

The Joint Health and Wellbeing Strategy

for the **Population of Cheshire East 2018-2021**





A Message from

Pictured l-r: **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
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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.

Working for a brighter future[☀] together

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 Health and Care Partnership. 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 will always be focused on improving the health and wellbeing 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.



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 takes action to improve the health and wellbeing 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



Board 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.



Ambition

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

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.

The Board and its members will:

- Ensure action is centred around the individual, their goals, and the communities where they live
- Have shared planning, decision-making with our residents and supported self-care, for families in communities
- Focus our attention on health improvement and creating environments that support and enable people to live healthily
- Continue to tackle health inequalities, the wider causes of ill-health and the need for social care support e.g. poverty, isolation, housing problems and debt

Health and Wellbeing in Cheshire East: Where are we now?

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:

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

Highest:

Female Life Expectancy: Gawsworth: 89.5

Male Life Expectancy: Wilmslow East 84.1

Lowest:

Female Life Expectancy: Crewe Central: 76.3

Male Life Expectancy: Crewe Central 72.7

There is existing good practice to build upon that will help us to address these challenges. There are effective NHS / local authority / wider partners' joint working and innovative projects already in place and these are focused on identifying local bespoke – i.e. using the individual strengths of our towns and villages to support health and wellbeing. We do 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 continues to be refreshed and updated.



Our Priorities: What we want to achieve between 2018 and 2021

The priorities we have selected are focused on supporting everyone in Cheshire East, from childhood through to older age. We have provided a list of indicators that we will use to demonstrate our progress. These are published by Public Health England through the Public Health Outcomes Framework – this will enable everyone to see the progress being made.



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

While there are many things we can do as individuals to improve our health and wellbeing, the places where we live, attend school, play, work... spend our daily lives are where we spend the majority of our time. There are a number of interlinked factors that shape the place and our lives – with the potential to improve our health and wellbeing:

- Our local communities are supportive with a strong sense of neighbourliness
- People have the life skills and education they need in order to thrive
- Everyone is equipped to live independently
- People have access to good cultural, leisure and recreational facilities
- Homes for all people
- Supporting key employment sectors and local supply chains
- Rural economy



Indicators for Success

We want to:

- Maintain the low numbers of 16-17 year olds not in education, employment or training (NEET) or whose activity is not known
- Increase the percentage of people aged 16-64 in employment
- Reduce the number of people who are killed or seriously injured on the roads
- Increase the number of people who use outdoor space for exercise/health reasons
- Further reduce the number of households that experience fuel poverty

Key Deliverables

- Ensure that health and wellbeing considerations are at the heart of all work related to spatial planning, transport, housing, skills and employment
- Develop a Supplementary Planning Document for Health and Wellbeing



Outcome two: Improving the mental health and wellbeing of people living and working in Cheshire East

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. We want to ensure that:

- Our children, young people and adults have improved emotional wellbeing and mental health thanks to a focus on prevention and early support
- People do not feel lonely or isolated



Indicators for Success

We want to:

- Increase the numbers of adults who report good wellbeing
- Reduce the levels of depression in adults
- Increase the numbers of children and young people who report good wellbeing
- Increase the proportion of adult social care users who have as much social contact as they would like*
- Increase the proportion of adult social carers who have as much social contact as they would like*
- Increase the proportion of adults in contact with secondary mental health services living independently
- Increase the proportion of adults in contact with secondary mental health services in employment
- Reduce the suicide rate

*While the other indicators are available through the Public Health Outcomes Framework, these indicators are gathered through biannual surveys.

Key Deliverables

- Deliver our responsibilities in ensuring that Cheshire and Merseyside achieve Suicide Safer Status – demonstrating work to reduce rates of suicide.
- Assess the levels of isolation across the borough



Outcome three: Enable more people to Live Well for Longer

The evidence shows that we need to focus on the root causes of illhealth (e.g. alcohol, obesity, smoking) rather than focusing on named diseases, because these factors contribute to multiple diseases and illnesses (e.g. smoking contributes to heart disease, stroke, lung cancer and vascular dementia). We also want to take action across the life-course – from childhood to older age, focusing on prevention and early intervention. So we will be taking action to address:

- Alcohol and substance misuse
- Smoking
- Physical activity
- Healthy eating

Indicators for Success

- Increase the breastfeeding rates
- Reduce the numbers of children with tooth decay
- Reduce the numbers of 4-5 and 10-11 year olds who are overweight or obese
- Increase the numbers of people meeting the recommended "5-a-day" at age 15
- Reduce the number of adults that smoke
- Reduce the number of adults who are overweight or obese
- Increase the number of adults that are physically active
- Reduce the number of alcohol related admissions to hospital
- Increase the number of people who successfully complete alcohol or drug treatment
- Increase the numbers of people meeting the recommended '5-a-day' on a 'usual day'
- Increase the number of people who are offered and accept a NHS Health Check
- Improve health related quality of life for older people
- Reduce the numbers of older people who fall and need to be admitted to hospital

Key Deliverables

- Deliver four collaborative health and wellbeing campaigns across all partners per year
- Deliver a physical activity programme in schools not currently participating in a programme
- Develop a falls prevention strategy



How are we going to achieve this?

There is significant demand and need for 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.

There is already a great deal of work taking place and this is summarised briefly in **Appendix 1 Making It Happen**. We want to ensure greater collaboration and connection between programmes of work and strategies to achieve improved health and wellbeing. Our consultation for this strategy also showed great willingness and enthusiasm from partners to create themed networks to support the delivery of the Health and Wellbeing Strategy – we will be establishing these.

The term place-based health is becoming more commonly used and this means to ensure that we are focusing on support and services for communities and close to home. It's also about acknowledging the vital importance of education, jobs and housing in shaping people's health and wellbeing – more so than health and social care services. We want to enable people to take greater control over their own lives 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 (e.g. education, jobs, housing etc) 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. We also want to work more collaboratively with all partners including the voluntary, community and faith sector.

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 service approach 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.

How are we going to achieve this?

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.



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