cheshire and Vale Royal CCGs)



**Appendix 08-**  
**Cheshire West and Chester Workforce Development**

Courses	Providers
1-2-3 Magic Certified Practitioner training	ADDISS
ASSIT Training	Papyrus
Attachment 0-7 Years	CWaC - Child Educational Psychology Team
Attachment 8-18 Years	CWaC - Child Educational Psychology Team
Autism and Communication	Rosebank School
Autism and Sensory Overload	Rosebank School
Autism Awareness	Rosebank School
Autistic Spectrum Disorder/Asperger's Syndrome	Claire Grace-Williams
Brief Intervention Training for Anxiety and Depression	CWP - CAMHS
Children's Development: Impact of Trauma and Adversity from Theory to Practice	Safebase
Choose Well Workshop	CWP
Key Working and Person Centred Planning	Helen Sanderson Associates
Loss: Not Too Young to Grieve	CWaC - Child Educational Psychology Team
Mental Health First Aid - Instructor Training	Mental Health First Aid England
Mental Health First Aid - Youth	CWaC - Child Educational Psychology Team
Mental Health issues and their impact on families	Interface
Mindfulness Foundation	
Motivational Interviewing	etal Training, Jan Procter King
Next Step Cards	Nevexia
NSSI - Non-Suicidal Self Injury	NJP Consultancy
Solution Focused Focused Training	Eileen Murphy Consultants & Associates
Strengths and Difficulties Questionnaire Training (SDQ)	SPL's

**Appendix 08-**  
**Cheshire West and Chester Workforce Development**

SuicideTALK/Awareness Workshop	Papyrus
Understanding Autism & ADHD	CWP-CAMHS
Understanding Psychosis in Young People	CWP - CAMHS
Working with young people who Self Harm	CWP - CAMHS
Youth Connect 5 – train the trainer	MYA (CHAMPS)



### Core Assets Emotional Health and Wellbeing Service (EHWB)

Who is it for: Children and young people aged 0-19 years (and up to 25 years with additional needs) who are open to the Early Help and Prevention Service at the partnership plus level on the continuum of need.

The service provided: Targeted interventions providing lower level emotional health and wellbeing support for those young people who do not meet the CAMHS (Child and Adolescent Mental Health Service) threshold. The aim is for this early intervention to significantly ease the pressures on specialist CAMHS by reducing the number of referrals they receive, and ensuring cases referred to them are appropriate.

The service delivers 6-12 week interventions that will be child and young person/needs led, covering topics such as mental health awareness, promotion of emotional health and wellbeing and resilience and utilisation of the [MindED](#) resources.

The service also provides emotional health and wellbeing advice and support for parents/carers and professionals through professional consultation and through an extensive workshop programme, unpinned by the [MindED](#) resources and eLearning

For each of the following brief learning workshops, participants will complete pre-learning through [MindED](#). This will enable the workshops to focus on embedding best practice and support confidence in responding to the emotional health and wellbeing needs of children and young people.

For more information on the service, its direct work with children, young people and their families including how to refer or access support please contact [cwac.ies@coreassets.com](mailto:cwac.ies@coreassets.com)





**Workshop: Emotional Health and Wellbeing - practical workshop on how to support young people**

**Description:** The aim of this workshop delivered by the Core Assets Emotional Health and Wellbeing Practitioners is to increase awareness and understanding of mental health routes and the support available locally, regionally and nationally. This will enable frontline staff to refer appropriately and when needed. Through case study activities, participants will be able to develop their confidence and knowledge on how to respond to young people effectively and be able to reflect on own cases.

**Outcomes:**

- Developed confidence in supporting young people with their EHWP
- Knowledge of resource and tools that can be used to support this work
- Increased confidence and knowledge of the local referral pathways (signposting)
- Increased awareness of emerging trends
- Embed use of MindED Learning resource

**Pre-requisites:** Prior to attending this course, learners should complete the MindED module <https://www.minded.org.uk/LearningContent/LaunchForGuestAccess/449334> And complete the evaluation survey using the following link, <https://coreassets.typeform.com/to/x669DT>

Date	Time	Venue
7 <sup>th</sup> June 2018	4.30pm - 7pm	Upton by Chester High School
4 <sup>th</sup> July 2018	4.30pm - 7pm	St Nicholas High School
12 <sup>th</sup> December 2018	4.30pm - 7pm	West Cheshire College – Ellesmere Port

**How to book:** Please complete the online booking form [online booking form](#)

You will need to state the course; date and time of course you wish to attend. If you are unable to use the booking form please email: [Trainingbookings@qwestservices.co.uk](mailto:Trainingbookings@qwestservices.co.uk)



Workshop: **Effective Communication with children and young people**

Description: The aim of this workshop delivered by the Core Assets Mental Health and Wellbeing Practitioners is to increase awareness and understanding of effective communication strategies when working with children and young people, with particular focus on responding to difficult and challenging behaviour. Through case study activities participants will be able to develop their confidence and knowledge on how to respond to children and young people effectively and know where to access relevant resources and support.

Outcomes:

- Recognise how to communicate effectively with children and young people and embed best practice
- Knowledge of resource and tools that can be used to support this work
- Increased awareness and confidence in use of different communication strategies
- Embed use of MindED Learning resource

Pre-requisites: Prior to attending this course, learners should complete the MindED module <https://www.minded.org.uk/LearningContent/LaunchForGuestAccess/445679> And complete the evaluation survey using the following link, <https://coreassets.typeform.com/to/x669DT>

Date	Time	Venue
TBC	4.30pm - 7pm	St Nicholas High School
14 <sup>th</sup> November 2018	4.30pm - 7pm	West Cheshire College – Ellesmere Port
7 <sup>th</sup> March 2019	4.30pm - 7pm	Upton by Chester High School

How to book: Please complete the online booking form [online booking form](#)

You will need to state the course; date and time of course you wish to attend. If you are unable to use the booking form please email: [Trainingbookings@qwestservices.co.uk](mailto:Trainingbookings@qwestservices.co.uk)





Workshop: **Understanding the impact of attachment on emotional health and wellbeing**

Description: The aim of this workshop is to provide an overview of attachment theory to inform and improve practice across all settings. To increase awareness of the importance of positive attachments on long term emotional health wellbeing.

Outcomes:

- See attachment as a lifelong process.
- Identify factors that affect attachment.
- Understand the correlation between attachment and a healthy development.
- Understand various ways that neglect and maltreatment influence attachment.
- Discuss your role in helping children with attachment issues
- Embed use of MindED Learning resource

Pre-requisites: Prior to attending this course, learners should complete the MindED module <https://www.minded.org.uk/LearningContent/LaunchForGuestAccess/447070> And complete the evaluation survey using the following link, <https://coreassets.typeform.com/to/x669DT>

Date	Time	Venue
13 <sup>th</sup> June 2018	4.30pm - 7pm	West Cheshire College – Ellesmere Port
8 <sup>th</sup> November 2018	4.30pm - 7pm	Upton by Chester High School
TBC	4.30pm - 7pm	St Nicholas High School

How to book: Please complete the online booking form [online booking form](#)

You will need to state the course; date and time of course you wish to attend. If you are unable to use the booking form please email: [Trainingbookings@qwestservices.co.uk](mailto:Trainingbookings@qwestservices.co.uk)





Workshop: **Early detection of Developmental delay**

Description: The aim of this workshop is to provide an overview, increase awareness and ensure all practitioners and those supporting children and young people are able to signpost to relevant services and support locally. This is aimed at all those working with children and young people

Outcomes:

- Describe barriers to early identification
- Describe the importance of early identification and early intervention
- Recognise the signs and symptoms associated with Autism, Asperger's and related problems.
- Signpost to appropriate organisations or agencies that have resources to support early identification of development delay
- Embed use of MindED Learning resource

Pre-requisites: Prior to attending this course, learners should complete the MindED module; <https://www.minded.org.uk/LearningContent/LaunchForGuestAccess/445688> And complete the evaluation survey using the following link, <https://coreassets.typeform.com/to/x669DT>

Date	Time	Venue
4 <sup>th</sup> October 2018	4.30pm - 7pm	Upton by Chester High School
tbc	4.30pm - 7pm	St Nicholas High School
13 <sup>th</sup> March 2019	4.30pm - 7pm	West Cheshire College – Ellesmere Port

How to book: Please complete the online booking form [online booking form](#)

You will need to state the course; date and time of course you wish to attend. If you are unable to use the booking form please email:

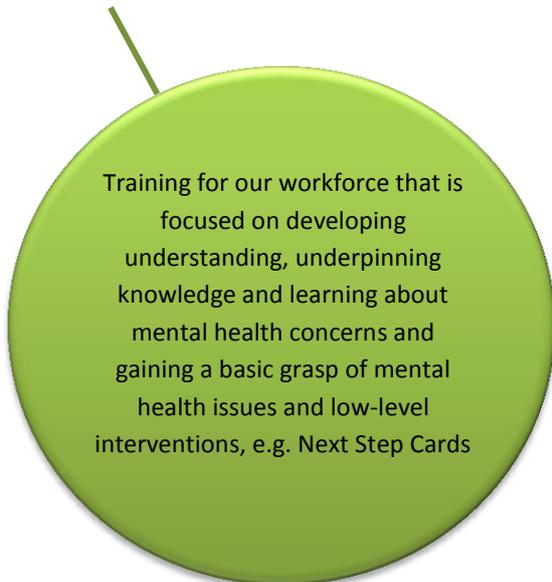
[Trainingbookings@qwestservices.co.uk](mailto:Trainingbookings@qwestservices.co.uk)



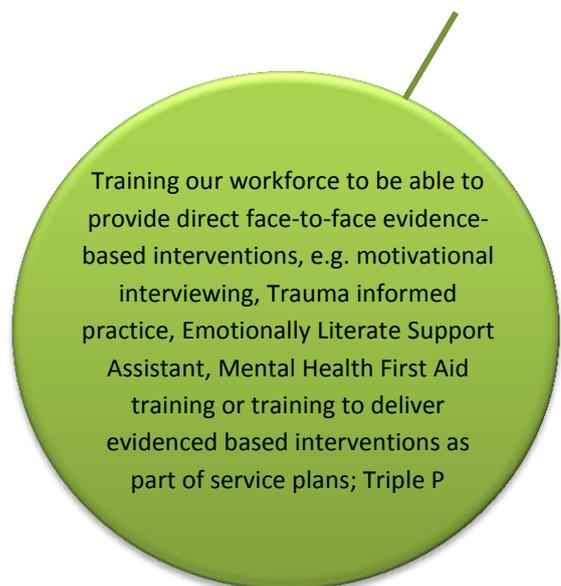
Appendix 09

Cheshire West and Chester Workforce Development Model

**One-off Educational  
Training**

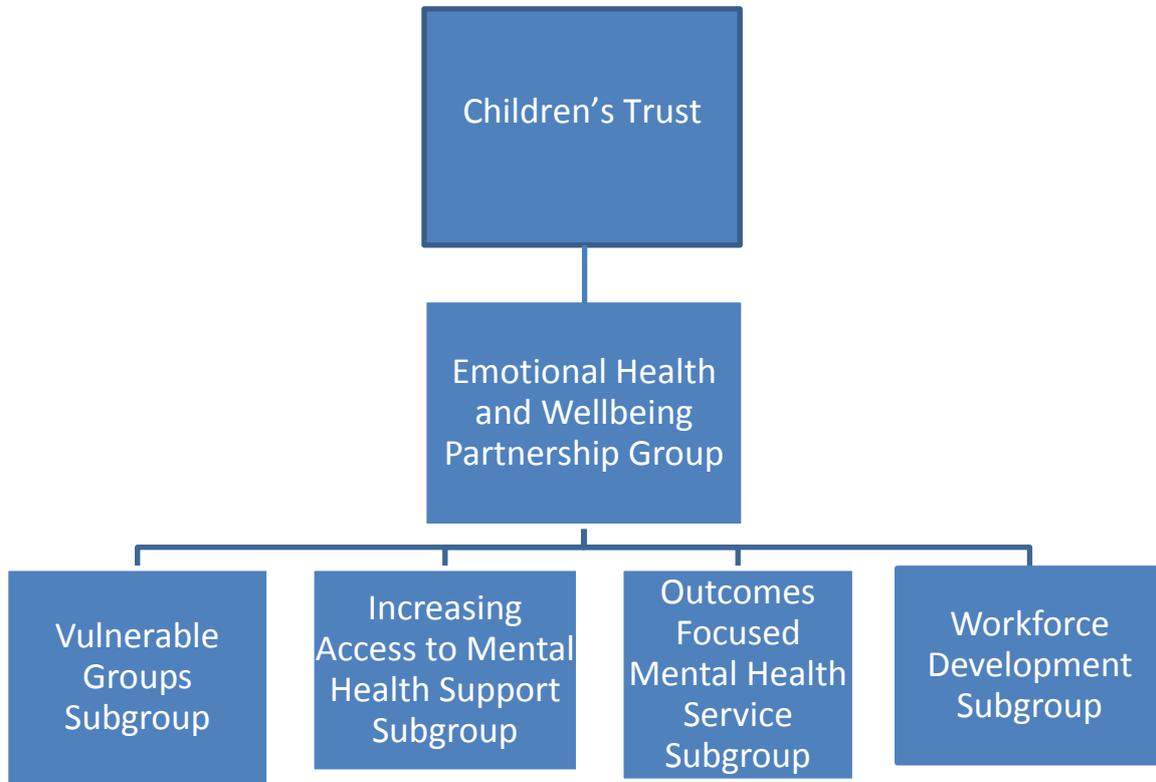


**Ongoing Evidence-Based  
Interventions Training**



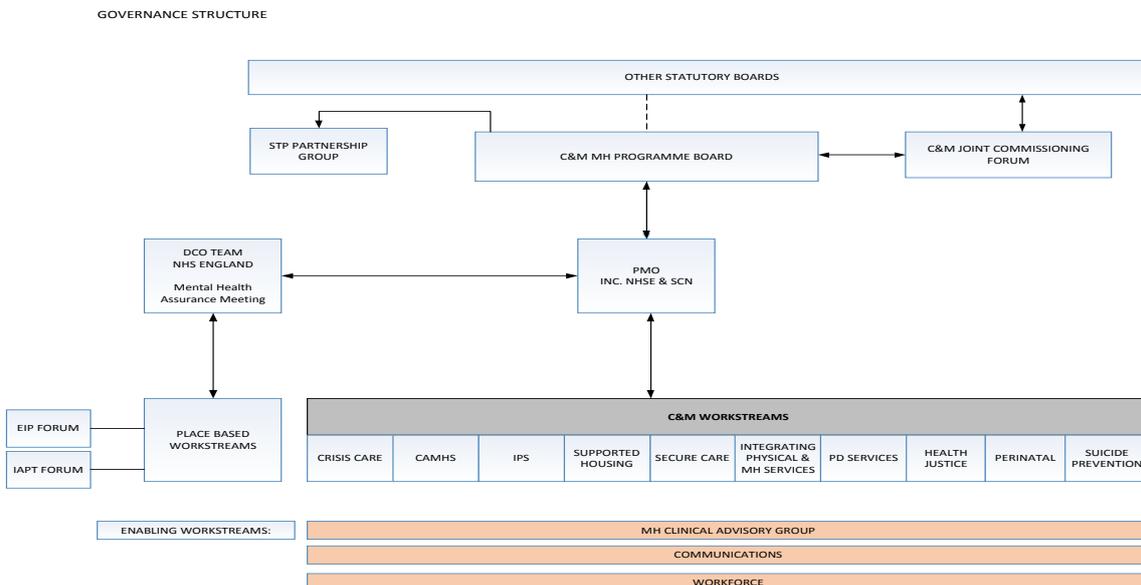
**Appendix 10-**

**Making it Happen: Governance Structures**



**CWac & WCCCG**

**Mental Health Programme Board (Cheshire and Merseyside STP)**



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## CHESHIRE EAST HEALTH AND WELLBEING BOARD

## Reports Cover Sheet

<b>Title of Report:</b>	Cheshire East Carers Hub
<b>Date of meeting:</b>	29 <sup>th</sup> January 2019
<b>Written by:</b>	Liz Smith
<b>Contact details:</b>	Liz.Smith@cheshireeast.gov.uk
<b>Health &amp; Wellbeing Board Lead:</b>	Mark Palethorpe - Executive Director – People

## Executive Summary

<b>Is this report for:</b>	<input checked="" type="checkbox"/> Information <input type="checkbox"/>	<input type="checkbox"/> Discussion <input type="checkbox"/>	<input type="checkbox"/> Decision <input type="checkbox"/>
<b>Why is the report being brought to the board?</b>	<p>The purpose of this report is to update the Health and Wellbeing Board on the progress, performance and key risks in relation to the Cheshire East Carers Hub Service.</p> <p>To provide an update on the status of the current contract and future service developments.</p>		
<b>Please detail which, if any, of the Health &amp; Wellbeing Strategy priorities this report relates to?</b>	<p>Starting and Developing Well <input type="checkbox"/></p> <p>Living and Working Well <input type="checkbox"/></p> <p>Ageing Well <input type="checkbox"/></p> <p>All of the above <input type="checkbox"/></p>		
<b>Please detail which, if any, of the Health &amp; Wellbeing Principles this report relates to?</b>	<p>Equality and Fairness <input type="checkbox"/></p> <p>Accessibility <input type="checkbox"/></p> <p>Integration <input type="checkbox"/></p> <p>Quality <input type="checkbox"/></p> <p>Sustainability <input type="checkbox"/></p> <p>Safeguarding <input type="checkbox"/></p> <p>All of the above <input type="checkbox"/></p>		
<b>Key Actions for the Health &amp; Wellbeing Board to address. Please state recommendations for action.</b>	<p>That the Health and Wellbeing Board are to review and note the progress of the Integrated Carers Hub.</p> <p>That the Health and Wellbeing Board review and comment on the on the contribution that the Cheshire East Carers Hub is making against the five key priorities set within the Joint Carers Strategy Delivery Plan 2016 – 20018..</p>		

<p><b>Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?</b></p>	<p>The report has been to DMT and CLT within CEC and has been circulated Eastern CCG and South Cheshire CCG to be presented at execs.</p>
<p><b>Has public, service user, patient feedback/consultation informed the recommendations of this report?</b></p>	<p>Carers supported the co-production and re-design of the Cheshire East Carers Hub. Carers have directed the contract award of the Cheshire East Carers Hub.</p> <p>The Cheshire East Carers Hub is in the processes of establishing the Carers Reference Group.</p> <p>A representative from the Carers Hub attends the Parents Carers Forum.</p>
<p><b>If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.</b></p>	<p>Improved BCF Outcomes and wider health and wellbeing outcomes for Carers through improved pathways and access to services.</p>

## 1 Report Summary

- 1.1 The purpose of the report is to update the Health and Wellbeing Board on the progress of the Cheshire East Carers Hub. The report will outline how the Carers Hub is delivering its targets and supporting the five key priorities within The Carer’s Strategy Delivery Plan 2016 – 2018.
- 1.2 The Cheshire East Carers Hub has a focus upon key areas that carers told us that are important to them, providing a service that improves and positively impacts on their health and wellbeing.

## 2 Recommendations

- 2.1 That the Health and Wellbeing Board review and note the progress of the Cheshire East Carers Hub.
- 2.2 That the Health and Wellbeing Board review and comment on the contribution that the Cheshire East Carers Hub against the five key priorities of the Carers Strategy Delivery Plan 2016 to 2018.

## 3 Reasons for Recommendations

- 3.1 This report is a key driver to influence progress and success against the five key priorities set within the Joint Carers Strategy Delivery plan 2016 to 2018.
- 3.2 To continue to support the partnership approach that is essential to the achievements of mutually beneficial outcomes for Cheshire East Council and Clinical Commissioning Groups that are aligned to the Better Care Fund.
- 3.3 The Cheshire East Carers Hub is a key element of the Council's statutory obligations under the Care Act 2014, the Children and Families Act 2014. The Strategy therefore ensures compliance with the Council's strategic aims and policies for Carers including legal rights to assessment and support.

#### **4 Impact on Health and Wellbeing Strategy Priorities**

##### **4.1 Outcome 2: Improving the mental health and wellbeing of people living and working in Cheshire East.**

The Cheshire East Carers Hub provides an information and support service designed to help carers of all ages to fulfil their caring responsibilities and still enjoy a healthy life outside of their caring role. The Carers Hub is supporting carers who live in Cheshire East, along with those who live outside the area who care for a Cheshire East resident. The vision of the Carers Hub is to provide a high quality, effective, single point of access service that offers carers a range of diverse services designed to meet their individual needs. The service is focusing on early intervention and prevention for adults and young carers, while empowering them to improve their life chances and health and well-being.

**Quarter 1:** 100% of carers completing the baseline and end questionnaires reported improved emotional health.

**Quarter 2:** 96% of carers completing baseline and end questionnaires reported improved quality of life.

##### **4.2 Outcome 3: Enable more people to live well for longer.**

The Carers Hub model is a whole system, all age approach to delivering services for carers in Cheshire East. The service will ensure that carers needs and outcomes are met to support them in their caring role. This brings all carers services under one integrated approach thereby ensuring a clear referral pathway for all carers through one single access point so that they access the support they need, at the time when they need it most. By providing improved access to information, advice and support, this system is assisting to reduce the impact the caring role can have on a carers own health and wellbeing and therefore, enabling people to live well for longer.

**Quarter 1:** 89% of carers completing baseline and end questionnaires reported improved quality of life.

**Quarter 2:** 96% of carers completing baseline and end questionnaires reported improved physical health.

## 5 Background and Options

5.1 The Care Act sets out the Local Authority responsibility for carers and the improved outcomes that are required for carers. Ensuring that carers assessments and subsequent caring responsibilities, consider the impact of the caring role and how this affects their own daily life. The assessment should consider how the carer is able to maintain employment, training, learning, social connections and well as the effect on their physical health and mental wellbeing.

Carers and other key stakeholders have been involved in the development of the Strategy including our vision and local priorities. The delivery plan priorities are being implemented by lead officers from Cheshire East Council, NHS South Cheshire and NHS Eastern Cheshire Clinical Commissioning Groups. Building on the previous carer's engagement events officers from the Council and the Clinical Commissioning Groups continued to work with carers and service providers in shaping and developing (co-produce) services for carers. This is being achieved through aligning commissioning intentions to the priorities identified within the strategy and delivery plan.

As part of the Carers Whole System Redesign 2016/17, it was identified that Carers needed to have a service that was a single point of contact. In response to the feedback from Carer's the Council in partnership with the Clinical Commissioning Groups tendered for a organisation to provide the Cheshire East Integrated Carers Hub. The integration of carers services through an Integrated Carers Hub approach through a 'Hub and Spoke' model that will co-ordinate support for Adult, Parent and Young Carers in Cheshire East. This approach was to provide a single point of contact for Carers service that will coordinate and improve access to local support.

The aim of the service was to offer a universal service to all carers for information, advice and support, with targeted and crisis support offered to ensure the safety and welfare of the carer. This service was an 'all age' service that included all Carers regardless of their age and who they care for, therefore the service is for Adult, Parent and Young Carers.

Other actions for the Integrated Carer's Hub was to increase the identification of carers locally, manage and administer the Carers Living Well Fund, 24 hour Carers Helpline and improve the health and wellbeing of carers locally.

### **The Contract**

The contract was awarded to NCompass in partnership with Child Action North West, and was available for all carers on the 1<sup>st</sup> of April 2018.

The Integrated Carers Hub now provides services including information, advice and guidance alongside other support mechanisms such individual key workers, peer support groups, drop-in sessions, access to Living Well funded breaks and 24 hour Carers Help and Talk (CHAT) phone line, as well as using community assets via our Connected Communities sites to increase accessibility.

### The Service Achievements

The progress of Cheshire East Carers Hub achievement has been measured against the five key priorities within the Joint Carers’ Strategy Delivery Plan (2016-18). These are highlighted below to provide Health and Wellbeing Board with an overview.

#### Summary of Key Achievements April 2018 to September 2018

##### Priority 1 Assessment of Carer Needs and Crisis Support:

There is no set target for the number of carers assessments that the Cheshire East Carers Hub is to complete annually, however in Quarters 1 and 2 (April to September 2018), the Carers Hub has completed 586 assessments. This is additional to the 219 Carers Assessments completed by the Council, of which 209 were for individual assessments. Compared with the number of carers assessments completed by the Council in 2017/18 which was 783, within the first two quarters of 2018/19 the number of carers assessment completed by the Hub has increased the council’s interaction with carers. The Carers Hub contribution to the completed assessments target shows an indicative increase of 49.7% (Q1 & Q2). This demonstrating that the investment of the Carers Hub, has not only increased awareness but more importantly access to the right support at the right time for all Carers.

The breakdown of the assessments (April to September 2018) is as follows:

No. Carers Assessments (Hub)	586
No. Carers Assessments (Council)	219
<b>Total in Quarter 1 and 2</b>	<b>805</b>

There has been a significant change to the whole approach of Carer’s assessments, which focus on a personalised approach of achieving individual’s outcomes rather than a means of just accessing services. This is reflected in the various ways in which we seek to support carers, further details are outlined below:

No of Carers – Low support (Info/advice)	349
No of Carers – Medium support	794
No of Carers – Intensive support	75
No of Carers – Live Well Funding	691

Carer Choice Fund	10
No of Carers provided with a break	1662
No of groups sessions	178

Additionally, number of Carers who have received additional funding from the Carers Live Well Fund within the first two quarters is above the annual target set at 752 for year 1 of the contract. The Carers Hub offers Carers the opportunity to apply for support via The Live Well Fund, and is available to all Carers.

To date the Live Well Fund has been spent on the following, to support Carers:

Category	Totals
Digital Equipment	18
Driving lessons	12
Education / course materials	7
Entertainment	10
Household goods	52
Leisure/Fitness/Hobbies	128
Other	70
Other equipment i.e. wellbeing equipment	9
Short breaks	316
Therapies	69
<b>Total</b>	<b>691</b>

The following carers groups have received a break/equipment through the Live Well Fund:

**182** – Parent Carers

**370** – Adult Carers

**128** – Caring for more than one person. This could be two children/two adults/one child and one adult etc.

**11** – Unknown because their date of birth has been refused or not captured

A proportion of the Live Well Fund monies has been ring-fenced to support Young Carers in their caring role. The Carers Hub are currently working with Child Action North West and the Young Carers themselves to design the offer for young carers.

A further proportion of the Live Well Fund was used to fund the Carers Choice Grants Scheme. More than 100 local people attended the Carers Hub 'Carers Choice Awards' event on 26<sup>th</sup> September 2018 with Carers voting to choose the organisations who would receive a share of the funding to provide Carers with a break. Cheshire East Carers' Hub is committed to working in partnership with local organisations and groups to extend their reach in supporting Carers to fulfil their role, while maintaining Carers' own health and wellbeing. Representatives from 13 local

organisations presented their 'bid' to the audience of Carers for a share of the money – explaining how they would support Carers should their application be successful.

The successful organisations were:

- **Cheshire Young Carers: £10,000** – A programme of activities for Young Carers in Cheshire East during school holidays when they feel most isolated from friends and social activities due to their care responsibilities at home;
- **Space 4 Autism: £7,480** – This project will offer a programme of exciting, fun and educational social events and activities for Carers that live with a family member(s) affected by an autism spectrum condition;
- **Central Cheshire Buddy Scheme: £6,185** – To support Young Carers who have a disabled brother or sister, to give them a break as a young carer providing a support network with new opportunities, developing confidence and self-esteem. The project will allow young Carers valuable 'switch off time' in a supportive environment;
- **Chelford Together Caring Communities Project: £8,715** – Passionate volunteers will help deliver this project, giving £56,000 of their time. It includes a Carers' wellbeing programme, musical events, befriending, awareness raising, digital inclusion and advice sessions;
- **End of Life Partnership (EoLP) – Bereavement Project: £10,000** – EoLP will work with six compassionate communities to increase support and training for people who have experienced or are experiencing bereavement;
- **Cheshire and Warrington Carers Trust – Time For Me: £9,988** – A wide range of planned and flexible events and activities including relaxation treatments for Carers to enjoy across Cheshire East. Evening, weekend and daytime breaks co-produced with Carers;
- **Cheshire and Warrington Carers Trust – Parent Carer Project: £9,838** – A wide range of planned and flexible events and activities, including learning opportunities for parent Carers to enjoy across Cheshire East. Evening, weekend and daytime breaks recognising the specific needs of parent Carers;
- **Audlem and District Community Action (ADCA): £9,360** – ADCA plans to expand the successful Carers' breaks already organised in the local area, to increase the number of Carers supported to more than 100 and to cover a wider geographical area;
- **End of Life Partnership (EoLP) – Caring with Confidence: £10,000** – The Carers' wellbeing programme improves carer health and wellbeing locally, through practical workshops that help people to care with confidence and for as long as they feel able; and
- **Wishing Well: £6,434** – The 'Lift In' project aims to provide car-sharing for Carers to local activities, services and appointments, with the additional outcome of connecting Carers with like-minded people and social groups.

**Key factors – April – September 2018**

- Number of Adult Carers accessing the Carers Hub was **1069**, exceeding the incentivised indicator target set at 1000 for year 1.
- Number of Young Carers accessing the Carers Hub was **149**, exceeding the incentivised indicator target set at 100 for year 1.
- Number of referrals received was **1218**
- Single point of access successfully went Live on the 1<sup>st</sup> of April 2018. The phone line is open Monday to Friday 8am to 6pm, Saturday 9am to 12.30pm;
- 24 hour Carers Help and Talk (CHAT) line is now available;
- **1151** Carers who undertake Peer Mentoring role.

### **Priority 2 Information Service:**

- Single point of access for all carers for information, advice, guidance and support is now available
- 24/7 CHAT line, supported by volunteers and peer mentors
- Market Stalls and social media campaigns
- Peer mentoring and volunteering opportunities
- The service is active in ensuring website updates – Including where they complement the offer via the Council's 'Live Well'- Online resource.

### **Priority 3 Respite and Carer Breaks:**

- Live well Funded Breaks
- Carers Choice Grant Scheme
- Coffee and Chat (Drop-in sessions)
- Support Groups

### **Priority 4 Realising Carer Potential:**

- Young Carers from the Integrated Carers Hub have expressed an interest involvement with ADASS CPN Regions and the Children's Society Transition Project.
- Recruitment of volunteers to support the Hub activities
- Peer mentoring
- Training and support
- Volunteer opportunities

### **Priority 5 Engagement and Co-Production**

Carers Right day – has been arranged for the 30<sup>th</sup> of November 2018 in Macclesfield, NCompass have worked with Cheshire and Warrington Carers Trust who will host the event on the 30<sup>th</sup> of November 2018 in Crewe.

Carers Reference Group – is undergoing development with an expectation that this is established in Quarter 3.

Parents Carers Forum – the Hub is linking in with the PCF and representatives are attending the meetings.

Carers Hub 'Carers Choice Awards' – an event was held on 26<sup>th</sup> September 2018 with Carers voting to choose the organisations who would receive a share of the funding to provide Carers with a break. Cheshire East Carers' Hub is committed to working in partnership with local organisations and groups to extend their reach in supporting Carers to fulfil their role, while maintaining Carers' own health and wellbeing.

### **Key service developments for Quarter 3 and 4 (2018/19) include:**

- Continued development towards the Trusted Assessor
- Carer Reference Board
- Carers Emergency Card
- Development of the assessment data sharing
- Recruitment of volunteers
- Live Well Online Carers Assessment

## **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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Designation: Senior Commissioning Manager

Tel No:

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## **7. Contact Information**

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## CHESHIRE EAST HEALTH AND WELLBEING BOARD

## Reports Cover Sheet

<b>Title of Report:</b>	The NHS Long Term Plan and Prevention is better than cure: Our vision to help you live well for longer
<b>Date of meeting:</b>	29 <sup>th</sup> January 2019
<b>Written by:</b>	Guy Kilminster
<b>Contact details:</b>	<a href="mailto:guy.kilminster@cheshireeast.gov.uk">guy.kilminster@cheshireeast.gov.uk</a>
<b>Health &amp; Wellbeing Board Lead:</b>	Fiona Reynolds

## Executive Summary

<b>Is this report for:</b>	Information <input type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>
<b>Why is the report being brought to the board?</b>	To bring to the attention of the Board the NHS England Long Term Plan and the Department of Health and Social Care's New vision for prevention.		
<b>Please detail which, if any, of the Health &amp; Wellbeing Strategy priorities this report relates to?</b>	Starting and Developing Well <input type="checkbox"/> Living and Working Well <input type="checkbox"/> Ageing Well <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
<b>Please detail which, if any, of the Health &amp; Wellbeing Principles this report relates to?</b>	Equality and Fairness <input type="checkbox"/> Accessibility <input type="checkbox"/> Integration <input type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
<b>Key Actions for the Health &amp; Wellbeing Board to address. Please state recommendations for action.</b>	That the Health and Wellbeing Board note the publication of the Long Term Plan and the vision for prevention, and the Government's desire to place prevention at the heart of our nation's health.  That the Board consider and agree how to ensure the Cheshire East Place based health and care system takes on board the aspirations of the vision and puts prevention at the heart of our local transformation.		
<b>Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?</b>	N/A		

<p><b>Has public, service user, patient feedback/consultation informed the recommendations of this report?</b></p>	<p>N/A</p>
<p><b>If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.</b></p>	<p>If the health and care system and wider community delivers a truly prevention focussed future model of care, this will have significant benefits for residents who will:</p> <ul style="list-style-type: none"> <li>- Enjoy healthier lifestyles and better wellbeing</li> <li>- Live longer in good health</li> <li>- Remain independent and part of their community</li> <li>- See reductions in health inequalities.</li> </ul>

## **1 Report Summary**

- 1.1 On 7<sup>th</sup> January 2019 NHS England published their Long Term Plan, a 10 year plan to ‘...make the NHS fit for the future, and to get the most value for patients out of every pound of taxpayers’ investment.’ On 5<sup>th</sup> November 2018 the Secretary of State for Health and Social Care had also published ‘Prevention is better than cure: Our vision to help you live well for longer. The document is intended to help achieve ‘...at least five extra years of healthy, independent life, whilst closing the gap between the richest and the poorest.’ This has informed the Long Term Plan.

## **2 Recommendations**

- 2.1 That the Health and Wellbeing Board note the contents of the Long Term Plan, the vision for prevention and the Government’s desire to place prevention at the heart of our nation’s health.
- 2.2 That the Board consider and agree how to ensure the Cheshire East Place based health and care system embeds the aspirations of the vision and puts prevention at the heart of our local transformation.

## **3 Reasons for Recommendations**

- 3.1 To help people live longer, healthier, more independent lives;
- 3.2 To support the economy through reduced ill-health amongst working age people;
- 3.3 To reduce the pressures in the NHS, social care and other public services.

## **4 Impact on Health and Wellbeing Strategy Priorities**

- 4.1 Elements of the Long Term Plan and the vision within ‘Prevention is better than cure...’ are strongly linked to the priorities of the Health and Wellbeing Strategy and if truly embedded in the health and care system and wider community would have significant beneficial impacts in relation to the health and wellbeing of the Cheshire East population.

## 5 Background and Options

- 5.1 Prevention is about helping people to stay healthy, happy and independent for as long as possible. This means reducing the chances of problems arising in the first place, and when they do, supporting people to manage them as effectively as possible. Early intervention and prevention is a priority within the Cheshire and Merseyside Health and Care Partnership and so the new national vision is timely.
- 5.2 The Long Term Plan sets out new commitments for action that the NHS itself will take to improve prevention. It recognises that a comprehensive approach preventing ill-health also depends upon the actions of individuals, companies, communities and government to tackle wider threats to health and ‘...to ensure health is hardwired into social and economic policy’ It also acknowledges the important role of local government and other public sector, community and voluntary organisations.
- 5.3 Chapter one of ‘Prevention is better than cure’ sets out why prevention matters, and the case for change. Our health is our most important asset, we must protect and nourish it. Whilst great progress has been made in helping people live longer lives, too many of these extra years are spent in poor health. We are now living with more complex illnesses for longer, and significant health inequalities still exist. Much of this ill health could be prevented.
- 5.3 Chapter two describes the Government's vision for preventing problems from arising in the first place. This covers everyday decisions people have personal responsibility for, for example around what we eat and drink, how active we are and how much we sleep, as well as wider actions to improve our mental health. But these decisions are not made in isolation; they are also shaped by our early experiences, the environment around us and by the services we receive. The NHS and local authorities need to put prevention at the heart of everything they do: tackling the root causes of poor health, not just treating the symptoms, and providing targeted services for those most at risk. Action is needed to empower people to make healthier choices, to harness modern technology, and to address the broader conditions that lead to health and social care needs in the first place.
- 5.4 Chapter three sets out the prevention vision for those already living with a health or social care need, and how they can live well for longer. The health and social care system has an important role to play in terms of: (i) picking up problems earlier; (ii) stopping them from getting worse by providing the right care in the community, and putting more people in control of their health; and (iii) supporting the whole person - across mental and physical health - not just treating symptoms. Living well in the community also involves more than health and social care services. Where we live and work, and the support we get from those around us, makes a big difference to our ability to live well. When it comes to prevention, we all have a role to play: individuals, families, communities, employers, charities, the NHS, social care, and local and national government. Only by working together can we make this vision a reality.

- 5.5 With the recent establishment of the Cheshire East 'place based' health and care Partnership and the ongoing work to develop the Partnership's strategy, there is a great opportunity to embed the aspirations within the Long Term Plan and the national prevention vision into our local planning. The Health and Wellbeing Board is asked to consider how best to ensure that this happens.
- 5.6 A summary of the Long Term Plan is attached as Appendix One and key messages from the Vision document as Appendix Two. The published Long Term Plan can be viewed here: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf>

The Prevention is Better than Cure Vision document can be viewed here:

<https://www.gov.uk/government/publications/prevention-is-better-than-cure-our-vision-to-help-you-live-well-for-longer>

## **6 Access to Information**

- 6.1 The background papers relating to this report can be inspected by contacting the report writer:  
Name: Guy Kilminster  
Designation: Corporate Manager Health Improvement  
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# The NHS Long Term Plan – a summary

**Find out more:** [www.longtermplan.nhs.uk](http://www.longtermplan.nhs.uk) | **Join the conversation:** [#NHSLongTermPlan](https://twitter.com/NHSLongTermPlan)

Health and care leaders have come together to develop a Long Term Plan to make the NHS fit for the future, and to get the most value for patients out of every pound of taxpayers' investment.

Our plan has been drawn up by those who know the NHS best, including frontline health and care staff, patient groups and other experts. And they have benefited from hearing a wide range of views, whether through the 200 events that have taken place, and or the 2,500 submissions we received from individuals and groups representing the opinions and interests of 3.5 million people.

This summary sets out the key things you can expect to see and hear about over the next few months and years, as local NHS organisations work with their partners to turn the ambitions in the plan into improvements in services in every part of England.

## What the NHS Long Term Plan will deliver for patients

These are just some of the ways that we want to improve care for patients over the next ten years:

### Making sure everyone gets the best start in life

- reducing stillbirths and mother and child deaths during birth by 50%
- ensuring most women can benefit from continuity of carer through and beyond their pregnancy, targeted towards those who will benefit most
- providing extra support for expectant mothers at risk of premature birth
- expanding support for perinatal mental health conditions
- taking further action on childhood obesity
- increasing funding for children and young people's mental health
- bringing down waiting times for autism assessments
- providing the right care for children with a learning disability
- delivering the best treatments available for children with cancer, including CAR-T and proton beam therapy.

### Delivering world-class care for major health problems

- preventing 150,000 heart attacks, strokes and dementia cases
- providing education and exercise programmes to tens of thousands more patients with heart problems, preventing up to 14,000 premature deaths
- saving 55,000 more lives a year by diagnosing more cancers early
- investing in spotting and treating lung conditions early to prevent 80,000 stays in hospital
- spending at least £2.3bn more a year on mental health care
- helping 380,000 more people get therapy for depression and anxiety by 2023/24
- delivering community-based physical and mental care for 370,000 people with severe mental illness a year by 2023/24.

### Supporting people to age well

- increasing funding for primary and community care by at least £4.5bn
- bringing together different professionals to coordinate care better
- helping more people to live independently at home for longer
- developing more rapid community response teams to prevent unnecessary hospital spells, and speed up discharges home.
- upgrading NHS staff support to people living in care homes.
- improving the recognition of carers and support they receive
- making further progress on care for people with dementia
- giving more people more say about the care they receive and where they receive it, particularly towards the end of their lives.

## How we will deliver the ambitions of the NHS Long Term Plan

To ensure that the NHS can achieve the ambitious improvements we want to see for patients over the next ten years, the NHS Long Term Plan also sets out how we think we can overcome the challenges that the NHS faces, such as staff shortages and growing demand for services, by:

- 1. Doing things differently:** we will give people more control over their own health and the care they receive, encourage more collaboration between GPs, their teams and community services, as 'primary care networks', to increase the services they can provide jointly, and increase the focus on NHS organisations working with their local partners, as 'Integrated Care Systems', to plan and deliver services which meet the needs of their communities.
- 2. Preventing illness and tackling health inequalities:** the NHS will increase its contribution to tackling some of the most significant causes of ill health, including new action to help people stop smoking, overcome drinking problems and avoid Type 2 diabetes, with a particular focus on the communities and groups of people most affected by these problems.
- 3. Backing our workforce:** we will continue to increase the NHS workforce, training and recruiting more professionals – including thousands more clinical placements for undergraduate nurses, hundreds more medical school places, and more routes into the NHS such as apprenticeships. We will also make the NHS a better place to work, so more staff stay in the NHS and feel able to make better use of their skills and experience for patients.
- 4. Making better use of data and digital technology:** we will provide more convenient access to services and health information for patients, with the new NHS App as a digital 'front door', better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data.
- 5. Getting the most out of taxpayers' investment in the NHS:** we will continue working with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered, make better use of the NHS' combined buying power to get commonly-used products for cheaper, and reduce spend on administration.

## What happens next

Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs), which are groups of local NHS organisations working together with each other, local councils and other partners, now need to develop and implement their own strategies for the next five years.

These strategies will set out how they intend to take the ambitions that the NHS Long Term Plan details, and work together to turn them into local action to improve services and the health and wellbeing of the communities they serve – building on the work they have already been doing.

This means that over the next few months, whether you are NHS staff, a patient or a member of the public, you will have the opportunity to help shape what the NHS Long Term Plan means for your area, and how the services you use or work in need to change and improve.



To help with this, we will work with local Healthwatch groups to support NHS teams in ensuring that the views of patients and the public are heard, and Age UK will be leading work with other charities to provide extra opportunities to hear from people with specific needs or concerns.

## Find out more

More information is available at [www.longtermplan.nhs.uk](http://www.longtermplan.nhs.uk), and your local NHS teams will soon be sharing details of what it may mean in your area, and how you can help shape their plans.

## Prevention is better than cure: Our vision to help you live well for longer

### 1. Summary –

The following document is a summary of the Department of Health & Social Care's vision entitled: Prevention is better than cure: Our vision to help you live well for longer (05/11/18). The vision stipulates that prevention should be central to national health care.

### 2. The Main Objective –

*'Improve healthy life expectancy so that, by 2035, we are enjoying at least five extra years of healthy, independent life, whilst closing the gap between the richest and poorest.'*

### 3. Definition of Prevention –

'Helping people stay healthy, happy and independent for as long as possible. This means reducing the chances of problems from arising in the first place and, when they do, supporting people to manage them as effectively as possible. Prevention is as important at seventy years old as it is at age seven.'

## Chapter 1 - Why Prevention Matters and the Case for Change

- Improves Economy: Ill health costs the economy £100bn per year.
- Reduce pressure on NHS: Hospital attendance is rising (+22% over the past 9 years).
- We all desire to live well for longer.

### Ill Health:

- Although we live longer, an average of 20% is spent in poor health
- As we live longer illnesses become more complex
- Issues regarding inequality continue to prevail (and widen).

### Main Causes of Ill Health:

#### Unhealthy lifestyles -

- Smoking: cost approx. £2.5bn to NHS and £760m to local council social care, 6m adults smoke.
- Obesity: cost approx. £6bn to NHS, £27bn to wider society, over ¼ adults obese in England.
- Alcohol: 10m adults in England drink to a harmful level, 1.4% dependent on alcohol, 1m+ hosp. admissions.
- Additional: insufficient sleep, high screen time and cyber bullying.

#### Housing –

- Damp, mould is linked to asthma, and rotting floorboards and insufficient lighting are linked to falling risk.
- Overcrowded residences have a negative affect on mental health and relationships.
- Neighbourhood: Access to green space & safety linked to physical & mental health (also link to air pollution).

#### Unemployment –

- 10m unemployed who do not access health benefits of employment (wage, sense of purpose, self-esteem, etc.)

#### Isolation –

- Research shows that loneliness is linked to increased risk of depression, low self-esteem and higher stress.

#### Contribution:

- £20.5bn by 2023/24 will not be sufficient alone; an integrated solution is key across both health and social care.
- Health and social care must prioritise prevention, whilst simultaneously increasing the utilisation of technology.
- Collaboration across health and social care, national and local gov. and communities and employers.

## Chapter 2 – Preventing Problems in the First Place

Promote healthy lifestyles for all ages:

- 5 a day/eat well, limit sugar, alcohol and salt intake, exercise and 'don't smoke'

Health and social care must tackle the causes, not the symptoms, of poor health:

- £97bn spent last year curing diseases, only £8bn spent on prevention.

Preventing problems:

- Local Gov. realising their potential as leaders (Dir. Public Health plays important leadership role, local expertise allow tailoring of services to local needs).
- Prioritise investment in primary and community care and continue vaccination programme.
- Use size of NHS presence (influence on air pollution, improve health and wellbeing of staff)

Helping those most at Risk:

- Smoking, mental health, obesity, high blood pressure and alcohol.
- Issues within these groups must be tackled to prevent widening inequalities and worsening situations.

Predictive Prevention –

- Harness digital technology and personal data (allows for more reliable predictions and individualised approaches)
- Public Health England will coordinate a range of experts to build, evaluate and model predictive prevention.

Action from National and Local government to help people make healthier choices:

- Encourage healthier pregnancies, improve early years reading and language acquisition, adopt a whole family approach, improving children's dental health, protect and improve children's mental health.
- School also play an important role: food they serve, activities they provide and support in mental health.
- Support healthier food and drink choices (half child obesity by 2030, reduce salt intake, etc.)
- Improve physical activity ('Sporting Future' (2015), 'Sport England' ¼ total budget to tackle inactivity).
- Encourage Travel (double level of cycling by 2025, improve cycling safety, improve walking safety).
- Reduce loneliness and social isolation

Environmental factors: Where we live and work:

- Workplace (healthy design of workplace is important, also great settings for advertising a message.
- Air quality (£3.5bn to reducing harmful emissions, ammonia emissions, Gov. commits £25m to tech for pollution)

## Chapter 3 – Living Well in the Community

Prevention should be at the core of the health and social care system:

- Cancer deaths are avoidable (stage 1 = 4/5 survival, stage 4 = 1/5, 50% of patients diagnosed stage 1 or stage 2)
- By 2028, Gov. aim for 75% of cancers should be diagnosed in stage one or stage two.

Stopping problems from getting worse and supporting recovery:

- Around 1 in 6 emergency admissions to hospital are due to avoidable complications.
- Some people stay in hospital longer than needed which puts pressure on beds.
- An integrated solution is recommended, as this allows for adapting to a variety of circumstances.

Primary care is a central part of our vision:

- Increase general practise workforce (increases - 5,000 more doctors & 5,000 other practise staff), retain experienced GPs, encourage GPs to work more closely.

Helping people manage their own conditions:

- Growth in: remote monitoring, virtual consultations & patients sharing experiences online.

Growing community health is essential to meet future challenges:

- Hospitals need to work in closer proximity with community health services and social care.
- Recruit/retain staff in community mental health (nurse population in community grew by under 1% 2016/17)

Supporting the whole person, not just treating symptoms:

- We need to recognise the importance of geriatricians, GPs, district nurses and other generalists
- We need to change the mind set from condition management to health creation.
- We must ensure better integration between health and employment support services to help people with health conditions to enter and stay in work

Living well in the community involves more than the healthcare we receive:

- The support we get from friends and family can be just as important as the health and social care we receive
- The voluntary sector also plays a vital role supporting people without family and friends who can help them, or for those with more specific needs.
- Changes to our home can help us continue to live independently and well.
- Local authorities have an important role to play in terms of adult social care services.
- Employer behaviour is also a key driver of our health.
- The health and social care system can help people manage their symptoms. But the workplace is also vital.
- If more employers acted like the best, this would help us achieve our ambition of seeing one million more disabled people in work by 2027.

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## CHESHIRE EAST HEALTH AND WELLBEING BOARD

## Reports Cover Sheet

<b>Title of Report:</b>	Connected Communities Digital Inclusion Strategy 2018-2021
<b>Date of meeting:</b>	29 <sup>th</sup> January 2019
<b>Written by:</b>	Guy Kilminster
<b>Contact details:</b>	Guy.kilminster@cheshireeast.gov.uk
<b>Health &amp; Wellbeing Board Lead:</b>	Fiona Reynolds / Caroline Whitney

## Executive Summary

<b>Is this report for:</b>	Information <input type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input checked="" type="checkbox"/>
<b>Why is the report being brought to the board?</b>	To seek the Board's endorsement of the Strategy and agreement to have oversight of the progression of the action plan		
<b>Please detail which, if any, of the Health &amp; Wellbeing Strategy priorities this report relates to?</b>	Starting and Developing Well <input type="checkbox"/> Living and Working Well <input type="checkbox"/> Ageing Well <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
<b>Please detail which, if any, of the Health &amp; Wellbeing Principles this report relates to?</b>	Equality and Fairness <input type="checkbox"/> Accessibility <input type="checkbox"/> Integration <input type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
<b>Key Actions for the Health &amp; Wellbeing Board to address. Please state recommendations for action.</b>	<ul style="list-style-type: none"> <li>• That the Health and wellbeing Board consider and endorse the Connected Communities Digital Inclusion Strategy.</li> <li>• That the Health and Wellbeing Board support the proposal that the Action Plan is implemented through the Cheshire East Digital Inclusion Task Force.</li> <li>• That the Health and Wellbeing Board agree to have oversight of the progress made in delivering the action plan.</li> </ul>		
<b>Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?</b>	N/A		

<p><b>Has public, service user, patient feedback/consultation informed the recommendations of this report?</b></p>	<p>The Strategy has been drafted with representation from the Community and Voluntary Sector, the Skills for Growth Company and different services within the Council.</p>
<p><b>If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.</b></p>	<p>It will help to ensure that we facilitate the use of technology by those who might otherwise be excluded.</p>

**1 Report Summary**

1.1 A Digital Inclusion Strategy was previously drafted as part of the ‘Connecting Cheshire’ broadband rollout project. This had expired and it was suggested that the Cheshire East Digital Inclusion Task Force update it and develop it into a system owned Strategy. The Strategy and action plan are attached.

**2 Recommendations**

- 2.1 That the Health and Wellbeing Board consider and endorse the Connected Communities Digital Inclusion Strategy.
- 2.2 That the Health and Wellbeing Board support the proposal that the Action Plan is implemented through the Cheshire East Digital Inclusion Task Force.
- 2.3 That the Health and Wellbeing Board agree to have oversight of the progress made in delivering the action plan.

**3 Reasons for Recommendations**

3.1 To ensure that the need to have a system wide approach to digital inclusion is owned by the Health and Wellbeing Board.

**4 Impact on Health and Wellbeing Strategy Priorities**

4.1 A digitally included population would have impacts on all three Health and Wellbeing Strategy priorities: creating a place that supports health and wellbeing for everyone; improving the mental health and wellbeing of people living and working in Cheshire East and enabling more people to live well for longer.

**5 Background and Options**

5.1 In November 2017 the Cheshire East Council Adults Social Care Directorate Management Team considered a report on ‘A Digital Future for Adults, Health and Communities’. Within this it was identified that alongside the development of different technical innovations we needed to consider the digital inclusion agenda to ensure that we do not exclude groups of people because of their inability to use or afford the technology that we are steering people towards. Accepting this will become less of an issue as those of us more familiar with using

technology on a day to day basis age, It was acknowledged that in the short term it remains an issue for a generation who have not had that level of interaction and for others who may not be able to afford the technology or have physical or mental disabilities that might hinder their ability to use the equipment.. It will be necessary to support access to and the use of technology to improve outcomes for these particular cohorts of people.

- 5.2 An existing Digital Inclusion Strategy (produced as part of the Connecting Cheshire broadband roll-out project) has been updated by the Cheshire East Digital Inclusion Task Force (CEDIT - includes representatives from CVS Cheshire East, Age UK Cheshire and Age UK Cheshire East, the Skills and Growth Company, the Council's Libraries Service, Communities and Partnerships and Public Health). This is attached as Appendix One, with an action plan as Appendix Two.
- 5.3 It is proposed that the Cheshire East Digital Inclusion Task Force take the lead on the delivery of the action plan and that the Health and Wellbeing Board have oversight of the Strategy to ensure it is owned by the wider system. However it is also acknowledged the need to engage with the ongoing work within the Cheshire East Partnership's Digital Workstream and ensure that their work considers the inclusion agenda. A representative will be sought to join CEDIT.
- 5.4 The use of technology and digital solutions is already a well established pathway for the future of health and care and in relation to wellbeing. It offers a means to empower individuals and to improve the efficiency and effectiveness of health and care services. However, there will be a need to ensure that through this move to digital solutions we do not exclude those unable or unwilling to utilise the technology. The strategy sets out some of the issues for consideration and offers potential ways forward to minimise the impacts and ensure we work to include people in the digital future wherever possible.

## **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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## CHESHIRE EAST HEALTH AND WELLBEING BOARD

## Reports Cover Sheet

<b>Title of Report:</b>	Connected Communities Digital Inclusion Strategy 2018-2021
<b>Date of meeting:</b>	29 <sup>th</sup> January 2019
<b>Written by:</b>	Guy Kilminster
<b>Contact details:</b>	Guy.kilminster@cheshireeast.gov.uk
<b>Health &amp; Wellbeing Board Lead:</b>	Fiona Reynolds / Caroline Whitney

## Executive Summary

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<b>Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?</b>	N/A		

<p><b>Has public, service user, patient feedback/consultation informed the recommendations of this report?</b></p>	<p>The Strategy has been drafted with representation from the Community and Voluntary Sector, the Skills for Growth Company and different services within the Council.</p>
<p><b>If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.</b></p>	<p>It will help to ensure that we facilitate the use of technology by those who might otherwise be excluded.</p>

**1 Report Summary**

1.1 A Digital Inclusion Strategy was previously drafted as part of the ‘Connecting Cheshire’ broadband rollout project. This had expired and it was suggested that the Cheshire East Digital Inclusion Task Force update it and develop it into a system owned Strategy. The Strategy and action plan are attached.

**2 Recommendations**

- 2.1 That the Health and Wellbeing Board consider and endorse the Connected Communities Digital Inclusion Strategy.
- 2.2 That the Health and Wellbeing Board support the proposal that the Action Plan is implemented through the Cheshire East Digital Inclusion Task Force.
- 2.3 That the Health and Wellbeing Board agree to have oversight of the progress made in delivering the action plan.

**3 Reasons for Recommendations**

3.1 To ensure that the need to have a system wide approach to digital inclusion is owned by the Health and Wellbeing Board.

**4 Impact on Health and Wellbeing Strategy Priorities**

4.1 A digitally included population would have impacts on all three Health and Wellbeing Strategy priorities: creating a place that supports health and wellbeing for everyone; improving the mental health and wellbeing of people living and working in Cheshire East and enabling more people to live well for longer.

**5 Background and Options**

5.1 In November 2017 the Cheshire East Council Adults Social Care Directorate Management Team considered a report on ‘A Digital Future for Adults, Health and Communities’. Within this it was identified that alongside the development of different technical innovations we needed to consider the digital inclusion agenda to ensure that we do not exclude groups of people because of their inability to use or afford the technology that we are steering people towards. Accepting this will become less of an issue as those of us more familiar with using

technology on a day to day basis age, It was acknowledged that in the short term it remains an issue for a generation who have not had that level of interaction and for others who may not be able to afford the technology or have physical or mental disabilities that might hinder their ability to use the equipment.. It will be necessary to support access to and the use of technology to improve outcomes for these particular cohorts of people.

- 5.2 An existing Digital Inclusion Strategy (produced as part of the Connecting Cheshire broadband roll-out project) has been updated by the Cheshire East Digital Inclusion Task Force (CEDIT - includes representatives from CVS Cheshire East, Age UK Cheshire and Age UK Cheshire East, the Skills and Growth Company, the Council's Libraries Service, Communities and Partnerships and Public Health). This is attached as Appendix One, with an action plan as Appendix Two.
- 5.3 It is proposed that the Cheshire East Digital Inclusion Task Force take the lead on the delivery of the action plan and that the Health and Wellbeing Board have oversight of the Strategy to ensure it is owned by the wider system. However it is also acknowledged the need to engage with the ongoing work within the Cheshire East Partnership's Digital Workstream and ensure that their work considers the inclusion agenda. A representative will be sought to join CEDIT.
- 5.4 The use of technology and digital solutions is already a well established pathway for the future of health and care and in relation to wellbeing. It offers a means to empower individuals and to improve the efficiency and effectiveness of health and care services. However, there will be a need to ensure that through this move to digital solutions we do not exclude those unable or unwilling to utilise the technology. The strategy sets out some of the issues for consideration and offers potential ways forward to minimise the impacts and ensure we work to include people in the digital future wherever possible.

## **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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**Connected Communities**  
**Digital Inclusion Strategy 2018-2021:**  
**Supporting our residents to get online!**

January 2019

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## 1. Introduction

The purpose of this document is to set out our Digital Inclusion Strategy for the next three years taking into account progress since the first Strategy was produced in 2016 and new challenges that may have emerged in that time.

Our definition of 'Digital Inclusion' focusses upon equipping residents with the digital skills, access, motivation and trust to allow them to participate fully in today's online society, enabling them to improve their quality of life, employability, health and wellbeing.

Digital exclusion and social exclusion are interrelated; empowering our residents to get online will help to tackle wider social issues, support economic growth and close equality gaps. As we look to focus on helping people maintain their independence, connect with their communities, build their resilience and enjoy better health and wellbeing, it is important that we encourage and support online access, working with partners to overcome anything that inhibits this.

## 2. Background

According to recent figures 11.5 million UK adults lack basic digital skills and 4.8m people have never been online<sup>1</sup>. In Cheshire East we believe that digital technologies have the power to transform residents' lives by giving them new opportunities to meet others with similar interests, to learn, to save money, to find employment, to access and engage with health services and to keep in touch with family and friends. We strongly believe this will improve residents' quality of life and wellbeing, increase independence and reduce the demand on council services.

We are taking action to overcome the **4 main challenges** people face when going online:

- **Access** – the ability to actually go online and connect to the internet
- **Skills** – to be able to use the internet
- **Motivation** – knowing the reasons why using the internet is a good thing
- **Trust** – a fear of cyber crime and invasion of privacy

## 3. Overview of Cheshire East

Cheshire East is a primarily rural authority. People living in rural areas face specific barriers to getting online and gaining digital skills. Rural communities have an older than average population who can be more likely to resist the internet and/or have mobility and dexterity issues. There are also fewer opportunities for people to access the internet and get support which is compounded by the migration of young people<sup>2</sup> with digital skills making family support less likely.

The CE Digital Customer Services Report (2015) estimated that 1 in 3 of residents prefer to use traditional (i.e. non-digital) channels and will need to be persuaded to use online services. These residents often face multiple barriers to getting online and may need specific support to overcome these barriers.

- 14.1% of Cheshire East adults have never or not been online in the last three months
- 21% of Cheshire East adults do NOT have all five basic digital skills (communicating, transacting, problem-solving, creating and managing information)  
<http://heatmap.thetechpartnership.com/digital-skills-framework/>
- 22.5% of Cheshire East adults are over 65, the fastest growing ageing population in the NW

<sup>1</sup> Digital Inclusion Guide for Health and Social Care, NHS Digital, April 2018

<sup>2</sup> Rural Action Research Project, Tinder Foundation 2014

- 17.5% of Cheshire East adults have a long-term illness or disability.

(*Digital Exclusion Heatmap, Go ON UK, 2017*)

## 4. Why is it important?

The advantages of being online continue to grow as technology develops. Online shopping and banking help people stay independent for longer, reducing the need for travel by delivering services to people's door. Job sites and online learning support job seekers to obtain work. Being connected to the internet means being connected to family and friends. Whether it is through Facebook, Skype or WhatsApp the internet can help bridge the distance between those we care about. The Council is moving towards a 'digital first' approach to its interactions with residents and online resources such as 'Live Well' (our directory of services and community assets) provide useful information, but only if they can be accessed!

Health and social care professionals are increasingly using technology to support older people and those with long term conditions and disabilities at home. This enables people to manage their conditions more effectively, allowing them to live at home for longer. Simon Stevens, CEO NHS, believes that digital participation is "central to the redesign of care" across the NHS and that smartphones will be the "single most important health treatment and diagnostic tool at our disposal over the coming decade".

Why residents need to get online:

- *Financial Inclusion* - Over 70% of people say the Internet helps them to save money on a regular basis, reporting average monthly online savings of £62, equivalent to an annualised saving of £744<sup>1</sup>;
- *Employment* – increased ability to search and apply for jobs. People with good digital skills earn 3-10% more than people without, with lifetime earnings increasing by £8300 on average;
- *Social isolation* – loneliness and social isolation can be as harmful as smoking 15 cigarettes a day according to Age UK. Keeping in touch with friends and family online can help combat feelings of isolation helping people to feel part of the wider community;
- *Education and training* - enabling people to access online learning to supplement their formal education or enhance their skills or levels of employability;
- *Greater independence* – access to information 24 hours a day helps build self-reliance;
- *Access to Council and Public services* - people are increasingly expected to transact with services online such as e.g. renew car tax or pay Council Tax;
- *Health* – access to trusted health information can help people long term conditions and empower them to make choices begin to manage their own health and wellbeing;
- *Accessibility* – it enables people with accessibility issues to consume information and services;

But some sections of the population are more likely to be digitally excluded than others. These are:

- Older people – 51% of the digitally excluded are over 65;
- People in lower income groups – 45% of the digitally excluded earn less than £11.5k a year;
- People without a job – 19% of digitally excluded are unemployed;
- People in social housing – 37% of digitally excluded are social housing tenants;
- People with disabilities – 56% of digitally excluded have a disability or long term condition and 27% of adults with a disability (3.3m people) have never been online;
- People with fewer educational qualifications – 78% of digitally excluded left school before 16;
- People living in rural areas;
- Homeless people;

- People whose first language is not English<sup>3</sup>.

### 5. What are we trying to achieve?

We are determined to help all residents have the opportunity to make the most of digital technology, giving them the access, awareness, skills and confidence to participate online safely.

Considering the importance placed upon digital literacy in most jobs these days, it's arguable digital literacy should be given the same level of importance as numeracy and literacy. We want to ensure that the right provision exists to enable all young people and adults to achieve a basic level of digital literacy. This means more than simply learning the mechanical skills needed to get online: its about ensuring people can evaluate online information, know how to stay safe and understand how to transfer skills from one activity to another.

With almost a quarter of CE adults lacking basic digital skills it is proposed a two tier approach to skills development is considered. The foundation level will align with the Government's recommendations of empowering individuals to become 'digitally literate' by helping them to learn the following skills:

- Being able to use email;
- Searching for information and browse the web;
- Filling in online forms e.g. Universal Credit and Find a Job;
- Knowing how to stay safe online.

The second tier will support residents who want to develop and extend their skills in line with Go ON UK's Basic Digital Skills Framework, which advocates that people should be able to communicate, manage information, transact, solve problems and create content enabling them to:

- Keep in touch using email, instant messaging, video calls and social media;
- Connect with communities for example through the Live Well website: post on forums to and give feedback on websites;
- Manage and store data on a device, in the Cloud or other emerging technologies;
- Search and apply for jobs online;
- Book appointments and order repeat prescriptions online;
- Access Government and Council services such as renewing car tax and paying Council Tax.

We acknowledge that for the next twenty years or so there will be a cohort of people who can't or won't go online and for whom a safety net of provision will be required to ensure that they are not excluded. However, we want to put in place support and opportunities to help those who want and are able to be more digitally active to become so, allowing them to maximise the potential for technology to help them live well.

### 6. What we have done so far

#### 6a) Digital Learning Champion Pilot

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<sup>3</sup> All data from Digital Inclusion Guide for Health and Social Care, NHS Digital, April 2018

Following a successful Dragons' Den submission in October 2013, a Digital Inclusion Pilot Project was approved and a Digital Inclusion Project Co-ordinator was appointed in August 2014 to lead CEC's Digital Inclusion work stream, shared between the Connecting Cheshire and Lifelong Learning teams. This pilot project had two key objectives:

- i) To train staff, in regular contact with elderly or vulnerable residents, to become Digital Champions, help identify digital exclusion and signpost their clients to further sources of access and support. A Digital Inclusion Foundation course was designed taking into account the specific needs of their client groups.
- ii) To build a network of trained volunteers to support residents to learn basic digital skills. The training was designed to help them understand the barriers stopping people getting online, give tips on helping people to learn digital skills and a hands-on look at online resources such as *Learn My Way*.

Given this was a light touch pilot there was no capacity to vet, safeguard and coordinate volunteers therefore trained Digital Learning Champions (DLC) were matched with partner organisations who needed IT volunteers such as Age UK Cheshire and Crewe Lighthouse Centre. They now support digital skills groups and one-to-ones in libraries, church halls, village halls and pubs across Cheshire East. To develop digital skills further DLCs were offered training in a range of topics including: E-Safety (delivered by Barclays), Introduction to Social Media (delivered by Connecting Cheshire) and Digital Dementia Awareness (delivered by Liverpool Museum).

In light of research that suggests people are more open to learning from peers we worked with University of the Third Age [U3A] a community group for retired and semi-retired people. With the support of the Project Coordinator they set up weekly digital drop-ins, one-to-ones and now offer support to members and local residents at social events. Their committee has been highly supportive of the project and purchased devices for members to 'try before they buy'. We also ran a similar initiative with the Cheshire Federation of WIs which has over 276 branches across Cheshire and there is scope to work with many more community groups.

The DLC project benefits learners and partner organisations in a number of ways:

- the DLC approach offers an informal way of learning in contrast with more traditional formal learning which many of the target audience would not access.
- sessions are tailored around the needs and interests of the learner making it relevant to their lives e.g. learning how to shop online for someone with mobility issues.
- sessions are effective at raising awareness of what the internet has to offer, motivating people to have a go, supporting them to take the first few steps and building confidence as they learn.
- group sessions are sociable encouraging people to return and helping to tackle social exclusion.
- it provides invaluable volunteer support to organisations who might otherwise struggle to deliver digital skills sessions.
- training is open to staff and volunteers from partner organisations which has been hugely appreciated due to their tight budgets e.g. the Lighthouse Centre attended the Twitter and Social Media courses enabling them to promote their services to the local community.

### **6b) Cheshire East Libraries**

Cheshire East Libraries are committed to working to reduce digital exclusion by providing a universal service open to all. As an established service in the heart of each community, libraries offer a friendly non-judgmental environment, free to join, in which customers can learn and

improve their confidence. Libraries provide extensive learning opportunities and connect individuals to a network of partner agencies and other sources of help and information, for example through the Live Well website.

The Library staff has benefited from digital training provided by the Good Things Foundation and the Society of Chief Librarians and can identify and respond to the digital needs of residents quickly and effectively. With 16 library locations and a mobile library serving the rural areas throughout Cheshire East they have a good reach across the authority.

**1,472,235 physical visits to Cheshire East Libraries were made in the year April 2017 to March 2018.**

All libraries have access to computers, scanners and printers available to members of the public **free for 1 hour per day** as well as **free** public WiFi for use with their own devices if required. More resources are available in a digital format now, many of which can be accessed from home, through use of the Library membership card including for example:

- EBooks, eAudiobooks and eMagazines, and BBC micro:bits accessed for free;
- Use online encyclopaedias and Access to Research for homework, study or academic research
- Use Which?, Ancestry, Find my Past and Theory Test Pro in the library without having to pay a subscription
- Use Learn My Way training courses to learn how to safely shop and save online and how to manage money
- Use MyWorksearch subscription. This provides support for all aspects of looking for and securing a job. Registration is free, but customers need to sign up from a library computer initially. Once registered they can use the service from any computer.

Key digital skills activities delivered at Cheshire East libraries:

### **ICT training in Libraries**

- All Cheshire East Libraries are registered as UK Online Centres. People can use the library computers to access Learn My Way courses online. These have been developed nationally to provide digital training by the Good Things Foundation on a range of online skills. This can be done independently or with staff or IT buddy support.
- Volunteer IT Buddies – for £2.50 people can book a People’s network PC in a Library have a one-to-one session with an IT Buddy who help them learn a new skill or advise them on areas they are struggling with.
- Tablet based Taster Sessions e.g. ‘Buying and Selling on Ebay’ or accessing eMagazines or ebooks. The availability of WiFi in libraries has made this a growing area.
- Digital Coffee Mornings/ IT and Tea sessions – relaxed social events where people can get help using smart phones or other mobile devices. They are ideal for those who would not typically attend courses and a great opportunity for libraries to showcase other resources and activities to encourage people to extend their learning.
- Family Learning sessions such as Coding Clubs; Lego Stop-motion animation sessions and Minecraft and other digital creative sessions are offered in Libraries by trained library staff to children. These sessions are excellent in motivating children to become creators rather than consumers and equipping them with enhanced skills in Science, Technology, Engineering and Maths for the future workplace whilst also teaching problem solving and teamwork. This is also an avenue to reach older members of the family; by the children bringing carers in to see and experience what they have created.
- Online Family History – people learn how to trace their family history using online resources such as Ancestry and Find My Past. Sessions that tap into people’s interests and hobbies can be a great way to motivate them to learn digital skills to explore their hobby further.

- Dementia support work at Alsager and Crewe libraries – using a prompt from the local history collection individuals with Dementia accompanied by a carer or family member are encouraged to speak about their memories and the technology available in the library is used to record these.
- Throughout the year libraries run themed events and activities that tie in with regional and national initiatives including Be Online, Get Online and Adult Learners Week.

Libraries play a vital role at the heart of our Digital Inclusion work due to their facilities, reach in the local community and expertise in signposting to other partners and services. We must maximize the excellent opportunity that they provide to support more people to develop the digital life skills and education they need in order to thrive.

### **6c) Connected Communities Centres & I Tea & Chat**

The Communities Team is developing a network of Connected Communities Centres to provide spaces, services and activities where people need them. This includes working with Centers to help them to provide digital access and support to local residents.

Connected Communities Centres are continually increasing their digital offer, developing their range of formal and informal opportunities. They provide formal training sessions, informal drop-ins and some run work clubs or silver line clubs for the over 50's. All Centres are encouraged to register with UK Online Centres and some now run *Learn my Way* courses.

In addition to developing IT access at Community Hubs, the Communities Team started weekly 'I Tea & Chats'. These provide informal training to groups/individuals with little or no experience of using IT equipment. The current offer of iTea and Chat, consists of 6 sessions, with equipment provided for the 6 sessions only, facilitated by a Community Development Officer. If the venue does not have broadband, a portable broadband connection is available. We have found that many users, after a couple of weeks, buy their own device and bring it along to sessions, allowing more people to join the groups.

The iTea and Chats take place in various settings including Public Houses, Village and Church Halls. Sessions are used for booking GP appointments, viewing health records, benefit applications, job searches, internet searches, shopping online, email, Skype, Facebook and much more.

### **Learning**

Where possible the sessions are linked with existing activities such as coffee mornings or lunch clubs to increase uptake. iTea and Chats have run in 20 plus locations, some in remote rural areas and others in our most disadvantaged communities. Numbers can vary greatly with some proving very popular, with up to 15 people attending. People appreciate the social nature and personalised support, and below are some examples of feedback:

- "Because of this 1-to-1 format, we are not afraid of looking foolish in front of other people when we ask any question, even if this is for the umpteenth time."
- "Not only have I learnt how to use my tablet but I have made new friends in the village and meet up with a new friend for coffee every Tuesday too"
- "Coming to IT club I have spoken to the Local Engagement officer and found a new service to support me and my husband with Dementia".
- After attending several sessions a 92 year old lady at Audlem bought herself a tablet and has also installed broadband at home.

- Lady from Audlem group, now has broadband at home and a tablet, which she uses to keep in touch with family abroad, access council services and shopping.

### **Going Forward**

Activities led or supported by volunteers are more likely to succeed if volunteers have a strong personal connection with the organisation they are helping. With this in mind, the DI Coordinator delivered Digital Learning Champion training in 4 of the Connected Communities Centres which resulted in between 1 and 4 volunteers from each Centre attending the training and 2 Centres going on to deliver digital skills sessions themselves. This approach increases the chance of activity being sustained and we recommend that it is continued.

Connected Communities Centres offer Wifi for community use and each are kitted out with a tablet which gives access to Live Well.

Information and sign posting are a key function of the centres and volunteers are given full training and support. There is a need for a 1to1 service for supporting individuals with their applications for benefits as the Centres are seeing an increase in footfall requesting support.

Funding for the 30 Connected Communities centres from the Police and Crime Commissioner will enable centres to upgrade equipment for advocacy work.

### **6d) Connecting Cheshire**

Connecting Cheshire is a partnership of 4 local authorities working together to increase coverage of fibre broadband to over 98% across Cheshire. To date over 100,000 additional premises have been reached with fibre by the project, with a further 5,000 due over the next 18 months. The roll-out has primarily focused on outlying and rural areas and on helping businesses and residents exploit the economic and social benefits of faster broadband. Their community engagement work is a key driver for increasing take-up and increasing digital participation.

### **6e) Joint Strategic Needs Assessment (JSNA)**

A JSNA consultation was commissioned in 2015 to find out “How the growing use of technology impacts on the health and wellbeing of individuals in CE”. It aimed to find out what technology is provided and promoted, and what support was available to enable individuals to improve their health and wellbeing through the use of technology. It focused on the Faith Sector and Voluntary Community but was broadened to include non-VCFS partners. Findings from Phase 1 include:

- many providers offer digital skills access, support or training but there is a lack of coordination
- service providers and users felt more digital skills support is needed particularly 1-to-1 support
- some providers can only offer ‘time-limited’ support to users due to capacity issues
- a portal or directory showing where providers and users can get support would be valued
- more awareness and support is needed around Telehealth Services

Following on from Phase 2 of the consultation in 2016, the following key messages emerged:

- Voluntary Community and Faith Sector (VCFS) evidence indicates that being able to use digital technology has a positive effect on health and wellbeing.
- Opportunities exist for commissioners to link with VCFS providers of technology support to further embed digital health into existing technology support being provided.

- Potential new iTea and Chat venues have been identified and several VCFS providers are keen to include a focus on health and wellbeing in activities to promote digital inclusion
- It is likely that there will continue to be a need for Digital Champions and volunteers to get people started, and that there will be some individuals who will never be totally self-sufficient. 67% of responding VCFS organisations say their service-users need more help in using websites.
- There is currently limited access to telehealth in Cheshire East and embedding this further requires discussions with professionals and service users to embed this as a valuable option for effectively managing long-term conditions
- The use of assistive technology is having a positive impact on the health and wellbeing of people with a variety of health conditions and care needs.
- There is no one size fits all assistive technology solution to meet individual needs

The following Opportunities for Improvement were noted:

- Promote the use of technology through CEC contracting documentation
- Link larger national charities with more local community services
- Consider a one-stop shop for problem-solving, to include technology support and knowledge, which could be showcased via the libraries network.
- Explore commissioning self-management tools like 'My Stroke Guide' for Cheshire East residents
- Commission further work on acute mental health wards in Macclesfield, based on the example of success achieved by Richmond Fellowship, and extend the work to other hospitals.
- Initiate discussions between GP Practices, other professionals and service-users to develop and successfully embed a Telehealth service as an option for effectively managing conditions
- Recommission the Falls Recovery Service
- Pioneer Programme Digital Leads groups to use this JSNA to inform the development of the "Digital citizens" and "Remote assistive technology" themes and all commissioners to consider how improvements/future developments could be implemented across the Pioneer footprint of Cheshire East and Cheshire West and Chester
- Embed digital health: ☒ Explore closer working with the Good Things Foundation. Work with providers of technology support to increase the use of health-related technology resources including the Good Things Foundation's 'Learn my Way' platform, NHS Choices website and Patient access In addition promote the Catch App to parents and carers of children 0-5 ☒
- Extend iTea and chat ☒
- Develop Digital Champions support: Identify the size of the gap in provision of equipment for Digital Champions, and identify funding options to fill the gap

### **6f) Online Centres Network and Learn My Way (LMW)**

Online Centres Network is made up of more than 5,000 organisations nationally, based at the heart of local communities, each aiming to help people use digital technology to become more included, access essential services and take advantage of the opportunities the internet provides. In Cheshire East there are multiple locations including all Libraries; many community centres and third sector organisations.

Learn My Way [LMW] is a free online tool developed by the Good Things Foundation to help people learn digital skills. It has a package for beginners to learn Basic Digital Skills and plenty of

scope for anyone wanting to extend their learning including modules on job hunting; banking online and getting online safely.

### **6g) Doteveryone (formerly Go ON)**

Doteveryone's is an organisation whose purpose is to advance understanding and use of Internet enabled technologies to deliver prosperity and social wellbeing for everyone. In their earlier guise as Go ON UK they developed the first ever Digital Exclusion Heatmap which highlighted the economic argument for investing in digital skills. Connecting Cheshire's Business Engagement Manager sat on their Digital Skills Steering Group which was formed to help LEPs develop a delivery model that would encourage and motivate more small businesses to go online to help grow their businesses. The Digital Inclusion Project Coordinator attended regional partner meetings sharing best practice with other local authorities.

### **6h) Staying Safe Online**

The Council's Community Safety team have been working to raise the awareness of residents of online safety and scams, promoting Get Safe Online and through a programme of activity led by the the Safer Cheshire East Partnership programme. This includes putting ICT equipment in Connected Community Centres with fully trained staff to help people become better aware of how to protect themselves when online; online scams and cybercrime awareness through social media, schools, community presentations etc. and raising the awareness of online consumers and knowing their rights when shopping/buying online to build confidence.

## **7. Challenges in current provision**

There has been limited coordination both within the council and partner organisations, with work too often taking place in isolation. Without a clear picture of who is doing what and where it is being done, it is difficult to signpost people to access and support and risks duplication of effort and gaps in provision. Activity varies considerably with some pockets of good practice but other areas having little provision. With the pace of change in technology and applications and an increasing expectation from service providers that all have equal access to the online world, a more cohesive approach will be essential going forward.

More specific limitations include:

- The DLC pilot lacked data on the number of learners helped, what they learned and how they felt it might benefit them which makes measuring impact difficult. As DLCs volunteer for other organisations it is difficult to get information on learners. They were asked to send monthly log sheets, however, only a small number of people did this regularly.
- Sustainability - volunteers make a hugely valued contribution to helping residents to get online. However, they often have commitments and caring responsibilities that take precedence which can make running sessions difficult. Some activities have stopped after staff-led sessions have finished due to a lack of confidence/desire to take responsibility by volunteers to run them.
- Lack of a central database showing where people can get digital access, training and support means there could be gaps in provision.
- Pressure on staffing and competing priorities has limited how much digital skills activity that Libraries and Community and Partnership teams can offer and can lead to the offer being patchy. For many outreach activities staff take equipment (e.g. tablets and portable WiFi) with them. Once support comes to an end it can make it difficult for hubs to run sessions themselves. Although some people can bring a device with them it is essential that everyone can take part.

- There is a gap in provision to help residents overcome the technical barriers stopping them from getting online i.e. knowing what to buy, installing broadband/WiFi and finding an ISP.
- There can be an issue in helping people get online or use online resources in a public space, when passwords or other confidential information is being referred to. The need to have private spaces for more sensitive exchanges needs to be considered wherever possible.

## 8. Our Plans for the future

To ensure the benefits of the internet are accessible to everyone requires a truly multi-agency approach: no single organisation can tackle this alone. Given the range of barriers and diversity of needs, strong partnership across all sectors will be needed to succeed. With a more coordinated and focused approach we will bring CEC teams, partners and stakeholders together to build on the good work that is taking place.

To achieve this we will:

- Re-establish a Cheshire East Digital Inclusion Steering Group to include Libraries, the Communities Team, DLCs, Community Learning and other partners. The group will develop a programme of digital skills activities, initially focusing on Essential Digital Skills, to be delivered across libraries, Connected Communities Centres and other community venues.
- Create a *Skills for Employment Group* to establish gaps in provision, create a framework of digital skills for the workplace with a focus on transferable skills as advocated in new Government guidelines and consider a 'Digital Work Champion' pilot for newly retired people to share their skills and experience with job seekers.
- Determine the most effective way of supporting people into work or those in work, with access to opportunities to develop their IT skills and help them with accessing the internet.
- Establish a link to the Person Centred Care initiative to look at embedding digital health in GP surgeries and medical centres, providing digital access to health records, enabling more residents to access trusted health websites and apps and how best to support residents to use telehealth services.
- Refresh the community asset mapping carried out by the Communities Team and community navigators, to identify current provision to identify gaps in provision which need addressing. Live Well will provide an information source to assist with this.
- Continue to build capacity for Libraries, Connected Community Centres and other community venues to deliver a more comprehensive digital skills offer through paid tutors and training more DLCs to support their work. Work with them to refine DLC training material to better reflect customers' needs. Consider creating a Volunteer Coordinator role to recruit, vet, safeguard and coordinate volunteers.
- Create a 'Digital Offer' and look at the possibility of establishing an additional pot within the community grant scheme to fund equipment, subsidise broadband and WiFi installation, monthly subscription and tutor-led digital skills sessions. Eligible groups must nominate at least one volunteer to attend DLC training.
- Explore the potential to enhance the Live Well site with information for residents and service providers to find where they can get access to computers, WiFi and basic online training and support in their area linked to the corporate database of local services and activities.
- Run awareness-raising events for community groups highlighting the benefits of being online, signposting people to support and access and promoting *Learn My Way* to be held in conjunction with activities such as superfast broadband rollout in the area.

- Provide access to *Learn My Way* and IT and Chat in all libraries and Connected Community Centres and support learners to use it via courses and/or offering DLC support. Encourage CCCs and other community organisations to become UK Online Centres enabling them to apply for funding and access specialist support.
- Upskill library staff to be able to offer training and events in coding and other areas of digital creative work such as stop motion animation.
- Promote Connected Community Centre Networks and the support available through the CCC Franchise to community venues, which promote digital inclusion and support the development and delivery of services within local neighbourhoods.
- Continue to ensure a focus upon staying safe online as part of the activities above.

### 9. Who we will work with

- *Public sector employees* and other *service providers* who are a ‘trusted voice’ for many digitally excluded people. Working together with social workers, housing officers and health visitors we will support vulnerable residents to get online.
- *Organisations supporting skills for employment* e.g. commissioned skills providers, the National Careers Service, Job Centres, DWP, Supported Employment team, Macclesfield Employment Group as well as community groups who run Work Clubs.
- *Health – Work with groups* who support residents to improve their health and wellbeing including CCGs, PPGs, GP leads, Age UK, Health Watch, Health Voice, Health & Wellbeing Board, and Everybody Sport & Recreation, JSNA.
- *Housing Associations* – whilst several local housing associations have done some excellent digital skills activities within the community spending cuts have forced many of them to severely limit or suspend activities. We will work with them to see how we can support them.
- *The Voluntary, Community and Faith Sectors* – build relationships with community groups to encourage them to offer peer support to members through the DLC scheme. Groups will include Rotary Club, Inner Wheel and churches and carers’ groups.
- *Regional and national organisations* – build on existing relationships with Digital Leaders NW, Go ON NW, UK Online Centres and the Good Things Foundation. This will put the work into a broader context, facilitate partnership opportunities, keep abreast of latest research and funding opportunities and enable us to link into national initiatives such as Get Online Week.
- *Commercial organisations* – such as Barclays Digital Eagles and Halifax Digital Champions to run sessions to the public on day-to-day use of technology deliver a ‘how to do on-line banking’.
- *Libraries* – capitalise on the resources, skills and community reach of libraries working with them to develop and extend their digital offer giving residents a more universal service.
- *Connected Community Centres* – encouraging local community centres to be Good Things registered and provide drop in sessions with access to DLC and up to date equipment, along with reliable digital access which enables local partners and service providers to deliver from hubs.
- *Schools and colleges* – to explore how young people who are digitally enabled might be used as an asset to support the digital inclusion agenda.

### 10. Measuring success

Progress against the strategy will be reviewed regularly with findings being evaluated to evidence, develop and improve the service.

- Measure progress against nationally published demographic statistics by ONS, Go ON and OFCOM;
- Track the uptake and use of online services delivered by CEC;
- Recruit and train additional DLCs to ensure a comprehensive coverage across Cheshire East;
- Have 500 new learners register on *Learn My Way* and complete at least one module annually;
- Revisit service providers (and users if possible) who took part in the JSNA consultation to establish whether our initiatives have had a measureable effect;
- Commissioning an evaluation to measure impact;
- Deliver awareness raising events in 10 locations.

## Cheshire East Digital Inclusion Taskforce (CEDIT) - Action Plan

This Action Plan sits as an appendix to the **Connected Communities Digital Inclusion Strategy 2018 – 2021**.

By 'Digital Inclusion' we mean equipping residents with the digital skills, access, motivation and trust, to allow them to participate fully in today's online society enabling them to improve their quality of life, employability and wellbeing... empowering our residents to: get online; support economic growth; close equality gaps; provide new opportunities to meet others; to save money, to find employment; to access and engage with health services, and to keep in touch with family and friends - giving them the access, awareness, skills and confidence to participate online safely..."

Delivery timescales- Short-term=3-6 months Medium-term= 6-12 months Long-term=12 months+

Objective	Task	Responsibility	Time scale	Update
<b>1. Set up a Cheshire East Digital Inclusion Steering Group</b>	Form a Steering Group to include Libraries, Partnership team, Digital Champions, CCGs, service-providers in the community, Job Centre Plus	Group	<b>Short - term</b>	Completed
	Agree Terms of Reference	CVS		1/5/17 Draft TOR produced – on hold further to discussions with Digital Board
	Agree Steering Group Lead Agree administration of the group	Group Group		1/5/18 Still to be agreed Possibility of volunteer admin
	Identify gaps in representation on the group	Group		Contact CCCGs re: a representative.

Objective	Task	Responsibility	Time scale	Update
<b>2. Agree an overarching digital inclusion strategy for Cheshire East</b>	Cheshire East Digital Inclusion Taskforce (CEDIT) to work with relevant agencies to bring together existing strategies, and produce an overarching document	Group	<b>Short - term</b>	Strategy drafted over last six months. Final draft ready for consideration by People Digital Board and Health and Wellbeing Board
<b>3. Increase numbers of CE residents who are engaging with digital inclusion activities</b>	<p>Identify more clearly who may be digitally excluded and where they are located.</p> <p>Engage with Fire Service to determine if Safe and Well visits can incorporate questions regarding digital inclusion</p> <p>Engage with schools to establish interest in inter-generational work, to bring children together with older people to support them in their use of technology.</p> <p>Develop and advertise a programme of digital skills activities, to be delivered across libraries, community hubs and other community venues.</p> <p>Introduce robust outcomes monitoring procedure</p> <p>Determine the most effective way to support people into work or those in work with access to opportunities to develop their IT skills.</p> <p>Explore creation of a skills for employment</p>	Group	<b>Medium - term</b>	<p>Home Library Service may be able to assist.</p> <p>Libraries, Connected Communities Centres, Age UK and other partners are actively running courses / providing opportunities to engage.</p>

Objective	Task	Responsibility	Time scale	Update
	<p>group to establish gaps in provision, create a framework of digital skills for the workplace with a focus on transferable skills as advocated in new Government guidelines and consider a 'Digital Work Champion' pilot for newly retired people to share their skills and experience with job seekers.</p> <p>Run awareness-raising events for community groups highlighting the benefits of being online, signposting people to support and access and promoting Learn My Way to be held in conjunction with activities such as superfast broadband rollout in the area.</p>			
<p>4. <b>Encourage Commissioners to include digital technologies in their service specifications used to procure all local services.</b></p>	<p>Continue to communicate with commissioners, and promote the use of new technologies in service specifications for newly commissioned services, by receiving updates from group members from CCGs and CEC</p>	<p>CCG and CEC group members</p>	<p><b>Medium-term</b></p>	<p>Reference to Live Well is now being written into Council specifications.</p>

Objective	Task	Responsibility	Time-scale	Update
<p>5. <b>Include assistive technology into remit of CEDIT.</b></p> <p>6. <b>Explore a Telehealth service as an option for cost saving and effectively managing conditions</b></p>	<p>Include Telehealth/assistive technology as a standing item on agendas.</p>	<p>Group Lead</p>	<p><b>Medium-term</b></p>	<p>1/5/18 Nik Darwin CEC is the assistive technology Lead.</p> <p>CEC currently re-commissioning Assistive Technology.</p>
<p>7. <b>Increase the use of health-related online resources</b>, and embed digital health in GP surgeries and medical centres, to enable more residents to access trusted health websites and apps</p>	<p>Work with providers of technology support to increase the use of health-related technology resources including:</p> <ul style="list-style-type: none"> <li>• The Good Things Foundation 'Learn my Way' e-learning platform</li> <li>• NHS Choices website and Patient access to GP services</li> <li>• The Catch App for parents and carers of children 0-5</li> <li>• The Personal Care Record Pilot</li> <li>• The use of Orcha a provider of health and care App reviews and assessment and digital activation solutions.</li> </ul> <p>Establish a link to the Person Centred Care initiative to look at embedding digital health in GP surgeries and medical centres, providing digital access to health records, enabling more residents to access trusted health websites and apps and how best to support residents to</p>		<p><b>Long-term</b></p>	<p>Sharing of links and information using existing networks.</p>
Objective	Task	Responsibility	Time	Update

			scale	
	use telehealth services.			
<b>8. Increase the number of technology support agencies in Cheshire East and work to fill gaps in provision</b>	<p>Carry out a more detailed mapping exercise that will add to existing knowledge</p> <p>Prioritise development of new iTea and Chat in areas where there are gaps in provision</p> <p>Feed information about support agencies into the Cheshire East Live Well directory to create an online portal for residents and service providers to find where they can get access to computers, WiFi and basic online training and support in their area linked to the corporate database of local services and activities.</p> <p>Provide access to <i>Learn My Way</i> in all libraries and Community Hubs</p> <p>Upskill library staff to be able to offer training and events in coding and other areas of digital creative work such as stop motion animation.</p> <p>Upskill library staff to be able to offer training and events in coding and other areas of digital creative work such as stop motion animation.</p> <p>Encourage Hubs and other community organisations to become UK Online Centres enabling them to apply for funding and access</p>		<b>Medium-term</b>	Demonstration at a meeting of the CEC Live Well Directory and its promotion.
Objective	<ul style="list-style-type: none"> <li>Task</li> </ul>	Responsibility	Timescale	Update

	<p>specialist support.</p> <p>Promote the support available through the Connected Communities Centres</p> <p>Refresh the community asset mapping carried out by the Communities Team and community navigators, to identify current provision to identify gaps in provision which need addressing. Live Well will provide an information source to assist with this.</p>			
<p><b>9. Formalise a system for Digital Champions that can respond to supply and demand, including a process for recruitment, training and ongoing support</b></p>	<ul style="list-style-type: none"> <li>• Work with all stakeholders to agree, formalise and embed a system</li> <li>• Develop a website as the focal point for: resources; applications for Digital Champions; exchange of local, regional and national news and initiatives, and virtual networking</li> </ul>	Members of CEDIT	<b>Short-term</b>	October 2018 The database of Digital Champions has been released by Skills and Growth Co. and used to contact existing Champions to update list. Library Service taken ownership of contact list
<p><b>10. Explore the potential for partnership working and developing joint bids/consortium</b></p>	<ul style="list-style-type: none"> <li>• Identify financial resources required to 'grow' digital inclusion e.g. commissioning of 'My Stroke Guide', equipment for Digital Champions</li> <li>• Identify potential pots of money</li> <li>• Consider joint bids</li> <li>• Explore potential for consortium (seek support from CVS Cheshire East)</li> <li>• Create a 'Digital Offer' and look at the</li> </ul>		<b>Long-term</b>	
Objective	<ul style="list-style-type: none"> <li>• Task</li> </ul>	Responsibility	Timescale	Update

	possibility of establishing an additional pot within the community grant scheme to fund equipment, subsidise broadband and WiFi installation, monthly subscription and tutor-led digital skills sessions.			
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## **Cheshire East Health and Wellbeing Board Champs Public Health Collaborative Strategic Delivery Plan**

### **1. Recommendations**

- 1.1 The Health and Wellbeing Board is recommended to:-
- a. Note the Champs Collaborative progress update and the Strategic Delivery Plan 2018-20 (Appendix A)
  - b. Support the implementation of the new innovative British Heart Foundation programme focusing on blood pressure and workplace health (Appendix B)

### **2. Purpose of Report**

- 2.1 The purpose of this report is to provide a high level overview to the Cheshire East Health and Wellbeing Board on:-
- a. The achievements and progress of the Champs Collaborative April 2017- April 2018.
  - b. The Champs Collaborative Strategic Delivery Plan 2018 – 2020, which summaries key achievements and outlines the Programme objectives for 2018-20 (Appendix A)

### **3. Background**

#### **3.1 Purpose of the Champs Collaborative - collective action, local impact**

Champs Collaborative aims to improve the health and wellbeing of the 2.5 million people of Cheshire and Merseyside (C&M) and the ethos is 'collective action, local impact'. The Collaborative is led by the nine C&M Directors of Public Health (CM DsPH) as an Executive Board in collaboration with Public Health England (PHE) and NHS England (NHSE). The role of the Collaborative is to energise the whole system, influence strategic partnerships to focus on prevention and health inequalities using the best data and evidence. Facilitated by a small support team, the Collaborative includes the members of local Public Health Teams and works with partner organisations seeking to innovate and learn together.

#### **3.2 Celebrating 15 years of DsPH led public health collaboration**

The Champs Collaborative is a nationally recognised model for achieving effective public health collaboration and has successfully connected diverse organisations and influenced actions to improve population health. It is 15 years since DsPH first began working collaboratively, delivering solutions together to some of the most critical public health issues across the region by creating a comprehensive and systematic approach to system leadership.



#### **4. Making an Impact in 17/18**

##### **4.1 Delivering for local people and innovation**

The last year has been one of significant progress with some excellent achievements for local people on the key priority areas. It has also seen the formulation of new partnerships and initiatives that have been instrumental in helping to improve the health and wellbeing for local people across C&M.

##### **4.2 Strong national profile**

The national profile of the DsPH led collaboration continues to remain high. The Public Health England (PHE) CEO, Duncan Selbie, commented that 'Champs has made an extraordinary contribution by working together and had an incredible impact'. The work has been presented at key national conferences such as the Kings Fund, PHE and on topics such as mental wellbeing in children, resilient communities and suicide prevention. A case study on the Champs approach to Sector Led Improvement (SLI) will be featured in a forthcoming Local Government Association (LGA) Publication. The Collaborative were selected by PHE to be a national pilot site for sexual health commissioning and by Right Care as a 'hot house' pilot for the first sub-regional blood pressure website.

##### **4.3 Selected for the Parliamentary Review 18/19**

More recently, Sir Eric Pickles invited the Champs Collaborative to contribute to the 2018/19 Parliamentary review sharing best practice as a learning tool to individuals within the public and private sector.

##### **4.4 Key Achievements 17/18**

Public health teams, partners and providers have all played a major role in delivering the key achievements highlighted in the Strategic Delivery Plan and outlined below.

1. The Suicide Prevention work has resulted in no deaths of those supported by Amparo, the collectively commissioned suicide liaison service, resulting in an estimated cost saving of £2.1million between April 2015 and April 2017. In 2017/18, 170 people directly benefited from the service and a further 1,920 received less intensive support. One recipient described that 'without Amparo I don't think I would have been able to carry on'. This is underpinned by the innovative real time suicide surveillance system, which has been established successfully across the sub-region and other areas are keen to replicate.
2. A British Heart Foundation (BHF) funded project to increase detection of high blood pressure has seen 174 out of 400 fire and rescue staff trained to take blood pressure as part of their safe and well assessments. Staff in 120 Healthy Living Pharmacies have also been trained as part of the project.

3. Approximately 12,000 people had a blood pressure check in various settings as part of “Saving Lives: Reducing the pressure” blood pressure strategy and British Heart Foundation innovation project. This will prevent potential heart attacks, strokes and vascular dementia and therefore reduce demand on the health and care system.
4. Basic Suicide Prevention training has been delivered for 1500 “community gatekeepers”, developed by Warrington and commissioned by the Collaborative. The training has focussed on those frequently in contact with vulnerable groups.
5. The Drink less, enjoy more campaign developed by Liverpool was successfully rolled out across C&M. The numbers of drunk people served alcohol was significantly reduced across the sub-region following the intervention, where tested. This has been enhanced by the joint SLI work and collaborative framework on licensing.
6. Sector Led Improvement underpins all of the collaborative work. One example is the reports on workplace health and health related worklessness which outlined the evidence base, benchmarked a number of key national and local indicators and outlined a series of recommendations for local authorities.
7. World Suicide Prevention Day 2017 was a great success with the social media thunderclap reaching 750,000 people to raise awareness of its theme “Take a minute, change a life”.
8. The high quality CPD and events programme had over 800 delegates participating in 14 different events, providing a shared learning programme at significant cost saving to local authorities. The events have also enabled the local workforce to hear from national experts on the latest evidence and share good local practice.
9. Youth Connect 5, the emotional wellbeing and resilience programme for parents and carers trained 700 individuals over 99 courses. The evaluation report shows parents engaged well with the sessions and some respondents felt changes were transformative. The course was funded by a successful bid to HEE.
10. A total of £367k external income generated (17/18) to accelerate work on priority areas including the Youth Connect Five training and BHF blood pressure projects.

## **5. Champs Strategic Delivery Plan 2018 – 2020**

### **5.1 Delivering the Plan**

The Champs Strategic Delivery Plan (Appendix A) sets out how the C&M DsPH will continue to deliver strong system leadership by collective action for the next two years (2018 – 2020). The key priorities will remain to allow further impact on outcomes; however new programmes of work on air quality and behaviour change (Making Every Contact Count) will evolve.

### **5.2 Core deliverables - by 2020 include:**

1. Provide strong public health leadership and support to the Chief Executives and input into the new local Industrial Strategy.
2. Support and influence the Health and Care Partnership by developing the NHS Population Plan and Prevention Framework, securing additional community



microbiologist capacity and implementing the Blood Pressure GP Quality Improvement Package.

3. Lead implementation of the C&M NO MORE Suicide Prevention Strategy and be the first sub-region to achieve the international Suicide Safer Communities status.
4. Implement the Youth Connect 5 emotional wellbeing and resilience programme and achieve Royal Society of Public Health accreditation ahead of potential national roll out.
5. Provide leadership in enabling reductions in harm to health through alcohol by evaluating the 'Drink less, enjoy more' campaign, cascading the new MUP research and developing a new alcohol pathway.
6. Lead implementation of the Cross Sector Blood Pressure Strategy increasing public awareness and with a focus on workplace health via a successful BHF bid. A minimum of 10,000 new blood pressure checks will be achieved.
7. Produce a shared C&M Sexual Health Specification and deliver a C&M Cross Charging Policy to ensure high quality, cost effective and best value services.
8. Lead the development of a Making Every Contact Count (MECC) Strategic Plan including training at scale and an engagement plan overseen by a new Partnership Board. The ambition is to create a strategic framework and embed MECC within organisational policies thus ensuring sustainable everyday practise supported by a suite of shared resources.
9. Maintain a safe and resilient system in partnership with PHE with a focus on air quality, flu preparedness, Anti-Microbial Resistance and scrutinising screening and immunisations uptake. Led by PHE, the ambition is to establish an air quality network across Cheshire and Merseyside and raise public awareness aligned to National Air Quality Day.
10. Deliver an effective CPD Programme to build the skills of the public health and wider workforce and complimented by an effective SLI programme. The Collaborative is hosting and will establish a new NW Practitioner Programme funded by Health Education England.

### **5.3 Generating external income**

Each of the nine local authorities contributes to the Champs Support Team which serves nine councils and is hosted by Wirral Council. The Support Team will continue to focus on generating external income to bolster the local authority contribution and maximise impact on the priorities. Since April 2018 £403,000k has been generated and this brings the total income generated since April 2016 to over £1.1 million for innovation and workforce development to enhance the priority programmes.

### **5.4 Effective governance and performance monitoring**

The C&M DsPH as an executive board continue to monitor performance aligned to the programme objectives, actions and outcomes through a robust performance management framework. The Board also oversee the business functions of the Collaborative including financial and risk management.



**Contact Officers:**

- Helen Cartwright – Head of Commissioning & Mobilisation, Champs Public Health Collaborative, [helencartwright@wirral.gov.uk](mailto:helencartwright@wirral.gov.uk)
- Dawn Leicester – Director, Champs Public Health Collaborative, [dawnleicester@wirral.gov.uk](mailto:dawnleicester@wirral.gov.uk)

Appendix A – Champs Strategic Delivery Plan

Appendix B – Overview of new BHF 2 Programme on workplace health and blood pressure

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Appendix A

# Strategic Delivery Plan

2018-2020



**Champs**  
Public Health  
Collaborative



# Working together to improve health and wellbeing in Cheshire and Merseyside.

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An aerial photograph of London at sunset. The sun is low on the horizon, casting a bright orange and yellow glow across the sky and reflecting on the water of the River Thames. In the foreground, the illuminated roof of the London Stadium is visible. To the right, the London Eye is silhouetted against the sunset. The city skyline is visible in the distance under a hazy, orange sky. A large pink arrow graphic points from the left edge of the page towards the text.

We are delighted  
to bring you the  
Champs Strategic  
Delivery Plan for  
2018-2020

# New partnerships bring a year of success

This last year has been one of significant progress with some fantastic achievements on our key priorities and £367,000 of new external income. It has also seen the formation of new partnerships and initiatives that have been instrumental in helping us improve health and wellbeing across Cheshire & Merseyside.



## Margaret Carney

*Lead Chief Executive of Champs Public Health Collaborative*

*Lead Chief Executive for health and wellbeing in Liverpool City Region and Chief Executive of Sefton Council*



## Sandra Davies

*Chair of Cheshire & Merseyside Directors of Public Health Executive Board and Director of Public Health for Liverpool City Council*



## Kath O'Dwyer

*Acting Lead Chief Executive for Health and Wellbeing in Cheshire & Warrington and Acting Chief Executive of Cheshire East Council*

One of these innovative programmes is the British Heart Foundation (BHF) high blood pressure detection project.

We were delighted to be awarded £100,000 of funding from the BHF last year and since then, we have seen the roll out of **blood pressure testing** across various new settings, including a partnership with our two fire and rescue services who are now out in the community taking blood pressure readings for vulnerable people who may well not have been identified by health services. A state of the art health kiosk to take blood pressure readings was also piloted in community settings in Warrington with excellent results.

Our work on **preventing suicide** saw an update to the NO MORE suicide strategy last September along with an excellent stakeholder event that saw expert speakers, such as Professor Rory O'Connor of the University of Glasgow and Professor Louis Appleby of the University of Manchester, present the latest evidence. The key actions agreed from this event are progressing well, overseen by the Cheshire & Merseyside Suicide Prevention Board and we continue to be an example of best practice in Cheshire & Merseyside.

In the area of **mental health and wellbeing**, we have worked with the Directors of Children's Services across all our local authorities to take action on self-harm which is a rising issue for children and young people. An evidence report



was commissioned and a new group is looking at what can be put in place across the system to help children and young people who may be vulnerable.

Our alcohol harm workstream has gathered pace and campaigns such as Drink Less, Enjoy More have enabled everyone in public health, licensing and community safety to work closely together to ensure alcohol is served appropriately by bar staff.

Working with the **Cheshire & Merseyside Health & Care Partnership** (formerly Five Year Forward View) has ensured our prevention priorities of **high blood pressure, alcohol harm and anti-microbial resistance** are embedded into future plans and our lead Director of Public Health is working with the Health & Care Partnership lead on the “Population health/Prevention” workstream.

Our profile nationally continues to remain high and we are proud to have been asked to present our collaborative approach at key conferences on topics such as Sector Led Improvement (SLI), resilient communities and suicide prevention. A case study on our approach to SLI will be featured in a new LGA publication to be released shortly.

We are also excited to announce that Champs have been invited by Sir Eric Pickles to be part of a 2018/19 Parliamentary Review sharing best practice as a learning tool to individuals within the public and private sector.

## Looking forward

In 2018 we are celebrating our 15th year of successful collaboration as Champs Public Health Collaborative. This year, as always, we will continue to deliver strong system leadership by collective strategic action and work together with our talented public health teams and partners to improve population health and wellbeing.

Our key priorities will remain to allow further impact on outcomes but new programmes of work, such as our Making Every Contact Count programme, have evolved. Despite remaining flexible to system change, what will not change is our commitment to doing the right things to ensure everyone has a fair chance to be healthy and able to achieve their full potential. We hope you find this strategic delivery plan informative and look forward to working with you all to achieve good health and wellbeing for our population.



# Celebrating our top 10 achievements together...

We have so many achievements to celebrate together thanks to the expertise and commitment of everyone involved in our Collaborative. Public health teams, partners and providers have all played a major role in our success. Here are our top ten key achievements from last year...

1

## £367,000

of external income boosts programmes.



Champs has generated external income to the value of £367,000 in 2017-18 which will be used for new programmes such as a practitioner public health learning programme and to accelerate work in local areas on blood pressure.

3

## Fire & rescue

staff to measure blood pressure.



A British Heart Foundation (BHF) funded project to increase detection of high blood pressure has seen 174 out of 400 fire and rescue staff across Cheshire & Merseyside trained to take blood pressure measurements as part of their safe and well home safety assessment visits. Staff in 120 Healthy Living Pharmacies in Cheshire & Merseyside have also been trained as part of the project.

2

## Supporting

those bereaved by suicide - Heidi's story.



Our suicide prevention work has resulted in no deaths of those supported by Amparo, our suicide liaison service and cost savings of £2.1m. One Amparo client, Heidi Moulton, spoke of how Amparo made such a difference when she lost her son Stefan to suicide. Heidi said:

*"Without Amparo I don't think I would have been able to carry on. I miss my son every day, but the grief is manageable and I cope with it most of the time. I also know this is because of the amazing support I had from family, friends and colleagues, but significantly from Amparo".*

4

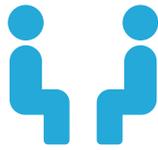
## 12,000

blood pressure checks.



Approximately 12,000 people across C&M had a blood pressure check last year in various settings as part of the delivery of the 'Saving lives: Reducing the pressure' blood pressure strategy and the BHF project. The strategy aims to achieve gold standard by reaching 66% identification which could save 183 strokes, 118 heart attacks, 256 cases of heart failure and 96 deaths at a cost to services of £8 million.

5



1500

**trained in basic suicide prevention.**

Basic Suicide Prevention training for “community gatekeepers” developed by Warrington and commissioned by Champs across C&M has trained nearly 1500 people frequently in contact with vulnerable groups such as drugs and alcohol services, benefits and debt advisors.

8



750,000

**reached raising awareness of suicide.**

World Suicide Prevention Day 2017 was a great success with the Champs Collaborative Thunderclap reaching 750,000 people to raise awareness of its theme “Take a minute, change a life”.

6



## Campaign

**to reduce alcohol harm delivered across C&M.**

*The Drink less, enjoy more* campaign, developed by Liverpool, was rolled out across C&M thanks to funding from Champs. A training video was made to inform bar staff of the penalties of serving people who are already drunk. Wirral rolled out the campaign in their area and found a reduction in test purchases by drunk actors from 90% to 36%.

9



800

**delegates connect and learn.**

Our CPD and events programme has had a fantastic year with over 800 delegates attending 14 events. Providing a shared learning programme achieves significant cost savings for local authorities. 94% of delegates rated our events as “good” or “very good” with 81% agreeing they would change their current practice as a result of attending.

7



## Improving

**workplace health with sector led improvement.**

SLI underpins all of our collaborative work and a recent presentation at the Yorkshire & Humber SLI conference summarised our approach. One example is our reports on workplace health and health related worklessness which outline the evidence base, benchmark a number of national and local indicators and contains a series of recommendations for local authorities.

10



700

**parents trained in building resilience.**

Youth Connect 5, the emotional wellbeing and resilience training programme for parents and carers trained 700 individuals over 99 courses. The evaluation report shows that respondents felt changes would be long lasting for some and that parents engaged well with the sessions. One parent commented:

*“It’s gone from everybody fighting to working as a family more because we’ve shared everything with them and used the techniques”*

# 15 years of delivery at scale in Cheshire & Merseyside

Champs Public Health Collaborative (Champs) has developed a comprehensive and systematic approach to improving public health priorities by large scale action and working together as system leaders across Cheshire and Merseyside (C&M).

Champs is a long-standing collaborative of eight Directors of Public Health (DsPH) and their teams serving 2.5 million people in C&M, who also have a strategic influencing role within the Liverpool City Region combined authority and the Cheshire & Warrington sub-region.

Working to the ethos of 'collaborative action, local impact', Champs tackles a number of priorities, agreed with Public Health England and NHS England, that are common to every area and where progress can be best made through collective action.

The role of the Collaborative is to energise the whole system and influence strategic partnerships to focus on prevention, health inequalities and use of the best data and evidence. DsPH have adopted lead roles working on behalf of each other

across the sub-region. The Collaborative includes members of local teams who offer a unique and essential contribution as system leaders working with strategic partners, facilitated by a small support team. The Champs support team leads, facilitates and enables delivery of the priorities and programmes of work with DsPH, local teams and partners.

Together we have achieved measurable improvements in tackling high blood pressure, suicide prevention, mental health and wellbeing and collaborative commissioning.

The Collaborative also provides a learning programme for public health teams, wider local authority colleagues and partners plus sector led improvement which underpins all of the collaborative work.



Delegates attending the Champs annual suicide prevention summit September 2017

**The purpose of Champs**  
is to improve local health and wellbeing  
outcomes taking a whole system approach

**We do this by:**



**ENABLING**  
strong public health system leadership and collective strategic action



**CREATING AND DISSEMINATING**  
the latest evidence and promoting effective interventions



**SECURING**  
new external resources



**CO-ORDINATING**  
expert public health advice across partnerships



**DELIVERING**  
shared learning opportunities and sector led improvement

**Priorities and programmes:**



**IMPROVING**  
mental health and wellbeing of children and young people



**PROMOTING**  
mental wellbeing and preventing suicide



**TACKLING**  
high blood pressure



**REDUCING**  
alcohol harm



**PROTECTING**  
the health of the public (Anti-Microbial Resistance & Air Quality)



**MAKING**  
Every Contact Count (MECC)

**Enabling functions:**



**SYSTEM leadership**



**CPD/SLI**



**INTELLIGENCE**



**COMMISSIONING**



**COMMUNICATIONS & knowledge transfer**

# A whole system approach to health and wellbeing

The scale of the challenge means no one part of the system can make sustained progress on its own; a whole system approach is needed.

The Directors of Public Health work together as system leaders, influencing and enabling key organisations to focus upstream and use the best evidence available.

At a recent Liverpool City Region Chief Executives meeting, Knowsley Chief Executive, Mike Harden said *“Champs Public Health Collaborative provides a great example of system leadership and collaborative working around health and wellbeing issues across Merseyside, Cheshire and beyond.”*



Cheshire &  
Merseyside's  
population of  
2.5 million is  
served by...

nine

local  
authorities

12

Clinical  
Commissioning  
Groups

19

hospital  
trusts

two

fire and  
police  
authorities

# Enabling strategic partnership delivery across Cheshire & Merseyside

Champs Collaborative has enabled multi-agency working across Cheshire & Merseyside, providing public health expertise to key strategic groups and delivering innovative projects to improve health and wellbeing. Some examples of these projects are shown below.



## Fire Service deliver safe and well checks

The Fire Services in Cheshire & Merseyside are key partners and prevention focused organisations, delivering Safe and Well checks which now incorporate public health messages such as bowel cancer screening and advice on reducing falls. Champs Collaborative has provided public health expertise into planning the checks and also commissioned an evaluation of the programme. The Fire Services also contribute as partners to both the Champs Collaborative Blood Pressure and Suicide Prevention Partnership Boards.



Dr Muna Abdel Aziz, DPH Warrington and Mark Cashin, Chief Fire Officer, Cheshire Fire & Rescue Service sign agreement for Safe & Well visits



**Multi agency group drive launch of innovative real time surveillance system**

As part of the C&M NO MORE Suicide Strategy, a Real Time Surveillance system has been established across C&M with key partners including Fire & Rescue Services, police and travel colleagues. This helps identify potential clusters and trends much more quickly than has been possible before and enables public health teams to develop community response plans. The group are also working together to identify potential ‘hot spots’ where preventative measures can be implemented.

**Joint working with Directors of Children’s Services led by David Parr**

The DsPH and their teams have worked together with the Directors of Children’s Services creating children’s profiles for Cheshire & Warrington and Liverpool City Region and facilitating a joint prioritisation event. A follow-on report reviewed in more detail the key theme, self-harm in children and young people and the evidence of what works. A joint workshop identified key next steps including taking a sector led improvement approach and benchmarking local areas.



Dr Cecil Kullu, Dr Sandra Davies, Helen Lowey, Tracey Coffey and David Parr at the children and young people’s CPD event November 2017

**Prevention at scale in the C&M Health and Care Partnership**

The Partnership is an NHS led collaboration aiming to improve population health. Champs DsPH recommended three key prevention priorities that were incorporated within the strategic plan: high blood pressure, alcohol harm and anti-microbial resistance. Eileen O’Meara is DPH lead and co-chairs the Health & Care Partnership Prevention Board with Jon Develing, Population Health Lead. The Board is overseeing the implementation of the action plans and a prevention framework underpinning the strategic themes of the Partnership. The aim is for prevention to be embedded strategically and operationally in all pathways. Making Every Contact Count has been adopted as a new priority for 2018 following a successful Champs multi-agency visioning workshop. C&M Health and Care Partnership is the North Region lead STP for the PHE CVD Prevention programme. A “Happy Hearts” branded public facing CVD prevention website will launch in September, led by the Champs Collaborative.



Jon Develing, Population Health Lead for the Cheshire & Merseyside Health & Care Partnership

# Supporting strategic partnership delivery across Cheshire & Warrington

14

Cheshire and Warrington (C&W) has a multi-agency Chief Executive Management and Leaders Board supported by the Public Service Transformation (PST) Board. C&W DsPH have a place on the PST Board and provide regular updates and also to the Chief Executive Management and Leaders Board, advising on key public health issues.



## Cheshire & Warrington Sub-Regional Leaders Board

### Enabling public sector transformation in Cheshire and Warrington

The Public Sector Transformation Plan was informed by a case for change report, commissioned by DsPH.

The Champs Collaborative contributes to the delivery of the plan that aims to deliver improved outcomes in relation to work, poor mental health, reoffending and domestic abuse.

### The Prospectus

The prospectus for inclusive growth outlines how Cheshire & Warrington aim to double the size of their economy by 2040. It highlights the assets and captures the ambition of the sub-region.



### Warrington host state of the art health kiosk

Thanks to funding from The British Heart Foundation, Champs Collaborative have worked together with Warrington Borough Council's Public Health team to introduce the Wellpoint Health Kiosk which offers users the ability to check their blood pressure (BP), find out their heart age, BMI and body fat composition. The project aims to shift the detection of raised BP into the community so that people can be managed in alternative venues, freeing clinical space for higher risk patients.



Dr Ahmed Farag, Consultant Interventional Cardiologist at Warrington and Halton Hospitals NHS Foundation Trust assists user of the health kiosk

*In these dynamic times of devolution and health and care partnership plans, local authorities increasingly need to work with health partners across wider areas; having an organisation like Champs to support us to develop prevention and early intervention across Cheshire and Merseyside has proved extremely helpful.*



Councillor Janet Clowes, Cheshire East Cabinet Member, Health and Adult Social Care; Co-Chair of Cheshire & Merseyside Blood Pressure Partnership Board

# Our health today – why we must improve

Overall health is similar or slightly better across Cheshire & Warrington compared to England.

This can be seen in higher healthy life expectancy as well as lifestyle factors such as smoking, physical activity, alcohol misuse and healthy eating. Despite this, hypertension (high blood pressure) levels are higher. As this is doctor diagnosed prevalence this may reflect better case finding as much as overall population prevalence.

Child health is generally similar to the England average apart from breast feeding continuation (measured at 6-8 week checks) which is lower than the England level.

Although lifestyles and wider determinants are similar/better than England, Cheshire & Warrington face challenges around self-harm in young people, injuries due to falls amongst older people (aged 65+) and avoidable hospital admissions.

## The road to healthy life expectancy for Cheshire & Warrington

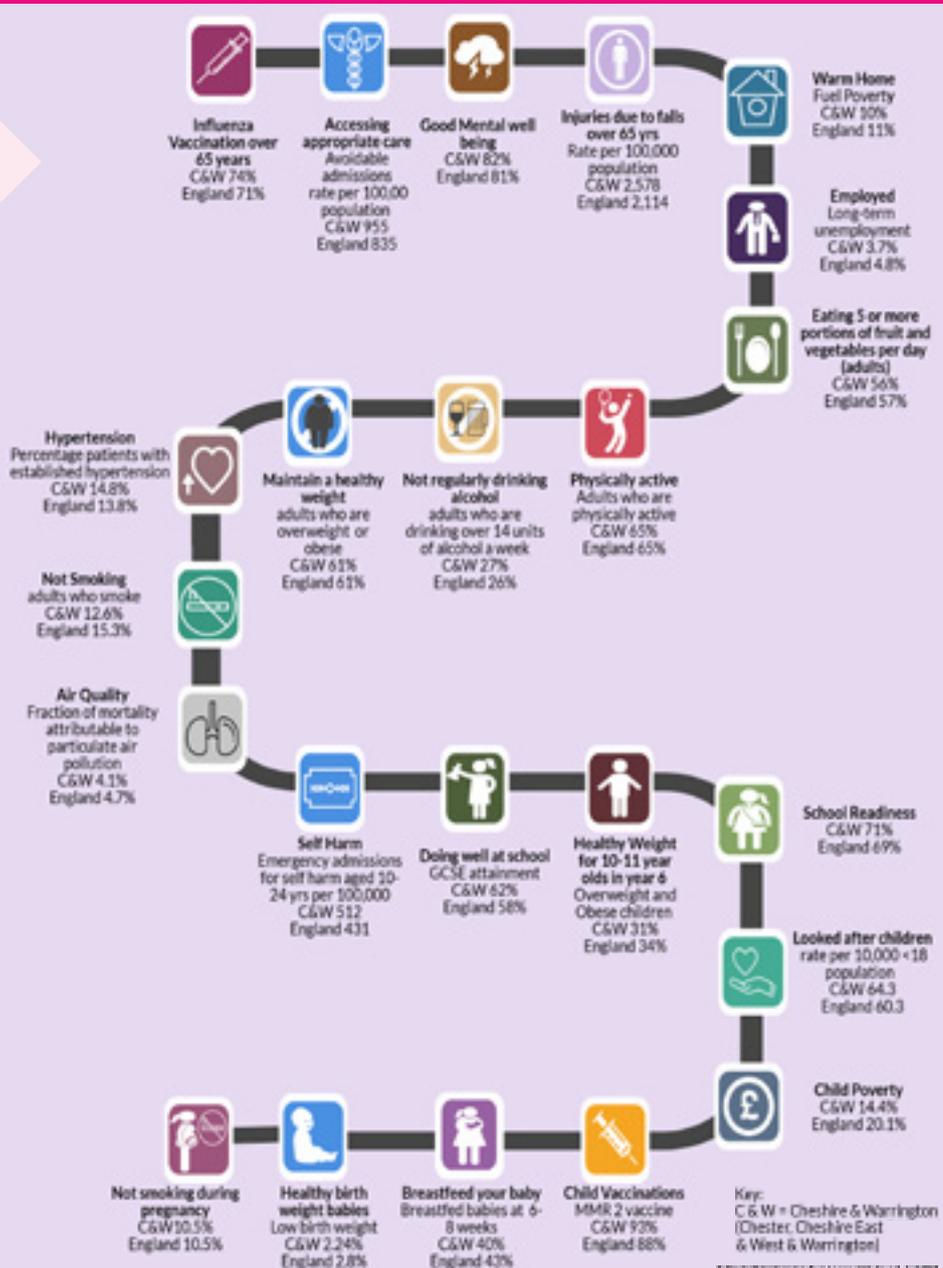
### Healthy Life Expectancy:

#### Women

Cheshire & Warrington: 65.3 years  
Nationally: 64.1 years

#### Men

Cheshire & Warrington: 64.9  
Nationally: 63.4 years



Notes: Health Statistics Year 13, Healthwatch Cheshire April 2018

# Supporting strategic partnership delivery across Liverpool City Region

Liverpool City Region (LCR) has an established Combined Authority to provide strategic governance and support economic growth. LCR DsPH meet regularly with the lead Chief Executive, Margaret Carney to discuss progress and strategic opportunities for collaboration.



## Creating a vibrant economy through improved health and wellbeing

The first LCR Metro Mayor, Steve Rotheram, was elected in 2017 following a Devolution Agreement. The DsPH provided the initial case for change to support the Devolution submission and inform joint working with Directors of Adult Social Care.



Members of the LCR portfolio holders group have their blood pressure checked for Know Your Blood Pressure Day April 2017

## LCR Portfolio Holders

The portfolio holders meet regularly and have formed a Health and Wellbeing Forum following two successful summits.

Matt Ashton, DPH for Sefton and Knowsley, presented the latest evidence from a DPH collaboratively commissioned report on building resilient communities at the last Summit.

## Champs Suicide Prevention Summit

Cllr Gill Neal chaired the highly successful annual Champs Suicide Prevention Summit in September 2017 that welcomed over 170 delegates from all sectors. National experts highlighted the latest research on suicidal and self-harm behaviour and delegates were able to share good practice.



Cllr Gill Neal of St Helens Council opens the Champs annual suicide prevention summit

## Metro Mayor presents Champs work at PHE conference

Steve Rotheram and Councillor Andy Moorhead presented on the Champs work and the ambition for improving health and wellbeing across LCR at the PHE conference in September 2017. Councillor Moorhead thanked DsPH and their teams and described them as 'talented leaders'.



## PHE LCR Wellbeing and Wealth Plan

Public Health England is leading a programme of work to support the Mayor and Combined Authority. The Wellbeing and Wealth Plan will support the LCR economic growth strategy.

# Our health today – why we must improve

Health across LCR is overall worse than the England average. This can be seen in the gap in healthy life expectancy between LCR and England of around 4 years.

Although vaccination and immunisation rates are better, lifestyle factors are worse (things like smoking, alcohol misuse and healthy eating).

Child poverty is much higher than England and this affects many of the child health experiences, with most of the indicators being worse than England. Of note is the lower level of children who are ‘school ready’ at age 5.

The poorer health seen in childhood continues in to adulthood both in terms of lifestyles as well as poorer mental wellbeing and higher avoidable hospital admissions and injuries due to falls amongst older people (aged 65+).

## The road to healthy life expectancy for Liverpool City Region

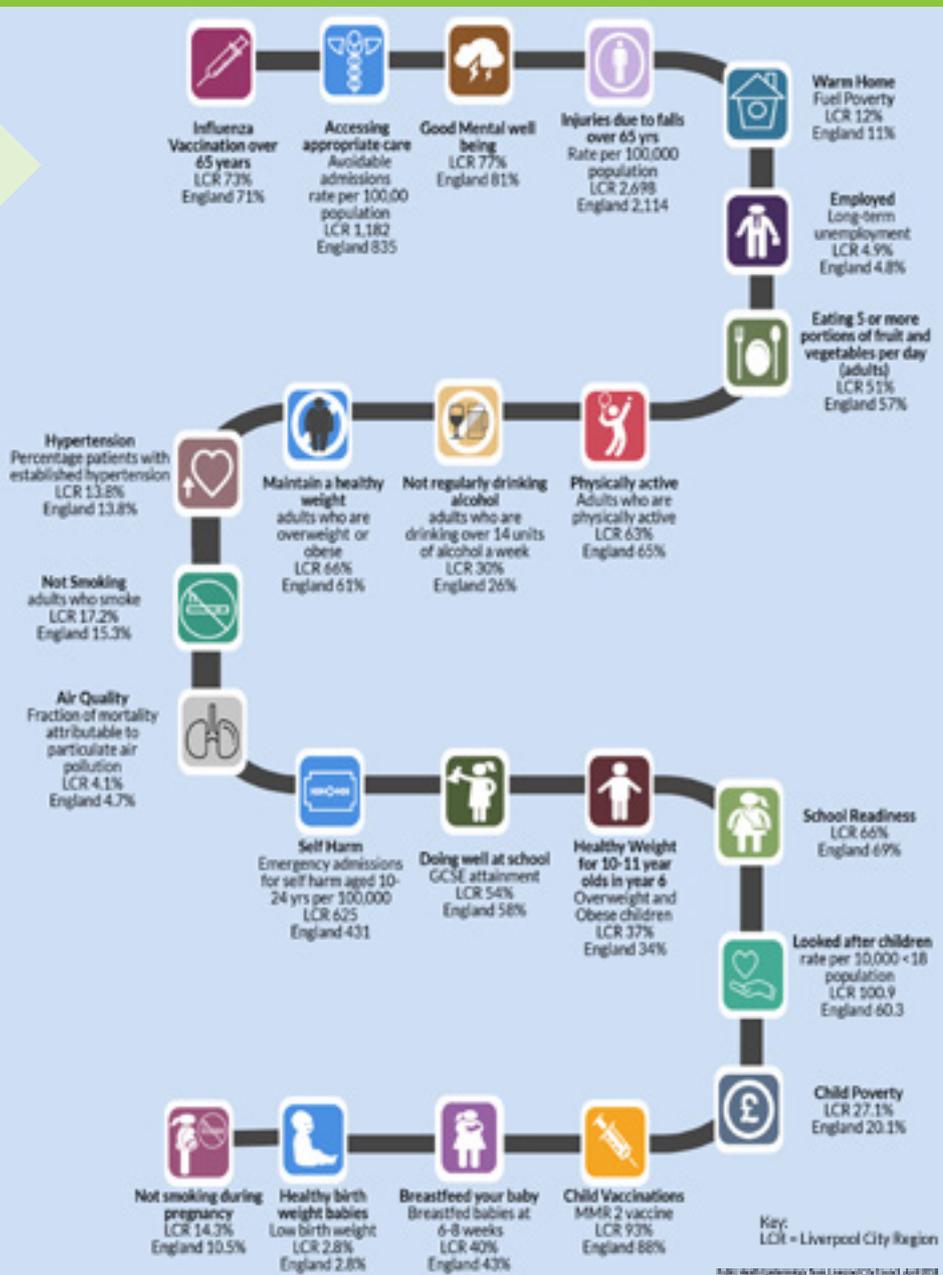
### Healthy Life Expectancy:

#### 👤 Women

Liverpool City Region: **59.7 years**  
Nationally: **64.1 years**

#### 👤 Men

Liverpool City Region: **59.6**  
Nationally: **63.4 years**



# Delivering the plan

Supporting this strategic delivery plan is a detailed operational delivery plan which sets out the aims and objectives for the public health collaborative.

Some of these are highlighted below...

## By 2020 the Champs Collaborative will:

- **Provide strong public health leadership and support** to the Liverpool City Region, Cheshire and Warrington Transformation Plan and the Health and Care Partnership NHS Population Health Plan
- **Implement the Youth Connect 5 emotional wellbeing and resilience programme** and achieve Royal Society of Public Health accreditation ahead of potential national roll out through Public Health England
- **Lead implementation of the Cheshire & Merseyside NO MORE Suicide Strategy**, achieving Cheshire & Merseyside Suicide Safer Community accreditation
- **Provide leadership in enabling reductions in harm to health through alcohol**
- **Lead implementation of the Five Year Cross Sector Blood Pressure Strategy** and increase the number of opportunities for community blood pressure testing achieving a minimum of 10,000 new blood pressure checks
- **Produce a Cheshire and Merseyside Sexual Health Specification** and deliver a Cheshire and Merseyside Cross Charging Policy
- **Deliver an effective CPD programme** that builds the skills of the public health and wider local authority workforce reaching a minimum of 450 delegates per annum
- **Provide strong public health leadership in delivering Making Every Contact Count** at scale across C&M
- **Provide collaborative strategic public health intelligence** across Cheshire & Merseyside
- **Establish the North West Public Health Practitioner workforce programme** in collaboration with Health Education England and Public Health England

# Effective governance

Leadership and decision making is facilitated through the eight Directors of Public Health, who make up an Executive Board.

The Executive Board is supported by a Leadership Group, which oversees the business functions of the Collaborative.

The Executive Board meet twice a year for Board meetings and meet for monthly system leadership meetings in between. Mel Sirotkin, Centre Director for Public Health England North West and Julie Kelly, Head of Public Health for NHS England in Cheshire & Merseyside are also in attendance.

## Performance monitoring

Champs Collaborative work is monitored and reports through a robust performance and monitoring framework.

This encompasses work directly undertaken by the local public health teams, the Champs support team and through contracts managed by Champs. The Directors of Public Health also report progress to the Cheshire & Merseyside Chief Executives.



# Organisation & structure

## Cheshire & Merseyside Directors of Public Health

MAA

WARRINGTON

Muna Abdel Aziz



Champs Collaborative Lead DPH for Blood Pressure & Health Care Public Health

mabelaziz@warrington.gov.uk

SF

ST HELENS

Sue Forster



Champs Collaborative DPH Lead for Suicide Prevention

SusanForster@sthelens.gov.uk

MA

KNOWSLEY & SEFTON

Matthew Ashton



Champs Collaborative DPH Lead for Intelligence & Strategic Partnerships

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EO

HALTON

Eileen O'Meara



Champs Collaborative DPH Lead for Health Protection & Health & Care Partnership

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IA

CHESHIRE WEST & CHESTER

Ian Ashworth



Champs Collaborative DPH Lead for Sexual Health Commissioning Pilot

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FR

CHESHIRE EAST

Fiona Reynolds



Champs Collaborative DPH Lead for Communications & Social Marketing, Workforce & CPD, Employment & Skills

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SD

LIVERPOOL

Sandra Davies



Champs Collaborative DPH Lead for Mental Wellbeing (Children and Young People)

sandra.davies@liverpool.gov.uk

JW

WIRRAL

Julie Webster



Champs Collaborative DPH Lead for Alcohol Harm, Licensing & Commissioning

juliewebster@wirral.gov.uk

# Systems leadership roles

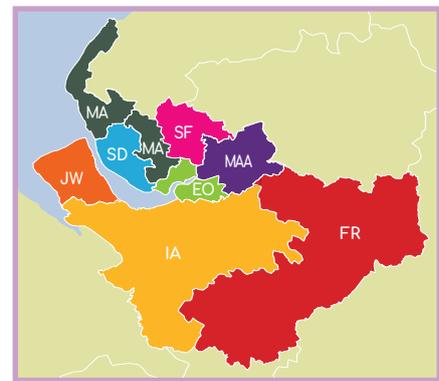
In addition to their lead roles on various Collaborative priorities and workstreams, the Directors of Public Health act as system leaders for public health, taking lead roles on behalf of each other, working with partners such as Public Health England, NHS England and North West Coast Strategic Clinical Network.

## DPH LEAD:

- ◆ JW Alcohol Harm (including licensing) and HCPV Prevention Board rep\*
- ◆ EO C&M HCP Working group/ Prevention Board\*
- ◆ SD Cancer Alliance
- ◆ JW Commissioning
- ◆ FR Communications & Social Marketing\*
- ◆ FR CPD\*
- ◆ FR Employment and Skills\*
- ◆ SF HCP Mental Health Programme Board
- ◆ MA Health and Fire Working Group
- ◆ EO Health Protection\*
- ◆ EO Improving Maternity Experiences Board
- ◆ EO LCR Child Poverty Commission
- ◆ SD Mental Wellbeing - focus children and young people\*
- ◆ EO Merseyside DCS Board for Children
- ◆ MAA Public Health Healthcare/ High Blood Pressure\*
- ◆ MA Public Health Intelligence & Strategic Partnerships\*
- ◆ IA Sexual health pilot
- ◆ SF Suicide Prevention\*
- ◆ FR Workforce and L&D\*

## DPH REPRESENTATIVE

- ◆ FR C&W Youth Justice Services health sub group
- ◆ FR Cheshire & Merseyside Local Workforce Action Board (LWAB)
- ◆ FR Cheshire Protecting Vulnerable People Forum
- ◆ FR Cheshire Public Service Transformation Board
- ◆ FR Cheshire and Warrington Into Work Board
- ◆ FR H&CP C&M Strategic Workforce Group
- ◆ MAA HCP Prevention Board
- ◆ SD Merseyside Community Safety Partnerships Board
- ◆ FR NHS Cheshire Joint Commissioning Committee (Joint)
- ◆ IA NHS Cheshire Joint Commissioning Committee (Joint)
- ◆ SF Strategic Integrated Offender Management Group



## CHAIR:

- ◆ SD C&M DsPH Executive Board (Chair to Sept 2018)
- ◆ SF C&M Screening and Immunisation Programme Board (Co-Chair)
- ◆ SD Cheshire and Merseyside TB Strategic Group (Chair)
- ◆ MAA Cheshire & Warrington Local Health Resilience Partnership (Co-Chair)
- ◆ EO Cheshire & Warrington Local Health Resilience Partnership (Co-Chair)
- ◆ SD Public Health Collaborative System Leadership Group (Co-Chair)
- ◆ JW Merseyside Local Health Resilience Partnership (Co-Chair)
- ◆ MA Merseyside Local Health Resilience Partnership (LCR Joint Chair)
- ◆ SF NO MORE Suicide Partnership Board (Chair)
- ◆ JW Public Health Collaborative System Leadership Group\* (Co-Chair)

## NORTH WEST:

- ◆ EO ADPH NW (Chair)
- ◆ EO NoE Health Equity North group
- ◆ SD NW TB Board

## NATIONAL:

- ◆ MAA National CVD Systems Leadership Forum

# Programme Objectives 2018/19

The following information provides an overview of the objectives, key actions and outcomes for each programme of work.

Champs Collaborative is committed to driving improvements in performance and in outcomes and as basis for this, a sector led improvement (SLI) approach underpins implementation of the strategic delivery plan.

The highlighted objectives, actions and outcomes indicate a specific SLI approach.

## Alcohol Harm Reduction

Director of Public Health: Julie Webster

Responsible Officer: Adam Major

### OBJECTIVE:

Support the delivery of key priorities of the Health and Care Partnership Prevention at Scale Work programme

ACTIONS:	OUTCOMES:
<ul style="list-style-type: none"> <li>Plans from each acute trust outlining actions to achieve the Commissioning for Quality and Innovation (CQUINs) target</li> </ul>	<ul style="list-style-type: none"> <li>Greater identification of harmful and hazardous drinkers and the resulting reduction in this risky behaviour due to IBA delivered</li> </ul>
<ul style="list-style-type: none"> <li>Develop a Cheshire and Merseyside Alcohol Pathway</li> </ul>	<ul style="list-style-type: none"> <li>Greater consistency of care for vulnerable drinkers enabling earlier intervention and prevention of alcohol related harm</li> </ul>
<ul style="list-style-type: none"> <li>Develop an alcohol dashboard which highlight areas' needs in terms of alcohol and acute care</li> </ul>	<ul style="list-style-type: none"> <li>More specific/targeted commissioning of services to meet those needs resulting in greater reduction of alcohol harm</li> </ul>
<ul style="list-style-type: none"> <li>Develop a common training and competency programme</li> </ul>	<ul style="list-style-type: none"> <li>Greater consistency of care for vulnerable drinkers enabling more effective intervention and prevention of alcohol related harm</li> </ul>
<ul style="list-style-type: none"> <li>Develop a Cheshire and Merseyside alcohol care team service specification</li> </ul>	<ul style="list-style-type: none"> <li>Alcohol care teams adequately funded and providing greater consistency of care enabling more effective intervention and prevention of alcohol related harm</li> </ul>

**OBJECTIVE:**

Licensing. To enable reductions in harm to health via the existing licensing process

ACTIONS:	OUTCOMES:
<ul style="list-style-type: none"> <li>Develop a community resource to support licensing involvement</li> </ul>	<ul style="list-style-type: none"> <li>More people make licensing representations</li> </ul>
<ul style="list-style-type: none"> <li>Develop a joint framework to include licensing strategy and Statement of Licensing Policy (SOLP)</li> </ul>	<ul style="list-style-type: none"> <li>Local SOLPs include more health related measures resulting in reduction of related harm</li> </ul>
<ul style="list-style-type: none"> <li>Develop best practice guidance documents that outline essential training for responsible authorities and licensing committees</li> </ul>	<ul style="list-style-type: none"> <li>Reduction in harm-causing licensing practices</li> </ul>

**OBJECTIVE:**

Reduce alcohol harm to those most at risk (dependent drinkers)

ACTIONS:	OUTCOMES:
<ul style="list-style-type: none"> <li>Support Sheffield University Minimum Unit Pricing National Institute for Health Research (NIHR) project</li> <li>Develop key facts summary produced for C&amp;M and individual local areas</li> </ul>	<ul style="list-style-type: none"> <li>Reduction of harm to those most at risk (dependent drinkers)</li> </ul>

## Children and Young People's Mental Health

Director of Public Health: Dr Sandra Davies

Responsible Officer: Pat Nicholl

**OBJECTIVE:**

Improve emotional wellbeing and resilience in children and young people

ACTIONS:	OUTCOMES:
<ul style="list-style-type: none"> <li>Lead the implementation of Youth Connect 5</li> </ul>	<ul style="list-style-type: none"> <li>Families provided with the tools to build positive emotional health for their children and young people</li> <li>Schools and Youth organisations have preventative programme that reaches out to families and complements Child Adolescent Mental Health Service's/ Future In Mind interventions</li> </ul>
<ul style="list-style-type: none"> <li>To oversee the development and co-ordination of a self-harm sector-led improvement programme</li> </ul>	<ul style="list-style-type: none"> <li>Reduced levels of self-harming in Cheshire and Merseyside</li> <li>Reduction in suicides and suicide attempts</li> <li>Increased knowledge and understanding of self-harm across partners, families and young people</li> </ul>
<ul style="list-style-type: none"> <li>To pilot a trauma informed recovery toolkit, developed by Rockpool, for practitioners working with families impacted by Adverse Childhood Experiences (ACEs)</li> </ul>	<ul style="list-style-type: none"> <li>Parents have tools to mitigate negative impact of ACEs</li> <li>Roll out of intervention</li> </ul>

## Commissioning

Director of Public Health: **Julie Webster**

Responsible Officer: **Adam Major**

### OBJECTIVE:

To improve the quality, efficiency and cost effectiveness of jointly commissioned public health services

ACTIONS:	OUTCOMES:
<p><b>Collective Investments</b></p> <p>Contract manage and performance monitor the C&amp;M DsPH collective commissioned contracts for:</p> <ul style="list-style-type: none"> <li>- Commissioned Intelligence</li> <li>- Suicide Liaison Service - Amparo</li> <li>- Medicines Management</li> </ul> <ul style="list-style-type: none"> <li>• Review current intelligence contract and make recommendations for future collaborative commissioning for 1st April 2019 onwards</li> </ul>	<ul style="list-style-type: none"> <li>• Prevention of imitative suicides in an at risk group</li> <li>• Economic savings to the C&amp;M region</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Develop a Cheshire &amp; Merseyside integrated sexual health service specification</b></li> </ul>	<ul style="list-style-type: none"> <li>• Potential process and cash savings</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Develop a Cheshire and Merseyside Sexual Health Cross Charging Policy</b></li> </ul>	<ul style="list-style-type: none"> <li>• Procurement savings and streamlined clinical services</li> </ul>

## Communications and Social Marketing

Director of Public Health: Fiona Reynolds

Responsible Officer: Tracey Lambert

### OBJECTIVE:

Lead and deliver communications for the Collaborative and its priorities

ACTIONS:	OUTCOMES:
<ul style="list-style-type: none"> <li>Build awareness and understanding of the vision and purpose of the Collaborative with all key stakeholders to increase engagement, focusing on the high priority targets</li> </ul>	<ul style="list-style-type: none"> <li>Stakeholders well informed of role of Champs and its priorities</li> </ul>
<ul style="list-style-type: none"> <li>Ensure all local teams are kept up to date on progress on the key priorities</li> </ul>	<ul style="list-style-type: none"> <li>Local teams well informed of Board decisions and work on key priorities</li> </ul>
<ul style="list-style-type: none"> <li>Continue to communicate examples of effective collaborative working within priorities and acknowledge the contribution of individual areas</li> </ul>	<ul style="list-style-type: none"> <li>Stakeholders are aware of successful projects and individuals that have contributed</li> </ul>
<ul style="list-style-type: none"> <li>Highlight improvements in health outcomes, quality and cost savings within priorities</li> </ul>	<ul style="list-style-type: none"> <li>Stakeholders are aware of improvements made by the Collaborative</li> </ul>
<ul style="list-style-type: none"> <li>Maintain the profile of the Cheshire &amp; Merseyside Directors of Public Health as effective system leaders in their regional and national roles</li> </ul>	<ul style="list-style-type: none"> <li>Stakeholders aware of DPH role in leading the PH system in C&amp;M</li> </ul>
<ul style="list-style-type: none"> <li>Build upon and maximise the excellent national reputation of the Cheshire &amp; Merseyside Public Health Collaborative</li> </ul>	<ul style="list-style-type: none"> <li>Stakeholders aware of innovative work of the collaborative and its way of working</li> </ul>
<ul style="list-style-type: none"> <li>To pilot a trauma informed recovery toolkit, developed by Rockpool, for practitioners working with families impacted by Adverse Childhood Experiences (ACEs)</li> </ul>	<ul style="list-style-type: none"> <li>Parents have tools to mitigate negative impact of ACEs</li> <li>Roll out of intervention</li> </ul>

### OBJECTIVE:

Maximise national and regional campaigns / facilitate C&M social marketing leads group

ACTIONS:	OUTCOMES:
<ul style="list-style-type: none"> <li>Promote and support priority awareness campaigns for blood pressure, suicide prevention and children's mental health, share best practice via social marketing leads group meetings</li> </ul>	<ul style="list-style-type: none"> <li>Campaigns are amplified and greater public awareness raised, information shared across local authority teams and partners</li> </ul>

## CPD

Director of Public Health: Fiona Reynolds  
Responsible Officer: Tracey Lambert

### OBJECTIVE:

Support local authorities with their statutory requirements to provide professional public health learning and development ensuring local authorities have a highly trained and competent workforce

ACTIONS:	OUTCOMES:
<ul style="list-style-type: none"> <li>Develop and deliver a maximum of 6 half day learning events based on learning needs and around key priorities, blood pressure, suicide prevention and mental wellbeing for children and young people</li> </ul>	<ul style="list-style-type: none"> <li>Increased knowledge and understanding of public health and competency of staff working in or with public health teams</li> <li>Contribution towards statutory requirement for public health professionals to maintain their CPD learning</li> <li>Contribution towards personal development plans</li> </ul>

## Health Protection

Director of Public Health: Eileen O'Meara

### OBJECTIVE:

Work collaboratively with key stakeholders to achieve reductions in air pollution

ACTIONS:	OUTCOMES:
<ul style="list-style-type: none"> <li>Establish Task and Finish Group for Air Quality</li> <li>Develop implementation plan on Air Quality with key partners</li> </ul>	<ul style="list-style-type: none"> <li>Raised public awareness on Air Quality</li> <li>Enhanced engagement of local community on Air Quality and making it a local issue</li> <li>Empowered local community to take action on AQ</li> </ul>

### OBJECTIVE:

Anti-microbial resistance. Lead the delivery of the Health and Care Partnership Anti-Microbial Resistance (AMR) Strategy

ACTIONS:	OUTCOMES:
<ul style="list-style-type: none"> <li>Lead the implementation of the AMR Strategy for Cheshire and Merseyside through the AMR Board by:             <ul style="list-style-type: none"> <li>Strengthening AMR stewardship in Primary Care</li> <li>Developing dedicated community microbiologist functions</li> <li>Strengthening monitoring, audit and assurance of appropriate prescribing for AMR</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Reduction in inappropriate antibiotic prescribing in all relevant healthcare settings across C&amp;M</li> <li>Reduction in infections caused by antimicrobial resistant microorganisms and improve infection prevention control practices across C&amp;M</li> </ul>

## High Blood Pressure

Director of Public Health: Dr. Muna Abdel Aziz

Responsible Officer: Dr. Melanie Roche

### OBJECTIVE:

Continue to implement, monitor and evaluate the five year Cheshire and Merseyside Cross Sector Blood Pressure Strategy “Reducing the Pressure”

ACTIONS:	OUTCOMES:
<p><b>Deliver and evaluate the following externally funded projects:</b></p> <ul style="list-style-type: none"> <li>• British Heart Foundation Innovation Award Programme - Round One</li> <li>• British Heart Foundation Innovation Award Programme - Round two with a focus on “wellbeing at work” across nine local authority areas (subject to being successful)</li> <li>• <b>General Practice Quality Improvement Programme</b></li> </ul>	<p><b>Contribution towards:</b></p> <ul style="list-style-type: none"> <li>• Health Care Partnership Key Performance Indicator 3. A reduction in Observed/Expected high blood pressure (BP) prevalence gap (equivalent to ~ an additional 11,000 on Quality and Outcome hypertension registers across C&amp;M per annum)</li> <li>• Health and Care Partnership Key Performance Indicator 4 (HCP KPI4)</li> <li>• For participating practices aim: 1% increase p.a. in patients treated to &lt;150/90mmHg</li> <li>• C&amp;M Baseline 307, 484 treated to target, aim 2021/11= 322,736</li> <li>• HCP KPI 4. 10% reduction per annum. in practice-level variation</li> </ul>
<p><b>Optimise levers for change by:</b></p> <ul style="list-style-type: none"> <li>• <b>Supporting cross-sector delivery of high BP priority deliverables as agreed by the Health and Care Partnership Prevention Board (STP) with a key focus on:</b> <ul style="list-style-type: none"> <li>- Making every contact count (MECC)</li> <li>- BP testing in community pharmacies</li> <li>- Quality improvement in general practice</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Cross-sector system partners aligned and taking action to progress the BP agenda in a focused and coordinated way</li> <li>• Greater BP awareness and empowerment to self-care</li> <li>• Increased no. Healthy Living Pharmacies</li> <li>• Increased Know Your Numbers campaign activity by HLPs</li> <li>• Increase in BP checks undertaken in community pharmacies</li> <li>• Increase in the uptake of New Medicines Service for BP medicines</li> <li>• Increase in uptake of Medicines Use Reviews for CVD medicines</li> <li>• Local evidence base for the role of community pharmacies in tackling high BP strengthened</li> </ul>

<p><b>Engage with and empower communities by:</b></p> <ul style="list-style-type: none"> <li>• Amplifying awareness-raising campaigns including Blood Pressure UK's Know Your Numbers awareness raising campaign</li> </ul>	<p><b>Contribution towards:-</b></p> <ul style="list-style-type: none"> <li>• Increased Quality and Outcome Framework (QoF) hypertension registers and reduced Observed/Expected prevalence gap</li> <li>• Increased public 'BP awareness'</li> <li>• Patients and public perspective informs developments to ensure it meets the needs of target audience</li> </ul>
<p><b>Scale up local successes by:</b></p> <ul style="list-style-type: none"> <li>• <b>Accelerating achievements in outcomes using a Sector Led Improvement approach by sharing best practice and learning</b></li> <li>• Supporting an application to NHS England/ Innovate UK Test Bed Round 2 to develop and scale up the use of digital innovations to tackle high BP</li> </ul>	<ul style="list-style-type: none"> <li>• Peer to peer learning supports the wider adoption of successful initiatives. The BP strategy indicator dashboard demonstrates an increase in activity across C&amp;M from baseline</li> <li>• Additional investment to support the development and scaling up of digital innovations and BP pathways across C&amp;M</li> <li>• Increase in digital solutions to tackle high BP being utilised</li> </ul>
<p><b>Demonstrate impact by:</b></p> <ul style="list-style-type: none"> <li>• Updating strategy indicator dashboard annually</li> <li>• Producing an Annual report 2018</li> <li>• Progress report of 4 KPIS to Health and Care Partnership Prevention Board</li> </ul>	<ul style="list-style-type: none"> <li>• Progress against key strategic objectives available</li> </ul>

# Making Every Contact Count

Director of Public Health: Eileen O'Meara

Responsible Officer: Louise Vernon

## OBJECTIVE:

Delivery of "Making Every Contact Count" (MECC) at Scale in Cheshire and Merseyside

ACTIONS:	OUTCOMES:
<p><b>System leadership and influence</b></p> <ul style="list-style-type: none"> <li>Establish a C&amp;M MECC Partnership Board to oversee and drive implementation of the MECC programme</li> </ul>	<ul style="list-style-type: none"> <li>Cross sector partnership approach to embedding MECC</li> <li>Increase in number of new staff inductions that include mandatory MECC training at a basic competency level</li> </ul>
<p><b>Changing organisational culture</b></p> <ul style="list-style-type: none"> <li>Embed MECC into organisational strategies as part of a wider focus on prevention and enabling sustainable delivery by:               <ul style="list-style-type: none"> <li>Identifying a Champion to lead in every organisation</li> <li>Raising the profile of prevention</li> <li>Maximising NHS as health improvement organisation through Commissioning for Quality and Innovation (CQUIN)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Increase in senior leadership commitment and in number of designated MECC leads or behaviour change leads within the organisation</li> <li>Increase in the number of staff who have received accredited and consistent training</li> <li>Increase in the number of trained staff delivering a brief intervention and increase in number of patient referrals to specialist services</li> <li>Increased knowledge and understanding of self-care e.g. healthy lifestyle messages</li> </ul>
<p><b>Training</b></p> <ul style="list-style-type: none"> <li>Implement effective consistent high quality accredited MECC training, creating a network of accredited/leaders and champions</li> </ul>	<ul style="list-style-type: none"> <li>Increase in understanding of behaviour change</li> <li>Increase in confidence to undertake a very brief / brief intervention</li> </ul>
<p><b>Comprehensive Communications and Engagement</b></p> <ul style="list-style-type: none"> <li>Create a consistent approach to branding across Cheshire and Merseyside which staff embrace and signpost the public to healthy lifestyle advice</li> <li>Develop a MECC Communications and Engagement Campaign aimed at frontline professionals in health, local authority and third sectors</li> <li>Develop a communications tool kit for local communications teams to utilise to ensure understanding and engagement of MECC with access to resources</li> <li>Development of a branded web based learning hub to host shared resources</li> </ul>	
<p><b>Evaluation</b></p> <ul style="list-style-type: none"> <li>Develop and implement an evaluation framework with a consistent approach to measure impact</li> </ul>	

## North West Practitioner Registration Scheme

Director of Public Health: **Martin Smith** - Consultant in Public Health – Liverpool City Council (on behalf of CM DsPH)  
Responsible Officer: **Helen Cartwright**

### OBJECTIVE:

**As host organisation for the North West Practitioner Registration Scheme, support Public Health England and Health Education England in the implementation of the public health practitioner registration programme**

ACTIONS:	OUTCOMES:
<ul style="list-style-type: none"> <li>• Recruit Programme Coordinator</li> <li>• Establish North West Practitioner Scheme Working Group</li> <li>• Develop Communications Plan</li> <li>• Recruit assessors and verifier</li> <li>• Formulate Risk Register</li> <li>• Provide appropriate training for assessors</li> <li>• Recruit mentors</li> <li>• Provide appropriate training for mentors</li> <li>• Deliver Learning sets</li> <li>• Obtain E-Portfolio Licenses</li> <li>• Recruit practitioners from across North West Workforce</li> </ul>	<ul style="list-style-type: none"> <li>• Increased number of professionals achieving public health practitioner accreditation</li> <li>• Competent and quality assured workforce</li> </ul>

## Strategic Intelligence and Partnership

Director of Public Health: Matthew Ashton

Responsible Officer: Helen Bromley/Sharon McAteer

### OBJECTIVE:

Manage collaborative intelligence across Cheshire & Merseyside, and support priority work areas as identified by the Directors of Public Health, with particular support for the needs of the devolved areas

ACTIONS:	OUTCOMES:
<p><b>Provide specialist intelligence support to PHC aligned to the key current and emerging priorities by:</b></p> <ul style="list-style-type: none"> <li>• Production of Cheshire and Merseyside suicide audit report</li> <li>• Continue to disseminate real time surveillance data and evaluate its usefulness</li> <li>• Conduct quantitative and qualitative evaluation of High Blood Pressure Programme</li> <li>• Provide support for other Champs priorities e.g. alcohol as required</li> </ul>	<p>Greater understanding across C&amp;M to impact on the priority areas. Also devolved areas are better able to plan effective interventions and service provision.</p>
<p>To performance manage and plan the work of the Commissioned Intelligence Service until the end of current contract in March 2019</p>	<p>Better intelligence in relevant areas of public health and its determinants across Cheshire and Merseyside. Improved identification of health needs and inequalities, and therefore improved service commissioning.</p>

## Suicide Prevention

Director of Public Health: Sue Forster

Responsible Officer: Pat Nicholl

### OBJECTIVE:

The Cheshire and Merseyside Suicide Prevention Board continues to implement the delivery of the NO MORE suicide strategy

ACTIONS:	OUTCOMES:
<p><b>Leadership</b></p> <ul style="list-style-type: none"> <li>• <b>Implement a Sector Led Improvement programme to drive improvement against NO MORE Suicide Action Plan &amp; Public Health England Local Authority Guidance</b></li> <li>• <b>Deliver a summit to present latest evidence and best practice of suicide prevention</b></li> </ul>	<ul style="list-style-type: none"> <li>• An effective Suicide Prevention Partnership</li> <li>• Strategic action and resources to create suicide safer communities and achieve suicide safer community accreditation</li> <li>• Reduction in suicide rates and variation between the local authority areas</li> </ul>
<p><b>Prevention</b></p> <p>Improve community attitudes and public dialogue on suicide by:</p> <ul style="list-style-type: none"> <li>• Implementation of the “Time to Talk” awareness campaign across C&amp;M</li> <li>• Implementation of awareness campaigns on World Suicide Prevention Day (10th September) and World Mental Health Day (10th October)</li> </ul> <p>Implementation of <b>Suicide Prevention Training</b> that impacts on the ability to intervene and support those with suicidal experiences as follows:</p> <ul style="list-style-type: none"> <li>• Implementation of Zero Suicide Alliance Prevention E learning Training in Public sector organisations</li> <li>• Continued implementation of “Community Gatekeeper” training with the aim to increase learners’ understanding and knowledge of practical suicide prevention techniques, to enable them to confidently make appropriate and timely interventions if they think someone is feeling suicidal</li> </ul>	<ul style="list-style-type: none"> <li>• Increased awareness of suicide risks and suicide prevention</li> <li>• Improved mental health, wellness, resilience and recovery</li> <li>• Improved suicide prevention skills and knowledge</li> </ul>
<p><b>Safer Care</b></p> <ul style="list-style-type: none"> <li>• Implementation of readily available community based care for people at risk of suicide</li> <li>• <b>Development of an offender Mental Health pathway post release into community</b></li> <li>• Collaborate with strategic partners to implement safer care standards across C&amp;M</li> </ul>	<ul style="list-style-type: none"> <li>• Accessible community choices for people in crisis as an alternative to A&amp;E</li> <li>• Improved support during transition period with reduced risk of suicide</li> <li>• Reduced risk of suicide with 24 hour access to community crisis care &amp; improved access to psychological therapies</li> <li>• Zero in-patient suicide</li> <li>• Improved patient care and early detection of potential suicide risk &amp; intervention</li> </ul>

### Support After Suicide

Resources and support are available to people bereaved and affected by suicide by:

- Recommissioning the Suicide Liaison Service for 7 Local Authorities
- Co-ordination of the C&M support after suicide task group to regularly review activity and provide reports to the Board

### Ensuring a timely community response following potential suicide cluster/ risk of contagion by:

- Ensuring the nine Local Authorities have a Community Response Plan (CRP) procedure in place and is activated as necessary for clusters and potential contagion
- CRP activity reported to the C&M support after suicide surveillance group

- Alleviation of the distress of those exposed to or bereaved by suicide
- Reduced economic costs of suicide in Cheshire & Merseyside
- Reduced risk of suicide contagion/ clusters occurring after a notable death by suicide
- Reduction in anxiety and potential for vicarious trauma
- Early detection of clusters

### Intelligence

#### Track progress across all interventions through systematic data collection and evaluation, system by:

- Establishing a multi-agency suicide surveillance group
- Developing an evaluation and monitoring system to track progress of the NO MORE Suicide Strategy
- Conducting a Cheshire and Merseyside Suicide Audit
- Maintaining Real Time Surveillance to provide an instant alert to each of the 9 Local Authorities
- Gathering multi-agency information on suspected suicide deaths or attempts in public places

- The NO MORE Suicide Board have accurate and current information to drive strategic action planning
- Data collection and evaluation system to track strategy in place
- Better understanding of the needs of different populations at risk of suicide
- Reduction in access to means and respond effectively to suicide in public places utilising robust and current intelligence

## System Leadership

Director of Public Health: Dr Sandra Davies

Responsible Officer: Dawn Leicester

### OBJECTIVE:

**Enabling and delivering strong public health leadership focusing on prevention, population need, a strong evidence base, good quality data and working across organisational boundaries**

ACTIONS:	OUTCOMES:
<ul style="list-style-type: none"> <li>• Maximise the profile of the C&amp;M Directors of Public Health and their teams as effective public health system leaders</li> <li>• Maximise engagement and leadership of the public health system and key partners to deliver the priorities of the Collaborative</li> <li>• Actively seek opportunities for external financial and human resources</li> <li>• Influence Liverpool City Region devolution programme in matters relating to Public Health comm presenting regular updates at the portfolio holder meetings and new Health and Wellbeing Forum</li> <li>• Collaborate with PHE to develop Wellbeing and Health Programme</li> <li>• Support the delivery of the Cheshire and Warrington Public Sector Transformation Programme and Board</li> <li>• Support and influence the Health and Care Partnership to implement the “Prevention at Scale” work stream</li> <li>• Influence and respond to national and regional policy development including minimising the impact of business rates retention and removal of the ring fenced grant</li> </ul>	<ul style="list-style-type: none"> <li>• Health and wellbeing outcomes improved by collective strategic action</li> <li>• DsPH recognised as collaborative system leaders with a place at top level discussions and decision making</li> </ul>





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**Champs**  
Public Health  
Collaborative

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Cheshire & Warrington  
*Sub-Regional Leaders Board*





## British Heart Foundation Blood Pressure Innovation Award Round 2 Briefing

### Blood pressure checks included in workplace health programmes across Cheshire & Warrington

#### 1. Introduction

Champs Public Health Collaborative has been successful in its latest partnership bid to the British Heart Foundation (BHF). The new programme will enable further detection of high blood pressure at “**scale and pace**” by embedding blood pressure checks within wellbeing at work programmes. All nine Cheshire and Merseyside (C&M) areas are taking part in this innovative programme in addition to Merseyside fire authority.

If untreated, high blood pressure, known as the "silent killer", can increase the risk of heart attacks, stroke and dementia. It is however largely preventable and easily treated. By focusing on workplaces, staff health and wellbeing will be increased, improving productivity and sickness absence. The programme will detect new high blood pressure cases to ensure they are optimally managed and so contribute towards reducing the demand on health and care systems.

This is the second time the Collaborative has secured funding from the BHF (and the only area nationally to do so), making a total of £200,000 achieved to accelerate its work on reducing high blood pressure. The first round of funding has seen 3,586 new blood pressure checks so far and 225 people trained to undertake blood pressure checks. Fire and rescue services have been trained to take blood pressure measurements as part of their Safe & Well visits as well as pharmacy staff in 120 healthy living pharmacies.

This work supports the implementation of the C&M five year cross sector strategy “Saving Lives: Reducing the Pressure” found [here](#). The nationally and internationally recognised strategy sets out the vision, aims, objectives and high level action plan for prevention, detection and management of high BP.

#### 2. What will happen?

A number of approaches will be taken to embed blood pressure checks, advice and signposting in Cheshire East, Warrington and Cheshire West and Chester’s wellbeing at work programmes. This approach will include both local authority employees and outreach into local businesses and organisations and the funding will be used in the following ways:-

- Provision of equipment and accredited training to enable over **100 health and wellbeing champions/workplace champions** to undertake blood pressure checks. The training is City and Guilds Level 3 Diploma Health and Social Care accredited and will be delivered by Halton Borough Council’s Health Improvement Team.
- Provision of a state of the art touch screen health kiosk for use in Warrington. The kiosk not only calculates blood pressure but also calculates a person’s Body Mass Index, Body Fat, Heart Rate and Heart Age using the Heart Age Tool.
- In addition to this a further 120 Healthy Living Pharmacies will be trained to undertake blood pressure checks building upon the success from Round 1 of the BHF funding, bringing the total trained to 240.



**3. When will the Blood Pressure checks for the BHF project start?**

Blood pressure checks have already been embedded within the Working Well programme in Knowsley and the remaining local areas will mobilise over the forthcoming months.

For further information please contact BHF project lead [helencartwright@wirral.gov.uk](mailto:helencartwright@wirral.gov.uk)



CHESHIRE EAST HEALTH AND WELLBEING BOARD  
Reports Cover Sheet

<b>Title of Report:</b>	Cheshire and Warrington Health and Wellbeing Boards Summit 5 December 2018: Summary of Discussions
<b>Date of meeting:</b>	29 <sup>th</sup> January 2019
<b>Written by:</b>	Guy Kilminster, Corporate Manager Health Improvement Phil Purvis, Senior Manager Policy and Co-ordination Adults and Health, Cheshire West and Chester;
<b>Contact details:</b>	<a href="mailto:Guy.kilminster@cheshireeast.gov.uk">Guy.kilminster@cheshireeast.gov.uk</a> <a href="mailto:Phil.purvis@cheshirewestandchester.gov.uk">Phil.purvis@cheshirewestandchester.gov.uk</a>
<b>Health &amp; Wellbeing Board Lead:</b>	Mark Palethorpe

Executive Summary

<b>Is this report for:</b>	Information <input checked="" type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>
<b>Why is the report being brought to the board?</b>	To inform the Board of the main points of the discussions at the Cheshire and Warrington sub-regional summit of Health and Wellbeing Boards held on 5 December 2018.		
<b>Please detail which, if any, of the Health &amp; Wellbeing Strategy priorities this report relates to?</b>	Starting and Developing Well <input type="checkbox"/> Living and Working Well <input type="checkbox"/> Ageing Well <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
<b>Please detail which, if any, of the Health &amp; Wellbeing Principles this report relates to?</b>	Equality and Fairness <input type="checkbox"/> Accessibility <input type="checkbox"/> Integration <input type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
<b>Key Actions for the Health &amp; Wellbeing Board to address. Please state recommendations for action.</b>	To note the outcome of the discussions on the 5 December; identify any key issues for further enquiry, either at individual Board level or sub-regionally; and to consider if a further meeting (or meetings) would be useful in due course.		
<b>Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?</b>	No		

<b>Has public, service user, patient feedback/consultation informed the recommendations of this report?</b>	No
<b>If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.</b>	Close cooperation and increased communication between the Boards offers the opportunity for the pooling of ideas and resources, sharing of best practice and by adopting a common approach, exerting stronger influence over regional and national policy and strategy. This will help to improve the health, care and wellbeing outcomes for nearly one million people living in this sub-region

## 1 Purpose of this report

- 1.1 The report summarises the discussions of the five mixed and facilitated workshop groups on the themes selected for the day, namely:
- i) the commissioning and delivery of health and wellbeing
  - ii) working together to address issues that affect the public's health
  - iii) workforce
- 1.2 The Board is invited to consider the outcome of the discussions and explore further opportunities and issues for joint working, including the value of future meetings.

## 2 Background information

- 2.1 The three Health and Wellbeing Boards across Cheshire and Warrington are working to very similar objectives, outcomes and facing common challenges. Building on close co-operation on sub-regional growth and public service reform, there is potential for these very significant Boards to add further benefit for their respective populations by developing opportunities for collaborating in health and social care. Consequently, all three Boards agreed to meet to explore the key issues under the facilitation of the Local Government Association (LGA).
- 2.2 A background paper was circulated to all members of the three Boards and a copy is enclosed as Appendix "A". This gives a flavour of the strategic context and recent achievements across all three Boards.

## 3 Key issues for the board to consider

- 3.1 This will inform a workshop discussion to be held at the February meeting.

## 4 Report Details

- 4.1 Invitations were issued to all members of the three Health and Wellbeing Boards. In total 34 members attended, with sixteen from Cheshire West and Chester, ten from Cheshire East

and five from Warrington. Three other members were members of more than one Board and were counted separately.

- 4.2 The Summit allowed two hours facilitated discussion in five groups which were a mix of members from the three Boards. Overall facilitation, including gathering and assessing feedback was via the two LGA appointed facilitators, with group facilitation through three Local Authority Directors and two Senior Managers. A summary of the discussions for each of the three themes of commissioning; working together; and workforce is attached as Appendix "B". The groups were invited to deal with one or more of the themes in depth or take a lighter view across all three.

### **5 Consultation and Engagement**

- 5.1 The Summit itself was a rare opportunity for the three Boards to come together in an informal format to consider common challenges, explore common issues and develop the potential for common purpose.

### **6 Health and Wellbeing Strategy Alignment**

- 6.1 The context material for the Summit included an overview of the Health and Wellbeing Strategies of the three health and wellbeing boards. All three share the priority of a system wide approach to improved health and wellbeing. They recognise the impact of wider determinants on health and wellbeing, such as employment, transport, housing, leisure and environment. Mental health and wellbeing is a priority for all three, with a common agenda about reducing health inequalities.

### **7 Background Documents**

- 7.1 Included as Appendix "A", the context for the Summit and Appendix "B", the summary of the workshop discussions.

### **8 Recommendations for action**

8.1 The Board is asked to:

- i) consider the feedback from the sub-regional summit;
- ii) identify any matters where further information or exploration is recommended; and
- iii) consider if a further summit would be of value

### **9 Access to Information**

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

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Designation: Corporate Manager Health Improvement

Tel No: 01270 686560

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**Venue – Chester Town Hall**

**Date 10.00 – 12.00 5<sup>th</sup> December 2018**

## **SUB-REGIONAL HEALTH AND WELLBEING BOARD SUMMIT**

### **Why**

- The three health and wellbeing boards across Cheshire and Warrington are working to very similar objectives and outcomes. As we are already working closely on sub-regional inclusive growth and public service transformation, how can we extract greater value out of these significant boards to the benefit of our local populations?

### **Who**

All members of the Cheshire East HWBB  
All members of the Cheshire West and Chester HWBB  
All members of the Warrington HWBB

### **1. Context**

#### **1.1 The Health and Care Partnership for Cheshire and Merseyside**

The Health and Care Partnership for Cheshire and Merseyside (formerly the Sustainability and Transformation Partnership or STP) was established in January 2016. It covers the nine local authority areas of Cheshire and Merseyside and each of these is designated a 'Place – based health and care system'. There are three priorities within the Partnership's current Business Plan:

- Delivering care more efficiently – this includes a 'focus on 'place-based' care and '...means all health and social care for a population in a particular locality will be delivered by a neighbourhood team. ... the neighbourhood teams covering our 9 boroughs will be funded by joint health and social care budgets...' It refers to making the best use of existing budgets to transform the outcomes for local communities and to close the health and social care funding gap by reducing demand and becoming more efficient. It also highlights the need to move care closer to home and to improve residents' independence and wellbeing.
- Improving the quality of care - This includes progressing the Mental Health Forward View and reducing cardiovascular diseases by improving prevention and treatment of high blood pressure.
- Improving the health and care of the population - This refers to supporting '...delivery of Local Authority strategic goals for creating sustainable communities...'; there being a focus on the wider determinants of wellbeing; improved control of hypertension and reduced alcohol harm.

The Plan also focuses upon reducing variation and spreading excellence in relation to maternity, neonatal, gynaecology and paediatric services; providing alternative services to A&E and ensuring that more children and young people receive treatment from NHS-commissioned community services.

**There are four themes of work:**

**Place-based care:** the Partnership team will ‘...support Place development [and thus integrated care partnerships] through production of generic Place and general practice ‘models of care’ and methodology to assist with the modelling of Place staffing and impact...’

**Strategic:** five workstreams – Acute sustainability (includes focus on East Cheshire Trust); Mental Health and Learning Disabilities Sustainability; Carter at Scale (implementing the Carter Report recommendations in relation to Acute Trusts working more efficiently); Population Health – the Public Health led programme focussed upon hypertension, alcohol related harm and reduced prescribing of antibiotics; GP Forward View – implement this national programme locally.

It will be important that the Place-based local systems and where appropriate the local authorities have representation at these work-streams to ensure connectivity with local planning and to identify at the earliest possible stage contentious issues or thinking that might contradict local plans.

**At Scale:** clinically led programmes to identify and roll out the local best practice across Cheshire and Merseyside – includes Urgent care; Women and Children’s; cancer; Rightcare and Getting It Right First Time (GIRFT); Neuroscience; Cardiovascular disease; Diabetes; Palliative and End of Life care and Learning Disabilities

Again the connection with the local place based work and thinking will be really important in relation to these work-streams to influence thinking and decision making that impact upon services / residents locally.

**Enablers:** There are five - Estates and infrastructure; financial sustainability; workforce; digital revolution and communications and engagement. All are critical to the success (or otherwise) of the other three themes.

There is significant work underway across these work-streams throughout Cheshire and Merseyside. **The visibility of this to the Health and Wellbeing Boards is variable and the ability of the Boards to influence (other than what is happening within their own Places) appears minimal currently.**

There is a requirement for and a commitment from the Health and Care partnership to fully engage with the Boards as the Partnership begins to draft its new Five Year Plan.

## 1.2 CCG reconfiguration in Cheshire and CCG position in Warrington

The four Clinical Commissioning Groups in Cheshire (Western Cheshire, Vale Royal, South Cheshire and Eastern Cheshire) are currently working towards a merger that will see a shadow Cheshire CCG formed from 1<sup>st</sup> April 2019 and the new organisation being ready to go live on 1<sup>st</sup> April 2020.

In Warrington we have a CCG coterminous with the Council and jointly have produced a commissioning prospectus setting out priorities for our integrated care partnership – Warrington Together.

## 2. What we have achieved to date:

### 2.1 Warrington’s Health and Wellbeing Board has:

- Produced 3 Health and Wellbeing Strategies
- Updated JSNA with particular chapters offering a deep dive in specific areas e.g Autism, Alcohol etc.
- Completed various Pharmaceutical Needs Analysis
- Commissioned particular focussed task and finish groups including homelessness, transport, welfare reform, information governance
- Commissioned a whole system demand and supply analysis pertaining to health.
- Coordinated the establishment of Warrington Together and its whole system work programme

## 2.2 Cheshire East Health and Wellbeing Board Achievements 2017 – 2018

### Membership Review

The membership was reviewed and three new members joined the Board; from Cheshire Police, Cheshire Fire and Rescue and CVS Cheshire East.

All three organisations are actively involved in work that is contributing to improving health and wellbeing. However, there is an opportunity to improve the strategic engagement of the three organisations and to ensure a more effective and coordinated response to our collective efforts by their joining the Board.

### Developing the Health and Wellbeing Strategy

The Board's draft Health and Wellbeing Strategy was consulted on from December to January using an online survey and community events. Feedback included strong support for all three priorities (Place based approach, mental wellbeing and people living well for longer) and also included the need for clarity on outcomes. A selection of indicators has been added that are publicly accessible through the Public Health Outcomes Framework to ensure transparency. The Strategy was adopted in May 2018.

### Refreshing the Joint Strategic Needs Assessment (JSNA)

The purpose of the Cheshire East JSNA is to provide the evidence base to support commissioning, decision making and service development, in order to help improve outcomes for our residents. The JSNA is the joint responsibility of the local authority and NHS. It is accessed online and the webpages have recently been restructured to facilitate easier navigation for the user. A 'life course' approach has been taken to organise the information and data are categorised into the following thematic areas:

- Starting and developing well
- Living well, working well
- Ageing well

The JSNA is accessed online via the Council website. The JSNA provides the evidence base to direct the work of the Health and Wellbeing Board.

This year, we have refreshed the following sections.

- Tobacco
- Special Educational Needs and Disabilities
- Winter Health (Excess Winter Deaths)
- Autism Spectrum

- Mental Health – Focus: Employment
- Mental Health – Focus: People who are Lesbian, Gay, Bisexual and/or Transgender

### **Pharmaceutical Needs Assessment**

The pharmaceutical needs assessment was a key programme of work linked to the JSNA and looks at the current provision of pharmaceutical services across Cheshire East and how well needs for pharmaceutical services are being met. Once the PNA has been finalised, NHS England is required to use it to consider applications to open a new pharmacy, move an existing pharmacy or to commission additional services from a pharmacy.

Under current regulations, Health and Wellbeing Boards are required to produce a PNA at least every three years. The current PNA for Cheshire East was published in March 2018

### **Adult Social Care and Public Health Three Year Commissioning Plan**

The Board advised on and supported the Three Year Commissioning Plan (2017/2020), entitled “People Live Well for Longer”. The vision is for responsive and modern care and support in Cheshire East, promoting people’s independence, choice and wellbeing. Through People Live Well for Longer, people will be enabled to live well, prevent ill health and postpone the need for care and support. This will put people in control of their lives so that they can pursue opportunities, including education and employment, and realise their full potential.

### **The improved Better Care Fund (iBCF)**

The Health and Wellbeing Board Partners have also been working to deliver the aims and objectives of the iBCF. All partners are committed to maximising the opportunities afforded by the iBCF to further integrate health and social care, to promote health and wellbeing and improve the health outcomes of the local population.

We are using the iBCF to address those areas identified as requiring immediate improvement to enable more people to remain independent and effectively cared for in the community as an appropriate alternative to hospital admission and to support the timely discharge of anyone who is admitted to hospital with a focus on Home First.

The Delivering Better Care in Cheshire East (2017-10) Plan aligns with the Health and Wellbeing Board priorities for adult social services.

### **Community Cohesion and Integration**

There is substantial work taking place in relation to community cohesion in Cheshire East which is important for improving health outcomes for our migrant communities. There has been a rise in both the migrant population and its diversity, with the most up to date evidence being drawn from the Cheshire East Schools Census (January 2017) showing 102 languages were spoken and 5.9% of pupils who not have English as their first language. A Cheshire East Cohesion Strategy is to be developed from evaluation work on the Crewe Cohesion Action Plan and that it will address the challenges in accessing and navigating health care services or community based support by people who are isolated and do not speak English.

The Board endorsed the recommendations of:

- Cultural Competency training for all staff
- Member organisations to commit to working with multi-agency groups in the south and east Cheshire CCG geographies with an agreed Memorandum of Understanding
- Fully utilising the diversity of the health and social care workforce

Reviewing of existing on line methods of education and sharing information and develop better mechanisms to engage with under represented migrant groups.

### 2.3 Cheshire West and Chester's Health and Wellbeing Board

The footprint covers some 350 square miles with a population of around 335,000 people. It has a mix of urban and rural communities which despite an affluent impression still has nearly 100,000 people living in the 40% most deprived wards nationally.

The Board has adjusted its membership twice during the year adding four co-opted members to reflect the recognition of the importance of the wider determinants of health and wellbeing. Thus housing, third sector, the Fire and Rescue Service and leisure and physical activity sectors are now adding value to the Board. The "family" of groups feeding into the Board has been enhanced by the establishment in 2017 of a user led Mental Health Partnership Board, which provides updates to the Board and acts as a valuable vehicle for co-engagement.

The Board maintains strategic oversight of the Health and Wellbeing Strategy and Joint Strategic Needs Assessment. A Health Improvement Strategy has been drafted to 2022 which has five priority areas of sexual health; tobacco control; alcohol harm reduction; substance misuse; eat well, be active. The JSNA is organised on a "life course" model which covers information on the Borough's population and the themes of starting well; living and working well; and ageing well. Recently, the Board approved the creation of a JSNA Executive Group to co-ordinate the JSNA development and use.

The Board welcomed the acceptance of Cheshire West and Chester into the World Health Organisation's Age Friendly Cities Network, joining 700 other areas in the world as a family for sharing best practice and innovation.

Recognising the importance of the wider determinants of health and wellbeing, the Board has welcomed presentations and discussions in key areas such as:

- Equality and diversity in commissioning and service delivery
- The GP five year forward view
- The Mersey Forest Natural Health Service initiative in stimulating improvements in physical and mental wellbeing
- Serious crime and disorder and the work of the Community Safety Partnership
- The importance of linking new planning and development schemes with GPs to ensure that the infrastructure keeps pace with the increasing growth of residential areas
- The essential role of housing providers in supporting vulnerable people, contributing to prevention and building stronger and sustainable communities
- Fire and Rescue as part of the wider network of identifying older people at risk and the Safe and Well project which focuses on safety through e.g falls prevention

Of particular note was the overview of the work of the Poverty Truth Commission both in terms of the achievements of the first Commission in 2017/18 and the plans for the second Commission from April 2018. The experiences of the community inspirers were of great interest and the Board was pleased to endorse the establishment of a navigator role.

The Board has received and endorsed key initiatives which take practical steps to keep people well and supported. These include:

- The endorsement of the multi-agency falls strategy



- Seasonal anti-influenza and keep well in winter campaign
- The Brightlife Project which tackles social isolation amongst the over 50s in several parts of the Borough
- A powerful presentation from the End of Life Partnership
- Welcoming and signing up to the principles of the Motor Neurone Disease Association Charter

The Board is always mindful of the need to retain an all age focus. Consequently, it maintains a standing interest in the work of the Children’s Trust and specific programmes such as:

- The Starting Well project for the 0 to 19 age group
- The local transformation plan for children and young people with emotional and mental health needs
- The outcome of last year’s joint targeted area inspection into child abuse and neglect
- Key messages from the Local Safeguarding Children’s Board

In April 2017 the Board decided to move to monthly meetings to ensure that the partnership is in a position to monitor the performance of the health and social care system against national delayed discharge targets and also to keep up to speed on developments in health and social care integration, including the development of the Cheshire West Integrated Care Partnership. Both of these key issues form standing items on the monthly agendas. In December 2017 the Board held a special summit on delayed transfers of care.

In September the Board considered arrangements for a full review of the improved Better Care Fund and Better Care Fund Programmes. All existing schemes would be reviewed to identify any flexibilities for potential re-investment to meet demands accruing through winter pressures, coupled with exploring the potential for pooling arrangements for the deployment of funding.

### 3. Summary of the three H&W strategies

- All three share the priority of developing a system-wide approach to improved health and wellbeing.
- They recognise the impact of wider determinants on health and wellbeing (work, housing, environment)
- They are attempting to improve mental health and wellbeing.
- They are supporting work to help residents live well for longer.
- The main points are all three are attempting to increase support from the cradle to the grave and share concerns over mental health

Warrington	Cheshire West and Chester	Cheshire East
Communities are strong, well-connected and able to influence the decisions that affect them	Reducing health inequalities	Our local communities are supportive with a strong sense of neighbourliness
All local people have access to and benefit from a strong economy with quality local jobs		People have the life skills and education they need in order to thrive  Supporting key employment sectors and local supply chains
Housing and the built		Homes for all people

environment enable people to make healthy choices		
There are low levels of crime and people feel safe		
We work together to safeguard the most vulnerable		People do not feel lonely or isolated
Children and young people get the best start in life in a child friendly environment.	Every child and young person has the best start in life	Our children, young people and adults have improved emotional wellbeing and mental health
There is a strong system-wide focus on promoting wellbeing and preventing ill-health	Prevention and early detection	Focus on prevention and early intervention
There is a sustained focus on addressing lifestyle risk factors and protecting health.	People have healthier lifestyles	People have access to good cultural, leisure and recreational facilities
Both mental health and physical health are promoted and valued	Improved mental health, wellbeing and personal resilience	Improving the mental health and emotional wellbeing of residents
Self care is supported with more people managing their own conditions	Personal responsibility and empowerment	Everyone is equipped to live independently
The best care provided in the right place at the right time		
People age well and live healthy fulfilling lives into old age.	Older people live healthier more independent lives, feel supported and have a good quality of life	Preparing for an ageing population

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# Table Discussion Feedback Record

Commissioning and delivery of health and wellbeing	How might we work together?
<p>Examples to provoke discussion:</p> <ul style="list-style-type: none"> <li>• Where might a consistent voice assist in delivering what we all want with providers that work across boroughs – where might there be strength in being more joined up, eg Allied Healthcare?</li> <li>• Commissioning services particularly for frailty and those with complex needs.</li> <li>• Market strength cohesion and sustainability</li> <li>• Collective understanding on action to make the best use of NHS funding to deliver local priorities (e.g. Tariff changes, new 10 year national strategy)</li> <li>• Learning from each other about what is working well in integrated services</li> <li>• Speaking with one voice to gain the best possible share of the wider health and social care resources and transformation funding</li> <li>• Commissioning mental health care services that work for local people</li> <li>• Public Health Services -Alcohol and Substance misuse; smoking; sexual health; NHS health checks / physical activity.</li> </ul>	<p><b>Table One</b></p> <ul style="list-style-type: none"> <li>• Happens on multiple levels - CCG/LA - the traditional statutory partners but also the link to geography and place and the opportunity and desirability of a pan – Cheshire approach through a common strategy. Mental health offers an opportunity as a high priority theme where there is scope to build on existing thinking</li> <li>• Emphasis on the need for a co-production approach with communities helping to drive the process. Don't make assumptions about what our communities want. Engagement is too soft a word - we need true co-production. Communities of interest as well as geography - people with specific or complex needs are not conveniently in clusters. This is often time consuming but is time well spent</li> <li>• Joint working is not just about the statutory sector. There are major players in the third sector, housing and in leisure and culture, for example.</li> <li>• Establishment of integrated care partnerships presents a new vehicle for co-production, commissioning and local delivery, including opportunities for sharing assets and funding.</li> <li>• Prevention and the role of public health in particular is critical, especially in the light of reductions in the public health budgets. It is short sighted to reduce such a key strand of preventative funding and others affecting the wider determinants – such as transport</li> <li>• Potential for a strategic approach. But there will be a need for an over-arching strategy with connecting sub-strategies such as mental health, learning disabilities, and starting well for children and young people. We need to “chunk it” to make it manageable.</li> <li>• The potential to share expertise and experience to trial different local approaches in different areas. What works and what is transferrable, running potentially to joint specifications and contracts</li> <li>• Noted the 17 care communities in Cheshire. All local interests need to be actively involved. We need to understand our localities, their networks, assets and dynamics and involve them in “bottom-up” planning</li> <li>• Our communities are very different - we shouldn't get hung up over structures. No one size will fit all in terms of how we engage - flexibility is key</li> <li>• Where are there synergies in terms of the potential for sub-regional and specific commissioning strategies? Noted work in regard to care at home; mental health; and public health</li> <li>• Commissioning around the individual is a key concept - personal need; personal aspiration; personal</li> </ul>

# Table Discussion Feedback Record

	<p>responsibility. What do individuals need to make a real difference in how they live and keep well and independent?</p> <ul style="list-style-type: none"> <li>• Note that with commissioning also comes accountability. The importance of monitoring how things work and sharing evidence of what works well and why and what doesn't and why. Taking more of a test and learn approach and being willing to share the results.</li> </ul> <p><b>Table Two</b></p> <ul style="list-style-type: none"> <li>• MH - Place? ICP? C&amp;W or Cheshire and Merseyside. Agree strategy and what action e.g. 100 day plan.</li> <li>• Integrated commissioning – are we serious? The total amount rather than individual services. Sharing best practice.</li> <li>• Integration in the Councils e.g. people and place?</li> <li>• Understanding markets and intelligence – predictive analytics</li> <li>• Public Health agenda – could do more across sub-region – wider determinants; but not a one size fits all.</li> <li>• Can we commit now to look to commissioning key areas together? CCGs are coming together. Are we spending our local pound well?</li> <li>• Do we know what we all spend and do we all agree these are our priorities? Can we share more? If we put these together we can maximise the limited resources. This could also attract funding streams from other areas.</li> <li>• Commissioning which is integrated e.g. Dom Care, Int care/DN's but all working to keep older people or people with learning difficulties at home and out of hospital when needed.</li> <li>• Trusted assessor model but not a hammer to hit a nail. Plus appetite for risk – who accepts this risk?</li> </ul>
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# Table Discussion Feedback Record

	<p>Older person living alone but is coping and wants to stay at home.</p> <ul style="list-style-type: none"> <li>• LD – more at sub-regional level – manage the market stop the arguments on continuing health care – better outcomes for people</li> </ul> <p><b>Table Four</b></p> <ul style="list-style-type: none"> <li>• Allied Healthcare issue demonstrated sector quite good at dealing with a crisis. ADASS shared plans. Different approaches by different councils. Slightly different legal advice.</li> <li>• Could be an opportunity to standardise local authority contracts taking best bits from each (in a similar way to the standard NHS contract).</li> <li>• Cost of dealing with the crisis – so do we pool funding? Could we top slice to create a fund at sub-regional level for crisis interventions? Can we better share data and intelligence regarding the sustainability of care providers in our area?</li> <li>• Opportunities to work collaboratively in our dealing with specialist providers. Certain providers used by lots of authorities but still naming their own price. Potential for a consortium approach to the commissioning of those providers.</li> <li>• Domiciliary care – economic conditions dictate availability and price so more likely to be a local solution and less benefits in trying to do across wider sub-region.</li> <li>• Sharing of best practice – e.g. getting the most of outcomes based domiciliary care services – could we do more to share contracts, scopes, specifications?</li> <li>• Public health – struggling with sexual health. Warrington had no interest in their service for the price being offered. Need to explore opportunities to commission on wider geographies.</li> <li>• Inequalities the three boroughs have agreed to work together to narrow the gap in educational outcomes.</li> </ul>
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# Table Discussion Feedback Record

	<ul style="list-style-type: none"> <li>• Could we explore working closer together across domestic abuse, align contracts?</li> <li>• There's a need for transformation capacity to help commissioners work more effectively together. But it's not a Health and Wellbeing board issue.</li> <li>• Joint strategy work only worthwhile on issues that are of common concern. These need identifying.</li> </ul> <p><b>Table Five</b>          What – how – why?          Adult and Social Care focus as opposed to wellbeing</p> <p>1. Police focus mental health, early intervention, offender management (key gap). Need integrated/linked pathways, shared understanding, consistent models of delivery.          CYP not yet in contact with justice          Does health own the mental health of offenders? Plus mental health, substance misuse and alcohol</p> <p>Points of contact/communication. More support if there is a family / parent connection          Need for greater focus on community prescribing – focus is distracted by acute.</p> <p>2. Seek to align commissioning = spreadsheets. Leaders need to mandate joint commissioning.</p> <p>Focus on prevention vs evidence vs national dictat.</p> <p>2a. Warrington – democratic stewardship of the resources (Local); collective compact /contract with the voluntary sector providers. Connectedness to local communities. #Shared learning event.</p> <p>2b. HWBB: wider determinants. Pooling of budgets – commissioning sub-groups          Reduce the tribalism – who owns the problem? Who owns the solution?          Governance          Shared geographies; place based; appropriate to specialist</p> <p>2c. Clarity needed on focus and brief of HWBBs and Integrated Care Partnerships. #Shared learning event.</p>
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# Table Discussion Feedback Record

<p><b>Working together to address issues that affect the public's health</b></p>	<p><b>How might we work together?</b></p>
<p>Examples to provoke discussion:</p> <ul style="list-style-type: none"> <li>• Addressing collectively issues such as childhood obesity.</li> <li>• Ensuring early help is there for children with mental health challenges across all services?</li> <li>• Working with the Local Enterprise Partnership around wider determinants of health, skills and education, industry, planning, housing for example</li> <li>• Leadership and accountability – local democracy and the role of the elected Members.</li> <li>• Minimum unit pricing of alcohol</li> </ul>	<p><b>Table Two</b> Prevention and the voluntary, community and faith sector.</p> <ul style="list-style-type: none"> <li>- MoU at Greater Manchester – co-production</li> <li>- Need as a core resource</li> <li>- Don't make the CVS sector like local government – see the parable of the blobs and squares on You Tube <a href="https://www.youtube.com/watch?v=C107PQ3h8Kk">https://www.youtube.com/watch?v=C107PQ3h8Kk</a></li> </ul> <p><b>Table Four</b></p> <ul style="list-style-type: none"> <li>• With any issue need to start at a Place level and review if there is an opportunity to work at a sub-regional or Cheshire and Merseyside level.</li> <li>• Different themes / issues being dealt with through different local delivery systems, eg Warrington stroke patients go to Whiston. The Place is different according to the condition so frailty is local but stroke moves you out of your local place.</li> <li>• Need to review and work together on data. If the data demonstrates a common need then there's potential to work across the geographies. Right Care can help with this They use CCG populations as basis for their data.</li> <li>• So an action could be to bring together the data, intelligencer Right care analysis together to identify the unwarranted variation, common needs and help t identify areas for focus.</li> </ul>

# Table Discussion Feedback Record

<b>Workforce</b>	<b>How might we work together</b>
<p>Examples to provoke discussion:</p> <ul style="list-style-type: none"> <li>• How can we work together to ensure we have the best possible multi-skilled workforce to deliver health and wellbeing? For example, making every contact count.</li> <li>• How can we collectively make ourselves attractive in a competitive recruitment market? Housing, quality of life, transport, good places to work, joined up services.</li> <li>• Can we do more to develop and promote “grow our own “opportunities?</li> <li>• Can one voice help us get our fair share of training and development resources?</li> <li>• Development of a joint sense of purpose and culture.</li> <li>• Equality of opportunity</li> <li>• How do we ensure we are connected to the workforce workstream of the Cheshire and Merseyside Health and Care Partnership?</li> </ul>	<p><b>Table Two</b></p> <ul style="list-style-type: none"> <li>• How do we make it a career of choice and have value?</li> <li>• Health and social care academy for this workforce</li> </ul> <p><b>Table Four</b></p> <ul style="list-style-type: none"> <li>• Low paid workfocre</li> <li>• Pecking order eg nurse – hospital, community, care homes. For care workers its care homes, assisted living and domiciliary care.</li> <li>• Need to raise the esteem of the workforce.</li> <li>• Idea of a Care Academy being explored. Needs to be done at scale and pace.</li> <li>• Need clarity re. the model for delivery to allow for the appropriate workforce planning to take place. Necessary skills mix needs clearly defining.</li> <li>• Potential to explore opportunities to work together across recruitment, retention, skills, training development etc.</li> </ul>