

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

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

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

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

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

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

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

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

Our vision is that the

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

***The board will do this by:***

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

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

Councillor Rachel Bailey - Chair of the Health and Wellbeing Board

Dr Paul Bowen - Chair and GP Lead of the NHS Eastern Cheshire Clinical Commissioning Group

Dr Andrew Wilson - Chair and GP Lead of the NHS South Cheshire Clinical Commissioning Group

Fiona Reynolds - Director of Public Health

## **Membership**

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

## **Vision**

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

## **Approach**

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

Our goals are to:

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

## **Our Population and Place**

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

Amongst these are:

- Reducing the number of people leading unhealthy lifestyles;

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

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

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

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

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

### **Our challenges**

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

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

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

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

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

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

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

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

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

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

**Our Principles**

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

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

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

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

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

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

**Our Priorities**

What we want to achieve for 2018-2021	What we need to focus on
<p><b>Outcome one – Creating a place that supports health and wellbeing in Cheshire.</b></p> <p><i>Ensuring that the role of wider determinants are maximised to improve health and wellbeing.</i></p>	<ul style="list-style-type: none"> <li>• Our local communities are supportive with a strong sense of neighbourliness.</li> <li>• People have the life skills and education they need in order to thrive.</li> <li>• Everyone is equipped to live independently.</li> <li>• People have access to good cultural, leisure and recreational facilities.</li> </ul>
<p><b>Outcome two – Improving the mental health and wellbeing of people living and working in Cheshire East.</b></p>	<ul style="list-style-type: none"> <li>• Our children and young people have improved emotional wellbeing and mental health thanks to a focus on prevention and early support.</li> </ul>

	<ul style="list-style-type: none"> <li>• People do not feel lonely or isolated.</li> <li>• Cheshire East will be part of the Cheshire and Merseyside Suicide Safer Community.</li> </ul>
<p><b>Outcome three – Living Well for Longer</b> <i>Enabling people to live healthier and more active lives for longer:</i></p>	<ul style="list-style-type: none"> <li>• Alcohol Harm Reduction Strategy is implemented.</li> <li>• People are fitter and healthier – participating in physical activity and eating more healthily.</li> <li>• Fewer people develop cardiovascular disease and cancer; for those who do, survival is improved.</li> </ul>

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

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

### **Demonstrating achievement**

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

##### **Why is this a priority for Cheshire East?**

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

**Outcomes** People have healthier lifestyles.

##### **Indicators**

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

#### **Outcome Two – Improving the mental health and wellbeing of people...**

##### **Why is this a priority for Cheshire East?**

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

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

### **Indicators**

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

### **Outcome Three – Living well for longer**

#### **Why is this a priority for Cheshire East?**

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

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

### **Indicators**

1. Percentage of adults over 18 that smoke.
2. Excess weight in adults.
3. Physical activity in adults.
4. Rate of alcohol related admissions to hospital.
5. Successful completion of drug treatment.
6. Health related quality of life for older people.
7. Number of hip fractures.
8. Excess winter deaths in the over 85s.
9. Permanent admissions to residential and nursing care homes per 100,000 population.
10. Injuries due to falls.
11. Proportion of people feeling supported to manage their condition.

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

### **Performance framework for the strategy**

#### **Joint Scorecard**

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

#### **Exception reporting**

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

#### **Health and wellbeing partnerships updates**

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

#### **Themed discussions**

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

#### **The voices of local people and wider partnership**

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

#### **Conclusion**

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