



Cheshire East Partnership

Five Year Plan public / workforce engagement – feedback themes and draft analysis

The Cheshire East draft Five Year Plan was out for public and workforce engagement from 1st to 23rd August. Healthwatch Cheshire East have facilitated this exercise. Two engagement events were held, in Macclesfield and Crewe and an online survey made available. There were 35 attendees at the events; 271 people have completed online or paper copies of the online survey responses. In addition four responses were received via the Cheshire East Council email and Healthwatch ran an engagement workshop session with their volunteers which had 15 attendees.

A summary of responses is set out below to identify the main areas of feedback. Further analysis of the responses will be undertaken over the next couple of weeks and the revised version of the Plan will incorporate changes made as a result of this analysis.

Question one: Does the plan capture the most important issues facing health and care in Cheshire East?

In general there was broad agreement that many of the key issues have been reflected in the draft Plan. There was support for the focus on integration and collaboration. However there was a concern that the detail regarding how we were going to achieve what had been set out was lacking. The focus on the social determinants of health and on prevention was seen as being positive and the emphasis on mental health. Some of the issues deemed to not have been covered or inadequately covered are set out below

Theme	Comments
Access to services	<ul style="list-style-type: none"> • Waiting times to get a GP appointment is a real issue for many people. For example, being on hold for 40 minutes, for all appointments to then have been booked. • Concerns over two or three week waits for a GP appointment • Concerns regarding delays in follow up meetings with consultants • Travel to Stoke or Manchester is a problem for those without a car / unable to drive / struggling to meet costs of public transport • Don't forget those who are unable to use IT – we need to ensure that we do not digitally exclude any of our residents • Consider some service provision outside of core hours eg smoking cessation • Need to work with transport providers as access for people in rural communities is a real problem
Communities & local population	<ul style="list-style-type: none"> • How do we effectively identify the people who the Plan is aimed at and how do we ensure the right people are involved? • The Council's Communities teams working with Care Communities and seeing recognition of value of having the voices and needs of the community better reflected as changes to services are considered. This needs to be further embedded so that we have co-production at the heart of service transformation.

	<ul style="list-style-type: none"> If 30% of health issues are down to individual behaviour how do we promote self-help (USING digital for example) to ENABLE people to change behaviours?
Finances	<ul style="list-style-type: none"> The financial challenges are a concern It should be acknowledged that due to financial pressures, there will be some tough decisions ahead Concern over social care funding and not enough investment Some Council services that contribute to reducing health inequalities and improve health and wellbeing outcomes are being cut and are becoming less accessible eg leisure centre prices going up/libraries closing/meals on wheels prices going up. Concerns that further budget pressures will lead to closure of services which will impact on our ability to deliver the change. Worries that decisions around funding cuts will have an impact on our ability to deliver the Plan. A breakdown of costs and how much the service changes will cost should be included.

Question two: Do you think we have missed anything you feel is important to you and your community?

As would be anticipated with asking such a question, there were a range of responses with suggestions as to what was missing. In many cases this was to ask for more to be included about things that were in the Plan – but not to the level of detail that the respondent wanted – again the emphasis on how we were going to make the change. Examples of this include reducing social isolation, early intervention and prevention and the health and wellbeing of children and young people. Some of this will be addressed through our Technical Appendix (which has not yet been made public). The key themes and examples of comments in response to this question are set out below:

Theme	Comments
Communication, engagement & involvement	<ul style="list-style-type: none"> The Plan and any engagement with it needs to be positive, ongoing and accessible. Needs to be accessible to everyone and not just digitally, as this risks excluding some people (<i>NB print copies were produced</i>). The seldom heard need to be engaged with but also mentioned in the Plan – for example people with disabilities, visible and hidden. Empowerment of our citizens and residents is a key part of the changes you want to see happen. Empowerment – encouraging people to take responsibility for their own wellbeing (self-care) needs more emphasis Identify other opportunities to get your message out, for example, parents evenings at schools You need to think about how to convey the changes to the population – the channels that are used to communicate effectively. Better sharing of existing good practice is needed, for example good things are happening in Chelford that are not being widely shared Some local support infrastructure will exist within communities and we need to draw upon this to help ensure effective local communication.

Equality & Diversity	<ul style="list-style-type: none"> • Changing demographics is a concern post Brexit and impacts need to be considered • Migrant communities may have difficulty accessing healthcare and you need to consider their needs. • There are diverse communities in Cheshire East but no real mention of them in the plan or how you will engage with them. • No mention of the needs of the migrant communities or others who are not accessing services eg people with Learning Disability or travellers (<i>NB the recently published Learning Disability Strategy has been drafted with extensive involvement of service users and their carers and the implementation of that Strategy will support the Five Year Plan</i>)
Tell the story	<ul style="list-style-type: none"> • The plan would be better brought to life with case studies • Real life examples of what will be different would be good
Children and Young People	<ul style="list-style-type: none"> • There's a lot about children and young people but how are we going to do this –how can we make them happier, more confident? • Get young people involved and work on good stuff happening already
Individual missing elements	<ul style="list-style-type: none"> • Health visiting – focus shifted to children – opportunity for them to do more – have an 'all age' approach • Putting the person at the centre of the multi-agency working – focussing on their needs not that of the services • Needs of carers & unpaid carers • No mention of end of life or palliative care anywhere • Should be including drugs and gambling etc • Social isolation missing – linked to infrastructure, transport and digital accessibility • Not a strong enough emphasis on tackling social isolation • Importance of breastfeeding • Healthy eating / diet • No reference to Parkinson's disease • Prevention and early intervention is referenced but needs to be at heart of everything – and the role of the community, voluntary and faith sector is central. • There is little reference or connectivity between health and economy yet for economy to be strong we need healthy people and they themselves make the relationship between socio-economic issues and health – are they connecting into the LEP and associated strategic? There are lots of links to Industrial strategy here that could create a win-win • There is a distinct lack of clarity on the role of the social care sector within the plan • Generically there should be more emphasis on the physical and mental health benefits of Physical Activity – this could be added to 'Tackling inequalities' – Outcomes (page 16) and 'A strong start for our children' – Outcomes (page 21) • No mention of the Social Prescribing Link Workers and what will be done to reduce social isolation, prevent mental ill health and get residents to live well for longer • No mention of Domestic abuse services and importance of adequately funding them to help health and wellbeing of some of our most vulnerable people
Staff / carers	<ul style="list-style-type: none"> • Allow staff to innovate and use their judgement to facilitate better

	<p>outcomes/effective collaboration</p> <ul style="list-style-type: none"> • Cultural change is a big challenge and the way organisations work together. If you can't get this right nothing will happen. • Need to get the individual organisations better informed and their workforces updated on the Plan and the system ambitions. Too many staff are in the dark! • Use the knowledge and experiences of our staff to develop and improve the Plan. • Focus on the health and wellbeing of your staff and the unpaid carers of Cheshire East
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Question three: What do you think we could do to improve health and wellbeing in Cheshire East?

Again this question elicited a number of responses in relation the additional things that could be done, or areas of work that it was felt needed to be emphasised more strongly.

Theme	Comments
Self care and prevention	<ul style="list-style-type: none"> • Role of prevention and preventative advice, and early intervention is referred to but needs to be emphasised • Greater emphasis on health education e.g. diet and exercise • Change population expectations and empowerment – self care • Need to empower the population to look after their own health and wellbeing. This needs to be better emphasised within the plan and specifically how this is done • Personal responsibility and empower people – education and increased awareness • Greater emphasis needed on self care • Education of residents and awareness of how to prevent illness and to look after themselves • Education of the population- needs to be more awareness on what is available • Social prescribing – needs more emphasis • If first port of call is GPs then a three week wait to get an appointment is undesirable– we need to effectively communicate to the community the availability of other resources • Free health improvement or leisure classes would help people get into good habits. • There are lots of things that the Countryside and Green Spaces of Cheshire east can offer to support people's health and wellbeing: <ul style="list-style-type: none"> • Provide and promote countryside facilities which are accessible, safe and available as well as providing an annual programme of events and activities. • All countryside facilities are promoted online and through social media. • Promotion of Public Rights of Way network making particular use of stile free paths around urban areas eg 'Walks for All' booklets (reprint with partnership funding?). • Raising awareness of PROW to CCGs as a natural exercise resource. • Raising awareness of Countryside facilities and PROW to CCGs as places that can improve mental health as well as general health.

	<ul style="list-style-type: none"> • Develop partnership working or better links with south and north Cheshire CCGs so they know more about what is available and managed by CE Countryside Service/ CEC PROW. • Develop plans or mechanisms so that people can enjoy prescribed exercise at Countryside facilities.
Third sector	<ul style="list-style-type: none"> • Involve as many as possible especially 3rd sector/voluntary organisations as they know their communities • Should include 3rd sector and other services • Third sector not mentioned enough • There are untapped resources (intelligence, human resources, financial) that could make a real difference. There is little mention of the third/community sector in the paper, despite the real difference they have demonstrated. • There are lots of resources spread across a plethora of partners in the East. These must be mapped carefully to avoid missing opportunities and duplications. Energy and resources of all local partners to deliver the plan should be harnessed. How do we channel them to target the areas where there is greatest need but also to affect change in the factors above to close the gap?
Care Communities	<ul style="list-style-type: none"> • Awareness of activity within the care communities needs to be more widely communicated – progress and activities • We need to better communicate and promote the community assets that are currently available to support our residents • Could Care Communities have Patient Participation Groups set up for their geographies? • PPG reps had not heard about Community coaches until the consultation – still issues regarding communication.
Infrastructure	<ul style="list-style-type: none"> • Improve transport links for rural areas as this would reduce loneliness • Access/transport and recruitment • Social media isn't the only access point – don't forget those who are not able to use IT or are unwilling to use it. • Could use mobile libraries to get services into communities • Schools should be part of the infrastructure that you use to implement the Plan • Plan doesn't mention transport and access to services so we need to improve this • Improve access to leisure facilities • Concerns regarding population growth/new housing developments outstripping health service capacity. How are we planning for health services to be fit for purpose in relation to this growth? • Work with highways/planning to improve/add new cycle-ways, footpaths etc to promote active travel, reduce congestion/carbon footprint.