#BecauseWeCare
Cheshire East Partnership

Cheshire East Partnership

Five Year Plan

NHS

Cheshire East Council

"Our vision is to enable people to live well for longer; to live independently and to enjoy the place where they live."

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01 Foreword

The vision of our five-year plan is to improve the health and wellbeing of local communities, enabling people to live longer and healthier lives. We will do this by creating and delivering safe, integrated and sustainable services that meet people's needs by the best use of all the assets and resources we have available to us. Wellbeing comes from everyone taking ownership of what they can do for themselves and their community, with support available and focussed when and where it's needed.

The Cheshire East Partnership is an alliance of partners working together to improve the health and wellbeing of the residents of the Cheshire East local authority area. The Five Year Plan sets out what we want to do, why we want to do it and the difference we believe we can make to the health and wellbeing of local residents.

We want this document to start a community wide conversation about our health and wellbeing and what we can all do to enhance it. Good health and wellbeing are not just about NHS and care services nor are they just about treating illness and accidents. Good health and wellbeing come from every aspect of our lives, environment, wealth and society. The quality of our education, employment, housing, neighbourhoods, friendships, relationships, families, jobs, safety, food and air are among the many things that influence our health, happiness and wellbeing, for better or worse.

We want children and young people to get the best start in life and be ready for school; we want people to live well and independently for longer; and we want older people to be able to maintain their independence for as long as possible, through more dementia friendly communities and active ageing initiatives, as well as by reducing social isolation. We also want to encourage people to take responsibility for looking after themselves, their families and neighbours, and to enable more care to be delivered in the community.

Across our communities there are differences in the levels of ill health and wellbeing, often linked to big differences in other aspects of the quality of life. Our approach is to focus on reducing these inequalities and use the wealth of our community's, knowledge, power and resources to achieve this. This is not so much about what we can do directly as public bodies, though that is hugely important, but about what we can support people, families and communities to do for themselves and with us. That is something we need to talk about and it's a conversation we want everyone to be involved in.

In summary, our vision is to enable people to live well for longer; to live independently and to enjoy the place where they live. We want to keep people well and healthy rather than just try to fix things when they go wrong.

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GP Alliance

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02 The *Cheshire East* Place

The term place-based health is becoming more commonly used across the country. Cheshire East Place covers the area of Cheshire East Local Authority. It brings together the leadership, planning and delivery of health and local authority care services, working together without barriers and bureaucracy getting in the way. Additionally taking a place-based approach requires working effectively with other local authority departments, for example, Children and Families, Housing, Planning, Revenues and Benefits, and Culture and Leisure; with other public sector organisations, for example the Police, Fire and Rescue, Department for Work and Pensions; and with the many community, voluntary and faith sector organisations that add such value through delivery of services in Cheshire East.

The core Cheshire East Place Partnership is made up of the following organisations working together:

- Cheshire East Council
- Cheshire and Wirral Partnership NHS Foundation Trust (CWP)
- East Cheshire NHS Trust (ECT)
- NHS Eastern Cheshire Clinical Commissioning Group (ECCCG)
- Mid Cheshire Hospitals NHS Foundation Trust (MCHFT)
- NHS South Cheshire Clinical Commissioning Group (SCCCG)
- South Cheshire and Vale Royal GP Alliance
- Vernova Healthcare CIC
- Healthwatch.

Others working closely with us, through the Health and Wellbeing Board and other partnerships include the Cheshire Constabulary and Cheshire Fire and Rescue service, the University Hospital of South Manchester NHS Foundation Trust, Stockport NHS Foundation Trust, University Hospitals of North Midlands NHS Trust, health and care commissioners and providers across Cheshire, Merseyside, Wirral, Greater Manchester, North Midlands and Wales.

As a Place we sit within the Cheshire and Merseyside Health and Care Partnership (C&MH&CP), one of nine Places, all based upon the local authority geographies of Cheshire and Merseyside. This Partnership was established to confront the health and care challenges of population health, the quality of care, and increasing financial pressures.

As its name suggests, the Partnership is not a single entity but a collection of organisations responsible for providing health and care services that have come together, to plan how best to deliver these services in future so that they meet the needs of local people, are high quality and are affordable. Their priorities feature in our local Plan and our interaction with the Cheshire and Merseyside work-streams will influence our on the ground delivery.

We shall also contribute to the ambitions of the C&MH&CP in relation to Social Value and have committed to the Social Value Charter that the Partnership has recently published.

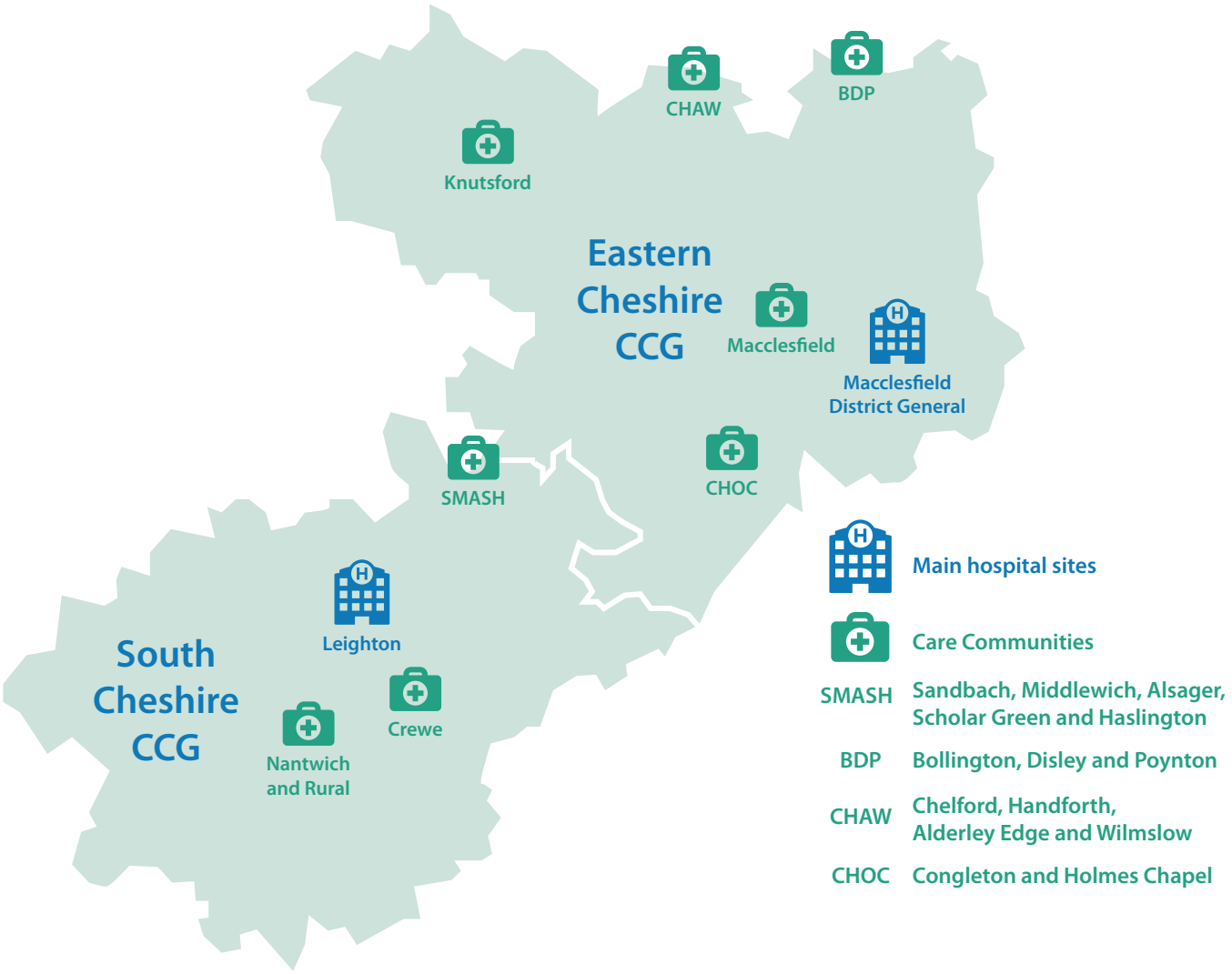
A vibrant and diverse economy and community

Cheshire East is an area of contrasts. It is a place of agriculture and industry, countryside, villages, market towns and urban centres with distinct needs, assets and characters. We are preparing to capitalise

on the arrival of high speed rail (HS2) as a catalyst for growth in Cheshire East. This will create new opportunities for regeneration and employment and new demands on public services.

Cheshire East is a great place for people who want to balance work and life because we are located between the Northern Powerhouse and the Midlands Engine and we are close to Wales and Merseyside. We are ideally located to capitalise on both the quick links to these centres and to be a haven from them.

Our plans will recognise the value of our communities and respond to the needs of our communities, delivering integrated health and care designed with and for local care communities. We plan to deliver continuous improvements in productivity in the private and public sectors, harnessing local world class businesses and our rich research and development infrastructure. Business development, housing growth and education and training opportunities are key elements of wider strategies designed to complement and benefit from health and care developments.



03 Our Local Vision

Health and wellbeing go hand in hand with economic growth and prosperity. Good health is also about good housing, good education, good employment and good infrastructure and services. They are all interlinked and need to complement each other.

Our vision is to improve the health and wellbeing of local communities, enabling people to live longer and healthier lives. We will do this by creating and delivering safe, integrated and sustainable services that meet people's needs by the best use of all the assets and resources we have available to us. Wellbeing comes from everyone taking ownership of what they can do for themselves and their community, with support available and focussed when and where it's needed.

This means we need our services to be as integrated as our lives are. To improve the health and wellbeing of communities and reduce the demand for health and social care, a focus on preventing ill health needs to be at the heart of our strategic plans, actions, services and programmes. This also means that we need to think of health and care in a new way and understand that workplaces, schools, leisure and communities are a vital part of promoting wellbeing and preventing, or delaying a need for care arising.

We want to make it as easy as possible to stay healthy, supporting people where it makes a difference, intervening where it's necessary but also promoting a shared understanding of individual responsibility to lead a healthy life, reducing people's need for help and keeping them independent.

Our focus will be upon:

- Tackling inequalities, the wider causes of ill-health and the need for social care support through an integrated approach to reducing poverty, isolation, housing problems and debt;
- Prevention of ill health, early intervention, health improvement and creating environments that support and enable people to live healthily;
- Ensuring our actions are centred on the individual, their goals, and the communities in which they live and supporting people to help themselves;
- Having shared planning and decision making with our residents.

Source: *Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute 2015.*

Contributions to Health Outcomes

30%
Health Behaviour

- 10% Smoking
- 10% Diet and Exercise
- 5% Alcohol use
- 5% Poor Sexual Health

40%
Socioeconomic Factors

- 10% Education
- 10% Employment
- 10% Income
- 5% Family Social Support
- 5% Community Safety

20%
Clinical Care

- 10% Access to Care
- 10% Quality of Care

10%
Built Environment

- 5% Environmental Quality
- 5% Built Environment

It is clear from this table that there are many factors that impact our quality of health. And those factors need to influence potential solutions. We tend to focus on hospitals and GPs when we think about our health and how the NHS serves us. Whilst it is essential that our NHS services are excellent, they make up a fifth of what contributes to the quality of our health. Our plans will look at involving all aspects of our health and wellbeing needs, and especially on preventing ill health and avoiding harm so that we can enhance wellbeing and reduce the unsustainable pressure on overstretched services.

The Five Year Plan complements the Cheshire East Health and Wellbeing Strategy and sits alongside the Cheshire East Connected Communities Strategy and the Cheshire East Industrial Strategy.

04 Why do we need to change?

Many of us are living much longer, in better homes and communities, but we are experiencing increasing fragility and vulnerability in older age.

Our lives are more connected digitally, creating new ways of living and working and new ways of accessing services and taking part in activities and it is increasingly clear that health and care services need to be shaped around individuals to make their lives better and easier.

People's health and wellbeing is not simply about taking a pill, seeing a doctor or waiting for a service. It involves helping people to take greater responsibility for themselves and being more proactive in their own health and wellbeing. This means we need to be using information more effectively to identify vulnerable people who may be at risk and addressing the wider determinants of health such as housing, poverty, employment and education.

The main causes of death and illness in Cheshire East are cancer, heart disease and respiratory illness.

Overall, risk factors (for example smoking) for cancer in Cheshire East are lower than the England average, but there are areas, particularly in the south of the borough, where risk factors are much higher. There are stark differences in cancer outcomes across Cheshire East and cancer outcomes are particularly poor in Crewe.

The mortality rates for heart disease in Cheshire East are lower than the England and Northwest averages but heart disease still accounts for around a quarter of premature deaths in this area and people who live in Crewe have a significantly higher risk of early death from heart disease.

Respiratory disease accounts for a tenth of premature deaths in Cheshire East. This is better than the national average but worse when compared to similar local authorities. Outcomes are generally poorer in those from the most deprived communities.

Against this backdrop the demand for health and care services continues to grow, for at least five reasons. The first three are either desirable or unavoidable:

- Our growing and ageing population means more people need health and care support
- Growing concern about areas of unmet health need, for example, young people's mental health needs
- Expanding frontiers of medical science and innovation, introducing new treatment possibilities that a modern health service should rightly be providing, for example, gene therapy.

But the other reasons we can do something about:

- Improving the early prevention of avoidable illness or need for care by making the most of local assets in the community or services that support behaviour change. Examples include smoking cessation to reduce the risk of cancer and heart disease; diabetes prevention and reducing the risk of cancer through reducing obesity; and reducing respiratory hospital admissions from lower levels of air pollution.
- Getting the right service in the right place for someone who is unwell or in need of care is often difficult. This is because many current services were created for a different era with different needs.

This document represents a commitment by all the partners across Cheshire East to collaborate to tackle the complex, difficult and inequitable health and wellbeing issues together.

In general, the health and wellbeing of the residents of Cheshire East is good, but there are clear inequalities within the area. There are also still very significant risks for everyone that need to be addressed.

We recognise that services should be designed for local needs and that, for instance, what is needed and what works for people in Nantwich will be different to what's needed and what works in Macclesfield. Working with our different communities, local networks and using the individual strengths of our towns and villages we want to ensure people have the best health and wellbeing from services arranged for their local circumstances.

Meaningful engagement with our communities, patients and carers continues to inform all that we do, and we will provide services to improve health and social care for our local populations.

04 Why do we need to change?

Healthwatch Cheshire East have recently undertaken engagement on the NHS Long Term Plan.

They conducted a survey and held focus groups with local people to hear views and ideas that help shape local plans. The key messages that have come out of this include:

- In order to live a healthy life people felt that access to the help and treatment they need when they want it was most important.
- In terms of maintaining their health and independence in later life, people surveyed overwhelming felt the most important factor was being able to stay in their own home for as long as it was safe.
- When considering managing and using support and treatment, people felt that the right treatment should be a joint decision between them and healthcare professionals and they should be consulted throughout the process.
- People in Cheshire East told us that being able to talk to their doctor or other health care professional wherever they are was the most important factor in being engaged in health service delivery.
- People with, or caring for people with autism felt that the time they had to wait to receive their initial assessment, diagnosis or treatment was too long. Waiting times ranged from eight months to three years. Members of our focus group also felt that there was a lack of understanding by front line staff of the autism spectrum. Funding and access to services was a serious issue for the parents of people with autism spectrum conditions.
- People with, or people caring for those with, dementia gave mixed responses to the initial support they received; most felt that it either met their needs or somewhat met their needs. Most reported that ongoing care and support was easy to access.
- 94% of people who responded with a Mental Health condition felt that their overall experience of getting help was either average, negative, or very negative.

To address these challenges, the issues raised by local people and the needs evidenced through the changing population demographics, we will commission services that work seamlessly and wrap around the needs of people. "Together", our guide to co-production and collaboration with residents, the community, faith and voluntary sector will be key to improving health and wellbeing.

Our intention is to:

- help people to live healthier lives for longer;
- enable people to stay out of hospital when they do not need to be there;
- deliver more services at home or closer to home;
- reduce the demand on all hospital services.

We will continue to involve and engage our communities, staff and partners and we will draw on expertise and best practice from across the NHS, social care and beyond. We will formally consult where that is necessary, but only after we have engaged and listened to our communities in a process of co-creation. This will include activities like focus groups, co-production events and really effective communication.

We will ensure that the partnership of health and social care organisations in Cheshire East Place is integrated in its approach and outlook and that our plans are made in Cheshire East for the people of Cheshire East.

05 Outcomes

We want to develop clear plans that complement each other and deliver measurable outcomes for our communities. We want these outcomes to be straightforward and understandable. We want to build support and agreement for them.

The chances of success will be greater if we are clear about what we want to achieve and why. The priorities we have selected (as part of the Health and Wellbeing Strategy) are focussed on supporting everyone in Cheshire East, from childhood through to older age.

This document is about how we all can work towards, and benefit from, achieving these outcomes. We believe these outcomes are achievable and we believe they can only be achieved through the combined strengths and qualities of every part of our community, from the individual through to the public service. We all have a part to play and we will all benefit from the achievement.

Our key outcomes are that we should:

1. Create a place that supports health and wellbeing for everyone living in Cheshire East
2. Improve the mental health and wellbeing of people living and working in Cheshire East
3. Enable more people to Live Well for Longer in Cheshire East
4. Ensure that children and young people are happy and experience good physical and mental health and wellbeing

Wealth and Wellbeing

The wealth of any community directly contributes to its health and wellbeing. That is why we are making jobs, skills and opportunities a key part of our health and wellbeing work. Being healthy for and at work, goes hand in hand with having the jobs necessary for everyone's happiness and prosperity.

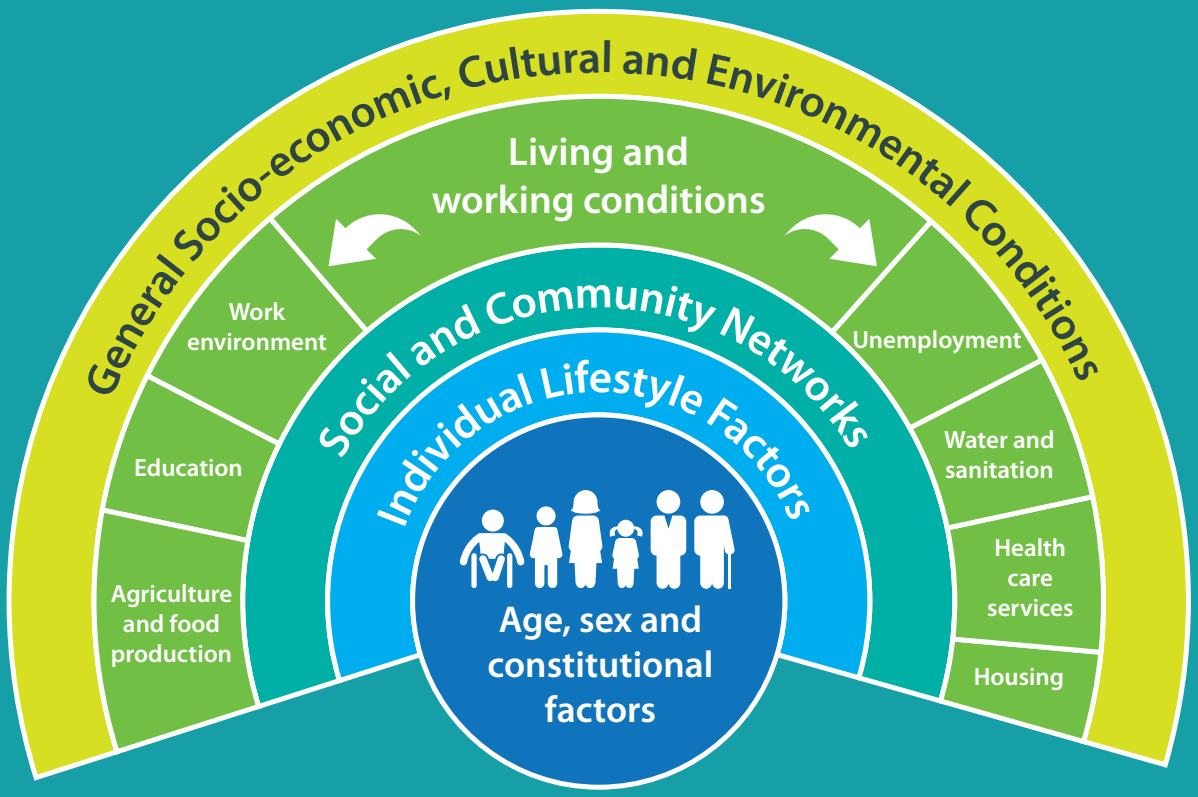
One of the things we can do to improve local prosperity is to spend our own funds in our own community, whenever this gives us the best outcomes and provides best value. We want to invest in Cheshire East and maximise the additional benefits that can be created by delivering, procuring or commissioning goods and services in Cheshire East. We don't just want to buy a product or service; we want that money to also support the income and wealth of our residents and businesses. We want our local economy to benefit from the funds we have to spend, and we want our workplaces to benefit our residents. So, when we spend money, we do so in a way that achieves as many of the following objectives as possible:

- Enabling people to be well in work by directly supporting their mental wellbeing
- Removing complex barriers to employment and financial independence through our 'In To Work' support programmes
- Ensuring that the skills strategy opportunities extend to people who are currently not in work and face the greatest challenges
- Promoting employment and economic sustainability
- Raising the living standards of local residents
- Promoting participation and citizen engagement
- Building the capacity and sustainability of the voluntary and community sector
- Promoting equity and fairness
- Promoting environmental sustainability.

The diagram below shows how health, happiness, jobs, services, neighbourhoods, communities and our economy are interconnected. Health inequalities are underpinned by the conditions in which people are born, grow, live, work and age. The broad social and economic circumstances which together influence the quality of the health of the population are known as the 'social determinants of health'. The ways which these social determinants impact on both mental and physical health are complex and inter-related, often acting over a long period of time.

The Social Determinants of Health

Source: Dahlgren and Whitehead (1991)



This shows:

- personal characteristics occupy the core of the model and include gender, age, ethnic group, and hereditary factors
- individual 'lifestyle' factors include behaviours such as smoking, alcohol use, and physical activity
- social and community networks include family and wider social circles
- living and working conditions include access and opportunities in relation to jobs, housing, education and welfare services
- general socioeconomic, cultural and environmental conditions include factors such as disposable income, taxation, and availability of work

We will ensure that health and wellbeing considerations are taken into account in relation to the many different elements of the Cheshire East Place including for example spatial planning, transport, housing, skills and employment.

Tackling inequalities

Public Health England says, "Health inequalities are avoidable and unfair differences in health status between groups of people or communities."

There are some stark differences across Cheshire East that we have identified and must deal with. There is a difference in life expectancy of around 13 years between the lowest rates in Crewe Central and the highest in Gawsworth for women. For men, there is an 11-year gap between the lowest rate, again in Crewe Central, and the highest in Wilmslow East.

In general, there is more ill health in parts of Crewe and Macclesfield than in other areas. We know that this also coincides with areas of deprivation, poorer housing, education achievement and employment. Smoking, alcohol consumption and obesity are all also correspondingly higher.

We have identified common health issues in Cheshire East which have a significant impact across a person's lifetime if left unaddressed and are key factors in health inequalities. To make a difference in these areas we need to focus on avoiding inequalities from entirely preventable conditions. This concentrate will be on:

- Giving children the best start in life and ensuring they are ready for school.
- Supporting children's emotional health and wellbeing and tackling adverse childhood events.
- Reducing alcohol related harms.
- Helping people better manage long term conditions and disability affecting day to day activity.
- Reducing heart disease and high blood pressure.
- Preventing the risks from frailty and falls and improving mental health and wellbeing as we get older.

The human and community costs of preventable conditions

Alcohol misuse

The harmful effects of alcohol are a major cause of ill health in Cheshire East. Nearly three quarters of 15-year-olds have tried an alcoholic drink. This is significantly higher than the national average.

Drinking at levels that can harm health is far too common. Across Cheshire and Wirral, 27% of the adult population (270,045 people) consume alcohol at levels above the UK Chief Medical Officers lower-risk guidelines increasing their risk of alcohol-related ill health.

We estimate the direct, measurable impact of alcohol harm costs Cheshire and Merseyside many millions of pounds a year including:

- £86 million as direct costs to the NHS (hospital admissions due to alcohol, A&E attendances, Ambulance journeys, GP and outpatient appointments)
- £32 million in social services cost (children's and adults social service provision)
- £100 million related to crime and licensing (alcohol specific and alcohol related crimes, costs of licensing)
- £185 million in the workplace (absenteeism, presenteeism, unemployment, premature mortality)

Behind these numbers are individual stories of harm and misery. There is an immeasurable cost to people, their families and their children from alcohol misuse. It can generate violence and abuse causing a terrible impact on other people's safety and physical and mental well-being.

High blood pressure

We have identified high blood pressure as a major issue affecting about a quarter of people but most of them are either undiagnosed or untreated. We have an ageing population who are increasingly at risk of high blood pressure due to age, obesity and excessive drinking. If we do not start to address this disease right across every community, we will have increasing cases of stroke, heart attacks and vascular dementia that will require long term care and give people a poorer quality of life.

There are many ways of dealing with high blood pressure. On a personal responsibility level, reducing weight and taking more exercise will have a major impact on reducing blood pressure and the health risks it creates.

At a community level we are training volunteers in local charities, community groups and across the public sector to take blood pressure measurements and providing them with the equipment to do it. This is aimed at identifying people with high blood pressure who do not yet know they have it and so can't be supported.

At the NHS level we will make sure that everyone with a diagnosis is supported or treated to reduce and manage their blood pressure.

The impact of smoking

Smoking is the single most important driver of health inequalities and is more common among unskilled and low-income workers than among professional high earners. It has a disproportionate impact on children and young people from deprived areas, and its uptake in children is heavily influenced by adult smokers, perpetuating the cycle of inequalities to the next generation. There is also a strong association between deprivation and smoking in pregnancy and negative impacts of smoking on children with asthma.

Data suggests that Cheshire East has relatively low levels of smoking among adults compared with the rest of the North West, but rates vary considerably across Cheshire East with higher rates in Crewe.

New services for new needs as our population changes

Our population will change in the coming years as we expect HS2 to bring significant movement of working age families to the Place and at the same time we expect the population of older people to grow substantially.

In the next ten years, in Cheshire East, we will see significant increases in the number of people aged over 65 and dramatic increases (38%) in the number of people aged over 85. Our over 85s are most likely to experience the risks associated with increasing frailty and to have three or more medical conditions that require support and care. We therefore need to shift our resources accordingly to better manage this demand.

We are also experiencing and anticipating a significant rise in people with dementia and we need to plan to provide appropriate environments, supportive communities as well as care for them. Too many people with dementia end up unnecessarily in hospital when other community located options would be better for them.

Our assumptions and planning for our eight Care Communities (see below) will therefore be tailored to supporting people to live with and manage frailty and several health conditions more effectively at home and in their communities by local teams of health and social care professionals, working in partnership with community and voluntary services. We will work to decrease and, where possible, eliminate or reduce, that deterioration to crisis level which frequently requires emergency hospital admission.

This requires different workforce skills and different ways of providing care and support locally, but it means our two hospitals will see fewer people with avoidable conditions because they will have been identified early on and managed more effectively in the their communities.

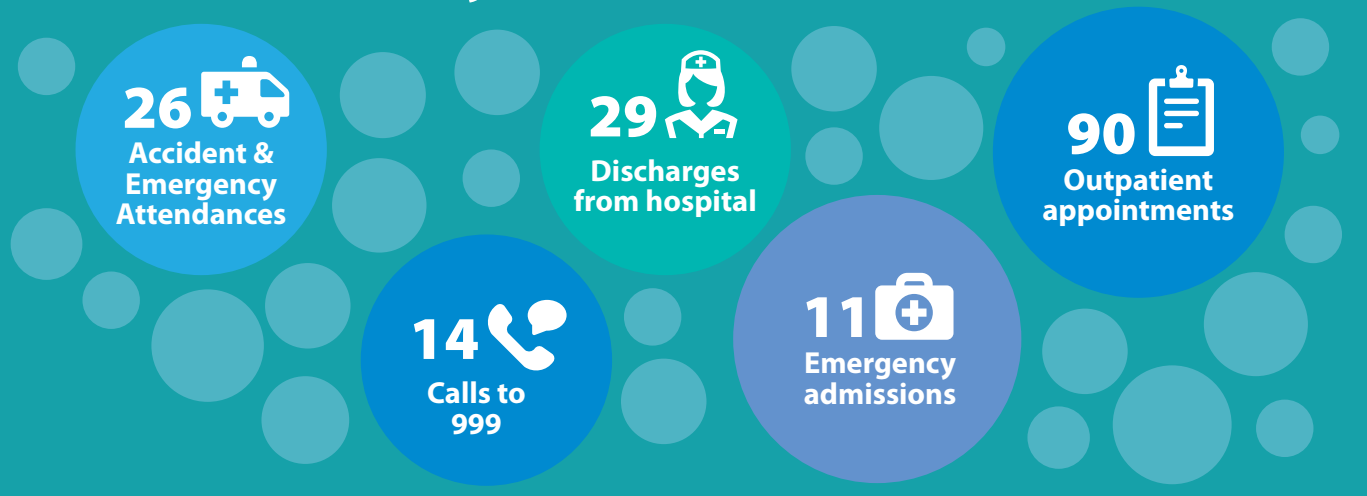
Alongside changing demographics, Cheshire East has some profound health and social care needs and some unacceptable health differences as outlined above. We are focussed on reducing these differences in the causes of illness, the age at which ill-health happens and patient outcomes.

Diabetes, dementia and mental health difficulties are all increasing in Cheshire and we do not currently have the right resources in the right place at the right time to tackle them effectively. We need to get better at preventing these conditions developing, spot them rapidly if they do, provide treatment where it works best and help people to become better at supporting their own health over a long period.

If Cheshire East was a village of 100 people, their health needs would look like the picture below. Cheshire East's population is 378,000 so multiply each of the numbers below by 3780 to understand the true scale of what our community's needs look like.

If Cheshire East was a village of 100...

And in a year there would be...



A strong start for our children

Giving our children the best start in life will give them the best chances for their future lives. Health and care services are involved in supporting mothers to have a healthy pregnancy and a safe and healthy delivery. Reducing stillbirths and mother and child deaths during birth by 50% is a key national priority backed up by ensuring most women can benefit from continuity of carer through and beyond their pregnancy. We will work to ensure that we provide extra support for expectant mothers at risk of premature birth. Mothers' mental health during and after their pregnancy will also get much more focus and support.

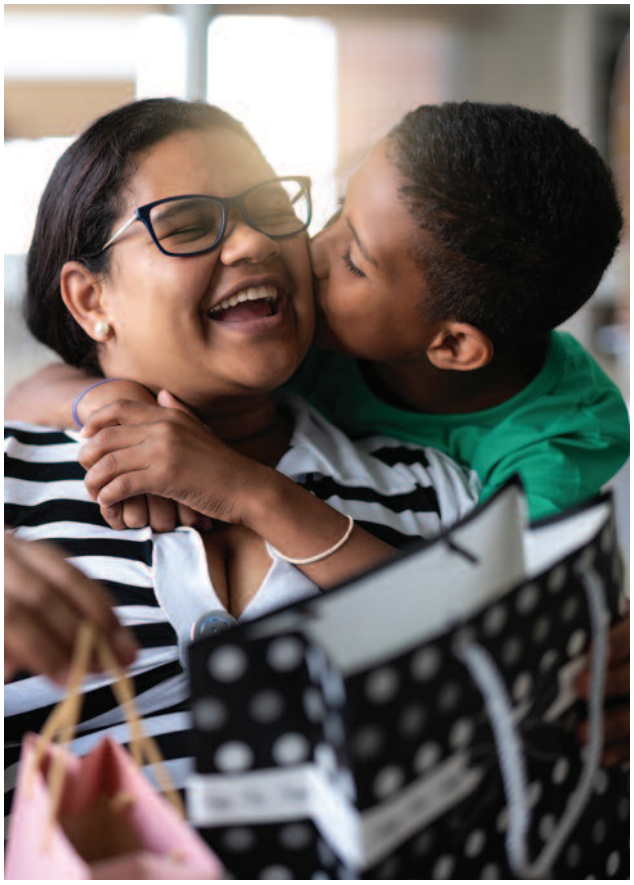
We will support children to be healthy by focussing on avoiding childhood obesity and increasing mental health support for children and young people who need it. School readiness for all children will be a priority and we will be supporting children who have had adverse childhood experiences so they can thrive as adults. We will provide the right care for children with a learning disability and reduce waiting times for autism assessment. We will also ensure that the best treatments are available for children with cancer.

The high level of children 0-4 years visiting A&E and high levels of childhood asthma are two concerns we are making a priority.

We will also focus on the health and wellbeing of our most vulnerable children and young people. In particular we will be:

- Improving Services for Looked After Children as required by Promoting the Health and Wellbeing of Looked after Children: Statutory Guidance for Local Authorities, Clinical Commissioning Groups and NHS England (2015): The performance and quality of health input for children in care and care leavers has been constantly monitored by reviewing the timeliness and quality of all health assessments, and by close partnership working with LA colleagues. An area for particular focus will be around the use of the electronic information systems within both the LA and NHS organisations and ways to improve functionality and accuracy will be explored.
- Reviewing the Strengths and Difficulties Questionnaire strategy to ensure the completed scores inform the annual health assessment and care planning
- Completion of a Self-Audit by the Cared For Children's Nursing Team in line with commissioning standards. This will be used to benchmark current services provided against commissioning standards and identify areas where improvement/development is required.
- Strengthening of training arrangements: Undertake a training need analysis of the multi-agency workforce to identify existing gaps in knowledge to promote delivery of statutory responsibilities and role as corporate parents. Develop a training strategy to develop interagency training across the health economy to improve the workforce knowledge and understanding of the Looked After Children and Care Leaver population.

New ways of working



New ways of working will be key to meeting the rising demand and achieving better outcomes for our population. They will also be needed to make the most of the new technology, medicines and treatments that will have an impact on improving health and wellbeing and making it easier to access health and care services when this becomes necessary.

Supporting people in the community to maintain their health and wellbeing will the number one priority, with increased numbers of staff working closely with the community and voluntary services to address the wider determinants of health. All health and care staff will take responsibility for positively promoting lifestyle and behaviour change, helping people to understand what they can do to proactively improve their health and wellbeing.

Our Care Communities

We have created eight Care Communities across Cheshire East, with staff from GP practices, community and acute services, social care, other public sector organisations and the community and voluntary sector beginning to work together much more effectively. The Care Communities all have a common 'core offer' but they can add to that to reflect specific, local priorities, needs and differences. Care Communities will work closely with the newly established Primary Care Networks.

Our intention is to offer a truly tailored, local service which means:

- We can proactively identify people at high risk of needing services and we can then intervene early and quickly to prevent their situation worsening.
- We can help people through self-care and better support their families and carers.
- We can make better use of the different professionals working in therapies, pharmacies, social and primary care.
- We can recognise the existing strong local relationships, skills and connections and support them to grow and flourish.

Our plans show that once our Care Communities are up to full strength, they will be providing services that will release significant numbers of hospital bed days – fewer people needing to be in hospital and their hospital stays being shorter. This will lead to less people having to go to hospital with more services being provided more locally. Hospitals will be able to focus on those with the most serious health issues and those needing urgent emergency treatment. These changes will also generate savings that can be used for investing in new services and ensuring a more sustainable health and care system going forward.

Our Care Communities model will allow services to focus on individuals, supported by families and friends within their local communities. We will be

able to link in more closely and in partnership with other community resources and assets that impact health and wellbeing such as housing, jobs and education and to work more collaboratively with all partners including the voluntary, community and faith sector.

We will increase our support to communities by providing information, infrastructure, networks and skills to help local groups and social enterprises grow and overcome any hurdles they identify. This will enable our communities to become more enterprising, reducing dependency and enabling more deprived areas to address the inequalities which impact on their lives.

We know that a one-size fits all approach will not work. Instead we will develop evidence-based, community-led activities, which are designed to involve and connect people. We hope to encourage social connections between people with similar experiences to provide peer support, helping residents to confront and cope with life's challenges and benefit from its pleasures and opportunities.

Integration – health and care service working together for you

Too often people are passed around the health and care system before they get what they need. Increasingly people have more than one problem and need different specialists and teams working together to help them. And too often there are practical and organisational barriers that get in the way.

Our integrated approach in the Care Communities will bring teams together for the local population. We will match the right care for a patient's needs and use integrated case management when its right for the patient, such as for individuals with complex needs. Therefore, people who are older 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.

We will use this integrated approach in all aspects of our service and planning. As Cheshire East Place we will create an Integrated Care Partnership (ICP) bringing together the partner organisations that provide health and care services. This will allow the right combined care to be provided regardless of traditional organisational boundaries and barriers.

In Cheshire this has also led to the four Clinical Commissioning Groups (CCGs) proposing to merge so that they can plan and budget for services that we know are needed on a large scale. Local variations will be looked after through the ICP and our Care Communities.

When services are viewed from the patient and client's individual situation it becomes much clearer what care and support will make the most difference to them. For some it will be a mix of hospital and care at home. For others it will be about supporting their independence with community-based back up. Integrated care planning and commissioning means we can create the right mix of services to match the needs of patients.

Getting older is not a disease or illness, and we will each do it on our own way. Our aim is to keep people living happily, healthily and independently whilst providing different levels of support and care as needed.

Promoting wellbeing and preventing ill health

The NHS has understandably been seen as there for us when we need it, when we are unwell or injured. But we would like it to be as well known for keeping us healthy and well, independent and able. Similarly, social care supports people in need. We would rather people keep well so that they don't need our services, don't suffer from avoidable illness and harm. Our approach is to enable more people to Live Well for Longer.

The evidence shows that we need to focus on the root causes of a lot of ill health such as alcohol, obesity, smoking, poverty, poor housing and poor education. The NHS and care system recognises that it is currently more focussed on managing and fixing problems when they happen rather than helping to avoid them and slow down their impact.

We want to act across the life-course, from childhood to older age, focussing on prevention and early intervention. So, we will be working to reduce alcohol and substance misuse, smoking, and obesity. We want to create opportunities to make physical activity and eating well, easily understood and easy for everyone to do.

We will support people to take responsibility for their own wellbeing throughout their lives, to keep our communities healthy and independent. We also know there's a close link between health and wellbeing and basic prosperity. A healthy population is a healthy workforce.

As a health and care system we will make a difference across our communities. We won't assume it is for someone else or another service to be responsible but rather recognise and take responsibility for the contribution we can make too. We want the result of our work to ensure:

- Our local communities are supportive with a strong sense of neighbourliness
- People have the life skills and education they need in order to thrive
- Everyone is equipped to live independently
- People have access to good cultural, leisure and recreational facilities
- Everyone has a home
- We support key employment sectors and local supply chains
- We value and support the rural economy

Going digital

Achieving the step-change in prevention and early intervention and the delivery of services will require effective use of new technology. We will harness data and digital technology to extend the range and reach of our services. We will use technology to support people in taking responsibility for their own health. We will equip our teams and services with digital information, equipment and systems so that no one should have to tell their story more than once, unless there is a clinical need to do so. Everyone should be able to access their health and care services in the way in which they access other services in their day-to-day lives.

New ways of assessing health risks, early diagnosis and providing preventative care are being created by new digital technology and information analysis. We want to make those benefits available to people in Cheshire East. Our aim is to use technology to support population health management. This is the identification of people at risk of illness and those who would benefit from early intervention to help reduce illness and premature death. The money saved can be used for other health and care services.

We will connect all health and care services and invest in modernising systems and equipment so that all services are linked, and information is not lost between different parts of the system. This will improve the quality of care and reduce time lost by our staff chasing or missing information. We will also significantly reduce paper processes and records that cause inefficiency and delays in care.

We are already collaborating across Cheshire with the Cheshire Integrated Care Record, and across the wider Cheshire and Merseyside region to ensure a single set of digital standards that are reliable, cost effective and consistent for all patients and professionals using them.

In our Connected Care Communities, we will explore how we can use telemedicine technology to keep people safe and give them rapid access to support. We will provide more convenient access to services and health information for patients, with the new NHS App as a digital 'front door', better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data. 'Live Well' will continue to be developed as the one-stop online portal and directory to useful information, guidance and advice.

Building the right health and care workforce

Our workforce in health and social care in Cheshire East totals over 20,000 people; just over 11,000 in social care and 9,000 in our NHS organisations but recruitment and retention remains a significant challenge.

Our Workforce and Organisational Development strategy is being further developed as our changing clinical models evolve with the aspiration to have a single workforce strategy and plan for health and care services across the Cheshire East Place. We already know we will have great difficulty recruiting care workers, GPs, nurses and consultants, so our strategy will include the development of services that can be delivered by other health and social care professionals. We are placing a special focus upon future workforce supply, recruitment and retention across Cheshire East and ensuring system-wide leadership.

We are concerned about being able to provide safe and recommended levels of staffing both now and in the era of seven-day services. We will consider how we develop services, so they are both safely staffed, rewarding places to work and accessible to local people.

Our Workforce

June 2018

#BecauseWeCare
Cheshire East Partnership

This summary provides an overview of Health & Social Care workforce across Cheshire East. This information has been produced using a variety of sources, including Health Education England, Skills for Care, NHS Trusts and the National Minimum Data Set.

How are our services delivered across Cheshire East to a population of approximately 377,300

- 3 NHS Trusts providing Acute, Community & Mental Health Services
- 41 General Practices
- 1 Local Authority

We employ over 20,000 staff across Health and Social Care for the Cheshire population in addition to Third Sector Providers

Facts about the age of our Workforce

- The average age across all sectors is 44 years
- 29% of the General Practice workforce are over 55 years, 10% of which are GP's
- 2,700 employees in Social Care will be reaching retirement age in 10 years
- Across Cheshire East there are over 25,000 carers aged 50 + providing unpaid care
- The largest age group across all NHS Trusts is 50-54 years

The structure of our workforce

Approx. 32% of the NHS Trust workforce provides care within the community

The 11,000 jobs in Adult Social Care are split between Local Authorities (9%), the Independent Sector (84%) & direct payment recipients (7%)

There are 6,000 care workers within Adult Social Care across Cheshire East

Admin staff forms the largest staff group in General Practice, equating to 54% of the workforce

38% of the NHS Trusts workforce are in clinical supporting roles including Pharmacists, Therapists, HCA's

There are a total of 294 commissioned doctor training posts across GP, Acute, Community and Mental Health

Registered Nursing roles equating to 29% of the total workforce across NHS Trusts

Developing our workforce - what have we been doing across the Region...

90 new GP Assistants

2,000 Nurse Associates in training

Conversion of 4 Hospital funded posts to GP Training posts across Cheshire East

An additional 300 apprenticeships within Primary Care, provided over the last two years

102 active NHS Trust apprenticeships being supported during 2017/18

Our Workforce challenges ...

- Skills for Care estimates show that 44% of the workforce in Cheshire East hold a relevant adult social care qualification (54% in the North West)
- The staff groups with the highest attrition rates for NHS Trusts are:
  - Adult Nursing
  - Mental Health
  - Learning Disabilities
- It is predicted that the region will lose a quarter of its GPs by 2027 through retirement
- Hard to recruit to clinical posts include Accident & Emergency, Anaesthetics and General Practice
- Staff turnover for Social Care in Cheshire East is 33.6%, higher than the national average of 27.8% (700 vacancies)

Version 2
June 2018

Using taxpayers' money wisely

The NHS in Cheshire East spends almost £750million a year but its income is just under £700m a year. This deficit has arisen, in part, because of the huge increases in demand for services that have outpaced budgets. Similarly, all local authority services have faced very considerable financial challenges in recent years and increasing demand in both adults and children's social care. With delays in the publication of the Social Care Green paper, national changes to local government and school funding and uncertainty over the future of the Public health grant, the financial resources of the Cheshire East Place will continue to be fragile We recognise, however, that by focussing on keeping people healthy and supported in their own communities and by reducing duplication we can save money.

Our plans will change the balance between care in our acute hospitals and care in the community. We will need to increase the range and choice of care provided in people's homes and in local clinics and primary care centres. By reducing the pressure on our hospitals and keeping people well enough not to use them, we will be ensuring that you only need to go into hospital when care cannot be provided in your community. Our strategy is clear in that we will focus our future investment on keeping people as well and as independent as possible.

Where there are administrative barriers, we will remove them and where there is duplication of effort, or benefits of closer partnership and collaboration being missed we will change. We will also make existing commissioning structures more efficient by consolidating our local CCGs.

Getting the most out of taxpayers' investment in the NHS means we will continue working with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered. We will make better use of the NHS' combined buying power to get commonly-used products cheaper and reduce spend on administration. We will make sure the Cheshire pound is invested in the health and care of the people of Cheshire East effectively, efficiently and accountably.

06 Conclusion

We want to use the strengths of our community in every meaning of the word to improve wellbeing and avoid illness and prevent death.

We have four clear outcomes that we believe we can achieve and will make the most difference to everybody's health and wellbeing:

1. Create a place that supports health and wellbeing for everyone living in Cheshire East
2. Improve the mental health and wellbeing of people living and working in Cheshire East
3. Enable more people to Live Well for Longer in Cheshire East
4. Ensure children and young people are happy and experience good physical and mental health and wellbeing

Cheshire East thrives where people have the confidence and pride to stand on their own two feet, to compete and to fully participate in community life. We will support people to do that and remove the barriers that get in the way.

Helping people to help themselves, understanding their own risks and what they can do about them is our priority. We would rather never have to help, than treat an avoidable need. We would rather spend public resources enhancing lives than fixing them.

We recognise that our community health and wealth are linked and that our community and personal wellbeing are intertwined. We have relied on the NHS to respond to problems that will keep happening if we don't fix their causes. That is not something the NHS can do alone, nor should it. Prevention and wellbeing come from personal responsibility, community action and combined public services working together to provide the right care and support, where it will make a difference, when it will make a difference.

We have many resources and abilities to achieve this and we need to make sure we can make them all count, but we will also work in new and more effective ways and make sure the benefits that technology and digital offer are available for everyone.

There are unmet needs and inequalities in Cheshire East that we know about and will focus on responding to. Cheshire East has so much to offer and is a wonderful place to live. Our duty is to make sure we make that a healthy and well-lived reality for all our residents.

This document is designed to stimulate debate and conversation. We present here information and issues about our health and wellbeing as we know them. We share our optimism about what we think can be achieved and our concerns about inequalities that are unacceptable and avoidable. We also offer our commitment to work on our community's behalf. If we work together, we can deliver a better quality of life and health for all of us.

07 Appendix One

How we will know we have been successful?

We set out below some measures of success. The most important measures being how we impact people's lives and wellbeing for the better. Other measures will include financial responsibility and balance for our budgets, good quality ratings from regulators such as the CQC and meeting NHS performance targets.

Outcome One - Create a place that supports health and wellbeing for everyone living in Cheshire East

Indicators for Success

We want to:

- Maintain the low numbers of 16-17-year olds not in education, employment or training (NEET) or whose activity is not known
- Increase the percentage of people aged 16-64 in employment
- Reduce the number of people who are killed or seriously injured on the roads
- Increase the number of people who use outdoor space for exercise/health reasons
- Further reduce the number of households that experience fuel poverty

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

Outcome Two - Improve the mental health and wellbeing of people living and working in Cheshire East

Indicators for Success

We want to:

- Increase the numbers of adults who report good wellbeing
- Reduce the levels of depression in adults
- Increase the numbers of children and young people who report good wellbeing
- Increase the proportion of adult social care users who have as much social contact as they would like
- Increase the proportion of adult social carers who have as much social contact as they would like
- Increase the proportion of adults in contact with secondary mental health services living independently
- Increase the proportion of adults in contact with secondary mental health services in employment
- Reduce the suicide rate

Key Deliverables

- 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

Outcome Three - Enable more people to Live Well for Longer in Cheshire East

Indicators for Success

- Increase the breastfeeding rates
- Reduce the numbers of children with tooth decay
- Reduce the numbers of 4-5- and 10-11-year olds who are overweight or obese
- Increase the numbers of people meeting the recommended "5-a-day" at age 15
- Reduce the number of adults that smoke
- Reduce the number of adults who are overweight or obese
- Increase the number of adults that are physically active
- Reduce the number of alcohol related admissions to hospital
- Increase the number of people who successfully complete alcohol or drug treatment
- Increase the numbers of people meeting the recommended '5-a-day' on a 'usual day'
- Increase the number of people who are offered and accept a NHS Health Check
- Improve health related quality of life for older people
- Reduce the numbers of older people who fall and need to be admitted to hospital

Key Deliverables

- 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

07 Appendix Two

The NHS Long Term Plan

NHS England published the NHS Long Term Plan in January this year which set out the challenges the NHS faces today and the pressures that it will face in the next decade. It made commitments on how the NHS would respond to the opportunities that new ways of working, additional funding and technology advances can provide everyone. It set out for the whole NHS the plan for new services and better experience and outcomes for patients:

1. Doing things differently: we will give people more control over their own health and the care they receive, encourage more collaboration between GPs, their teams and community services, as 'primary care networks', to increase the services they can provide jointly, and increase the focus on NHS organisations working with their local partners, as 'Integrated Care Systems', to plan and deliver services which meet the needs of their communities.

2. Preventing illness and tackling health inequalities: the NHS will increase its contribution to tackling some of the most significant causes of ill health, including new action to help people stop smoking, overcome drinking problems and avoid Type 2 diabetes, with a particular focus on the communities and groups of people most affected by these problems.

3. Backing our workforce: we will continue to increase the NHS workforce, training and recruiting more professionals – including thousands more clinical placements for undergraduate nurses, hundreds more medical school places, and more routes into the NHS such as apprenticeships. We will also make the NHS a better place to work, so more staff stay in the NHS and feel able to make better use of their skills and experience for patients.

4. Making better use of data and digital technology: we will provide more convenient access to services and health information for patients, with the new NHS App as a digital 'front door', better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data.

5. Getting the most out of taxpayers' investment in the NHS: we will continue working with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered, make better use of the NHS' combined buying power to get commonly- used products for cheaper, and reduce spend on administration.

Our plans in Cheshire East will reflect the national plan's direction of travel but also our local priorities. We will involve and engage local people and communities in making plans and developing services that reflect their views and needs.

National plan, local impact

As we have shown, cancer, heart disease, stroke, diabetes and mental health are the dominant health conditions that will affect most of us. The NHS Long Term Plan aims to prevent 150,000 heart attacks, strokes and dementia cases and provide education and exercise programmes to tens of thousands more patients with heart problems, preventing up to 14,000 premature deaths over the next ten years. In Cheshire East we will ensure that residents benefit from these plans getting the right specialist care quickly from the best NHS centre for their needs.

Diagnosing and treating cancer early is crucial to saving lives. The NHS aims to save 55,000 more lives a year by diagnosing more cancers early and invest in spotting and treating lung conditions early to prevent 80,000 stays in hospital.

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

We will ensure that our children, young people and adults have improved emotional wellbeing and mental health thanks to a focus on prevention and early support. Avoiding loneliness and isolation is a key objective and our Care Communities model of services will mean health and care professionals are closer to the ground to both anticipate needs and respond to them quickly and more personally.

As a society we are reducing the stigma of mental health that has meant many people in the past were reluctant to seek help. We must now be able to anticipate and provide the support to all that need it.

07 Appendix Three

Healthwatch Cheshire East engagement report

On production of the NHS Long Term Plan, NHS England commissioned Healthwatch England to gain the views of the public. In turn, Healthwatch England asked the 152 local Healthwatch throughout the country to work with their Sustainable Transformation Partnerships (STP) or Health and Care Partnerships (HCP), to engage with people to find out what was important in regard to the way services will be delivered in the NHS under the Long Term Plan.

As the coordinating local Healthwatch for the nine within Cheshire and Merseyside who conducted the research, Healthwatch Cheshire (consisting of East and West) oversaw the research across Cheshire and Merseyside and brought the information together to produce final reports. Healthwatch Cheshire were also responsible for liaising with the Cheshire and Merseyside HCP regarding the work.

Research in Cheshire East was conducted through two surveys and three specific focus groups, and took place following the publication of the Long Term Plan from mid-March to the end of May 2019. The surveys were designed nationally by Healthwatch England, with the first entitled 'People's general experiences of health and care services', and the second survey looking at 'NHS support for specific conditions'. The surveys were available online and also in hard copy which were available at Healthwatch engagement events at venues across Cheshire East.

In Cheshire East, Healthwatch Cheshire East received 270 survey responses, consisting of 202 general surveys and 68 specific condition surveys. There were also 33 attendees across three specific focus group events focusing on what is important in regards to health and care for students and people with autism. These groups were conducted with students from the Crewe Campus of South and West Cheshire College, and two sessions with Space4Autism in Macclesfield.

Feedback Healthwatch Cheshire East received included:

- In order to live a healthy life people felt that access to the help and treatment they need when they want it was most important.
- In terms of maintaining their health and independence in later life, people surveyed overwhelming felt the most important factor was being able to stay in their own home for as long as it was safe.
- When considering managing and using support and treatment, people felt that the right treatment should be a joint decision between them and healthcare professionals and they should be consulted throughout the process.
- People in Cheshire East told us that being able to talk to their doctor or other health care professional wherever they are was the most important factor in being engaged in health service delivery.
- People with, or caring for people with autism felt that the time they had to wait to receive their initial assessment, diagnosis or treatment was too long. Waiting times ranged from eight months to three years. Members of our focus group also felt that there was a lack of understanding by front line staff of the autism spectrum. Funding and access to services was a serious issue for the parents of people with autism spectrum conditions.
- People with, or people caring for those with, dementia gave mixed responses to the initial support they received; most felt that it either met their needs or somewhat met their needs. Most reported that ongoing care and support was easy to access.
- 94% of people who responded with a Mental Health condition felt that their overall experience of getting help was either average, negative, or very negative.

Your thoughts matter

If you have any views on the Plan you can either:

Attend one of our two engagement events
13th August 10-12pm
Crewe Alexandra Football Club, Gresty Road, Crewe

or

20th August 10-12pm
Masonic Hall, 1 Riseley St, Macclesfield

Complete our online questionnaire by following this link:
www.healthwatchcheshireeast.org.uk/get-involved/consultations

Email your thoughts and comments to:
People@cheshireeast.gov.uk

Cheshire East Council, Westfields, Middlewich Road,
Sandbach, Cheshire, CW11 1HZ

General enquiries: 0300 123 5500
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