healthwatch Cheshire East

Healthwatch Cheshire East

People's views on the

Cheshire East Partnership Five-Year Plan

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Introduction

Background

This report provides the Cheshire East Partnership with people's views about the draft Cheshire East Five-Year Plan. It is designed to feed into the final published Plan which will define a health and wellbeing strategy for Cheshire East, and be presented to the Cheshire and Merseyside Health and Care Partnership (HCP).

The Five-Year Plan sets out the Partnership's ambitions to improve the health and wellbeing of the people of Cheshire East. It sets out what they want to do, why they want to do it and the difference they believe they can make to the health and wellbeing of local residents.

The Partnership is made up of the following organisations working together:

- Cheshire East Council
- Cheshire and Wirral Partnership NHS Foundation Trust
- East Cheshire NHS Trust
- NHS Eastern Cheshire Clinical Commissioning Group
- Mid Cheshire Hospitals NHS Foundation Trust
- NHS South Cheshire Clinical Commissioning Group
- South Cheshire and Vale Royal GP Alliance
- Vernova Healthcare Community Interest Company.

The vision set out by the Partnership within the draft Five-Year Plan is to:

- Tackle health inequalities, the wider causes of ill health and the need for social care support through a joined-up 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 their actions are centred on people, their goals and the communities in which they live, and supporting people to help themselves.
- Having shared planning and decision making with our residents.

You can read the full draft Five-Year Plan, and a summary of its contents, at:

www.healthwatchcheshireeast.org.uk/cheshire-east-partnership-five-year-plan

What is Healthwatch?

Healthwatch Cheshire, consisting of Healthwatch Cheshire East and Healthwatch Cheshire West, is an independent consumer champion for health and care across Cheshire East and Cheshire West and Chester, forming part of the national network of local Healthwatch across England. Our role is to make sure that those who run health and care services understand and act on what really matters to local people.

Healthwatch Cheshire East and Healthwatch Cheshire West undertake continuous engagement activities with the public to hear about concerns and compliments regarding health and care services. The information we gather is then analysed so that we can identify and act upon trends and common themes by presenting our findings to decision makers in order to improve the services people use.

You can find out more about Healthwatch Cheshire East, and keep up to date with our work by visiting our website: www.healthwatchcheshireeast.org.uk

Cheshire East

The Local Authority of Cheshire East contains the major towns of Crewe, Macclesfield, Congleton and the commuter town of Wilmslow. There are also a number of other significant centres of population in Sandbach, Poynton, Nantwich, Middlewich, Knutsford and Alsager. Much of the northern part of the Borough and a smaller area to the east lie within the Green Belt.

Over 375,000 people live in Cheshire East which is the third largest unitary authority in the North West. In general, the health and wellbeing of the residents of Cheshire East is good. However, there are still very significant challenges that need to be addressed, including reducing the number of people leading unhealthy lifestyles, preparing for an ageing population, improving mental health and addressing some stark differences between life expectancy across Cheshire East.[1]

[1] Source: *Cheshire East Borough Profile and Cheshire East Health & Wellbeing Strategy* www.cheshireeast.gov.uk/planning/spatial_planning/cheshire_east_local_plan/local_plan_consultations/place_shaping_consultation/your_place_2011/snapshot_reports.aspx; www.cheshireeast.gov.uk/council_and_democracy/your_council/health_and_wellbeing_board/health_and_wellbeing_board.aspx

What we did

Healthwatch Cheshire East were asked by Cheshire East to provide an independent voice for the people of Cheshire East regarding the Five-Year Plan. A survey was produced by the Partnership which asked three simple questions to determine people's thoughts on the Five-Year Plan:

- Please let us know your thoughts on whether the plan identifies most of the important issues facing health and care services in Cheshire East?
- Please let us know if you think that we have missed anything that you feel is important to you and your community?
- What do you think we could do to improve health and wellbeing in Cheshire East?

Healthwatch Cheshire East hosted the survey independently on our website at www.healthwatchcheshireeast.org.uk/cheshire-east-partnership-five-year-plan, with paper copies also available. The survey ran from 1 August to 23 August 2019.

Promoting the survey

Healthwatch Cheshire East promoted the survey using our website, social media, and engagement activity based on local links and expertise.

The Five-Year Plan featured on our website with its own landing page, survey page, news article, and featured on our general consultations page. It was also regularly promoted on the Healthwatch Cheshire East Facebook and Twitter pages. A newsletter advertising the survey was sent to 1344 contacts on the Healthwatch Cheshire East mailing list.

Healthwatch Cheshire East staff and volunteers conducted engagement activity across the area, attending events and markets to talk to people about the Five-Year Plan and obtain their views. Survey responses were collected using paper copies and tablets to access the survey online.

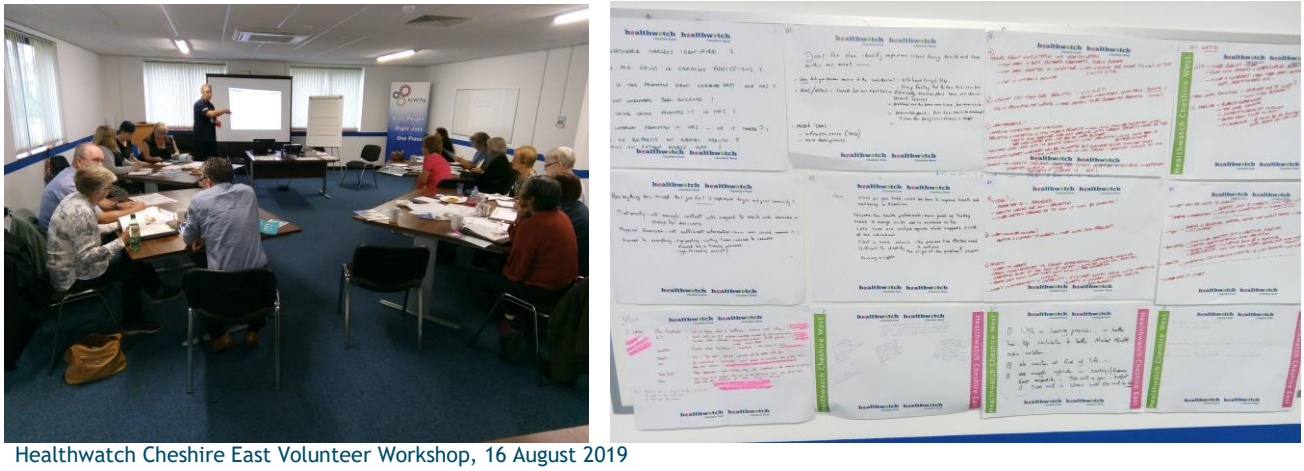
Healthwatch Cheshire East at Knutsford Market, 20th August 2019 (left); and at Nantwich Town Square, 13th August 2019 (right)

Below details the activities undertaken by Healthwatch Cheshire East between 31 July and 23 August 2019:

Town and venue	Date	Times
Alsager Market	31/07/2019	9am until 3.30pm
Nantwich Town Square	07/08/2019	9am until 3.30pm
Poynton Civic Hall	08/08/2019	10.30am until 12.30pm
Sandbach Market	09/08/2019	9am until 4pm
Crewe Brittles Pavilion, Wistaston	09/08/2019	11am until 3pm
Macclesfield Outdoor Market	09/08/2019	9am until 4pm
Knutsford Library	12/08/2019	1.30pm until 4.30pm
Crewe Alexandra Stadium	13/08/2019	10am until 12pm
Nantwich Town Square	13/08/2019	9am until 3.30pm
Congleton Memorial Hall	14/08/2019	10pm until 1pm
Sandbach Market	15/08/2019	9am until 4pm
Healthwatch Cheshire Volunteer Workshop	16/08/2019	10am until 1pm
Macclesfield Outdoor Market	16/08/2019	9am until 4pm
Crewe Creative Fun Day, Queens Park	18/08/2019	10am until 4pm
Crewe Jubilee House	19/08/2019	10am until 2pm
Macclesfield Masonic Hall	20/08/2019	10am until 12pm
Knutsford Canute Place Market	20/08/2019	9am until 3pm
Congleton Market	20/08/2019	9am until 4pm
Holmes Chapel Deafness Support Group	20/08/2019	1pm until 3pm
Disley Library	21/08/2019	10am until 1pm
Crewe Market	23/08/2019	9am until 3.30pm

Healthwatch Cheshire East hosted a workshop with 15 of our volunteers on 16 August 2019, to gain insight into their views on the Plan in a discussion environment. Healthwatch Cheshire East provided the attendees with electronic or hard copies of the Five-Year Plan in both electronic or hard copy of the full Plan and summary document.

The attendees were placed into four groups facilitated by Healthwatch staff, and recorded comments on flip chart paper before a full room conversation with the facilitator to capture additional comments.



Healthwatch Cheshire East Volunteer Workshop, 16 August 2019

A summary of the workshop can be found in Appendix 1 of this report.

Summary of Findings

System issues

- Many respondents felt that the plan **did identify key issues** facing health and care services in Cheshire East.
- Some respondents felt that missing from the plan was a **focus on accessibility**; being able to access GP appointments which have long waiting times, and being offered appointments that **are local and easily accessible** rather than having to travel long distances.
- It was felt that key to delivering this vision was to **ensure staffing levels and funding** were implemented to reflect this.
- A number of comments related to the **importance of an integrated approach** to health and care provision, ensuring a focus on more **person-centred support**.
- A number of comments reflected the need to **address infrastructure**, including services that support new housing schemes, and **better transport** links to enable easier service access, particularly in rural communities.
- Looking at **effective ways to communicate** with the broader population was seen to be missing, including the use of technology, but also looking at promoting and communicating services to those who do not use technology. This also covers communication between health and care professionals and services, the communication between staff and people, and an increase in the promotion of services and support available.

Local priorities

- Some people felt that the plan **did not identify key issues** and that it focused on national issues relating to health and social care rather than those specifically pertinent to Cheshire East.
- Some comments suggested the **plan reflected NHS** and **Local Authority priorities** rather than the views of local people and was lacking in an implementation plan.

Early intervention and prevention

- **Early intervention** and **prevention** were seen as important to preventing long-term ill health, including focusing on self-care, smoking, obesity and more mental health support. It was felt that the importance of exercise was missing from the Plan, including access to gyms and community fitness programmes.

Specific support

- Many people discussed the need for **greater support for mental health conditions**. Comments called for increased support for specific issues and conditions such as falls, Parkinson's disease, and dementia.
- A large number of respondents (75 in total) referred to the **provision of breastfeeding support and a healthy start for children. A**lthough the Plan reflects the need to give children the best start in life, it was felt that it does not reflect the importance of breastfeeding and breastfeeding support.
- People told us that health and wellbeing in Cheshire East could be improved with **increased funding** in areas such as primary care, speech and language, and social care.
- There were a number of respondents commenting on the **issue of social isolation** and that there should be a greater focus on this in the plan, particularly in relation to the elderly.

Survey results

The following sections now break down the results of the 272 responses to the Cheshire East Five-Year Plan survey. Each of the three questions will be taken in turn, with responses given by the public categorised into broad themes which will be summarised, and examples of comments provided. Example comments are used to provide a flavour of the themes, rather than including every comment received.

The survey was produced by Cheshire East Partnership and asked three simple questions which were answered qualitatively by respondents:

- Please let us know your thoughts on whether the plan identifies most of the important issues facing health and care services in Cheshire East?
- Please let us know if you think that we have missed anything that you feel is important to you and your community?
- What do you think we could do to improve health and wellbeing in Cheshire East?

Please let us know your thoughts on whether the plan identifies most of the important issues facing health and care services in Cheshire East?

Themes and example comments from respondents were:

The plan does identify key areas

Many respondents felt that the draft Five-Year Plan does identify key issues facing health and care services in Cheshire East. These comments touched on the need for resources and investment to make the visions discussed in the plan achievable. A selection of these comments is included below:

- *"It covers most of the important issues well. As you have identified - staffing the vision is going to be challenging, as there is a deficit in staffing across most trusts. It is an excellent vision for the future."*
- *"The plan identifies key areas that are important, we just need the resources to be able to provide the services."*
- *"I like the basis of the plan. It focuses on health care and the social determinants of health. We have not been doing that recently with restricted investment to hospitals and specialist commissioning…"*
- *"I think the plan does identify the main issues. It is right that mental health is right up there with the rest of the priorities as is the focus on children and young people. It would be great to see more of a family approach to health and wellbeing and more needs to be done to communicate all the services that are out there providing early help. Staff welfare, morale and workforce development is also key, rebuilding the reputation of a career in health and social care."*
- *"Yes, I think the plan covers the most important issues, such as encouraging healthy lifestyles, improving mental health provisions and balancing medical and social care so that people can lead independent lives wherever possible and for as long as possible."*
- *"I work in the local NHS in the paediatric community workforce as a speech and language therapist. I also live in Cheshire East and so will be a consumer of the five year plan - I thought the plan summary captured key issues - was particularly pleased to see focus on school readiness for children and on helping families to help themselves. All for looking to move money out of expensive hospital care by working smarter and looking for right care, right place and for diversifying skill sets of health professionals but need to make*

sure don't dilute expertise/lose experience by switching from specialist to generalist model - a little knowledge is a dangerous thing..."

- *"I think the plan focuses on the right areas and has the right overview of the whole health system. I like the figure that relates to the contribution to health of all areas and how this highlights that secondary care has limited value to add to people's health. I see that 10% of all health contribution is related to smoking. The plan appropriately focuses on disease prevention."*
- *"The Plan seems to be comprehensive and if successfully delivered should provide for a healthy active and productive society. Children are our future, please invest in their welfare. Supporting them now should produce a community good mental and physical health. Well balanced individuals may reduce the demand on support services later. I am disgusted to read that 48 people out of 100 are overweight or obese and this red flag needs to be addressed urgently as these individuals will make many additional demands on services, on top of the general decline in health of the ageing community."*
- *"Yes it does and the idea is great. I love the overall message but these issues don't need a written plan this big. Unfortunately, too much time is spent producing items like the five year plan booklet. It is 36 pages long and has too many words. I am not saying that because I am simple. I am saying that because people have so much going on they are not going to take 30 minutes out of their day to read this. I am 38 years old and am on the cusp of two generations. My generation will read things and take time to understand them if they feel it relates to them as I did with this. The generation before me wants everything presented to them in a simple bite size chunk that is easily understandable and they are the people we need to capture with ideas like this. The pictogram explaining what would happen in a village of 100 is a perfect example. It's simple to read and easy to understand. We unfortunately live in a world where everything has to be digestible quickly. From our news to our food and the booklet for the five year plan should have been the same. Younger people need to be involved heavily in ideas like this because the older generations (and I am not saying this to be critical but it's the truth) have no idea how to engage younger people. Overall the message is excellent. For too long teams and areas have failed to work together properly to ensure better living situations for the local population. The way the message is delivered needs to change though."*
- *"The plan is comprehensive in covering issues that are faced by individuals of all ages living in the Cheshire East area. This is successful by starting with provision for young children until starting school, tackling mental health and general wellbeing of individuals at the working age and also creating a plan for people to Live Well for Longer. The majority of lifestyle related issues/illnesses appear to be addressed throughout the plan making it clear to understand what percentage will be dedicated to improving this particular area. The particular area of keeping people well for longer will only ease the burden on health care services, meaning that aspects surrounding this, particularly in middle to older age should be the main focus."*
- *"In essence yes, I do, however I feel that there is too much disparity in its aim, and the areas chosen are too broad. It talks about its ideal however it does not state what is needed to achieve these goals. There is hardly any mention of investment in the workforce when delivering the plan."*
- *"Yes, it does identify issues that do need tackling however he does not make it clear as to what the strategy will be to enable effective delivery. That is crucial together with clearly identifies milestones and timescales. Finally, an independent body to make sure things happen."*

The plan does not identify key areas

Various comments however argued that the draft Five-Year Plan does not identify key issues facing health and care services in Cheshire East. These comments question the starting points for the Plan, doubts over how it will be implemented, and the source of the priorities. A selection of the comments is included below:

- *"Difficult to say as important issues are subjective. Personally I don't think so. I think it is more to do with Council/NHS priorities not residents."*
- *"I think the plan outlines national issues rather than identifying those of Cheshire East specifically, there isn't much within the report that highlights local issues or cross references with other services demand. I'm sure NWAS or Cheshire Police could advise that mental health services need to be much higher on the list of actual, reflective, community priorities. This then has a direct impact on others mentioned such as substance/alcohol misuse. The East of Cheshire is one of the most diverse but is also one of the most prosperous when compared to other parts of the county. I appreciate that it can be difficult to engage the community but I feel that there needs to be a little more transparency as to how this information was gathered. The concerns surrounding the aging population seem accurate and reflective and I think this would have a positive impact locally. The attention drawn to mental health needs to identify more specific means of engagement - locally this should come through staffing in local practices. Front line staff are often the first point of contact with patients and so I feel that further training would be beneficial."*
- *"I think that Cheshire East has a problem with its own image, before you undertake health problems why don't you get out of your ivory towers and meet people more often."*
- *"No. It is a fallacy that you can think that you can keep the frail elderly out of hospital. You are just postponing the inevitable."*
- *"This is not so much a plan as a wish list of health concerns that affect the East Cheshire region that need to be addressed. There is no reference as to how this plan will be implemented nor the funding required to do it. It does seem to cover the majority of the health issues but integrated care between the NHS and Social Services seems a bit vague."*
- *"Don't think so. You are starting from the wrong premise. Essentially, you need to consider what you are doing well and apply the lessons from these services to those you fail to support. Much of this document is vacuous nonsense but it does contain the basis for a detailed navel-gazing to try to correct deficiencies. Your outcome measurements appear flawed. If the population is rising, as you say, and the ratio of benefits you are investigating remains the same, you will see an increase in numbers who are benefitting. You need to look at percentage increase as a minimum."*

Access to services

A theme of comments was access to services. This involved concerns about waiting times, access to GP and hospital appointments, and the importance of local services and facilities. A selection of these comments is included below:

- *"Yes I think it does [address issues] but what concerns me is access to health and wellbeing services. As our neighbourhoods expand our health services don't. Making it increasingly difficult for people to access services, dentists, doctors, etc."*
- *"Also need to tackle access to GP or appropriate healthcare professional in a timely way. Having to wait two weeks for an appointment when feeling unwell is unacceptable. Having to ring at 8am to try and get an appointment does not address this need and lead to further stress at a difficult time."*

- *"An important issue which has not been addressed is the wait for follow-up appointments to be seen at hospitals. A consultant will tell you that you will be seen in, say, two months. This turns into at least four months. My wife recently waited nine months for a three month follow-up appointment despite phoning the appropriate department several times."*
- *"The major issue is access to primary care, which is via GP Surgeries. Complaints about hospital treatment are usually about administrative failures rather than the treatment itself. More self-help for minor complaints should be encouraged to reduce demand on GPs. Regrettably any service which is free is prone to abuse. No-show must be penalised in some way."*
- *"I would like to see services being delivered [locally] e.g. not referred to a hospital 45 minutes away when the local hospital can do the same operation which is only 10 minutes away. I would like to see follow up appointments done over video so I don't have to travel, park and wait for the appointment. I have to take half a day from work for a 15 minute conversation that can often be done over the phone or video. I would like to see my appointment letters electronically so I get them three days earlier rather than waiting for the postman."*
- *"Having local care available to all of Cheshire East rather than having to travel to Macclesfield or other areas."*
- *"There are local facilities in Crewe that are lacking or been taken away. I am a volunteer at a visitor centre for old people and the music that was provided for them has been axed. Also Crewe is heavily populated and the doctors' surgeries are struggling."*
- *"I live in a rural area. We are the furthest village in CE and transport to major towns is poor. A lot of social care, especially for home care, are based at larger towns which means carers have to travel a distance to provide care to housebound people. The fact that travelling time is included in a carer's time to care for a person can drastically reduce the quality of care in a rural area."*

Breastfeeding and a healthy start for children

A big theme of the comments was in regard to the start for children and post-natal support for women. Over 75 comments were received specifically in regard to breastfeeding and the support offered from Cherubs. A selection of these comments is included below:

- *"Some valid points and important things are being addressed but on the whole no, in my eyes there is a key aspect not being addressed at all. Children. Your aim should be to prevent needing a plan like this in years to come. Therefore, you should focus on what you're doing to avoid heath and care issues more so in children rather than older members of society. Yes you can support and help those in need now but if you start watering the roots of the trees and giving them (the future adults) the right nurture and direction, they will grow healthier and happier than the previous trees. Teaching parents and children about what they can do, educating them on how to lead healthy lives should reduce the problems the Cheshire East population will have in 30, 40, 50 years. Start to tackle the issues now in children and you'll see the benefits sooner."*
- *"This plan identifies the important issues facing health and care services in Cheshire East to some extent although from reading the summary, it doesn't place enough emphasis on the impact of 'giving children the best start' and the associated consequences of not achieving this. For example, providing services that support the mental and physical health of mothers and babies ensures that certain diseases and illnesses can be picked up at an early stage or even better, prevented. Services such as breastfeeding support services are a unique opportunity for such early prevention to take place. The Cherubs*

service enables mothers and babies to access support that is not available anywhere else and is a service that impacts positively on the overall outcomes of this plan by supporting mothers to actively reduce the likelihood of their children developing conditions that would otherwise add to the long-term demands on local NHS services."

- *"I couldn't see any mention of breastfeeding support in the plan. We know that breastfeeding has huge benefits for the infant and mother, including reduced chance of childhood obesity and postnatal depression. It was interesting that your community breakdown identified a huge problem with obesity rates in Cheshire East - primary prevention via breastfeeding is a low cost high impact way to tackle this. I feel this is important considering the low breastfeeding rates in the UK. My personal opinion is that breastfeeding is not normalised, which is a likely contributor."*
- *"It doesn't identity supporting women in the early days post pregnancy which I found the most vital time, in particular breastfeeding support which is evidenced to have a direct impact on mental & physical wellbeing of both baby and mother. My visits from cherubs breastfeeding support with both my children was the vital part of the immediate post birth support that I had, then about four weeks after birth I started attending their groups which were so supportive, educational and informative. I wouldn't have been able to successfully breastfeed my children past a few months without cherubs & I think their health is so excellent now not requiring much support from other NHS services because I am breastfeeding both past two years of age thanks to this support that is not mentioned at all in the plan."*
- *"I am pleased the plan includes a focus on giving children the best start. However there is no mention here of Cheshire East ensuring that infant feeding and in particular breastfeeding being a high priority. When my baby was unable to breastfeed due to poor health it had a major impact on my mental health and wellbeing. Mothers that are let down by poor support suffer post-natal depression and babies do not get the health benefits associated with breastfeeding."*
- *"All I know is that prenatal and postnatal care, breastfeeding support, perinatal mental health support and ongoing support from my GP have kept me alive over the last few years. The services of groups like Cherubs are invaluable to mothers, not only to provide support with breastfeeding but to allow for mental health issues to be picked up and explored in mothers. These services need more focus in the plan."*
- *"The plan states goals of wanting to give children the best start, reduce childhood obesity and improve overall health, yet there is no mention of breastfeeding services, which evidence shows can reduce childhood obesity."*

Early intervention/prevention

Many respondents talked about the importance of self care, prevention of illness, and early intervention. For example, discussions around obesity, exercise, alcohol abuse, and mental health issues. A selection of these comments is included below:

- *"I believe that the plan addresses the real issues facing health and social care. There needs to be a coordinated approach to health and social care, with all agencies working together. Issues like alcohol abuse and smoking are affecting many people and the problems associated with poor housing, unemployment and debt are having a real impact on the lives of those who struggle to live day-to-day. It is important that everything is aimed at the care of the person, rather than on budgets."*
- *"The plan identifies a lot of important issues, but I do feel one of the biggest issues is identifying people at high risk of needing services and then intervene early and quickly to prevent the situation worsening - this needs to become much more effective quickly*

before it is too late, e.g. a recent experience of a person needing to change the type of wheelchair they use as no longer suitable to use on weekly outings - this required an occupational therapy appointment before they purchased another one which took 12 weeks meaning the person was confined to the house for 12 weeks - sadly, a rapid change in their mental health and feeling of total isolation."

- *"Excellent to have a focus on mental health in young people. Prevention of young suicide needs to be part of this. Plenty of focus on health issues such as diabetes and obesity and others that can be significantly reduced with better support for breastfeeding mothers and more of a focus in society as a whole for breastfeeding to become the norm."*
- *"Yes I do think most important issues are covered however I think we need better early intervention mental health services that can support people before their health deteriorates further. When there is poor mental health physical health also declines, especially in young people. Drinking, smoking and poor diet often accompany poor mental health."*
- *"Every aspect of health care provision is important but early intervention have to be at the fore particularly in Mental Health… poor mental health leads to so many medical issues which is not fully understood. I work with children and young people providing a researched and proven workshop covering development of Positive Sense of Self, Emotional Intelligence and Emotional Resiliency… we have identified huge need at the level of upper age primary children which is not being addressed... intervention and strategies which become habit at this age will save so much suffering and needing to access services in late release life."*
- *"I think there needs to be more support provided for young person's mental health. As a teacher in Cheshire East, I have to say it is well below the mark currently. The pressures that we are under as staff to deal with a variety of complex mental health needs is abhorrent."*
- *"It talks about inequality, but doesn't mention how many people in your village of 100 would have disability. I am very pleased to see that there is an implicit recognition of the value and effectiveness (both in outcomes and in costs) of early support and intervention, but this seems so far removed from what we are experiencing that I would have liked to see more definite commitments and specifics than are contained in this plan."*
- *"The statistics highlight that 48% of people are overweight or obese which continues to increase. Yet obesity and exercise are together as an area but don't include diet. Educating people on healthy eating, cooking good food and discouraging fast food and high sugar surely has to be as important as exercise to reduce obesity. Political correctness means that there is fear in delivering factual information on obesity and risks yet a stark message does need to be delivered. The consequences mean that a lifestyle choice will cripple the NHS reducing the service for those with chronic or acute health needs, and put elderly care even further behind. This is my only concern with the plan, the rest is clear."*
- *"I agree a key strategy is prevent and early identification of health problems. A few thoughts from my perspective as a dietitian: having a role for dietitians in public health locally. Currently our main work is clinical (dealing with people that already have problems). Implementing wider use of malnutrition risk screening links into prevention and treatment of frailty & falls (along with physiotherapy) and better management of chronic disease. The implementation of NICE CG32 evidences significant cost savings for early identification and treatment of malnutrition. In addition healthy eating links with mental health and obesity prevention and dietitians are well placed to design interventions and programmes to tackle these."*
- *"I think more needs to be done around alcohol abuse. Advertising for alcohol needs to change - at present all advertising is positive. Alcohol is almost encouraged in our society. It should be locked behind shutters the same as cigarettes are. The plan needs to include*

educating children around the real harm of alcohol. People only think there are health related issues if they are dependent. People do not realise the weekly alcohol use, dependent or not, can cause liver problems/cirrhosis."

- *"Yes, it identifies the major contribution to the health in Cheshire arises from health behaviour and socioeconomic factors. There must be an initiative to address alcohol and smoking-related behaviour. Economic development to reduce poverty will also improve education. The needs to be a move to get people away from depending on benefits."*
- *"The plan identifies the key areas but I would prefer to see greater emphasis on health education e.g. diet and exercise. This has the potential to reduce morbidity due to obesity, diabetes cardiovascular disease and even osteoporosis."*

Integration of services

Another theme was the need for integration of services, and a holistic approach to care. This varied from a focus on person-centred support, to data records. Examples of comments are included below:

- *"I believe that it [the plan] does [address key issues]. Working in children's services, there needs to be a significant focus on collaborative working and moving forward with joint commissioning for services."*
- *"A joined up approach is essential and I hope you can bring all departments together to harmonise their services. In my recent experience with my late brother who came to stay with me in his last months, I found it extremely difficult to find out what help was available to either of us. I felt we were sent half way round the care system to find out helpful information. This should all be available in one place so you have all the information you need."*
- *"If this integrated care happens, I shall be surprised. Have been talking about joined up care for decades when I did nursing. How unless reduce administration and wages to managers, I only see front line staff yet again taking more workload."*
- *"I feel that the main issues affecting health and care services in Cheshire East have been identified, however it is the effectiveness of the proposed actions to resolve them that I have some concerns. For example, where it is proposed a multi-agency/service approach is developed, there needs to be a holistic approach where the need/s of the user (patient) is paramount and there is one over-riding objective, rather than each agency/service focussing on their own targets/objectives only and the user/patient being a secondary consideration."*
- *"I think the 'plan' covers and identifies the main issues facing health and care services locally and nationally but it doesn't identify how you mean to link the services, passing recipients between providers and most importantly ensuring their history goes with them. A lot of time seems to be wasted in re-visiting individuals' history before moving onto actions to be undertaken."*
- *"The integration concept is vital and I hope you will construct criteria and data records that will monitor over time just how this concept has been applied in individual (anonymous) case histories."*
- *"In general the plan is good but as always the devil is in the detail. The major problem is integration of hospital care and provision of home care. The latter is most important to allow patients to be discharged after hospital treatment and continue to receive care. For patients with dementia the back-up is currently pitiful except at huge cost."*

Pressures and Resources

Another theme of comments was the pressure on health and care services and the resources available. These mentioned pressures on staff in regard to workload and in staffing levels and recruitment. Another point referred to was the increase in the local population and new housing developments in Cheshire East, and the effect that this would have on capacity within the health and care system. A selection of comments is included below:

- *"With continued housing developments, the pressures on health and care services in East Cheshire are already enormous. I have concerns that with 100s more potential patients (that will arrive during the Five-Year Plan), realistic targets must be set and the increase in numbers using the health and care services, must be acknowledged."*
- *"Due to the continual growth of population and housing in Macclesfield, the size and services at Macclesfield Hospital should be increased and not decreased, that has been the practice over the last few years. This would prevent unnecessary longer travel for both patients and visitors and also help the environment."*
- *"[The Plan] appears to cover the right aspects. What are the impacts of the extensive house building schemes e.g. burden on available services, changes to socio-economic spread and age range?"*
- *"GPs overworked and with new development will be harder to get an appointment when needed also dentists. The same developments will put a strain on infrastructure and roads as extra people with children requiring school places etc. and extra traffic equals pollution, schools do not provide parking for parents dropping and collecting children from school."*
- *"Your summary document of the Five-Year Plan sounds reasonable, but it also alerts once again to the fact that it depends on people, in that we have to have a much larger pool of staff right across the board. This has been known for a long time and does not seem to improve. I feel sure we have a lot of chiefs but nowhere near enough Indians. This fact will I am sure apply to all over the country. Recruitment, a decent salary and understanding of people's family commitments would be good."*
- *"The plan in itself aims in the right direction. However, there is a major problem identified in the plan - "when up to full strength", "difficult to achieve numbers". It is difficult to understand how the plan can be achieved without the requisite numbers of people, which I assume from your document comes down to a lack of funds."*
- *"[The Plan] highlights some of the priority areas in the government's plans. Disparate contributions to health outcomes financially - 30% health behaviour - 10% smoking and budget for this? Recognition of changing population - but need to switch resources for this - the money... Expectation of what care communities and Integrated Care Partnership can achieve is high - they are not even formed yet and may have different objectives. Workforce is one of the most important issues and will take a significant time lag to produce the people in these roles - they do not currently exist and this will cause delays in outcomes. At the end of the day the people will still die so you are not saving money by making them live longer and more healthily - just delaying the inevitable which needs to be resourced as it always has been.*
- *"Applaudable sentiments and intentions but until the staffing issues that you point out here [are addressed]. We 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 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. The worry is that all plans will be set to fail. There should be a plan in place to make sure that professions in the medical*

sector (NHS) are an attractive option to school leavers! At present many students dismiss nursing, midwifery, and care professions because of the bad press, long hours and low pay. Until that is addressed you will not fill the positions needed to roll out these plans."

- *"The report does not address the issue of staff shortages in the health and care sectors. There is a cohort of GPs who are retiring, and they are not being replaced at the same rate; the NHS is very short of nurses as well as doctors, and social care remains seriously understaffed. Unless this issue is addressed seriously then health and social care are at risk. Cheshire East is an attractive place to live and work so it would be possible for you to try to encourage health and care workers to move here; perhaps by supporting training bursaries, essential workers' housing, or encouraging government to be more realistic about allowing people from other countries to join our health and social care sector."*
- *"Agree with issues facing health and care services but this cannot be achieved without investing first and foremost in improving the technological infrastructure and staffing levels within existing local NHS Hospitals, Primary Care, Social Care and MDT approach to healthcare improvements and social mobility. "Why do we need to change?" - Commendable intentions but these ideals have been suggested in the past but not fully carried out - why should we believe this time will be any better? "Reduce the demand on all hospital services" – probably impossible because the hospital has been on "full capacity protocol" frequently during 2019 not just 2018/19 Winter with extra bed capacity required. Extra ward frequently opened and patient dignity impacted."*
- *"Yes, it does identify most of the important issues facing health and care issues in Cheshire East... but... it talks only about the population of Cheshire East. It neglects perhaps the most important issue, that of the health and wellbeing of those expected to implement any plans. Look at staff sickness and illness; you need to make sure the engine is working well before you set of on a journey to solve the world's problems. Initially pay the most attention to the wellbeing of the NHS Staff and the many, many unpaid carers in our society who are very neglected. Particularly their 'Wellbeing'. Get some trained people who understand the principles of wellbeing and mindfulness."*

Support for Specific Services

Comments also addressed support from the Partnership for specific services. These included social services, support for those who have experienced domestic abuse support, children's services, Parkinson's Disease, and the provision of insulin pumps in Cheshire East. Comments included:

- *"[The Plan] addresses [the issues] and I am keen to know how you will ensure everyone has a home and how children will be well prepared for school, etc. Social services family centres used to offer a brilliant service to families who found it hard for whatever reason, to provide young children with the appropriate care and play. Sure Start was hugely successful. We need all of that and more."*
- *"Domestic abuse support is key - it impacts all aspects of the plan. People experiencing domestic abuse are more likely have drug, alcohol, physical and mental health issues and subsequently have more hospital admissions. Their children are more likely to require support as children and then adults as a result of growing up with domestic abuse. Effective domestic abuse interventions not only change the future of 1 person but also subsequent generations of the same family. One successful domestic abuse intervention can potentially save £100,000s in health and social care costs for one family and future generations. Not enough investment in preventative interventions such as domestic abuse and drug/alcohol services. These services are run with small numbers of staff and referral numbers are constantly increasing. More investment is needed and staff need to be paid properly, commensurate with their expertise…"*

- *"Fund children's facilities social care help for homeless, food banks. Families struggling financially. Family days. People struggling with mental health. Support groups. Crack down on drugs especially younger people under 30."*
- *"Insulin pump services for those with type one diabetes needs to be addressed within the Cheshire area through provision of a local service. Further extended access to GP services needs to be addressed."*
- *"There is literally no mention of Parkinson's in the plan. There is a huge hole in the care of older people by the fact that there are no Parkinson's nurses in Macclesfield. I can't believe that this is the case as it's such a life changing condition and people desperately need support."*
- *"You don't mention Parkinson's. I'm concerned about the lack of a Parkinson's nurse and the effect this is having on people living with this condition. These people are not living 'well for longer.' The lack of a nurse will be having a negative effect on their mortality and morbidity."*

Please let us know if you think that we have missed anything that you feel is important to you and your community?

Themes and example comments from respondents were:

Access to services

People told us that they believe initiatives to improve access to services are missing from the Plan. For instance, in seeing GPs and being able to access services more locally. Comments included:

- *"Access is a big issue. More and more is placed in primary care yet those vital services don't increase as our communities do. I appreciate the national issue with recruitment but something needs to be done to ensure people can actually access the great intentions with the plan."*
- *"Waiting times and trying to get a doctor's appointment are getting longer to be seen. Telephone conversations between patient and doctor are not satisfactory; how can a doctor see what a patient looks like over the phone?"*
- *"Access to your doctor is poor, now three weeks or more for an appointment and no real provisions for 'healthy living' checks. It seems to me that we need a lot more emphasis on initial client/needs identification before any real improvement can be envisaged."*
- *"Unfortunately, there are lots missing in these plans. Need to be monitored that they are reaching those who are missed. I know it's impossible to see everything but Cheshire East keeps closing support groups like Groundworks etc. and help stops."*
- *"The first and to me, the most important, is to improve access to a GP. Having tried for 40 minutes to get through to a surgery, only to be told that the day's appointments have gone - this is the most frustrating and dangerous outcome. This is why residents end up at A&E, Leighton Hospital - because they cannot get to see a GP."*
- *"Access. Some treatments are in other hospitals, e.g. Stoke or Manchester. Travel between these are left to the patient. Could this travel be coordinated?"*
- *"Reintroduce Sure Start places, where new parents can go for health education and advice and emotional support. Having a good start in life reduces inequalities."*
- *"More localised Cancer support so that sufferers do not have to travel to Manchester or Stoke for treatment."*
- *"Return of outpatient clinics to the community is another must. Removing them from Handforth was a disaster. More respite/recovery care is essential. More sheltered accommodation. More mental health beds are required. Return of local GP Out of Hours service is required instead of ridiculous 111 system. Return the call handling to local OOH."*
- *"As I have said the problem of not getting an emergency appointment with my doctor, because they are so busy. Also, bed blocking in Leighton Hospital. Ward 19 has now been closed which held patients that are ready to be discharged."*

Breastfeeding

The survey received over 75 comments from people who felt that a focus on breastfeeding support was missing from the Plan. A selection of these comments is included below:

- *"I appreciate that the plan covers a large area, with a holistic approach to wellbeing. I am disappointed that in the child's health section, "We will support children to be healthy by focussing on avoiding childhood obesity" is all that is mentioned regarding baby nutrition. Specifically any mention of breastfeeding is missing - yet this is an area with a large amount of scientific research demonstrating the health benefits for children who breastfeed, plus the mental health and physical health benefits for mothers who successfully breastfeed and the economic benefits of not using formula. Breastfeeding rates are often lowest in the most deprived areas where education on the*

benefits, or support given is low - yet these are the areas where the economic benefits of breastfeeding are greatest. Breastfeeding is a 'learned' skill, and as such needs supportive knowledgeable people who are funded to help mums to get started with their breastfeeding journey. This help is necessary in the first hours and days after giving birth when the exhausted mums are under the most pressure to feed their babies without any learned experiences on breastfeeding. Therefore, it is imperative that the plan includes specifics on the importance of improving breastfeeding rates and how this will be done in a supportive manner to maintain mum's mental health."

- *"I think there could be more campaigning to normalise breastfeeding, ongoing funding for cherubs/breastfeeding support and increased visibility of these services in the community."*
- *"Breastfeeding support (for physical and mental wellbeing postnatally for mother and child) as well as health visitor and midwife support in the community."*
- *"Focus on breastfeeding support and education. Breastfeeding has so many health benefits to both mother and baby however very little emphasis is given to it. This must be prioritised and funded properly. More support in hospitals both on children's wards and maternity units plus more trained IBCLC in the community."*
- *"Early childhood development and health are key to a healthy and happy life. You have made no mention about securing funding for the Cherubs Breastfeeding Support Service."*
- *"It doesn't identity supporting women in the early days post pregnancy which I found the most vital time. My visits from cherubs breastfeeding support with both my children were a vital part of the immediate post birth support that I had, then about four weeks after birth I started attending their groups which were so supportive, educational & informative. Then the long term access to 24/7 advice & support from their Facebook group is outstanding & has helped me so many times. It has been evidenced how breastfeeding has a direct impact on health and wellbeing, both physical and mental health, of both baby and mother in the short term but also long term well past starting school age. I can't believe this is not at all mentioned in your Five-Year Plan. We have recently lost our one to one midwife service, the support and home birth I achieved only as a result of their service has had a massive effect on my wellbeing (my first birth through community midwives really damaged me physically and my mental health) and now for the second part of my vital support not to be mentioned in the plan as well is just devastating."*
- *"Extended support for parents of new-borns, including more frequent visits to or from midwives in the time after childbirth. We are so supportive of women whilst they are pregnant but the hardest time is the first six months-one year after giving birth."*
- *"Again, breastfeeding support both within the community and on children's and maternity wards is missing. This should be in the form of experienced and properly qualified staff, not just someone who has attended a one day overview course."*
- *"Continued support from breastfeeding teams is key to normalising breastfeeding. The bond is so precious between a mother and baby and I was petrified when I had my daughter and was made to feel so at ease by the breast feeding team at Leighton, cherubs all of the midwives."*
- *"Please continue to fund breastfeeding support. Cherubs is an amazing service, it enables and empowers new mums in a country where breastfeeding rates are the lowest in the world, words cannot express how important it is."*

Communication

There was a feeling from some respondents that a focus on promotion of the support available was missing from the Plan. Others thought there was too little discussion of the use of technology. Comments included:

- *"Five Year Plan appears to cover main issues, but people and communities need to be made aware more openly of what help is available, events, home visits etc."*
- *"Promoting services available for access to health care and ensuring all professionals have the same access to referring patients to services."*
- *"Whilst there is a need to increase the use of technology and the "digital age", there is also a need to recognise that not everyone over 70 - and certainly not everyone over 80 - is fully conversant with computers, mobile phones, apps, etc. This will require some time to overcome and meanwhile, processes in place to cope with this lack of expertise."*
- *"A lot of elderly people do not use the Internet. How are you going to make sure those people are aware of and can access relevant services?"*
- *"A GP practice that is IT competent & modern is essential. They need to provide modern methods of communication to its patients e.g. email."*
- *"I fully agree with the idea that there needs to be more use made of assistive technology and other IT to aid early identification and prevention of illness, but it must also not lose sight of the percentage of the population (particularly older people and the more vulnerable) who can feel threatened by such technology. That does not mean we should not use it, but it means we need to find a way of using it which does not lead to some sectors of the population not engaging effectively."*

Early intervention/Prevention

Another theme of responses was that a focus on prevention in regards to exercise was missing from the Plan. Comments included:

- *"I wonder if it would be possible to work with the part of community currently fit and well of all ages and backgrounds to help prevent illness, and how this would work practically. I feel this would be of financial benefit to the NHS as well as wellbeing of community."*
- *"Free/subsidised gym memberships on prescription to those whose health depends on a fitness programme - avoidance is better than cure."*
- *"More intervention and prevention need to be in place for carers. You have highlighted children and older people but have not listed anything to with those in-between and those who give up there day to care for others."*
- *"Install fitness equipment in local parks/promote the 5k not just in South Park but all parks. Hold get-togethers in the parks. Go to Southport and see how fabulous the play area for children and the crazy golf is. It's packed with families and brings people out who could not perhaps afford theme parks etc. Paddling pools in all parks like Congleton. Walking clubs in local areas including Gruffalo trails and teddy bears picnics. It seems that Macclesfield have a large population but not everyone has a vehicle to travel to Tatton or Lyme Park etc. so something closer to home would be great."*

Infrastructure and Transport

Many respondents believed that the Plan did not address the issues surrounding transport links between towns in Cheshire East and the ability for people to get to services, and also the pressures on services resulting from new housing developments. A selection of comments included:

- *"We have just amalgamated our doctor's practice - Disley - Poynton - Bollington. This may ease the pressure on doctors but with poor local transport to Poynton, Bollington or Macclesfield, causes more stress to patients, not everyone drives - combination of two trains or two buses is costly both in time and money."*

- *"Building stronger links. You look at Crewe, it's like a town with two parts. The old centre is dying and the new shopping site is busy. Look however at who is using the two sites. More integration and free parking."*
- *"I am concerned that the pressures to be felt with this huge potential increase in residents needs to be of paramount importance in any plans/decisions that are made now and carried forward."*
- *"More and more new estates and houses not extra Doctors, Dentists and therefore people go directly to Hospital. Playgrounds being built adjacent to housing estates rather than within them so this enables drinking, substance misuse in young and old and children left alone for hours on these playgrounds and the anti-social behaviour has a negative impact on the lives of the people living near to them."*
- *"I often walk down the canals for exercise and they are poorly kept, if you want to encourage exercise gardening and maintenance for the canal sides will be important."*
- *"Have extra GPs and dentists and develop Leighton Hospital to cope with increased patients due to various developments of new housing already completed and future plans will increase numbers of people requiring treatment massively."*
- *"Cycle lanes to encourage people to get out of cars and make local journeys on a bike and wide enough/cleared footpaths on all routes and roads into town."*
- *"Many people find travel to major towns difficult, rural facilities also need to be available."*
- *"You haven't mentioned the impact of climate change and the need to make our communities more sustainable. This could include more public transport to avoid people having to drive to appointments; more Skype/phone consults; electric charging stations in hospital car parks; reducing plastic waste by having water refill stations in health premises and hospitals. You have not mentioned air pollution which has a major impact on health; not just on asthma and respiratory diseases but also cancer, stroke and heart attacks. This is something that you could change with radical public health policies."*
- *"The built environment is more important than this plan addresses in one instance - wheelchair users' benefits from getting out. The surfaces for pedestrians in Alsager are appalling and definitely prevent - not just deter - people and their carers from attending formal and informal venues for cultural and social interactions. The latter are well-known to be important for mental wellbeing at all ages but may be particularly significant for the often isolated over 60s."*
- *"One thing that does appear to be missing is the question of homes. It is of no importance if they are for sale or for rent, but we just haven't got enough of them. I am 78 years of age and we bought our first home in 1965, with a mortgage of course. It had no mod cons and it wasn't financially easy either. But looking back, the process was straightforward – the rules to protect us from financial hardship were well known and we abided by them. We had no choice other than to rent one – and there were plenty of those going. There was no "financial engineering" needed to make them, what nowadays, is called "affordable". I feel we have lost our way as a nation in this respect. The post war local councillors and governments responsible for rebuilding the housing stock after the war with prefabs, etc., would give short shrift to such practices and the general lack of progress, especially so given modern manufacturing facilities. A decent home is a vital component to good health and wellbeing."*

Integration of services

Various comments described the need for an integration of services, and a joined-up approach to care and service delivery. A selection of comments is included below:

- *"Keeping older people out of hospital - or in for no longer than necessary - is dependent on resolving the Social Care funding and provision issue."*

- *"In my experience the link between GP services and external services (such as hospital & mental health) has been very poor indeed and there needs to be a clear communication path and shared ownership of patients regardless of what stage of treatment they are at."*
- *"Access to psychological support as part of long term chronic condition management."*
- *"We do wish to raise awareness about the need for effective pathways for communicating health and wellbeing issues for people with sensory impairment - a group which already experiences substantive health inequalities in relation to physical and mental health. Issues raised including preventions, early interventions and hospital admittance reduction all require targeted approaches for residents with sensory needs - methods such as telemedicine for example, whilst having significant benefits for many, are inaccessible for many residents with sensory loss. We believe this can be addressed through on-going involvement with development of service specifications, and identification of accessibility gaps."*
- *"The message about the budget deficit may be deliberately underplayed, but my sense is that we (the general public) need a reminder that our NHS has a budget and sadly, there is no money tree. So collectively we need to be having the sensible conversations about priorities. Which I know can degenerate into the mud of immigration..."*
- *"Please do not waste money on new ideas when many things need to be sorted at grass roots. For example my doctor's surgery does not do blood tests, will not prescribe certain medications- they have to be obtained from Leighton - and make it as difficult as possible to obtain certain information. Doctors surgeries in Northwich need bringing in to the 21st century first.....more access to district nurses. Basic things that need to be addressed."*
- *"Rehabilitation services for rural communities. Supporting community entrepreneurs including accessing funding streams. However due diligence required when commissioning the third sector, better advocacy services."*

Parkinson's Disease

Comments were received that mentioned the lack of a mention within the Plan for Parkinson's disease:

- *"There are no Parkinson's nurses in Macclesfield and this is unacceptable."*
- *"You don't mention Parkinson's. I'm concerned about the lack of a Parkinson's nurse and the effect this is having on people living with this condition. These people are not living "well for longer." The lack of a nurse will be having a negative effect on their mortality and morbidity."*

Social Isolation

A further theme of comments was that there needs to be a greater focus on social isolation than is currently in the Plan. These comments included:

- "Tackle social isolation. Increasing numbers live in single person households."
- "Need to be aware of farmers and the stress and loneliness they encounter. People must be able to get help and care promptly. Doctors not to be told they are sending too many patients to A&E. It is their judgement."
- "Loneliness in the elderly. There is a great difficulty obtaining care packages for patients in rural areas, particularly End of life care if patients want to die at home. No care agencies want to attend rural areas making end of life care difficult and families struggle. Patients need respite facilities nearer to home enabling their families to visit and continuity of care."
- "A focus on people being able to stay put within their own homes but not suffer isolation whatever age they are would be a key ask."

- "A focus on minimising isolation of the elderly - this would link with mental health and may aid earlier identification of preventable illness."
- "I think there should be more about addressing social isolation, particularly with the elderly. It is recognised that this can lead to a number of conditions e.g. depression."
- "More services for the elderly to have access to company and a hot meal during the day."
- "Initiatives to prevent loneliness and isolation in the community especially for elderly people."
- "Health and wellbeing of the elderly often seems to be focussed on dementia, cancer, heart disease etc. I am concerned about those elderly, like my Mum (not a Cheshire East resident but there will be many like her) who do not suffer from any of these diseases...who are generally well, but become housebound due to losing confidence in their ability to be safe out of doors and who then become isolated and depressed. I think access to stability and strength sessions should be as important as doctors constantly pushing statins. This then leads onto questions of transport... people could benefit from health activities but be unable to access them due to limited public transport and lack of private transport due to poor eyesight/financial restrictions, etc."

What do you think we could do to improve health and wellbeing in Cheshire East?

Themes and example comments from respondents were:

Access to services

A theme of comments was that better access to services would help to improve health and wellbeing in Cheshire East. These included more GP appointments at times to suit working people, an increase in online consultations, and better transport links. A selection of comments included:

- *"Services such as physio and no smoking & HCA appointments should run more frequently and outside of core day hours."*
- *"Improve the public transport service to ensure that isolation is reduced."*
- *"Move far more services away from hospital and into local clinics/surgeries."*
- *"Encourage people to walk or cycle rather than drive whenever possible."*
- *"Cut duplications in services. Make clear single pathways to services easy to navigate. Engage GPs. GPs need to spend more time referring patients to other services (social prescribing)."*
- *"Improve online services so that more appointments with GPs, etc. can be made online, consultation by phone, provision of results for routine tests via email or text instead of face-to-face."*
- *"Offer increased GP appointments so illness is identified before it becomes serious."*
- *"Find a way of making it possible for the working age population to access primary GP services that can be planned. I rarely need to see a GP or nurse practitioner immediately but it is impossible to book an appointment a week in advance. I know at least one person with mental health problems who struggles to make appointments at the frequency requested by their GP because they can't be booked far in advance and they can't phone at a time when appointments are available due to working in an environment where it is not possible. This support can reduce the call on finite acute services."*
- *"Love the idea of integrated care, care at home, and keeping people out of hospital where possible. I do worry about time it t0akes to get appointments and appropriate care.*
- *"Creating more Respite Care facilities, to free up hospital beds for those in medical need. These would then act as a bridge in helping people go home again, with everything in place for them to remain there safely and with the appropriate support."*
- *"Access to social groups and better (lower priced) access to sports facilities. The recruitment of community worker to directly engage with at risk populations - rather than the withdrawal of funding to existing organisations/ charities who are involved in this aspect. Cheaper travel by public transport for young people - as available in London. Development of community hubs (one stop shops) where people can get advice on activities and benefits. Not to assume everyone is computer savvy or has access to the internet. I haven't seen details of this plan in my local library - there seems to be an assumption that everyone has internet access."*
- *"More help for hard working people instead of giving all the help to non-working people. Easier access to mental health resources. Stronger triage team in A&E to get rid of time wasters."*
- *"Moving outpatients to the community including in towns near hospital."*
- *"More community nurses to make home visits, perhaps - not to just to the elderly but to mothers of young children, and people of all ages with long-term disability."*

Breastfeeding and start for children

A big theme of the comments was in regard to the start for children and post-natal support for women. Over 75 comments were received specifically in regard to increased support for breastfeeding and postnatal. A selection of these comments is included below:

- *"Breastfeeding support needs improving and funding more."*
- *"More public health campaigning for breastfeeding, secured funding for breastfeeding support and mention of this in your plan."*
- *"More support for new mums in breastfeeding in hospital, and continued and improved support for Cherubs."*
- *"Timescales and better pregnancy look after support. One to One [Midwifery service] is truly being missed."*
- *"Cherubs Breastfeeding Support Service in instrumental in many mothers' breastfeeding journeys. This service is incredible and without them many babies would not be successfully breastfed. Breastfeeding provides the best start for babies and impacts positively on the health of the child and mother. Surely this is something Cheshire East want to secure for children's health."*
- *"Extend the breastfeeding support within Cheshire East. Put additional funding to Cherubs Breastfeeding Support so that they can employ more IBCLC qualified breastfeeding support staff. Ensure hospitals within Cheshire East have full time infant feeding coordinators that are IBCLC trained to support mothers and babies throughout the hospital."*
- *"More support into midwives so they are not as time constrained during pregnancy and labour. Then continue supporting mothers in the early months post birth especially with breastfeeding, the home visits, community groups & immediate access to a 24/7 advice over their Facebook group is most vital and it has been evidenced how breastfeeding has a direct impact on health and wellbeing, both physical and mental health, of both baby and mother in the short term but also long term well past starting school age. I can't believe this is not at all mentioned in your Five-Year Plan."*
- *"Provide a Full-time infant feeding coordinator at Macclesfield Hospital to include breastfeeding support on the children's ward and maternity unit. Continue to support Cherubs who provide a fantastic service however their clinics are very busy so provide access to more IBCLC trained consultants to work at their clinics and to provide home visits. The Children's Community Nursing team do a brilliant job already but could use funding to extend their reach and provision."*
- *"Continued provision of hospital and community breastfeeding support. Also the recent closure of one to one midwives has massively impacted the provision of maternity services, meaning longer wait times for appointments and stretching of existing services to accommodate too many people. More midwives and support workers are needed."*

Communication

A key improvement that people told us they would like to see is in communication. This covers communication between health and care professionals and services, the communication between staff and people, and an increase in the promotion of services and support available. Other comments promoted the importance of asking staff and services for their ideas, and working closely with community groups. A selection of comments is included below:

- *"Improve the way you promote the services you currently offer as well as new services coming up - a more proactive approach is required - acting ahead by informing people what help is out there before the help needed is at a crucial stage."*

- *"More promotion of free exercise classes."*
- *"When people retire who are not on benefits or any social payments what contact do you have with these people. Absolutely none. Why don't we have a retired social card?"*
- *"Involve the general public and patients and professional that work face to face with service users in planning services, lots of ideas seem to be thought of from the top, often ideas are just the same ideas from years ago but branded with a new on trend wording."*
- *"We need to talk about our health more and reduce the stigma of talking about conditions like cancer, mental health, high blood pressure. Clean up the governance - it is so confusing. Who does what in the NHS and CCGs is a mystery to me."*
- *"Strive to attain best communication between people and health and care agencies."*
- *"We receive a good service but our one experience of obtaining community help (even though we would have been paying for it), on discharge from hospital was slow and apparently hindered by lack of staff. I do not know if understaffing is an issue generally. Clearly no plan will work if there are not enough properly qualified staff to deliver the service."*
- *"More linking in with Pharmacy so if you cannot see your GP you can go to the Pharmacy and they could have access to your details for minor issues."*
- *"Tell my local GP Practice to share data with the Cheshire Care Record as they currently do not and so my local hospital is unable to see my record."*
- *"Keeping people fully informed about the services available - this might help them to access the correct services for their health issue – e.g. instead of going direct to hospital emergency."*
- *"Openness as to how GP Practices keep up to date with ever changing guidance and legislation."*
- *"Consistent approach by health professionals. For example, hardly any expertise on helping women with menopause. Approaches vary dramatically according to medical prejudices."*
- *"More efficient use of technology. Communication within and across the NHS appears to be a major issue despite the ease and speed at which it can be achieved these days. On a visit to hospital A&E my wife was asked the same questions by three different people, all of whom were recording it on tablets, prior to being assigned to medical help."*
- *"Speak to the staff on the shop floor, ask for their ideas from a local level rather than a national level. A number of staff are also patients and therefore will usually give a balanced view."*
- *"Ask services to look at what they provide against a wish list of what they feel would improve services. It's about working smarter and to do this speaking to the informed, patient facing workforce in greater depth, will yield a forward thinking workplace and trust working for the local communities' needs."*
- *"Work closely with organisations who have a genuine interest in the local community they are in so they are part of the community. Less focus on cost cutting due to organisations coming into Cheshire with no genuine interest in the community except winning the contract."*
- *"Communication with all the local voluntary groups, use libraries and local radio. Must advertise what the 'Five Year Plan' is and with regular updates to all groups as above."*

Early intervention/prevention

People told us that they would like to see a focus on preventing illnesses, through education, and a focus on healthy diet and exercise, and combatting alcohol and drug abuse. People would like

to see free classes available, and more information accessible to help with self care. A selection of comments included:

- *"Prevention is the key. The move towards more social prescribing will significantly help this agenda, but there has to be the appropriate level of support to the third sector to ensure that capacity can be addressed effectively."*
- *"Concentrating on the drug and alcohol issues of the Crewe area which impacts on the health and welfare of children and adults. Education and social prescribing."*
- *"Improve the way you promote the services you currently offer as well as new services coming up - a more proactive approach is required - acting ahead by informing people what help is out there before the help needed is at a crucial stage."*
- *"Work with schools and colleges across the education sector to educate children and young people how to stay fit and healthy. Good coverage of day care centres across Cheshire East to reduce social isolation and help older citizens to stay fit and healthy for longer."*
- *"As a primary educator I am well aware of the unhealthy diets many children have alongside few opportunities for being active. Parents need more support in how to provide healthy diets for their children and there needs to be more funded opportunities through schools to support active lifestyles."*
- *"Educate, educate, educate -not nannying but real education. Cookery classes for healthy eating."*
- *"Offer free council services for vulnerable adults and those on with long term conditions to help keep them healthy and active. For example, given the obesity figures there could be a 'quick win' if the council offered free slimming classes, healthy cooking classes and free gym membership/support for a limited period or free use of local swimming pools etc."*
- *"Offer free exercise classes for adults and children, make activity a high priority for all children.*
- *"Programmes around health and wellbeing need to be more outcome focused for the person rather than just trying to sign up lots of people which is what happens for Everybody sports & leisure. They are trying to reach quantity rather than quality; they should be trying to change people's lives. Gym membership should be lowered for those with health issues."*
- *"An enormous question. I believe that one key part of the answer is early intervention. For example it is well established that a large proportion of older people will develop dementia, and that there is currently no cure. It might be that providing information via talks as to what people can do to help themselves/ how things might change/what resources could be available as & when the situation becomes worse..."*
- *"Provide exercise on prescription (Stockport area has a very good service for this). Provide more tasters for different sport/ hobbies and ongoing group and individual support for those wishing to live more healthily whether it be diet and food education, exercise, sleep routine, social support and relaxation. Even social media support groups for these would be of benefit if not face to face."*
- *"Perhaps more focus on how the general population can help themselves to stay healthy? To go back to the village metaphor, 48 of us are obese or overweight. That's a shocking statistic. I know this is contentious, but we perhaps need a reminder that prevention is better (and cheaper) than a cure.*
- *"Publicise more information about how people can keep themselves healthy. Encouragement of wellbeing rather than sickness, e.g. joining and encouraging more social self-help groups for people to join to aid both physical and mental health. Encourage more look after your neighbour attitude, treat people how you would like to be treated yourself."*

- *"More help encouraged for families to look after elderly relatives, avoiding the need for people to go into a home, which should be the very last resort."*
- *"Working with older and frailer people in terms of assistance with independent living and avoiding secondary care. Helping to reduce the enormous harms associated with excessive lengths of stay in hospital related to 'delayed transfers of care'."*

Infrastructure and transport

Another theme was of infrastructure and transport in Cheshire East. These comments paid particular attention to the need to provide transport systems that could allow people to access services easily. Others discussed the need for infrastructure to meet the demands placed by a rising population with new housing developments. A focus on providing services for rural communities was also mentioned. Comments included:

- *"Provide/assist with better transport for the elderly to allow them to visit exercise classes/ appointments which may assist in reducing admission due to reduced social isolation, ability to maintain self-care, e.g. eye tests, etc."*
- *"In a rapidly changing Cheshire East, where more and more homes are being built it is important that the service is robust enough to ensure the 'quality' and 'time' to meet the demands. A 'drop in' clinic for minor injuries/concerns would be helpful and potentially release doctors' time for more urgent cases/concerns. A larger leisure centre (not shared by the school) could encourage more people to engage in fitness classes."*
- *"Utilise Congleton War Memorial more effectively to prioritise better facilities for patients having to travel. Otherwise I think the vision will cover ways of improving health and wellbeing for local people."*
- *"Keep Macclesfield Hospital open and invest in it. Services should not be removed."*
- *"Keep it local - important to ensure that local facilities are not downgraded in order to maximise funding of central and larger facilities. For example, keeping the Congleton War Memorial Hospital open and improve its facilities and services for 7 day use, rather than just expanding facilities at Macclesfield."*
- *"Integrating outpatients with transport systems e.g. railways and moving outpatients to the stations (Crewe, Chester and Macclesfield). We would then reduce the pull to admit patients, develop a basis for a viable local transport system that would then feed into the HS2 developments. The hospitals can collaborate and provide Outpatients between three linked facilities. Casualty should be retained in the three towns but the benefits of rationalisation of inpatient and emergency admissions should be understood and taken. We need a plan for free standing casualty departments in the three towns to allow rationalisation of services and estates. I would repatriate specialist commissioning form Liverpool, Manchester and Stoke and place it somewhere in the county that is accessible. That would form the core of a much more efficient service and repatriate the employment to the county. It should be accessible by road for ambulances and rail for visitors."*
- *"Provision of better cycling and walking routes to encourage people out of their cars would certainly help."*
- *"Encourage wider use of our lovely semi-rural environment for outdoor pursuits by improving local transport links. Very difficult to get anywhere in Cheshire East if you don't drive - and road congestion is becoming more a problem and likely to increase. Have lived and worked in Cheshire East for 20 years - Macclesfield - Crewe- Nantwich - Northwich - Winsford - can see marked difference in traffic volumes now of 10 years ago. Never use public transport for local travel as takes too long on routes where there are connections (frequency of buses for example) or there are no public transport connections for the places that I want to go to."*

- *"When planning for the future more time needs to be spent on looking at rural areas not only health concerns but transport links, social housing, exercise facilities and local shops - if they have been reduced in the area this causes more stress to elderly/disabled residents - not everyone can do online shopping."*
- *"Look after rural communities more. Provide more than 9 to 6 Monday to Friday service. Stop cutting services, downgrading hospitals. Keep local hospitals, i.e. Congleton War Memorial, Knutsford Community Hospital properly staffed; for locals and people who need them. Ensure front line staff. Cut administrators."*
- *"Work closer with planning department to ensure new developments meet health requirements e.g. do not allow new housing developments to be built in an area that already exceeds EU legal pollution limits. More needs to be done to improve our air quality and thus our health."*

Funding

People told us that health and wellbeing in Cheshire East could be improved with increased funding in areas such as primary care, speech and language, and social care. Comments included:

- *"Invest more cash in GP Practices. The population in Cheshire East is rising due to the vast number of new houses being constructed and there is no health and social care improvements how can GP surgeries and other health provision be expected to cope if there is no increase in funding. It is already extremely difficult to see a GP and waiting lists are growing. Builders should be forced to build new surgeries and schools they are making millions of pounds profit."*
- *"More funding for Speech and Language Therapy would also help massively."*
- *"More money from the government to improve care homes and more nurses for specialist jobs."*
- *"Don't fund anything that people should control themselves. All this does is allow them to think that their problem is managed by someone else."*
- *"Use the resources available instead of commissioning the same programmes which are providing limited outcomes. There are some great providers who do not chase funding who should be supported and recognised not just those who shout the loudest who are friends of the council."*

Integration of services

Another theme was the need for integration of services, and a holistic approach to care. This varied from a focus on person-centred support, to joint commissioning and localising care. Examples of comments are included below:

- *"Localise as much care as possible - GP Practices are often under-utilised. Look at how to a) retain staff and b) how to recruit new staff to the area. People leave the NHS or Social Services for many reasons, but poor working conditions is a big one (overwork, too much paperwork, etc.) You cannot achieve anything unless you improve your staff situation."*
- *"Implement any ongoing plans to combine Health and Social Care immediately or sooner. I like the idea of combining CCGs into an overarching body but it has to deliver at ground level, in new ways, by radical thinking and actions that cross old entrenched professional boundaries to benefit people."*
- *"We need a joined-up approach from health and social services to keep the elderly and frail out of hospital. The latter is all too frequently and inappropriately seen as the default endpoint for any unwell person particularly out of office hours."*

- *"More joint commissioning."*
- *"As your vision says, be more people centred. Care should not be a profit making business and should be in the hands of the community."*
- *"Devise a system where when you go for an outpatients' appointment your whole body condition is taken into account, not just one thing. For example, I deal with Gynaecology and rheumatology - both conditions affect the other one but I attend separate appointments with separate consultants and the two consultants don't talk to each other - this is increasingly frustrating as if they just had a conversation I would be in better health. This would reduce costs, consultant's time, my time and improve my mental health."*
- *"More joined up working between health and education - it is all part of the same picture so to separate the two creates unnecessary boundaries for those trying to address the problems. Joint commissioning of provision and collaborative working could really make a difference to the children we work with and prevent them becoming adults with low educational attainment, resulting in possible poor employment prospects, mental health difficulties and substance misuse issues."*
- *"We need a joined up approach from health and social services to keep the elderly and frail out of hospital. The latter is all too frequently and inappropriately seen as the default endpoint for any unwell person particularly out of office hours."*
- *"There are plans in place but lead time is huge and the disparity in investment between primary and secondary care education and training is huge. You also need the interested personnel to deliver this and time for them to deliver it- not just goodwill. If you want more services to be delivered in primary care you need to invest in the workforce there and this will take at least five years even If you start now."*
- *"More joined up working to prevent unnecessary overlap of care or interruption of care. More holistic approaches to healthcare undertaken by practitioners. Continual re-evaluation of health and care service provision, done as simply as possible."*

Mental Health Support

Many people discussed the need for greater support for mental health conditions. A selection of comments included:

- *"More support for mental health and learning disabilities, offering more community support groups and free groups or societies."*
- *"Development of mental health resources, this would have a knock on impact on demand on other services."*
- *"We need more mental health training for NHS staff and a mechanism for a quicker referral system. Most wellbeing problems are not actually that complex and most people respond quickly to some form of intervention by a specialist. At least if there is a serious issue it can be referred quickly."*
- *"Improve young adult mental health services as they are sadly lacking at present. The helpline numbers given out are often of little use and it appears that patients are told they are either too bad to deal with or not bad enough. In my experience it just encourages the patient to take more self-destructing measures to get noticed and the help they so desperately need."*
- *"Ensuring there are sufficient trained staff to promote wellbeing and early detection of ill health e.g. health visitors. Increased focus on mental health and prevention of mental illness, as poorer mental health increases the risk of many physical illnesses."*

- *"Addressing the high incidence of suicide in the population and the ratio of occurrence of 75% in males compared to females of 25%. Increased strategies to reduce stigma around mental illness. Promote mental health first aid training and suicide prevention training."*
- *"Quick access to mental health services e.g. counselling, CBT. Look at role of dietitian in treatment (for example currently no specialist diabetes or cardiac/respiratory rehab dietitians are funded yet diet is the foundation of treatment for diabetes and significant in secondary as well as primary prevention of coronary heart disease (including stroke) and high blood pressure. In chronic disease or terminal disease there is no specialist palliative care dietitian. Also, dietitian role in prevention and currently no specific public health dietitian posts in Cheshire East."*
- *"Improve young adult mental health services as they are sadly lacking at present. The helpline numbers given out are often of little use and it appears that patients are told they are either too bad to deal with or not bad enough. In my experience it just encourages the patient to take more self-destructing measures to get noticed and the help they so desperately need."*

Support for Specific Conditions

Comments called for increased support from the Partnership for specific issues and conditions such as falls, Parkinson's disease, and dementia. Comments included:

- *"Encourage more Be Steady Be Safe classes, across the Cheshire East footprint and make this more accessible. Also a dedicated Falls team, to get the fallen person up, check their wellbeing, follow them up and liaise with appropriate services as needed to ensure the fall doesn't happen again. Time and again a person falls and is then sent to hospital unnecessarily."*
- *"Provision of Parkinson's nurses."*
- *"Get a Parkinson's nurse."*
- *"My wife has dementia and falls between two NHS Trusts (Cheshire East & CWP). Communication between the two could be better to ensure continuity of prescribed medicines. I have also made an approach to the Dementia Reablement Service early in August but the first date I have been given is 25 September. A faster response would help since sometimes as a carer you can meet some unexpected challenges. More psychiatric help would be great although our Memory Nurse does a fantastic job."*
- *"I think that training in how to handle patients with dementia is very important. I found this to be very lacking with staff having no experience in handling these elderly people."*

Conclusion

The findings of this report identify the views of local people in relation to the three key areas of the survey; whether the five-year plan identifies the most important issues relating to health and social care in Cheshire East, if anything has been missed that is important to individuals and to the local community, and what could be done to improve health and wellbeing for local people.

There was a mixed response from local people as to whether it was felt that the Plan did address local need. Of those who did feel that it addressed local need, there were a number of comments relating to ensuring that this is supported with adequate funding and staffing levels.

However, for those who felt that the Plan was not identifying all relevant issues, comments related to putting more of a focus on health and wellbeing across the lifespan, including mental health support and more support for the best start in life and ageing well. Accessibility of services was also frequently mentioned, not only in relation to long waiting times, but also in terms of the location of services and how easy they are to access by local transport.

Additionally, respondents talked about the importance of self-care as well as early intervention to ensure that people can live well for longer. An integrated approach to the provision of services, ensuring that the services are person-centred and adequately resourced was seen as important in achieving this.

When asked to comment on whether there was anything missing from the Plan, a number of areas of concern related to accessibility of services, funding and infrastructure, and prevention services, similar to points made in the first question. However, respondents also addressed a number of other issues, including addressing social isolation, particularly amongst the elderly, to ensure that they feel engaged with amongst their local community. It was also felt that more could be done to communicate effectively across the broader population. Although advances in technology were seen as important for this, it was also felt that groups such as the elderly did not always use technology and so a range of communication methods should be used.

When asked to share their thoughts about what should be done to improve health and wellbeing, respondents referred to issues relating to funding, infrastructure and staffing. Particularly with the increase in house building, there was concern that local services could not cope with the increase in local population sizes. In relation to infrastructure and the local environment, making sure that there are gyms and local green spaces available to support health and wellbeing was highlighted. Again, communication was also seen as being key to ensuring that local people know what support is available to them and where.

More support for mental health services, and specific health conditions such as Parkinson's were mentioned, as well as ensuring an integrated approach to delivering health and care services.

There were 75 comments relating to the importance of breastfeeding support for new mums. Comments particularly talked about ensuring the continuation of support groups such as Cherubs and also that key breastfeeding support staff such as the Infant Feeding Coordinator were maintained. It was felt that there should be education around normalising breastfeeding and more generally ensuring there is support in place to enable children to have the best start in life.

Appendix 1 - Healthwatch Cheshire East Volunteer Workshop Summary

The below details findings from a workshop held with Healthwatch Cheshire East volunteers.

Name of Healthwatch:	Healthwatch Cheshire East
Title of event:	Cheshire East Partnership Five-Year Plan
Target group:	Healthwatch Cheshire East Volunteers
Rationale for targeting this group:	To gain insight/views and opinions on the Draft document to feed back to the Partnership.
Date and Time:	Friday 16th August 2019, 10am-1pm
Venue:	Healthwatch Cheshire CIC, Sension House Denton Drive, Northwich CW9 7LU
How did you publicise the event?	Email to volunteer mailing list
Number of attendees	15
Number of Healthwatch staff	3 David Crosthwaite – Volunteer Coordinator – Facilitator George Gibson – Communications and Research Officer Jon Roberts – Community Engagement and Project Officer
How did you engage at the event? What methods did you use?	• PowerPoint presentation to introduce and set format of agenda and workshop. • Focus on visions. • Volunteers prepared prior to event by reading the Plan. • Flip Chart. • Post-it notes. • Prompting questions on tables.
How did you record information on the day?	• Flip charts. • Comment cards. • Group discussion.

	• Room discussion and any additional comments captured by facilitator on flip charts. The attendees had had prior notice of the Five-Year Plan in both electronic or hard copy of full Plan and summary document. This had been emailed or posted to them by Healthwatch Cheshire. The attendees were placed into four groups to manage feedback and 10 minutes to re-familiarise with the documents and then 15 minutes to produce comments/opinions on flip chart paper. Such was the interest the attendees requested additional time to consider their response. Feedback was captured by the group's flip chart sheets as well as a full room conversation with the facilitator to capture additional comments.
Question 1 **Please let us know your thoughts on whether the plan identifies most of the important issues facing health and care services in Cheshire East?**	Feedback: **<u>Accessibility and Promotion</u>** • The messages contained appeared to have too much jargon or business speak, and this was a concern to those present. It was commented that there appeared to be no easy read format available on the Cheshire East websites. • There was a question as to accessing the draft as many had only been aware of it through the actions of Healthwatch. Out of the 15 attendees, only two had had prior knowledge of its existence. The discussion around the contents of the plan/draft led into how the document has been promoted with again many of those attending stating they had not previously heard of the process. • "I never know what is taking place until it's too late." • "Who are the Cheshire and Merseyside Health and Care Partnership? Why will they consider the plan do they have the final word?" • "The plan states the obvious and those who are aware of the plan would say it should include what it does however the more important thing is, is it deliverable?" • A question asked was "Do the partnership really want the public involved?" • Questions asked about why GP Practices, hospitals and local authority offices didn't have posters or flyers displayed to raise awareness as more people aware would result in valuable feedback and involve the community. The Partnership contains some of the largest employers in the area can their work force not be utilised as ambassadors. • "The more people who know, the more feedback you'll get."

	• It was noted that Cheshire East local authority has a number of consultations on its website, which one is the priority and why the reliance on email and social media? "Cheshire East local authority has too many consultations going on." **Evidence** • The draft was received in a positive manner. However, people were concerned as to how the actions/aims would be achieved as there appeared to be little evidence to show how it would be done. • The aims and visions were considered and feedback was that historically previous plans have not demonstrated results and there had been limited feedback to the public in evidence. Therefore will the Partnership be able to demonstrate the effectiveness of the Plan and involve the communities. Evaluation of what has already been achieved would be helpful. "Principles should be longer than just five years." • It was felt by the group that there were very few facts and figures contained in the draft and comment was made that the only one was that there will be a deficit of £50million in the NHS Cheshire East spend. • The group agreed that everything in the draft required to be specific, measurable, achievable and realistic as in principle the document is sound. **Conclusion** • To conclude this question it appears that there is support for the draft but a suspicion that the Partnership is 'going through the motions' with regards to consultation. A concern is that once the draft is finalised how will, or will it even, be relayed back to communities. The Partnership needs to look at ways of contacting its residents/patients more effectively. It was also highlighted that a better promotion of the organisations involved could be helped with a "YOU SAID WE DID" exercise.
Question 2 **Please let us know if you think we have missed anything that you feel is important to you and your community?**	20 minutes allocated to the question. Feedback was captured by the group's flip chart sheets as well as conversation with facilitator again capturing additional comments. Each group had the opportunity to provide examples and identified the following areas: • **Mental Health** was a major area where concern was expressed, it was felt that with more organisations working on a structured plan involving all mental health groups and not just a talking shop would benefit people and also reduce duplication and save costs/expenditure.

	• Whilst alcohol abuse is covered it was felt that areas around **gambling/drug addiction and obesity** was not covered or addressed. Will it in the final Plan? • **Debt Management**: Financial capability provide information relating not just to assistance but how to manage money from the start, provide advice on how to plan and use money to its maximum. • **Learning Disability**: It was felt that this area was not sufficiently considered within the draft. • **Maternity Services**: Again little content or information with regards to choice of delivery and one to one service. • **Physical Exercise**: Can a promotion on the benefit of exercise be included as it appears to have little part in the draft. • **Access to information**: Signposting, waiting times and access to information needs to be contained, explain that some services and treatments are timely, and promote an age friendly service. Where people can obtain information? Consider point of contacts such as GPs, Support Services. Look at stronger relationship with organisations like Age UK and Healthwatch to assist in disseminating information. • **Carers and Support**: Need to be considered the opportunities for support and where to get them. Many people are unaware of what is available and so promotion of services needs to be focused upon. • **Education:** Why isn't the partnership working closely with the Education Authority to ensure that children/young people are supported from the beginning with advice and awareness on all area of health and wellbeing? • **Housing:** Little information on housing provision, a better home life leads to reduced mental health or other concerns. • **End of Life support:** No mention. It is good the draft attends to health and wellbeing but consideration must be given to end of life care. • **Isolation:** More focus required on this area. • **Team Integration**: It was felt that this has been on the agenda for over 30 years and whilst there has been some progress, why has it not been implemented? • **Areas of focus:** "Footballers in Alderley Edge, homeless in Crewe" focus on Crewe that's where investment is needed. "Please don't rely on HS2 to change the world."

Question 3
 	
What do you think we could do to improve health and wellbeing in Cheshire East?
	The attendees requested additional time in total they had 30 minutes. Feedback was captured by the group's flip chart sheets as well as conversation with facilitator again capturing additional comments.
	
	Awareness and Promotion
	• Raise awareness by promoting what is good in the area.
	• Increase promotion of Local Authority and of the Partnership.
	• It was commented that Local Authority needs to be more proactive in promoting a positive message of its successes and to ensure the public see it as a service that is much more than housing and bin collections. Do a 'You said we did'.
	• Look at all methods of contacting its communities:
	  ○ All media systems
	  ○ Schools
	  ○ Faith Groups
	  ○ Local Council
	  ○ Key organisations
	  ○ Key individuals
	  ○ Community groups
	
	Transport
	It was felt that this was an area that required real attention. With improved transport links it provides opportunity to reduce isolation, improve access to health and care services, and improve business (high street) custom. This is within the hands of local authority and it was felt should be a priority.
	
	Education
	Greater emphasis on education, teaching how to live well, promote benefits of good home life and create a stronger sense of community.

Evaluation of the event (what went well, what could be done differently, etc.)	Very well attended by people who wanted to be involved and have their say. There was initial frustration regarding the unawareness of the plan until informed by Healthwatch, and that more should be done when the final plan is completed to ensure more people within the community are aware. The attendees expressed their satisfaction in being able to take part and viewed the workshop as an excellent method of raising awareness and communicating people's thoughts and views.

healthwatch Cheshire East

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