

# **The Joint Health and Wellbeing Strategy for the Population of Cheshire East 2014 - 2016**

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## **The Joint Health and Wellbeing Strategy for the Population of Cheshire East (2014 – 2016)**

*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 and Dr Heather Grimbaldston, Director of Public Health.*

This is a refreshed version of the Joint Health and Wellbeing Strategy for Cheshire East. We have reviewed the priorities identified in the first edition, published in March 2013, against the Joint Strategic Needs Assessment and established that fundamentally those priorities remain the same. However we have made a few changes: specifically referencing 'Social Isolation and Loneliness' which we have identified as a significant issue amongst our older population; emphasising the need to focus upon the physical health needs of those with serious mental illness and targeting interventions to reduce childhood obesity.

This document represents a commitment by the NHS and the Local Authority to work in partnership to tackle 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 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 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.***
- ***Demonstrating improved outcomes within a broad 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.

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 Grimbaldston - Director of Public Health

## **Context**

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). These CCGs took 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 (from Healthwatch), form the core membership of the Health and Wellbeing Board. NHS England, commissioners of Primary Care services, are also represented.

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

- **‘Ambition for All’ Cheshire East’s Sustainable Community Strategy 2010 - 2025**  
Visit [www.cheshireeast.gov.uk](http://www.cheshireeast.gov.uk) and search for ‘Sustainable Community Strategy’.
- **‘Living Well for Longer’ The Annual Report of the Director of Public Health 2012-2013**  
Visit [www.cheshireeast.gov.uk](http://www.cheshireeast.gov.uk) and search for Annual Public Health report 2013
- **The NHS Eastern Cheshire Clinical Commissioning Group 2014-2016 Operational Plan**  
Visit [www.ec3health.co.uk](http://www.ec3health.co.uk) and search for ‘Annual Plan’.
- **The NHS South Cheshire Clinical Commissioning Group Operational Plan 2014-2016**  
Visit [www.southcheshirehealth.org.uk](http://www.southcheshirehealth.org.uk) and search for ‘Annual Plan’.

These are all informed by and underpinned through the evidence of the **Joint Strategic Needs Assessment** which itself has been refreshed during the course of 2013.

Through the Health and Wellbeing Board, representatives from health, public health, the Council and Local Healthwatch (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. Over the last year this work has progressed well with a successful bid (with the Cheshire West and Chester Health and Wellbeing Board) to the Department of Health to become an ‘Integrated Care Pioneer’, demonstrating their recognition of our effective joint working and the future plans to integrate services. The two CCGs have continued to drive their individual integration programmes with the Council as an active partner in both.

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 lead 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 8 years for men and 9 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. This refreshed version follows a review of the priorities within the 2013 - 2014 Strategy against the Joint Strategic Needs Assessment and the Annual Report of the Director of Public Health 2012 – 2013.

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 from our **Pioneer vision**:

**Integrated 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.

## **Our Priorities**

What we want to achieve for 2014-2015	What we need to focus on
<p><b>Outcome one - Starting and developing well...</b></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 and involved in the services they receive.</i></p>	<p>Children and young people feel and are kept safe</p> <p>Children and young people experience good emotional and mental health and wellbeing</p> <ul style="list-style-type: none"> <li>- Reduce the levels of alcohol use / misuse by Children and Young People</li> <li>- Reduce the numbers of children and young people self harming.</li> </ul> <p>Children and young people who are disabled or who have identified special education needs have their aspirations and hopes met</p> <p>Targeted prevention interventions to reduce children and young people's obesity<sup>1</sup></p>
<p><b>Outcome two - Working and living well...</b></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>Reducing the incidence of alcohol related harm.</p> <p>Reducing the incidence of cancer.</p> <p>Reducing the incidence of cardiovascular disease.</p> <p>Ensuring the health and wellbeing of carers to enable them to carry out their caring role</p> <p>Better meeting the needs of those with mental health issues, in particular to focus upon improving the physical health of people with serious mental illness<sup>2</sup>.</p>

<sup>1</sup> Following a review of obesity levels in children and young people during 2013, it has been identified that although Cheshire East overall is below the national average, there are some parts of the Borough where rates are significantly higher than that average. This is where activity will be targeted.

<sup>2</sup> The Director of Public Health's report 2012 – 2013 has identified that Cheshire East has one of the highest excess mortality rates for adults under 75 with a serious mental illness.

	Seven day care services provision
<b>Outcome three - Ageing well...</b> <i>Enabling older people to live healthier and more active lives for longer:</i>	<p>Improving the co-ordination of care around older people, in particular those with dementia, and supporting independent living (including falls prevention and interventions to reduce social isolation and loneliness).<sup>3</sup></p> <p>Providing high quality palliative care service</p> <p>Supporting older people, their families and carers, to prepare for the rest of their lives.</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 Health and Wellbeing Strategy.

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<sup>3</sup> The Board has recognised the impact upon health and wellbeing of loneliness and social isolation (Holt-Lunstad et al, 2010 Social Relationships and Mortality Risk: A Meta-analytic Review) and with the growing older population of the area identified this as a new priority.

**Annex One**  
Partner Priorities

Partner organisation	What we will do
CEC Adult Social Services	<ol style="list-style-type: none"> <li>1. To have available information, advice and signposting to enable people to access information about staying well (prevention) and where to get the right help if they need it (early intervention).</li> <li>2. To develop community services across all sectors to ensure care can be provided at home wherever possible ( reduce admission to residential care and avoidable visits to A&amp;E and hospital)</li> <li>3. To reduce social isolation and loneliness and ensure support is available to promote social inclusion</li> <li>4. To ensure that all services and organisations in Cheshire both universal and targeted understand their obligation to ensure their services safeguard those adults who may be more vulnerable</li> <li>5. To ensure that people with dementia are supported to live safely in the community</li> <li>6. To ensure a range of accessible community activities are available for people to stay fit and health both physically and mentally</li> <li>7. To ensure a range of accessible services and support for people who take on a caring role to maintain their health and well being</li> <li>8. To ensure our services are developed to provide joined up care from health and social care services</li> <li>9. To ensure that people feel safe in their communities to allow them to fully access all the community has to offer</li> <li>10. To ensure that people in rural communities can access the same types of support , services and activities as those in more urban areas</li> <li>11. To ensure that support is available to help people gain and maintain stable employment</li> <li>12. To ensure that support is available to help people secure and maintain stable accommodation</li> </ol>
CEC Children's Services	<ol style="list-style-type: none"> <li>1. Helping families earlier when problems arise</li> <li>2. Improved identification of children at risk of sexual exploitation</li> <li>3. Increasing the awareness amongst professionals and the public of the identification of child sexual exploitation.</li> <li>4. Improving assessment of risk to children and young people including family history, especially in families where there is a history of alcohol misuse.</li> <li>5. Reducing the risk in key areas such as children living in homes where domestic abuse is present.</li> <li>6. Improving access to timely support for families with mental health issues.</li> <li>7. Improved resilience of young people with a range of problem solving skills</li> </ol>

	<ol style="list-style-type: none"> <li>8. Improving understanding of self-harming behaviour in children and young people and support services to develop skills and approaches</li> <li>9. Improving access to a range of evidence based psychological therapies across the pathway of provision, and children and young people known to be at risk are identified and supported early</li> <li>10. Improving the percentages of young people aged over 16 in drug treatment services who receive a treatment outcome profile (TOPS) assessment</li> <li>11. Supporting young people to develop a range of problem solving skills and techniques</li> <li>12. Supporting young people to make positive choices in respect of risk taking behaviour through awareness, information and access to services</li> <li>13. Introducing a more streamlined integrated assessment process across education, health and care for children and young people with special educational needs/disabilities.</li> <li>14. Introducing the new 0-25 Education, Health and Care Plan.</li> <li>15. Publishing a clear and transparent local offer of services for children with disabilities.</li> <li>16. Introducing personal budgets.</li> <li>17. Better preparing children with disabilities for adulthood.</li> <li>18. Tackling inequalities in low birth weight in order improve health outcomes in childhood and adulthood</li> <li>19. Targeting approaches to young people who are or are at greater risk of not engaging in education, employment or training (NEET)</li> <li>20. Continue to target the Family Nurse Partnership programme to support the most vulnerable new parents.</li> <li>21. Increase the uptake of free early education for two year olds in deprived areas.</li> <li>22. Narrowing the gap in educational attainment between children and young people from different socio economic backgrounds</li> </ol>