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Cheshire East Health and Wellbeing Board

Agenda

Date:	**Tuesday, 22nd March, 2022**
Time:	**2.00 pm**
Venue:	**The Ballroom, Sandbach Town Hall, High Street, Sandbach, CW11 1AX**

PLEASE NOTE –This meeting is open to the public and anyone attending this meeting will need to wear a face covering upon entering and leaving the venue. It is advised that this only be removed when speaking at the meeting.

The importance of undertaking a lateral flow test in advance of attending any committee meeting. Anyone attending is asked to undertake a lateral flow test on the day of any meeting before embarking upon the journey to the venue. Please note that it can take up to 30 minutes for the true result to show on a lateral flow test. If your test shows a positive result, then you must not attend the meeting, and must follow the advice which can be found here:
https://www.cheshireeast.gov.uk/council_and_democracy/council_information/coronavirus/testing-for-covid-19.aspx

The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and at the top of each report.

It should be noted that Part 1 items of Cheshire East Council decision making meetings are audio recorded and the recordings will be uploaded to the Council's website.

PART 1 – MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT

1. **Apologies for Absence**

   To receive any apologies for absence.

For requests for further information
Contact: Karen Shuker
Tel: 01270 686459
E-Mail: karen.shuker@cheshireeast.gov.uk with any apologies

2. **Declarations of Interest**

To provide an opportunity for Members and Officers to declare any disclosable pecuniary and non-pecuniary interests in any item on the agenda.

3. **Minutes of Previous meeting (**Pages 5 - 8)

To approve the minutes of the meeting held on 25 January 2022

4. **Public Speaking Time/Open Session**

In accordance with paragraph 2.24 of the Council's Committee Procedure Rules and Appendix on Public Speaking, set out in the Constitution, a total period of 15 minutes is allocated for members of the public to put questions to the committee on any matter relating to this agenda. Each member of the public will be allowed up to two minutes each to speak, and the Chair will have discretion to vary this where they consider it appropriate.

Members of the public wishing to speak are required to provide notice of this at least three clear working days in advance of the meeting.

5. **Better Care Fund End of Year Report 2021/22 (**Pages 9 - 38)

To receive the Better Care Fund End of Year report 2021-2022.

6. **Better Care Fund Plan 2022/23 (**Pages 39 - 50)

To receive a report on the Better Care Fund Plan 2022/23.

7. **Cheshire & Merseyside HCP - Marmot Community update report (**Pages 51 - 70)

To receive an update on the Cheshire and Merseyside ICS Marmot Community Programme.

8. **Public Health Outcomes Framework (Tartan Rug) (**Pages 71 - 90)

To receive a report detailing updates since 2017 and future planning.

9. **Increasing Equalities Commission Update (**Pages 91 - 96)

To receive a report on the work of the Increasing Equality Commission.

10. **Test, Trace, Contain, Enable update**

To receive a verbal update on Test, Trace, Contain, Enable.

11. **Cheshire East Place Partnership update**

To receive a verbal update on the work of the Cheshire East Place Partnership.

12. **Cheshire East Integrated Care Partnership Update**

To receive a verbal update on the Cheshire East Integrated Care Partnership.

Membership: L Barry, Councillor C Bulman, H Charlesworth-May, Councillor S Corcoran (Chair), Dr P Kearns, T Knight, S Michael, Dr L O'Donnell, Councillor J Rhodes, Dr M Tyrer, C Watson, J Wilbraham, Dr A Wilson (Vice-Chair), Councillor J Clowes (Associate Non-Voting Member), P Crowcroft (Associate Non-Voting Member), C Hart (Associate Non-Voting Member), J Traverse (Associate Non-Voting Member), C Whitney (Associate Non-Voting Member) and D Woodcock (Associate Non-Voting Member)

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CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board** held on Tuesday, 25th January, 2022 in the The Ballroom, Sandbach Town Hall, High Street, Sandbach, CW11 1AX

PRESENT

Voting Members
Councillor Carol Bulman, Cheshire East Council
Councillor Sam Corcoran (Chairman), Cheshire East Council
Councillor Jill Rhodes, Cheshire East Council
Helen Charlesworth-May, Cheshire East Council
Denise Frodsham, Cheshire East Integrated Care Partnership
Dr Matt Tyrer, Director of Public Health

Non-Voting Members
Deborah Woodcock, Cheshire East Council

Associate Non-Voting Members
Councillor Janet Clowes, Cheshire East Council

Cheshire East Officers and Others
Mark Bayley, Cheshire East 0-25 SEND Partnership
Mark Groves, Healthwatch Cheshire
Guy Kilminster, Corporate Manager Health Improvement
Karen Shuker, Democratic Services Officer

39 APOLOGIES FOR ABSENCE

Apologies were received from Louise Barry (Healthwatch Cheshire), Superintendent Peter Crowcroft (Cheshire Constabulary), Chris Hart (Cheshire East Social Action Partnership), Steven Michael (Cheshire East Health and Care Place Partnership), Dr Lorraine O'Donnell (Cheshire East Council), Jayne Traverse (Cheshire East Council), Clare Watson (Cheshire CCG), Caroline Whitney (CVS Cheshire East), Dr Andrew Wilson (Cheshire CCG).

Mark Groves (Healthwatch Cheshire) attended as a substitute.

40 DECLARATIONS OF INTEREST

Councillor S Corcoran declared a non-pecuniary interest by virtue of his wife being a GP.

41 **MINUTES OF PREVIOUS MEETING**

RESOLVED:

That the minutes of the meeting held on 23 November 2021 be confirmed as correct record.

42 **PUBLIC SPEAKING TIME/OPEN SESSION**

There were no public speakers.

43 **SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) UPDATE**

The Board considered a report detailing progress with the work of the Cheshire East 0-25 SEND Partnership and the development of the SEND Strategy, 2021-24.

The Board welcomed the report and agreed that they would like an annual update and would like consideration given to aligning the report with the Children & Families Committee.

RESOLVED that:-

(1) The update relating to the SEND Strategy, 2-21-24 and associated action plan be noted.
(2) Progress made against the vision, values and actions contained in the strategy be provided in an annual report.

44 **DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2020/21**

The Board considered the Public Health Annual Report for 2020/21.

The report provided an overview of the challenges faced by the Public Health Team, and the milestones achieved during the pandemic. It also highlighted the inequalities in Cheshire East and the evidence supporting partnership working to create healthier lifestyles.

The Board welcomed the comprehensive report and provided comments and questions in respect of the following:

- How the Board could help promote health and wellbeing through green spaces;
- Could working in partnership with planning on the impact of new housing designs improve the quality of life;
- Whether there were specific reasons behind the high figures for deaths from circulatory diseases in Audlem and Middlewich.

It was agreed that more detailed information on circulatory diseases would be provided outside the meeting.

RESOLVED:

That the Director of Public Health Annual Report be noted.

45 **TEST, TRACE, CONTAIN, ENABLE UPDATE**

Dr Matt Tyrer gave an update on the Test, Trace, Contain and Enable system.

It was reported that following the recent National Policy updates there would be communications issued to support any changes. It was reported that since the last Health and Wellbeing Board there had been a mixed picture in respect of covid cases which had seen the highest rate in Cheshire East since the pandemic began due to the Omicron variant.

The rate of cases in the older age group had fallen, but there had been an increase in the primary and secondary age groups. It was reported that this was the overall picture nationally.

Testing was still being offered to communities, along with help to support local businesses, and the roll out of the vaccination programme continued.

RESOLVED: -

That the update be noted.

46 **CHESHIRE EAST PLACE PARTNERSHIP UPDATE**

This item and the Cheshire East Integrated Care Partnership update were considered together.

The Board noted that there had been a delay in the establishment of Integrated Care Systems (ICS) from 1 April 2022 to 1 July 2022, however this had provided additional time to work through plans, proposals and supporting structures.

The Executive Group continued to meet weekly to ensure that it covered all the required elements for the successful transition towards an Integrated Care System and enable open discussion and strategic thinking on the direction of travel for Cheshire East Place. The most important factors were to maintain the momentum supporting the strategic vision and associated work whilst identifying who would have the capability to deliver that moving forward.

The Board were informed that the Executive Group were supported by three dedicated workstreams focussed on Integrated Planning, Finance and Governance. These covered areas such as overarching system architecture, decision-making, delegations to scope of services and the interface between Cheshire East Place and the ICS and Integrated Care Board moving forward.

This would enable the development of appropriate governance arrangements that would support collaborative decision making and establish clear lines of reporting for the Cheshire East Place Partnership arrangements around performance, accountability, and assurance in readiness for the implementation of the Cheshire and Merseyside Integrated Care System after 1 July 2022.

RESOLVED

That the update be noted.

The meeting commenced at 2.00 pm and concluded at 2.52 pm

Councillor S Corcoran (Chair)

Agenda Item 5

CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	Better Care Fund End of Year report 2021 - 2022
Date of meeting:	22 March 2022
Written by:	Alex Jones
Contact details:	Alex.T.Jones@Cheshireeast.gov.uk
Health & Wellbeing Board Lead:	Helen Charlesworth-May, Executive Director – Adults, Health and Integration

Executive Summary

Is this report for:	Information ☐	Discussion ☐	Decision ☐
Why is the report being brought to the board?	The purpose of this paper is to provide the Health & Wellbeing Board (HWB) with a summary of progress made during 2021-22 of the Better Care Fund.		
Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?	Creating a place that supports health and wellbeing for everyone living in Cheshire East ☐ Improving the mental health and wellbeing of people living and working in Cheshire East ☐ Enable more people to live well for longer x All of the above ☐		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness ☐ Accessibility ☐ Integration ☐ Quality ☐ Sustainability ☐ Safeguarding ☐ All of the above x		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	The Health and Wellbeing Board (HWB) is asked to note the progress made during 2021/22 of the Better Care Fund.		
Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	The following report has separately been distributed to the Better Care Fund Governance Group.		

Has public, service user, patient feedback/consultation informed the recommendations of this report?	No
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	N/A

1 Report Summary

1.1 To highlight the performance of the Better Care Fund including the Improved Better Care Fund in Cheshire East in 2021/22.

2 Recommendations

2.1 That the Health and Wellbeing Board notes the Better Care Fund programme performance in 2021/22. Within this, that the Health and Wellbeing Board considers: Better Care Fund scheme overview, metric performance, the financial income and expenditure of the plan and individual scheme performance noted in Appendix one.

3 Reasons for Recommendations

3.1 This end of year report forms part of the monitoring arrangements for the Better Care Fund.

4 Impact on Health and Wellbeing Strategy Priorities

4.1 This report supports the Health and Wellbeing Priority of Ageing Well.

5 Background and Options

5.1 The BCF provides a mechanism for joint health and social care planning and commissioning, bringing together ring-fenced budgets from Clinical Commissioning Group allocations, the Disabled Facilities Grant and the iBCF. Since 2015, the Government's aims around integrating health, social care and housing, through the Better Care Fund (BCF), have played a key role in the journey towards person-centred integrated care. This is because these aims have provided a context in which the NHS and local authorities work together, as equal partners, with shared objectives.

5.2 Local BCF plans are subject to national conditions and guidance. Local plans are monitored through NHS England and there are strict timelines regarding submission of plans for both regional and national assurance of plans to take place.

5.3 There were four National Conditions, in line with the BCF policy framework:

- Plans to be jointly agreed
- NHS contribution to adult social care to be maintained in line with the uplift to CCG Minimum Contribution
- Agreement to invest in NHS commissioned out-of-hospital services, which may include 7-day services and adult social care
- Managing Transfers of Care: A clear plan for improved integrated services at the interface between health and social care that reduces Delayed Transfers of Care (DToC).

5.4 Beyond this, areas had flexibility in how the Fund was spent over health, care and housing schemes or services. Since June 2018, local health systems have been tasked with reducing the number of extended stays in hospital.

5.5 **How is BCF funded activity supporting safe, timely and effective discharge**

5.6 The system has deployed a winter plan to help increase flow and support effective discharge, a number of the schemes encompassed within the plan are intended to improve outcomes for people being discharged from hospital. The plan notes the importance of discharge planning; "If an admission is necessary, once admitted for treatment, discharge preparation should start immediately, so that the most appropriate discharge pathway is identified and is ready for actioning once the patient no longer meets the criteria to reside in hospital." A range of services are identified within the plan and supporting hospital discharge and home first. To support safe, timely and effective discharge there are a number of BCF funded schemes:

5.7 Scheme 1 - Block booked beds - Direct award of short-term contracts for 8 winter pressure beds to support Covid-19 pressures, winter pressures, supporting hospital discharges or preventing admission. The rationale for completing a direct award was as follows: an anticipated second wave of Covid-19, non Covid-19 related elective surgery and procedures which were cancelled/postponed are currently being reinstated in hospitals which will increase demand, residents have avoided accessing primary care services and we anticipate a surge in demand on these beds due to people's conditions deteriorating due to lack of treatment, we are now seeing the demand on A & E services in our hospitals rapidly increasing, Covid-19 is likely to be with us for the foreseeable future, we will need to access these beds to prevent hospital admissions as well as support hospital discharges and Care home providers do not have available capacity and would not be inclined to complete a standard tendering process due to the short term nature of these contracts during normal circumstances. We know the enormous pressures that care homes are under at present due to Covid-19, therefore, there is an even great need to award these contracts via a direct award.

5.8 Scheme 2 - Spot purchase beds - In order to facilitate hospital discharges and prevent unnecessary hospital admissions spot purchase care home beds are deployed. All current long-term provision is commissioned on a 'spot purchase' basis. Providers are signed up to standard terms and conditions called a 'Pre Placement Agreement' and receive individual placement agreements for each resident placed by Cheshire East Council. The accommodation with care market in Cheshire East is composed of a good mix of small and medium sized providers (SMEs) as well as a number of large, national organisations.

5.9 Scheme 3 - Care at Home Hospital Retainer - Since the implementation of the new Care at Home contract in November 2018 the Council does not pay a retainer fee for the first 7 days for hospital admission or respite; however, the provider is contractually obligated to hold open the care packages for this time. In order to assist with service continuity there may be instances upon agreement from the Contracts Manager where a retainer fee will be paid for up to the following 7 days. (i.e. day 8 to 14). In certain circumstances there may be cases where a Service User is only a few days from being discharged from hospital and so to support a smooth transition a retainer fee may be paid for a nominal number of days. This is only in exceptional cases and needs authorising in partnership with Contracts and Operational Locality Managers.

5.10 Scheme 4 - Rapid response - The Rapid Response Service facilitates the safe and effective discharge of service users from hospital who have been declared as medically fit for discharge but who may have still have care needs that can be met in the service users own home. The service will seek to prevent readmission to hospital by ensuring wrap around services are in place in the first 48 hours following hospital discharge. The Service will also provide support to Service Users with complex health needs and end of life support at a level. Through the provision of 7 day working, the

service will ensure a timely response to hospital discharge to reduce delayed transfers of care and create capacity and throughput for non-elective admissions.

5.11 Scheme 15 - British Red Cross 'Support at Home' service - Cheshire East 'Support At Home' Service is a 2-week intensive support service with up to 6 Interventions delivered within a 2-week period for each individual. The aim is to support people who are assessed as 'vulnerable' or 'isolated' and who are at risk of admission to hospital or becoming a delay in hospital. Service users have been identified as requiring additional support that will enable them to remain independent at home, or to return home more rapidly following a hospital admission. The interventions may include: A 'safe and well' phone call. A 'follow-up visit' within 1 working day. Help with shopping. Signposting and referring to other agencies for specialist support. The main focus of the service is on supporting people to remain at home (preventing unnecessary hospital admissions by increasing intensive support at home). The commissioning responsibility for the British Red Cross services has transferred from the CCG to the local authority.

5.12 Scheme 16 - Combined Reablement service - The current service has three specialist elements delivered across two teams (North and South): 1. Community Support Reablement (CQC-registered) - provides a time-limited intervention supporting adults with physical, mental health, learning disabilities, dementia and frailty, from the age of 18 to end of life, offering personal care and daily living skills to achieve maximum independence, or to complete an assessment of ongoing needs. 2. Dementia Reablement - provides up to 12-weeks of personalised, post-diagnostic support for people living with dementia and their carers. The service is focused on prevention and early intervention following a diagnosis of dementia. 3. Mental Health Reablement - supports adults age 18 and over with a range of mental health issues and associated physical health and social care needs, focusing on coping strategies, self-help, promoting social inclusion and goal-orientated plans.

5.13 Scheme 21 - Homefirst schemes - These are evidence-based interventions designed to keep people at home (or in their usual place of residence) following an escalation in their needs and/or to support people to return home as quickly as possible with support following an admission to a hospital bed. The Home First schemes mainly support older people living with frailty and complex needs to remain independent, or to regain their independence following deterioration in their medical, social, functional or cognitive needs.

5.14 Scheme 22 -Trusted assessor service - Delays are caused in the hospital by service users/patients waiting for nursing & residential homes to assess their needs. This scheme deploys a trusted assessor model by commissioning an external organisation to employ Independent Transfer of Care Co-ordinator's (IToCC's) to reduce hospital delays. The trusted assessment model is a key element of the eight High Impact Changes in order to support the timely transfer of patients to the most appropriate care setting and to effect a reduction in the number of delayed transfers of care. The model is being supported nationally by the emergency Care Improvement Programme.

5.15 **Current schemes**

5.16 There were 30 Schemes funded through Winter pressures, iBCF and BCF during 2021-22.

5.17 The amounts shown in the table below are the agreed projects sums at the time of writing. The actuals will be available in the early part of the summer. Lead commissioners are responsible for the schemes financial performance including funding any overspends and that any underspends will be carried forward and invested in the new financial year in support of the delivery of the BCF metrics.

Scheme ID	Scheme Name	Source of Funding	Expenditure (£)
1	ibcf Block booked beds	iBCF	£363,297
2	ibcf Spot purchase beds	iBCF	£520,465

3	ibcf care at home hospital retainer	iBCF	£40,000
4	ibcf rapid response	iBCF	£797,473
5	ibcf social work support	iBCF	£112,000
6	ibcf Cheshire people helping people	iBCF	£0
7	ibcf flu vaccinations	iBCF	£0
8	ibcf Winter Additional Social Care staff to prevent people from being delayed in hospital	iBCF	£301,124
9	iBCF 'Winter Schemes	iBCF	£500,000
10	iBCF Enhanced Care Sourcing Team (8am-8pm)	iBCF	£407,000
11	iBCF Improved access to and sustainability of the local Care Market (Home Care and Accommodation with Care)	iBCF	£5,210,107
12	iBCF Social Work Team over Bank Holiday weekends	iBCF	£165,000
13	BCF Disabled Facilities Grant	DFG	£2,342,241
14	BCF Assistive technology	Minimum CCG Contribution	£757,000
15	BCF British Red Cross 'Support at Home' service	Minimum CCG Contribution	£297,570
16	BCF Combined Reablement service	Minimum CCG Contribution	£4,771,325
17	BCF Safeguarding Adults Board (SAB)	Minimum CCG Contribution	£422,380
18	BCF Carers hub	Minimum CCG Contribution	£398,000
19	BCF Programme management and infrastructure	Minimum CCG Contribution	£432,184
20	BCF Winter schemes CCG	Minimum CCG Contribution	£527,800
21	BCF Homefirst schemes CCG	Minimum CCG Contribution	£18,693,933
22	BCF Trusted assessor service	Minimum CCG Contribution	£94,000
23	BCF General Nursing assistant	Minimum CCG Contribution	£300,000
24	BCF British Red Cross	Minimum CCG Contribution	£65,000
25	BCF One You falls prevention business case	Minimum CCG Contribution	£20,000
26	iBCF Community brokerage	iBCF	£33,463
27	BCF Third Sector	Minimum CCG Contribution	£75,000
28	BCF British Red Cross	Minimum CCG Contribution	£30,000
29	BCF Carers hub	Minimum CCG Contribution	£324,000

5.18 **Metric performance**

5.19 The table below includes the BCF metrics and the performance for the 2021/22 period.

8.1 Avoidable admissions

Latest Data as at: **March 2020 (from February 2021 Release)**

Data source: NHS Digital - NHS Outcomes Framework Indicators - February 2021 Release	19-20 Actual	20-21 Actual	21-22 Plan	21-22 Actual	Comments
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	776.9	*770.3 (estimated)*	**765.5**	See comments	The results for this metric are published annually. The next publication is due to be in February 2022 but this will be for the figures for 2020/21. 2021/22 figures will not be published until February 2023. NHS England are looking into accessing more recent data for local authorities.

8.2 Length of Stay

Latest Data as at: **October 2021**

Data source: NHS England SUS time series data (via Better Care Exchange)

		21-22 Q3 Plan	21-22 Q4 Plan	Latest Month	Previous Month	Comments
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients (SUS data - available on the Better Care Exchange)	Proportion of inpatients resident for 14 days or more	**15.8%**	**16.5%**	13.1%	14.6%	14+ LOS is 1.5 percentage points lower than last month and is 2.7 percentage points below the Qtr 3 Plan. It is, however, 1.5 percentage points higher than the England figure.
	Proportion of inpatients resident for 21 days or more	**7.7%**	**8.0%**	8.4%	9.1%	21+ LOS is 0.7 percentage points lower than last month but is 0.7 percentage points higher than the Qtr 3 Plan. It is also 2.2 percentage points higher than the England figure.

8.3 Discharge to normal place of residence

Latest Data as at: **October 2021**

Data source: NHS England SUS time series data (via Better Care Exchange)

	21-22 Plan	Latest Month	Previous Month	Comments
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	**89.0%**	89.9%	89.2%	The latest month is 0.7 percentage points higher than last month and is 0.9 percentage points higher than the 21-22 plan. This month, however, is 2.9 percentage points lower than the England figure.

8.4 Residential Admissions

Latest Data as at: **October 2021**

Data source: Cheshire East Council Adults case management system

		19-20 Plan	19-20 Actual	20-21 Actual	21-22 Plan	Latest Month (Plan)	Latest Month (Actual)	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	600.9	761.2	496.9	**580.7**	**338.9**	381.3	The annual rate, as at the latest month, is 42.4 higher than the planned rate. This equates to 39 more admissions than expected at this point in the year. 48% of admissions were admissions to nursing care. N.B. In year figures are provisional and may change following data validation for annual data returns
	Numerator	530	672	443	**530**	**309**	348	
	Denominator	88,205	88,280	89,148	91,265	91,265	91,265	

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:

8.5 Reablement / Rehabilitation

		19-20 Plan	19-20 Actual	21-22 Plan	Latest Month	Previous Month	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	83.3%	74.6%		See Comments		Due to the Coronavirus, hospital staff involved in the data collection and processing for this metric were diverted to other tasks and, therefore, the necessary data to derive this metric was not submitted in 2020/21. This meant that we could not submit this data as part of our 2020/21 annual returns to NHS Digital. This is also the case in 2021/22 to date. Discussions with NHS Trusts have taken place to identify new staffing resource to support this in the new year and recommence reporting.
	Numerator	320	182	0			
	Denominator	384	244	0			

5.12 Income and Expenditure

5.21 The following table describes the budget for the Better Care Fund the actual spend, the variance between the budget and the actual spend.

Running Balances	Income	Expenditure	Balance
DFG	£2,342,241	£2,342,241	£0
Minimum CCG Contribution	£27,208,192	£27,208,192	£0
iBCF	£8,449,929	£8,449,929	£0
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£0	£0	£0
Total	**£38,000,362**	**£38,000,362**	**£0**

	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£7,731,796	£19,317,933	£0
Adult Social Care services spend from the minimum CCG allocations	£7,830,695	£7,966,459	£0

6 Access to Information

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

Name: Alex Jones
Designation: Better Care Fund Programme Manager
Tel No: 07803846231
Email: Alex.t.jones@cheshireeast.gov.uk

Appendix one – Aim of schemes

Scheme ID	Scheme Name	Brief Description of Scheme	Expenditure (£)	New/ Existing Scheme
1	ibcf Block booked beds	Direct award of short-term contracts for 8 winter pressure beds to support Covid-19 pressures, winter pressures, supporting hospital discharges or preventing admission. The rationale for completing a direct award was as follows: an anticipated second wave of Covid-19, non Covid-19 related elective surgery and procedures which were cancelled/postponed are currently being reinstated in hospitals which will increase demand, residents have avoided accessing primary care services and we anticipate a surge in demand on these beds due to people's conditions deteriorating due to lack of treatment, we are now seeing the demand on A & E services in our hospitals rapidly increasing, Covid-19 is likely to be with us for the foreseeable future, we will need to access these beds to prevent hospital admissions as well as support hospital discharges and Care home providers do not have available capacity and would not be inclined to complete a standard tendering process due to the short term nature of these contracts during normal circumstances. We know the enormous pressures that care homes are under at present due to Covid-19, therefore, there is an even great need to award these contracts via a direct award.	£363,297	Existing
2	ibcf Spot purchase beds	In order to facilitate hospital discharges and prevent unnecessary hospital admissions spot purchase care home beds are deployed. All current long-term provision is commissioned on a 'spot purchase' basis. Providers are signed up to standard terms and conditions called a 'Pre Placement Agreement' and receive individual placement agreements for each resident placed by Cheshire East Council. The accommodation with care market in Cheshire East is composed of a good mix of small and medium sized providers (SMEs) as well as a number of large, national organisations.	£520,465	Existing
3	ibcf care at home hospital retainer	Since the implementation of the new Care at Home contract in November 2018 the Council does not pay a retainer fee for the first 7 days for hospital admission or respite; however, the provider is contractually obligated to hold open the care packages for this time. In order to assist with service continuity there may be instances upon agreement from the Contracts Manager where a retainer fee will be paid for up to the following 7 days. (i.e. day 8 to 14). In certain circumstances there may be cases where a Service User is only a few days from being discharged from hospital and so to support a smooth transition a retainer fee may be paid for a nominal number of days. This is only in exceptional cases and needs authorising in partnership with Contracts and Operational Locality Managers.	£40,000	Existing
4	ibcf rapid response	The Rapid Response Service will facilitate the safe and effective discharge of service users from hospital who have been declared as medically fit for discharge but who may have still have care needs that can be met in the service users own home. The service will seek to prevent readmission to hospital by ensuring wrap around services are in place in the first 48 hours following hospital discharge.	£797,473	Existing

		The Service will also provide support to Service Users with complex health needs and end of life support at a level. Through the provision of 7 day working, the service will ensure a timely response to hospital discharge to reduce delayed transfers of care and create capacity and throughput for non-elective admissions.		
5	ibcf social work support	Social Worker (x1) dedicated to the Discharge to assess beds at Station House, Crewe. Social Care Assistants (x2) additional assessment and care management capacity to support the revised processes around hospital discharge using reablement exclusively for this purpose (East locality).	£112,000	Existing
6	ibcf Cheshire people helping people	We recognise this is still a challenging time for everyone, so we want to continue to help local people to support one another by harnessing and supporting the fantastic work already being done in communities across the borough. We are working collaboratively with our partners and local volunteers to channel community-based support to meet the needs of our residents who find themselves isolated without family, friends or a support network. Our service is delivered for the local community, by the local community, with options including: • Telephone support, advice and reassurance • Signposting to local and national services equipped to meet specific support needs • Access to essential food and medical supplies • Access to priority online shopping slots • A regular friendly phone call to lift your spirits • Transportation from hospital to home	£0	Existing
7	ibcf flu vaccinations	For older people or those with long-term health conditions, the effects of flu can be much more serious, and in some cases even fatal. For those working in a care home or health and care environment where there are many vulnerable people, it is incredibly important to have the flu vaccine. This not only helps to protect the staff themselves and their immediate families, but also helps to protect very vulnerable residents who might not respond well to vaccination. As well as keeping staff and residents safe and well, reducing the threat of flu also helps you to ensure business continuity; reducing the likelihood of staff being ill and off work and the associated costs of providing bank or agency cover for them. Vaccination is also of benefit as it helps to reduce transmission to the wider public and in times of increased pressure on health and social care services, helps to reduce the burden of ill health, and therefore demand on the wider health system at a time when services are already under pressure. To ensure social care services to take up the offer of free flu vaccinations, CEC contracts team will work with home and care provider managers to identify a Flu champions in their organisations to highlight the immunize programme and encourage colleagues to participate in the voluntary programme to be immunised. The flu champion will work alongside the aligned GP surgery to get either the District Nurse in for a full day to immunise the work force during their shift. Alternatively, the flu champion can book a day with the Community Pharmacy to have this done on site.	£0	Existing
8	ibcf Winter Additional	Funding of additional staff to support a 'Discharge to assess' model. Funding is continuing to provide a team manager,	£301,124	Existing

	Social Care staff to prevent people from being delayed in hospital	social worker and occupational therapist.		
9	iBCF 'Winter Schemes	Additional capacity to support the local health and social care system to manage increased demand over the winter period. Evidence-based interventions designed to keep people at home (or in their usual place of residence) following an escalation in their needs and/or to support people to return home as quickly as possible with support following an admission to a hospital bed.	£500,000	Existing
10	iBCF Enhanced Care Sourcing Team (8am-8pm)	The scheme sees the continuation of funding for the Care Sourcing Team following on from a successful pilot; the service provides a consistent approach to applying the brokerage cycle and in turn, makes best use of social worker time. The Care sourcing team undertake all aspects of the Brokerage cycle: enquiry, contact assessment, support planning, creation of support plan, brokering, putting the plan into action as well as monitor and review of the support. The service operates Monday to Sunday. The Care Sourcing Team comprises of a range of employees including team and deputy manager, admin, care sourcing officers as well as a social care assessor. This funding is to enable an 8 till 8 operation. The model is fully compliant with the Care Act 2014 as it provides information and advice, prevention, assessment, review, safeguarding, carers, market management and shaping, charging, support planning, personalisation and arranging care and support.	£407,000	Existing
11	iBCF Improved access to and sustainability of the local Care Market (Home Care and Accommodation with Care)	Cheshire East Council has a duty under Section 5 of the Care Act to promote the efficient and effective operation and sustainability of a market in services for meeting the care and support needs of individuals. There are increasing financial pressures on the social care market, for example National Living Wage, recruitment and retention issues, which is resulting in a rise in care costs. This scheme contributes towards the cost of care home and home care fees as well as supporting the delivery of additional care packages within the marketplace.	£5,210,107	Existing
12	iBCF Social Work Team over Bank Holiday weekends	Increased capacity in the Social Work Team over Bank Holidays and weekends. This is to ensure patient flow and assisting in reducing the pressure on the NHS can be maintained over a seven-day period. Cheshire East will provide 2 social workers and 2 care arrangers (split between the 2 hospitals) that cover the weekends and bank holidays. This support would be 124 days for the weekends and another 8 days for bank holidays giving 132 days each per year.	£165,000	Existing
13	BCF Disabled Facilities Grant	The Disabled Facilities Grant provides financial contributions, either in full or in part, to enable disabled people to make modifications to their home in order to eliminate disabling environments and continue living independently and/or receive care in the home of their choice. Disabled Facilities Grants are mandatory grants under the Housing Grants, Construction and Regeneration Act 1996 (as amended). The scheme is administered by	£2,342,241	Existing

		Cheshire East Council and is delivered across the whole of Cheshire East.		
14	BCF Assistive technology	Assistive technologies are considered as part of the assessment for all adults who are eligible for social care under the Care Act where it provides greater independence, choice and control and is cost-effective for individuals. The provision of assistive technology is personalised to each individual and is integrated within the overall support plan. The scheme will continue to support the existing assistive technology services. The scheme also involves piloting assistive technology support for adults with a learning disability (both living in supported tenancies and living in their own homes).	£757,000	Existing
15	BCF British Red Cross 'Support at Home' service	Cheshire East 'Support At Home' Service is a 2-week intensive support service with up to 6 Interventions delivered within a 2-week period for each individual. The aim is to support people who are assessed as 'vulnerable' or 'isolated' and who are at risk of admission to hospital or becoming a delay in hospital. Service users have been identified as requiring additional support that will enable them to remain independent at home, or to return home more rapidly following a hospital admission. The interventions may include: A 'safe and well' phone call. A 'follow-up visit' within 1 working day. Help with shopping. Signposting and referring to other agencies for specialist support. The main focus of the service is on supporting people to remain at home (preventing unnecessary hospital admissions by increasing intensive support at home). The commissioning responsibility for the British Red Cross services has transferred from the CCG to the local authority.	£297,570	Existing
16	BCF Combined Reablement service	The current service has three specialist elements delivered across two teams (North and South): 1. Community Support Reablement (CQC-registered) - provides a time-limited intervention supporting adults with physical, mental health, learning disabilities, dementia and frailty, from the age of 18 to end of life, offering personal care and daily living skills to achieve maximum independence, or to complete an assessment of ongoing needs. 2. Dementia Reablement - provides up to 12-weeks of personalised, post-diagnostic support for people living with dementia and their carers. The service is focused on prevention and early intervention following a diagnosis of dementia. 3. Mental Health Reablement - supports adults age 18 and over with a range of mental health issues and associated physical health and social care needs, focusing on coping strategies, self-help, promoting social inclusion and goal-orientated plans.	£4,771,325	Existing
17	BCF Safeguarding Adults Board (SAB)	The overarching objective of a SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who: have needs for care and support (whether or not the local authority is meeting any of those needs) and; are experiencing, or at risk of, abuse or neglect; and as a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect.	£422,380	Existing

18	BCF Carers hub	The Cheshire East Carers Hub provides a single point of access for carers, families and professionals. The Hub ensures that carers have access to information, advice and a wide range of support services to help them continue in their caring role and to reduce the impact of caring on their own health and wellbeing. Carers can registered directly with the Hub or referrals can be made by professionals, any agency or organisation, relatives or friends. The Hub offers groups and activities which carers will be familiar with along with introducing new support opportunities co-produced with local carers. Through the period of 2021/22 the carers service is being recommissioned as part of the developments a carers apprentice has been recruited to support the work being carried out.	£398,000	Existing
19	BCF Programme management and infrastructure	The delivery of the Better Care Fund relies on joint commissioning plans already developed across the health and social care economy. The scheme covers the following: Programme management, Governance and finance support to develop s75 agreements; cost schemes and cost benefit analysis, Financial support, and amongst other things additional commissioning capacity might be required to support the review of existing contract and schemes and the procurement of alternative services.	£432,184	Existing
20	BCF Winter schemes CCG	The proposed schemes specifically support the achievement and maintenance of the four-hour access standard, admission avoidance, care closer to home and a continued compliance with the DTOC standard. Schemes cover: discharge to assess, British Red Cross transport, non-emergency transport, additional acute escalation ward and additional ED staffing amongst others. Each of the partners will be developing winter plans which will then form part of a place-based plan.	£527,800	Existing
21	BCF Homefirst schemes CCG	They are evidence-based interventions designed to keep people at home (or in their usual place of residence) following an escalation in their needs and/or to support people to return home as quickly as possible with support following an admission to a hospital bed. The Home First schemes mainly support older people living with frailty and complex needs to remain independent, or to regain their independence following deterioration in their medical, social, functional or cognitive needs.	£18,693,933	Existing
22	BCF Trusted assessor service	Delays are caused in the hospital by service users/patients waiting for nursing & residential homes to assess their needs. This scheme deploys a trusted assessor model by commissioning an external organisation to employ Independent Transfer of Care Co-ordinator's (IToCC's) to reduce hospital delays. The trusted assessment model is a key element of the eight High Impact Changes in order to support the timely transfer of patients to the most appropriate care setting and to effect a reduction in the number of delayed transfers of care. The model is being supported nationally by the emergency Care Improvement Programme. Through the period 2021/22 the trusted assessor service is being recommissioned with the aim that the new provider is in place for 1st January 2022.	£94,000	Existing
23	BCF	Provide an additional 7 GNA staff within the CCICP IPOCH	£300,000	New

	General Nursing assistant	team for a period of 12 months. An evaluation of effectiveness will be undertaken during this period subsequent to discussion and agreement regarding permanent funding. These additional staff would be utilised across South Cheshire and the Congleton area of East Cheshire to support patients requiring domiciliary care that would normally be delivered by Local authority. It is expected that whilst this proposal will reduce the current pressure it is not expected to eliminate the pressure and further work would be required in order to ensure sufficient and timely access to pathway 1 care.		
24	BCF British Red Cross	Funding for the assisted discharge service provided by the British Red Cross at Macclesfield hospital, the service was previously funded nationally by the NHSE with the funding due to expire at 31/07/2021. The total cost of the service from 01/08/2021 – 31/01/2022 is £65,000. The expected performance of the service across 26 weeks would be to support 520 discharges operating Monday to Friday.	£65,000	New
25	BCF One You falls prevention business case	The aim of the project is to work with 150-180 individuals to reduce the risk of falls, as a result of the pandemic, there is a backlog of individuals waiting to access the One You Cheshire East strength and balance classes. The aim is to use the money currently allocated to Safe Steps to support this additional capacity instead. The One You programme takes an evidenced based approach to the prevention of falls which is aligned to the national fall's consensus statement. This has been shown to reduce risk of falling by 35-54%. As such, the methodology used has also been found to offer a substantial return on investment by Public Health England, for instance in comparison to costs for hospital admission and treatment. Furthermore, classes offer the additional benefit to older people of reduced social isolation. This has been identified as a particularly significant problem recently due to the pandemic.	£20,000	New
26	iBCF Community brokerage	To prevent hospital admission and support hospital discharge at weekends, without compromise to the service provisions and resource during the week.	£33,463	New
27	BCF Third Sector	To alleviate pressure on increasing demands for Care at Home support. We would fund £5,000 to each of the established 15 Volunteer Coordination Points to step up weekend provision.	£75,000	New
28	BCF British Red Cross	The following scheme will see the extension of the Cheshire East Council contracted support at home service which is delivered by the British Red Cross. The service will be extended to operate over the weekend. In addition to this the Macclesfield Assisted Discharge service would also be delivered over the weekend.	£30,000	New
29	BCF Carers hub	The Cheshire East Carers Hub provides a single point of access for carers, families and professionals. The Hub ensures that carers have access to information, advice and a wide range of support services to help them continue in their caring role and to reduce the impact of caring on their own health and wellbeing. Carers can registered directly with the Hub or referrals can be made by professionals, any agency or organisation, relatives or friends. The Hub offers groups and activities which carers will be familiar with along with introducing new support opportunities co-produced with local	£324,000	Existing

		carers. Through the period of 2021/22 the carers service is being recommissioned as part of the developments a carers apprentice has been recruited to support the work being carried out.		

Appendix two – Individual scheme performance

<table>
<tr><th>Scheme ID</th><th>Scheme Name</th><th>Brief Description of Scheme</th><th>Expenditure (£)</th><th>New / Existing Scheme</th></tr>
<tr><td>1</td><td>ibcf Block booked beds</td><td>The following tables provide a breakdown of the block booked beds and the average occupancy.

WINTER PRESSURE BEDS
<table><tr><th></th><th>Jan-21</th><th>Feb-21</th><th>Mar-21</th><th>Apr-21</th><th>May-21</th><th>Jun-21</th><th>Jul-21</th><th>Aug-21</th><th>Sep-21</th><th>Oct-21</th><th>Nov-21</th><th>Dec-21</th><th>Average</th><th>Average (Apr-Dec)</th></tr><tr><td>Bentley Manor</td><td>96.77%</td><td>25%</td><td>100%</td><td>50%</td><td>100%</td><td>73.33%</td><td>90.32%</td><td>0%</td><td>100%</td><td>77.42%</td><td>5%</td><td>89.60%</td><td>67.29%</td><td>65%</td></tr><tr><td>Elm House - 2 Beds</td><td>77.41%</td><td>94.64%</td><td>90.32%</td><td>100%</td><td>64.51%</td><td>95%</td><td>69.35%</td><td>51.61%</td><td>41.66%</td><td>88.71%</td><td>70%</td><td>91.90%</td><td>77.93%</td><td>75%</td></tr><tr><td>Leycester House - 2 Beds</td><td>74.19%</td><td>76.78%</td><td>87.09%</td><td>61.66%</td><td>54.83%</td><td>100%</td><td>67.74%</td><td>87.09%</td><td>91.66%</td><td>100%</td><td>45%</td><td>61.20%</td><td>75.60%</td><td>74%</td></tr><tr><td>Mayfield House</td><td>35.48%</td><td>0%</td><td>77.41%</td><td>90%</td><td>83.87%</td><td>23.33%</td><td>100%</td><td>100%</td><td>96.66%</td><td>96.66%</td><td>94.10%</td><td>54.80%</td><td>71.03%</td><td>82%</td></tr><tr><td>Turnpike Court - 2 Beds</td><td>67.74%</td><td>35.71%</td><td>87.09%</td><td>60%</td><td>83.87%</td><td>76.66%</td><td>64.51%</td><td>95.16%</td><td>80%</td><td>33.87%</td><td>98.30%</td><td>88.70%</td><td>72.63%</td><td>76%</td></tr></table></td><td>£363,297</td><td>Existing</td></tr>
<tr><td>2</td><td>ibcf Spot purchase beds</td><td>The following tables provide a breakdown of the spot purchased beds and the average occupancy.

CAH STEP DOWN BEDS
<table><tr><th></th><th>Jan-21</th><th>Feb-21</th><th>Mar-21</th><th>Apr-21</th><th>May-21</th><th>Jun-21</th><th>Jul-21</th><th>Aug-21</th><th>Sep-21</th><th>Oct-21</th><th>Nov-21</th><th>Dec-21</th><th>Average</th><th>Average (Apr-Dec)</th></tr><tr><td>Cypress Court - 3 Beds</td><td></td><td></td><td></td><td></td><td>0%</td><td>85.50%</td><td>82.70%</td><td>83.80%</td><td>44.40%</td><td>62.40%</td><td>84.40%</td><td>93.50%</td><td>67%</td><td>67%</td></tr><tr><td>Elm House - 2 Beds</td><td></td><td></td><td></td><td></td><td>50%</td><td>91.60%</td><td>100%</td><td>54.50%</td><td>88.30%</td><td>71.00%</td><td>61.70%</td><td>30.60%</td><td>68%</td><td>68%</td></tr><tr><td>The Elms - 3 Beds</td><td></td><td></td><td></td><td></td><td>0%</td><td>90%</td><td>90%</td><td>87%</td><td>71.10%</td><td>66.70%</td><td>100%</td><td>93.50%</td><td>75%</td><td>75%</td></tr><tr><td>Tunrpike Court - 2 Beds</td><td></td><td></td><td></td><td></td><td>0%</td><td>55%</td><td>93.50%</td><td>80.60%</td><td>80%</td><td>100%</td><td>100%</td><td>80.60%</td><td>74%</td><td>74%</td></tr><tr><td>Leycester House - 2 Beds</td><td></td><td></td><td></td><td></td><td>0%</td><td>1.60%</td><td>50%</td><td>64.50%</td><td>33.30%</td><td>67.70%</td><td>38.30%</td><td>54.80%</td><td>39%</td><td>39%</td></tr><tr><td>Corbook Park - 3 Beds</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>91%</td><td>80.60%</td><td>53.80%</td><td>85.50%</td><td>66.70%</td><td>76%</td><td>76%</td></tr><tr><td>Twyford House - 5 Beds</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>59%</td><td>71.70%</td><td>63.90%</td><td>80.70%</td><td>90.10%</td><td>73%</td><td>73%</td></tr><tr><td>Brookfield House - 8 Beds</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>40.90%</td><td>45%</td><td>50%</td><td>52.50%</td><td>70.50%</td><td>52%</td><td>52%</td></tr></table></td><td>£520,463</td><td>Existing</td></tr>
<tr><td>3</td><td>ibcf care at home hospital retainer</td><td>The hospital retainer was utilised 21 times for a total of 191 days across 14 care providers. The Operational/Ward staff re-instate care for packages retained within the 14 days.</td><td>£40,000</td><td>Existing</td></tr>
<tr><td>4</td><td>ibcf rapid response</td><td>Connected Health:

Connected Health was a new provider to the area at contract start date. The provider started well and was able to increase their capacity to meet growing demand during winter pressures 2020/21.

The provider was rated inadequate by CQC and referrals suspended in September. Provider continued to support existing service users, most of whom live in areas where care sourcing is difficult at present. Provider has worked with all local authorities and CQC to improve quality and have recently been reinspected and are awaiting the outcome. Suspension of referrals correlates with the sudden decline in hours delivered each month.

<table><tr><th>Month</th><th>Block Hours per week</th><th>Total hours delivered</th><th>Average number of days under Rapid Response</th><th>Number of people supported under Rapid Response</th></tr><tr><td>April (2021)
May (2021)
June (2021)
July (2021)
August (2021)</td><td>300
300
300
300
300</td><td>1,093.50
1,029
840.25
806.25
558</td><td>17.18
16.11
15.64
23.13
27.18</td><td>49
44
36
30
17</td></tr></table></td><td>£797,473</td><td>Existing</td></tr>
</table>

September (2021)	300 (reduced to 180 from 25.09.21)	479.25	27.46	15
October (2021)	180	386.5	21.36	11
November (2021)	180	201.5	23.09	9
December (2021)	180	170.5	31	6
Total		**5564.75**	**19.86**	**217**

Extra Mile:

The provider was awarded contract as the 'next best' after original successful provider withdrew. The provider from May 21 onwards had started to experience difficulties linked to recruitment and retention and as well as isolation periods due to COVID. The provider was exited at the contract end date as a result of some issues being raised.

Month	Block Hours per week	Total hours delivered	Average number of days under Rapid Response	Number of people supported under Rapid Response
May (2021)	100	235	12.43	14
June (2021)	100	225.25	15.8	10
July (2021)	100	104.5	14.44	7
August (2021)	100	145.5	24	6
September (2021)	100	53.75	15.5	2
October (2021)	100	8.75	5	1
Total		**772.25**	**15.32**	**40**

Evolving Care:

The provider delivered consistent performance across the winter period. The reopening of previously closed sectors also had an impact as people returned to jobs in sectors that had previously been closed. Recruitment was steady and usage increased in October 2021. However, provider is encountering difficulties linked to recruitment and retention and staff testing positive for covid in early 2022.

Month	Block Hours per week	Total hours delivered	Average number of days under Rapid Response	Number of people supported under Rapid Response
April (2021)	330	1,094.00	12.62	50
May (2021)	330	1,446	20.21	35
June (2021)	330	977.25	15.71	34
July (2021)	330	761.75	18.08	26
August (2021)	330	819.25	23.28	23
September (2021)	330	853.5	22.33	21
October (2021)	330	1,140.75	19.62	29

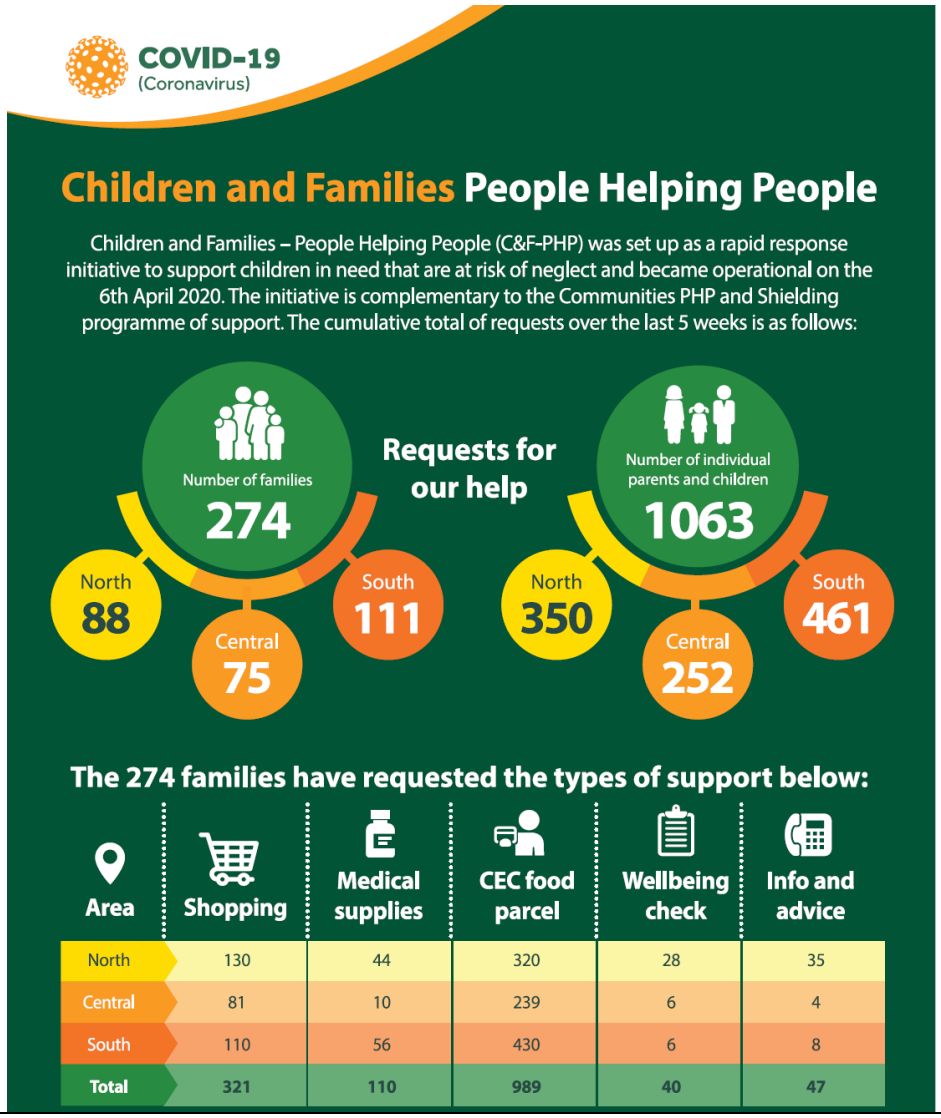
		November (2021)	330	1,100.75	20.62	26	
		December (2021)	330	929.25	20.45	22	
		Total		**9122**	**18.42**	**266**	

Total usage April 1st – December 31st 2021:

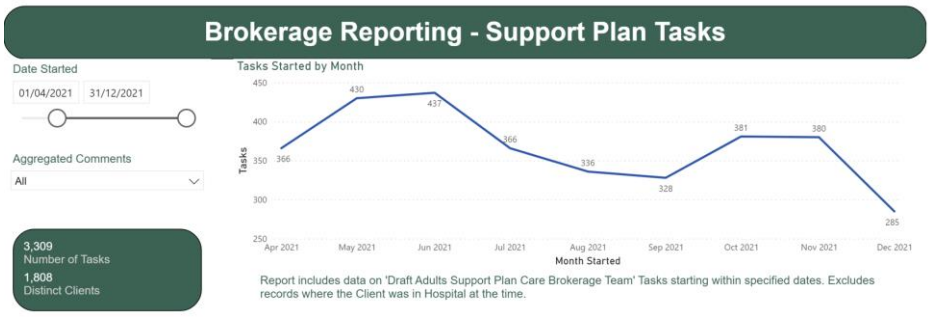
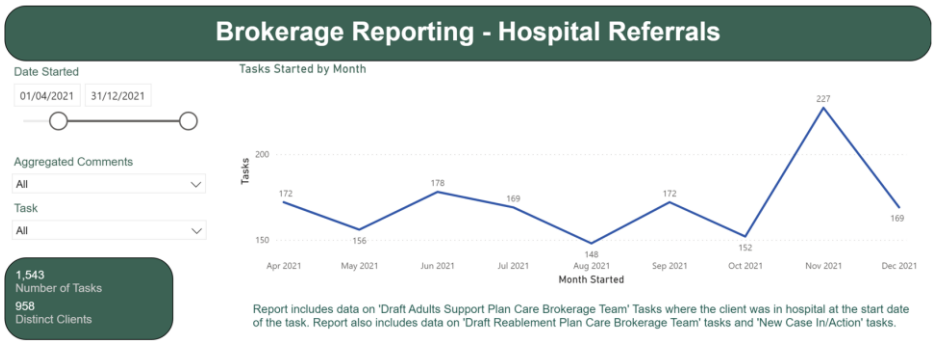
Month	Block Hours per week	Total hours delivered	Average number of days under Rapid Response	Number of people supported under Rapid Response
April (2021)	730	2,524.75	16.19	104
May (2021)	730	2,709	17.03	93
June (2021)	730	2,042.75	15.68	80
July (2021)	730	1672.5	20	63
August (2021)	730	1522.75	24.78	46
September (2021)	730 (reduced to 610 on 25.09.21)	1386.5	19	48
October (2021)	610	1536	21.41	41
November (2021)	610	1302.25	21.45	35
December (2021)	610	1,099.75	22.71	28
Total		**15796.25**	**18.77**	**538**

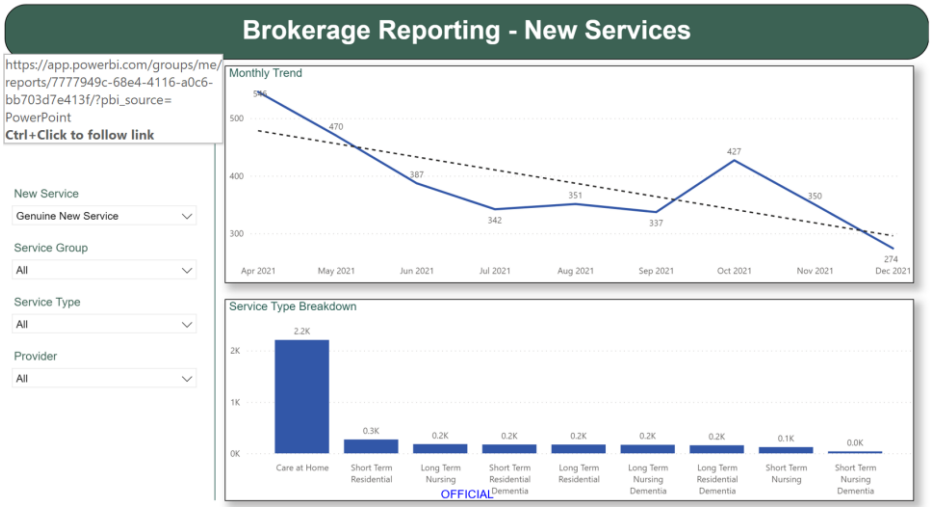
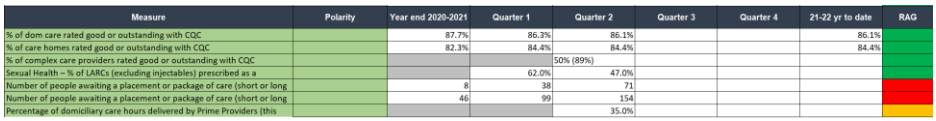
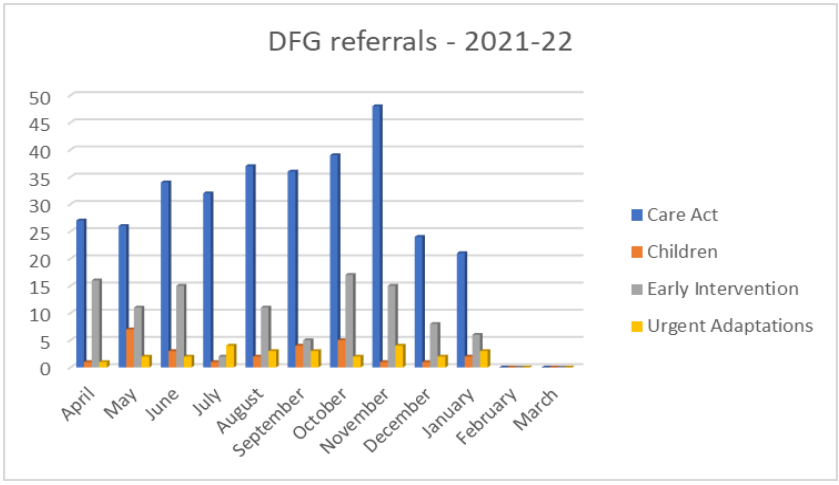
5	ibcf social work support	The two Social Care Assessors (SCAs) work closely with the reablement service to determine with them the longer term support needs of people following a period of reablement and to put those arrangements in place. Although the focus of the reablement service has been on hospital discharge from Macclesfield hospital, this has been somewhat compromised in recent months by the challenges in the home care market and the requirement on the reablement service to respond to market failure. Securing long term home care for people following a period of reablement has also been problematic. However, the role of the two SCAs remains a key one in supporting the work of the reablement service and hopefully the current home care capacity issues will ease.	£112,000	Existing
6	ibcf Cheshire people helping people	The following flyers provides an overview of the support provided by the People Helping People service:	£0	Existing


COVID-19
(Coronavirus)
Who we Helped
3366
Number of people supported/ matched with a volunteer
0
Number of people awaiting urgent requests (48 hours)
62
Number of people awaiting support (triaged & deemed not urgent)
2
Number of people awaiting support (contacted awaiting volunteer)
3436
Overall total number of people registered for support
968
Number of those people who are known as shielded residents
1498
Number of those people known to Adult Social Care
How those requesting help have been supported
761 Receiving ongoing support from a Volunteer
626 Receiving ongoing support from Volunteer Coordination Network
115 Receiving ongoing support from other Voluntary Organisation
105 Receiving one-off support from a Volunteer
20 Receiving one-off support from other Voluntary Organisation (Van Driver, Emergency Assistance etc)
54 Referral to CEC internal team i.e. Emergency Assistance, shared lives, Care4ce team.
15 Referral to commissioned provider i.e. carers hub, AgeUK, Alzheimer's Society
200 Doesn't need further help (started to receive a government food parcel)
893 Doesn't need further help (Phone Info and advice sufficient)
291 Duplicates (or re-entered system)
46 Refused Support and closed
123 Couldn't contact after 3 attempts and closed



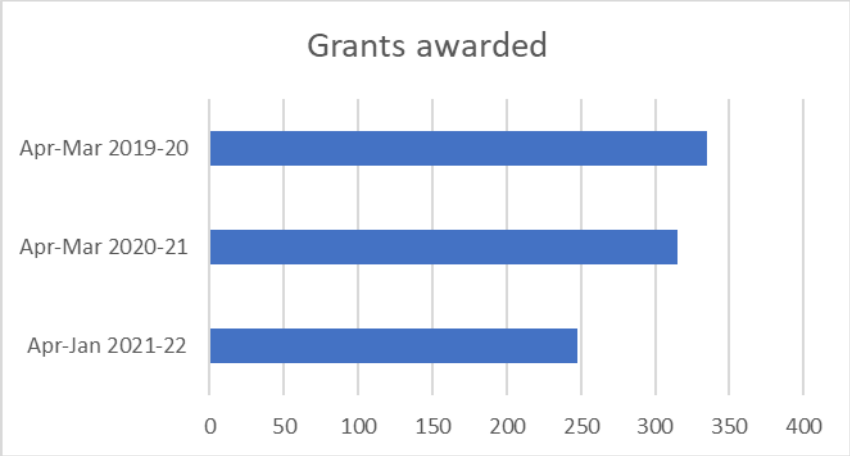
7	ibcf flu vaccinations	Flu vaccinations as at week ending 21/01/2022 across 95 providers: **Staff: Total Vaccinated 31%; Residents: Total Vaccinated 89%** COVID-19 vaccination uptake as at 21/01/2022: **Staff / Residents** **Total Vaccinated 1st Dose: 99% / 98%** **Total Vaccinated 2nd Dose: 98% / 98%** **Total Vaccinated Both Doses: 98% / 98%** **Total Received Booster Vaccination: 56% / 91%**	£0	Existing

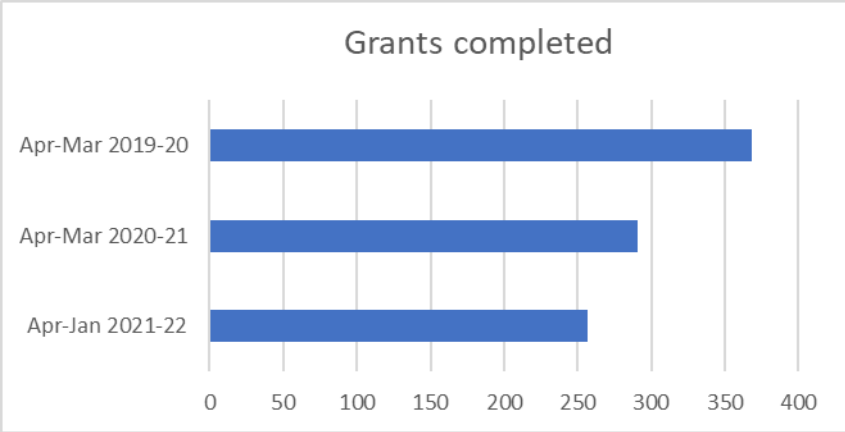
8	ibcf Winter Additional Social Care staff to prevent people from being delayed in hospital	Feedback from the local authority indicated that these continue to be key roles in the team focussed on delivering a discharge to assess model.	£301,124	Existing
9	iBCF 'Winter Schemes	Additional capacity to support the local health and social care system to manage increased demand over the winter period. Evidence-based interventions designed to keep people at home (or in their usual place of residence) following an escalation in their needs and/or to support people to return home as quickly as possible with support following an admission to a hospital bed.	£500,000	Existing
10	iBCF Enhanced Care Sourcing Team (8am-8pm)	The following graphs demonstrate the level of work undertaken by the care sourcing team: • Support Plan Actions: 3309 for 1808 service users • Hospital Referrals: 1543 for 1951 service users • Total referrals: 4852 for 2759 service users  	£407,000	Existing

				
11	iBCF Improved access to and sustainability of the local Care Market (Home Care and Accommodation with Care)	The following tables provides an overview of the quality of the cae market: 	£5,210,107	Existing
12	iBCF Social Work Team over Bank Holiday weekends	The local authority notes that Social Care staff continue to provide weekend and Bank Holiday cover (6 hour daily shifts in Macclesfield and 5 hour daily shifts at Leighton) and do so on a voluntary basis. Although there is further work to be done in respect of better coordination of services that are available at the weekend focussed on increasing weekend discharges, having a Social Care presence undertaking identified work at the weekends has a significant positive impact on work flow and reduces the demand on a Monday morning specifically.	£165,000	Existing
13	BCF Disabled Facilities Grant (DFG)	The following graphs provide an overview of the performance of the DFG in Cheshire East, it gives an overview of referrals, grants awarded, grants completed, average grant award value and the number of cancelled grants.  Referrals are received into the Disabled Facilities Grant programme following a functional assessment by an Occupational Therapist / Social Care Assessor of how the disabled person manages activities of	£2,342,241	Existing

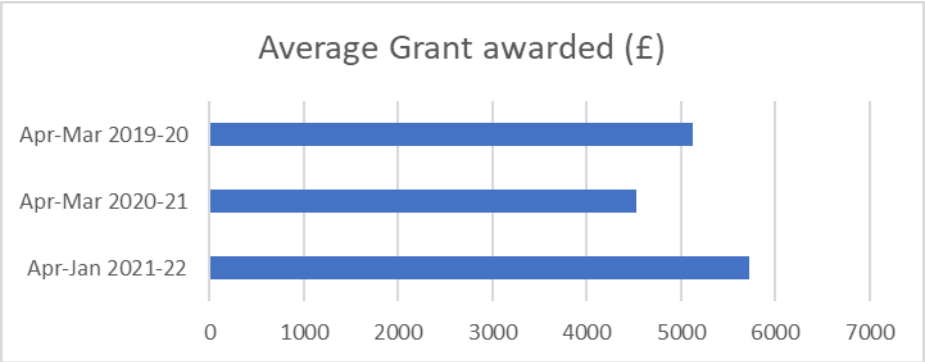
daily living in the home environment.

Referrals are at a similar level to 2020-21. There is a backlog of around 150-200 assessments to be completed by the Occupational Therapy team; arrangements have been made to appoint a third party to undertake these on behalf of the Council. This will increase the number of referrals in the next 3 months and reduce waiting times for OT assessments, but will create a pressure in another part of the system.



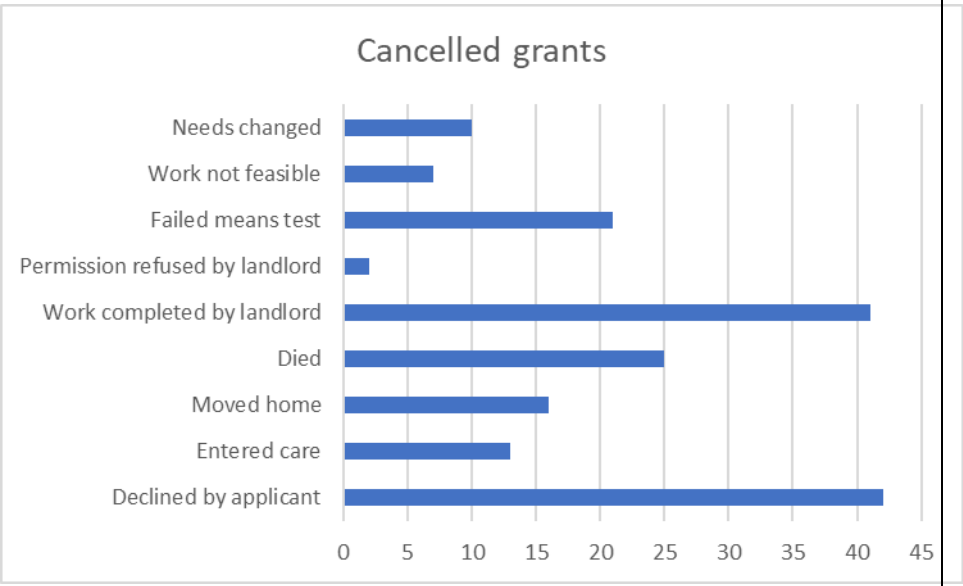


The performance for the number of grants that have been awarded in the last three years is comparable. However, the number of grants completed was lower in 2020-21 because of the pandemic, and recovery has been affected by poor performance by the contractor for the Level Access Shower contract in 2021-22. The contract was terminated for non-performance in the summer, and an alternative contractor was appointed on a temporary basis pending appointment of a new supplier. The failure of the contract with Novus meant that there was a backlog of over 100 cases which the temporary contractor has endeavoured to complete, enabling us to recover slowly. A new contractor has been appointed, with the contract to start on 1 April 2022.



The average grant awarded to date in 2021-22 is £5,723, compared to £5,118 in 2019-20 and £4,524 in 2020-21.

The increase is a direct result of rising materials and labour costs, which is being attributed across the building industry to the impact of Covid and Brexit.

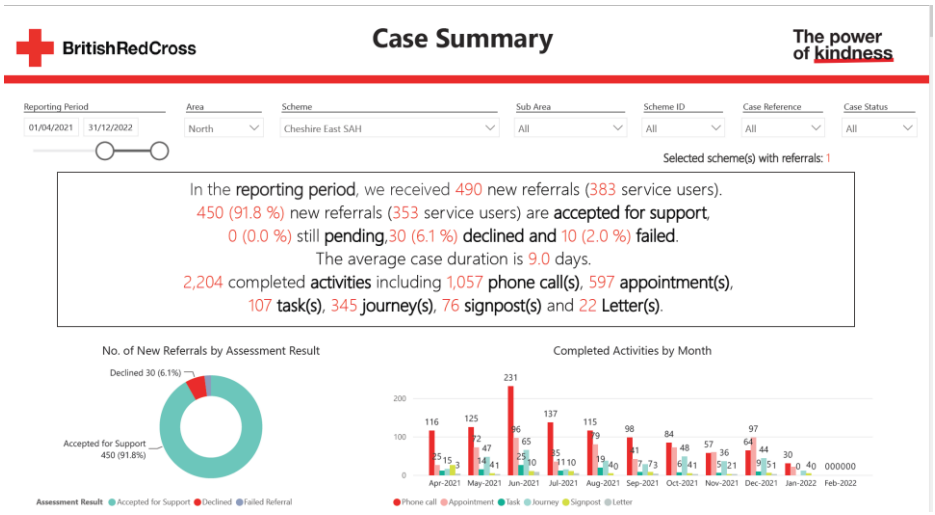
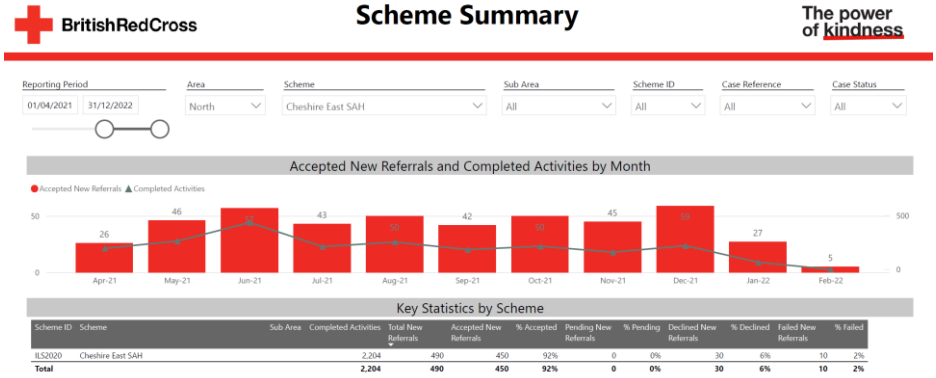
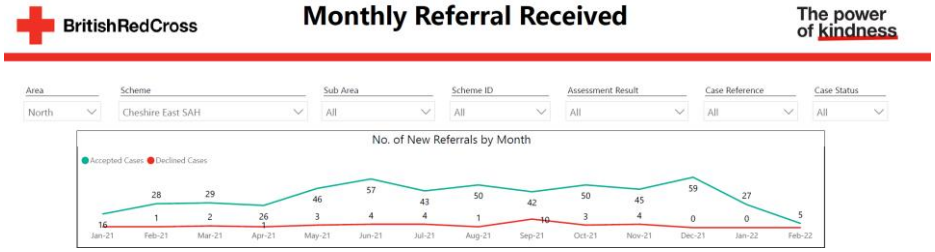
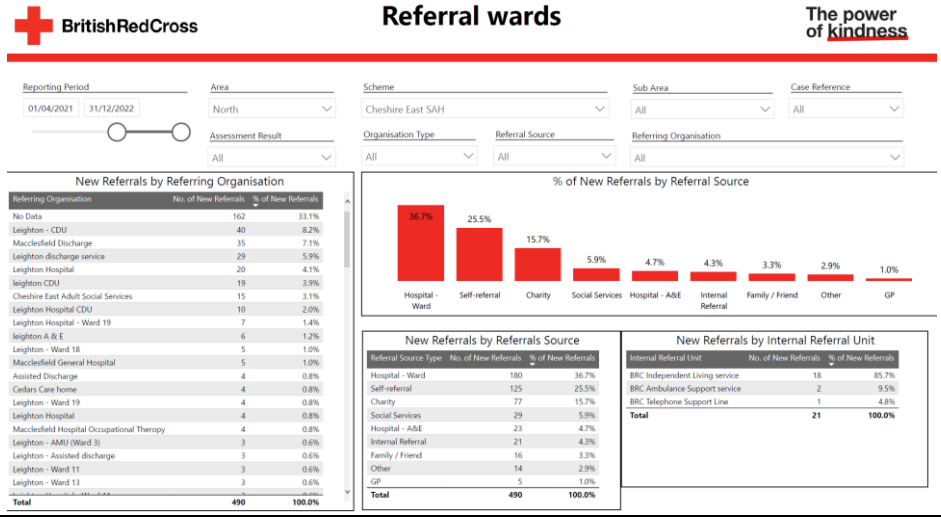


18.4% of referrals have led to cancellation. This could be reduced by improving information at an early stage (at the front door or in the OT assessment), however it should be recognised that the information received through the process will help to inform applicant's decisions, for example to move to a more suitable home as an alternative to adapting their home.

14	BCF Assistive technology	The following tables provides an overview of the monthly performance of the Assistive Technology service:	£757,000	Existing
15	BCF British	The following information provides an overview of the performance of	£297,570	Exist

If Service Levels consistently fall below the targets (IN RED) then pricing may be adjusted in line with the terms of the contract.

Service Response Times		Target	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
1.2	Installations - URGENT to completed within 24 hours ie Hospital discharges	100% 90%	100% 34/40 delay by client	100% 23/27 delay by client	100% 23/29 delay by client	80% 19/24 delay by client	80% 24/29 delay by client	100% 14/16 delay by client	37.5% 23/31 delay by client	100% 22/27 delay by client	100% 21/22 delay by client
1.3	Installations - STANDARD to be completed within 5 working days	99% 85%	96.97% 44/77 delay by client	100% 42/51 delay by client	91.89% 84/121 delay by client	100% 80/93 delay by client	94.44% 71/80 delay by client	69.23% 55/81 delay by client	90% 75/105 delay by client	90.70% 50/93 delay by client	73.17% 48/89 delay by client
1.5	Maintenance/Faults – CRITICAL within 24hours	100% 90%	100% 21/41 delay by client	100% 11/27 delay by client	100% 17/29 delay by client	100% 13/21 delay by client	100% 24/36 delay by client	100% 12/29 delay by client	100% 13/15 delay by client	100% 12/25 delay by client	100% 11/22 delay by client
1.6	Maintenance/Faults – NON-CRITICAL within 7 working days	100% 85%	95.65% 69/115 delay by client	95.65% 46/79 delay by client	95.74% 55/102 delay by client	94.87% 61/100 delay by client	98.32% 24/143 delay by client	98.67% 37/112 delay by client	100% 35/137 delay by client	100% 41/166 delay by client	100% 33/136 delay by client
1.7	Maintenance - ANNUAL CHECKS or in line with manufacturers guidelines	100% 90%									
1.9	Withdrawals - STANDARD within 7 working days	100% 90%	55.36% 40/96 delay by client	73.68% 12/50 delay by client	64.58% 38/86 delay by client	100% 58/98 delay by client	45.83% 3/99 delay by client	96.67% 72/132 delay by client	100% 96/134 delay by client	98.70% 121/198 delay by client	98.15% 154/208 delay by client
1.11	Response – Calls answered within 60 seconds	97.5%	86.37% 9507 calls	93.45% 15366 calls	94.03% 12001 calls	94.36% 9573 calls	93.75% 9583 calls	95.93% 9898 calls	95.20% 10684 calls	95.28% 9156 calls	95.92% 9037 calls
	Response – Calls answered within 30 seconds	90%	80.23%	85.66%	86.03%	85.09%	83.03%	86.35%	84.63%	85.28%	86.17%
1.12	Response – When a mobile response is required it will be within 45 minutes of the initial call. Also captured from July response within 60 minutes of the initial call.	100% 90%	No Data	Limited data available	Limited data available	Limited data available	Limited data available	Limited data available	Limited data available	92.55% 174/188 delayed 100%	95.50% 234/245 delayed 100%
1.13	Customer and staff satisfaction survey response level	65% 50%									

	Red Cross 'Support at Home' service	the British Red Cross 'Support at Home' service.     		ing
16	BCF Combined Reablement service	The following tables provide an overview of the performance of the mental health service, dementia reablement service and community reablement service. **Mental Health Reablement Summary** **Number of packages delivered** April May June July August September October November December No. Referrals in the month 245 235 254 236 211 244 211 217 181 No. Closed in the month 186 215 238 451 170 240 231 214 320	£4,771,325	Existing

Dementia Reablement Summary

Number of packages delivered	April	May	June	July	August	September	October	November	December
No. Referrals in the month	71	96	107	100	91	77	100	102	62
No. Closed in the month	49	39	36	60	65	42	72	52	35

On Liquidlogic, Reablement Plans should be recorded for Community Reablement and Reablement services will be loaded on the plan. As discussed previously Market Failure is currently recorded as Reablement. Also Reablement plans have been used to record other services such as short-term residential which complicates it.

The following table shows all Reablement Plans completed between 01/04/2021 and 31/12/2021 regardless of what services are recorded on the plan. Data is broken down by Sequel (Outcome). One client can have multiple plans.

Reablement Sequel	Count
No services provided - No identified needs	188
Long-Term support (Community)	112
Short-Term support (other)	71
No services provided - Needs identified but self-funding	63
Early Cessation of Service (not leading to long-term support) - 100% NHS Funded care/end of life/deceased	54
No change in Long Term Support	50
On-going low level support	33
Long-Term support (Residential)	32
No services provided - Needs identified but support declined	21
No services provided - Universal services / signposted to other services	21
Early Cessation of Service (not returning to long-term support) - Other reason	19
Early cessation of service (not leading to long-term support)	18
Level of Long Term Support increased	16
ALL Long Term Support Ended no ongoing eligible needs	10
Early Cessation of Service (not returning to long-term support) - NHS Funded care/end of life/deceased (existing client)	10
Move to Community (existing client)	8
Move to Residential Care (from Community)	8
Long-Term support (Nursing)	7
Early cessation of service (leading to long-term support) (Community)	5
Early Cessation of Service (return to long-term support) - No change in setting	5
Move to Nursing Care (from Community)	4
Early cessation of service (leading to long-term support) (Nursing)	3
Early cessation of service (leading to long-term support) (Residential)	2
Early Cessation of Service (return to long-term support) - Move to Nursing from community	1
Level of Long Term Support Decreased	1
	762

The following table shows Reablement plans ending between the same dates where a specific Reablement service has been recorded on the plan.

Reablement Sequel	Count
No services provided - No identified needs	116
Early Cessation of Service (not leading to long-term support) - 100% NHS Funded care/end of life/deceased	36
On-going low level support	24
Long-Term support (Community)	23
No change in Long Term Support	23
Early Cessation of Service (not returning to long-term support) - Other reason	7
No services provided - Needs identified but support declined	7
No services provided - Universal services / signposted to other services	7
Early Cessation of Service (not returning to long-term support) - NHS Funded care/end of life/deceased (existing client)	5
ALL Long Term Support Ended no ongoing eligible needs	4
Early cessation of service (not leading to long-term support)	3
Early Cessation of Service (return to long-term support) - No change in setting	3
No services provided - Needs identified but self-funding	3
Move to Community (existing client)	2
Early cessation of service (leading to long-term support) (Community)	1
Early cessation of service (leading to long-term support) (Nursing)	1
Long-Term support (Residential)	1
Move to Residential Care (from Community)	1
Short-Term support (other)	1
	268

Reablement service provisions on Liquidlogic regardless of whether they are on a Reablement plan. In total, 305 distinct clients had a Reablement service between 01/04/2021 and 31/12/2021.

17	BCF Safeguarding Adults Board (SAB)	The following performance information shows the safeguarding concerns by type per month.	£422,380	Existing

Concern	April	May	June	July	August	September	October	November	December	January
Discriminatory	2	0	1	4	3	4	3	5	1	2
Domestic Abuse	21	20	27	27	24	23	28	23	30	25
Emotional/Psychological	70	52	62	75	66	79	70	76	60	70
Financial	42	43	61	46	44	50	56	51	45	40
Modern Slavery	0	0	2	0	0	0	0	3	1	1
Neglect	135	167	2	164	163	176	157	152	159	169
Organisational	8	17	144	7	13	14	9	9	5	8
Physical	72	76	11	84	94	109	80	71	90	91
Self-Neglect	64	74	93	99	57	93	66	57	56	72
Sexual	22	13	71	13	11	23	11	27	12	17
Sexual Exploitation	3	0	15	0	0	3	2	2	2	4

18	BCF Carers hub	The following tables provide an overview of the performance of the carers hub, it shows the assessment and outcomes for adult and young carers:	£398,000	Existing
19	BCF Programme	In respect of this scheme the programme manager coordinated the production of adult social care winter plan, bcf plan for 21/22 as well as	£411,558	Existing

Assessments - Adult Carers

Please report on what you have delivered under this contract

Measure	Q1 April	Q1 May	Q1 June	Q1 Target	Q1 Total	Q2 July	Q2 Aug	Q2 Sept	Q2 Target	Q2 Tota	Q3 Oct	Q3 Nov	Q3 Dec	Q3 Target	Q3 Tota
New Assessments															
Number of statutory Carers Assessments completed	65	69	68		202	75	60	69		204	65	59	40		164
Number of support plans completed	65	69	68		202	75	60	69		204	65	59	40		164
Number of statutory Carers Assessments completed face to face	3	2	4		9	4	5	7		16	14	21	10		45
Annual Reviews - not due until Q4															
Number of statutory Carers Assessments who's annual review falls due within the reporting period	13	20	29		62	31	47	65		143					0
Number of Carers attempted to make contact with to undertake their annual review	2	2	1		5	0	0	0		0	0	0	0		0
Number of non contactable Carers to undertake their annual review	2	2	1		5					0					0
Number of Carers undertaken an Annual Review who's review falls due within the reporting period	0	0	0		0					0					0
Total number of reviews completed within the reporting period	6	9	6		21					0					0
Number of annual reviews completed face to face	0	0	0		0										
Cancelled Assessments															
Number of statutory Carers Assessments cancelled with CEC within the reporting period	0	0	0		0					0					0

Outcomes - Adult Carers

No.	Outcome measure	Evidence What evaluation tools have been used to gather this evidence, for example surveys, individual interviews etc.	Q1 Outcome	Q2 Outcome	Q3 Outcome
1	Increased identification of Carers	Referral rate	431	419	252
2	Improved quality of life and opportunities for Carers	GMTool - total score	50.00%	56%	53%
3	Improved physical health of Carers	GMTool- Health and Fitness section	100.00%	100%	100%
4	Improved emotional wellbeing of Carers	SWEMWEBS	100.00%	99%	100%
5	Increased choice, control and independence for Carers	section	100.00%	100%	100%
6	Improved ability to manage a Carers caring role	GMTool - Ability to manage Caring Role section	100.00%	100%	98%
7	Enable carers to maintain employment, education, or return to work or education	GMTool-Employment, volunteering and training	93.00%	100%	100%
8	Carers feel engaged, involved and have a voice	GMTool - Community Groups and involvement section	100.00%	99%	98%
9	Carers feel safe	GMTool - Safety section	100.00%	97%	100%

Assessments - Young Carers

Please report on what you have delivered under this contract

Measure	Q1 April	Q1 May	Q1 June	Q1 Target	Q1 Total	Q2 July	Q2 Aug	Q2 Sept	Q2 Target	Q2 Tota	Q3 Oct	Q3 Nov	Q3 Dec	Q3 Target	Q3 Tota
New Assessments															
Number of statutory Young Carers Assessments completed	10	4	8		22	12	10	5		27	6	10	4		20
Number of support plans completed	10	4	8		22	12	10	5		27	6	10	4		20
Number of statutory Young Carers Assessments completed face to face	6	3	6		15	8	8	3		19	4	9	2		15
Annual Reviews - not due until Q4															
Number of statutory Young Carers Assessments who's annual review review falls due within the reporting period	6	13	4		23	1	8	8		17					0
Number of Young Carers attempted to make contact with to undertake their annual review	6	12	0		18	0	0	0		0					0
Number of non contactable Young Carers to undertake their annual review	1	1	0		2					0					0
Number of Young Carers undertaken an Annual Review who's review falls due within the reporting period	2	8	6		16					0					0
Total number of reviews completed within the reporting period	2	8	6		16					0					0
Number of annual reviews completed face to face	0	0	0		0										
Cancelled Assessments															
Number of statutory Young Carers Assessments cancelled with CEC within the reporting period	0	0	0		0					0					0

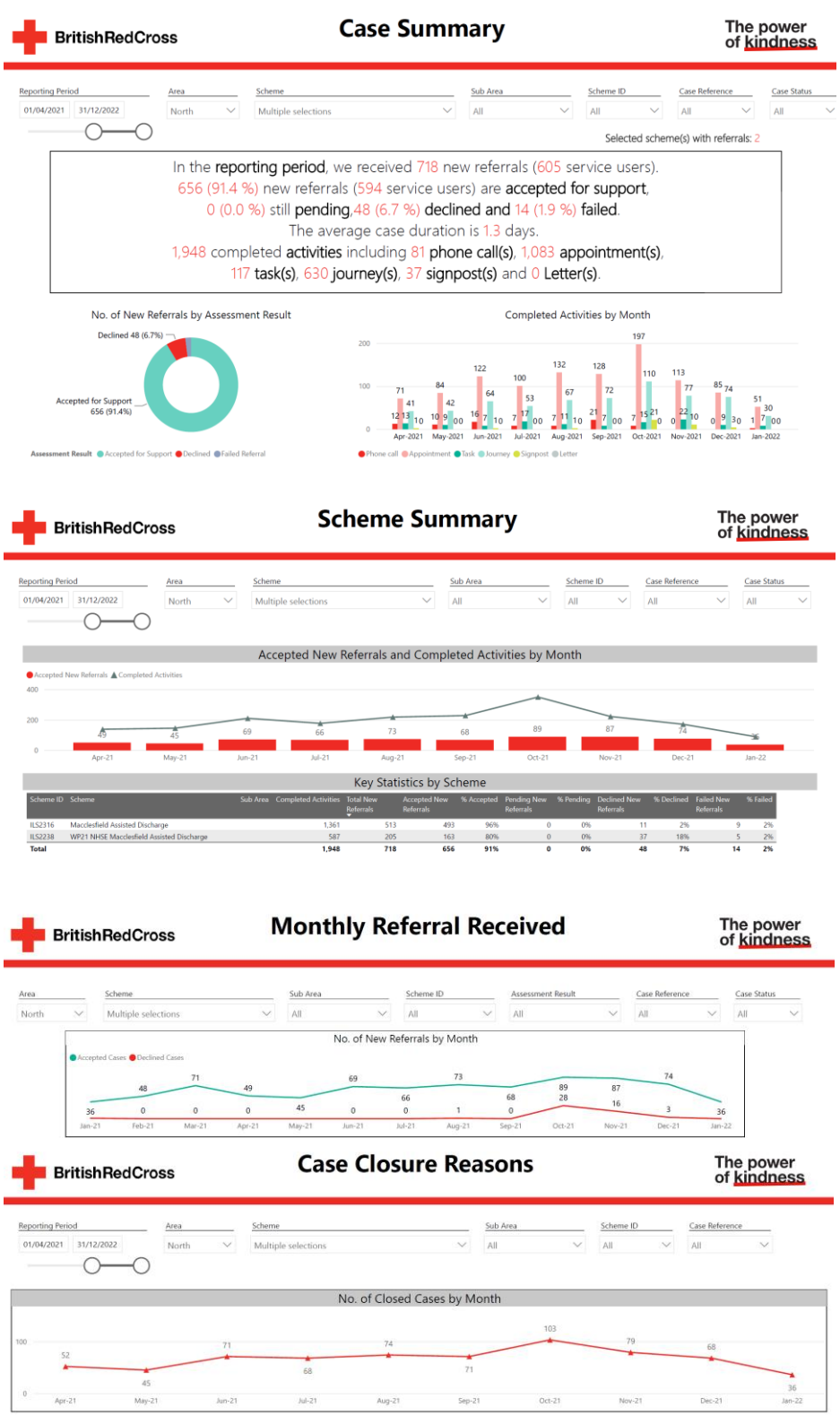
Outcomes - Young Carers

No.	Outcome measure	Evidence What evaluation tools have been used to gather this evidence, for example surveys, individual interviews etc.	Q1 Outcome	Q2 Outcome	Q3 Outcome
1	Increased identification of Carers	Referral rate	41	48	38
2	Young Carers' positive outlook is improved	PANOC 1, 2, 19 & 20	71.42%	100%	86%
3	Young Carer has improved relationships	PANOC 3 & 8	78.57%	100%	80%
4	Young Carer has improved self esteem	PANOC 4 & 15	92.85%	100%	73%
5	Young Carer has improved resilience	PANOC 7 & 18	17.42%	100%	67%
6	The emotional impact on the Young Carers' caring role has been reduced	PANOC 5, 6, 9, 10, 11, 13 & 16	50.00%	50%	86%

<table>
<tr><td></td><td>management and infrastructure</td><td>end of year plan for 21/22. In addition to this a position paper in respect of 7-day working was produced.

This scheme also includes an allocation of funding (£252,229) for the use of a number of beds at Elmhurst. The purchase of the beds is a longstanding arrangement, the only recent change to funding is that they are to be funded from the Better Care Fund as opposed to the Adults Service normal revenue budget.</td><td></td><td></td></tr>
<tr><td>20</td><td>BCF Winter schemes CCG</td><td>Additional capacity to support the local health and social care system to manage increased demand over the winter period. Evidence-based interventions designed to keep people at home (or in their usual place of residence) following an escalation in their needs and/or to support people to return home as quickly as possible with support following an admission to a hospital bed.</td><td>£527,800</td><td>Existing</td></tr>
<tr><td>21</td><td>BCF Homefirst schemes CCG</td><td>
<table>
<tr><th>Home First Memo:</th><th>Cheshire CCG</th></tr>
<tr><td>MCHFT – Elmhurst</td><td>1,287,819</td></tr>
<tr><td>MCHFT - Intermediate Care</td><td>1,389,960</td></tr>
<tr><td>CCICP - Intermediate Care</td><td>1,585,818</td></tr>
<tr><td>CCICP - Integrated Community Teams</td><td>1,548,963</td></tr>
<tr><td>Cheshire and Wirral Partnership NHS Foundation Trust</td><td>540,189</td></tr>
<tr><td>CCICP - Community Beds - Therapies</td><td>346,437</td></tr>
<tr><td>Community Equipment</td><td>387,504</td></tr>
<tr><td>Community Beds</td><td>1,499,508</td></tr>
<tr><td>Community Stroke Rehabilitation service</td><td>518,076</td></tr>
<tr><td>Cardiac Rehabilitation</td><td>197,545</td></tr>
<tr><td>Discharge Liaison Officer</td><td>61,250</td></tr>
<tr><td>Frailty Service</td><td>764,325</td></tr>
<tr><td>Homecare Medicines Support</td><td>32,779</td></tr>
<tr><td>Musculo Skeletal Follow-up</td><td>0</td></tr>
<tr><td>Night Service</td><td>76,113</td></tr>
<tr><td>Hospital at Home</td><td>187,164</td></tr>
<tr><td>Palliative Care - community services</td><td>46,755</td></tr>
<tr><td>Intermediate Care</td><td>35,360</td></tr>
<tr><td>Chronic Pain Services</td><td>281,146</td></tr>
<tr><td>Continence services</td><td>275,900</td></tr>
<tr><td>Community Dietetics</td><td>598,468</td></tr>
<tr><td>Community Epilepsy</td><td>61,812</td></tr>
<tr><td>Community - Heart Failure</td><td>163,815</td></tr>
<tr><td>Community - Intermediate Care Liaison</td><td>173,312</td></tr>
<tr><td>Community - Intermediate Care Rapid Response</td><td>123,662</td></tr>
<tr><td>Community - Intermediate Care Rehabilitation</td><td>66,630</td></tr>
<tr><td>Comm - Intermediate Care Team</td><td>300,955</td></tr>
<tr><td>Comm - LT CARE TEAM</td><td>0</td></tr>
<tr><td>Comm - MACMILLAN</td><td>387,434</td></tr>
<tr><td>Comm - MACMILLAN THERAPY</td><td>19,449</td></tr>
<tr><td>Comm - MARIE CURIE</td><td>34,192</td></tr>
<tr><td>Comm - MATRON</td><td>688,104</td></tr>
<tr><td>Comm - NURS MGT</td><td>0</td></tr>
<tr><td>COMM REHAB SUPPORT</td><td>1,298,564</td></tr>
</table>
</td><td>£18,693,933</td><td>Existing</td></tr>
</table>

		COMPLEX CARE 713,588 Intermediate Respite Service 594,097 INTERMEDIATE CARE - ADDITIONAL SUPPORT (Escalation Beds) 1,528,651 NUTRITION AND DIETETIC SUPPORT 134,012 TISSUE VIABILITY 151,824 To be allocated 592,755 **TOTAL 18,693,933**		
22	BCF Trusted assessor service	The Macclesfield IToCC distributed some feedback questionnaires to colleagues from both teams she has worked with and has had positive returns. In LH discharges fell as the results of the Christmas socialising hit the nation. Many people were coming into the hospital, but not many were leaving. The IToCC completed many assessments which were then shelved as the patients COVID tests came back positive. Many of these patients then required a second assessment due to their health deteriorating in the two weeks they were in isolation. During this time, the role changed and the IToCC became more of a source of information for the ASCT, Providers and family. The wards were very busy and answering the phone was difficult for them. The IToCC became the eyes for those needing confirmation that someone was as mobile as their notes suggested, chasing test results, keeping providers up to speed on the progress of their residents and reassuring families who contacted her. Some of the ASCT who had not been aware of her role found it very helpful to have her first-hand feedback especially when cases were complex. The requests for her assessments remain steady from IDT but fluctuate from the ASCT. The IToCC has distributed questionnaires to colleagues to gain a better understanding of their thoughts and opinions. She has had replies from three Social Care Assessors who have been very positive and said her role was a real asset in aiding their decision- making process.	£94,000	Existing
23	BCF General Nursing assistant	At the time of writing the service hasn't been mobilised for a long period of time. The commissioner reports that the service is working well with high levels of usage.	£300,000	New
24	BCF British Red Cross	The following information provides an overview of the performance of the British Red Cross service:	£65,000	New


BritishRedCross
Case Summary
The power of kindness
Reporting Period
01/04/2021
31/12/2022
Area
North
Scheme
Multiple selections
Sub Area
All
Scheme ID
All
Case Reference
All
Case Status
All
Selected scheme(s) with referrals: 2
In the reporting period, we received 718 new referrals (605 service users).
656 (91.4 %) new referrals (594 service users) are accepted for support,
0 (0.0 %) still pending,48 (6.7 %) declined and 14 (1.9 %) failed.
The average case duration is 1.3 days.
1,948 completed activities including 81 phone call(s), 1,083 appointment(s),
117 task(s), 630 journey(s), 37 signpost(s) and 0 Letter(s).
No. of New Referrals by Assessment Result
Declined 48 (6.7%)
Accepted for Support 656 (91.4%)
Assessment Result
Accepted for Support
Declined
Failed Referral
Completed Activities by Month
Apr-2021
May-2021
Jun-2021
Jul-2021
Aug-2021
Sep-2021
Oct-2021
Nov-2021
Dec-2021
Jan-2022
Phone call
Appointment
Task
Journey
Signpost
Letter
BritishRedCross
Scheme Summary
The power of kindness
Reporting Period
01/04/2021
31/12/2022
Area
North
Scheme
Multiple selections
Sub Area
All
Scheme ID
All
Case Reference
All
Case Status
All
Accepted New Referrals and Completed Activities by Month
Accepted New Referrals
Completed Activities
Apr-21
May-21
Jun-21
Jul-21
Aug-21
Sep-21
Oct-21
Nov-21
Dec-21
Jan-22
Key Statistics by Scheme
Scheme ID
Scheme
Sub Area
Completed Activities
Total New Referrals
Accepted New Referrals
% Accepted
Pending New Referrals
% Pending
Declined New Referrals
% Declined
Failed New Referrals
% Failed
ILS2316
Macclesfield Assisted Discharge
1,361
513
493
96%
0
0%
11
2%
9
2%
ILS2238
WP21 NHSE Macclesfield Assisted Discharge
587
205
163
80%
0
0%
37
18%
5
2%
Total
1,948
718
656
91%
0
0%
48
7%
14
2%
BritishRedCross
Monthly Referral Received
The power of kindness
Area
North
Scheme
Multiple selections
Sub Area
All
Scheme ID
All
Assessment Result
All
Case Reference
All
Case Status
All
No. of New Referrals by Month
Accepted Cases
Declined Cases
Jan-21
Feb-21
Mar-21
Apr-21
May-21
Jun-21
Jul-21
Aug-21
Sep-21
Oct-21
Nov-21
Dec-21
Jan-22
BritishRedCross
Case Closure Reasons
The power of kindness
Reporting Period
01/04/2021
31/12/2022
Area
North
Scheme
Multiple selections
Sub Area
All
Scheme ID
All
Case Reference
All
No. of Closed Cases by Month
Apr-21
May-21
Jun-21
Jul-21
Aug-21
Sep-21
Oct-21
Nov-21
Dec-21
Jan-22

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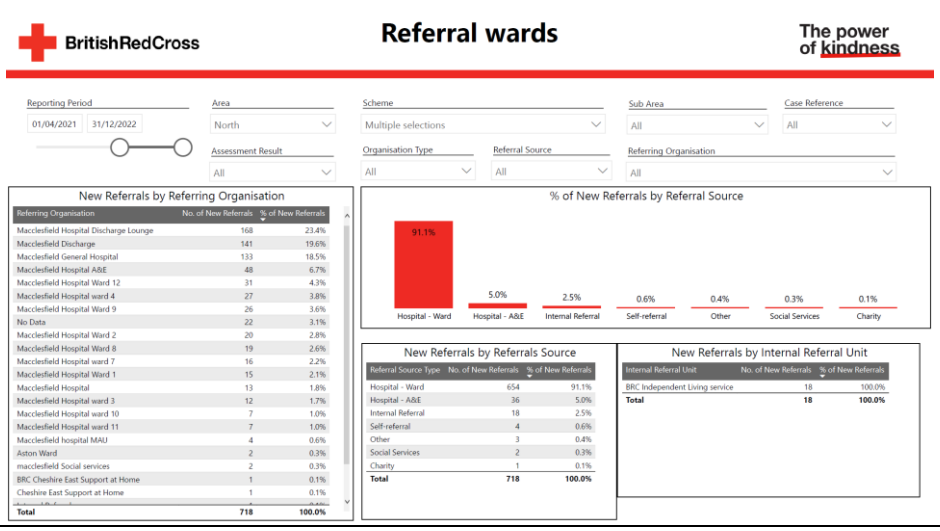
<tr><td></td><td></td><td> 
</td><td></td><td></td></tr>
<tr><td>25</td><td>BCF One You falls prevention business case</td><td><u>One You Cheshire East KPI – 2021/22</u>

Stand Strong (Falls Prevention)

<table>
<tr><th>KPI</th><th>Target</th><th>Q1</th><th>Q2</th><th>Q3</th><th>Q4</th></tr>
<tr><td>Record the number of participants booked to the service</td><td>Information Only</td><td>17</td><td>56</td><td>110</td><td></td></tr>
<tr><td>% of bookings converting to a service start</td><td>50%</td><td>65%</td><td>91%</td><td>91%</td><td></td></tr>
<tr><td>Number of participants starting the service</td><td>570 annually</td><td>11</td><td>51</td><td>97</td><td></td></tr>
<tr><td>Number of participants completing the service</td><td>Information Only</td><td>4 (remote service)</td><td>1 (remote service)</td><td>2 (most completers will feature in Jan-Mar 2022 report given when they started and due to the length of the programme)</td><td></td></tr>
<tr><td>Number of participants achieving increased stability</td><td>Baseline</td><td>4</td><td>1</td><td>2</td><td></td></tr>
<tr><td>% of completers with improved strength & balance</td><td>60%</td><td>100%</td><td>100%</td><td>100%</td><td></td></tr>
<tr><td>% of completers showing improvement in wellbeing</td><td>Baseline</td><td>100%</td><td>100%</td><td>100%</td><td></td></tr>
<tr><td>Completer Satisfaction Score</td><td>8.5</td><td>N/A</td><td>8.5</td><td>8.5</td><td></td></tr>
</table></td><td>£20,000</td><td>New</td></tr>
<tr><td>26</td><td>iBCF Community brokerage</td><td>The update has been provided on scheme number 10.</td><td>£33,465</td><td>New</td></tr>
<tr><td>27</td><td>BCF Third Sector</td><td>At the time of writing the scheme is still in the process of mobilising.</td><td>£75,000</td><td>New</td></tr>
<tr><td>28</td><td>BCF British Red Cross</td><td>At the time of writing the scheme is still in the process of mobilising.</td><td>£30,000</td><td>New</td></tr>
<tr><td>29</td><td>BCF Carers hub</td><td>The update has been provided on scheme number 18.</td><td>£324,000</td><td>Existing</td></tr>
</table>

Agenda Item 6

CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	Better Care Fund Plan 2022/23
Date of meeting:	22 March 2022
Written by:	Alex Jones
Contact details:	Alex.T.Jones@Cheshireeast.gov.uk
Health & Wellbeing Board Lead:	Helen Charlesworth-May, Executive Director – Adults, Health and Integration

Executive Summary

Is this report for:	Information ☐	Discussion ☐	Decision ☐
Why is the report being brought to the board?	This report describes the areas of activity and the proposed expenditure for the Better Care Fund covering Cheshire in 2022/23. It identifies a number of schemes and presents the rationale of how they meet the needs and demands of the local care and health economy in Cheshire East.		
Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?	Creating a place that supports health and wellbeing for everyone living in Cheshire East ☐ Improving the mental health and wellbeing of people living and working in Cheshire East ☐ Enable more people to live well for longer x All of the above ☐		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness ☐ Accessibility ☐ Integration ☐ Quality ☐ Sustainability ☐ Safeguarding ☐ All of the above x		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	The Health and Wellbeing Board (HWB) is asked to endorse the schemes and plan for 2022/23.		
Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	The following report has separately been distributed to the Better Care Fund Governance Group.		

Has public, service user, patient feedback/consultation informed the recommendations of this report?	No
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	N/A

1 Report Summary

1.1 That Health and Wellbeing Board endorses the BCF schemes and associated expenditure which is outlined in this plan.

2 Recommendations

2.1 That the Health and Wellbeing Board notes and endorses the Better Care Fund plan for 2022/23 which includes: vision for adult social care, priorities for 2022/23, governance changes, schemes for 2022/23, metric performance, income and expenditure.

3 Reasons for Recommendations

3.1 This report forms part of the monitoring arrangements for the Better Care Fund.

4 Impact on Health and Wellbeing Strategy Priorities

4.1 This report supports the Health and Wellbeing Priority of Ageing Well.

5 Background and Options

5.1 The BCF provides a mechanism for joint health and social care planning and commissioning, bringing together ring-fenced budgets from Clinical Commissioning Group allocations, the Disabled Facilities Grant and the iBCF. Since 2015, the Government's aims around integrating health, social care and housing, through the Better Care Fund (BCF), have played a key role in the journey towards person-centred integrated care. This is because these aims have provided a context in which the NHS and local authorities work together, as equal partners, with shared objectives.

5.2 Local BCF plans are subject to national conditions and guidance. Local plans are monitored through NHS England and there are strict timelines regarding submission of plans for both regional and national assurance of plans to take place.

5.3 **Vision for adult social care**

5.4 Recently the government published the policy paper entitled 'People at the Heart of Care: adult social care reform white paper'. The white paper sets out a 10-year vision for adult social care and provides information on funded proposals that we will implement over the next 3 years.

5.5 The white paper has a particular focus on 3 key objectives: 1.How we will support people to have choice, control and independence. 2.How we will provide an outstanding quality of care. 3.How we will ensure that care is provided in a way that is fair and accessible to everyone who needs it.

5.6 Supporting social care reform there was an announcement made at the Spending Review in October 2021 detailing how £5.4 billion over 3 years would be deployed. £3.6 billion to pay for the cap on care costs, the extension to means test, and support progress towards local authorities paying a fair cost of care, which together will remove unpredictable care costs. £1.7 billion to improve social care in England, including at least £500 million investment in the workforce.

5.7 Some of these monies are in areas which are included within the Better Care Fund, with the Better Care Fund therefore growing over the next 3 years. One such area is more money being made available to support the Disabled Facilities Grant which will enable changes to be made to people's property so they can be discharged from hospital in a timely manner and continue to live independently in the community.

5.8 **Priorities for 2022/23**

5.9 A number of priorities have emerged throughout 2021-22 and into 2022-23:

5.10 Ensuring provider market risk management oversight – the council, CCG and hospital trusts have established a number of tools to appropriately manage the care home and domiciliary care market. These include the use of a quality dashboard, capacity tracker, bed vacancy management. Tangible results from this work to-date have included targeting low quality homes for intervention by deploying district nurses. There are strong relationships between partners to highlight and share system risk information and then to deploy appropriate resources. A narrative care market strategic overview is produced on a regular basis, strategic data is produced, and a live strategic risk register is maintained.

5.11 Increase collaborative commissioning – partners have come together to commission and procure services together and develop market strategy, this includes the carers hub, community equipment and assistive technology services. This collaborative commissioning approach also extends to the production of strategy for example jointly producing a Market Position Statement (MPS) and Live Well for longer strategy. The MPS provides key messages for Providers and summarises the supply and demand in a local authority area. The MPS brings together local information and analysis relating to commercial opportunities within the public health, health, and social care market in that area. The MPS also provides details of the Council's strategic commissioning approach, and how Commissioners and Provider can work together to achieve outcomes for local people.

5.12 Effective contract management - partners have also transferred responsibility for contract management and service delivery where appropriate. For example the sourcing and commissioning of Discharge to Assess, Pathways 1,2 and 3 placements has transferred from CHC nurses to the Cheshire East Borough Council Brokerage function. Further examples include the transfer of the responsibility for commissioning and contracting the British Red Cross services.

5.13 Increasing out of hospital resource - There has been an increased focus on ensuring greater community resource and step down capacity is in place to assist the system. For example a General Nursing Assistant service has been commissioned. This service provides an additional 7 GNA staff within the CCICP IPOCH team for a period of 12 months. These additional staff would be utilised across South Cheshire and the Congleton area of East Cheshire to support patients requiring domiciliary care that would normally be delivered by Local authority. Other community resources include; British Red Cross hospital avoidance and step-down services, Rapid response, community and mental health reablement.

5.14 Partners have worked more collaboratively on system planning - for example partners have produced the Cheshire East System Flow Plan for second half of the financial year 2021-22 (H2). It

was formerly known as the 'winter plan' but as a system we recognised that capacity and demand fluctuations occur across the year and can be planned for to safely and effectively manage the flow of patients throughout the Health & Social Care system. The system flow plan includes a number of schemes; primary care access, GP's aligned to care homes, community pharmacists, mental health crisis line, weekend escalation policy

5.15 A focus on reducing length of stay - A community LOS report is produced and reviewed with each acute Trust on a weekly basis where we review at our joint governance call each person and there identified exit – move on plan. In terms of hospital oversight for patients who are in hospital for over 14- 21 days a review of their length of stay is completed on a weekly basis with IDT, Bed Managers and the ward sisters to identify exit plans and unblock any obstacles that is preventing a discharge. An action plan is produced following on from the review, the most recent review identified the following actions: Clear communication plan to be rolled out over 4week period, Review current process, Ensure early identification of patients with a LOS 21days +, Escalation time frames to be agreed by all stakeholders, Using data to clearly identify themes, Test new processes/pathways using improvement methodology.

5.16 Transfer of care hubs – work is underway in the system to develop transfer of care hubs. A 'Transfer of Care Hub' is a single route for arranging all support for people leaving hospital and should facilitate access to long term support arrangements for those that require it. Agreed functions: The Hub would receive information about individual patients (on a Transfer of Care form) which will include a recommendation for the support required. There will be the option for more detailed MDT conversations where required due to complexity of need or risk. There will be pathways from the Hub to a range of short-term services which will allow the Hub to make the appropriate support arrangements for each individual leaving hospital. The care coordinator for each individual will be agreed at the Hub. The Hub will be supported by an IT system that allows for real time information to be accessed by all partners and to which they can all contribute. There will be pathways from the Hub to a range of long-term services for those assessed as requiring support following the period of assessment.

5.17 Age well – The age well programme is underway with an SRO appointed and project support in place. The draft terms of reference has been produced with identified leads to the attend the ageing well programme board with monthly meetings in place. Crucially in Cheshire East the CCG governing body agreed the Age well programme approach in Cheshire East and agreed that funding could be recurrent to support the intended aims of the project. Key components of the age well programme include the 2 hour response, enhanced health in care homes and anticipatory care. Its been noted that the anticipatory care framework is due to be published. The current pressures within the system have been noted for example those seen in the domiciliary care market. In respect of the enhanced health in care homes work which has taken place to date has focused on what providers need, what the gaps are, priority areas, what is realistic. Its noted that the individual projects in Cheshire East will be in place by the end of March 2022.

5.18 **Governance changes**

5.19 The Health & Care Act 2021 (currently at the bill stage) sets out reforms with the intention of delivering a more integrated provision for health and social care. The current position is that local authorities cannot have committees or arrangements with NHS bodies, other than in a limited way under S75 NHS Act 2006.

5.20 The new Act will provide a statutory framework for collaboration between NHS providers, local authorities and others, to enable them to form joint committees, pool funds and make joint arrangements for the discharge of functions.

5.21 Until we are able to legally set up a Joint Committee (other than our S75 committee) we will operate as a 'Committee in Common'. This is a committee of two or more organisations who meet for a

mutual purpose with a consistent agenda, but where each organisation makes its own decision under its own delegated authority, albeit ideally for the benefit of the overall Place.

5.22 Implementation of the Act has been delayed until 1 July 2022, but we are working to have shadow arrangements in place from April 2022 (the original proposed implementation date). This will take the form of a 'Committee in Common' as well as our S75 Joint Committee with the CCG. Any further integration beyond the existing activities included in the BCF would be subject to the normal Cheshire East Council governance procedures for approval, including whether the existing S75 agreement is widened or whether a new separate additional S75 agreement is created. (this is importance given that the S75 outlines key issues such as risk sharing)

5.23 **Schemes for 2022/23**

5.24 There are 19 Schemes funded through Winter pressures, iBCF and BCF for 2022-23:

5.25 The exact scheme amounts are based on 2021/22 original budgets – the amounts for 2022/23 are yet to be fully confirmed. We are awaiting the national guidance on the Minimum amounts to be Pooled (the amount of uplift is mandated) and in addition, the Local Government Pay Award for 2021/22 is still to be formally finalised and this is used as the measure for uplifting the relevant schemes (for example, the BCF Reablement scheme where the vast majority of expenditure incurred is staffing related). It is also noted that the scheme 19 is added to the plan for 2022/23 which will impact the expenditure of the plan noted in section 5.28.

Scheme ID	Scheme Name	Source of Funding	Expenditure (£)
1	ibcf Block booked beds	iBCF	£363,297
2	ibcf care at home hospital retainer	iBCF	£40,000
3	ibcf rapid response	iBCF	£797,473
4	ibcf social work support, ibcf Winter Additional Social Care staff to prevent people from being delayed in hospital, iBCF Social Work Team over Bank Holiday weekends	iBCF	£578,124
5	iBCF 'Winter Schemes	iBCF	£500,000
6	iBCF Enhanced Care Sourcing Team (8am-8pm)	iBCF	£440,463
7	iBCF Improved access to and sustainability of the local Care Market (Home Care and Accommodation with Care)	iBCF	£5,764,035
8	BCF Disabled Facilities Grant	DFG	£2,342,241
9	BCF Assistive technology	Minimum CCG Contribution	£757,000
10	BCF British Red Cross 'Support at Home' service	Minimum CCG Contribution	£297,570
11	BCF Combined Reablement service	Minimum CCG Contribution	£4,771,325
12	BCF Safeguarding Adults Board (SAB)	Minimum CCG Contribution	£422,380
13	BCF Carers hub	Minimum CCG Contribution	£398,000
14	BCF Programme management and infrastructure	Minimum CCG Contribution	£411,558
15	BCF Winter schemes CCG	Minimum CCG Contribution	£527,800
16	BCF Homefirst schemes CCG	Minimum CCG Contribution	£18,693,933
17	BCF Trusted assessor service	Minimum CCG Contribution	£94,000
18	BCF Carers hub	Minimum CCG Contribution	£324,000
19	Community Equipment	Minimum CCG	£1,400,000

		Contribution	

5.26 **Metric performance**

5.26 The tables below include the BCF metrics and expected performance for 2021/22. Once at year-end the anticipated performance for 2022/23 will be set in collaboration with partners. To set planned 22/23 performance in April 2022 will be based on information up to February 2022 (available mid-April).

8.1 Avoidable admissions

Latest Data as at: **March 2020 (from February 2021 Release)**

Data source: NHS Digital - NHS Outcomes Framework Indicators - February 2021 Release	19-20 Actual	20-21 Actual	21-22 Plan	21-22 Actual	Comments
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	776.9	*770.3 (estimated)*	**765.5**	See comments	The results for this metric are published annually. The next publication is due to be in February 2022 but this will be for the figures for 2020/21. 2021/22 figures will not be published until February 2023. NHS England are looking into accessing more recent data for local authorities.

8.2 Length of Stay

Latest Data as at: **October 2021**

	Data source: NHS England SUS time series data (via Better Care Exchange)	21-22 Q3 Plan	21-22 Q4 Plan	Latest Month	Previous Month	Comments
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients (SUS data - available on the Better Care Exchange)	Proportion of inpatients resident for 14 days or more	**15.8%**	**16.5%**	13.1%	14.6%	14+ LOS is 1.5 percentage points lower than last month and is 2.7 percentage points below the Qtr 3 Plan. It is, however, 1.5 percentage points higher than the England figure.
	Proportion of inpatients resident for 21 days or more	**7.7%**	**8.0%**	8.4%	9.1%	21+ LOS is 0.7 percentage points lower than last month but is 0.7 percentage points higher than the Qtr 3 Plan. It is also 2.2 percentage points higher than the England figure.

8.3 Discharge to normal place of residence

Latest Data as at: **October 2021**

Data source: NHS England SUS time series data (via Better Care Exchange)	21-22 Plan	Latest Month	Previous Month	Comments
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	**89.0%**	89.9%	89.2%	The latest month is 0.7 percentage points higher than last month and is 0.9 percentage points higher than the 21-22 plan. This month, however, is 2.9 percentage points lower than the England figure.

8.4 Residential Admissions

Latest Data as at: **October 2021**

Data source: Cheshire East Council Adults case management system		19-20 Plan	19-20 Actual	20-21 Actual	21-22 Plan	Latest Month (Plan)	Latest Month (Actual)	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	600.9	761.2	496.9	**580.7**	**338.9**	381.3	The annual rate, as at the latest month, is 42.4 higher than the planned rate. This equates to 39 more admissions than expected at this point in the year. 48% of admissions were admissions to nursing care. N.B. In year figures are provisional and may change following data validation for annual data returns
	Numerator	530	672	443	**530**	**309**	348	
	Denominator	88,205	88,280	89,148	91,265	91,265	91,265	

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:

8.5 Reablement / Rehabilitation

		19-20 Plan	19-20 Actual	21-22 Plan	Latest Month	Previous Month	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	83.3%	74.6%		See Comments		Due to the Coronavirus, hospital staff involved in the data collection and processing for this metric were diverted to other tasks and, therefore, the necessary data to derive this metric was not submitted in 2020/21. This meant that we could not submit this data as part of our 2020/21 annual returns to NHS Digital. This is also the case in 2021/22 to date. Discussions with NHS Trusts have taken place to identify new staffing resource to support this in the new year and recommence reporting.
	Numerator	320	182	0			
	Denominator	384	244	0			

5.28 **Income and Expenditure**

5.29 The following table describes the budget for the Better Care Fund and the anticipated expenditure:

Running Balances	Income	Expenditure
DFG	£2,342,241	£2,342,241
Minimum CCG Contribution	£27,208,192	£27,208,192
iBCF	£8,449,929	£8,449,929
Additional LA Contribution	£0	£0
Additional CCG Contribution	£0	£0
Total	**£38,000,362**	**£38,000,362**

	Minimum Required Spend	Planned Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£7,731,796	£19,317,933
Adult Social Care services spend from the minimum CCG allocations	£7,830,695	£7,966,459

6 Access to Information

6.1 The background papers relating to this report can be inspected by contacting the report writer:
Name: Alex Jones
Designation: Better Care Fund Programme Manager
Tel No: 07803846231
Email: Alex.t.jones@cheshireeast.gov.uk

Appendix one – Aim of schemes

Scheme ID	Scheme Name	Brief Description of Scheme	Expenditure (£)
1	ibcf Block booked beds	Direct award of short-term contracts for 8 winter pressure beds to support Covid-19 pressures, winter pressures, supporting hospital discharges or preventing admission. The rationale for completing a direct award was as follows: an anticipated second wave of Covid-19, non Covid-19 related elective surgery and procedures which were cancelled/postponed are currently being reinstated in hospitals which will increase demand, residents have avoided accessing primary care services and we anticipate a surge in demand on these beds due to people's conditions deteriorating due to lack of treatment, we are now seeing the demand on A & E services in our hospitals rapidly increasing, Covid-19 is likely to be with us for the foreseeable future, we will need to access these beds to prevent hospital admissions as well as support hospital discharges and Care home providers do not have available capacity and would not be inclined to complete a standard tendering process due to the short term nature of these contracts during normal circumstances. We know the enormous pressures that care homes are under at present due to Covid-19, therefore, there is an even great need to award these contracts via a direct award.	£363,297
2	ibcf care at home hospital retainer	Since the implementation of the new Care at Home contract in November 2018 the Council does not pay a retainer fee for the first 7 days for hospital admission or respite; however, the provider is contractually obligated to hold open the care packages for this time. In order to assist with service continuity there may be instances upon agreement from the Contracts Manager where a retainer fee will be paid for up to the following 7 days. (i.e. day 8 to 14). In certain circumstances there may be cases where a Service User is only a few days from being discharged from hospital and so to support a smooth transition a retainer fee may be paid for a nominal number of days. This is only in exceptional cases and needs authorising in partnership with Contracts and Operational Locality Managers.	£40,000
3	ibcf rapid response	The Rapid Response Service will facilitate the safe and effective discharge of service users from hospital who have been declared as medically fit for discharge but who may have still have care needs that can be met in the service users own home. The service will seek to prevent readmission to hospital by ensuring wrap around services are in place in the first 48 hours following hospital discharge. The Service will also provide support to Service Users with complex health needs and end of life support at a level. Through the provision of 7 day working, the service will ensure a timely response to hospital discharge to reduce delayed transfers of care and create capacity and throughput for non-elective admissions.	£797,473
4	ibcf social work support	Social Worker (x1) dedicated to the Discharge to assess beds at Station House, Crewe. Social Care Assistants (x2) additional assessment and care management capacity to support the revised processes around hospital discharge using reablement exclusively for this purpose (East locality). ibcf Winter Additional Social Care staff to prevent people from being delayed in hospital - Funding of additional staff to support a 'Discharge to assess' model. Funding is continuing to provide a team manager, social worker and occupational therapist. iBCF Social Work Team over Bank Holiday weekends - Increased capacity in the Social Work Team over Bank Holidays and weekends. This is to ensure patient flow and assisting in reducing the pressure on the NHS can be maintained over a seven-day period. Cheshire East will provide 2 social workers and 2 care arrangers (split between the 2 hospitals) that cover the weekends and bank holidays. This support would be 124 days for the weekends and another 8 days for bank holidays giving 132 days each per year.	£112,000

5	iBCF 'Winter Schemes	Additional capacity to support the local health and social care system to manage increased demand over the winter period. Evidence-based interventions designed to keep people at home (or in their usual place of residence) following an escalation in their needs and/or to support people to return home as quickly as possible with support following an admission to a hospital bed.	£500,000
6	iBCF Enhanced Care Sourcing Team (8am-8pm)	The scheme sees the continuation of funding for the Care Sourcing Team following on from a successful pilot; the service provides a consistent approach to applying the brokerage cycle and in turn, makes best use of social worker time. The Care sourcing team undertake all aspects of the Brokerage cycle: enquiry, contact assessment, support planning, creation of support plan, brokering, putting the plan into action as well as monitor and review of the support. The service operates Monday to Sunday. The Care Sourcing Team comprises of a range of employees including team and deputy manager, admin, care sourcing officers as well as a social care assessor. This funding is to enable an 8 till 8 operation. The model is fully compliant with the Care Act 2014 as it provides information and advice, prevention, assessment, review, safeguarding, carers, market management and shaping, charging, support planning, personalisation and arranging care and support.	£440,463
7	iBCF Improved access to and sustainability of the local Care Market (Home Care and Accommodation with Care)	Cheshire East Council has a duty under Section 5 of the Care Act to promote the efficient and effective operation and sustainability of a market in services for meeting the care and support needs of individuals. There are increasing financial pressures on the social care market, for example National Living Wage, recruitment and retention issues, which is resulting in a rise in care costs. This scheme contributes towards the cost of care home and home care fees as well as supporting the delivery of additional care packages within the marketplace.	£5,764,035
8	BCF Disabled Facilities Grant	The Disabled Facilities Grant provides financial contributions, either in full or in part, to enable disabled people to make modifications to their home in order to eliminate disabling environments and continue living independently and/or receive care in the home of their choice. Disabled Facilities Grants are mandatory grants under the Housing Grants, Construction and Regeneration Act 1996 (as amended). The scheme is administered by Cheshire East Council and is delivered across the whole of Cheshire East.	£2,342,241
9	BCF Assistive technology	Assistive technologies are considered as part of the assessment for all adults who are eligible for social care under the Care Act where it provides greater independence, choice and control and is cost-effective for individuals. The provision of assistive technology is personalised to each individual and is integrated within the overall support plan. The scheme will continue to support the existing assistive technology services. The scheme also involves piloting assistive technology support for adults with a learning disability (both living in supported tenancies and living in their own homes).	£757,000
10	BCF British Red Cross 'Support at Home' service	Cheshire East 'Support At Home' Service is a 2-week intensive support service with up to 6 Interventions delivered within a 2-week period for each individual. The aim is to support people who are assessed as 'vulnerable' or 'isolated' and who are at risk of admission to hospital or becoming a delay in hospital. Service users have been identified as requiring additional support that will enable them to remain independent at home, or to return home more rapidly following a hospital admission. The interventions may include: A 'safe and well' phone call. A 'follow-up visit' within 1 working day. Help with shopping. Signposting and referring to other agencies for specialist support. The main focus of the service is on supporting people to remain at home (preventing unnecessary hospital admissions by increasing intensive support at home).	£297,570

		The commissioning responsibility for the British Red Cross services has transferred from the CCG to the local authority.	
11	BCF Combined Reablement service	The current service has three specialist elements delivered across two teams (North and South): 1. Community Support Reablement (CQC-registered) - provides a time-limited intervention supporting adults with physical, mental health, learning disabilities, dementia and frailty, from the age of 18 to end of life, offering personal care and daily living skills to achieve maximum independence, or to complete an assessment of ongoing needs. 2. Dementia Reablement - provides up to 12-weeks of personalised, post-diagnostic support for people living with dementia and their carers. The service is focused on prevention and early intervention following a diagnosis of dementia. 3. Mental Health Reablement - supports adults age 18 and over with a range of mental health issues and associated physical health and social care needs, focusing on coping strategies, self-help, promoting social inclusion and goal-orientated plans.	£4,771,325
12	BCF Safeguarding Adults Board (SAB)	The overarching objective of a SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who: have needs for care and support (whether or not the local authority is meeting any of those needs) and; are experiencing, or at risk of, abuse or neglect; and as a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect.	£422,380
13	BCF Carers hub	The Cheshire East Carers Hub provides a single point of access for carers, families and professionals. The Hub ensures that carers have access to information, advice and a wide range of support services to help them continue in their caring role and to reduce the impact of caring on their own health and wellbeing. Carers can registered directly with the Hub or referrals can be made by professionals, any agency or organisation, relatives or friends. The Hub offers groups and activities which carers will be familiar with along with introducing new support opportunities co-produced with local carers. Through the period of 2021/22 the carers service is being recommissioned as part of the developments a carers apprentice has been recruited to support the work being carried out.	£398,000
14	BCF Programme management and infrastructure	The delivery of the Better Care Fund relies on joint commissioning plans already developed across the health and social care economy. The scheme covers the following: Programme management, Governance and finance support to develop s75 agreements; cost schemes and cost benefit analysis, Financial support, and amongst other things additional commissioning capacity might be required to support the review of existing contract and schemes and the procurement of alternative services.	£411,558
15	BCF Winter schemes CCG	The proposed schemes specifically support the achievement and maintenance of the four-hour access standard, admission avoidance, care closer to home and a continued compliance with the DTOC standard. Schemes cover: discharge to assess, British Red Cross transport, non-emergency transport, additional acute escalation ward and additional ED staffing amongst others. Each of the partners will be developing winter plans which will then form part of a place-based plan.	£527,800
16	BCF Homefirst schemes CCG	They are evidence-based interventions designed to keep people at home (or in their usual place of residence) following an escalation in their needs and/or to support people to return home as quickly as possible with support following an admission to a hospital bed. The Home First schemes mainly	£18,693,933

		support older people living with frailty and complex needs to remain independent, or to regain their independence following deterioration in their medical, social, functional or cognitive needs.	
17	BCF Trusted assessor service	Delays are caused in the hospital by service users/patients waiting for nursing & residential homes to assess their needs. This scheme deploys a trusted assessor model by commissioning an external organisation to employ Independent Transfer of Care Co-ordinator's (IToCC's) to reduce hospital delays. The trusted assessment model is a key element of the eight High Impact Changes in order to support the timely transfer of patients to the most appropriate care setting and to effect a reduction in the number of delayed transfers of care. The model is being supported nationally by the emergency Care Improvement Programme. Through the period 2021/22 the trusted assessor service is being recommissioned with the aim that the new provider is in place for 1st January 2022.	£94,000
18	BCF Carers hub	The Cheshire East Carers Hub provides a single point of access for carers, families and professionals. The Hub ensures that carers have access to information, advice and a wide range of support services to help them continue in their caring role and to reduce the impact of caring on their own health and wellbeing. Carers can registered directly with the Hub or referrals can be made by professionals, any agency or organisation, relatives or friends. The Hub offers groups and activities which carers will be familiar with along with introducing new support opportunities co-produced with local carers. Through the period of 2021/22 the carers service is being recommissioned as part of the developments a carers apprentice has been recruited to support the work being carried out.	£324,000
19	Community Equipment	The Cheshire Integrated Community Equipment Service (ICES) will provide equipment in discharge of its statutory duties to meet the needs of individuals. This will be delivered by commissioning a single equipment provider. Equipment is provided to adults and children when, by reason of a temporary or permanent disability or health needs, they require the provision of equipment on a temporary or permanent basis for independent living. This includes equipment for rehabilitation, long term care and support for formal and informal carers. It is also vital for hospital discharge, hospital admission avoidance, and nursing need. Equipment is provided to Cheshire East council and Cheshire registered GP population. There are a small proportion of customers who live outside of Cheshire. The population of Cheshire is approximately 727,223 (taken from the mid-2019 ONS Population Estimates)	£1,400,000

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Health Inequalities: the Marmot Community, Tartan Rug, and Increasing Equality Commission

Cheshire East Council

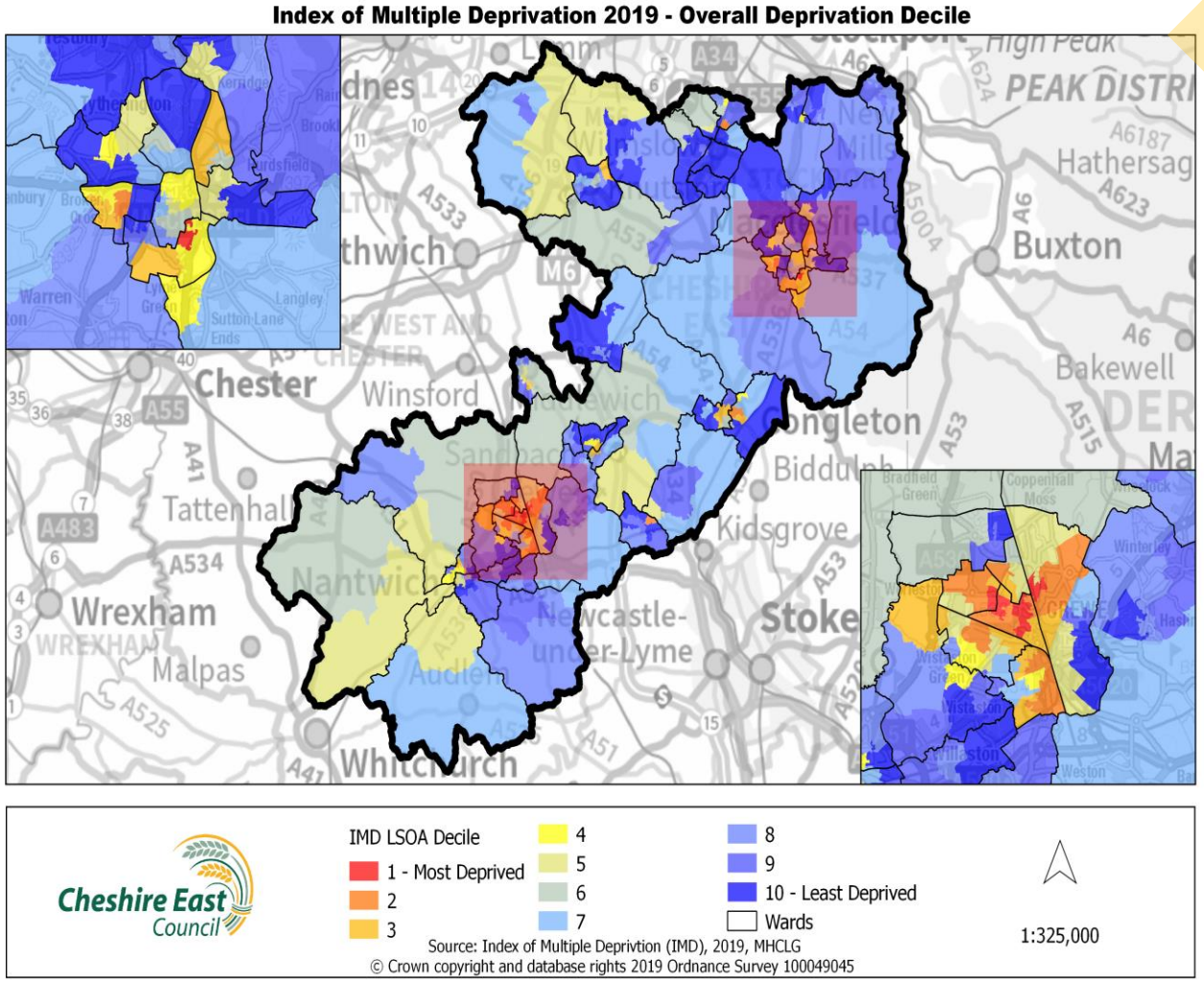
NHS Cheshire Clinical Commissioning Group

'Fair Society, Healthy Lives' the Strategic Review of Health Inequalities (Feb 2010) – The Marmot Review

- Commissioned by the Labour Government in 2008, the Marmot Review identified the causes of health inequalities and set out an approach to reducing inequality.
- With the coalition government taking power later in the year, Marmot's proposals were only implemented in a limited way
- A 2020 (pre-COVID) update of his report demonstrated that levels of inequality had increased during the past decade
- A further update 'Build Back Fairer' (December 2020) added evidence that COVID-19 had further widened the gap
- In response the Cheshire and Merseyside Health and Care Partnership agreed to become a 'Marmot Community' and use the Marmot findings to inform local efforts to reduce inequalities. This work is being supported by the Institute of Health Equity.

Making the connections

- Cheshire East Place is part of the HCP 'Marmot Community' and will be using the data pack and recommendations from the Institute of Health Equity to inform our work to reduce inequalities.
- The Tartan Rug is a visual representation and summary of the Joint Strategic Needs Assessment that provides the evidence of need within the borough.
- Based on the evidence of the previous (2017) version of the Tartan Rug (and its underlying evidence base), the Health and Wellbeing Board established the Increasing Equality Commission in October 2020.
- The Commission has focussed upon Crewe because of the strongly evidenced level of inequality within the town and is preparing a long term strategy that will set out recommendations to reduce those inequalities over a 10 year period.
- The Commission's recommendations will be influenced by the Marmot Community work and the Commission (on behalf of the H&W Board) has oversight of the C&M Marmot Community activity.



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CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	Update on the Cheshire and Merseyside ICS Marmot Community Programme
Date of meeting:	22nd March 2022
Written by:	Guy Kilminster
Contact details:	Guy.kilminster@cheshireeast.gov.uk
Health & Wellbeing Board Lead:	Matt Tyrer

Executive Summary

Is this report for:	Information X	Discussion ☐	Decision ☐
Why is the report being brought to the board?	To brief the Board on the progress at a Cheshire and Merseyside level on developing as a Marmot Community.		
Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?	Creating a place that supports health and wellbeing for everyone living in Cheshire East ☐ Improving the mental health and wellbeing of people living and working in Cheshire East ☐ Enable more people to live well for longer ☐ All of the above X		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness ☐ Accessibility ☐ Integration ☐ Quality ☐ Sustainability ☐ Safeguarding ☐ All of the above X		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	The Health and Wellbeing Board notes the progress made on the Marmot Community Programme and the draft recommended actions .		
Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	N/A		

Has public, service user, patient feedback/consultation informed the recommendations of this report?	N/A
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	Being a Marmot Community will raise the profile of the need to focus upon reducing health inequalities across Cheshire and Merseyside. It will give us access to expertise and research that can then be used to inform best practice locally across Cheshire and Merseyside and within Cheshire East. The intended outcome is improving health and wellbeing for residents in Cheshire East and a reducing health inequalities gap.

1 Report Summary

1.1 The purpose of this paper is to update the Board on progress being made within Cheshire and Merseyside to becoming a Marmot Community and feedback on the Cheshire East workshop held at the end of November 2021 (see Appendix One for notes from the workshop). In November 2008, Professor Sir Michael Marmot was asked by the Government to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England from 2010. The final report, '**Fair Society Healthy Lives**', was published in February 2010, and concluded that reducing health inequalities would require action on six policy objectives:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention.

1.2. The Cheshire and Merseyside Health and Care Partnership has, as one of its priorities, the reduction of health inequalities. Adopting the Marmot principles was regarded as a key step, to focus all partners and all nine Places (including Cheshire East) on this objective. Work is now underway to achieve Marmot Community status.

1.3. Within Cheshire East, our own health inequalities are highlighted through the Joint Strategic Needs Assessment and the 'Tartan Rug'. Signing up to being a Marmot community assists in our efforts to improve the health and wellbeing outcomes for our residents and reduce those inequalities.

1.4 Sir Michael Marmot published 'Health Equity in England: the Marmot Review 10 years on' in February 2020 and 'Build Back Fairer: The COVID-19 Marmot Review' in December 2020.

2 Recommendations

2.1 The Health and Wellbeing Board notes the update on progress in Cheshire and Merseyside and Cheshire East to becoming a Marmot Community.

2.2 The Health and Wellbeing Board will be provided with regular updates on the progress of the Marmot Community Programme.

3 Reasons for Recommendations

3.1 To ensure that the Cheshire East Health and Wellbeing Board is sighted upon and supportive of the Cheshire and Merseyside Health and Care partnership's aspiration to become a Marmot Community and local action to progress the work.

4 Impact on Health and Wellbeing Strategy Priorities

4.1 Working as a Marmot Community will inform collaborative action for the Council, NHS, Social Care, Public Health and other key partners. It will specifically assist with delivering the outcomes of the Joint Health and Wellbeing Strategy and the Cheshire East Place partnership Five Year Plan.

5 Update

5.1 The Cheshire and Merseyside (C&M) Health and Care Partnership has identified tackling the differences between England and C&M in both life expectancy and healthy life expectancy as a key priority. Aligned to this there is an ambition to reduce inequalities in health outcomes within C&M. In order to achieve this ambition, it has been agreed that the C&M Health and Care Partnership should work to become a Marmot Community.

5.2 The landmark 'Marmot Review: Fair Society, Healthy Lives' outlined the causes of health inequalities and the actions required to reduce them. The Review proposed an evidence-based strategy to address the social determinants of health, the conditions in which people are born, grow, live, work and age and which can lead to health inequalities.

5.3 Evidence tells us that health inequalities are largely preventable. Not only is there a strong social justice case for addressing health inequalities, there is also a pressing economic case due to lost taxes, welfare payments and costs to the NHS.

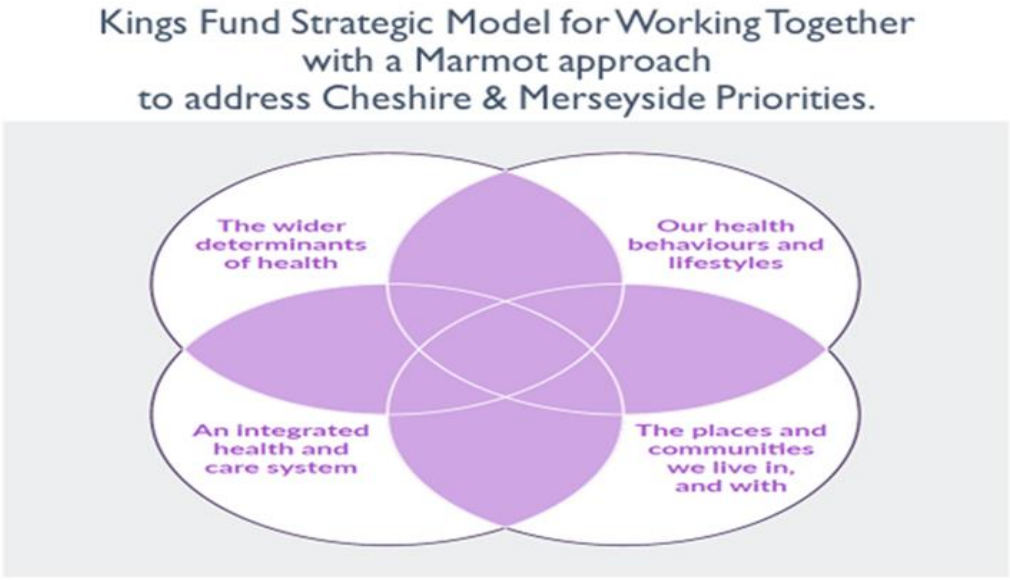
5.4 The C&M Health and Care Partnership and the nine local Places are already working to reduce health inequalities and it will be the priority for the new C&M Integrated Care System when it is formed in July 2022. Inequalities in health persist both between C&M, and within C&M. Despite improvements in life expectancy within most local authorities in C&M, the region remains below the England average. In addition, within C&M, as with the rest of England, there is a social gradient in health – the lower a person's social position, the worse his or her health.

5.5 There is strong evidence emerging that those communities, families and individuals already affected by health inequalities have been hit harder by the impacts of COVID-19 and that the inequalities gap may have widened even further.

5.6 The C&M Partnership Strategy 'Better Lives Now' sets out the case for taking action to reduce the occurrence of ill health, action to deliver appropriate health and care services and action on the social determinants of health. The C&M Health and Care Partnership has committed to:

- Focusing on population health to achieve our universal goal of reduced health inequalities for C&M
- Addressing the social determinants of health and wellbeing
- Working with local communities and partners
- Aligning our strategy and efforts with those who share our goal to make a bigger impact towards better lives.

5.10 In September 2019 the C&M Health and Care Partnership endorsed taking a “whole population, whole system” approach as outlined in the figure below:



5.11 The advantages of this approach are:

- A clear focus on reducing health inequalities
- Driven by intelligence and evidence
- Whole system engagement

5.12 The Partnership recognises that good quality health care is a determinant of health, but that most of the determinants of health lie outside the health care system. It recognises that the NHS cannot resolve its problems on its own and cannot deliver population health improvements or reduce health inequalities without trusted and effective working relationships between NHS and Local Authority colleagues, with the broader system. As Sir Michael Marmot himself puts it *‘...why treat people and send them back to the conditions that made them sick?’* In order to reduce health inequalities a broad range of actions are needed involving stakeholders from across the system.

5.13 The Marmot national team facilitated workshops in all nine Places in November and December 2021. Combining the information from these with research they have done independently (particularly in relation to the impact of COVID-19) has allowed them to provide some draft recommendations for the C&M Health and Care Partnership to consider. These include actions to consider that would embed health equity across the system under these headings:

• Embed a systemwide social determinants of health approach.
• Improve leadership for health inequalities.
• Strengthen local partnerships.
• Co-create solutions with communities.
• Implement social value and anchor organisations.
• Implement shared local indicators.
• Strengthen the role and resources of local government and NHS in reducing health inequalities.
• Strengthen the role of business in reducing health inequalities.
• Implement health equity in all policy approaches.
• Strengthen community resourcefulness.

NB Appendix Two provides more detail on the suggested actions related to the above.

5.14 They have also proposed strategic priorities for consideration by the ICS leadership:

• Increase children and young people's career aspirations*
• Increase access to good quality jobs, including entry-level jobs and career progression*
• Grow employability through training, apprenticeships and volunteering opportunities, focusing on vulnerable groups*
• Pay the Real Living Wage*
• Increased economic development*
• Strengthen use of social value within procurement, capital investments and planning*
• Extension of anchor institutions and systems to build community wealth*
• Increase provision of decent and affordable housing
• Preventative mental health and emotional wellbeing, particularly children and young people^
• Increased community-led opportunities for physical activity*
• Increased community engagement in service and planning decisions, including underrepresented groups
• Strengthened involvement of CVS in delivery and increased ICS funding
• Strengthened system partnership working and integrated, co-located services

[Included in 2022/23 Health and Care Partnership funding bid.*
^ This will be delivered as a strategic priority of the 'Beyond' children and young people's transformation programme by the Starting Well Transformation Board and will be aligned with the Marmot programme].

5.15 As the new leadership of the C&M ICS are appointed and settle in, these proposals will be considered and are likely to be incorporated into their plans for the future. Cheshire East Place and the other eight Places will be considering them too and how they can be used locally to reduce health inequalities.

5.16 The discussions at the Cheshire East Place workshop (see Appendix One) will help the Place Leadership consider their approach to reducing health inequalities. This will build upon the aspirations set out in the Cheshire East Place Partnership Five Year Plan. The Increasing Equality Commission will continue to oversee and ensure co-ordination of the approach to inequalities on behalf of the Health and Wellbeing Board.

6 Access to Information

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

Name: Guy Kilminster
Designation: Corporate Manager Health Improvement
Tel No: 07795 617363
Email: guy.kilminster@cheshireeast.gov.uk

Marmot workshop Cheshire East

09:30-11:30 26th November 2021

Key points for each question (see appendix for verbatim nearpod contributions)

What additions/exclusions should be made to the list of indicators?

- Opening up the social value local employment and local procurement indicators to other Anchor Institutions, such as local authority as well as the NHS
- Reduction in long term unemployed and reduction in disability benefits achieving work
- Indicator on strength of the voluntary sector, currently NCVO data available but more data could be gathered within Cheshire and Merseyside
- Possibly an indicator related to the quality of places such as those used by the Thriving Places Index
- Access to green spaces, data collected for COVID but may not continue this needs to be checked

What are the key local priorities related to health inequalities in Cheshire East?

- Good jobs but also enough entry level work for those without skills but importantly the capacity to build from the entry level positions
- Availability and affordability of housing, one of the housing issues in Cheshire East is individuals being able to get into the private renter sector
- Housing solutions for those with complex needs
- Allocation of social housing which is close to people's own communities or with decent transport links
- Fuel poverty in both urban and rural areas. Lots of older housing in Cheshire East and no gas supply in certain areas
- Rural poverty for homeowners. Households which are asset rich, cash poor, often older people
- Ensuring a strong voice for the community and particularly ethnic minority communities.
- Building good and better relationships with the voluntary sector
- Building trust in communities and gaining understanding of underrepresented groups, education is key
- Better representation in PPGs (Patient Participation Groups) and at the broader level
- Maintaining a sense of proportional universalism when looking at the wider sub-regional requirements, not targeting the most deprived areas and allowing currently thriving areas to fall behind

What actions are working to reduce health inequalities in Cheshire East? What should we be doing more of?

- Social value work which is enabling communities to help themselves in ways in which they may have not been able to do before.
- The tartan rug is, whilst not perfect, a good piece of work and a very helpful starting point to understanding Cheshire East, but better local and hyper-local data would be beneficial
- Building connections across sectors, business and industry, voluntary and community, social enterprise, and public sector. The Cheshire East social action partnership working well here. Keeping these partnerships going for the long term.
- The Portage home visiting scheme from the pre-school learning alliance was cheap and effective in preparing under-5s for school
- Increasing lifeskills of children and young people in schools and inspiring career aspirations of young people
- Learning good and best practice from the successes of other areas
- Dealing with key root issues to stop the same children and families repeatedly returning to services
- Where things work well it tends to be on the initiative of one or two interested individuals who drive things forward, the challenge is finding those people to work in underserved areas
- Finding and supporting the underserved communities
- Move away from short term interventions to long term sustained approaches such as the increasing equalities commission which will publish a 5 to 10-year plan, in Crewe in the summer of next year. However, with this targeted approach it is important that the green squares on the tartan rug remain green and do not fall behind

Nearpod Contributions

What additions/exclusions should be made to the list of indicators?

- LAs can provide a wealth of Social Value data
- Important to acknowledge that although as a whole Place Cheshire East may be performing well, there are communities facing significant inequalities in our urban and rural areas. That is where our focus needs to be.
- Indicators of place quality - access to greenspace (https://www.fieldsintrust.org/green-space-index), housing quality, overcrowding etc. Some ideas and examples here: https://www.thrivingplacesindex.org/docs/TPI_2021_Indicator_List.pdf

What are the key local priorities related to health inequalities in Cheshire East?

- ensuring that our BAME/Minority community is understood in relation to inequalities and what their experiences of services are and how we can improve this

- Re indicators and how the role of the CVS is recognised - in a previous commissioning organisation, we set ourselves the goal of increasing our spend with local voluntary sector groups.
- Tackling poor mental health
- Ensuring that there is a strong voice of the community in discussions. This is being looked at through the Increasing Equalities commission.
- Correlation between health inequalities and lower physical activity levels. Increase those levels - access to parks, greenspaces, promotion of physical activity at school and at home, advice in early years about benefits of physical activity.
- Focussing on the geographic areas where the concentrations of health inequalities are high and working across organisations and with partners to take a holistic approach to making a difference in those areas.
- There are a number of priorities that have been included within our Social Value Framework (including spend with the VCFSE sector)
- A governance infrastructure for more specific and localised areas, even to ward level. Very difficult to implement solutions and interventions in a borough wide forum. Co-ordination of support, information and knowledge to help the community engage
- In terms of VCFSEs its also about strategically engaging the sector which is close to communities and understands local needs to influence policy, strategy and service design - and underpinning this developing VCFSE sustainability/ quality/ impact
- Reducing gap in attainment facing children accessing free school meals.
- Addressing lifestyle behaviours such as physical inactivity excess weight and smoking
- Across a Cheshire & Merseyside ICS, how when tackling inequalities in health, will we guarantee an important focus on the Cheshire East Place?
- Using the data and insight to inform comms and behavioural change tactics. What's the public role in reducing HIs? Community resourcefulness is key.
- Building social capital by increasing the scope/scale of the voluntary sector and volunteering
- NHS funding into YP Mental health is quite high at the moment, which is really positive
- There is an increasing amount of investment in VCFSE organisations. For children and young people in particular in mental health. The local Integrated Care Partnership also has representation here at board level from the Social Action Partnership.
- We have a strong Community Development team in Cheshire East (which is a strength/asset) Our Connected Communities strategy has identified a number of local priorities
- Cheshire East Connected Communities Strategy https://www.cheshireeast.gov.uk/council_and_democracy/council_information/consultations/connected-communities-strategy-engagement.aspx

What actions are working to reduce health inequalities in Cheshire East? What should we be doing more of?

- Our 'Increasing Equality Commission' is co-ordinating work, initially focussed on Crewe, establishing base line data, experiences of residents, key issues locally, opportunities to make a difference, joining up infrastructure projects, interventions.
- We have been working hard over the past 2 years+ to embed and maximise social value in Cheshire East. This has grown into developing CEC as an Anchor. This has been a massive journey, but we still have a long way to go.
- The Commission will be publishing a Strategy next year.
- Each Care Community is focussing on the prevalent health issues in their area and great work going on across the Partnership across each of the priority workstreams and enablers.
- We do have a community JSNA that is building some community data to support the JSNA
- We are building connections across sectors (Social Value) via our Social Value Award and Cheshire East Social Action Partnership
- We are just starting a piece of work looking at healthy ageing and reducing inequalities in rural areas.
- Our Place Five Year Plan and Joint Health and Wellbeing Strtaegy both have reducing inequalities as central to our ambitions. So there is strategic recognition of the challenges faced and need to address these in partnership.
- With links that exist between physical inactivity & inequalities we are working with the HCP to develop a whole systems approach to PA. This has and will include further engagement and consultation with many CE based orgs to make it relevant to place
- Have an integrated lifestyle service "One You Cheshire East" which actively works to increase healthy lifestyle behaviours - this specifically targets areas of deprivation
- The Green spaces project is really exciting and should make a big difference
- The work of our People Helping People programme through the Covid pandemic has delivered community interventions to support our vulnerable communities. This has brought communities together and presents an opportunity to create resilience
- Need to do more awareness raising of how to consider potential impacts on health inequalities (good and bad) of all plans, developments, service changes etc

What isn't working? Do we need to stop doing anything?

- A real focus on the first 1001 days across all partners (if not already in place)?
- We tend to lose focus and not sustain initiatives (time limited projects or short-term funding), moving on to other things. As has been said a long term commitment is needed to really make the necessary difference.
- We are getting understandably sidetracked by structures and future form rather than function and delivery of making a difference to people's lives

- Optimism is good but must be backed by robust evaluation methodology. How do we measure what is 'good', what is 'working well' what HAS worked well'.

Attendee list (retrieved from Teams chat/internet so may not be 100% accurate)

Full Name
Christopher Allman
Tom Appleby
Paul Bayley
Tammy Boyce
Shelley Brough
Cllr Carol Bulman
Owen Callaghan
Caroline Whitney
Karen Carsberg
Cllr Janet Clowes
Anna Collins
Cllr Sam Corcoran
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Appendix 2

Building Back Fairer in Cheshire and Merseyside: Interim Actions for Consideration

1 A Social Determinants of Health Approach

2022-2027

•Ensure social determinants (Marmot 6) are at the heart of interventions and policies in Cheshire and Merseyside including in the healthcare system

• Develop and extend proportionate universal approaches – interventions to reduce inequalities are universal, but with a scale and an intensity that is proportionate to the level of disadvantage. Adopting a proportionate universalist approach in Cheshire and Merseyside requires actions that do not focus only on the most disadvantaged. To reduce the health gradient requires actions across the population, with additional efforts and actions in the most deprived communities.

• Cheshire and Merseyside Clinical Networks to work in harmony with the ICS and Population Health Board to coordinate prevention activity across the system to improve population health, supported by dedicated resources and a Health Inequalities Team.

2 Improving Inequalities Leadership

2022-23

• Immediate opportunities for leaders to request action, map service provision, identify actions to address the social determinants of health including:

- Food insecurity – who are the service providers locally? How can primary and secondary care best refer to these services? How can these services be more preventative and not based on emergency provision?
- Environments and social cohesion
- Fuel poverty - who are the service providers locally? How can primary and secondary care best refer to these services and support people to keep warm especially in the face of escalating fuel costs?

• Develop a deliberate and specific action plan, with a timeline, to address health inequalities in the Population Health Board's plan to ensure that inequalities will not just feature but be addressed.

• ICS – a Consultant in Public Health Medicine and supporting team to work in partnership with the medical director and nursing director and the DsPH to lead on health inequalities.

• Health inequalities should be integrated within all HCP strategies to support a system-wide approach, coordinated by a health inequalities committee.

• Begin conversations with non-NHS partners on how they can adopt Cheshire and Merseyside's Marmot indicators in their own organisations (e.g. Local authorities, businesses, VCF sector).

• Develop a network of chief executives, in the NHS and beyond, who are committed to reducing inequalities.

• Work with leaders throughout the NHS to adopt equity principles and actions, public health cannot do this alone.

• Ensure the Prevention Pledge and Making Every Contact Count incorporate equity and the social determinants of health, embed this in ICP contracts and plans.

Appendix 2

2023-2027

• **Embedding practice.** Consistently share local best practice to reduce inequalities and update regularly. Work with ICPs to facilitate the roll-out for local best practice, enable ICPs to know where best practice is happening and how they can adopt.

• Collect and monitor social determinants data from patients in primary and secondary care, use data to influence services offered and how delivered

• Integrate health equity in all policies in all work commissioned

• Learn from Health and Wellbeing Boards and what has/not worked to address inequalities since they were established. What has enabled partnership working, what are the barriers

3 Strengthening Partnerships for Health Equity

2023-2027

• Identify leaders and organisations addressing the social determinants of health, such as education, employment and housing and work together to create short and long term strategies to improve the social determinants of health

4 Working with Communities

2022/23

•Involve people with lived experience in the development of health inequalities assessments and remedies at every level, e.g., through the creation of community engagement panels aligned to each ICP.

2023-2027

• Co-create solutions and involve communities in decisions about priorities and actions

5 Developing Anchors and Social Value Organisations

2022/23

• Extend anchor organization approach within NHS and to all other stakeholders including businesses

• Extend anchor approaches to include investing in local communities

• Implement and enforce a 15 percent social value weighting mandatory in all NHS procurement

2023-27
• Anchor Institutions at Place to work collectively as an Anchor System to build community wealth, local training, and employment opportunities.

6 Developing Shared Local Indicators

2022/23

• Develop, alongside partners, a health inequality indicator set, based on the social determinants of health which is shared by all stakeholders.

• Communicate annual indicator outcomes to local places, public

2023-2027

• Review and renew health inequality indicators every five years

7 Role of Local Government

2022/23

• Identify how Councillors on Health and Wellbeing Boards can better communicate the social determinants of health to other councillors.

• Appoint public health consultant within LCRCA and register LCRCA as a training location to provide future opportunities for public health registrars . Equally, a public health consultant should be appointed to lead the health inequalities programme for Cheshire with links to Local Economic Partnership.

2023-2027

• Develop working groups for the social determinants of health with Chief Executive leadership

• Developed social determinants of health indicators across local authorities and NHS providers.

• Strengthen partnerships across local system with health care, local economic plans, and strategies.

8 Strengthening the Role of Business in Reducing Health Inequalities

2022/23

• ICP to make contact with local large and SMEs to make the case for health equity and the social determinants of health.

2023-2027

• Work with local businesses to extend social value policies and focus on principles to reduce health inequalities.

• Take actions to be a better employer by the end of the 2022/23 financial year and embed Anchor values into financial plans from 2023/24.

• Communicate actions taken to local communities.

9 Implement Health Equity in All Policies

2022/23

• Health equity assessment of Green Plan to reach Net Zero

2023-2027

• Develop and implement Health Equity in all Policies across all stakeholders and partners

• All local government, NHS strategies and decisions in the HCP, ICP, HWB and PCNs assessed for health equity impacts.

10 Strengthening Community Resourcefulness

2022-2027

• HCP lead the development of concepts of community resourcefulness and bring the whole system together to build *community resourcefulness.*

Cheshire East Council

Working for a brighter future together

Health and Wellbeing Board

Date of Meeting:	22 March 2022
Report Title:	The tartan rug: updates since 2017 and future planning
Report of:	Dr Matt Tyrer, Director of Public Health
Ward(s) Affected:	All

1. Executive Summary

1.1. The tartan rug is part of the Joint Strategic Needs Assessment (JSNA) and visually displays health and wellbeing data by ward, and across Cheshire East as a whole, to highlight inequalities across communities in Cheshire East (Appendix A).

1.2. This report describes the changes to health and wellbeing in Cheshire East as demonstrated by updated national data sources available between November 2017 and February 2021 (see also Appendices A and B).

1.3. The latest tartan rug (February 2021) shows that overall, the health and wellbeing of residents in Cheshire East was better than or similar to the England average for the majority of indicators. However, health and wellbeing was worse in Cheshire East than the England average specifically in terms of

- Hospital stays for self-harm
- New cases - bowel cancer
- Emergency admissions all causes
- New cases - breast cancer
- Admissions for injury age 0-4
- Emergency admissions age 0-4
- Binge drinking (adults)

The update also highlights that established inequalities persist, with poorer health and wellbeing in some areas of Crewe, Macclesfield and Handforth, than in other wards in Cheshire East and the England average.

1.4. The production of the updated tartan rug has been delayed due to significant and continued pressures on the Public Health Intelligence Team because of the COVID-19 pandemic. Data extraction was completed in March 2020, and initial quality assurance processes were completed in February 2021, at which point no indicators had been updated since March 2020. The tartan rug update was then finalised in September 2021.

1.5. Since June 2021, more recent data has emerged, which have not been incorporated into this latest version of the tartan rug due to ongoing COVID-19 related pressures. However, the June 2021 data will need to be included in a further update soon now that there is additional staff time available within the Public Health Intelligence Team. Much of the data published in June 2021 still covers time periods before, or only partially including the experience of the COVID-19 pandemic.

1.6. Cheshire East must be mindful of the wide range of impacts of the COVID-19 pandemic and alert to new local evidence of these, as and when it becomes available. There is evidence to suggest that the COVID-19 pandemic has worsened pre-existing inequalities across England. JSNA deep dives will allow us to understand these impacts in more detail locally.

1.7. The order in which health topics and geographical locations are considered for deep dive (detailed) analysis will be considered by the JSNA steering group. This will involve representatives from a wide range of key organisations across Cheshire East considering the tartan rug alongside other local insights.

1.8. The tartan rug highlights the importance of considering health and wellbeing in all policies.

2. Recommendations

2.1. This tartan rug update is published as an interim tool after being approved by both the Adults and Health Committee and the Health and Wellbeing Board.

2.2. This tartan rug update is used to guide further JSNA deep dives by highlighting priority places and health and wellbeing issues for prompt and detailed review, as part of the JSNA work programme. Deep dives will draw on a wide range of data sources, experience and perspectives. Where possible and relevant, they will also include new sources of

intelligence, including those being developed by the health and care system to support transformation and the delivery of more joined-up care.

3. Reasons for Recommendations

3.1. The purpose of publishing the tartan rug update is to guide further deep dive investigation and action on priority public health issues across Cheshire East. These processes contribute to the following priorities within the Council Corporate Plan 2021-2025:

- Reduce health inequalities across the borough.
- Protect and support our communities and safeguard children, adults at risk and families from abuse, neglect and exploitation. • Support all children to have the best start in life.
- Increase the opportunities for children, young adults and adults with additional needs.
- Reduce the reliance on long term care by improving services closer to home and providing more extra care facilities, including dementia service.

4. Other Options Considered

4.1. Rather than publishing this update, Cheshire East place could wait until the tartan rug is updated again and includes the most recent data available. However, many of the issues presented by this current update have been longstanding issues, particularly, the pattern of health inequalities experienced across the population. The pandemic is expected to have worsened these inequalities. Therefore, timely action is required to address these issues without further delay.

5. Background

5.1. Health and Wellbeing Boards have a duty to produce a JSNA for their area. The tartan rug forms one part of the JSNA. The tartan rug was developed in 2015 as a way of displaying multiple health and wellbeing indicators for all the wards within Cheshire East on a single page. Since the first version in 2015 it has been used to raise awareness of inequalities across Cheshire East, to aid priority setting and identify areas for targeted intervention such as the 6 wards in Crewe.

5.2. The tartan rug is produced using national open data available via the Public Health England (PHE) Fingertips portal Local Health - PHE. Thus, the scheduling of updates has been dependent on the PHE work programme. The data release from PHE has been disrupted by COVID19. There was an update of 25 of the indicators we include in the tartan rug in March 2020, which have been included in this latest version. However, a further update has since been released.

5.3. Any updates to the tartan rug need to be brought to the attention of the health and wellbeing board before being published. A supporting report is also published alongside the tartan rug which describes the purpose of the tartan rug, interprets what the latest version is telling us about the

health and wellbeing of the residents of our Care Communities and how this has changed from the last publication (see Appendix B).

5.4. What changed between November 2017 and February 2021?:

5.4.1. The data extraction for this updated tartan rug was completed in March 2020, and initial quality assurance processes were completed in February 2021, at which point no indicators had been updated since March 2020. However, finalising the updated tartan rug has been delayed due to continued pressures on the Public Health Intelligence Team because of the COVID-19 pandemic. Since June 2021, more recent data has emerged, which have not been incorporated into this latest version of the tartan rug due to ongoing COVID-19 related pressures. However, the June 2021 data will need to be incorporated into a further update soon now that there is additional staff time available within the Public Health Intelligence Team. Much of the data published in June 2021 still covers time frames before, or only partly including the experience of the COVID-19 pandemic.

5.4.2. The updated tartan rug includes 25 (54%) indicators that had been updated since November 2017, 21 (46%) indicators did not have updated data available. Some of the data used within the tartan rug may appear old but remains the standard source for some of these indicators. This includes indicators derived from Census or Lifestyle surveys (see Appendix B for more detail).

5.4.3. Overall, when considering all 46 indicators and not just those that have been updated, Cheshire East is in the worst 40% for

- Hospital stays for self-harm
- New cases - bowel cancer
- Emergency admissions all causes
- New cases - breast cancer
- Admissions for injury age 0-4 (no new data available, so not updated since 2017)
- Emergency admissions age 0-4 (no new data available, so not updated since 2017)
- Binge drinking (adults) (no new data available, so not updated since 2017)

5.4.4. When considering the Cheshire East average data over 39 indicators (demographic indicators were excluded plus the long-term unemployment indicator as data was not available at ward geographies for all years), 44% of the tartan rug was coloured green in 2017 and 13% was coloured red. The percentage of the tartan rug coloured green decreased to 41% in February 2021, while the percentage that is coloured red increased to 18%. This decrease in the percentage of greens and an

increase in the percentage of reds indicates a decline between 2017 and February 2021.

5.4.5. However, when the indicator data for all 52 wards within Cheshire East are considered (39 indicators x 52 wards = 2028 data points), 45% of the tartan rug was coloured green in 2017 and 31% was coloured red. In February 2021 the percentage of the tartan rug coloured green increased to 47% and the percentage which is coloured red also increased to 32%. When taking this approach to consider the indicators, overall Cheshire East has improved compared to other areas over the two time periods, although inequalities have widened slightly. When a longer trend is considered, it can be seen that the improvement seen in 2021 is actually a recovery from a dip in performance in 2017.

	2015	**2017**	**2021**
Green	48%	45%	47%
Red	32%	31%	32%

5.4.6. It is likely that the impact of COVID-19 will affect at least the next couple of versions of the tartan rug. Although the colouration reflects performance compared to other areas of the country and therefore the expectation may be that the percentages of red and green remain stable, the impact of COVID-19 was not experienced equally by all places, and the North West had higher infection rates. It is likely that the inequalities gap will widen for some areas.

5.4.7. Overall, the updated tartan rug still suggests that people in areas of Crewe, Macclesfield and Handforth, experience poorer health and wellbeing than other wards in Cheshire East.

5.4.8. Below is a table summarising the current position of each of the Cheshire East localities in terms of the percentage coloured red or green and whether the position has changed across the two time periods.

Care Community locality	**RAG status**	**Movement from the Nov17 tartan rug**
Nantwich	Green	inequality gap is widening
Crewe	Red	declined
Sandbach, Middlewich, Alsager, Haslington (SMASH)	Amber	Same

Congleton	Amber	improved
Knutsford	Green	improved
Wilmslow	Green	improved
Macclesfield	Amber	İnequality gap is widening
Poynton	Green	declined

5.5. What do we want to do next?:

5.5.1. Since the completion of this latest version of the tartan rug, new data has become available for 24 of the 25 updated indicators (96%). In addition, new data is also available for 4 indicators that were not updated as part of this latest tartan rug. Consequently, there are 28 indicators with more recent data available that will need updating in the near future. It is proposed that this tartan rug update should be used as an interim tool for local communities whilst it is further updated in the coming months. As part of the next update, it will be important to consider whether to remove indicators where no recent data is available or potentially replace them with more recent similar indicators, where available.

5.5.2. The JSNA steering group will be reconvened, and the work programme will be refreshed and further developed to: reflect these, and further changes to the tartan rug; support the adaptation of the COVID-19 response into routine business; to support the development of our place-based health and care integration, and health and wellbeing strategy.

5.5.3. The tartan rug will guide further prioritisation of deep dive work by highlighting both geographical areas of inequality and particular health issues where on average Cheshire East residents have a worse experience than the national average.

5.5.4. Deep dive work will need to consider

- A wide range of local data to develop a detailed understanding of specific health and wellbeing needs, and also of the way residents use services to meet these needs.
- Comparison of needs and demand for health and care services in Cheshire East residents with residents in other areas.
- Understanding demand on local services as part of this process will be supported by developments in Cheshire East level, and Cheshire and Merseyside level, population health management approaches. These are

detailed approaches to understanding demand for health and care to guide health and care transformation towards prevention and where prevention is not possible, towards more joined up care.

- A broad range of insights gathered by consulting members of the public and a wide variety of relevant professionals.

5.5.5. Even the most up to date local PHE data available cover time frames before or only including the earlier months of COVID-19 pandemic, the exception are deaths rates that include 2019 as part of a 5-year rate. The system must be mindful of the direct and indirect impacts of the COVID-19 pandemic and alert to new local evidence of this as and when this becomes available.

5.5.6. There is national evidence to suggest that the COVID-19 pandemic has worsened pre-existing inequalities, and we must remain alert to this issue locally. Nevertheless, waiting for further more recent data should not delay progress in addressing the issues already clearly shown within this version of the tartan rug, some of which have been longstanding.

6. Consultation and Engagement

6.1. Once published, the tartan rug and other JSNA products are used by a wide range of partner organisations in service commissioning and delivery. Consultation and engagement is a vital part of the JSNA deep dive process.

7. Implications

7.1. Legal

7.1.1. The tartan rug is part of the JSNA, which local authorities and clinical commissioning groups have a joint statutory responsibility to produce, through the Health and Wellbeing Board, under the Health and Social Care Act 2012.

7.1.2. Production of the tartan rug also contributes to fulfilling the statutory duties within the Care Act 2014, particularly with

regards to local authorities' duties to promote wellbeing in all adults with the aim of preventing, reducing, or delaying the onset of need.

7.1.3. The tartan rug is part of the JSNA as well as contributing to the Joint health and Wellbeing Strategy (JHWS) for meeting the needs included in the JSNA, which local authorities and clinical commissioning groups have a joint statutory responsibility to

produce through the Health and Wellbeing Board under the Health and Social Care Act 2012.

7.2. Finance

7.2.1. There are no financial implications or changes required to the MTFS as a result of the recommendations in this report.

7.2.2. The health inequalities highlighted by this work do have the potential to result in a greater level of demand for council services in the future. However, information like the tartan rug will help with planning and targeting of preventative services, therefore helping to ensure that expenditure to address these inequalities is incurred in line with the councils MTFS.

7.2.3. Any costs linked to further deep dives will be funded by the Public Health ringfenced grant.

7.3. Policy

7.3.1. Producing the JSNA is a statutory responsibility that this work contributes to fulfilling. The JSNA informs health and care planning and service provision.

7.4. Equality

7.4.1. This update considers the progression and emergence of health inequalities across Cheshire East, in order to guide further investigation of, and approaches to, addressing the inequalities identified.

7.5. Human Resources

7.5.1. There are no direct Human Resources implications at this stage of the briefing, as resourcing is being drawn from the existing team.

7.5.2. The tartan rug is part of the JSNA, which is a statutory duty. The resources required to provide further updates of the tartan rug will be drawn from the existing Public Health Intelligence

Team. The current process is being streamlined using Microsoft products which will make it less labour intensive. If there are any changes proposed as a result, the HR implications may need to be addressed

7.6. Risk Management

7.6.1. The JSNA aims to identify avoidable harms within local communities that can be addressed by working together to better understand the local challenges and need and identifying gaps and opportunities to address them.

7.7. Rural Communities

7.7.1. Identifying health inequalities within rural communities will remain an important element of this ongoing work.

7.8. Children and Young People/Cared for Children

7.8.1. Addressing inequalities highlighted through this, and future versions of this work, will have positive impacts across the life course and with potentially the greatest benefit in the youngest members of our population and those in future generations.

7.9. Public Health

7.9.1. This work and its recommendations aim to guide improvement of public health by addressing inequalities.

7.10. Climate Change

7.10.1. Recommendations made to address inequalities will include consideration of the wider determinants of health and may include approaches that reduce our carbon footprint or mitigate the consequences of climate change.

Access to Information	
Contact Officer:	Dr Matt Tyrer Matt.tyrer@cheshireeast.gov.uk 01270 686409
Appendices:	Appendix A: Ward profile tartan rug CEC-February 2021 Appendix B: What is the tartan rug telling me?-update February 2021
Background Papers:	

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Health Profiles for Electoral Wards plus Primary Health and Social Care Areas February 2021

The chart below shows how the health of people in Cheshire East compares with the rest of England.

		Data Type	Time Period	Nantwich					Crewe										
				Wrenbury	Bunbury	Audlem	Nantwich South and Stapeley	Nantwich North and West	Wybunbury	Shavington	Willaston and Rope	Wistaston	Crewe South	Crewe West	Crewe Central	Crewe St Barnabas	Crewe North	Crewe East	Leighton
1	Total Population	Number	Mid-2017	4628	5156	5412	9485	8698	5667	4162	4782	8908	11999	10721	6587	5865	4737	15250	5245
2	BME Population	%	2011	1.2	0.9	1.4	2.4	1.8	2.8	1.7	1.6	1.9	8.5	4.4	7.3	4.1	3.3	3.7	3.9
3	Proficiency in English	%	2011	0.1	0.2	0.1	0.1	0.2	0.1	0.2	0.2	0.3	4.9	2.1	5.3	2.5	1.6	1.0	0.7
4	Population under 16	%	Mid-2017	14.8	16.7	16.1	19.2	15.9	19.5	15.6	15.8	15.0	19.3	20.7	23.7	26.0	22.0	18.8	20.3
5	Population aged 65 and over	%	Mid-2017	25.4	21.2	27.8	22.6	26.6	18.8	26.5	25.3	27.0	12.3	15.7	9.7	13.3	18.5	19.0	10.3
6	Pensioners living alone	%	2011	22.6	28.5	23.3	30.0	40.4	23.3	31.5	24.4	26.5	35.6	34.3	46.4	39.4	32.7	33.6	15.7
7	Older people with low income	%	2015	8.3	7.4	8.1	8.5	13.0	5.9	6.8	5.3	7.5	17.7	15.4	27.5	30.6	13.5	15.0	5.6
8	People with low income	%	2015	6.8	6.2	5.8	6.0	12.2	4.3	5.0	4.1	6.2	16.9	15.7	24.1	28.8	18.9	15.3	4.0
9	Children in poverty	%	2015	8.0	8.0	5.0	6.5	15.3	3.7	5.2	4.5	7.4	23.4	23.4	32.4	36.6	31.6	26.0	5.5
10	Long term unemployment	Rate	2017/18	1.8			0.6	1.3		2.1		0.7	4.5	2.9	8.5	4.8	2.2	3.0	
11	Fertility rate	Rate	2011 - 2015	46.6	45.5	45.3	54.7	63.5	50.3	53.5	46.1	48.1	67.4	61.8	89.5	81.9	73.0	58.1	57.7
12	Low birth weight	%	2011 - 2015	1.0	0.8	0.9	1.7	2.6	1.1	2.2	1.8	1.7	2.3	2.4	2.7	1.4	2.5	2.5	2.1
13	Deliveries to teenage mothers	%	2011/12 - 2015/16	1.2	1.2	1.2	1.2		1.2			3.1	1.7	2.2	2.3	3	2.4	3.8	
14	A&E attendances age 0-4	Rate	2013/14 - 2015/16	251.5	273.5	256.6	324.7	365.5	307.2	298.2	305.3	345.2	364.4	394.9	414.4	423.1	406.0	435.4	361.4
15	Admissions for injury age 0-4	Rate	2011/12 - 2015/16	132.1	150.4	136.3	168.4	170.3	159.0	114.3	134.6	180.7	171.0	209.3	231.6	247.9	213.3	184.5	128.5
16	Emergency admissions age 0-4	Rate	2013/14 - 2015/16	138.5	167.1	145.1	222.5	257.1	201.2	188.0	203.7	226.0	221.6	222.7	217.7	223.5	212.3	253.0	201.5
17	Child development at age 5	%	2013/14	59.1	61.4	60.1	64.0	61.7	66.0	61.5	61.6	56.8	50.6	57.1	51.9	54.5	48.2	50.7	46.6
18	GCSE achievement	%	2013/14	77.5	77.7	77.5	65.1	54.0	76.3	53.5	65.3	65.4	49.8	45.8	41.1	31.5	48.6	49.5	67.0
19	Excess weight age 4-5	%	2015/16 - 17/18	20.1	17.0	18.9	19.6	25.4	16.0	16.9	17.2	20.7	24.2	21.9	24.5	23.8	25.5	21.9	22.4
20	Excess weight 10-11	%	2015/16 - 17/18	27.7	27.1	27.4	27.9	29.8	29.8	29.2	28.0	29.1	36.9	35.4	39.1	40.5	38.6	39.6	32.4
21	Smokers age 11-15	%	2009 - 2012	3.3	1.8	2.6	4.3	3.2	2.7	3.2	2.6	2.8	4.2	3.8	8.0	4.4	4.2	3.3	2.9
22	Smokers age 16-17	%	2009 - 2012	15.9	15.9	14.5	15.0	18.1	13.3	13.4	12.9	12.6	17.6	16.7	24.3	23.2	16.1	16.0	12.1
23	Healthy Eating (adults)	%	2006 - 2008	34.4	33.9	34.3	30.7	30.3	33.2	31.9	32.3	29.1	25.0	24.3	22.5	20.7	23.6	24.0	28.2
24	Obese adults	%	2006 - 2008	21.1	20.9	21.1	22.0	22.5	21.0	23.7	22.3	23.0	24.9	25.5	27.1	27.4	26.8	25.8	24.7
25	Binge drinkings (adults)	%	2006 - 2008	20.6	20.8	20.6	21.0	21.1	21.7	23.0	21.2	19.5	26.7	24.5	24.2	23.1	23.0	21.8	23.2
26	Admissions for alcohol	SAR	2013/14 - 17/18	74.3	75.9	74.5	99.2	111.2	79.9	91.0	84.8	89.7	154.3	136.0	161.2	146.5	147.1	144.0	102.2
27	Self-reported bad health	%	2011	4.4	4.0	5.4	4.3	6.5	3.1	5.4	3.6	4.6	5.0	6.9	6.7	7.9	6.2	6.0	2.3
28	Self-reported illness	%	2011	16.1	14.9	18.6	16.6	21.4	13.3	20.8	16.4	18.2	15.6	19.5	19.0	19.1	19.2	19.9	9.9
29	Hospital stays for self-harm	SAR	2013/14 - 17/18	55.9	51.2	55.2	102.7	150.8	50.7	103.8	84.2	93.8	176.9	175.3	170.6	211.4	144.1	167.0	106.2
30	Emergency admissions heart attack	SAR	2013/14 - 17/18	85.2	86.6	85.4	86.6	87.5	85.7	85.6	76.3	86.5	139.9	137.9	138.7	144.3	124.2	120.2	87.3
31	Emergency admissions stroke	SAR	2013/14 - 17/18	83.1	83.3	83.2	98.3	106.6	83.2	90.5	92.1	101.4	125.2	134.5	129.0	114.0	121.6	111.6	138.3
32	Emergency admissions respiratory	SAR	2013/14 - 17/18	48.7	49.9	48.8	62.5	67.6	52.1	47.8	42.7	64.3	168.5	197.1	186.8	203.6	145.4	195.2	96.6
33	Emergency admissions hip fracture	SAR	2013/14 - 17/18	104.2	104.2	104.2	94.4	97.6	104.1	102.6	84.1	86.8	124.5	125.4	124.2	110.4	97.1	118.6	86.7
34	Emergency admissions all causes	SAR	2013/14 - 17/18	90.6	95.9	91.3	119.4	126.8	101.1	110.1	101.6	108.4	150.9	153.8	164.4	163.2	152.7	154.1	125.3
35	New cases - breast cancer	SIR	2012 - 2016	99.9	102.7	100.2	105.7	117.0	107.5	104.0	108.5	110.0	131.9	92.6	78.6	103.0	88.9	115.0	111.6
36	New cases - bowel cancer	SIR	2012 - 2016	94.4	95.0	94.5	102.4	108.2	91.1	97.0	99.3	100.9	98.2	119.9	110.6	96.4	96.2	99.1	102.7
37	New cases - lung cancer	SIR	2012 - 2016	78.6	69.0	77.7	65.8	65.7	60.2	87.1	69.2	79.3	120.1	142.4	180.6	161.3	167.6	145.6	85.8
38	New cases - prostate cancer	SIR	2012 - 2016	110.3	102.8	109.5	77.3	69.5	95.2	95.5	103.4	101.7	104.7	78.9	83.0	74.9	96.6	93.3	123.0
39	All new cases cancer	SIR	2012 - 2016	100.3	96.9	99.9	93.8	94.5	91.8	101.5	98.0	100.1	107.8	105.2	108.4	101.1	112.5	110.9	116.5
40	Cancer deaths under 75	SMR	2013 - 2017	61.2	83.1	107.4	81.9	86.0	64.5	112.8	91.3	68.7	159.4	103.9	203.5	148.1	133.8	135.0	72.5
41	Heart deaths under 75	SMR	2013 - 2017	104.5	51.9	80.6	97.9	82.0	44.8	133.2	50.2	112.4	185.1	133.1	216.9	166.1	190.9	123.8	67.1
42	All deaths under 75	SMR	2013 - 2017	81.1	65.0	98.2	79.5	91.8	56.5	104.7	66.7	81.4	151.9	129.4	220.1	153.7	129.6	129.5	63.3
43	Deaths from respiratory diseases	SMR	2013 - 2017	116.5	83.0	118.8	82.4	83.1	75.3	93.1	80.6	75.0	131.8	128.4	268.8	179.8	129.3	144.1	92.5
44	All deaths all ages	SMR	2013 - 2017	87.3	72.1	120.6	96.7	91.7	66.1	83.6	68.1	79.2	121.7	123.6	191.9	123.4	111.0	113.3	91.8
45	Female life expectancy	Years	2013 - 2017	84.4	87.2	81.5	82.7	83.5	89.1	86.3	86.9	85.6	80.0	79.6	76.7	80.0	82.5	81.6	83.4
46	Male life expectancy	Years	2013 - 2017	81.7	82.8	78.9	81.6	80.2	81.6	81.0	82.8	80.9	77.1	77.4	71.7	75.4	77.3	77.4	82.1

		SMASH									Congleton			Knutsford		
		Haslington	Sandbach Ettiley Heath and Wheelock	Sandbach Elworth	Sandbach Town	Sandbach Heath and East	Middlewich	Brereton Rural	Alsager	Odd Rode	Congleton West	Congleton East	Dane Valley	Knutsford	High Legh	Mobberley
1	Total Population	8022	4998	5146	4940	4398	14138	5393	11839	8301	13116	13406	9350	13286	4408	4666
2	BME Population	1.4	2.0	2.2	2.2	1.4	1.5	1.0	2.4	1.1	2.3	1.7	1.9	3.5	3.2	2.5
3	Proficiency in English	0.1	0.3	0.1	0.1	0.0	0.3	0.1	0.2	0.1	0.2	0.1	0.1	0.2	0.2	0.5
4	Population under 16	14.8	19.2	18.4	15.1	15.7	18.5	18.0	17.3	14.0	16.3	18.6	15.8	19.6	16.5	14.5
5	Population aged 65 and over	24.7	15.8	20.5	28.8	26.2	19.1	22.5	27.5	29.2	26.9	23.0	29.8	24.5	27.1	28.9
6	Pensioners living alone	25.1	28.2	27.4	28.8	37.7	30.2	21.8	32.1	24.7	30.5	25.6	27.1	32.6	21.7	23.7
7	Older people with low income	7.6	7.9	7.3	7.5	13.5	12.2	7.9	8.2	7.5	12.3	12.2	6.2	10.5	7.5	6.5
8	People with low income	5.3	4.7	7.3	7.1	10.8	9.2	7.3	9.1	6.3	9.1	12.1	4.5	9.3	5.2	4.6
9	Children in poverty	6.5	4.9	11.7	9.6	13.6	11.2	10.4	12.0	8.1	8.9	17.4	4.4	11.2	4.4	4.1
10	Long term unemployment	1.0	0.9			0.2	1.1	0.5	1.5	1.1	1.1	0.7	1.0	0.7	0.3	
11	Fertility rate	40.0	60.7	58.3	50.3	56.0	60.0	52.0	53.2	53.3	59.3	69.2	47.2	77.2	73.6	69.0
12	Low birth weight	2.3	2.4	2.3	2.4	3.0	1.8	2.2	2.5	2.5	2.2	2.2	1.7	1.4	1.6	1.8
13	Deliveries to teenage mothers						0	0.2	0	0		1.3	0	0	0	0
14	A&E attendances age 0-4	345.9	310.7	312.2	316.3	314.8	363.6	361.6	292.0	381.6	394.6	423.3	301.6	327.6	402.7	399.8
15	Admissions for injury age 0-4	142.1	121.5	125.1	135.7	133.9	125.0	153.8	109.9	167.7	189.4	181.3	124.1	182.8	151.0	157.0
16	Emergency admissions age 0-4	227.5	211.0	200.9	172.7	182.5	279.7	196.2	155.1	204.0	220.0	203.5	192.6	171.3	182.1	183.6
17	Child development at age 5	68.9	69.8	72.5	76.0	66.7	62.4	63.7	59.3	65.2	53.0	57.8	68.6	64.0	60.2	61.4
18	GCSE achievement	71.9	69.8	71.1	71.1	61.7	56.9	71.3	68.1	69.0	64.6	56.4	69.7	66.1	71.1	71.3
19	Excess weight age 4-5	20.3	19.6	19.3	19.3	21.5	22.2	19.0	22.8	20.4	23.0	22.6	17.3	14.3	18.1	18.3
20	Excess weight 10-11	36.0	27.1	27.3	27.8	27.7	32.0	31.5	35.1	35.7	30.8	31.0	22.8	26.5	25.4	25.5
21	Smokers age 11-15	2.5	2.3	2.4	3.0	2.9	2.1	2.6	3.2	4.3	2.7	3.0	4.7	4.2	2.9	2.5
22	Smokers age 16-17	13.9	14.2	13.6	15.3	16.5	15.3	14.5	14.8	14.5	15.4	15.9	21.1	15.5	15.3	14.7
23	Healthy Eating (adults)	31.5	29.0	30.5	32.2	29.3	28.6	32.0	32.4	29.9	30.2	29.5	37.0	34.5	37.7	37.7
24	Obese adults	23.2	21.4	21.3	21.9	23.1	23.5	22.0	18.7	23.3	23.2	23.6	19.0	17.9	19.9	19.5
25	Binge drinkings (adults)	25.7	21.8	20.6	19.1	21.2	21.8	19.2	23.3	19.5	22.3	20.0	21.4	20.9	20.8	20.6
26	Admissions for alcohol	86.7	100.3	95.2	93.8	110.8	121.0	77.1	97.0	82.5	86.5	85.5	66.0	73.9	72.5	71.2
27	Self-reported bad health	4.9	4.2	3.4	5.3	6.4	5.3	3.4	5.0	5.3	5.6	5.0	3.7	4.4	4.7	5.8
28	Self-reported illness	18.3	14.2	16.0	19.7	22.4	17.1	15.4	19.5	20.2	19.6	18.1	15.0	17.2	15.7	21.5
29	Hospital stays for self-harm	63.4	107.2	102.0	97.5	117.0	160.6	77.5	152.8	79.9	105.9	145.9	79.9	56.8	62.2	63.0
30	Emergency admissions heart attack	77.7	73.3	79.9	88.2	82.5	108.1	81.0	85.0	86.1	108.9	106.3	70.1	83.1	80.8	77.6
31	Emergency admissions stroke	82.3	109.7	105.3	103.4	113.7	106.0	81.7	88.7	85.3	98.6	104.0	72.5	90.5	90.5	90.9
32	Emergency admissions respiratory	53.6	67.9	62.9	63.1	79.5	123.7	49.4	53.7	51.1	60.7	60.8	37.2	49.9	43.6	42.4
33	Emergency admissions hip fracture	103.8	101.4	97.8	100.9	118.4	101.1	92.7	99.1	96.2	91.4	111.2	81.5	76.5	98.3	100.7
34	Emergency admissions all causes	98.3	114.3	110.6	108.4	118.6	147.2	86.5	100.8	91.7	87.8	90.6	79.9	77.9	85.0	81.9
35	New cases - breast cancer	110.9	121.5	113.0	105.5	122.0	63.6	118.2	83.6	116.1	76.8	73.9	110.6	132.4	97.1	97.3
36	New cases - bowel cancer	77.4	66.3	94.0	123.7	92.7	113.4	100.7	126.9	97.8	103.9	97.1	113.0	122.2	101.0	99.2
37	New cases - lung cancer	75.5	111.5	91.4	78.9	116.9	121.1	71.1	73.5	75.7	94.3	87.9	64.0	96.2	74.3	69.4
38	New cases - prostate cancer	104.9	107.1	117.6	125.7	108.0	89.1	106.5	108.3	101.3	89.4	93.8	97.9	107.4	108.2	106.3
39	All new cases cancer	90.9	105.9	105.3	106.7	111.2	103.4	93.8	99.8	91.5	95.8	92.2	92.0	103.6	99.5	97.5
40	Cancer deaths under 75	70.0	87.5	100.8	115.4	93.3	94.6	58.9	80.4	77.6	108.8	88.3	70.8	89.2	67.0	92.3
41	Heart deaths under 75	73.2	94.5	84.7	70.1	145.9	124.7	91.3	90.9	93.2	96.0	94.7	58.7	92.3	35.1	52.3
42	All deaths under 75	81.5	93.1	96.2	100.5	129.7	102.1	71.0	75.5	78.7	108.2	89.5	60.4	84.4	60.1	89.3
43	Deaths from respiratory diseases	104.6	95.4	106.7	98.0	125.5	115.7	67.2	70.9	101.4	106.0	100.0	77.2	88.9	71.2	85.0
44	All deaths all ages	98.0	78.4	99.0	87.3	94.7	106.6	69.1	79.1	96.7	105.0	97.1	71.6	78.7	103.3	114.1
45	Female life expectancy	83.6	87.2	83.8	83.6	86.3	82.9	86.5	85.8	83.3	83.1	83.7	86.4	86.9	83.1	82.0
46	Male life expectancy	81.3	81.7	78.8	80.5	75.4	78.9	83.3	81.1	81.4	78.4	80.5	83.8	81.1	83.2	77.7

		Wilmslow								Macclesfield									Poynton						
		Chelford	Wilmslow West and Chorley	Wilmslow Lacey Green	Handforth	Wilmslow Dean Row	Wilmslow East	Alderley Edge	Prestbury	Gawsworth	Sutton	Broken Cross and Upton	Macclesfield West and Ivy	Macclesfield South	Macclesfield Central	Macclesfield East	Macclesfield Hurdsfield	Macclesfield Tytherington	Bollington	Poynton West and Adlington	Poynton East and Pott Shrigley	Disley	Cheshire East	England	
1	Total Population	3905	10011	4875	9573	4619	4429	5033	4338	3919	4166	8937	7965	8466	9288	4427	4448	8664	8599	8313	7589	4573	378846	55619430	Population
2	BME Population	2.5	3.8	6.6	8.4	11.9	8.6	6.0	3.7	1.4	1.3	5.9	2.8	3.7	6.3	2.2	3.2	3.5	1.6	2.3	1.4	2.1	3.3	14.6	
3	Proficiency in English	0.1	0.4	0.5	0.3	0.6	0.6	0.3	0.1	0.1	0.1	0.3	0.2	0.6	0.5	0.3	0.5	0.3	0.1	0.1	0.1	0.1	0.6	1.7	
4	Population under 16	15.3	20.4	17.6	19.1	18.4	17.8	17.0	15.4	13.8	15.1	19.9	17.5	19.8	16.5	18.2	17.5	16.2	18.2	17.6	14.9	16.0	17.8	19.1	
5	Population aged 65 and over	28.7	20.9	20.2	20.0	17.3	26.9	25.8	31.3	30.4	28.0	19.4	22.0	19.1	15.6	19.8	18.3	23.0	22.2	27.8	32.5	26.3	22.5	18.0	
6	Pensioners living alone	27.9	31.5	28.6	39.6	22.5	30.2	34.0	24.0	21.8	25.2	28.4	35.6	28.1	42.3	34.9	45.2	29.4	33.5	26.1	24.9	27.3	30.0	31.5	
7	Older people with low income	7.5	7.4	15.2	18.0	5.8	2.5	7.9	3.3	5.8	6.9	8.6	16.2	16.8	17.3	10.2	19.3	6.7	9.7	6.6	6.9	6.5	10.2	16.2	Income
8	People with low income	6.2	4.3	12.3	16.5	4.2	2.2	5.2	2.9	4.7	4.8	8.3	13.7	14.3	10.9	9.8	16.6	4.9	7.4	4.9	5.3	6.2	9.4	14.6	
9	Children in poverty	4.8	3.9	16.0	20.7	4.3	1.9	4.0	3.4	6.5	2.4	9.8	15.8	17.1	12.9	12.6	20.1	4.9	9.1	4.4	5.7	6.2	12.4	19.9	
10	Long term unemployment		0.4	0.8	0.9						0.9	1.7	3.4	3.5	2.7	2.6	3.5	0.9	0.5	1.1	1.3	1.9	1.5	3.6	
11	Fertility rate	56.2	73.5	58.1	68.8	56.4	59.3	56.6	48.6	40.9	49.9	62.3	66.4	70.3	69.4	78.0	61.8	45.5	58.3	50.4	52.7	63.4	60.8	63.2	Young People
12	Low birth weight	2.4	1.8	2.7	3.0	3.0	2.1	3.3			2.7	2.6	1.9	2.7	3.1	4.0	4.1	2.5	2.3	2.0	2.6	2.7	2.2	2.8	
13	Deliveries to teenage mothers	0	0	0			0	0	0	0	0.4	0	0	1.8	1.4	1.3	1.3	0	0	0	0		1.0	1.1	
14	A&E attendances age 0-4	391.2	377.3	423.6	474.5	445.1	380.4	377.0	379.8	384.6	397.0	480.3	500.6	456.3	429.7	460.6	463.9	364.5	400.2	416.5	351.1	422.1	385.6	551.6	
15	Admissions for injury age 0-4	174.5	189.1	149.8	192.9	156.6	199.3	203.6	143.9	123.1	134.3	166.6	193.0	182.9	156.2	177.6	179.9	79.0	213.5	129.7	147.3	146.8	168.1	138.8	
16	Emergency admissions age 0-4	188.0	174.9	166.3	210.7	178.2	169.6	195.2	141.9	205.4	215.5	263.9	284.0	263.8	249.8	274.1	276.8	186.7	206.3	204.3	149.7	202.4	213.8	149.2	
17	Child development at age 5	63.6	80.7	67.7	59.5	65.2	78.8	69.5	71.7	60.7	59.3	64.1	60.5	55.4	55.9	60.6	61.1	76.9	63.7	72.0	73.4	67.2	61.8	60.4	
18	GCSE achievement	72.2	74.5	56.0	52.2	51.9	73.1	73.7	80.4	68.1	63.2	74.8	51.9	44.8	60.9	48.7	46.7	75.9	66.2	75.7	73.3	69.0	62.2	56.6	
19	Excess weight age 4-5	19.3	12.9	14.0	17.2	15.1	12.4	21.2	16.8	17.8	18.9	18.2	25.2	23.4	18.0	16.7	16.7	20.2	19.7	16.8	15.1	13.6	20.0	22.4	Lifestyle
20	Excess weight 10-11	25.7	16.2	23.7	30.9	26.7	15.9	25.9	21.4	21.6	22.8	29.7	26.9	28.9	30.2	33.6	33.8	23.3	16.1	29.5	26.5	27.1	29.8	34.2	
21	Smokers age 11-15	2.3	3.0	3.1	4.3	2.3	3.0	3.0	2.8	2.2	5.1	3.3	3.7	4.6	6.0	3.4	4.8	2.1	3.6	3.0	3.3	3.0	3.2	3.1	
22	Smokers age 16-17	14.4	13.0	15.4	16.8	11.5	12.0	14.0	12.9	15.4	18.5	13.7	17.2	17.7	17.2	16.0	20.4	13.1	16.1	13.5	12.5	13.9	15.2	14.8	
23	Healthy Eating (adults)	37.9	39.3	35.9	29.6	32.1	40.2	38.2	40.8	38.3	36.2	31.5	27.2	26.9	30.4	28.6	28.3	34.9	33.6	36.2	36.7	35.6	31.4	28.7	
24	Obese adults	18.5	16.1	19.0	21.0	20.1	15.7	17.2	16.5	19.2	19.7	20.2	22.8	21.9	20.3	21.6	21.8	18.2	20.0	19.6	20.5	20.5	21.5	24.1	
25	Binge drinkings (adults)	20.1	20.7	22.7	21.9	22.9	20.7	19.4	16.6	17.9	19.2	24.9	23.4	25.5	31.3	25.6	24.7	21.8	28.3	21.1	20.5	25.0	22.3	20	
26	Admissions for alcohol	68.4	56.2	70.4	101.2	84.9	55.1	64.4	51.5	62.2	71.9	78.7	115.6	124.2	108.8	113.5	113.9	65.3	78.8	76.9	75.2	80.3	93.3	100	
27	Self-reported bad health	3.8	2.9	6.0	6.3	2.6	2.3	5.0	3.2	3.6	4.2	4.4	6.2	5.9	4.7	4.8	7.2	3.3	4.6	4.3	4.8	4.4	4.9	5.5	Illness
28	Self-reported illness	14.8	13.2	19.0	19.8	11.6	13.5	17.4	14.9	17.2	17.8	15.0	21.6	19.4	15.5	15.9	21.7	14.6	17.1	17.0	18.4	17.3	17.5	17.6	
29	Hospital stays for self-harm	64.5	33.4	53.6	113.1	78.7	31.7	66.8	36.4	68.9	90.2	95.4	163.1	171.5	180.9	208.4	211.7	88.3	62.6	69.5	51.3	51.3	112.1	100	
30	Emergency admissions heart attack	71.1	74.5	74.2	111.2	91.5	67.0	62.2	57.1	64.1	72.9	94.0	108.4	123.7	105.0	72.6	68.8	86.8	89.2	95.2	91.9	89.2	92.4	100	
31	Emergency admissions stroke	91.7	83.9	88.2	96.3	90.1	88.4	92.8	76.9	87.6	92.0	93.9	95.4	114.6	111.7	86.2	83.1	65.0	78.2	80.9	103.2	67.5	95.3	100	
32	Emergency admissions respiratory	40.0	41.1	47.2	89.0	68.8	37.8	36.7	19.7	27.0	40.5	57.6	131.4	128.4	102.7	131.7	134.8	50.2	48.6	55.3	52.4	82.7	75.6	100	
33	Emergency admissions hip fracture	103.7	86.3	86.6	84.7	79.7	94.7	107.8	111.8	72.3	91.6	109.8	98.2	131.6	121.7	86.6	81.6	86.3	91.6	99.3	87.8	88.4	98.4	100	
34	Emergency admissions all causes	75.7	68.6	80.0	106.1	91.4	68.9	67.1	63.9	69.0	77.0	91.7	109.5	114.8	101.9	106.3	106.7	72.0	81.2	86.6	83.7	88.1	103.2	100	
35	New cases - breast cancer	97.7	108.6	97.6	124.2	105.4	114.7	98.2	111.6	128.9	123.8	122.5	120.2	97.9	101.5	99.0	98.7	102.6	102.6	127.8	96.8	130.7	105.4	100	Cancer
36	New cases - bowel cancer	95.4	83.1	124.2	144.7	143.4	88.7	90.2	126.9	96.3	97.1	109.2	93.7	98.7	87.4	94.2	94.9	92.2	69.9	94.9	112.2	112.4	102.8	100	
37	New cases - lung cancer	59.2	55.6	96.5	141.5	127.8	57.4	44.9	48.4	43.9	52.9	67.4	139.0	115.4	76.4	109.6	113.3	51.2	104.2	46.0	47.3	76.9	87.3	100	
38	New cases - prostate cancer	101.8	88.2	90.4	86.5	87.1	82.5	95.2	115.3	67.6	68.5	81.5	104.4	78.0	61.8	121.2	127.9	74.9	72.9	138.2	97.1	97.9	95.9	100	
39	All new cases cancer	93.2	92.0	93.8	108.1	97.5	95.3	87.3	91.4	85.6	88.1	96.5	109.6	103.4	89.3	103.0	104.5	90.1	87.7	97.4	90.3	97.6	98.2	100	
40	Cancer deaths under 75	56.3	67.5	118.4	81.0	75.5	53.1	62.4	52.5	68.7	85.5	76.5	113.5	112.9	88.0	79.4	141.8	74.2	76.7	69.8	65.7	72.0	89.2	100	Death
41	Heart deaths under 75	88.0	52.1	97.3	125.0	33.6	49.5	52.4	58.7	61.3	55.0	74.7	72.9	133.0	89.7	74.5	102.6	57.1	93.2	48.4	79.1	56.1	90.6	100	
42	All deaths under 75	62.3	57.1	119.3	92.2	55.9	55.4	71.1	48.0	63.4	78.5	92.5	108.5	134.2	101.0	90.4	137.4	64.6	84.4	65.3	63.7	71.7	90.4	100	
43	Deaths from respiratory diseases	43.3	67.1	139.6	97.2	101.2	48.6	82.7	56.6	65.4	72.5	101.1	90.7	119.0	123.1	124.6	146.8	82.5	107.3	86.0	77.8	63.2	96.9	100	
44	All deaths all ages	65.5	68.9	138.8	83.6	93.5	55.7	97.8	64.4	64.8	87.7	127.4	87.9	128.9	102.7	92.1	95.5	74.9	92.7	95.4	97.7	75.9	94.0	100	
45	Female life expectancy	84.7	88.0	80.5	85.8	85.1	89.8	83.8	86.6	86.7	85.3	81.8	84.8	81.2	83.9	84.7	82.5	86.6	83.9	84.5	83.1	85.1	83.8	83.1	
46	Male life expectancy	84.3	83.1	77.8	80.5	81.6	84.7	82.4	82.4	85.1	80.1	79.1	79.6	75.6	79.0	79.1	78.4	83.1	80.6	80.7	82.0	82.4	80.2	79.5	

Quintile 1 - Highest 20% of wards nationally

Quintile 2

Quintile 3

Quintile 4

Quintile 5 - Lowest 20% of wards nationally

Data suppressed to prevent disclosure

Shades of blue used when an indicator has no preferred polarity. I.E when it is not appropriate to say whether a high/low value is good or bad.

Indicator Notes - Data extracted during March 2020 and up to date as of February 2021.

Population 1 Total resident population, 2017 2 % people stating their ethnicity as not White (not any White category), 2011 Census 3 % people whose main language is not English and cannot speak English well or cannot speak English, 2011 Census 4 % resident population aged under 16, 2017 5 % resident population aged 65 and over, 2017 6 % people aged 65 and over living alone, 2011

Income 7 % of people aged 60 or over living in a household receiving means-tested benefit & low income (pension credits), 2015 8 % people in this area living in 20% most deprived areas in England, 2015 9 % children (under 16) in families receiving means-tested benefits & low income, 2015 10 Average monthly claimants of jobseekers allowance who have been claiming for more than 12 months, rate per 1000 of the working age population (age 16-64 years), 2017/18

Young People 11 Total live births per 1000 females aged 15-44, 2011 – 2015 12 % of live and stillbirths weighing less than 2,500 grams, 2011-15 13 % of delivery episodes, where the mother is aged under 18 years, 2011/12-2015/16 (financial years pooled) 14 A&E attendance for children aged 0-4 years, crude rate per 1,000 resident population, 2013/14-2015/16 (financial years pooled) 15 Hospital admissions following injury in children aged 0-4 years, crude rate per 10,000 resident population, 2011/12-2015/16 (financial years pooled) 16 Emergency hospital admissions for children (aged 0-4 years), crude rate per 1,000 population from 2013/14-2015/16 (financial years pooled) 17 % children achieving a good level of development within Early Years Foundation Stage Profile at the end of the academic year in which they turn 5 by pupil residency, 2013-14 academic year 18 % Pupils achieving 5 or more GCSEs at grades A* -C (including English and Maths) or equivalent end of Key Stage 4 in schools maintained by the Local Authority, 2013-14 academic year 19 % school children measured in reception year (age 4-5) who were classified as overweight or obese, 2015/16-2017/18 20 % school children measured in Year 6 (age 10-11) who were classified as overweight or obese, 2015/16-2017/18

Lifestyle 21 % children aged 11-15 who regularly smoke, Modelled estimates 2009-12 22 % children aged 16-17 who regularly smoke, Modelled estimates 2009-12 23 % adults aged 16 and over that consume 5 or more portions of fruit and vegetables per day, Modelled estimates 2006-08 24 % adults aged 16 and over classified as obese (BMI of 30+), Modelled estimates 2006-08 25 % adults aged 16 and over who binge drink, Modelled estimates 2006-08 26 The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause, standardised admission ratio, 2013/14-2017/18

Illness 27 % of people who reported their heath as bad or very bad in the 2011 Census 28 % of people who reported their day-to-day activities were limited by ill health or disability, 2011 Census 29 Hospital admissions for intentional self harm, standardised admission ratio, 2013/14-2017/18 30, 31, 32, 34 Emergency admissions, standardised admission ratio, 2013/14-2017/18 33 Emergency hospital admissions for hip fractures, persons aged 65+, standardised admission ratio, 2013/14-2017/18

Cancer 35, 36, 37, 38, 39 Standardised incidence ratio for new cancer diagnoses, 2012-2016

Death 40, 41, 42 Standardised mortality ratio for deaths aged under 75, 2013-2017 43, 44 Standardised mortality ratio for deaths all ages, 2013-2017 45 Female Life Expectancy at birth, 2013-2017 46 Male Life Expectancy at birth, 2013-2017

More information and full metadata available www.localhealth.org.uk

Abbreviations

SMASH = Sandbach, Middlewich, Alsager, Scholar Green, Haslington
SAR = Standardised Admissions Ratio
SIR = Standardised Incidence Ratio
SMR = Standardised Mortality Ratio
Ratios are calculated by dividing the observed total number of admissions, new cases or deaths in the area by the expected nu mber and multiplying by 100. Expected numbers are calculated by applying age-sex-specific rates for England in the same time period to each area's population.

Prepared by Cheshire East Public Health Intelligence, 04-February-2021

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What is the tartan rug telling me?

The health profile or 'tartan rug' shows how each ward within Cheshire East compares with all other wards in England across a range of health indicators and outcomes. Although the rug only includes a limited number of indicators, it does provide an overview of local health need and a tool to aid discussions about local priorities.

The current version of the tartan rug (updated Feb 2021) includes 25 (54%) indicators where the data had been updated since November 2017, 3 of these are demographic indicators so are excluded from this analysis. Also, the 'Long term unemployment' indicator has also been excluded from the comparison analysis despite being updated, this is because the data was not available at ward level in the November 2017 version. This leaves 21 (46%) indicators which did not have updated data available (see appendix), 3 of these are demographic indicators so are excluded from this analysis. Some of the data used within the tartan rug may appear old but remains the standard source for some of these indicators. This includes indicators derived from Census or Lifestyle surveys (see appendix for more detail).

Green indicates that the area is better relative to other wards in England whereas red indicates that the area is worse.

The updated tartan rug highlights that overall, the health of residents in Cheshire East was better than or similar to the national average. However, the health experience was worse in Cheshire East than the national average specifically in terms of

- Hospital stays for self-harm
- New cases - bowel cancer
- Emergency admissions all causes
- New cases - breast cancer
- Admissions for injury age 0-4
- Emergency admissions age 0-4
- Binge drinking (adults)

What has changed between 2017 and February 2021?

Cheshire East

When considering the Cheshire East average data (39 indicators), 44% of the tartan rug was coloured green in 2017 and 13% was coloured red. The percentage of the tartan rug coloured green decreased to 41% in February 2021, while the percentage that is coloured red increased to 18%. This decrease in the percentage of greens and an increase in the percentage of reds indicates a decline between 2017 and February 2021.

However, when the indicator data for all 52 wards within Cheshire East are considered (39 indicators x 52 wards = 2028 data points), 45% of the tartan rug was coloured green in 2017 and 31% was coloured red. In February 2021 the percentage of the tartan rug coloured green increased to 47% and the percentage which is coloured red also increased to 32%.

Overall Cheshire East has improved compared to other areas over the two time periods, although inequalities have widened slightly.

If we look at the performance over a longer period and included the tartan rug from 2015, this shows that the improvement we see in 2021 is a recovery from a dip in performance in 2017, rather than a long-term improvement.

	2015	2017	2021
Green	48%	45%	47%
Red	32%	31%	32%

It is likely that there will be further dips in performance over the next couple of iterations of the tartan rug due to the impact of COVID-19. Although the tartan rug colouration reflects performance relative to other areas of the country and therefore the expectation may be that the percentages of red and green remain stable, we know that the impact of COVID-19 was not universal, and the North West was more affected by COVID-19 infections. It is likely that the inequalities gap will widen for some area.

When considering **only the 22 indicators where data has been updated**: -

Some indicators have shown improvement, this is where there has been an increase in the percentage of greens with either a decrease in the percentage of reds over the two time periods or the percentage of reds has remained the same. These are: **Emergency admissions heart attack; Emergency admissions respiratory; New cases -lung cancer; New cases -prostate cancer; All new cancer cases; Cancer deaths under 75 age; Heart deaths under 75; Deaths from respiratory disease; All deaths all ages; Female Life Expectancy.**

The indicator '**All deaths under 75**' has a decrease in the percentage of greens but a larger decrease in the number of reds, therefore has improved overall.

Some indicators have declined between 2017 and February 2021; this is where there has been a decrease in the percentage of greens and an increase in the percentage of reds. These are: **Excess weight age 4-5; Admissions for alcohol; Hospital stays for self-harm; Emergency admissions stroke; New cases -breast cancer; Male Life Expectancy.**

For other indicators there is an increase in both the percentage of green and red, this indicates that there is an increase in the inequality gap of this indicator. These indicators are: **Emergency admissions hip fracture; Emergency admissions all causes.**

Two indicators show neither improvement or decline over the two time periods: **Excess weight age 10-11,** where there has been no change in either the percentage of greens or reds across the two time periods**; New cases - bowel cancer**, which has an equal decrease in both the percentage of greens and reds.

The update also highlights that pre-existing inequalities persist, with poorer health experience in some areas of Crewe, Macclesfield and Handforth, than in other wards in Cheshire East and the England average.

Top 10 worse performing wards

Ward	Indicators coloured red	
	Number	%
Crewe Central	35	88%
Crewe St Barnabas	34	85%
Crewe West	33	83%
Crewe East	32	80%
Crewe North	32	80%
Macclesfield South	32	80%
Crewe South	31	78%
Macclesfield Hurdsfield	25	63%
Macclesfield West and Ivy	24	60%
Handforth	23	58%

Nantwich Locality

There are 5 wards in the Nantwich Locality. In 2017 50% was coloured green within the Nantwich Locality. In February 2021 this had increased to 53%. In 2017 17% was coloured red, this increased to 22% in In February 2021.

This indicates that the inequality gap widened within Nantwich Locality over the two time periods.

Crewe Locality

There are 11 wards in the Crewe Locality. In 2017 31% was coloured green within the Crewe Locality. In February 2021 this had reduced to 30%. In 2017 54% was coloured red, this increased to 55% in February.

Overall Crewe Locality has declined compared to other areas over the two snapshots.

Sandbach, Middlewich, Alsager, Haslington (SMASH) Locality

There are 9 wards in the SMASH Locality. In 2017 46% was coloured green within the SMASH Locality. This remained the same in February 2021. In 2017 26% was coloured red, this remained the same at 26% in February 2021.
Overall SMASH Locality remained the same compared to other areas over the two time periods.

Congleton Locality

There are 3 wards in the Congleton Locality. In 2017 39% was coloured green within the Congleton Locality. This had increased to 42% in February 2021. In 2017 26% was coloured red, this reduced to 25% in February 2021.

Overall Congleton Locality has improved compared to other areas over the two time periods.

Knutsford Locality

There are 3 wards in the Knutsford Locality. In 2017 53% was coloured green within the Knutsford Locality. This had increased to 57% in February 2021. In 2017 26% was coloured red, this decreased to 22% in February 2021.

Overall Knutsford Locality has improved compared to other areas over the two time periods.

Wilmslow Locality

There are 8 wards in the Wilmslow Locality. In 2017 60% was coloured green within the Wilmslow Locality. This had increased to 63% in February 2021. In 2017 21% was coloured red, this remained the same at 21% in February 2021.

Overall Wilmslow Locality has improved compared to other areas over the two time periods.

Macclesfield Locality

There are 9 wards in the Macclesfield Locality. In 2017 39% was coloured green within the Macclesfield Locality. This had increased to 42% in February 2021. In 2017 36% was coloured red, this increased to 38% in February 2021.

This indicates that the inequality gap widened within Macclesfield Locality over the two time periods.

Poynton Locality

There are 4 wards in the Poynton Locality. In 2017 63% was coloured green within the Poynton Locality. This had reduced to 60% in February 2021. In 2017 13% was coloured red, this remained the same in February 2021.

Overall Poynton Locality has declined slightly compared to other areas over the two time periods.

Overall RAG status of indicators by locality is given below:

Cheshire East - Amber

Nantwich- Green

Crewe - Red

Sandbach, Middlewich, Alsager, Haslington (SMASH) - Amber

Congleton - Amber

Knutsford - Green

Wilmslow - Green

Macclesfield - Amber

Poynton - Green

RAG status key used:
Green = 50% or more boxes are green
Amber = Picture is mixed. There are neither 50% or more red boxes or 50% or more green boxes.
Red = 50% or more boxes are red.

Note: Indicators relating to demographic information are excluded from this comparison analysis, these are coloured shades of blue on the Feb 2021 Tartan rug. The 'Pensioners living alone' indicator has also been excluded from the analysis. The 'Long term unemployment' indicator was also excluded from the Nov 2017 analysis as it was not available for the lower geographies for that data release.

Appendix

Use of data that has not been updated within the Tartan Rug

Some of the indicators included within the Tartan rug appear to be old. Often there is a valid reason for this such as data is taken from the census which is only done every 10 years, or the data definition has been changed between data release which means that we are unable to compare across time periods. Below is a table of those indicators, indicating whether the data will be updated in the next version (Jun 2021 data release) and reason if known.

Indicator name	Data used in the Mar 2020 data release (tartan Rug Feb 2021)	Updated data available in Jun 2021 release	Notes
BME Population	2011		Census data - awaiting release of Census 2021 data
Proficiency in English	2011		Census data - awaiting release of Census 2021 data
Pensioners living alone	2011		Census data - awaiting release of Census 2021 data
Older people with low income	2015	Yes	
People with low income	2015	Yes	
Children in poverty	2015	Yes	
Fertility rate	2011 - 2015		
Low birth rate	2011 - 2015	Yes	
Deliveries to teenage mothers	2011/12 - 2015/16		
A&E attendances age 0-4	2013/14 - 2015/16		
Admissions for injury age 0-4	2011/12 - 2015/16		
Emergency admissions age 0-4	2013/14 - 2015/16		
Child development at age 5	2013/14		Removed in June 2021
GCSE achievement	2013/14		Removed in June 2021
Smokers age 11-15	2009 - 2012		Survey has not been updated
Smokers age 16-17	2009 - 2012		Survey has not been updated
Healthy Eating (adults)	2006 - 2008		Lifestyle estimates have not been updated below borough level
Obese adults	2006 - 2008		Lifestyle estimates have not been updated below borough level
Binge drinkings (adults)	2006 - 2008		Lifestyle estimates have not been updated below borough level
Self-reported bad health	2011		Census data - awaiting release of Census 2021 data
Self-reported illness	2011		Census data - awaiting release of Census 2021 data

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Agenda Item 9

CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	An update on the work of the Increasing Equality Commission
Date of meeting:	22nd March 2022
Written by:	Guy Kilminster
Contact details:	Guy.kilminster@cheshireeast.gov.uk
Health & Wellbeing Board Lead:	Cllr Jill Rhodes / Dr Matt Tyrer

Executive Summary

Is this report for:	Information X	Discussion ☐	Decision ☐
Why is the report being brought to the board?	To bring the Board up to date with the work of the Commission, established by the Board in October 2020.		
Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?	Creating a place that supports health and wellbeing for everyone living in Cheshire East ☐ Improving the mental health and wellbeing of people living and working in Cheshire East ☐ Enable more people to live well for longer ☐ All of the above X		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness ☐ Accessibility ☐ Integration ☐ Quality ☐ Sustainability ☐ Safeguarding ☐ All of the above X		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	• To note the work of the Increasing Equality Commission • To continue to support the Commission through staff time and engagement		
Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	N/A		

Has public, service user, patient feedback/consultation informed the recommendations of this report?	N/A
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	The Commission's current focus is on Crewe and in the medium to long term the work that is being undertaken should contribute to a reduction in health inequalities in the town. The Commission will oversee the publication of a Strategy setting out actions that can be taken by partners to begin to address the issues contributing to those inequalities.

1 Report Summary

1.1 The Cheshire East Health and Wellbeing Board agreed to the establishment of the Increasing Equality Commission in October 2020. Since then, the Commission has met seven times. At it's March 2021 meeting it agreed to initially focus on Crewe, where there are the most significant inequalities in the borough. Work is underway to prepare a strategy for reducing inequalities in Crewe which will be published in the late summer of 2022. A wide range of partners are directly involved or have contributed to workshops to add to the knowledge base to inform the thinking and strategy development.

1.2 In addition the Commission is taking the lead on the work to support the Cheshire and Merseyside Integrated Care System's ambition to become a Marmot Community (supported by the Health and Wellbeing Board at it's meeting in November 2021).

2 Recommendations

2.1 That the Cheshire East Health and Wellbeing Board notes the work of the Increasing Equality Commission to date.

2.2 The Cheshire East Health and Wellbeing Board and its constituent partners continue to support the work of the Commission.

3 Reasons for Recommendations

3.1 To bring the Cheshire East Health and Wellbeing Board up to date with the work of the Commission.

4 Impact on Health and Wellbeing Strategy Priorities

4.1 Reducing health inequalities is a key ambition of the Joint Health and Wellbeing Strategy, the Cheshire East Place Five Year Plan and the Council's Corporate Plan.

5 Background and Options

5.1 In October 2020 the Health and Wellbeing Board received a report on health inequalities in Cheshire East that recommended the setting up of a Commission to bring together partners

to focus on what might be done to reduce inequalities in the borough. The Board agreed to the establishment of the Commission and Cllr Jill Rhodes agreed to act as the Chair.

5.2 The first meeting of the Commission took place in December 2020 and in March 2021 the Terms of Reference, scope of work and initial focus were agreed. Having considered the evidence for Cheshire East, the view was that Crewe needed to be the priority area for the Commission's attention, with the levels and degree of inequality being greater than elsewhere in the borough. The membership of the Commission was then widened to draw in appropriate partners (see Appendix 1 for list of members).

5.3 The subsequent Commission meetings then began to explore in detail the evidence for inequalities in Crewe and to hear from experts in different areas (for example housing, children and families and green spaces), to inform thinking and discussion. In November / December 2021 a series of virtual workshops were held covering the following areas:

- Skills development
- Early life interventions
- Employment and work
- Transport and active travel
- Ill health prevention
- Resilient communities

5.4 These provided an opportunity for more people to get involved in the work of the Commission, providing information about initiatives underway or planned that might contribute to reducing inequalities, widening the shared knowledge base of members and making critical connections between projects and programmes of work to maximise the potential impacts.

5.5 The Commission is intending to publish a strategy for reducing inequality in Crewe in the late summer. This will set out actions that, over the next five to ten years will (all being well) contribute to a reduction in inequalities. Much of this will be connected to the effective joining up of already planned infrastructure projects and other proposed developments and interventions that will provide good jobs, opportunities for better paid work, improved educational attainment and skills development, better housing, access to green spaces and enhanced active travel provision.

5.6 The key role of the Commission is to connect the pieces, raise awareness and encourage all to think about how their work can contribute to the reduction of inequalities. Taking ownership of the Cheshire and Merseyside Integrated Care System's 'Marmot Community' programme, will further support this work, but also start to prepare for the next phase of the Commission's work looking at other parts of the borough (for example the work on healthy ageing and inequality in rural areas).

5.7 The next stages in relation to Crewe include review and synthesis of evidence and workshop feedback to date, gap filling (for example we want to look at evidence for impact of gambling), further partner and resident engagement and the drafting of the strategy. Chapter authors have been identified and first drafts are being prepared.

5.8 A further update on progress will be brought to the Board in the late spring with the draft Strategy.

6 Access to Information

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

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Increasing Equality Commission Core Membership

Matthew Atkinson – Public Health

Paul Bayley – Director of Planning and Neighbourhoods CEC

Ben Wye – Crewe Town Council

Caroline Whitney - CVSCE

Chris Hart - CESAP

Joe Cosby – Community Development CEC

Dan Coyne - Community Development CEC

Matthew Cunningham – Cheshire CCG

Katy Ellison - Community Development CEC

Dr Gwyd Rhys – Cheshire CCG

Rebecca Jackson – Project Management CEC

Charles Jarvis – Economic Development CEC

Muktadir Khan - Community Development CEC

Guy Kilminster – Public Health

Louise Barry - Healthwatch Cheshire

Amanda Ridge – Cheshire CCG

Cllr Jill Rhodes - CEC

Shantele Sutherland – Cheshire, Halton and Warrington Race Equality Council

Dr Clare Spargo – Crewe Care Community / Primary Care Networks

Claire Williamson – Children and Families CEC

Andrew Turner – Public Health

Matt Tyrer – Public Health

Sheila Woolstencroft – Public Health

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