

REPORT TO: Health and Wellbeing Board

Date of Meeting: 29th May 2018

Report of: Fiona Reynolds (Director of Public Health)

Subject/Title: Health and Wellbeing Strategy – Overview of the Consultation

1 Report Summary

- 1.1 The aim of Cheshire East's Health and Wellbeing Board is to improve health and wellbeing for all by building on the strengths of people and communities in towns and villages across the borough. We want to help people be happier, healthier and independent for longer so they can live the best lives possible in Cheshire East.
- 1.2 The Health and Wellbeing Strategy has been updated to take a place-based approach, based on discussions held by the Board over the last year.
- 1.3 The draft strategy was consulted on across the Borough with events and an online survey. The findings are summarised here.
- 1.4 The Strategy is included as an appendix.

2 Recommendations for the Implementation of the Strategy:

- 2.1 Reduce the number of priorities in the refreshed Health and Wellbeing Strategy, identified by the Joint Strategic Needs Assessment.
- 2.2 Partners ensure that actions discussed at the Health and Wellbeing Board are followed up in each organisation – acknowledging that the Board has a strategic role and implementation occurs outside the Board.
- 2.3 Strengthen links with subregional working via expanded membership to include the Cheshire East Council Executive Director of Place.
- 2.4 Expand the agenda of the Health and Wellbeing Board to include Place issues (e.g. Crewe Masterplan).

3 Reasons for Recommendations

- 3.1 These recommendations were made during the June 2017 workshop – identified and endorsed by members. These actions will strengthen the effectiveness of the Health and Wellbeing Board and reframing action in terms

of Place/Geography will support improvements in health and wellbeing in the Borough.

4 Impact on Health and Wellbeing Strategy Priorities

- 4.1 The Consultation has shaped the final draft of the Board's third Health and Wellbeing Strategy.

5 Consultation

- 5.1 Invitations to workshops held on 5th (Crewe) and 15th (Macclesfield) January 2018 asked people if they could help Cheshire East Health and Wellbeing Board to deliver a 'Health and Wellbeing New Year Resolution' and were worded in order to encourage attendance by people from a wide range of backgrounds.
- 5.2 It was explained in the invitation that the refreshed Joint Health and Wellbeing Strategy 2018-2021 has the exciting vision to enable people to live well for longer; independently and enjoying the place where they live. Whilst we recognise that having support from family, friends and the local community is important for improving overall health, other factors such as education levels, a healthy working environment, access to green spaces and comfortable housing are equally as important.
- 5.3 An overview of the intelligence and ideas that had informed the Strategy, the health needs of Cheshire East was presented to focus the discussions and the participants were asked to consider the goals, principles, priorities and indicators. Questions focused on:
- Do they feel relevant to me/my organisation?
 - What do my organisation need to change or implement to help meet them?
 - Are there any other goals that the H&WB strategy could be working towards – is there anything missing?
 - Practicalities, are CEC and our partners already delivering against these outcomes?
 - How can we improve on this through system leadership?
 - How can we work better together and what ideas do we have to achieve better joint approaches?
 - What additional support is needed?

5.4 Goals and Principles – Crewe

1) What does my organisation need to change or implement to help achieve the goals?

- Communication e.g. CEC/CVS Communication role to support key messages going out widely and helping organisations to see their role
- Partnership working e.g. Pathways into programmes need creating and partnership working groups formed, which focus on specific themes. CEC joined up working across directorates / services must improve – outcome focussed rather than service specific.
- Strategic alignment e.g. cross referencing priorities across strategy development including place-making strategies
- Accessibility e.g. – not just a 9-5 service – delivered in the community in the right place at the right time

2) Are there other goals that the H&W Strategy could be working towards? Is there anything missing?

- Nothing about children's social care outcomes
- Goals are right but challenge to implement them – rurality and transport issues. Need outlier services.
- Working lifestyle groups need to be created which focus on strategy goals so key agencies can work together.
- Focus on health in early years, children's centres; healthy schools – smoking under 11s target
- More building of neighbourhood partnerships, sharing information and working together

3) Do they feel relevant to my organisation?

- Everybody Sport and Recreation is a key partner for the strategy managing 15 leisure facilities across Cheshire east and having a wellbeing and lifestyle service. We want to be more involved and ensure our programmes are made aware of and firmly on the health pathways
- Yes (CVS) volunteering, fits with prevention and early help.
- Yes (CEC) across all services (not just people/health/social care). Place making can have big impact on wider health determinants
- Feels terrific – so much to do and cracking social isolation is key. Needs in Alsager – we know there are difficulties eg food bank. Communication – do people know what support is there?

5.5 Goals and Principles – Macclesfield

1) What does my organisation need to change or implement to help achieve the goals?

- Communication e.g. Shared communication is key – between various organisations, ability to signpost to appropriate services and know where to go e.g. Live well.
- Partnership working e.g. Collectively promoting the benefits of health interventions from all partners to show the affects on real individuals. Place-based interventions - multi-agency approaches bringing together different skill sets
- Strategic alignment e.g. Lobbying NHS England to allow Doctors to make changes i.e. social prescribing to reduce medicine prescribing
- Accessibility e.g. Clear choices for individuals, concentrate on what people can do rather than what they can't

2) Are there other goals that the H&W Strategy could be working towards? Is there anything missing?

- Dementia friendly communities essential to our ageing demographic and their health and wellbeing
- Empowering individuals to do things for themselves – first conversation flipping perceptions e.g. social workers don't help they assess – but people need help first.
- Safeguarding – level of meaning in context of the Strategy queried. Would be a top principle for some organisations. Differing definitions of vulnerability needs consideration
- Nothing about adults and no loneliness indicator shown. Is the outcome unachievable and need softening 'people do not feel lonely or isolated' change to 'less people feel lonely or isolated'?
- Co-location – potential to develop initiatives to increase accessibility

3) Do they feel relevant to my organisation?

- Every part of Cheshire East is different. Need place based approach.
- Link between social isolation and mental health. Lots of different ways of addressing – doesn't have to about going to the gym.
- Need people to do shared planning throughout lives so it becomes the norm
- Third sector and local communities are better placed to serve rural/isolated communities
- Individuals must feel empowered and able to inform us where and what they need themselves

5.6 Priorities and Outcomes – Crewe

- Needs integration and collaboration from all groups e.g. neighbourhood partnerships for rural areas (who have disparate groups) need to come together.
- Need to share information and look at potential to collaborate. Community based services working out of community based venues eg children's centres
- Gap identified between strategy and delivery of commissioned services. Commissioners to gather collectively, align plans, avoid duplication. Gap in clarity re. accountability
- Remove activity based payments and reward improved outcomes instead. Hold everyone to account on Strategy indicators
- Consider governance as jointly holding to account communities (8 LAPS?) to achieve outcomes.
- Jointly set the right conditions and contracts (outcomes focussed) to promote partnerships/innovation.
- No flavour of community diversity in Strategy – must not ignore changing communities
- Integration – organisations need to let go, counter the negative voices, focus on the positive, give permission and confidence so people take their own action.

5.7 Priorities and Outcomes – Macclesfield

- Improve mental health and wellbeing - connect the wider determinants of health; co-ordinate not duplicate; dementia – needs specific recognition
- Statutory outcomes that we have to deliver - some NHS and PH outcomes are based on deprivation models which doesn't suit CE
- If H&W Board and this Strategy is going to be of the highest impact it needs the widest representation
- Need one core service in place to co-ordinate - a mental health service hub? Too many silos, need one service – link to connected communities centres and JSNA?
- Aligning services to the same configurations e.g. GP clusters so they can work together
- Need to work on commitment first – then build relationships after cultural shift and culture change

- Capture case studies from success stories when things are changed that people didn't want i.e. Peatfields closure and move to Macclesfield where people attending had improved lives following the change
- Cross cutting leadership i.e. housing outside adult social care, but working with same clients – need to improve ways of working together – carer's hub
- Allow senior management time to come together to share knowledge and build on working relationships to understand other's work areas – what forum can we use?
- Use Connected Communities centres to ensure services are relevant for individuals and adapt as needed
- Is there an early intervention health and wellbeing MOT (e.g. linking health and financial advice / wider determinants).



5.8 Pledges were also connected from attendees and these will contribute to shaping the action plans for the Health and Wellbeing Strategy.

5.9 Changes to the Health and Wellbeing Strategy

5.10 A number of people requested that specific conditions be named within the strategy. The approach taken in developing this version has been based on the recommendation that focusing on specific conditions can distract from broad prevention interventions that would benefit several. For example, action

to reduce smoking will support improvements in health in cardiovascular disease, cancer and dementia.

5.11 The following changes have been made – emphasising that action is required across the life course, i.e. poor mental health is an issue that affects older people, not only children and young people. We've also taken into consideration the fact that many groups did want to see conditions named so we have included some of these as examples of the conditions that would benefit from various actions. We've also included a number of 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.
- 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.
- 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.

5.12 Feedback also included the need for clarity on outcomes and these will be developed through action plans.

5.13 Next Steps

5.14 A great deal of feedback included enthusiasm and willingness to be involved from a number of partners and the suggestion that we create implementation/ action groups in order to enable the Health and Wellbeing Board to deliver the actions.

- Identify existing networks that could deliver the Health and Wellbeing Strategy Action Plans and which will be best suited to delivering key themes of work.
- Each network will develop an action plan, with measurable outcomes.
- The Board will be updated on progress.

6 Access to Information

6.1 LGA: *The Power of Place* (2017)

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

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