

REPORT TO: Health and Wellbeing Board

Date of Meeting: 29.05.2018

Report of: Fiona Reynolds (Director of Public Health)

Subject/Title: Health and Wellbeing Board – Annual Report 2017/18

1 Report Summary

1.1 The Health and Wellbeing Board has a duty to provide an annual report on its business and activities. This draft report will also be submitted to Overview and Scrutiny Committee. The report is being brought to the Health and Wellbeing Board for comment, amendments and sign-off before it is published.

1.2 Recommendations

2.1 The recommendation is that the Board:

Approves this paper as the annual report of the Health and Wellbeing Board's work in 2017/18.

2 Reasons for Recommendations

3.1 The report enables residents to hold the Health and Wellbeing Board to account for its actions. It is a summary of the previous year's work and a mechanism to promote the role of the Board and improve understanding of the work.

4 Impact on Health and Wellbeing Strategy Priorities

4.1 The report is a record of the Board's activity to address Health and Wellbeing priorities and also captures the work undertaken to develop the 2018-21 Health and Wellbeing Strategy. This report does not capture every issue discussed at each meeting – this is a summary of the variety of work that has been undertaken by the Board.

5 Background

5.1 Health and Wellbeing Boards bring together key leaders from not only the local health and care system, but also partners from wider services that are responsible for shaping our environment. This enables us to work together to improve the health and wellbeing of our residents and reduce health inequalities through:

- developing a shared understanding of the health and wellbeing needs of our communities;
- providing system leadership to secure collaboration to meet these needs more effectively;
- having a strategic influence over commissioning decisions across health, public health and social care; and
- involving councillors and patient representatives in commissioning decisions.

5.2 2017/18 has seen a number of substantial changes for Cheshire East's Health and Wellbeing Board. We have examined and expanded our membership. We've also reviewed our priorities against the recommendations of the Local Government Association's *The Power of Place* report to support the development of the 2018-21 Health and Wellbeing Strategy. This will transform the approach that we take to improve health and wellbeing. The range of issues and projects that we have provided support and advice to has diversified and we also developed the Pharmaceutical Needs Assessment which is a statutory duty to support the commissioning of pharmacy services across the Borough.

5.3 Membership Review

5.3.1 The membership was reviewed and there are three new members of the Board from Cheshire Police, Cheshire Fire and Rescue and CVS Cheshire East.

5.3.2 All three organisations are actively involved in work that is contributing to improving health and wellbeing. Very often this is in partnership with existing members of the Health and Wellbeing Board. However, there is an opportunity to improve the strategic engagement of the three organisations and to ensure a more effective and coordinated response to our collective efforts by their joining the Board.

5.3.3 The membership is now:

Organisation	Role	Post holder
Voting members		
Cheshire East Council	Leader of the Council (Chairman)	Cllr. Rachel Bailey
Cheshire East Council	Adult Social Care and Integration Portfolio Holder	Cllr. Janet Clowes
Cheshire East Council	Children and Families Portfolio Holder	Cllr. Jos Saunders
Cheshire East Council	Acting Exec Director of Adults and Health	Linda Couchman
Cheshire East Council	Acting Executive Director of People	Mark Palethorpe
South Cheshire CCG	Accountable Officer	Clare Watson
South Cheshire CCG	GP Lead	Dr Andrew Wilson
Eastern Cheshire CCG	Accountable Officer	Jerry Hawker
Eastern Cheshire CCG	GP Lead (Vice chairman)	Dr Paul Bowen
Healthwatch	Healthwatch Rep	Louise Barry
Mid Cheshire Hospitals NHS FT	CEO Mid Cheshire Hospital Trust (representing NHS Providers)	Tracy Bullock
Non-voting members		
Cheshire East Council	Acting Chief Executive	Kath O'Dwyer
Cheshire East Council	Director of Public Health	Fiona Reynolds
Cheshire East Council	Executive Director-Place and Acting Deputy Chief Executive	Frank Jordan
NHS England	Nominated Rep NHS England	Tom Knight
Cheshire Fire and Rescue Service	Cheshire Fire and Rescue Service Rep	Mike Larking
Cheshire Police	Cheshire Police Rep	Chief Inspector Alan Fairclough
CVS	CVS Rep	Caroline O'Brien
Other members		
Cheshire East Council	Health Portfolio Holder (Observer)	Cllr. Liz Wardlaw
Cheshire East Council	Adults, Health and Communities Scrutiny Committee Chair (Observer)	Cllr. Stewart Gardiner
Cheshire East Council	Observer	Cllr. Joy Bratherton

5.4 Reviewing Priorities

5.4.1 The key finding from the 2017 Local Government Association report "The Power of Place" was that Health and Wellbeing Boards should undertake an annual self-

assessment review to examine the progress that they had made and that this should focus on: place (i.e. linking wider determinants and health improvement); leadership; collaborative working and making the geography work.

5.4.2 A workshop was held at the June informal meeting of the Board details of this are available [here](#). The key outcomes of this discussion were:

- The Health and Wellbeing Strategy refresh would consider place-based approaches as a key priority
- 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;
- Links be strengthened with sub regional working via expanded membership to include the Cheshire East Executive Director of Place;
- The agenda of the Health and Wellbeing Board be expanded to include Place issues (e.g. Crewe Masterplan).

5.4.3 It was also confirmed that the Executive Director of Place membership of the Board would be as a non-voting associate member.

5.5 Developing the Health and Wellbeing Strategy

5.5.1 The Board's draft Health and Wellbeing Strategy was consulted on from December to January using an online survey and community events.

5.5.2 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.

5.5.3 Feedback included strong support for all three priorities (Place based approach, mental wellbeing and people living well for longer). 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.

5.5.4 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.

5.5.5 Feedback also included the need for clarity on outcomes and a selection of indicators have been added that are publicly accessible through the Public Health Outcomes Framework to ensure transparency.

5.5.6 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.

5.6 Refreshing the Joint Strategic Needs Assessment (JSNA)

5.6.1 The purpose of the Cheshire East JSNA is to provide the evidence base to support commissioning, decision making and service development, in order to help improve outcomes for our residents. The Cheshire East JSNA is not a standalone report but a collection of 'products' that includes themed reports, dashboards and summaries. It brings together local intelligence into a coherent collection in one place, telling the 'story' of health and wellbeing - in its widest sense – in our borough.

5.6.2 The JSNA is the joint responsibility of the local authority and NHS. It is accessed online and the webpages have recently been restructured to facilitate easier navigation for the user. A 'life course' approach has been taken to organise the information and data are categorised into the following thematic areas:

- Starting and developing well
- Living well, working well
- Ageing well

5.6.3 The JSNA is accessed online via the Council [website](#). The JSNA provides the evidence base to direct the work of the Health and Wellbeing Board.

5.6.4 It is important that everyone can use the data we collect – and this data is available to communities who can shape their own health actions. The JSNA has been used to develop the Health and Wellbeing Strategy and shapes the priorities of the Health and Wellbeing Board. It is also key to supporting the commissioning plans of the partner organisations.

5.6.5 This year, we have refreshed the following sections.

- Tobacco
- Special Educational Needs and Disabilities
- Winter Health (Excess Winter Deaths)
- Autism Spectrum

- Mental Health – Focus: Employment
- Mental Health – Focus: People who are Lesbian, Gay, Bisexual and/or Transgender

5.6.6 The JSNA work programme for 2018/19 is included in Appendix 1.

5.7 Pharmaceutical Needs Assessment

5.7.1 The pharmaceutical needs assessment was a key programme of work linked to the JSNA and looks at the current provision of pharmaceutical services across Cheshire East and how well needs for pharmaceutical services are being met. Once the PNA has been finalised, NHS England is required to use it to consider applications to open a new pharmacy, move an existing pharmacy or to commission additional services from a pharmacy.

5.7.2 Under current regulations, Health and Wellbeing Boards are required to produce a PNA at least every three years. The current PNA for Cheshire East was published in March 2018 and is available [here](#).

5.8 Emotionally Healthy Schools

5.8.1 The Board considered the evaluation of the pilot phase of the Emotionally Healthy Schools Project – the purpose of which was to assess the impact of the Project to help us plan for Phase 2 of the roll out of the scheme to all schools in Cheshire East. The evaluation was carried out by the University of Salford.

5.8.2 The Emotionally Healthy Schools project is a multi-agency project; providing a mixture of whole school and targeted interventions for children and young people, underpinned by access to mental health and wellbeing training, consultation and reflective practice sessions for school staff.

5.8.3 It is aligned to the Health Promotion and Illness Prevention outcomes for children and young people in the Public Health Outcomes Framework. This programme aims to acknowledge the vital role played by schools in promoting and supporting the emotional wellbeing of their pupils, and seeks to build knowledge, expertise and quality; and to strengthen relationships between schools and wider services.

5.8.4 The Emotionally Healthy Schools Project will reach all schools and colleges by March 2019. More information is available [here](#).

5.9 Adult Social Care and Public Health Three Year Commissioning Plan

- 5.9.1 The Board advised on and supported the Three Year Commissioning Plan (2017/2020), entitled “People Live Well for Longer”. The vision is for responsive and modern care and support in Cheshire East, promoting people’s independence, choice and wellbeing. Through People Live Well for Longer, people will be enabled to live well, prevent ill health and postpone the need for care and support. This will put people in control of their lives so that they can pursue opportunities, including education and employment, and realise their full potential.
- 5.9.2 The plan will enable Cheshire East residents, as a population, to understand how important resources were in the delivery of preventative change over the next three years, working with a wide range of private and third sector providers, partners from across the health and social care economy, with a specific focus on the voluntary community and faith sector taking a significant role in the delivery of prevention.

5.10 The *improved* Better Care Fund (iBCF)

- 5.10.1 The Health and Wellbeing Board Partners have also been working to deliver the aims and objectives of the iBCF. All partners are committed to maximising the opportunities afforded by the iBCF to further integrate health and social care, to promote health and wellbeing and improve the health outcomes of the local population.
- 5.10.2 We are using the iBCF to address those areas identified as requiring immediate improvement to enable more people to remain independent and effectively cared for in the community as an appropriate alternative to hospital admission and to support the timely discharge of anyone who is admitted to hospital with a focus on Home First.
- 5.10.3 The Delivering Better Care in Cheshire East (2017-10) Plan aligns with the Health and Wellbeing Board priorities for adult social services around:
- Having 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). This will be supported via the iBCF scheme LiveWell (which is outlined in the full version of the plan).
 - Developing community services across all sectors to ensure care can be provided at home wherever possible (reducing admissions to residential care and avoidable visits to A&E and hospital). This will be supported by a number of the iBCF schemes namely improving capacity and capability in the social care sector and core services such as the Integrated Reablement services.

- Ensuring a range of accessible services and support for people, who take on a caring role, to maintain their health and wellbeing. This priority is supported by the development of the integrated Carers' Hub (which the Board heard an update on in March 2018).
- Ensuring our services are developed to provide joined up care from health and social care services. This is central and underpins all of the schemes within the plan.
- Ensuring that people in rural communities can access the same types of support services and activities as those in more urban areas.

5.11.1 Community Cohesion and Integration

5.11.2 There is substantial work taking place in relation to community cohesion in Cheshire East which is important for improving health outcomes for our migrant communities. There has been a rise in both the migrant population and its diversity, with the most up to date evidence being drawn from the Cheshire East Schools Census (January 2017) showing 102 languages were spoken and 5.9% of pupils who not have English as their first language.

5.11.3 A Cheshire East Cohesion Strategy is to be developed from evaluation work on the Crewe Cohesion Action Plan and that it will address the challenges in accessing and navigating health care services or community based support by people who are isolated and do not speak English.

5.11.4 The Board endorsed the recommendations of:

- Cultural Competency training for all staff
- Member organisations to commit to working with multi-agency groups in the south and east Cheshire CCG geographies with an agreed Memorandum of Understanding
- Fully utilising the diversity of the health and social care workforce
- Reviewing of existing on line methods of education and sharing information and develop better mechanisms to engage with under represented migrant groups.

6 Access to Information

6.1 The minutes and papers of the Health and Wellbeing Board's meetings, which informed this report are available on the Cheshire East Council website.

For further information, please contact the report writer:

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Appendix 1: JSNA Workplan (2018/19)
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