### **Cheshire East Council**

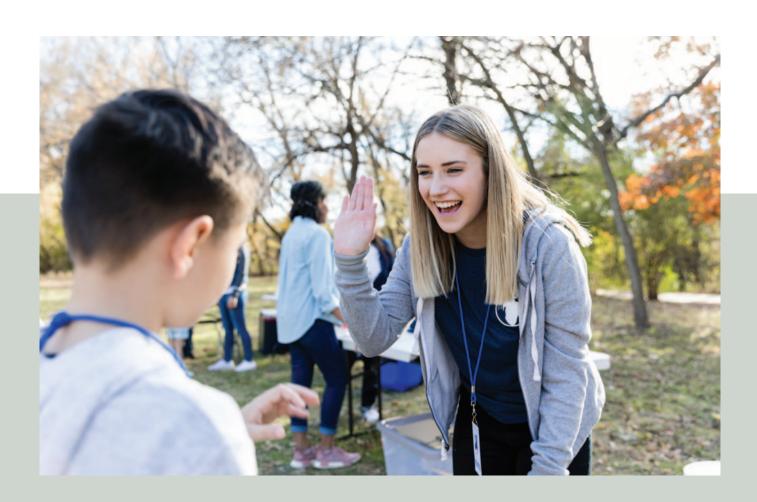
# Live Well for Longer Plan 2022-2027





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## Introduction

Every resident of Cheshire East is unique and deserves to feel valued, happy and healthy. The **Live Well for Longer plan** details how we, as a **Health and Social Care System**, plan to enable this. This plan will guide residents, support providers and leadership teams on the fundamental things our communities need to live their best life.

Health and Social Care System – this refers to all organisations (e.g. NHS, Council), services (e.g. care providers, GP's) and people (e.g. counsellors, volunteers) who's intention is to help you be the best you can be.

Health is our greatest asset, but healthy is not a term with universal meaning. My interpretation of healthy is probably very different to yours, so for the purpose of this document we shall focus on being the best we can be. To create the Live Well for Longer plan, Cheshire East residents were given a blank sheet of paper. They were asked what Living Well for Longer looks like and this document is completely based on what they told us. This plan is relevant to all adults living in Cheshire East, whether in later life or simply planning for the future.

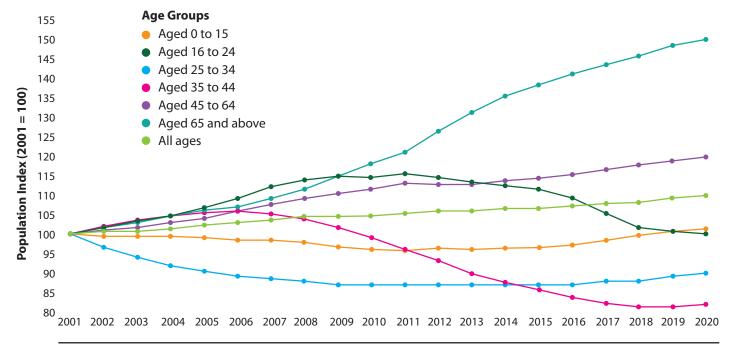
"what we feel is living well may not be what someone else thinks it is – it means different things to different people".

Being the best we can lies in how we value and look after ourselves and others. At some point in our lives, most people will need some additional support, whether it is from formal services, family, friends or their local community. Accessing support must be an experience centred around your needs so the uniqueness of each resident remains at the heart of the process. It is important that residents feel empowered and confident to care for themselves and are provided with the resources needed to control their own future.



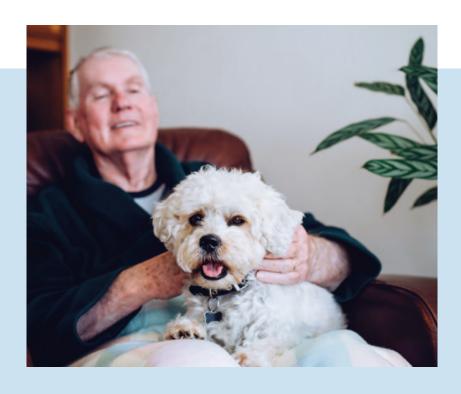
## Did you know?

Cheshire East is estimated to have **386,700** residents and the borough follows the UK trend of having an aging population. The over-65 age group makes up **23%** of our population (89,100) which is significantly higher than the England average at 18.5%. The number of older people (aged 65 and above) has increased by **49.4%** since 2001, rising in every consecutive year, from **59,700** in 2001 to **89,200** in 2020. It is expected that the number of older people will continue to grow, whereas Cheshire East's working age population is expected to continue to decline.



Source: ONS, 2020

Research shows that a quarter of the population will have two or more chronic health conditions by the time they reach 65 and for over 75s this rises to almost half. As the population continues to age, the demands on health and social care services will naturally increase. Remaining independent and in control is important to Cheshire East's residents, so this plan will make that happen.



Source: The Health Survey for England, 2016

## What Living Well for Longer means

This plan was entirely co-produced by residents of Cheshire East in partnership with stakeholders across the Health and Social Care System.

We spoke to people of different ages, with different backgrounds, in different geographical locations. We held workshops, focus groups, telephone calls, drop ins and had quick chats on the high street. Conversation was started with a simple question: "what does living well for longer mean to you?". The responses we received include:

- Happy, healthy, and content
- Acknowledgement of protected characteristics
- Maintaining independence for as long as possible
- Ability to remain active
- Having options and the ability to plan for the future
- Well connected to friends, family, and community
- Positive and safe
- · Valued and having a sense of purpose
- In control with autonomy to make decisions
- Retaining dignity and respect
- Access to services where and when I need them



When asked what they value the most, residents told us that independence and happiness were at the top of their list. They want to access reliable support services in a community where they feel safe. They want to maintain a lifestyle where they feel content and in control, where there is choice and information available when needed.

**Coproduction** – where groups of people get together as equal partners to influence the way services are designed and delivered

**Stakeholders** – the people who work within the system (e.g. social workers, mental health professionals, GP's, volunteers)

**Early Intervention and Prevention** – preventive personalised support to keep people healthy, treat problems quickly and empower people to manage their own health

### The Three Pillars



The insights gathered from Cheshire East residents identifies **three pillars** that must be fulfilled to enable living well for longer:

## Confidence and Self-Motivation

People reported that feeling confident in the support systems around them increases the likelihood that they will ask for help and feel empowered to take control of their future. With confidence, people felt motivated to try new things, seek solutions for their own needs and make positive lifestyle choices. Confident people are more motivated to reach out to connect with others and take part in a new activity. People said that Living Well for Longer means embracing a new start, at any age, for which confidence is crucial.

"confidence gives you the chance to make active decisions... empower older people: ask them what they want to do".

#### **Navigation**

Information needs to be available at the right place, at the right time, in a format that is accessible to all. There needs to be clear pathways to access support and help should be available to navigate complex systems. Information should be jargonfree, acronym-free and clear about eligibility. Support services need to be well-connected and work in collaboration to meet demand, ensuring that people only have to tell their story once. People value familiarity so support needs to be available within their community from a source they recognise.

"you don't know what you don't know".

#### **Tailored to my Needs**

Cheshire East's residents are energetic and passionate about creating positive change for themselves and their community, but they need to feel valued for their uniqueness. Everyone has a part to play in enabling Cheshire East to Live Well for Longer, but the solution is not one size fits all'. It is crucial that services adapt to suit individual needs and people feel listened to, to maintain a sense of control and ultimately independence.

"if I want to be independent as long as possible, I need to have choice and control".

### Our commitment

To achieve the Live Well for Longer vision and enable residents of Cheshire East to **be the best we can be**, we make the following commitments to you:

**Commissioning** – the process by which health and care services are planned, purchased and monitored

- 1. We will actively listen to you, involve you in decision making and keep you informed
- 2. Our support services are joined up where professionals talk to each other
- 3. We will provide information in a range of formats to ensure it is accessible to those who need it and we will actively seek opportunities to bring information to you
- 4. We will continue to value and appreciate your role in helping our borough to thrive and empower you to make positive change in your own community
- 5. We will actively identify unmet need and enable our support services to be flexible and adapt to meet demand
- 6. We will improve access to services for people in rural areas
- 7. We will be open, honest and transparent in our communication
- 8. We will work with you to continually monitor and evaluate delivery of the Live Well for Longer Plan

To make this happen, we need to work together.

The Health and Social Care system has committed to providing leadership to create action, so we need residents on board as equal partners to ensure actions meet requirements. The implementation plan detailed overleaf will be reviewed regularly in partnership with stakeholders and Cheshire East residents, to ensure our commitments are met.

We want to see increased engagement with residents of our borough and crucially this dialogue will be ongoing to ensure the actions taken create the desired impact. We want to see increased capacity and engagement with early intervention and prevention services. We want to see less demands on costly services such as hospitals and GP surgeries and more use of community-based support. Most importantly, we want to see residents recognised as key partners and enable them to join us in the creation of opportunities to help you be the best you can be.

This plan will be implemented and evaluated by Cheshire East Integrated Planning and Delivery Group and Cheshire East Residents Voice Network, all of whom have an active interest in enabling the vision above.



"people will tell us, if we are true to what we are saying about continuing the dialogue with communities then we need to continue ask them. How are we doing? Are we on track?"

Cheshire East Integrated Planning and Delivery Group (IP&D): a collection of stakeholders across the Health and Social Care System who will be responsible for implementing and evaluating the Live Well for Longer Plan, in partnership with Cheshire East residents

# Implementation Plan

	Commitment	Description	Action	Measures of success
	. We will actively listen to you, involve you in decision making and keep you informed	Cheshire East residents are 'experts by experience' and we will actively involve them in the design and delivery of services. The system will have a shared approach to engagement and coproduction to ensure we are consistent and fair	Reinvigorate 'Together' in Cheshire East coproduction guide (footnote 1) and embed into practice across the whole system	'Together' in Cheshire East is embedded as a golden thread throughout all commissioning and procurement
1.			Put resident voice at the heart of decision making and service design  Support and empower residents to have their voice heard and encourage them to work alongside commissioners and decision makers to create positive change	Residents are partners on service-design forums where their opinions are valued and actioned  Services meet the needs of local communities and residents feel ownership for continual service improvement
			Residents are engaged throughout all stages of service delivery and empowered to act as a 'critical friend'	Residents feel involved and their opinions valued
2.	2. Our support services are joined up where professionals talk to each other	There is a vast amount of provision available to connect those in need of support with the services that can help them, so we will make sure that these providers are working together with a common purpose	Create a Building Connections Forum which will be the anchor point for connecting professionals, sharing best practice and drive a team approach to supporting residents  Use monthly Care Community meetings to facilitate locality-based case conferences to plan coordinated interventions for residents requiring support	Building Connections Forum takes place quarterly  Care Community meetings take place monthly to facilitate multi-disciplinary team case conferences  Improved results on wellbeing scale for residents receiving support  Residents report having to tell 'their story' less frequently
			Enable information sharing across multi-disciplinary teams by revising data-protection arrangements	Multi-agency information sharing agreements in place Support needs are addressed at the earliest opportunity to avoid increasing problems and reduce demands on services

	Commitment	Description	Action	Measures of success
3.	We will provide information in a range of formats to ensure it is accessible to those who need it and we will actively seek opportunities to bring information to you	Information regarding activities, support services and self-care will be accessible to all. Some residents prefer to receive information via different methods. Including those who: are not digitally enabled either through choice or lack of resource, do not have English as a first language, have a learning disability or experience other barriers (e.g. culture, cognitive impairment).	Provide information in multiple formats and a range of locations  Use existing communication channels to provide information in a format that is accessible and helpful to the community	Information available in a range of formats (for example digital, written or spoken) and there is evidence that it reaches everyone who needs it  Positive feedback from residents regarding information availability  Attendance at early intervention and prevention activities increases
			Actively seek opportunities to bring information to residents  Develop informal network of 'Community Navigators' – volunteers who understand health and social care systems and are willing to guide others  Create a sense of shared community responsibility for supporting vulnerable members of the community	Residents receive information they trust in a familiar setting  Members of the community receive information via 'word of mouth'  'Community Navigator' network established and resource available through People Helping People Service
4.	. We will continue to value and appreciate your role in helping our borough to thrive and empower you to make positive change in your own community	Services and activities delivered by the community with support from professionals will reduce health inequalities and increase pride. By addressing an identified gap in service, residents will be empowered to help others	Support residents who are experts by experience and use their knowledge and skills to help others	Residents have increased pride in their community and are able to see the difference they make in their community
			Empower residents to register a project on Cheshire East Crowd and work within their networks to fund something meaningful in their community	Projects are accepted onto crowdfunding platform and meets or exceeds funding target
5.	identify unmet need and enable our support services to be flexible and adapt to meet demand	Every resident in Cheshire East is unique and we want them to feel valued and listened to. Support needs change over time so services need to be flexible in their design and delivery	Continuous improvement of services by reviewing performance and listening to what residents need  Create Resident Voice Network to act as a 'critical friend'	Resident Voice Network meets quarterly Services flex and adapt to meet resident needs
			Facilitate coproduction and take an asset-based approach to service development	Residents are empowered to influence and support service delivery for their own community  Number of residents involved in developing services

# Implementation Plan

Commitment	Description	Action	Measures of success
	Residents of rural communities will not be unfairly disadvantaged in the services they can access. Disadvantages are also felt in some disconnected urban communities where services are not readily available or made accessible	Facilitate the development of local transport solutions for rural communities and disconnected urban communities	More suitable and accessible transport options are available and used
6. We will improve access to services for people in rural areas		Develop a network of community venues (Connected Community Centres) in rural (and disconnected urban communities) areas where information and services can be accessed	Community facilities are available in rural and disconnected urban communities where residents can have their needs met in a familiar and safe community
		Connect rural communities together in a forum where they can share good practice and address challenges of rurality as a collective	Rural forum is established and working collaboratively
7. We will be open, honest and transparent in our communication	Having options is central to living well for longer, but more importantly those options will be explained with clarity and honesty.	Avoid use of jargon in communication materials and speak in a language understood by all  Understand cultural, language and other barriers to receiving information and use appropriate communication methods	Residents feel informed in a manner that's relevant to them
communication		Take a person-centred approach to delivering services	Residents feel valued and their needs are met using a personalised plan
		Explain what support is available and why some options might not be available	Increased trust and confidence in those providing support and the wider system
Q. Wa will want with	Delivery of this Plan relies on effective monitoring and evaluation. Our residents are key to delivery but also critical to ensuring that needs are met, so we will provide accessible opportunities for residents to join us in reviewing and critiquing performance.	Cheshire East Integrated Planning and Delivery Group (IP&D)	Continue to meet monthly
8. We will work with you to continually monitor and evaluate delivery of the Live Well for Longer Plan		North West Healthy Ageing & Leads Commissioners Network (OHID)	Continue to meet bi-monthly
		Resident Voice Network	Establish network and meet quarterly

#### **Glossary**

**Live Well for Longer Joint Commissioning Group** – Stakeholders from the Health and Social Care System and the Voluntary, Community, Faith and Social Enterprise Sector

**Multi-disciplinary Team (MDT)** – A diverse group of professionals working together to organise and coordinate support services to meet the needs of an individual

**Asset-based approach** – Recognising and valuing the skills, knowledge, connections and potential within a community – build on what we have rather than reinventing the wheel

**Procurement** – The purchasing of any goods, works or services. In the Public Sector, the procurement process is often known as tendering and there are specific regulations applied to contracts over a certain value (or threshold)

#### **Footnotes**

**Together in Cheshire East coproduction guide** 

**People Helping People** 

**Cheshire East Crowd** 

**Connected Community Centres** 



