

The Cheshire East Joint Outcomes Framework

Update for the Health and Wellbeing Board

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Introduction

The Cheshire East Joint Outcomes Framework is being developed to inform and monitor health and care transformation towards closer integration, and to summarise progress in relation to the Joint Health and Wellbeing Strategy/ Place Plan and Place-level Delivery Plan.

The **Cheshire East Health and Wellbeing Strategy 2018-2021** has recently been refreshed. This strategy will also act as the Place Plan and will run from **2023-2028**.

A **Place-level Delivery Plan** is also being developed in parallel. This will run from 2023-2028 and focus on **implementation** of the Strategy and health and care transformation.

The Joint Outcomes Framework is being developed alongside these two documents and through **two initial phases**.

The work is being led by the BI Enabler Workstream Group which reports to both

- **The Cheshire East Strategic Planning and Transformation Group**
- **The Cheshire East Joint Strategic Needs Assessment Steering Group**

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Aims of Phase One

The aim of Phase One was to agree up to ten key outcome indicators for Cheshire East across the four outcomes outlined within the Health and Wellbeing Strategy that:

- Require system-level solutions across multiple partners
- Positively impact on system pressures and the extent to which the Place thrives
- Align with Cheshire and Merseyside Integrated Care System-level priorities, where feasible and appropriate.

Phase One focused on indicators within the Office for Health Improvement and Disparities **Public Health Fingertips tool**.

- This tool was chosen to simplify the process of developing the first phase of the tool by utilising a single data source.

This process was a pragmatic approach that recognised the time frame requirements. Further iterations of the framework will follow in Phase 2.

The Health and Wellbeing Strategy 2023-2028 proposed outcomes, November 2022

At the time of the consensus building process, the four outcomes within the draft Health and Wellbeing Strategy were:

Create a place that supports health and wellbeing for everyone living in Cheshire East

Ensure that children and young people are happy and experience good physical and mental health and wellbeing

Improve the mental health and wellbeing of people living and working in Cheshire East

Enable more people to Live Well for Longer in Cheshire East

The wording of these outcomes has been further refined in the finalised version of the Health and Wellbeing Strategy, however the outcomes are broadly the same.

Phase One methodology (1)

The consensus building event took place on 30 November 2022 via Microsoft Teams and included representatives from:

- **Cheshire East Place BI enabler workstream**
- **Cheshire East Joint Strategic Needs Assessment (JSNA) Steering Group**
- **Cheshire East Health and Wellbeing Board (HWB)**
- **Cheshire East Strategic Planning and Transformation Group (SPTG)**

17 attended the event including

	Admin	BI**	Commissioning	Communities	Other	Public Health	Grand Total
Cheshire East Council	1	1	3	1		5	11
NHS		2			3		5
VCFSE*					1		1

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Phase One methodology (2)

In advance of this event, we invited representatives from the above groups to contribute to an online **pre-event poll** (between 24 November and 29 November 2022) on what they felt were the most important indicators to include. We asked contributors to select up to 10 key indicators, ideally with an even spread of indicators across each of the four Health and Wellbeing Strategy outcomes. People who were unable to attend the event itself could still contribute to the poll.

All contributors were encouraged to **review a series of overviews of health and wellbeing indicators** and Cheshire East's performance against these, prior to polling.

Healthy life expectancy and life expectancy were not included as part of the consensus building as we proposed that they should be included as key overarching indicators.

At the event on 30 November 2022, the **pre-event poll results were reviewed** (this included 21 responses), **a small group discussions** led to a **second poll** after which, the indicators were agreed through a **final discussion**.

The agreed indicators were circulated back to the SPTG, HWB and JSNA steering group, and after feedback from the SPTG, an additional indicator was included:

- **Smoking at time of delivery**

The Cheshire East Joint Outcomes Framework (Phase One)

Data view ▼
Area profiles

Geography ▼
Cheshire East
Counties & UAs in North West region

Indicator list
Cheshire East Joint Outcomes Framework (Phase 1)

[Show me the profiles these indicators are from](#)

► [Legend](#) ► [Benchmark](#) ► [More options](#)

Geography version Counties & UAs (from Apr 2021) ▼

CIPFA nearest neighbours to Cheshire East

Indicator	Period	Chesh East		Region England		England		Range	Best
		Recent Trend	Count	Value	Value	Value	Worst		
Life expectancy at birth, (upper age band 90 and over) (Female, All ages)	2016 - 20	—	-	83.8	-	83.2	79.3		90.7
Life expectancy at birth, (upper age band 90 and over) (Male, All ages)	2016 - 20	—	-	80.3	-	79.5	74.3		90.4
Healthy life expectancy at birth (Female, All ages)	2018 - 20	—	-	67.4	62.4	63.9	54.3		71.2
Healthy life expectancy at birth (Male, All ages)	2018 - 20	—	-	67.4	61.5	63.1	53.5		74.7
Long-Term Unemployment- rate per 1,000 working age population (Persons, 16-64 yrs)	2021/22	—	190	0.8*	-	1.9*	7.5		0.0
Modelled estimates of the proportion of households in fuel poverty (%)	2020	—	18,457	10.8%	-	13.2%	22.4%		4.4%
Smoking status at time of delivery (Female, All ages)	2021/22	➔	243	11.7%	10.6%	9.1%	21.1%		3.1%
Child development: percentage of children achieving a good level of development at 2 to 2½ years (Persons, 2-2.5 yrs) ⚠️	2021/22	➔	2,778	81.2%	79.2%	81.2%	43.5%		95.3%
Year 6: Prevalence of overweight (including obesity), 3-years data combined (Persons, 10-11 yrs)	2019/20 - 21/22	—	-	33.0%*	37.5%	35.8%	46.2%		23.1%
Social Isolation: percentage of adult social care users who have as much social contact as they would like (Persons, 18+ yrs)	2021/22	—	-	47.2%	40.7%	40.6%	24.3%		52.5%
Social Isolation: percentage of adult carers who have as much social contact as they would like (Persons, 18+ yrs)	2021/22	—	55	25.5%	28.7%	28.0%	16.0%		43.2%
Emergency hospital admissions for intentional self harm, standardised admission ratio (Persons, All ages) ⚠️	2016/17 - 20/21	—	-	117.6	-	100.0	229.7		19.2
Percentage of physically active adults (Persons, 19+ yrs)	2020/21	—	-	70.6%	64.5%	65.9%	48.8%		83.6%
Admission episodes for alcohol-specific conditions (Persons, All ages) New data	2021/22	—	2,745	668	815	626	2,514		255

Overarching

Healthy places

Happy Healthy Children

Good mental wellbeing

Living well for longer

Phase Two: next steps

Building on Phase One by:

- **Developing a Microsoft Power BI Dashboard**
- **Improving the ability to drill down to ward / care community level**
- **Considering some additional / positive markers from initial list e.g. Thriving Places Index**
- **Raising awareness of Phase One indicators with Care Communities.**

Agreeing a second set of indicators to monitor against the Place-Level Delivery Plan that will sit along side the Joint Health and Wellbeing Strategy/ Place Plan, aiming for more timely and regularly updated metrics than in Phase One.

Actions for the JSNA Steering Group

- **To create a joint action plan to make the outcomes framework and wider JSNA relevant / real for all**
- **To consider making changes to strategic reporting documents e.g. SPT, ICB report templates, to ensure Place Plan and JSNA are reflected and linked to in each officers work.**

Continued challenges and considerations

- Challenges with **capacity** across all partners and changes to the workforce associated with Integrated Care System evolution and system pressures
- Current and anticipated **financial position**
- The proposed indicators are in very technical language. Translating these into **plain English** is an important step in being able to articulate progress to local communities. Furthermore, **community engagement** is important in ensuring that the correct measures are in place to monitor progress
- **Regional and national programmes and guidance/monitoring expectations will continue to emerge** and evolve and the Framework must be responsive to this
- Developing **lines of responsibility for monitoring and actioning the intelligence** presented
- **Information governance**: challenges will be in part mitigated by using publicly available sources for Phase 1, where they are sufficiently timely and available. However, information governance will require careful consideration in relation to Phase 2
- **Conflicting priorities** between individual agencies, for example different statutory return requirements
- Recent and potential future change in **political landscapes**
- **Ensuring that metrics are realistic**, with the potential to be improved by work that will be undertaken by the Place. Also, that they allow partners to take meaningful action based on the metrics.