

CHESHIRE EAST COUNCIL

REPORT TO: Cabinet

Date of Meeting: 10 December 2012

Report of: Lorraine Butcher, Strategic Director – Children, Families and Adults Services

Subject/Title: Interim Health and Wellbeing Strategy 2013 - 2014

Portfolio Holder: Cllr Janet Clowes

1.0 Report Summary

- 1.1 The Health and Social Care Act (2012) places a duty upon the Local Authority and Clinical Commissioning Groups in Cheshire East to develop a Joint Health and Wellbeing Strategy for 2013 - 2014, to meet the needs identified in the Joint Strategic Needs Assessment. The interim Strategy has been drafted by the Shadow Health and Wellbeing Board and has been through a public engagement exercise during the summer. It identifies a number of priority areas for the Board members to work together on over the next year. A delivery plan will be drafted in early 2013.

2.0 Decision Requested

- 2.1 That Cabinet consider and endorse the interim Joint Health and Wellbeing Strategy 2013 - 2014.

3.0 Reasons for Recommendations

- 3.1 To ensure that the Joint Health and Wellbeing Strategy is in place for 1st April 2013.

4.0 Wards Affected

- 4.1 All

5.0 Local Ward Members

- 5.1 All

6.0 Policy Implications including - Carbon Reduction - Health

- 6.1 The Health and Social Care Act 2012 has introduced a number of significant changes that will affect the local health and social care landscape. This includes the establishment of the Cheshire East Health and Wellbeing Board,

the GP Clinical Commissioning Groups and the transfer of the Public Health responsibilities from the PCT to the Local Authority. The Act gives the Authority a greater role in setting policy, providing leadership and commissioning activity that will contribute to improved health outcomes for the population of Cheshire East. The Joint Health and Wellbeing Strategy will be the mechanism by which the needs identified in the Joint Strategic Needs Assessment are met, setting out the agreed priorities for collective action by the key commissioners, the local authority, the Clinical Commissioning Groups and the NHS Commissioning Board.

7.0 Financial Implications (Director of Finance and Business Services)

- 7.1 There are no direct financial implications in relation to this report. Implementation of this strategy will support effective use of allocated funding to address recognised challenges and will enable opportunities for synergies across relevant council services to be exploited.

8.0 Legal Implications (Authorised by the Borough Solicitor)

- 8.1 The Health and Social Care Act 2012 places a number of new responsibilities upon the Authority. Much of the legislation is yet to be brought in force, other parts are only yet partially in force, and secondary legislation is still awaited in relation to the detail of many provisions, but the headlines are outlined in 10.1.

9.0 Risk Management

- 9.1 The Health and Wellbeing Strategy needs to be in place for 1st April 2013. It has been endorsed by the Governing Bodies of the Clinical Commissioning Groups, and the Shadow Health and Wellbeing Board.

10.0 Background

- 10.1 The key legislative changes introduced by the Act are summarised below:
- i. Clinically led commissioning – the Act puts clinicians in charge of shaping services, enabling NHS funding to be spent more effectively. Supported by the newly established **NHS Commissioning Board**, new **Clinical Commissioning Groups** (CCGs) will now directly commission services for their populations. There are two CCGs in Cheshire East.
 - ii. Provide regulation to support innovative services – enshrining a fair playing field in legislation for the first time, this will enable patients to be able to choose services which best meet their needs – including from charity or independent sector providers, as long as they meet NHS costs. Providers, including NHS Trusts, will be free to innovate to deliver quality services. **Monitor** will be established as a specialist regulator to protect patients' interests.
 - iii. Greater voice for patients – the Act establishes new **Healthwatch** patient organisations, both locally and nationally, to drive patient involvement across the NHS.

- iv. New focus for Public Health – The Act provides the underpinnings for **Public Health England**, a new body to drive improvements in the public's health and transfers Public Health functions to local authorities.
 - v. Greater accountability locally and nationally – the Act sets out clear roles and responsibilities, whilst keeping the Secretary of State's ultimate responsibility for the NHS. The Act limits micro-management and gives local authorities a new role to join up local services (through the **Health and Wellbeing Board**).
 - vi. Streamlined arms-length bodies – the Act removes unnecessary tiers of management, releasing resources to the frontline.
- 10.2 The Shadow Health and Wellbeing Board was established in 2011. The two Clinical Commissioning Groups are now operating and have submitted their authorisation paperwork. The transfer of Public Health functions to the Local Authority is being overseen by a Transition Programme Board. The Public Health Team moved into Westfields in May.

11. The Joint Health and Wellbeing Strategy

- 11.1 The Joint Health and Wellbeing Strategy should demonstrate how the Authority and CCGs, working with other partners will meet the needs identified in the JSNA. This could potentially consider how commissioning of services related to wider health determinants such as housing, education, or lifestyle behaviours can be more closely integrated with commissioning of health and social care services.
- 11.2 There is a clear expectation within the Act that the JSNA and Joint Health and Wellbeing Strategy will provide the basis for all health and social care commissioning in the local area. This begins with the duty of the Clinical Commissioning Groups, the NHS Commissioning Board and the local authority to have due regard to the relevant JSNA and Joint Health and Wellbeing Strategy when carrying out their respective functions, including their commissioning functions.
- 11.3 Developing the Joint Health and Wellbeing Strategy should incorporate a robust process of prioritisation in order to achieve the greatest impact and the most effective use of collective resources, whilst keeping in mind people in the most vulnerable circumstances. The aim of the Strategy is to jointly agree what the greatest issues are for the local community based on evidence from the JSNA. Prioritisation processes need to be systematic, transparent, simple; and used consistently over time to justify the outcomes. The prioritisation should aim to balance different types of needs and take account of complex needs and integrated planning to address them.
- 11.4 The Department of Health Draft Guidance sets out a number of values that underpin good Strategies:
- Setting shared priorities based on evidence of greatest need;

- Setting out a clear rationale for the locally agreed priorities and also what that means for the other needs identified in the JSNA, and how they will be handled with an outcomes focus;
- Not trying to solve everything, but taking a strategic overview on how to address the key issues identified in JSNAs, including tackling the worst inequalities;
- Concentrate on an achievable amount – prioritisation is difficult but important to maximise resources and focus on issues where the greatest outcomes can be achieved;
- Addressing issues through joint working across the local system and also describing what individual services will do to tackle the priorities;
- Supporting increased choice and control by people who use services with independence, prevention and integration at the heart of such support.

- 11.5 The Shadow Health and Wellbeing Board has agreed that an interim Joint Health and Wellbeing Strategy should be developed for 2013 - 2014. This will act as a transition document to help provide a focus on priorities as we move into the new health landscape from April 2013. It is proposed that a more fully formed Strategy will be developed during 2013 for 2014 and beyond. There will be an opportunity to consider how this might be linked to a refresh of the Sustainable Community Strategy to ensure a fully integrated strategic plan for the area.
- 11.6 The draft Health and Wellbeing Strategy went through a public engagement exercise over the Summer. The Board considered the feedback at their organisation development session on 16th October and agreed changes have been incorporated into the Strategy.
- 11.7 The draft Strategy has taken into account information from the JSNA, the Sustainable Community Strategy and priorities identified by the Children's Trust, the Safer Cheshire Partnership, the CCGs, the Cheshire East Housing Strategy and the Ageing Well Programme. The Shadow Health and Wellbeing Board have refined the list of priorities since the first draft was published in April to ensure a focus on those that all partners can contribute to through collective action. The Strategy is attached as Appendix A for consideration.
- 11.8 Once approved the priorities within the Strategy will inform the business planning process of the Authority for 2013-2014. The Council will also be a key partner in commissioning or delivering services that contribute to achieving the strategic outcomes.

12.0 Access to Information

The background papers relating to this report can be inspected by contacting the report writer:

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APPENDIX A

The Joint Health and Wellbeing Strategy for the Population of Cheshire East (2013 – 2014)

A Message from Councillor Janet Clowes, 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, Dr Heather Grimbaldeston, Director of Public Health.

We are delighted to present to the residents, patients and health and social organisations our first Health and Wellbeing Strategy. This document represents a commitment by the NHS and the Local Authority to work in partnership to tackle some of the complex, difficult and inequitable health and wellbeing issues together.

The Government's Health and Social Care Act (2012) has set out the requirement for the establishment of Health and Wellbeing Boards and Joint Health and Wellbeing Strategies in each local authority area.

The Health and Wellbeing Strategy will provide 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 make a positive difference to people's lives through a partnership that understands and responds to the needs of the population now and in the future. The board will do this by:

- ***Engaging effectively with the public.***
- ***Enabling people to be happier, healthier, and independent for longer.***
- ***Supporting people to take personal responsibility and make good lifestyle choices.***
- ***Achieving evidence-based outcomes within a holistic vision of health and wellbeing.***

A Delivery Plan will be developed to prioritise the actions necessary to make a difference and achieve our outcomes. This will include engagement with a wide range of partners who have expressed support for the Strategy and a commitment to working with the Health and Wellbeing Board.

[signed + pictures]

Context

There are two newly formed Clinical Commissioning Groups in Cheshire East, the NHS Eastern Cheshire Clinical Commissioning Group and the NHS South Cheshire Clinical Commissioning Group (CCGs)). These CCGs take over the control of the local NHS from the Primary Care Trust in April 2013.

Representatives from these two organisations, together with Councillors, the Director of Public Health and senior managers from Cheshire East Council and a patient representative, form the core membership of the Health and Wellbeing Board.

In considering the strategic priorities for the area the Board has considered three key documents:

- **‘Ambition for All’ Cheshire East’s Sustainable Community Strategy**
Visit www.cheshireeast.gov.uk and search for ‘Sustainable Community Strategy’.
- **The NHS Eastern Cheshire Clinical Commissioning Group 2012-2013 Annual Plan**
Visit www.ec3health.co.uk and search for ‘Annual Plan’.
- **The NHS South Cheshire Clinical Commissioning Group Strategic Plan 2012-2015**
Visit www.southcheshirehealth.org.uk and search for ‘Strategic Plan’.

These are all informed by and underpinned through the evidence of the **Joint Strategic Needs Assessment**.

Partnership working on health and wellbeing issues is not new in Cheshire East. However, through the new Health and Wellbeing Board, representatives from health, public health, the Council and Local Health Watch (representing Cheshire East residents), have committed, through this document and future Joint Health and Wellbeing Strategies to work more closely together, with a common focus of ensuring that services are jointly tailored to meet the needs of our residents. Meaningful engagement with our communities, patients and carers will inform all that we do and we will commission to improve health and health/social care for our local populations and to drive the integration agenda around the needs of individuals.

Our Population and Place

In general, all partners recognise that 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 increasingly 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 example a difference in life expectancy which at its worst sees a gap of 10.9 years for men and 16.8 years for women depending on which area you live in Cheshire East).

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

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.

Our Principles

Equality and fairness – Provision of services meet need, reduce health outcome variations, and are targeted to areas which need them the most.

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.

Our Priorities

Strategic Priorities for 2013-2014	Priorities for collective action to deliver the strategic priorities
<p>Outcome one - Starting and developing well...</p> <p><i>Children and young people have the best start in life; they and their families or carers are supported to feel healthy and safe, reach their full potential and are able to feel part of where they live</i></p>	<p>Improve the emotional and mental health and wellbeing of our children and young people:</p> <ul style="list-style-type: none"> - Reduce the levels of alcohol use / misuse by Children and Young People

<i>and involved in the services they receive.</i>	<p>- Reduce the numbers of children and young people self harming.</p> <p>Increase the number of babies breastfed for six to eight weeks</p>
<p>Outcome two - Working and living well...</p> <p><i>Driving out the causes of poor health and wellbeing ensuring that all have the same opportunities to work and live well and reducing the gap in life expectancy that exists between different parts of the Borough.</i></p>	<p>Reduce the incidence of alcohol related harm.</p> <p>Reduce the incidence of cancer.</p> <p>Reduce the incidence of cardiovascular disease.</p> <p>Ensure the health and wellbeing of carers to enable them to carry out their caring role</p> <p>To better meet the needs of those with mental health issues.</p>
<p>Outcome three - Ageing well...</p> <p><i>Enabling older people to live healthier and more active lives for longer:</i></p>	<p>Improve the co-ordination of care around older people, in particular those with dementia, and support independent living (including falls prevention).</p> <p>Provide high quality palliative care service</p> <p>Support older people, their families and carers, to prepare for the rest of their lives.</p>
Areas to be reviewed in 2013-2014	<p>Childhood Obesity levels</p> <p>Children and young people injured or killed in road traffic accidents</p>

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.

Conclusion

The Health and Wellbeing Board is committed to ensuring that the NHS and Cheshire East Council (including Public Health) work together on areas of shared need, as expressed through this first and future Health and Wellbeing Strategies.