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Cheshire East Health and Wellbeing Board

Agenda

Date:	**Tuesday, 21st March, 2023**
Time:	**2.00 pm**
Venue:	**Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ**

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**

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 24 January 2023.

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

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. **The Joint Local Health and Wellbeing Strategy and Five-Year Plan 2023-2028** (Pages 9 - 36)

To consider the Joint Local Health and Wellbeing Strategy and Five-Year Plan 2023-2028.

6. **Cheshire East Digital Inclusion Plan 2023 - 2026** (Pages 37 - 82)

To consider the Cheshire East Digital Inclusion Plan 2023-2026.

7. **Green Spaces Social Prescribing Pilot**

To receive a presentation on the Green Spaces Social Prescribing Pilot.

8. **Director of Public Health Public Health Annual report 2022** (Pages 83 - 120)

To consider the Public Health Annual report for publication.

9. **Joint Strategic Needs Assessment chapter approval processes** (Pages 121 - 126)

To consider the alternative proposal to approval of JNSA review for publication and also of the JSNA work programme.

10. **Poverty Joint Strategic Needs Assessment** (Pages 127 - 298)

To consider the Poverty JSNA for publication.

11. **The Local Government Association facilitated review of the Cheshire East Health and Wellbeing Board** (Pages 299 - 302)

To consider the proposed changes that are recommended from the LGA facilitated review of Cheshire East Health and Wellbeing Board's roles and responsibilities.

12. **Cheshire East Health and Care Partnership update**

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

Membership: L Barry, Councillor C Bulman, H Charlesworth-May, Councillor S Corcoran (Chair), D Frodsham, Dr P Kearns, T Knight, Dr L O'Donnell, Councillor J Rhodes, Dr M Tyrer, M Wilkinson, Dr A Wilson (Vice-Chair), Councillor J Clowes (Associate Non Voting Member), V Elliott (Associate Non Voting Member), C Hart (Associate Non Voting Member), C Jesson (Associate Non Voting Member), K Sullivan (Associate Non Voting Member), J Traverse (Associate Non Voting Member) C Williamson (Associate Non Voting Member), I Wilson and D Woodcock.

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CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board** held on Tuesday, 24th January, 2023 in the Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Voting Members
Councillor Sam Corcoran (Chair), Cheshire East Council
Councillor Carol Bulman, Cheshire East Council
Councillor Jill Rhodes, Cheshire East Council
Louise Barry, Healthwatch Cheshire
Helen Charlesworth-May, Cheshire East Council
Mark Wilkinson, Cheshire East Place Director
Dr Andrew Wilson, GP

Associate Non-Voting Members
Councillor Janet Clowes, Cheshire East Council
Isla Wilson, Health and Care Partnership Board Chair

Cheshire East Officers and Others
Katie Jones, Safeguarding Adults Board Business Manager
Guy Kilminster, Corporate Manager Health Improvement
Ian Moston, Chief Executive Mid Cheshire Hospitals NHS Foundation
Karen Shuker, Democratic Services Office
Dr Andrew Turner, Public Health Consultant

37 APOLOGIES FOR ABSENCE

The Chair referred to the recent sad death of Councillor Steve Carter. There was a minute's silent reflection in tribute.

Apologies were received from Dr Lorraine O'Donnell, Denise Frodsham, Dr Patrick Kearns, Dr Matt Tyrer, Superintendent Claire Jesson, Claire Williamson, and Deborah Woodcock.

Ian Moston, Chief Executive, Mid Cheshire Hospitals NHS Foundation Trust, attended on behalf of Denise Frodsham.

38 DECLARATIONS OF INTEREST

In the interest of openness Dr A Wilson declared an interest in respect of the fact that he was a non-executive at mid Cheshire NHS Trust.

39 **MINUTES OF PREVIOUS MEETING**

RESOLVED:

That the minutes of the meeting held on 29 November 2022 be confirmed as a correct record.

40 **PUBLIC SPEAKING TIME/OPEN SESSION**

There were no public speakers.

41 **UPDATE ON CHESHIRE EAST COMBATING DRUGS PARTNERSHIP**

The Board considered a report which provided an update on the function and governance of the Cheshire East Combating Drugs Partnership following the Government's drugs strategy, From harm to hope: A 10 year drugs plan to cut crime and save lives.

The Cheshire East Combating Drugs Partnership would be a sub-group of the Safer Cheshire East Partnership and report in to that on a quarterly basis. It would also report in to the HM Government Joint Combating Drugs Unit annually and report as and when required in to the Cheshire East Health and Wellbeing Board. It would work alongside the Cheshire East Substance misuse provider forum and the Cheshire East Service user network.

The first meeting of the Combating Drugs Partnership had discussed the next steps, which would include publication of the substance misuse Joint Strategic Needs Assessment (JSNA). Following the JSNA the partnership would agree a local drugs and alcohol strategy delivery plan.

The board welcomed the broadening of the substance misuse strategy to include alcohol-related harms. Although smoking would not be included within the strategy it was acknowledged that there was a lot of good working going on around smoking cessation and the wider determinants of health needed to be a running theme throughout.

RESOLVED (Unanimously):

That the governance of the Cheshire East Combating Drugs partnership be approved.

42 **SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2021- 2022**

The Board received the annual report of the Local safeguarding Adults Board 2021/2022. The Board were informed that the Local Safeguarding Adults Board Independent chair, Geoffrey Appleton had recently stepped down and the Board had appointed Kevin Bennett as the new chair.

The report included the work that had taken place in 2021/22 which included the impact of covid-19, adults safeguarding training and performance activity.

The Board heard that the numbers of safeguarding adult review referrals (SARs) had increased during the pandemic which was the national picture, specifically cases around self-neglect. Two cases had been published on the website following review with a third due to be published shortly.

The patterns seen throughout 2021/22 continued to be seen in 2022/23 which included an increase in safeguarding referrals, SARs and domestic homicide reviews. Common themes occurring from the SARs included caring responsibilities, dementia, aging and how services had been stretched over the pandemic. The board would be looking at how it would incorporate in to its revised strategy.

The Board heard that although safeguarding training was ringfenced for the faith and third sectors it would be an area for development in the future, and a booklet being designed by the service user group would be considered for roll out to Councillors.

RESOLVED:

That the Cheshire East Safeguarding Adults Board Annual Report 2021-22 be noted.

43 **UPDATE ON 2022/3 INFLUENZA SEASON**

The Board received a report which provided an update of the 2022/23 influenza season to date. The report included a summary of general flu epidemiology, the NHS-led vaccination programme and the Cheshire East Council staff vaccination programme.

Following two years of very low rates of flu and other respiratory viruses, it appeared that flu levels were back to pre-pandemic levels. The re-emergence was likely due to a relaxation in restrictions put in place to control COVID-19, and reduced levels of population immunity due to lack of exposure to flu in the previous two years.

Cheshire East continued to have higher flu vaccine uptake compared to England and the North West Region as a whole and the Cheshire East staff vaccination programme had seen a good uptake through various channels such as clinics being held in Council buildings and partnering up with pharmacies across the borough.

RESOLVED:

That the update be noted.

44 **UPDATE ON DEVELOPMENT OF AN INTEGRATED CARE SYSTEM ACROSS CHESHIRE AND MERSEYSIDE AND IN CHESHIRE EAST**

The Board received an update on the development of the Integrated Care system across Cheshire and Merseyside in Cheshire East. The Board heard that good progress had been made in setting up partnership governance and the focus was now moving to planning, specifically the challenges for 2023/34.

Additional non recurrent funding had been received to Council and via NHS to accelerate discharge out of NHS care, by investing in alternatives. This was welcomed and was a positive sign in terms of the impact of the additional investments that had been made.

The Board raised concerns in respect of the structures which had come in to force in July 2022 as these had still not been finalised nor how they would work; and the financial position in respect of Cheshire East at Place level remained unclear. The board were assured that the Cheshire and Mersey leadership team were working hard to progress this.

RESOLVED:

That the update be noted.

45 **CHESHIRE EAST HEALTH AND CARE PARTNERSHIP UPDATE**

The Board received an update from Isla Wilson, Chair of the Health and Care Partnership (HCP). Following the recent meeting of the HCP it was apparent that as there was a crossover of people between the HCP and the Health and Wellbeing board the remit of each group needed to be clear.

It was acknowledged that there was work to be done on how to engage members of the public who wanted to attend meetings, and following agreement of the strategy there needed to be thought given to developing a joint Assurance Framework to bring it together.

RESOLVED:

That the update be noted.

The meeting commenced at 1.30 pm and concluded at 2.38 pm

Councillor S Corcoran (Chair)

Agenda Item 5

Cheshire East Council

NHS
Cheshire and Merseyside

CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	The Joint Local Health and Wellbeing Strategy and Five-Year Plan 2023-2028
Report Reference Number	HWB14
Date of meeting:	21st March 2023
Written by:	Guy Kilminster
Contact details:	Guy.kilminster@cheshireeast.gov.uk
Health & Wellbeing Board Lead:	Dr Matt Tyrer

Executive Summary

Is this report for:	Information ☐	Discussion ☐	Decision X
Why is the report being brought to the board?	For the Board to approve the refreshed Joint Local Health and Wellbeing Strategy and Five-Year Plan 2023-2028 (Appendix One)		
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 consider the draft Joint Local Health and Wellbeing Strategy and Five-Year Plan 2023-2028 and approve it.		
Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	Mid-Cheshire Hospitals NHS Foundation Trust Board of Directors public meeting, 26th January 2023 Cheshire East Place Partnership Board public meeting 1st March 2023. The draft was endorsed by the CEPPB.		

Has public, service user, patient feedback/consultation informed the recommendations of this report?	Yes, a public engagement exercise was undertaken during January 2023. Appendix Two is the summary report on the feedback received.
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	If the Board approve the Joint Local Health and Wellbeing Strategy and Five-Year Plan 2023-2028, it will underpin the work to reduce inequalities and improve health and care service provision over the next five years.

1 Report Summary

The Joint Local Health and Wellbeing Strategy and Five-Year Plan 2023-2028 (Appendix One) sets out the strategic outcomes and priorities for the Health and Wellbeing Board and Place Partnership Board. The Strategy is the responsibility of the Cheshire East Health and Wellbeing Board with the local authority and ICB the organisations required to work together to produce the draft. The draft went out for public engagement in January.

The vision of the Strategy is *"To enable people to live a healthier, longer life; with good mental and physical wellbeing; living independently and enjoying the place where they live."*

The four strategic outcomes are that:

i. Cheshire East is a place that supports good health and wellbeing for everyone
ii. Our children and young people experience good physical and emotional health and wellbeing
iii. The mental health and wellbeing of people living and working in Cheshire East is improved
iv. That more people live and age well, remaining independent; and that their lives end with peace and dignity in their chosen place.

The Strategy will underpin work across the Place to reduce inequalities and improve the health and wellbeing of our residents.

2 Recommendations

2.1 That the Cheshire East Health and Wellbeing Board consider and approve the *Joint Local Health and Wellbeing Strategy and Five-Year Plan 2023-2028*.

3 Reasons for Recommendations

3.1 To ensure that the Board has fulfilled its statutory responsibility to prepare a Joint Local Health and Wellbeing Strategy.

3.2 To provide strategic direction for the reduction of inequalities in Cheshire East and the integration and improvement of health and care services.

4 Impact on Health and Wellbeing Strategy Priorities

4.1 The approval of the Strategy will create a refreshed set of priorities under the four strategic outcomes. These will provide a framework for the next five years. Annual reviews will determine the extent to which changes need making as external circumstances change, initiatives are completed or additional challenges become known.

5 Background and Options

5.1 Health and Wellbeing Boards were established under the Health and Care Act 2012. They are a formal committee of the local authority and are charged with promoting greater integration and partnership between bodies from the NHS, public health and local government. They have a statutory duty, with Integrated Care Boards, to produce a joint strategic needs assessment and a joint local health and wellbeing strategy for their local population.

5.2 The previous Joint Health and Wellbeing Strategy (the word ‘Local’ has been added to the Strategy title as a result of a change set out in the Health and Care Act 2022) expired in 2021. The Pandemic delayed the work to refresh the Strategy.

5.3 It was agreed that it would be sensible to bring together the new Strategy with a refresh of the Place Partnership Five Year Plan to create a single document for the system. The draft presented to the Board today incorporates both elements and provides a high-level strategic overview of the vision, strategic outcomes and priorities for the Health and Wellbeing and Place Partnership Boards over the next five years.

5.4 A Five-Year Health and Care Service Delivery Plan will provide more detail on the implementation of activity, together with the organisational plans of the Boards’ partners.

5.5 At a workshop in July 2022, system partners agreed to retain key elements of the previous Health and Wellbeing Strategy and Five-Year Plan, on the basis that the Pandemic had significantly impacted upon progressing the ambitions set out within the previous documents. The refresh has taken into account those issues that have been exacerbated by the Pandemic and newly identified areas requiring attention and improvement.

5.6 The Strategy sets out the new context within which we are working, taking into account the NHS Cheshire and Merseyside Integrated Care Board and the Cheshire and Merseyside Integrated Care Partnership, the formal recognition of the ‘Place’ being coterminous with the local authority geography and the Care Communities operating at a local ‘neighbourhood’ level. It also summarises the challenges that we face as a system. There is a focus on the wider determinants of health in recognition of the impact that these have and the need for the Health and Wellbeing Board to galvanise partners to work in partnership to address these. In addition, it sets out the challenges for health and care providers and the aspirations that we have to work together to improve services and outcomes for our residents/patients through a more integrated approach.

5.7 The four strategic outcomes (slight revisions made to wording as a result of engagement feedback) are that:

i. Cheshire East is a place that supports good health and wellbeing for everyone
ii. Our children and young people experience good physical and emotional health and wellbeing
iii. The mental health and wellbeing of people living and working in Cheshire East is improved
iv. That more people live and age well, remaining independent; and that their lives end with peace and dignity in their chosen place.

5.8 For each of these a series of priority areas of work and key deliverables are set out, together with a series of indicators of success. A Joint Outcomes Framework is being prepared that will provide the means by which the indicators will be brought together and regularly reported on, to demonstrate progress or areas of challenge.

5.9 The feedback from the public engagement demonstrated a good level of support for the vision, strategic outcomes and model of care. The Consultation report can be viewed here: Health and Wellbeing Strategy Consultation 2023 - Full report (cheshireeast.gov.uk) Useful comments were received that have been used to make amends to the draft and are incorporated into the version presented today. Some of the comments were of more relevance to the Delivery Plan and will be picked up in that in due course.

5.10 Suggestions regarding the wording of the 'End of Life' element within the model of care were made. These have been considered and the wording has been changed in the attached draft.

5.11 The Cheshire East Health and Wellbeing Board are asked to consider and approve the *Joint Local Health and Wellbeing Strategy and Five-Year Plan 2023-2028*

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

The Joint Local Health and Wellbeing Strategy for the population of Cheshire East 2023 – 2028

Introduction

This latest Joint Local Health and Wellbeing Strategy is:

- a re-commitment to the priorities in our previous strategy, which remain key challenges across Cheshire East and have in some cases been exacerbated by the Pandemic
- a new commitment to addressing challenges emerging since the Pandemic
- a pledge towards different, more effective and sustainable ways of working across Cheshire East place for the long-term.

When the previous Joint Health and Wellbeing Strategy and Cheshire East Place Five Year Plan were published, COVID-19 was not yet known. The impact of the Pandemic on all of us and everything that we do has been significant, with lives lost, long-term health consequences for many, an exhausted health and care workforce and businesses struggling to survive.

However, the pandemic also demonstrated our ability to respond quickly and effectively, to support each other, to care, to innovate, to volunteer and to do everything we possibly could as individuals, communities and organisations to protect our most vulnerable residents. This is a positive legacy that we can build upon.

The COVID-19 pandemic has widened existing inequalities with the greatest impact on our most vulnerable residents and demonstrated the need for resilient communities and services; finances are stretched; the demand pressures on all parts of the health and care system are greater than ever, with significant workforce gaps as a result of challenges in recruiting and retaining staff. Cost-of-living increases are impacting individuals, families, communities, businesses, the faith and voluntary sector organisations and all parts of the public sector.

The Health and Wellbeing Board and the Cheshire East Health and Care Partnership recognise and acknowledge these challenges. Working together with our residents and other stakeholders is the only way that we can address and overcome them. Our over-arching goal is to improve population health and wellbeing whilst reducing health inequalities and this Strategy sets out our strategic objectives and areas of focus to achieve that over the next five years.

The Joint Local Health and Wellbeing Strategy sets out our[1] high-level vision and aspirations to:

- **Reduce inequalities, narrowing the gap between those who are enjoying good health and wellbeing and those who are not**
- **Improve the physical and mental health and wellbeing of all of our residents**
- **Help people to have a good quality of life, to be healthy and happy.**

[1] The '*Joint Local Health and Wellbeing Strategy for the population of Cheshire East 2023 – 2028*' is written on behalf of the Cheshire East Health and Wellbeing Board and the Cheshire East Health and Care Partnership, forming the latter's 'Five Year Plan'. 'Joint' refers to it being the responsibility of both the local authority and the NHS Cheshire and Merseyside Integrated Care Board to produce the Strategy (and associated work, for example the Joint Strategic Needs Assessment and Joint Outcomes Framework)

DRAFT

OUR VISION

"To enable people to live a healthier, longer life; with good mental and physical wellbeing; living independently and enjoying the place where they live."

Our local focus will be upon:

- Tackling inequalities, the wider causes of ill-health and the need for social care support, through an integrated approach to address worklessness, poverty, debt, poor housing, social isolation and loneliness
- Prevention and early intervention, health improvement and creating healthy environments that support and enable good physical and mental health and wellbeing and contribute to keeping people independent and at home for as long as possible
- Ensuring our actions are centred around the individual, their goals and the communities where they live, working with, not doing to you
- Developing and delivering a sustainable, integrated health and care system that supports you as close to home as possible.

We will take action to help improve the physical and mental health and wellbeing of the population now and in the future, investing in what makes the biggest difference to most people, focussing upon empowering individuals, families and communities to take ownership of their wellbeing with support available when and where it's needed. We will co-design and deliver safe, integrated and sustainable services that meet people's needs through the best use of all the assets and resources we have available to us.

The Strategy's primary evidence base is the Joint Strategic Needs Assessment, and it is complemented by a number of Cheshire East and NHS Integrated Care Board (ICB) strategies such as those for the Environment, Housing, Transport, Green Spaces and Digital, all of which influence people's health and wellbeing. It also considers the recommendations of plans across the wider Cheshire and Merseyside Integrated Care System, including the *Cheshire and Merseyside Integrated Care Partnership's Strategy* and the Integrated Care Board's '*All Together Fairer*' and '*All Together Active*' strategies.

In addition, other plans will set out in more detail different aspects of how we will deliver our vision and priorities. These will include a *Five-Year Health and Care Service Delivery Plan*, the *Live Well in Crewe Plan*, and the *Better Care Fund Plan.* Organisational strategies will also be aligned to the local Joint Health and Wellbeing Strategy in due course, with a commitment to work in partnership to deliver against the strategic outcomes set out below.

<u>Outcomes</u>

We have four strategic outcomes that we are working to achieve. These are that:

1. Cheshire East is a place that supports good health and wellbeing for everyone
2. Our children and young people experience good physical and emotional health and wellbeing
3. The mental health and wellbeing of people living and working in Cheshire East is improved
4. That more people live and age well, remaining independent; and that their lives end with peace and dignity in their chosen place.

A *Joint Outcomes Framework* will monitor our progress against these (see page 17 below)

To enhance our working in partnership and as an integrated care system we will be:

- Demonstrating improved outcomes within a broad vision of health and wellbeing
- Enabling people to be happier, healthier and independent for longer
- Making the connections between wellbeing and economic prosperity
- Supporting people to take personal responsibility for their good physical and mental health and wellbeing and making healthy lifestyle choices
- Co-designing and collaborating with our residents, service users and people with lived experience
- Building the necessary workforce, estate infrastructure and financial capacity
- Providing strategic system leadership

Principles

The principles that will underpin our work are to:

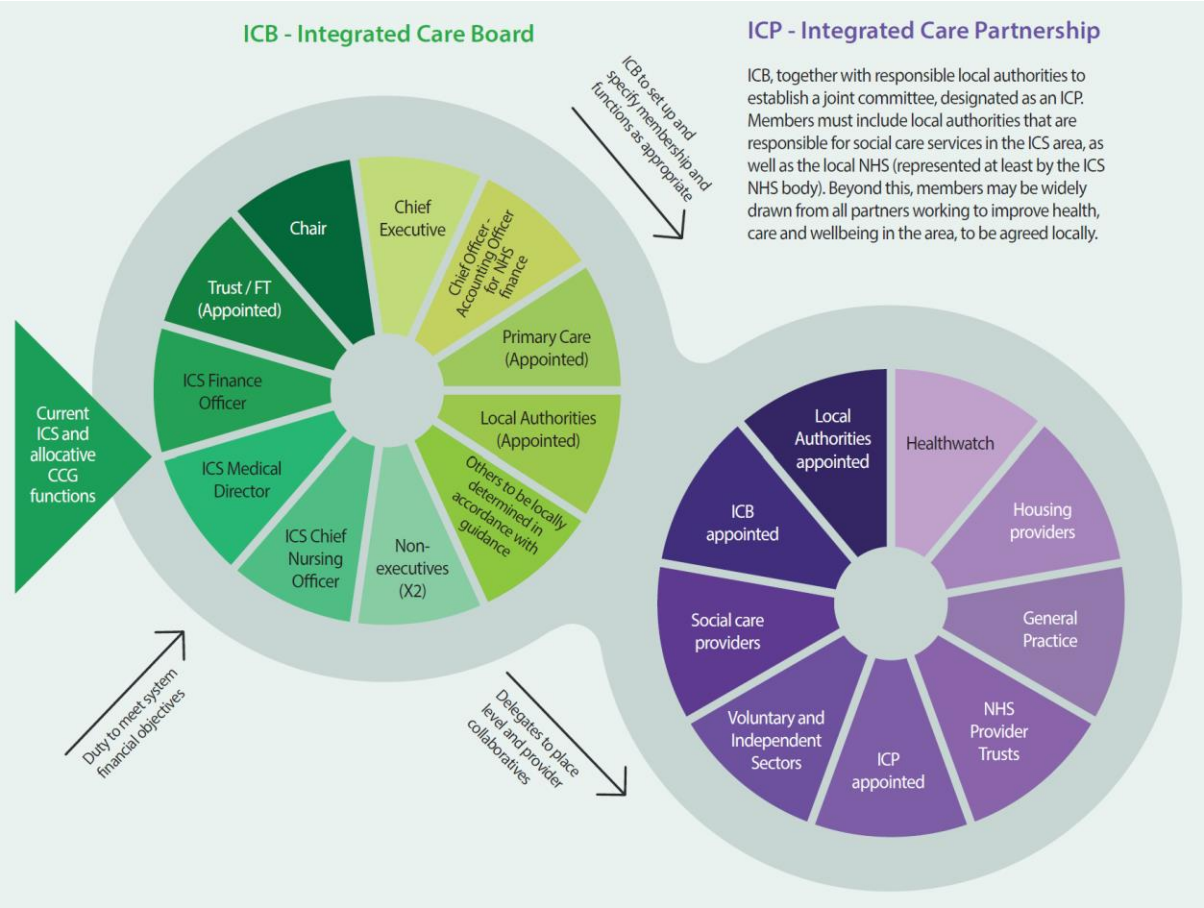
- Put the voices of people and communities at the centre of decision-making and governance, at every level
- Engage with and listen to the seldom heard, for example young carers, cared for children, care leavers, those living in poverty, rural residents and the LGBTQ+ community
- Co-design services and tackle Cheshire East priorities in partnership with people and communities, building upon '*Living Well for Longer*'
- Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions
- Understand communities' needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect
- Build relationships with excluded groups, especially those affected by inequalities
- Work with Healthwatch and the voluntary, community, faith, and social enterprise (VCFSE) sector as key partners
- Provide clear and accessible public information about vision, plans and progress, to build understanding and trust
- Use community development approaches that empower people and communities, making connections to social action
- Use co-design and production, insight and engagement to achieve accountable health and care services.

The way health and care is organised locally

The Cheshire and Merseyside Integrated Care System

Cheshire East is a partner in the Cheshire and Merseyside Integrated Care System (ICS). The ICS comprises two key components (Figure 1): the NHS Cheshire and Merseyside Integrated Care Board that, since 1st July 2022 has held responsibility for planning and funding most local NHS services, including primary care, community pharmacy and those services previously commissioned by clinical commissioning groups (CCGs); and the Cheshire and Merseyside Integrated Care Partnership (ICP) which brings together a broad set of system partners (including local government, the voluntary, community, faith and social enterprise sector (VCFSE), NHS organisations and others)to develop a health and care strategy for the area.

Figure 1. The Integrated Care System



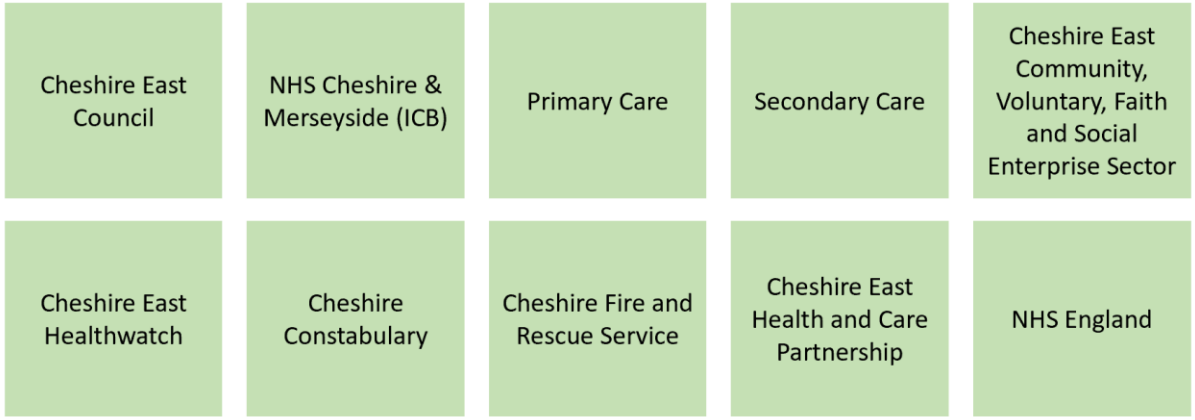
The Cheshire East Health and Wellbeing Board

The Cheshire East Health and Wellbeing Board was established in 2013 as a requirement of the Health and Social Care Act (2012). The Board exists to:

- Bring together the key decision makers across the NHS and local government
- Set a clear direction for the commissioning (planning and delivery) of health care, social care and public health services
- Drive the integration of services across communities
- Improve local democratic accountability
- Address the wider determinants of health and tackle inequalities.

In Cheshire East the Health and Wellbeing Board membership includes representatives from: the local authority, local NHS partners, the community and voluntary sector, Healthwatch, the Cheshire Constabulary and Cheshire Fire and Rescue Service (Figure 2).

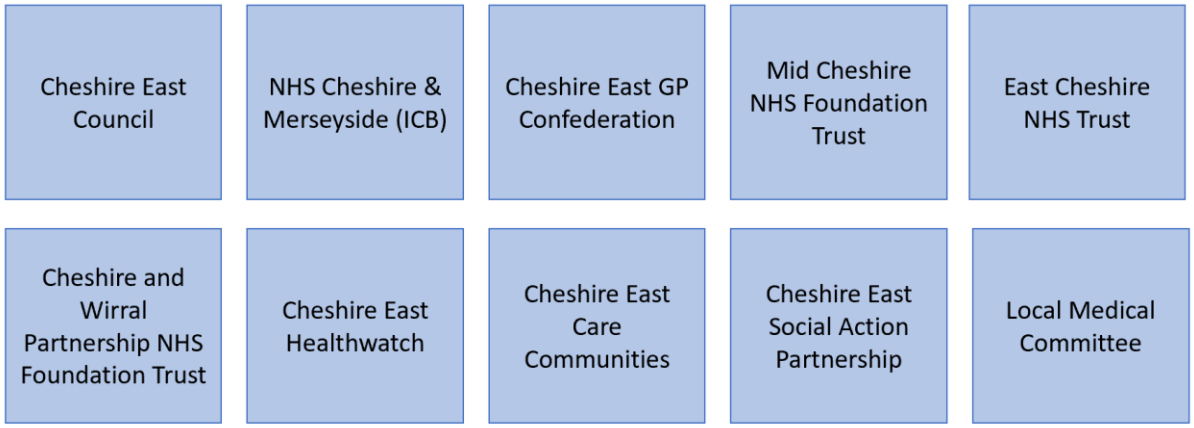
Figure 2. The Cheshire East Health and Wellbeing Board



The Cheshire East Health and Care Partnership

The Cheshire East Health and Care Partnership was established in 2018 and is made up of all parts of the local health and care system: the local authority, NHS Cheshire and Merseyside, NHS provider organisations, GPs, the community and voluntary sector and Healthwatch (figure 3.). The focus is on improving access to and the quality of health and care service provision, through a more integrated approach and working closely with residents, communities and the community and voluntary sector.

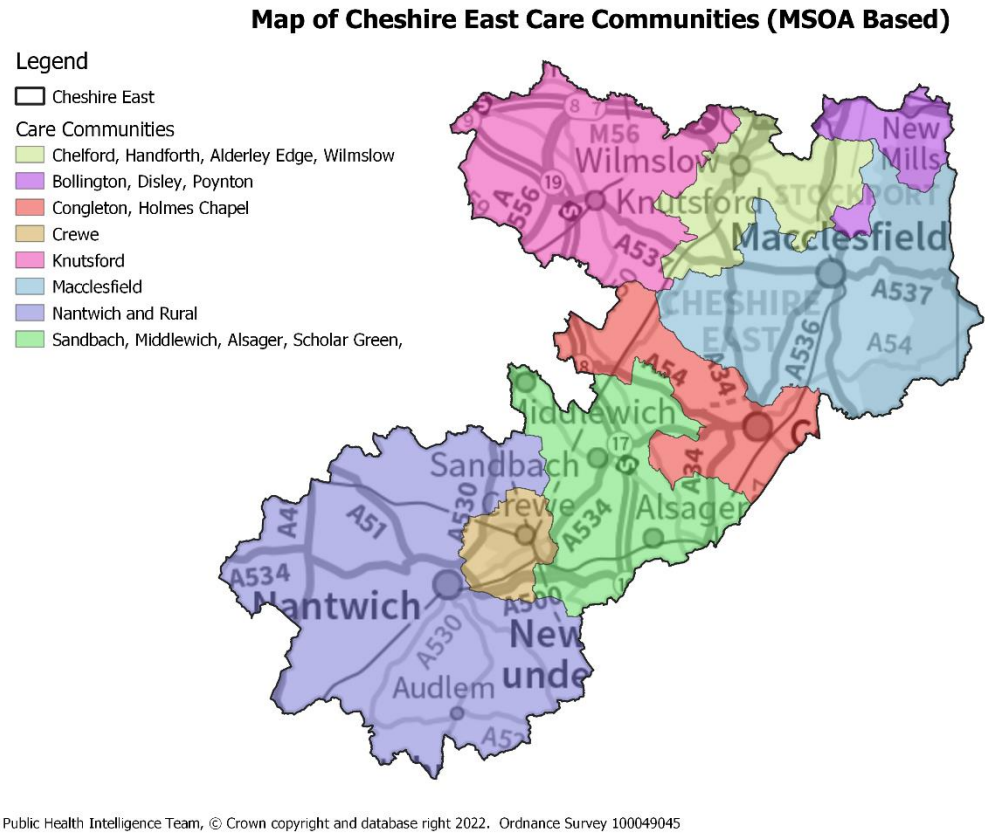
Figure 3. The Cheshire East Health and Care Partnership



Our Care Communities

Our eight Care Communities are local partnerships based around clusters of GP surgeries, working to meet the needs of residents in their areas. These will form the foundation of the integrated health and care system in Cheshire East.

Map 1. The Cheshire East Care Communities



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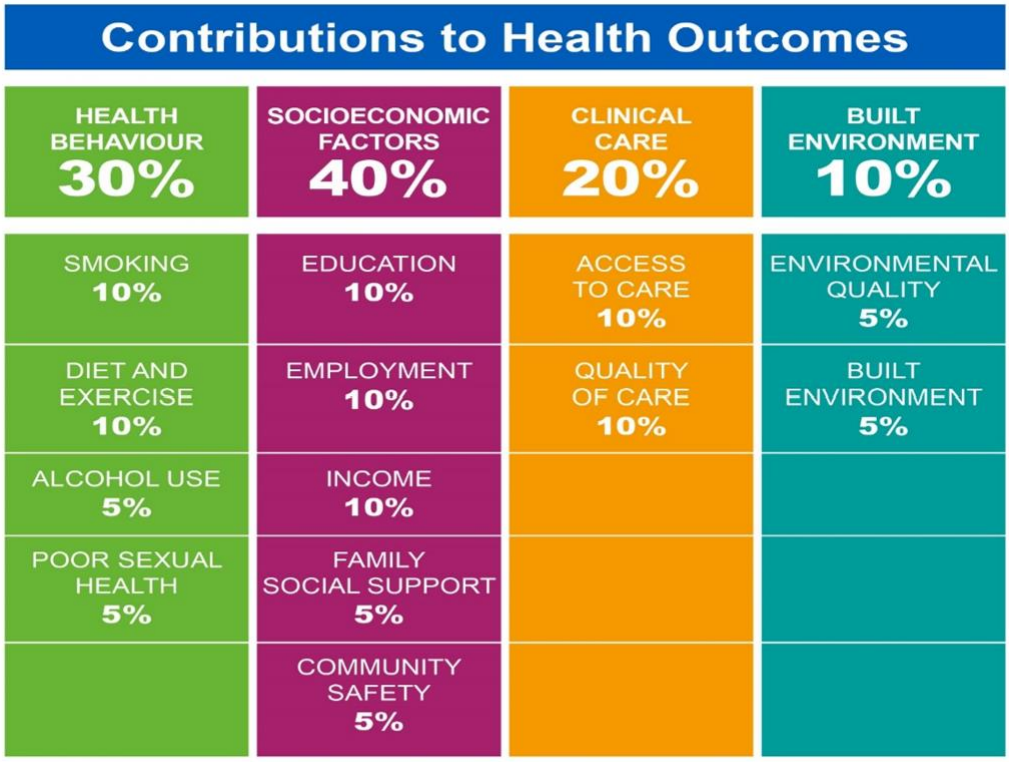
The 'building blocks' of good mental and physical health and wellbeing

Good physical and mental health and wellbeing go hand in hand with economic growth and prosperity. Whilst access to good quality health services is important, most of what makes us healthy has nothing to do with health care (figure 4.) We all need access to suitable housing, education, employment, sufficient income, infrastructure (including green spaces, leisure and cultural opportunities) and good quality information that helps us to make positive choices in relation to our lifestyles. These 'building blocks' of health and wellbeing are connected and complement each other. When we don't have a warm home or healthy food and are worrying about making ends meet, it puts a strain on our bodies. This can result in increased stress, high blood pressure and a weaker immune system and lead to ill health and the need to access health services.

Figure 4. Relative contributions to population health outcomes (Park H., Roubal, A.M., Jovaag, A. Gennuso, K.P. and Catlin, B.B 2015 - American Journal of Preventive Medicine December 2015)



Despite deteriorating health and widening inequalities across the country and in Cheshire and Merseyside, there is scope for local areas to make a real difference. '*All Together Fairer: health equity and the social determinants of health in Cheshire and Merseyside*'[2], published in May 2022, sets out a strong case for reducing health inequalities by focussing upon these building blocks as recommended by the Marmot review (Marmot (2020) Health Equity in England: The Marmot Review 10 Years On[3]). The inequalities are unnecessary and unjust, harm individuals, families, communities and place a huge financial burden on services, including the NHS, the voluntary and community sector and on the economy. Changes in approach, allocation of resources by need and strengthened partnerships are essential. The recommendations of the '*All Together Fairer…*' report will inform our thinking and delivery plan.

Many residents of Cheshire East have good levels of physical and mental health and wellbeing. However, there are still very significant issues affecting our population, some of which have been exacerbated by the pandemic and cost of living crisis.

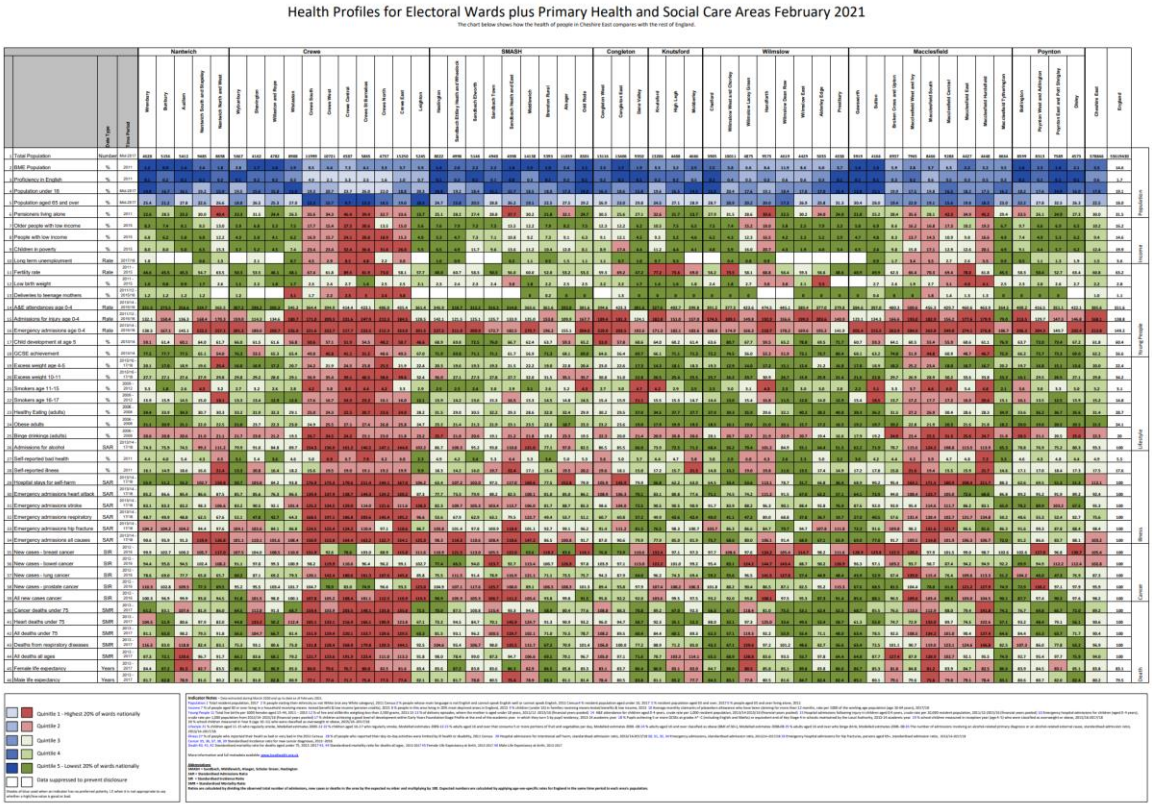
Amongst these are:

[2] All Together Fairer | Champs Public Health Collaborative

[3] Health Equity in England: The Marmot Review 10 Years On - The Health Foundation

- The need to increase the number of people who maintain a healthy lifestyle – e.g., are physically active, have good mental wellbeing and enjoy a balanced diet
- Preparing for an increasingly ageing population (by 2029 it is estimated the number of people aged 65 or over will have increased from 89,225 (2021) to 107,374)
- Improving the mental health and emotional wellbeing of residents
- Addressing some stark differences across Cheshire East that are illustrated in the 'Tartan Rug' (which shows the relative performance in the wards of Cheshire East against a series of health indicators) Tartan Rug (cheshireeast.gov.uk)

Figure 5. Cheshire East Health Profiles for Electoral Wards… (The Tartan Rug)



To improve the physical and mental health and wellbeing of our residents and reduce the demand for health and social care there needs to be a focus on preventing ill health at the heart of all our strategic plans, actions and service provision. This is also where the role of individuals, families, schools, housing, workplaces, leisure facilities and communities is vital, contributing to good health and wellbeing and preventing or delaying a need for health or social care arising.

We want to make it as easy as possible to stay healthy, supporting and enabling people where needed. And we want to promote a shared understanding of individual and community responsibility to enable wellbeing and more people living well for longer.

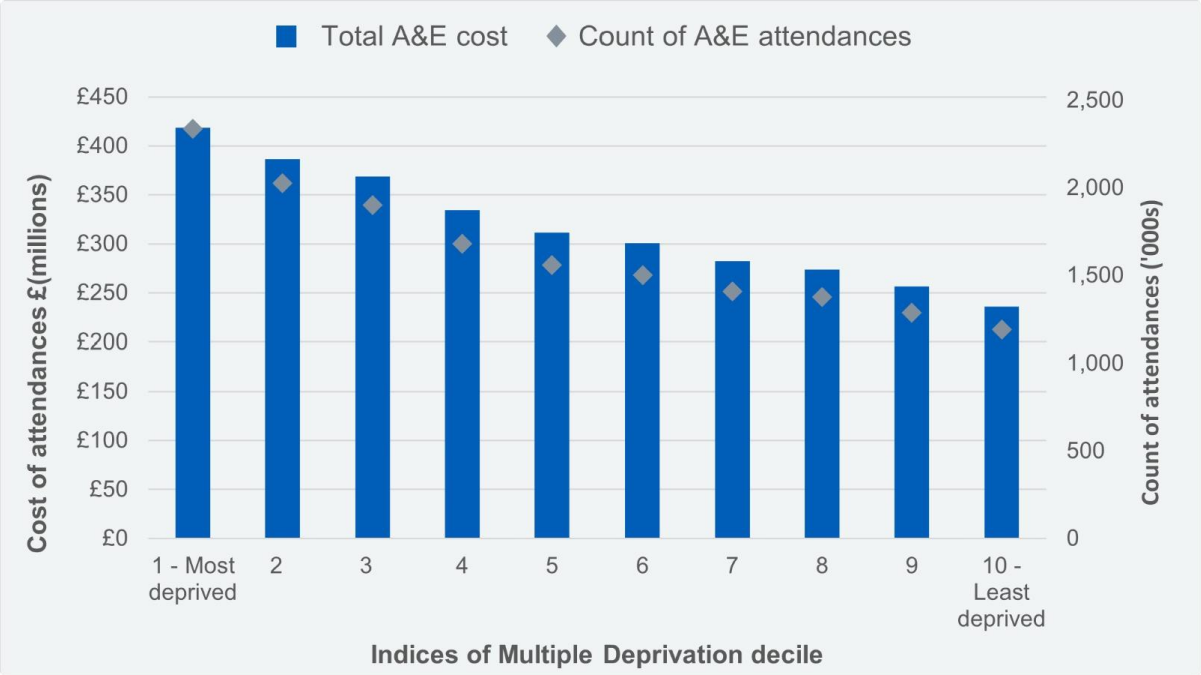
What are the challenges?

Many of us are living longer, in better homes, with good social networks and in supportive communities. Nevertheless, one in five people have lived experience of a disability or long term health condition and we are experiencing increasing fragility and vulnerability in older age with the increasing numbers of older people placing more demand upon health and care services. The

number of over 65-year-olds has increased by 25% since 2011 and now forms 22.4% of the population, compared to an England average of 18.4%[4].

For those living in our more deprived areas, health and wellbeing is often poor. Evidence[5] shows that they live shorter lives than those in less deprived areas, and that they spend more of their lives experiencing ill health. This inevitably leads to more use of - and a greater cost to - the health and care system. For example, Accident and Emergency usage and costs are higher in more deprived areas:

Figure 6. Impact of Deprivation on Acute Patient Level Activity and Costing – all England[6]



The pandemic has worsened existing challenges and created new ones, with potentially long-term health consequences for many people, adding to the demand pressures that health and social care services were already facing.

These demand pressures are stretching the workforce capacity and financial resources of all parts of the health and social care system, to the point at which it will become unsustainable if we do not change the way things are done. They are also leading to long delays for many people who need to access health and care services.

Causes of death

Across the United Kingdom, 2001-2018, leading causes of death have included lung cancer, ischaemic heart disease, influenza and pneumonia, dementia, chronic lower respiratory diseases and cerebrovascular diseases. In 2018, the leading cause of death in the UK was dementia, accounting

[4] Census 2021 Available from: https://www.ons.gov.uk/visualisations/censuspopulationchange/E06000049/
[5] Marmot et al. (2020) Build Back Fairer: The COVID-19 Marmot Review
[6] Acute Patient Level Activity and Costing, 2019-20, NHS Digital, published online 11 Feb 2021

for 12.7% of all deaths registered. The leading cause of death in males in 2018 was ischaemic heart disease, whilst in females, it was dementia[7].

Overall rates of healthy lifestyle behaviours are better in Cheshire East than the England average, but we have some communities where they are much worse[8]. The mortality rates for heart diseases in Cheshire East are similar to the England average[7,9]. However, people in some areas of Crewe and Macclesfield have a significantly higher risk of early death from heart disease[7,10]. Again, rates of cancer death are lower than the England average[7,8], but higher in some areas of Crewe and Macclesfield[7,9]. Additionally, those living in our more deprived communities are more likely to die from a respiratory related disease[7,9]. The excess under 75 mortality rate in people with severe mental illness in Cheshire East is worse than the England average[7].

Our residents' views

Healthwatch Cheshire East's annual report 2021-2022 sets out several issues that are of most concern to our residents.

- Accessing GP services, including long waits to get through to reception and to get an appointment and mixed experience of telephone and video consultations
- Delays in referrals to other services and lack of information regarding timescales with a lack of clarity as to where the ownership lay to get the referral appointment sorted
- Concerns regarding the referral and waiting times to access mental health services
- The physical accessibility of health services because of limited or poor public transport links
- Lack of NHS dentistry provision and being pressured into paying for treatment as a result
- Limited support for carers

Being a carer

We acknowledge the pressure that being a carer can bring and will ensure that the *All Age Carers Strategy for Cheshire East 2021-2025*[11] guides our work and that we support the key delivery actions.

[7] Office for National Statistics. Leading causes of death, UK: 2001 to 2018. Registered leading causes of death by age, sex and country. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/articles/leadingcausesofdeathuk/2001to2018#uk-leading-causes-of-death-data (Accessed 3 November 2022).

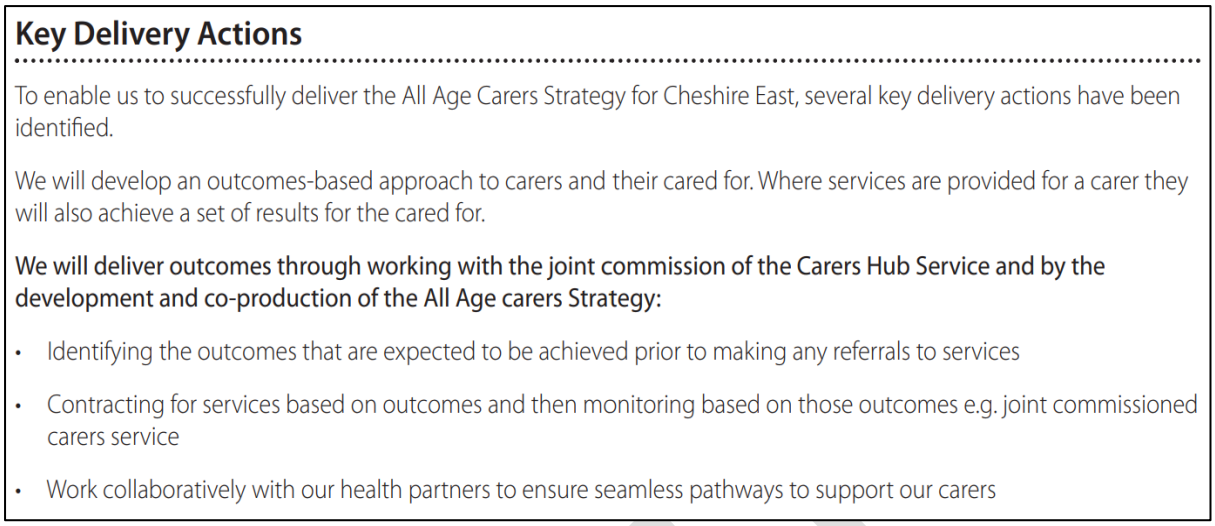
[8]Cheshire East Council (2022) Health Profiles for Electoral Wards Plus Primary Health and Social Care Areas. February 2021. Available from: https://www.cheshireeast.gov.uk/pdf/jsna/ward-profile-tartan-rug/tartan-rug-cec.pdf (Accessed 3 November 2022).

[9] Office for Health Improvement and Disparities. Mortality Profiles. Available from: https://fingertips.phe.org.uk/profile/mortality-profile/data#page/1 (Accessed 3 November 2022).

[10] Office for Health Improvement and Disparities. Local Health Profiles. Available from: https://fingertips.phe.org.uk/profile/local-health/data#page/0/gid/1938133183/pat/401/par/E06000049/ati/8/are/E05008610/yrr/5/cid/4/tbm/1 (Accessed 3 November 2022).

[11] What is a carer (cheshireeast.gov.uk)

Figure 7. Key Delivery Actions, Cheshire East All Age Carers Strategy



The Strategic Outcomes

Outcome One: Cheshire East is a place that supports good health and wellbeing for everyone

Where we spend our daily lives, living, attending school, relaxing or playing, working, socialising has a significant influence on our health and wellbeing. We will work together to:

- Work with our local communities to enable them to be supportive with a strong sense of neighbourliness
- Support people to develop the life skills and get the education that will help them to thrive
- Help and support people to live independently for as long as possible
- Provide access to good cultural, leisure and recreational facilities
- Support active travel initiatives across the borough
- Ensure people have housing that is not detrimental to their health and wellbeing
- Support key employment sectors and local supply chains with health and care investment
- Pay particular attention to supporting those in our more deprived and rural communities and addressing specific issues they may face
- Support adults with learning disabilities and/or autism to have the same opportunities as anyone else to live satisfying and valued lives and, to be treated with the same dignity and respect.

Key deliverables

- Ensuring that health and wellbeing considerations are regarded as a core part of all work related to spatial planning, transport, housing, skills, employment and economic development
- Delivering the recommendations of the '*Living Well in Crewe Plan*'
- Working together to support residents, staff, businesses and other partners through the cost-of-living crisis in particular those facing fuel and food poverty
- Working with local residents and partners to improve the quality of their living environment and access to existing green spaces in areas of higher deprivation.

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- Working with the Safer Cheshire East Partnership to support vulnerable and at risk residents and supporting the work towards safer communities
- Commissioning and/or providing services that enable people to improve their health and wellbeing
- Prioritising new walking and cycling infrastructure in areas with higher levels of deprivation and promoting active travel
- Supporting the work to deliver air quality improvements set out within the *Cheshire East Air Quality Strategy* and Action Plan
- Apply the '*Health Pathfinder*' model (in relation to domestic abuse) locally within health settings
- Further developing our approach to social value and our organisations' roles as 'anchor institutions'.

Indicators for success include to:

- Increase the percentage of people aged 16 to 64 in good employment
- Increase the number of people using outdoor spaces for exercise and physical activity
- Reduce the number of households that experience fuel poverty

Outcome two: Our children and young people experience good physical and emotional health and wellbeing

We want our children and young people to get the best start in life and to be supported at each stage of their development. This begins with:

- Supporting expectant mothers to have a healthy pregnancy
- Supporting new mothers with breastfeeding
- Having networks and services for families with pre-school children and prioritising school readiness
- We will focus upon reducing childhood obesity and building emotional wellbeing
- We will provide the right care for children with a learning disability and reduce waiting times for autism assessments
- We will support our disabled children and young people
- For children with cancer, we will strive to provide the best treatments that are available
- We will focus on the health and wellbeing of our most vulnerable children and young people, cared for children and care leavers.

Key deliverables

- Completing the roll out of Family Hubs
- Working as a system to improve school readiness for all
- Reducing the inequalities in educational attainment between those children eligible and not eligible for free school meals
- Reducing school exclusions, offending and drug and alcohol abuse in young people
- Working together to support families most in need and improve household incomes and health outcomes for their children
- Maximising the numbers of young people in education, training or employment, boosting aspiration and engagement.

Indicators for success include to:

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- Reduce child poverty and its impact on health and wellbeing
- Reduce the numbers of children with tooth decay
- Increase the rates of infants that continue to breastfeed at 6-8 weeks of age
- Increase the number of children reaching expected level of development at 2 - 2.5 years of age
- Reduce the numbers of 4 to 5 (reception) and 10 to 11 (Year 6) year olds who are overweight or obese
- Increase the numbers of 15-year-olds meeting the recommended 'five a day' fruit and veg
- Reduce the proportion of school pupils with social, emotional and mental health needs
- Maintain the low numbers of 16–17-year-olds not in education, employment or training or whose activity is not known.

Outcome three: The mental health and wellbeing of people living and working in Cheshire East is improved

Mental health includes our emotional, psychological and social wellbeing. It affects how we think, feel and act. It also determines how we handle stress, relate to others, make choices and our level of resilience. It is important at every stage of life.

We want to work towards:

- Our residents having improved emotional wellbeing and mental health through a focus upon prevention and early support
- There being access to mental health services that meet the needs of our population
- People do not feel isolated or lonely
- Communities providing opportunities for all people to integrate and feel a part of their 'place'
- Adults and children experiencing domestic abuse receiving support that reduces risk, meets their needs and enables long term recovery.

Key deliverables

- Implementation of the *All-Age Mental Health Plan*
- Assessing the levels of isolation across the borough and the impact of the Pandemic to inform the planning and delivery of appropriate interventions
- Improving access to prevention and early intervention signposting, guidance and advice
- Addressing the health inequalities faced by people with learning disabilities and autism
- Undertaking the severe mental illness health check self-assessment and draft an improvement action plan
- Ensuring we are well connected to the Cheshire and Merseyside ICB Mental Health Programme and Cheshire and Wirral Partnership's Community Mental Health Services Transformation Programme
- Support the delivery of the Cheshire East Domestic and Sexual Abuse Strategy
- Responding to the Cheshire and Merseyside Suicide Prevention Strategy and preparing a Cheshire East Suicide Action Plan.

Indicators for success include to:

- Increase the numbers of adults who report good wellbeing

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- Increase the proportion of adult social care users who have as much social contact as they would like
- Increase the proportion of adult carers who have as much social contact as they would like
- Increase the proportion of adults in contact with secondary care mental health services living independently and who are in employment
- Reduce the levels of depression in adults
- Reduce the number of hospital stays for self-harm
- Reduce the number of suicides.

Outcome Four: That more people live and age well, remaining independent; and that their lives end with peace and dignity in their chosen place.

As has already been mentioned, we need to focus upon the causes of ill health (e.g. poor diet, smoking, drinking alcohol, lack of physical activity), rather than on the illness or disease that these cause (e.g. smoking increases the likelihood of heart disease, stroke, lung cancer and vascular dementia). Preventing ill health and disease enables more people to live well for longer.

We will act across the life-course, from childhood to older age focusing upon prevention and early intervention to address:

- Alcohol and substance misuse
- Smoking
- Physical activity
- Healthy eating
- Domestic abuse and sexual violence

When people have been unwell, we will work as a system to facilitate their return home with the appropriate support to continue their recovery and to help them maintain their independence for as long as possible.

We want every person within Cheshire East to get fair access to palliative and end of life care and support, regardless of who they are or the circumstances of their life. We want everyone with life limiting conditions to live well, before dying with peace and dignity in the place where they would like to die, supported by the people important to them.

Key deliverables:

- Delivering four collaborative health and wellbeing campaigns across all partners each year
- Continue our focus on cardiovascular and respiratory health, both preventative activity and more integrated support for those affected
- Implementing an '*All Together Active*' delivery plan within Cheshire East
- Supporting the implementation of the '*Live Well for Longer Plan*'
- Supporting the implementation of the *Dementia Strategy*
- Improving the availability and quality of green spaces in areas with higher levels of deprivation
- Working to improve the availability of community transport
- Supporting people with disabilities and/or long-term health conditions
- Evidence based commissioning of public health and preventative services in primary and secondary care

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- Rolling out '*Making Every Contact Count*' (MECC) across the workforce within the health and care system (including the voluntary, community, faith and social enterprise sector)
- Delivering the Home First Programme: Hospital prevention, which includes the Community 2 Hour Response, Virtual Wards, Falls Prevention, Rapid Home Care and Community Voluntary Sector support
- Identification of people who are likely to be in their last year of life
- Support people in their last year of life to develop a personalised care plan, making more likely that they will receive care and die in the place of their choice.

Indicators for success include to:

- Reduce the number of adults who are overweight or obese
- Increase the number of adults that are physically active
- Reduce the number of alcohol related admissions to hospital
- Increase the number of people successfully completing alcohol or drug treatment
- Increase the numbers of people eating the recommended 'five a day' fruit and veg on a 'usual day'
- Increase the number of people offered and accepting an NHS Health Check
- Increase the dementia diagnosis rates
- Improve the health-related quality of life for older people
- Reduce the numbers of older people who fall and need to be admitted to hospital
- People dying in their preferred place of death.

Our approach to achieve the strategic outcomes

Promoting wellbeing and preventing ill health

We want to support people to stay healthy with good mental and physical wellbeing for as long as possible. We want to enable people to live well for longer in their communities without the need for health and care services, where possible.

Empowering people to take responsibility for their own health and wellbeing throughout their lives will require coordinated work to ensure that people feel motivated and capable to promote their wellbeing. The provision of accessible information, advice and guidance, including through *the Live Well Directory* and via our system of social prescribers and community connectors will be core to this. It will also be important to provide sufficient opportunities within people's local area, enabling them to follow healthy lifestyles such as being more physically active.

As a system, we will also need to focus on addressing some of the root causes of ill health including **poor housing, poverty and poor education**, and work to build consensus on how each part of the system can play their part in addressing these causes, whether it is through more systematically signposting individuals to the support they need in relation to the root causes, working harder to reach people experiencing these challenges, or fundamental shifts in planning and regeneration work.

Wealth and Wellbeing

The strength of the economy of an area and its vitality and wealth generation directly contribute to the health and wellbeing of the community. We are making education, jobs and skills a key part of

our strategic approach and will engage our businesses in conversations about their role in boosting the health and wellbeing of their workforce and the communities they serve.

As partners we will invest in our own community whenever this gives us the best outcomes and provides best value. We will maximise the additional benefits that can be created by delivering, procuring or commissioning goods and services in Cheshire East. We want our local economy and workforce to benefit from the funds we have to spend and through that spending that we:

- Enable people to be well in work by directly supporting their mental wellbeing
- Removing complex barriers to employment and financial independence
- Ensuring that the skills strategy opportunities extend to people who are not in work and face the greatest challenges in securing a job
- Promote employment and economic sustainability
- Raise living standards for local people
- Maximise digital inclusion
- Ensure that individuals and families have housing suitable for their needs
- Build the capacity and sustainability of the voluntary, community, faith and social enterprise sector
- Promote equity and fairness
- Promote environmental sustainability

Tackling Inequalities

Health inequalities are avoidable and unfair differences in health status between groups of people or communities. There are stark differences across Cheshire East that need to be addressed. For example, there is a noticeable difference in life expectancy of around 12.6 years between the lowest rates in Crewe Central and the highest in Gawsworth for women[12] and a 12.7 year gap between the lowest rate in Crewe Central and the highest in the Sandbach, Ettiley Heath and Wheelock ward for men[13].

In general, there is more ill health in Crewe and parts of Macclesfield than in other areas. We know that this coincides with areas of deprivation, poorer housing, and lower educational achievement and employment. The numbers of people who smoke, drink and are obese are also correspondingly higher and pressures on primary, secondary and social care services are similarly higher.

Tackling these long-standing inequalities is not easy but is more likely through a holistic system wide approach that recognises and responds to the different inter-related challenges. NHS England has introduced a new approach to tackling healthcare inequalities for adults[14] and children[15] In addition the Cheshire and Merseyside Integrated Care System has committed to reducing inequalities and endorsed the '*All Together Fairer: health equity and the social determinants of health in Cheshire and*

[12] https://fingertips.phe.org.uk/profile/local-health/data#page/3/gid/1938133185/pat/401/par/E06000049/ati/8/are/E05008610/iid/93283/age/1/sex/2/cat/-1/ctp/-1/yrr/5/cid/4/tbm/1/page-options/car-do-0

[13] https://fingertips.phe.org.uk/profile/local-health/data#page/6/gid/1938133185/pat/401/par/E06000049/ati/8/are/E05008610/iid/93283/age/1/sex/1/cat/-1/ctp/-1/yrr/5/cid/4/tbm/1/page-options/car-do-0

[14] NHS England » Core20PLUS5 (adults) – an approach to reducing healthcare inequalities

[15] NHS England » Core20PLUS5 – An approach to reducing health inequalities for children and young people

Merseyside' report and its recommendations. Each 'Place' will be supported to address its local inequalities and implement the recommendations most useful to the issues that need addressing locally.

Our approach to reducing inequalities in Cheshire East will be led through the Increasing Equalities Commission.

Identifying markers of success and monitoring these through the Joint Outcomes Framework

A consensus building process has been undertaken to identify 12 key outcome indicators through which to monitor progress, towards our vision, across the Cheshire East health and care system. These include:

Overarching indicators

- Life expectancy at birth
- Healthy life expectancy at birth

Creating a place to promote health and well being

- Long-term unemployment
- Proportion of households in fuel poverty

Physical and mental wellbeing in children

- Percentage of children achieving a good level of development at 2-2.5 years (as a key contributor to mental wellbeing)
- Prevalence of overweight (including obesity) at year 6
- Smoking status at time of delivery

Mental wellbeing

- Social isolation: percentage of adult social care users who have as much social contact as they would like
- Social isolation: percentage of adult carers who have as much social contact as they would like
- Emergency hospital admissions for intentional self-harm

Live well for longer

- Percentage of physically active adults
- Admission episodes for alcohol-specific admissions.

These indicators will form the first of two parts of a Joint Outcomes Framework. The second part of the Framework will focus on additional indicators to monitor local progress in relation to the *Cheshire East Five-Year Health and Care Service Delivery Plan*. The Joint Outcomes Framework as a whole, will continue to evolve over the coming years, influenced by: emergent findings within the Joint Strategic Needs Assessment; community insights; Cheshire and Merseyside intelligence, progress in relation to the Delivery Plan; and developments in what we are readily able to measure.

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Importantly, the purpose of the Outcomes Framework is **not to** monitor and evaluate all core activity and transformation across the health and care system. However, there is a recognition across Cheshire East Place, that sustained focus on the above 12 specific outcomes, and inequalities across these, is required in order to demonstrate progress towards achieving the overarching vision outlined in this strategy.

A new way of working to meet changing needs

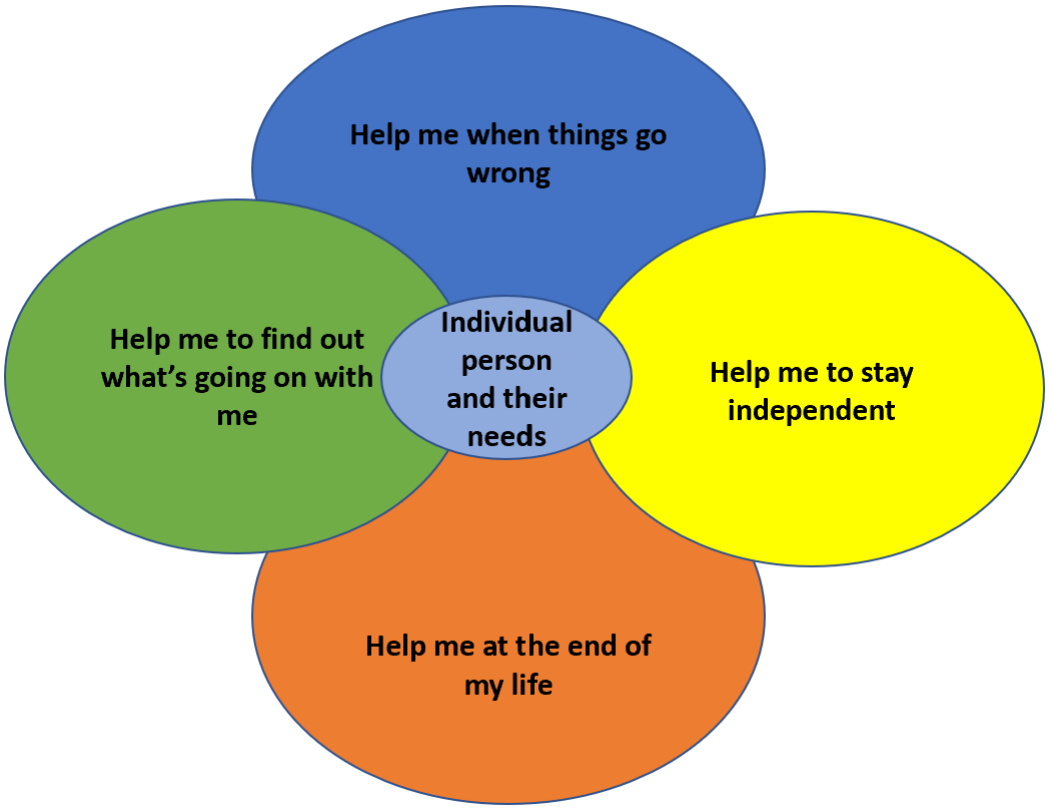
The make-up of our population continues to change and our plans for services need to reflect this. The economic regeneration of Crewe, arrival of HS2 and significant levels of housebuilding will bring in working age families to parts of the borough. Elsewhere we have fast growing cohorts of older people and our health and care services need to be ready to meet the needs of people with increasing frailty, multiple medical conditions and increasing levels of dementia.

New ways of working will be key to achieving better outcomes for our residents and meeting the changing and increasing demands. We also need to make the most of new technology, medicines and treatments that will improve health and wellbeing and make it easier to access health and care services when needed.

Our assumptions and planning will be tailored to promoting wellbeing and preventing illness, where possible and to supporting and empowering people to live with and manage frailty and several health conditions more effectively at home and in their communities. Local teams of health and social care professionals, working in partnership with families and carers, partners, will enable better co-ordinated care.

Through a detailed analysis of our population and local health and care needs, four areas of focus have been agreed, that will be designed around the individual:

Figure 8: Person centred care



This work will inform and influence how we develop our service improvement work. To achieve our aspirations new ways of working, enhanced workforce skills and a commitment to delivering differently will all be required.

Our Care Communities

We have established eight Care Communities across Cheshire East (see map 1 above), with staff from GP practices, community and hospital services, social care, other public sector organisations and the voluntary, community, faith and social enterprise sector working together more effectively. These have already proved their worth through the Pandemic. They have a common 'core service' but can add to that to reflect specific local priorities, needs and difference.

A tailored local service will be on offer which means:

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

The Care Communities will be providing services that will result in fewer people needing to be in hospital and their hospital stays being shorter because there is more provision in the community. The hospitals will be able to focus on those with the most serious health issues and those needing urgent emergency treatment.

The Care Communities model will allow services to focus upon the individual, supported by family and friends within their local communities. We will be able to link in more closely and in partnership with other resources and assets in the community that can impact upon health and wellbeing, such as housing, leisure activity, green spaces, community transport and local social groups.

We will increase our support to communities and opportunities to volunteer (for example 'People Helping People') by providing information, infrastructure, networks and skills to help local groups and social enterprises to grow. This will enable our communities to become more enterprising and resilient, reducing dependency and enable the more deprived areas to address the inequalities impacting on their lives.

The '*Next steps for integrating primary care: Fuller stocktake report*'[16] sets out several recommendations as part of its 'Framework for shared action' that will influence the development of the Care Communities and the work of the Primary Care Networks. These will be incorporated into the delivery plan.

Integrated health and care services – working together for you

At the heart of the Care Community ethos is integration, joining up different parts of the health and care services to provide a better experience and better outcomes for those we care for.

This approach is bringing teams together for their local populations. We will match the right care with a patient's needs and use integrated case management to allow people who are older, with longer term conditions, complex needs or mental illness to access services through a single point of

[16] NHS England » Next steps for integrating primary care: Fuller stocktake report

contact and benefit from a co-ordinated multi-agency team of professionals working to a single assessment, a single care plan and through a single key worker.

The same approach will be taken as people near the end of their life. The care provided through community teams, care homes, hospices and hospitals will whenever possible, be planned and personalised for people with life limiting conditions, allowing them to live well before dying with peace and dignity in the place of their choice.

Going digital

Achieving the step-change in prevention and early intervention and the delivery of services will require effective use of technology and digital solutions. We will use technology to support people to take responsibility for their own health and wellbeing. Our teams and services will be equipped with the data, digital tools and equipment that they need to work efficiently and effectively in an agile and flexible way.

However, we are very conscious that some people are digitally excluded. *Our Digital Inclusion Plan* will set out how we will support people to get online and, where that is not possible, or they choose not to, ensure that they are not excluded from being able to access or receive services.

Building the right health and care workforce

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

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

We are placing a special focus upon future workforce supply, recruitment and retention across Cheshire East and ensuring system-wide leadership development takes place to enhance the capabilities of those leading that workforce.

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

The Care Communities People Plan has recently been published and sets out six areas of focus with action plans:

- Growing our workforce
- New ways of working
- Creating a healthy leadership culture
- Caring for our people
- Innovation
- Learning and development

This will form the basis for the Care Communities workforce development and will be an essential part of the overall Place Workforce and Organisational Development strategy.

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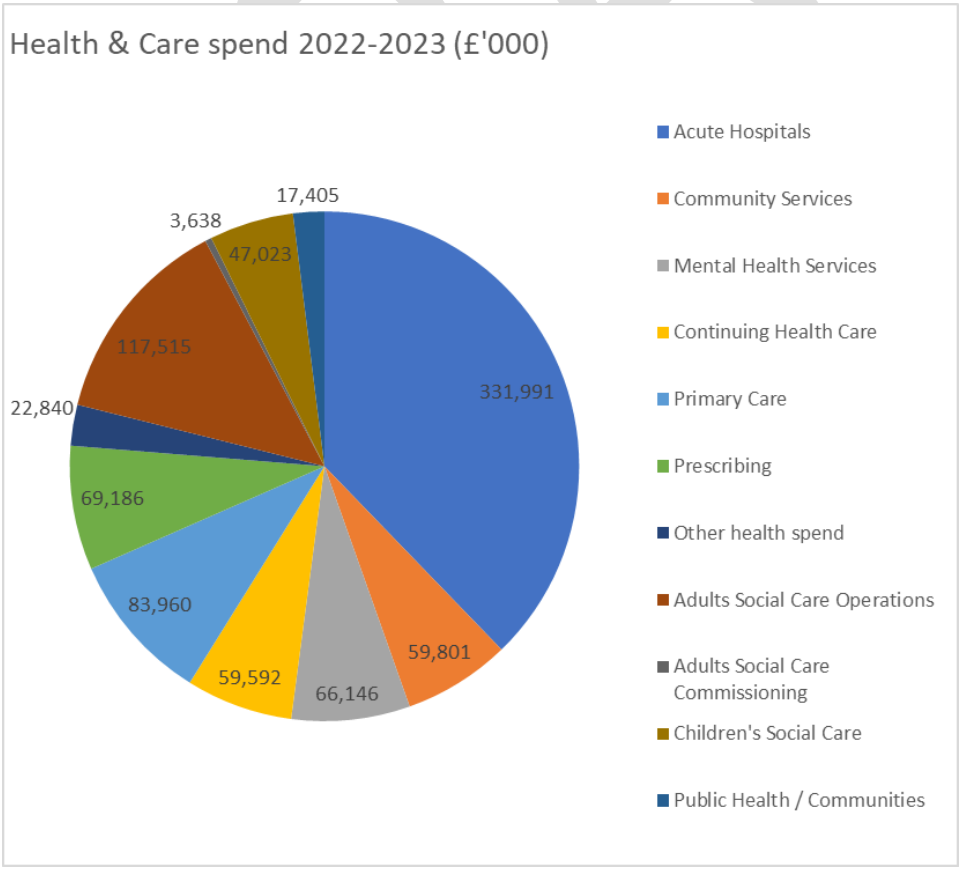
Using taxpayers' money wisely

The NHS in Cheshire East spends nearly £700 million, but its income is £655 million. The deficit has arisen, in part because of the increasing demands on the system that have outpaced budget availability. Similarly, all local authority services have faced very considerable financial challenges in recent years and increasing demand in both adult and children's social care. Inflationary pressures have added additional stress across health and care budgets in the last year. Cheshire East Council spends some £185 million on adults and children's social care, public health and community services.

The financial resources of the Cheshire East Place will remain stretched and we need to focus on keeping people healthy and supported in their own communities for as long as possible to avoid more costly medical or social care interventions. Our plans will change the balance between care in our acute hospitals and care in the community. We will increase the range and choice of care provided in people's homes and in community pharmacies, local clinics and primary care centres. Wherever possible we want to be able to support people to stay at home and only have to go into hospital or residential care if absolutely necessary. Our future investments will be focussed upon keeping people well and as independent as possible.

To get the most out of the taxpayers' investment in the NHS and social care we will continue working with health and care professionals to identify ways to improve services and reduce duplication. We will make better use of our combined buying power to get commonly used products more cheaply. We will make sure that the Cheshire East pound is invested in the health and care of our population effectively, efficiently and accountably.

Figure 9. Health and care spend in Cheshire East 2022-2023



Taking Action

This Joint Health and Wellbeing Strategy will be supported by the Partnership's *Five-Year Health and Care Service Delivery Plan* that will bring together the key elements of our improvement plans.

There is significant demand and need for services in Cheshire East, a combination of local demand pressures, coupled with the impact of preventable ill health and deaths and reducing funding, all of which combines to put pressure on the health and care system.

There is already a lot of work taking place to facilitate and support greater collaboration (for example through the Care Communities and closer working between our hospitals and social care colleagues) and we will build upon this to connect programmes of work to achieve improved health and wellbeing.

The term 'place-based' health is becoming increasingly used and recognises the need to focus on support and services for communities and that are 'closer to home'. It also acknowledges the importance of education, jobs and housing in shaping people's health and wellbeing, more so than any health and care services that might be accessed. Our focus will be upon individuals, supported by families and friends and the wider community. All the resources and assets available in a 'Place' should be used to establish and maintain those building blocks of good health and wellbeing.

The increased emphasis on prevention and early intervention will require us to organise our services differently and work more collaboratively as a system, helping people to stay independent and to live well for longer.

Every community in Cheshire East is different and local solutions will reflect local circumstances and challenges, but **our actions will be underpinned by five shared commitments**:

Integrated and empowered communities:

Individuals will be enabled to live healthier and happier lives in their communities with minimal support. Our services will focus on people's capabilities, what they can do, not what they can't! We will have a joint approach to building capacity in the community with a focus upon reducing social isolation. We will extend the use of personalisation and assistive technology to help people stay in their own homes. We will look to address the root causes of disadvantage.

Integrated case management:

Individuals with complex needs - including older people with longer term conditions, families with different and complicated needs and those with mental illness will access services through a single point of contact and benefit from their needs being managed and co-ordinated through a multi-agency team of professionals working to a single assessment, a single care plan and with a single allocated key worker.

Integrated commissioning:

People with complex needs will have access to services that have a proven track record of reducing the need for longer term care. This will be enabled by interventions such as intermediate care, reablement, mental health services, drug and alcohol support and housing with support options.

Integrated enablers:

We will take a joint approach to information sharing and digital solutions and adopt a funding and contracting model that focuses upon outcome or population-based commissioning models. We will

utilise pooled budgets to enhance community-based services and a joint approach to workforce development to recruit, develop and retain staff.

Being carbon neutral:

We recognise that climate change is the most significant health and human rights issue facing us today, and the transition to net zero is an opportunity to tackle inequalities and the wider determinants of health. It is an approach that is fundamentally important to the future survival of all of us, the population, and the planet. Cheshire East Council and NHS organisations have in place 'Green Plans' setting out how we will work to combine net zero carbon ambitions with broader social priorities to reduce health inequalities, enhance wellbeing and provide support across our community. The term social value means different things to different people depending to the context. For us it means improving the economic and environmental benefits for the people who connect with our services. It means tackling poverty and inequality. It means improving the health and wellbeing of the Cheshire East population. It means making the very best use of every penny we spend to ensure the long-term financial stability of the system, so we can provide the best possible standard of health and care to our residents.

We will consider the work of the Cheshire and Warrington Sustainable and Inclusive Growth Commission and how their priorities link to those set out within this Strategy.

Conclusion

The issues raised within this document are complex and longstanding and will take many years to address. There is much work to do. However, with sustained commitment from professionals and communities alike, and approaches that empower, inspire and reflect on lessons from the past, change is possible. It is also essential. We look forward to working together.

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Agenda Item 6

Cheshire East Council

NHS
Cheshire and Merseyside

CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	**Cheshire East Digital Inclusion Plan 2023 - 2026**
Report Reference Number	HWB 13
Date of meeting:	21st March 2023
Written by:	Guy Kilminster and Sarah Trelfa
Contact details:	Guy.kilminster@cheshireesat.gov.uk Sarah.trelfa@cheshireeast.gov.uk
Health & Wellbeing Board Lead:	TBC

Executive Summary

Is this report for:	Information ☐	Discussion ☐	Decision X
Why is the report being brought to the board?	For approval.		
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.	• That the Health and Wellbeing Board consider and approve the refreshed Cheshire East Digital Inclusion Plan. • That the Health and Wellbeing Board support the proposal that the Delivery Plan is implemented through the Cheshire East Digital Inclusion Partnership. • That the Health and Wellbeing Board agree to have oversight of the progress made in delivering the action plan.		

Has the report been considered at any other committee meeting of the Council/meeting of the ICB board/stakeholders?	N/A
Has public, service user, patient feedback/consultation informed the recommendations of this report?	Yes, the draft Plan was influenced by pre-engagement conversations with the public and voluntary and community sector organisations. The draft Plan was subject to a public engagement exercise. The report on this is attached as Appendix Two
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	The benefits to being digitally enabled are set out within the Plan but in summary can lead to amongst other things: improved health and wellbeing; being better connected socially; assisting with education, learning or work (including securing employment); being able to access information, guidance and advice and to benefit from savings deals on services and shopping.

1 Report Summary

1.1 A Digital Inclusion Strategy was first drafted as part of the 'Connecting Cheshire' broadband rollout project. This was updated in 2019. This latest refresh has been informed by pre - engagement with the public and representatives of the Community and Voluntary Sector and considers developments since March 2020 when COVID 19 prompted a significant shift to online interactions. This has deepened the divide for those who are digitally excluded.

1.2 The report sets out the context and the challenges facing different cohorts of the population, identifies priorities for action and the evolution of the Cheshire East Digital Inclusion Task Group into a Digital Inclusion Partnership that will lead the implementation of the delivery plan.

1.3 The draft Digital Inclusion Plan is attached as appendix one and the post consultation report as appendix two.

2 Recommendations

2.1 That the Health and Wellbeing Board consider and approve the refreshed Cheshire East Digital Inclusion Plan.

2.2 That the Health and Wellbeing Board support the proposal that the Delivery Plan is implemented through the Cheshire East Digital Inclusion Partnership.

2.3 That the Health and Wellbeing Board agree to have oversight of the progress made in delivering the action plan.

3 Reasons for Recommendations

3.1 To ensure that the need to have a system wide approach to digital inclusion is owned by the Health and Wellbeing Board and its constituent partners, and that support to work as a system on improving digital inclusion is agreed to be priority.

4 Impact on Health and Wellbeing Strategy Priorities

4.1 A Cheshire East population which is digitally included and enabled would have impacts on several of the priorities identified within the refreshed Joint Local Health and Wellbeing Strategy. These are summarised in the Digital Inclusion Plan.

5 Background and Options

5.1 In November 2017 the Cheshire East Council Adults Social Care Directorate Management Team considered a report on 'A Digital Future for Adults, Health and Communities'. Within this it was identified that alongside the development of different technical innovations we needed to consider the digital inclusion agenda to ensure that we did not exclude groups of people because of their inability to use or afford the technology that we were steering people towards.

5.2 Accepting that this will become less of an issue, as those of us more familiar with using technology on a day to day basis get older, It was acknowledged that in the short to medium term it remains an issue for a generation who have not had that level of interaction and for others who may not be able to afford the technology or have physical or mental disabilities that might hinder their ability to use IT or access the online world.

5.3 To reflect on and consider these issues and how to improve inclusion, an existing Digital Inclusion Strategy (produced as part of the Connecting Cheshire broadband roll-out project) was updated by the Cheshire East Digital Inclusion Task Force (CEDIT - included representatives from CVS Cheshire East, Age UK Cheshire and Age UK Cheshire East, the Skills and Growth Company, the Council's Libraries Service, Communities and Partnerships and Public Health). This was approved by the Health and Wellbeing Board in January 2019.

5.4 That Strategy has now expired and a new Digital Inclusion Plan has been drafted and is presented today. The membership of the CEDIT group that has worked on the new Plan has been broadened over the last couple of years and now includes the ICB, secondary care representatives, a wider range of community and voluntary sector organisations and other Council representatives. The new Plan has taken account of the significant changes that the COVID-19 pandemic has made in relation to the use of online services and the challenges that this poses for those who are digitally excluded. Three broad cohorts have been identified:

- **The Digitally Averse** – do not want to access or use online services
- **The Digitally Inexperienced or Excluded** – would like to access and use online services but for various reasons are unable to or lack the confidence to do so.
- **The Digitally Enabled** – have access, are generally confident in their use of online resources, but might like some help to do a wider range of things online.

5.5 The Plan acknowledges that for the digitally averse and those who are digitally inexperienced or excluded (who for whatever reason cannot and/or will not be able to access online services), service providers need to maintain other communication channels to prevent excluding people completely. Others within the digitally inexperienced or excluded cohort could be supported to get online and the Plan addresses some of the activities and interventions that would assist this. Many are already up and running (digital buddies, lending of devices, scam awareness training), but there needs to be more effective sharing and communication in relation to these resources/opportunities and a scaling up of provision. Enhanced infrastructure, particularly in rural areas to improve access to broadband, remains an issue. The ongoing rollout of Connecting Cheshire will assist with this.

5.6 The shifting of education to online during lockdowns demonstrated that digital exclusion is not restricted to older people and that children and young people and their families are susceptible to being digitally excluded too. The public engagement highlighted the need to consider those who through ill health or disability could not or were no longer able to access services online and to consider what might be done to support these people.

5.7 It is proposed that an enhanced Cheshire East Digital Inclusion Task Force (to be renamed the Cheshire East Digital Inclusion Partnership) take the lead on the delivery of the action plan. With a broader membership and more regular engagement with digitally excluded members of the public the delivery plan will be further developed and proposals for supporting digital inclusion within the borough progressed. It is also proposed that the Health and Wellbeing Board continue to have oversight of the Plan to ensure it is owned by the wider system and in recognition that digital inequality is a wider determinant of health.

5.8 The use of technology and digital solutions is already a well-established pathway for the future of health and care and in relation to wellbeing. It offers a means to empower individuals and to improve the efficiency and effectiveness of health and care services. However, there will be a need to ensure that through this move to digital solutions we do not exclude those unable or unwilling to utilise the technology. The Plan sets out some of the issues for consideration and offers potential ways forward to minimise the impacts and ensure we work to include people in the digital future wherever possible.

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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Appendix One

Cheshire East Digital Inclusion Plan 2023 - 2026: Supporting residents in a digital world

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Appendix One

Introduction

The purpose of this document is to set out our Digital Inclusion Plan for the next three years. The Plan is owned by the Cheshire East Health and Wellbeing Board and Health and Care Partnership Board.

Our definition of 'Digital Inclusion' focusses upon equipping residents with the digital skills, access, motivation and trust to allow them to participate fully in today's online society, enabling them to improve their quality of life, employability, health and wellbeing.

Digital exclusion and social exclusion are interrelated; empowering our residents to get online will help to tackle wider social issues, support economic growth and close equality gaps. As we look to focus on helping people maintain their independence, connect with their communities, build their resilience and enjoy better health and wellbeing, it is important that we encourage and support online access, working with partners to overcome anything that inhibits this.

Background

Since March 2020, significantly more services have gone online and the gap between those who are digitally included and excluded has widened.

"The pandemic didn't create the digital divide - but it did expose and exacerbate it. Fixing the digital divide is an urgent priority."[1]

The topic of digital inclusion is complex and requires a strong partnership approach to ensure we have **positive, real and sustained impact** across Cheshire East.

The Health and Wellbeing Board (which includes NHS organisations, Cheshire East Council, and Voluntary, Community, Faith and Social Enterprise organisations that support our Cheshire East residents) is focused upon reducing inequalities in the borough. This Plan addresses digital inequality and the need to maximise the opportunities for people to be able to access the digital world if they choose to do so.

[Digital Inclusion defined: Digital inclusion is about making sure that people have the opportunity and confidence to use the internet to do things that benefit them day-to-day[1] This might include online shopping, paying bills, connecting with friends and family, applying for jobs, seeking out information and advice or streaming music or films. It might be done on a smartphone or smart TV, a tablet, laptop or desktop personal computer.

The purpose of this Plan is to:

- highlight the issues that not being able to access the digital world can cause for our residents, local organisations and our Cheshire East communities

[1] https://www.gov.uk/government/publications/government-digital-inclusion-strategy/government-digital-inclusion-strategy

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- offer a consistent and collaborative approach to the local authority and partner organisation's digital inclusion interventions.

£9.48

Return for every £1 invested in digital inclusion activities[2]

This Plan is for 2023 - 2026. The associated delivery interventions will remain flexible to the changing needs of our residents, the external environment and opportunities to achieve increased digital inclusion.

[2] https://www.goodthingsfoundation.org/wp-content/uploads/2022/07/Economic-impact-of-digital-inclusion-July-2022.pdf

Informed by our Communities

To ensure the Plan represented our communities in Cheshire East, we went out and spoke directly with our residents. We also talked with organisations in our Voluntary, Community, Faith and Social Enterprise (VCFSE) sector.

Our residents and local organisations experience, hear and see the issues related to digital inclusion, and provide valuable support to many of our residents across the borough.

The Plan has also been informed by research and publications including the UK Digital Poverty Evidence Review 2022 published by the Digital Poverty Alliance[3]. They have set out five principles for ending digital poverty that we shall support and align our implementation activity to:

[3] UK Digital Poverty Evidence Review 2022, Dr Kira Allman https://digitalpovertyalliance.org/research_directiory/uk-digital-poverty-evidence-review-2022/

Principles for ending digital poverty

Based on the evidence, the Digital Poverty Alliance has developed five key principles for ending digital poverty once and for all. These will guide the creation of a National Delivery Plan, with specific recommendations for government, public, private and third sectors.

Digital is a basic right. Digital is now an essential utility – and access to it should be treated as such.

Accessing key public services online, like social security and healthcare, must be simple, safe, and meet all people's needs.

Digital should fit into people's lives, not be an additional burden — particularly for the most disadvantaged.

Digital skills should be fundamental to education and training throughout life. Support must be provided to trusted intermediaries who have a key role in providing access to digital.

There must be cross-sector efforts to provide free and open evidence on digital exclusion.

The Vision

- We want to ensure that all Cheshire East residents can access the digital skills, technology and **services they choose to, in the right way for them**
- We want to support residents now, and in the future as the world of digital continues to evolve
- We want to have a consistent and joined up approach to tackling digital exclusion across Cheshire East.

Digital Inclusion in Cheshire East

Our Residents

Through our engagement work, it became clear that there are three cohorts of resident in relation to digital inclusion:

Digitally Averse

Digitally Inexperienced or Excluded

Digitally Enabled

Our Digitally Averse Residents

Residents in this cohort told us that they do not wish to use digital methods and are keen not to be pressured into using digital methods for a variety of reasons, including:

- They were **not expecting to use digital tools in their lifetime** and rely on friends and family to use such methods
- They are **happy with their lives as they currently are** and tend not to take up opportunities to use digital tools
- The internet is **seen as discouraging human connection** and there is a perception that the internet is seen as for trivial communication
- There is a strong **preference for face-to-face and other traditional methods** of communication, alongside a view that this cannot be replicated digitally

"My children help me when I need anything online"

"My husband doesn't want to build skills online, he's just not interested or motivated and I can do it for him"

"I value [in-person or telephone] contact with other people "

Ultimately, this group told us that they want their wishes to be respected and to still have access to the services they need through non-digital methods.

Our Digitally Inexperienced and Excluded Residents

Residents in this cohort told us that they want to use digital methods but there are several barriers in the way to them achieving this. This covers a broad range of issues which include:

- They are **fearful of making mistakes** such as breaking their computer and losing their data
- They are inexperienced and/or have **low confidence** in their abilities to use the internet
- They are **thrown by unexpected events** such as cookies requests, popups and updates
- **Learning was perceived as overwhelming** and, when they had sought training for beginners, it had assumed a level of existing competence
- They do not know how it is possible to **remember all their passwords** with many sites having different password requirements, and how to make sure they're suitable to protect their data
- It's **tough to decide what tools to use** and there are minimal instructions, again with many digital items assuming an existing level of competence
- They are **unsure how to keep their data safe** and were very concerned about scams
- There are questions around **affordability** of equipment and broadband connections given the rising cost of living
- Their ill-health or disability hampers or reduces their digital inclusion and more needs to be done by service providers to mitigate against this
- They have **poor connectivity** and this limits their online use

"I'm frightened about doing the wrong thing, pressing the wrong button, it crashing and losing my information and money…"

"Courses don't work as they're in a group with different devices and lots of jargon and terminology that I don't understand"

"If I was confident my data was protected and I know I'm not vulnerable to hacking, I'd love to use the internet more"

Often, there is the assumption that older adults are the only digitally inexperienced or excluded group but, it's not only older adults that fit in this category. We've highlighted a few factors that can affect digital inclusion below.

Carers including young carers	Domestic Abuse	Rurality
Sexual exploitation	Socio-economic status	Homelessness
Cultural contexts	Gypsy, Roma and Traveller digital access	Disability and mental health

Our Digitally Enabled Residents

Our digitally included residents mostly felt confident and able to use the internet. They often used it for shopping online, searching for information and keeping in touch with others, alongside accessing the services they need. Others however would like to know how to do more online and become more confident in their use. They told us that:

- They recognise that there is a lot more that they could do online, but they need help to do this and build their confidence
- They are **open to experiencing more from the internet** and are not deterred by new or different sites
- They find it **easy to transfer knowledge and skills** across sites, albeit finding services can still be a challenge
- They see it as an **important and valuable tool** to help their life
- Some are concerned about transactions, but they feel **aware of how to manage any risks**
- For some, **connectivity is the main issue** they face, particularly in our rural communities

"I'm happy with my level of use of the internet and feel pretty confident with it"

"I'm quite comfortable finding services online, although it can be hard to find as there's lots of information out there and it's not always clear where to search"

"The only thing that stops me is connectivity. Sometimes I need to go round to my neighbour's house to use their Wi-Fi when ours drops"

The scale of digital exclusion across Cheshire East

Our current population in Cheshire East is nearly 400,000 residents. In line with UK estimations for the levels of digital exclusion[4], we have up to 79,600 residents in Cheshire East who are unable to connect to the internet or lack the essential digital skills, meaning they are likely to struggle when interacting with online services and are at risk of being left behind and left out from society.

However, it is important to not ignore pressures from the current economic climate with recent estimates pointing to another concerning figure; it has been estimated by Citizens Advice that more than 1 in 6 people are struggling to afford their broadband[5]. This works out to around 51,000 adults across Cheshire East who are at risk of digital exclusion on the grounds of cost alone.

"I can't afford broadband, so when my mobile data runs out I can't see my grandkids. Do you know how heartbreaking that is?"[3]

Why is it important?

The benefits of boosting digital inclusion will be seen at three key levels:

The Benefits for our Residents

For individuals, the benefits are very clear.

Cost of Living

Digital access can mean reduced costs of living. Households offline are missing out on savings of £560 per year from shopping and paying bills and council tax online or being able to keep in touch with family and friends.

I am also able to do my banking online too. I can't use the branches anymore, so I do everything online and my bank gives me 5% interest - so it's actually quite good for me."[5]

[4] 221101-lloyds-ipsos-mori-essential-digital-skills-technical-note.pdf (lloydsbank.com)

[5] https://www.citizensadvice.org.uk/about-us/about-us1/media/press-releases/more-than-one-in-six-struggling-to-afford-broadband/

For individuals, the cost benefits do not stop there. According to a 2014 BT report[6], getting online was worth £1,064 a year due to increased confidence, less social isolation, financial savings and opportunities in employment and leisure.

Employment

The internet also provides improved job prospects. Many jobs are advertised online and require submission of an electronic Curriculum Vitae as a minimum requirement of the recruitment process. According to the 2014 BT report, for workers, getting online was worth £3,568 a year due to opportunities for remote working and increased earning opportunities.[7]

Education

Digital inclusion can increase opportunities to access free and paid online learning programmes, alongside informal learning through websites such as YouTube.

"In the UK, it's very popular to use the internet to learn things. YouTube has really helped me, my wife and my family to improve our English."[8]

Many children also have opportunities to learn outside of school, yet those without an internet connection will struggle to access this in comparison to their peers.

Wellbeing

81% of people aged 55 and over say being online makes them feel part of modern society and less lonely[9]. Online access can increase opportunity for social engagement whether online through social media or finding in-person activities. Our Live Well site is our online directory that helps residents find the community groups and services they need.

"As each day goes by, I'm feeling more cut-off" – Cheshire East Resident

"Digital can help you keep your independence and keep you living independently" – Cheshire East Resident

Health

Digital inclusion means improved access to health and wellbeing information, services and support for independent living such as tele-health. It also means better access to medical communication. As one resident we spoke to said:

"**While I was on holiday, I received a message through the NHS app about an appointment. It's great because I wouldn't have received if it had just been sent via letter to my home address" – Cheshire East resident**

Access to Consultations

Many Council and NHS consultations, alongside surveys from other organisations across the public, private and VCFSE sector, are typically most easily accessed online. Being digitally

[6] Government Digital Service (2012) "Digital Efficiency Report": https://www.gov.uk/government/publications/digital efficiency -report/digital-efficiency-report

[7] https://www.bt.com/bt-plc/assets/documents/about-bt/bt-uk-and-worldwide/bt-in-the-uk-and-ireland/research-and-reports/digital-inclusion-the-social-return-on-investment.pdf

[8] https://www.digitalcommunities.gov.wales/case-studies/fariss-story/

[9] https://www.gov.uk/government/publications/government-digital-inclusion-strategy/government-digital-inclusion-strategy

included means greater opportunities for residents to have their say, have their voice heard and have an impact on their wider community.

The Benefits for Cheshire East organisations

VCFSE Sector

Speaking to VCFSE organisations, it became clear that time and resource is spent trying to help those access the services they need during service provision that is intended for other purposes.

"I spent forty minutes with a service user helping them fill in an online housing form. That time should've been helping them with the reasons they came to our service. So much time is spent doing things digitally for people who are digitally excluded" – VCFSE employee

Helping those who want to be digitally included in principle means that there is less demand on the system to provide such support and organisations, such as the above, can dedicate more of their time to providing the services they offer.

Additionally, we heard from our VCFSE sector that digital exclusion poses a barrier for many volunteers.

"We've had people want to volunteer who don't have online access to complete the forms needed. We'll always help them but it means more cost and time to post out the forms and get them to send them back to a local care home who can then scan and send across to me" – VCFSE employee

The gap between demand for volunteers and the number of volunteers was also raised during our engagement. Given many volunteering opportunities are best advertised online, it is anticipated that, the more we enhance digital inclusion, the more residents who are willing to volunteer can be matched up with potential opportunities.

Cheshire East Council Services

For Cheshire East Council, alongside the above benefits that are seen for the VCFSE sector, improving levels of digital inclusion will help achieve our strategic aims such as the:

- **Customer Experience Strategy** - our Digital Inclusion Plan will support the Council's goals of adopting a digital first approach and helping our customers to access our services online
- **Digital Strategy** - our Digital Inclusion Plan will support our customers to choose the digital option first, but also help to ensure we don't exclude those who prefer face to face, written or phone interactions.
- **Live Well for Longer Plan –** our Digital Inclusion Plan will support the council to achieve its aims of helping residents live longer, healthier, happier lives.

Fundamentally, this will mean improving savings from greater use of digital methods whilst improving service quality. As stated by the Cabinet Office and Government Digital Service's Digital Efficiency Report, "the bulk of the savings is driven by the fact that digital transactions are estimated to be 20 times cheaper than by phone, 30 times cheaper than by post and as much as 50 times cheaper than by face-to-face meetings".[10]

These savings mean that this money can be utilized across other areas of need to continue towards the corporate aim of being:

'an open and enabling organisation
which empowers and cares about people, and
facilitates a thriving and sustainable place'

NHS Organisations

The commitment that every patient has the right to be offered digital-first primary care is a core part of the NHS Long Term Plan and the rate of implementation for this was fast-tracked through the COVID-19 pandemic with online consultations doubling in March 2020[11]. The NHS is set to continue its digital journey with many benefits seen for both patients and the healthcare system.

According to The Good Things Foundation[12], residents who have basic digital skills can take advantage of the NHS Choices website, E-prescriptions and online bookings systems which will lead to a reduction in the number of avoidable GP visits, as well as lower costs from providing offline booking services. They estimated the cost savings to the NHS to total £141 million by 2028.

For us in Cheshire East, this digital usage means that more patients can be supported with more efficient service provision for our communities. Therefore, the more we can support our residents who want to get online, the more they are able to use the online healthcare systems and services, and the healthier our Cheshire East community will become.

The Whole Community Benefits

Reducing Inequalities

Improving digital inclusion has the power to tackle health inequalities[13]. Often the benefits of reducing health inequalities are proposed at the individual level through longer life expectancy and improved quality of life[14]. Whilst these benefits are important on a number of 'fair and just' levels, there is also a "growing body of research that suggests reducing the social and economic inequalities that lie behind the uneven distribution of disease will bring a wide range of [societal] benefits"[15].

[10] Government Digital Service (2012) "Digital Efficiency Report": https://www.gov.uk/government/publications/digital efficiency -report/digital-efficiency-report
[11] https://www.goodthingsfoundation.org/insights/digital-participation-lessons-learned/
[12] https://www.goodthingsfoundation.org/insights/economic-impact-digital-inclusion/
[13] https://digital.nhs.uk/news/2020/national-project-shows-digital-inclusion-is-key-to-tackling-health-inequalities
[14] https://www.parliament.uk/globalassets/documents/fair-society-healthy-lives-full-report.pdf
[15] https://jech.bmj.com/content/54/12/923

This has been supported by the Marmot review[15] which estimated there to be substantial economic losses as a result of health inequalities in the realm of £50-60 billion per year in the UK through productivity loses, lost taxes and higher welfare payments.

Therefore, actions that can proactively tackle health inequalities across Cheshire East such as improving levels of digital inclusion, seek to reduce these losses for the area, creating a fairer society.

Businesses in Cheshire East

The challenge to attract and recruit employees remains an issue for businesses across the UK, including Cheshire East. Many roles today are digitally advertised through online job boards and many application processes tend to be online through digital submission of a CV. Online recruitment methods prevent those who are digitally excluded from applying and may reduce the potential number of applicants. By improving digital inclusion, there would be an increase in uptake of digital recruitment methods.

In addition to this, the UKCES 2015 skills survey[16] found that 14% of companies have staff that are not fully proficient and, where the workforce is digitally included, they are more able to access information to support their health and wellbeing. This might support lower sickness absence levels, improving organisational productivity and resilience. Therefore, there is a strong case to improve digital inclusion for the benefit of businesses in Cheshire East.

Carbon Neutrality

There is an environmental case for supporting those who wish to be digitally included. For example, providing digital support for residents using our NHS can reduce the number of unnecessary journeys to appointments, reducing not only petrol cost for patients but also the environmental impact of these journeys. Additionally, using digital methods of communication instead of postal methods can also contribute to reducing carbon footprints by being more environmentally friendly[17].

Working Together to Achieve Change

The digital world is fast moving and the gap between the included and excluded is widening at pace. As one of our Cheshire East residents said, “as each day goes by, I'm feeling more cut-off”.

The level of change that is needed is community-wide and will only be achieved by us all pulling together and working closely, in partnership.

[16] https://www.gov.uk/government/publications/ukces-employer-skills-survey-2015-uk-report

[17] https://www.gov.uk/government/publications/energy-white-paper-powering-our-net-zero-future/energy-white-paper-powering-our-net-zero-future-accessible-html-version

Our Priorities

Several recommendations have been made by resident, NHS, Council and VCFSE voices during the engagement phase of this Plan. These include a buddy scheme for those learning to use the internet and improving broadband infrastructure across the area. Many of these suggestions are already taking place, yet not always in a consistent and joined-up way that ensures maximum impact for our residents. The Plan will help ensure a more consistent and unified approach across organisations.

Based on these recommendations, we have established five priorities to initially focus upon.

Establish a Cheshire East Digital Inclusion Partnership network

We will establish a Cheshire East Digital Inclusion Partnership Network. We have already seen benefits from the Digital Inclusion task group comprised of members across our NHS organisations, Cheshire East Council and VCFSE organisations. We will expand this to strengthen our partnership approach across Cheshire East.

In expanding this group to create a broader network, we will ensure more work is joined-up across the area, leading to more focused and impactful outcomes for our residents.

Open up the opportunity for resident involvement as part of the Cheshire East Digital Inclusion Partnership network

Equally as important are the voices of our residents. This Plan has highlighted that many of our residents have lived experience of digital exclusion and are key to ensuring the success of inclusion activity. Our residents help us understand where the gaps are in support provision around digital inclusion and help us co-produce initiatives to actively tackle digital exclusion. As such, we will ensure that the Cheshire East Digital Inclusion Partnership includes resident voices, particularly those who are digitally inexperienced or excluded.

Cheshire East Digital Inclusion Partnership will set the strategic direction for digital inclusion activity

Through the engagement that informed this Plan, it is clear there are specific priorities born from the lived experience of residents. Given the substantial negative impact digital exclusion has for residents as outlined in this Plan, we will ensure this directly informs the strategic direction for activity driven by the Cheshire East Digital Inclusion Partnership.

We will ensure that our Cheshire East Digital Inclusion Partnership group consider:

- How we can effectively communicate with residents who do not wish to use digital tools
- How can we ensure that policies and processes are not ‘digital-by-default’

- How we can ensure areas across Cheshire East have better connectivity and are aware of initiatives that are being undertaken to achieve this
- How we can ensure residents have access to the digital tools they need and are able to affordably access the internet
- How we can ensure our online services are easy to find digitally
- How we can create a 'One Cheshire East' offering to develop our residents' digital skills
- How we can help our residents build their confidence in using digital tools
- How we can ensure our residents feel safe online

Conduct asset-mapping to understand what assets we have, how to maximise their impact and where the gaps are

There are many assets, offerings and positive activity taking place across Cheshire East, some that are well known, some that are known to a few and some that are flying under the radar. We will conduct an asset-mapping exercise to understand where digital inclusion activity is taking place, how to maximise their impact and identify gaps.

This will allow us to:

- Understand what we already do to tackle this issue
- Enhance the impact of these activities by joining-up work
- Identify which areas in Cheshire East may be disadvantaged where very little activity is going on
- Ensure a fair spread of activity across the area, in line with our vision that no resident is digitally left behind.

[Asset definition – asset can be a service such as digital community group or skills courses or a physical resource such as a digitally enabled community centre]

Establish a well-managed programme of activity to support digital inclusion.

The priorities within the Digital Inclusion Plan will be achieved through a managed programme of activity in line with the following principles:

- Activity is behavioural and evidence informed meaning that it is backed by research and engages residents effectively through positive behaviour change principles
- Momentum is maintained through active management of the programme plan
- Every area of the partnership is kept informed of progress of activity and outcomes
- Members of the partnership take ownership over agreed strategic actions, ensuring they come to fruition and do not fizzle out over time
- Working groups are established to achieve time-bound goals and support working at pace

Dedicated project management support will be required to drive the programme and co-ordinate the partnership.

Final Note

The approach and priorities set out above will create the foundations for us to truly gain traction and confront the issue of digital exclusion. Only with this joined up approach can we remove the barriers to digital inclusion that our residents told us they experience.

Implementation Plan

Several ideas were forthcoming from residents, NHS colleagues, Cheshire East Council staff and representatives from VCFSE organisations as part of the engagement phase of this plan. There will be more ideas that we haven't yet heard and, as such, this plan will remain flexible.

Area	Idea	Action	Responsibility	Outcome
Digital Buddies Scheme	The idea of a digital buddies scheme was raised to help support confidence building in relation to digital skills. 1-2-1 support was noted as very helpful with better opportunity to troubleshoot issues as and when they arise.	We will re-establish and strengthen our Digital Buddies volunteer capacity in our Cheshire East Libraries, targeting volunteer recruitment from local high schools and colleges. We will leverage our network in the Cheshire East Digital Inclusion Partnership Group to further strengthen our Digital Buddy offer across other organisations, for example East Cheshire Trust and explore training opportunities that are face to face, remote and online. Drop-in sessions held across the community were also raised as a suggestion as an informal way to provide support which could also be considered by Cheshire East Digital Inclusion Partnership. We	Cheshire East Digital Inclusion Partnership which includes: • NHS organisations • Cheshire East Council • Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations • Residents Cheshire East Libraries will also be heavily involved due to the nature of this action	Residents will be equipped with the skills and information to be able to access digital technology themselves.

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		will explore and develop pathways for drop-in sessions in the community.		
Complete Beginner Skills Training	Residents wanted skills support for complete beginners, starting from the very beginning of switching on a device. Residents and our VCFSE sector raised that smaller groups would be the preferred format to create a better learning environment. Ideally sessions would be bitesize to allow information to be digested and for learners to not be overwhelmed. Accessibility of such sessions was also raised; it may be difficult for some residents to travel to training due to mobility, rurality and cost. The training provision should be delivered in a format appropriate for the customer. For example,	We will develop a One Cheshire East digital skills offer to ensure our residents can access skills support, no matter where they live. Through our partnership approach, we will identify, join up and build upon digital skills activity taking place across the borough so that all residents have access to the skills support they need. We will focus on developing a network of peer-support to deliver digital skills and ensure our offer does not assume a basic level of understanding. We will explore training opportunities that are face to face, remote and online. We will seek to utilise the Shared Prosperity Fund allocation to 'People and Skills' to support digital inclusion.	Cheshire East Digital Inclusion Partnership as a whole will be involved	Residents feel they have the basic skills to use digital tools and the internet with confidence.

	community-based courses and night schools were suggested.			
Learn from Each Other	One resident raised the idea of learning from those who are digitally enabled such as teenage children who may be looking for volunteering opportunities. Equally, another resident raised about neighbours supporting neighbours. We will share information about digital resources across partner organisations	We will target local high schools, colleges to drive up volunteer recruitment. We will explore a neighbours supporting neighbours scheme. Information about key digital resources for example Patient Knows Best, the CATCH App and the Living Well website will be proactively shared to enable colleagues to raise with residents where helpful and appropriate.	Cheshire East Digital Inclusion Partnership Residents will also be heavily involved to support their community	Residents feel supported by their community to become digitally included.
Access in Community Centres	Having access to digital tools in community spaces was raised as a way of promoting the	We will bring together assets to map the digital inclusion activity taking place across the borough.	Cheshire East Digital Inclusion Partnership	Residents have access to the digital tools they need, alongside support to be able to use them.

	benefits of using the internet and allowing people to try it in a relaxed yet supportive environment.	We will build on the Hublet rental scheme in Libraries and explore more opportunities to increase access to digital devices, such as device recycling schemes and lending libraries. We will work with partners to map out digital connectivity spaces and identify 'hot spot' zones.	Cheshire East Council Community Services and Cheshire East Libraries will be heavily involved through Connected Community centres and community libraries	
Improve Connectivity	Connectivity in certain areas such as those that are particularly rural was raised. Connectivity ranged from poor to intermittent at best by some residents and a suggestion as made to improve this across the area.	This is an ongoing project, led by four local authorities across Cheshire – Cheshire East, Cheshire West and Chester, Halton and Warrington borough councils – to "deliver faster broadband to areas where it had not been commercially viable to invest previously, in particular our outlying and rural communities".[18] Cheshire East Digital Inclusion Partnership will support communication of this project.	Cheshire East Digital Inclusion Partnership Cheshire East Council will be heavily involved due to their link to the Connecting Cheshire scheme	Residents and organisations are kept up-to-date with the Connecting Cheshire scheme.
Free Wi-Fi Access	Providing free Wi-Fi access to those in social housing was raised by a VCFSE sector representative. The idea	We will explore how this has worked in other areas and whether housing-based organisations could provide digital support in this capacity.	Cheshire East Digital Inclusion Partnership Social Housing Providers	Residents who are facing a barrier of Wi-Fi affordability have fair opportunities to access the internet.

[18] https://www.cheshireeast.gov.uk/council_and_democracy/your_council/about_cheshire_east/connecting_cheshire.aspx

	was raised around whether masts could provide Wi-Fi to residents who cannot afford it. It was noted that the speed of this broadband may not be fast given the likely number of users but that it would be a good start for those who currently cannot afford it.	We will also explore further opportunities for free Wi-Fi access and communicating this effectively across the borough.		
Social Value	A VCFSE representative raised whether digital inclusion could be a social value topic for organisations who are commissioned by organisations such as Cheshire East.	We will include digital inclusion as a social value priority at Cheshire East Council. We will engage with businesses across Cheshire East who wish to engage in Corporate Social Responsibility around digital inclusion. The partnership will act as a link, understanding resident needs in relation to digital inclusion as ensuring these gaps are highlighted to organisations as opportunities to make a real difference.	Cheshire East Digital Inclusion Partnership. Cheshire East Council's Social Value Unit will also be heavily involved due to the nature of this action.	Digital inclusion projects are sourced from commissioned services and these projects add value to our communities.

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APPENDIX TWO

A summary of responses to Cheshire East Council's

Digital Inclusion Partnership Strategy Consultation

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Report produced on 20th January 2023 by the Research and Consultation Team, Cheshire East Council, Email RandC@cheshireeast.gov.uk for further information.

Executive summary and conclusions

During November-January 2022/3 Cheshire East Council undertook a consultation on its Draft Digital Inclusion Partnership Strategy. In total 136 responses were received.

Encouragingly, the majority of respondents (over 60%) rated the vision and ideas within the delivery plan as very good or good. The majority of respondents also agreed (either strongly or tend to) that the priorities set out with the strategy are the right areas for Cheshire East Council to focus on.

Three quarters of respondents (75%) described themselves as digitally enabled, 7% would consider themselves digitally averse and 8% would consider themselves digitally excluded. Those that were digital enabled provided useful comments considering others who may not be as enabled as themselves. Even so it will be important going forward to take pro-active steps in engaging and including those who would consider themselves digitally excluded or averse in the partnership / ongoing planning work.

Respondents felt that the groups as described with the strategy (digitally enabled, averse, excluded) could be expanded to include more sub-groups. In particular, expand or add on groups which include / specifically mention those who are digitally aware but inexperienced and those digitally disadvantaged due to for example age, disability, connectivity, or cost.

The comments provided by respondents gave some useful suggestions for improvement, for example, respondents felt that further consideration was needed, for those who are more likely to have difficulties in accessing or using digital devices. Specific reference was made to those who are elderly, those with disabilities, those with financial constraints and those in rural areas. Respondents also felt it was important to consider those who do not necessarily want to be digitally included and prefer to use other more traditional methods.

The support required to help people become more digitally included, consisted of training courses on computer use, mobile phone use, safety & security and social media. Information on the best hardware / software & broadband package depending on needs, and support with the cost and upgrades associated was also suggested. Respondents felt that on-going, one-to-one support was needed for certain individuals and that support should be provided in local areas or within a resident’s own home.

It is recommended that the comments are reviewed, and the strategy updated where possible to cover any key points made during the consultation. The findings should also be kept in mind for any future detailed plans made in relation to the strategy.

Introduction

Purpose of the consultation

During November-January 2022/3 Cheshire East Council undertook a consultation on its Draft Digital Inclusion Partnership Strategy. The strategy sets out how we will try and help everyone in Cheshire East to feel more digitally included.

Consultation methodology and number of responses

The consultation was held online with paper versions being available on request, hard copies of the consultation were also provided at our Libraries. It was promoted to:

- The general public
- Cheshire East Digital Influence Panel
- Town and Parish Councils
- Business' in Cheshire East

In total, 163 responses were received.

A breakdown of demographics can be viewed in Appendix 1.

Section 1 – The Vision

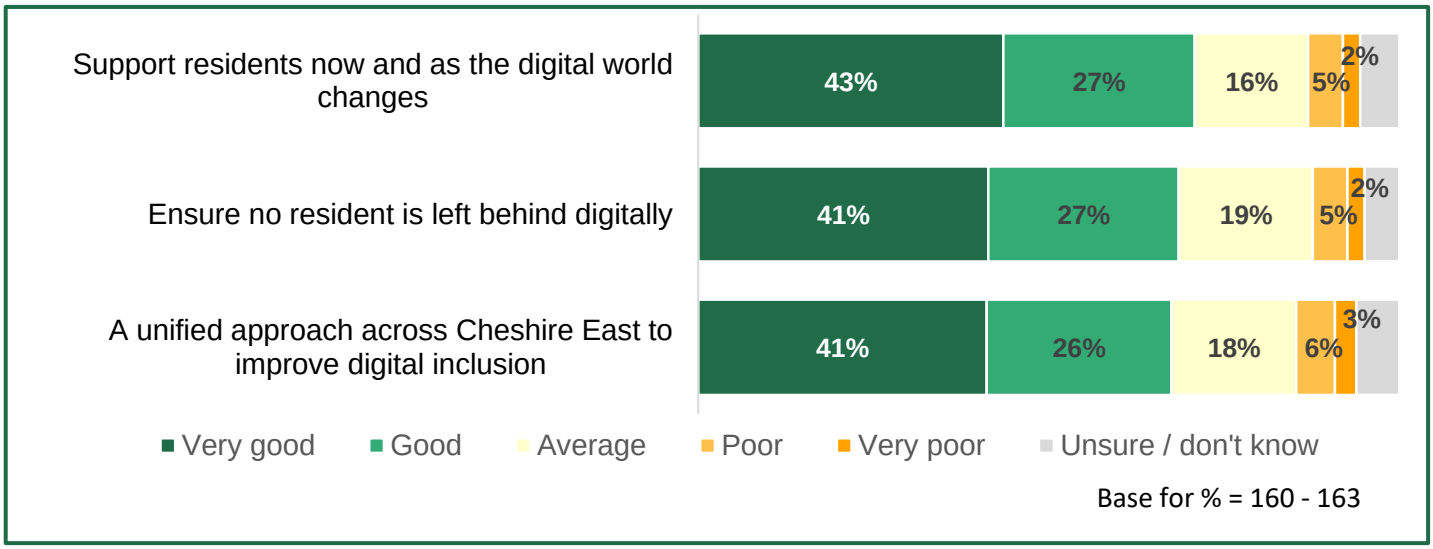
The majority of respondents rated each of the statements within the vision as good or very good.

The draft strategy included a vision for digital inclusion, the vision was represented by three statements as follows:

- We want to ensure that no resident is left behind digitally, and all Cheshire East residents can access the digital skills, technology and services they need and want in the right way for them.
- We want to support residents now and in the future as the world of digital continues to evolve.
- We want to have a unified approach across Cheshire East, joining up the great work that is and will be undertaken to tackle digital exclusion, and create positive, real and sustained change for our community.

Respondents were asked to rate each statement of the vision from very good to very poor. The majority of respondents (67-70%) rated each of the statements as good or very good. Figure 1 below shows the full breakdown of results.

Figure 1: Ratings received for each of the three statements within the vision



Respondents were also asked if they had any comments on the vision, 50 respondents left a comment. Comments received have been coded into themes as follows:

- Consideration of difficulties due to age / for those with a disability or long-term limiting illness, 11 mentions
- Requires more information on how the vision will be achieved, 10 mentions
- Consideration for those who do not want to access digital information, 10 mentions
- Consideration of those not digitally connected inc. consideration for rural areas and financial, constraints, 9 mentions
- Vision unclear / vague, 4 mentions
- Other comments, 6 mentions

Please note that some respondents will have referred to more than one theme therefore total mentions won't add up to the total number of respondents who left a comment. The summary of the comments received by each theme is presented in Table 1.

Table 1: Comments received on the vision		
Theme	**Summary of comments received**	**Number of mentions**
Consideration of difficulties due to age / for those with a disability or long-term limiting illness	It is heavily divided by age range; older people do not trust digital use especially regarding finance. Continuous support for older people, especially those living alone, is needed so they are able to keep up do date with changing technology. Does not seem to say much about children and young people. Does not address the needs of those who cannot use the internet due to illness or disability – those with dementia for example may have once been able to use the internet and now struggle.	11
Requires more information on how the vision will be achieved	Statements are good however there is no information on how they can be achieved. Realistically is it achievable, would it be able to deliver especially in terms of a unified approach, how will it be funded, who will take responsibility for maintaining, updating and delivery?	10
Consideration for those who do not want to access digital information	Does not take account of those who do not wish to become digitally included and prefer alternative / more traditional methods of service and / or communication. Some people prefer to communicate face-to-face or prefer to pick up the phone and speak to a person. These people need to be considered and their wishes respected.	10
Consideration of those not digitally connected inc. consideration for rural areas and financial constraints	Misses a strategy to reach and engage with people not currently digitally connected, some people do not have the capabilities for using online services, even though they are given support. Full connectivity needed across the borough including rural areas. Necessary to retain access to library services / computer suites for those people who cannot afford a computer and the associated costs. Need to also focus on the inclusion of own staff, many in the lowest pay bands are digitally disadvantaged and cannot access discounts. Digital should only be part of the delivery method, non-digital fall back is also good insurance planning, it is important that no one is left out, for some people digital is excluding rather than inclusive.	9
Vision unclear / vague	The statements are a little vague and ‘jargony’. The word 'digital' can be confusing, examples of what is meant would be good. The first and third statements in particular are vague, statement three is wordy and it is not clear whether the change is in relation to digital exclusion or something else.	4
Other comments	Other comments provided include a question on whether this is something Cheshire East should be taking on, process and policy being streamlined across organisations, access being simple, resident also taking some personal responsibility for their skills and general negative comments.	6

Section 2 – Our residents

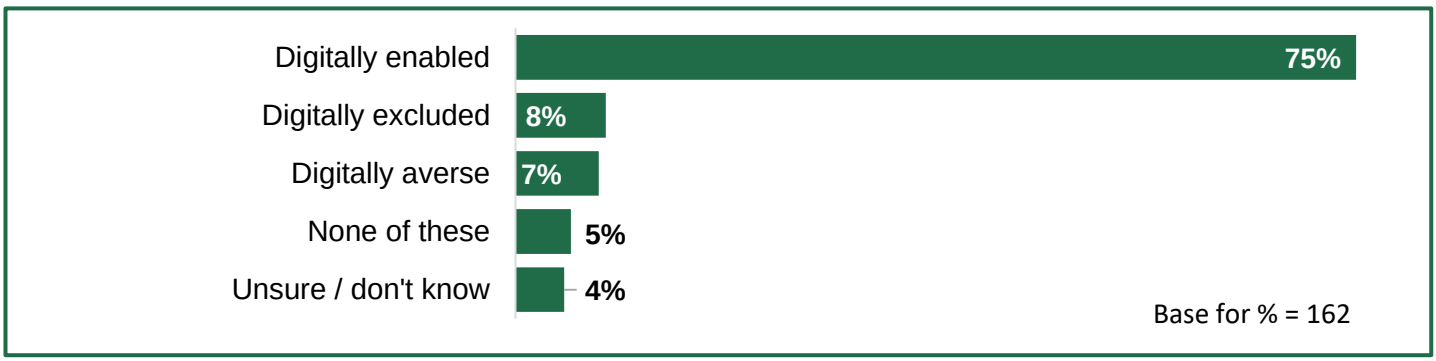
The majority of respondents felt they fell under the 'digitally enabled' group in terms of digital inclusion

The draft strategy identified three groups that residents fell into for digital inclusion as identified by pre-engagement exercises:

- **Digitally Averse**: Residents in this group told us that they do not wish to use digital methods and are keen not to be pressured into using digital methods for a variety of reasons.
- **Digitally Excluded**: Residents in this group told us that they want to use digital methods but there are several barriers in the way to them achieving this.
- **Digitally Enabled**: Our digitally included residents felt confident and able to use the internet. They often used it for shopping online, searching for information and keeping in touch with others, alongside accessing the services they need.

Respondents were asked which type of resident in terms of digital inclusion they felt they fell under. The majority of respondents (75%) would consider themselves as digitally enabled. 7% would consider themselves digitally averse and 8% would consider themselves digitally excluded.

Figure 2: Type of respondent in terms of digital inclusion



Respondents were asked to comment if they felt there was anything missing from the groups, 49 respondents left a comment. The comments received have been coded into themes as follows:

- Consider those digitally disadvantaged, 19 mentions
- Consider those digitally aware but Inexperienced, 13 mentions
- Consider expansion of the current categories generally, 11 mentions
- Other comments, 7 mentions

Please note that some respondents will have referred to more than one theme therefore total mentions won't add up to the total number of respondents who left a comment. The summary of the comments received by each theme is presented in Table 2.

Respondents were also asked what support, if any, did they feel they would need to be more digitally included, 74 respondents left a comment. The comments received have been coded into themes as follows:

- Training / more information, 18 mentions
- None needed, 16 mentions
- Support with the cost of equipment, upgrades or broadband, 13 mentions
- Access to better / faster internet speeds or public Wi-Fi, 12 mentions
- One to one support / mentoring from another individual, 10 mentions
- Non-digital options of contact and support, 7 mentions
- Other comments, 4 mentions

Please note that some respondents will have referred to more than one theme therefore total mentions won't add up to the total number of respondents who left a comment. The summary of the comments received by each theme is presented in Table 3.

Table 2: Comments received on the resident groups for digital inclusion		
Theme	**Summary of comments received**	**Number of mentions**
Consider those digitally disadvantaged	Those who struggle to access digital methods due to illness or disability. The elderly, those living alone or those on low incomes. Those in areas with low internet speeds and poor connectivity.	19
Consider those digitally aware but Inexperienced	Those who are aware and are able to use digital technology to a degree but are not totally confident in its use or up to date with changes in the digital word	13
Consider expansion of the current categories generally	All of the categories could be expanded – there is a middle ground to all of these options. Digitally enabled in particular could have sub-sections regarding competency, digitally excluded could be explained better. Consider those who do not want to use it or only use it for certain topics and prefer traditional methods of contact and more personal interactions	11
Other comments	Other comments provided include a comment on the wording being unclear, those who feel the groups cover all types and comments stating they support people who fall into all the groups.	7

Table 3: Comments received on the support required to become digitally included		
Theme	**Summary of comments received**	**Number of mentions**
Training / more information	Easy access to training, refresher computer/internet courses, more confidence in use and digital protection / internet security. A better understanding of how social media works, training in mobile use, more information about help offered, simpler instructions.	18
None needed	None or none on a personal level but aware of others who would need support	16
Support with the cost of equipment, upgrades or broadband	Need a level playing field for all residents despite finances, support also for those who do not necessarily qualify for benefits. A low-cost broadband package for every resident, packages in rural areas are limited and costly. Financial support to help with ongoing internet provision Financial support for equipment, heavily discounted computers should be available to all people in full time education who live in Cheshire East. Discounts for upgrades to the latest software and hardware - certain applications no longer work on out of date software / hardware	13
Access to better / faster internet speeds or public Wi-Fi	Better connectivity, faster / fibre broadband especially in rural areas – option to also keep landline. Option to connect to public Wi-Fi.	12

Table 3: Comments received on the support required to become digitally included		
Theme	**Summary of comments received**	**Number of mentions**
One to one support / mentoring from another individual	A mentor to explain why digital technology would be of benefit - get put off by salespersons interested in money. Encourage people to help others, would need ongoing one-to-one assistance from another individual when needing to access things online, need help to not feel overwhelmed or afraid. Would like to be able to speak to someone not from a chat box thing that pops up.	10
Non-digital options of contact and support	More opportunity to have face to face contact with the council or be able to speak with someone easily on the phone, especially if digital methods do not solve the issue or query. Less reliance on digital solutions and more support in the local area in public locations such as libraries Would like to have choice and not forced to go online	7
Other comments	Services that are easy to access, more agile / targeted framework of strategies that are properly resourced, Cheshire East website needs updating the Live Well site is complicated, change behaviour of trolling.	4

Section 3 – The priorities

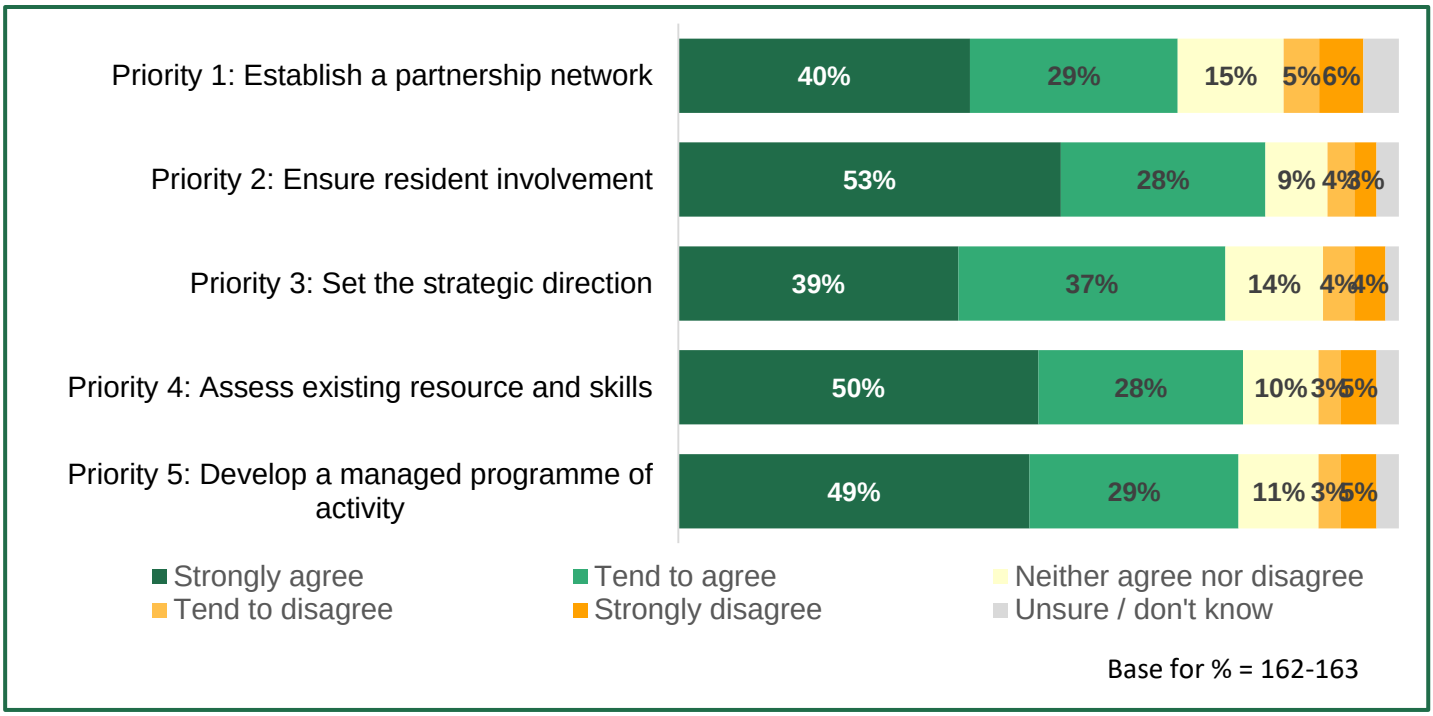
The majority of respondents agreed that the priorities were the right areas to focus on as part of the Digital Inclusion Partnership Strategy

Five initial priorities were established as part of the draft strategy. These were:

- **Priority 1: Establish a Cheshire East Digital Inclusion Partnership network**: We will establish a broader digital inclusion network to strengthen our partnership and ensure more work is joined-up. This will lead to more focused and impactful outcomes for our residents
- **Priority 2: Open up the opportunity for resident involvement**: We will ensure that the Cheshire East Digital Inclusion Partnership includes resident voices, allowing for a greater understanding of any gaps in support provision and with gaining ideas on how we can tackle digital exclusion.
- **Priority 3: Set the strategic direction for digital inclusion activity**: We will ensure that any substantial negative impact digital exclusion has for residents directly informs the strategic direction for activity. Examples include provision of offline communication and services, access to digital tools, ensuring everyone has the right skills and feeling of safety online.
- **Priority 4: Assess existing resource and skills**: Complete a mapping exercise to assess the existing resource and skills available for aiding digital inclusion. This will help us gain a clear understanding of what we have now, how to maximise their impact and where the gaps are (also known as asset mapping).
- **Priority 5: Develop a managed programme of activity**: The Digital Inclusion Strategy will be achieved through a managed programme of activity in accordance with the above four priorities.

Respondents were asked how strongly they agreed or disagreed that the priorities are the right areas to focus on as part of the Cheshire East Digital Inclusion Partnership Strategy. The majority of respondents agreed with Priority 2: Ensure resident involvement, receiving the highest agreement with 81% stating either strongly or tend agree. Priority 1: Establish a partnership network, received the lowest agreement with 69% stating either strongly or tend to agree as Figure 3 shows.

Figure 3: Agreement / disagreement with the five priorities



Respondents were asked to comment if they felt there was anything missing from the priorities, 40 respondents left a comment. The comments received have been coded into themes as follows:

- More support for those who struggle to access digital methods, 11 mentions
- Specific comment on the priorities, 8 mentions
- Require more information on how the priorities will be achieved / assessed, 6 mentions
- Bear in mind those who do not want to be digitally included, 5 mentions
- Priority statements unclear / vague, 4 mentions
- Other comments, 7 mentions

Please note that some respondents will have referred to more than one theme therefore total mentions won't add up to the total number of respondents who left a comment. The summary of the comments received by each theme is presented in Table 4.

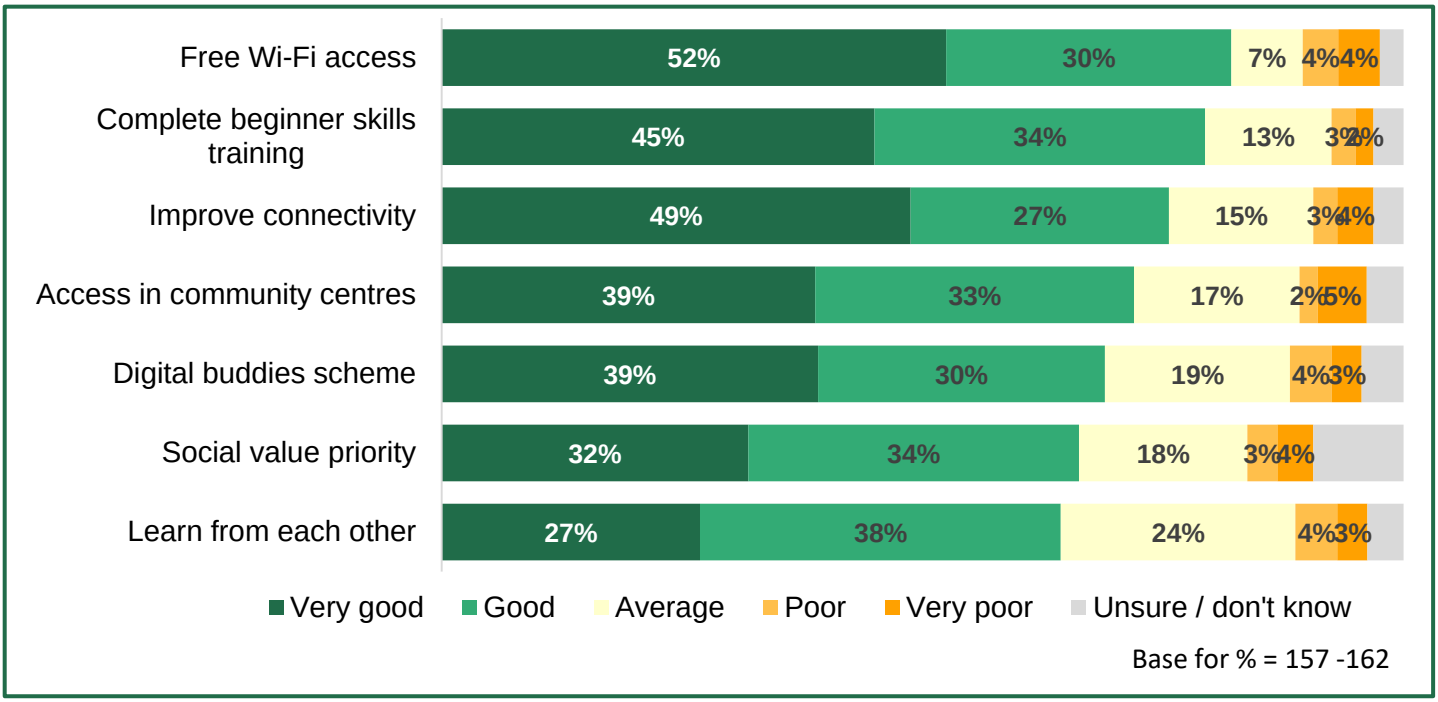
Table 4: Comments received on the priorities		
Theme	**Summary of comments received**	**Number of mentions**
More support for those who struggle to access digital methods	Need continuous support for the elderly, people living along and those with disabilities. More should be included on supporting those that cannot afford digital methods - there are socio-economic differences that need to be considered. With everything going online every household should have technology available to them. Need more user centred design of services to ensure they work for everyone. Offer basic advice e.g., which tablet is best, which is the right broadband plan. Consider connectivity / broadband needs, can Cheshire East not offer a basic broadband package with one of the networks? If people can't access digital methods, consider sending forms/info by post and make sure that the essential backup telephone lines are properly staffed throughout the day. Face to face communication is still important. Ensure all off-line communications are monitored, properly assessed against a defined expectation, and maintained. If no one is monitoring these, holes in services will appear.	11
Specific comment on the priorities	Priority 1: Don't believe much progress can be made here, the NHS and VCFSE's are poorly connected digitally. Priority 2: Member representatives will be largely residents of Cheshire East anyway, need representatives that are digitally averse and/or digitally excluded, residents should have no affiliation to digital industries or interests to be able review true digital inclusion. Consider community networks for residents in community venues - a strategic group may be too intimidating. Somewhere where people could get together and ask questions and access support, this encourages the community to take responsibility for the changes and the running of the agenda. Priority 4: Joining up is very important. Add Priority 6: Support those who have decided for any reason not to use computers inc. full telephone support General: Re-order the priorities to Priority 2, Priority 3, Priority 4, Priority 1, then Priority 5.	8
Require more information on how the priorities will be achieved / assessed	No mention of where funding will come from or what resources will be put in place to support its delivery. Need to continuously monitor, measure and evaluate best practice and progress.	6
Bear in mind those who do not want to be digitally included	Missing those who don't want to be involved with the digital age, don't exclude those who don't want to be digitally included.	5
Priority statements unclear / vague	The priority statements are not very clear, they are very vague and woolly could be written in more plan English - priority 3 and 5 in particular.	4
Other comments	Other comments provided include a comment on Airband - installing poles without prior consultation in areas where it is not required, ensuring Cheshire East let users lead, there is nothing missing and general negative comments.	7

Section 4 – The delivery plan

The majority of respondents rated the actions within the delivery plan as good or very good

The strategy also included a list of actions as party of an initial delivery plan. Respondents were asked how they would rate the ideas within the delivery plan from very good to very poor. The majority of respondent stated the actions as good or very good with 'Free Wi-Fi access' receiving the highest rating, 82% rated this action as good or very good. 'Learn from each other' received the lowest rating, 65% rated this action as good or very good, 24% rated this action as average.

Figure 4: Ratings received for each of the ideas within the delivery plan



Respondents were asked to comment if they felt there was any actions missing from the delivery plan, 24 respondents left a comment. The comments received have been coded into themes as follows:

- Comment on complete beginner skills training, 7 mentions
- Support with equipment, improving connectivity and free WI-FI, 6 mentions
- Comment on social value, 3 mentions
- Comment on access in local community centres, 2 mentions
- Other comments, 7 mentions

Please note that some respondents will have referred to more than one theme therefore total mentions won't add up to the total number of respondents who left a comment. The summary of the comments received by each theme is presented in Table 5.

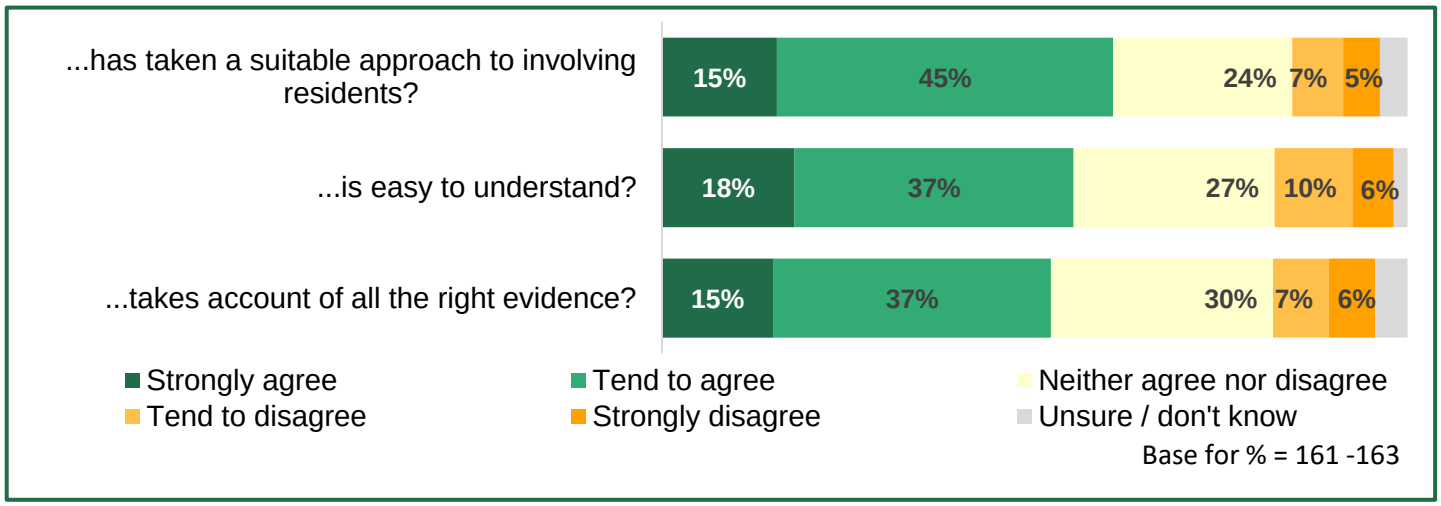
Table 5: Comments received on the delivery plan		
Theme	**Summary of comments received**	**Number of mentions**
Comment on complete beginner skills training	The very beginning is showing people the ways their lives would be improved if they embraced digital technology. Education activity for digitally adverse groups - understanding root causes and identify mitigation/management measures. Those delivering schemes need to understand the fear people have, go at the learner's pace and not use jargon. Emphasise the useful task e.g., emailing friends & family being able to amend text and use spell check, send without trip to post box etc rather than learning digital skills / computing. Include cyber security in the training in a way that builds confidence. Consider clubs for people to build social connections - the fear of losing face-to-face contact could be something that puts some people off. Delivery needs to be within accessible locations and run by organisations that people trust. The elderly and infirm will need constant support.	7
Support with equipment, improving connectivity and free WI-FI	Provide grants or loans to assist residents with the cost of technology devices, consider the provision of enabled hardware for the digitally adverse. Connecting to fibre or broadband can be expensive especially for those in rural areas. Cheshire East could offer a cost effective, no frills, budget broadband service. The plan mentions free Wi-Fi for social housing residents but nothing for elderly residents in their own private housing.	6
Comment on social value	Consider community champions working in partnership with commercial companies who have expertise and could support the plan as part of their social value responsibility. Social value tends to become another box tick for potential suppliers and will tend to put off some that can add value. A bit much to expect partners to go over and above contracts given the financial climate.	3
Comment on access in local community centres	Access and support in own homes is important, provision in community centres will not help those reluctant to learn or those most in need that are possibly home bound. Local community centres could combine access to computers with social interaction.	2
Other comments	Other comments provided include a comment on making the Cheshire East online offering easier to engage with, involving organisations such as W3A, investment rather than relying on charities and volunteers, the challenges for those with financial constraints or the elderly and general positive or negative comments.	7

Section 5 – The strategy overall / further comments

Over one half of respondents agreed that the strategy document has taken a suitable approach to involving residents, is easy to understand and takes account of the right evidence.

Finally, respondents were asked a set of questions about the strategy overall whether they felt it was easy to understand, has taken a suitable approach to involving residents and whether it takes account of all the right evidence. The majority of respondents (60%) agreed (either strongly or tend to) that the document has taken a suitable approach in involving residents. Over 50% agreed that it is easy to understand (55%) and takes account of all the right evidence (52%) as shown in Figure 5.

Figure 5: Agreement / disagreement with aspects of the draft strategy overall



Respondents were asked if they had any further comments to make on the draft strategy, 39 respondents left a comment on the online survey and one response was provided by email. The comments received have been coded into themes as follows:

- More support / consideration for those who struggle to access digital methods, 14 mentions
- Need for training and information on the benefits of digital use, 7 mentions
- Strategy is vague, unclear or difficult to understand, 6 mentions
- Expand partnerships, 4 mentions
- Support with broadband / hardware, 3 mentions
- Other comments, 5 mentions

Please note that some respondents will have referred to more than one theme therefore total mentions won't add up to the total number of respondents who left a comment. The summary of the comments received by each theme is presented in Table 6.

Table 6: Summary of the comments received on the strategy overall		
Theme	**Summary of comments received**	**Number of mentions**
More support / consideration for those who struggle to access digital methods	Digital aversion needs more consideration. Need fair access to services for those who don't want to be digitally included. Face to face contact and telephone is still needed. Concentration and communication is difficult for some people with certain disabilities. Poor eyesight, weak hearing, all happen with age and make using technology more difficult. Need to cater to those who will never be able to use digital devices due their disability. Would like to see much stronger reference to disabled people throughout the strategy. Older people do not trust digital technology, are not as confident with its use or are not interested. Elderly residents still living in their own private housing can have greater social isolation and no option of 'free' Wi-Fi. The digital world can lead to social isolation. Need volunteers to help the older generation. Many older people will need to continue to have access to services in a non-digital format no matter how much support or training is provided. Don't forget digitally excluded staff.	14
Need for training and information on the benefits of digital use	A register of all those organisations who are involved in any sort of computer training should be compiled. Offer the basics only, spend investment on making sure everyone is aware of the offer. Specific action taken to help vulnerable people to understand how to protect themselves from scams. There is a need for people to be able to use a computer and hopefully use them sensibly and safely, consider how you can bring the digital rejecters on board. Emphasise the benefits of requesting repeat NHS prescriptions online access to NHS information sites, offer incentives for using digital services.	7
Strategy is vague, unclear or difficult to understand	Unclear as to what is being strategised about apart from fast broadband and various channels for access to council services. Easy to understand but uses far too many words - make things available in plain English, strategy feels like it's full of jargon and has little substance. Needs to be more interactive, using the aid of video and verbalised rather than pages of written content. The Consultation material should be offered in more accessible formats. Unclear on how you'll know what difference you've made, needs measures /timeframes. The figures for the non-enabled hide areas/groups that need support the most.	6
Expand partnerships	Expand VSFSE in the relevant section. Get involved with lots of local groups. Engage with the Cheshire disabled people's panel. Don't create complex partnerships that fail to deliver	4
Support with broadband / hardware	Need the finance to include everyone from the outset to avoid another disadvantaged population. All those in full time education should have access to heavily discounted computers. All business should have fibre broadband. Make converting to digital lines easier / cheaper.	3
Other comments	Other comments provided include a comment on making it easier to find documents on the Cheshire East website / improve the search facility, general positive comments and general negative comments.	5

Appendix 1 – Demographic breakdowns

A number of demographic questions were asked at the end of the survey to ensure there was a wide range of views from across different characteristics. All of the questions were optional and therefore won't add up to the total number of responses received.

Table 7.1: Number of survey respondents by representation

Category	Count	Percent
As a Cheshire East resident	119	73%
Cheshire East staff member / employee	14	9%
As an elected Cheshire East Ward Councillor, or Town/Parish Councillor / Clerk	11	7%
On behalf of a group, organisation or club	7	< 5%
On behalf of a local business	7	< 5%
As a Cheshire East resident on behalf of someone else	<5	< 5%
Other	<5	< 5%
Grand Total	**162**	**100%**

Table 7.2: Number of survey respondents by gender

Category	Count	Percent
Male	65	52%
Female	74	46%
Prefer not to say	< 5	< 5%
Grand Total	**142**	**100%**

Table 7.3: Number of survey respondents by age group

Category	Count	Percent
16-24	< 5	< 5%
25-34	< 5	< 5%
35-44	14	10%
45-54	19	13%
55-64	27	19%
65-74	46	32%
75-84	28	19%
85 and over	< 5	< 5%
Prefer not to say	5	< 5%
Grand Total	**144**	**100%**

Table 7.4: Number of survey respondents by ethnic origin		
Category	**Count**	**Percent**
White British / English / Welsh / Scottish / Northern Irish / Irish	137	96%
Any other White background	< 5	< 5%
Prefer not to say	< 5	< 5%
Grand Total	**142**	**100%**

Table 7.5: Number of survey respondents by religious belief		
Category	**Count**	**Percent**
Christian	79	57%
Buddhist	< 5	< 5%
Other religious belief	6	< 5%
None	41	29%
Prefer not to say	9	6%
Grand Total	**138**	**100%**

Table 7.6: Number of survey respondents by limited activity due to health problem / disability		
Category	**Count**	**Percent**
Yes	35	24%
No	104	72%
Prefer not to say	5	< 5%
Grand Total	**126**	**100%**

Agenda Item 8

Cheshire East Council

NHS Cheshire and Merseyside

CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	Public Health Annual Report
Date of meeting:	21 March 2023
Written by:	Dr Susan Roberts, Consultant in Public Health
Contact details:	Susan.roberts@cheshireeast.gov.uk
Health & Wellbeing Board Lead:	Matt Tyrer, Director of Public Health (DPH)

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 ask for approval this year's Public Health Annual report for publication. The report focuses on climate change.		
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 ☒		
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 ☐		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	The Health and Wellbeing Board (HWB) is asked to approve the Public Health Annual Report for publication.		
Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	The report has been considered by the Cheshire East Council Adults, Health and Integration Directorate Management Team, and the Cheshire East Council Corporate Leadership Team.		

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.	This document highlights the need for a sustained and coordinated response to climate change across Cheshire East and is a call to action. Addressing climate change has the potential to: improve health and wellbeing and address inequalities; to improve quality of places and green infrastructure; and increase economic productivity and growth.

1 Report Summary

1.1 The purpose of this paper is to explain the content of the Public Health Annual Report (Appendix A).

2 Recommendations

2.1 The Health and Wellbeing Board (HWB) is asked to approve the Public Health Annual Report (Appendix A) and the Executive Summary (Appendix B) for publication.

3 Reasons for Recommendations

3.1 Cheshire East Council declared an environment and climate emergency in May 2019. The Council is committed to becoming carbon neutral as a council by 2025.

3.2 There is clear evidence that climate change has major impacts on health and wellbeing and exacerbates inequalities.

3.3 A coordinated response is essential to address climate change, across all organisations, including organisations that also manage and respond to the impacts of climate change.

3.4 The benefits to address climate change include:

- Health improvements – Investing in measures such as active travel, promoting green spaces and healthy eating will impact positively on carbon emissions as well as on health, particularly through reduced air pollution and increase physical activity.
- Quality of Place – Less traffic congestion, job creation in the low-carbon sector, operational cost savings via increased energy efficiency and waste reduction
- Green Infrastructure - investments in natural solutions to climate change (tree planting, peatland management) can have a wide range of additional benefits including:
    - Biodiversity – natural spaces in urban and rural settings create refuges for wildlife.

    - Water management – regulation of water availability & quality and flooding.
    - Heat regulation – vegetation provides cooling in the summer and warming in the winter
- Economic benefits – increased productivity through greater wellbeing; new revenue streams.
- Health & wellbeing – increased recreation; reduced stress; greater connection to nature.
- Economic Growth - reduced NHS costs, growth in the low-carbon jobs market and a reduction in poverty
- Reduction in health inequalities.

3.5 The report outlines the steps already being taken locally and recommends that:

- We continue to make progress to meet our pledge to make Cheshire East a carbon neutral borough by 2045 through:
    - Public sector leading by example
    - Working in partnership with NHS, businesses , voluntary sector to ensure that climate change and sustainability is a priority for all
    - Developing multi-agency integrated sustainable policies across different sectors and departments
    - Ensuring that policies address both climate change and health inequalities
    - Engaging all stakeholders and public through information campaign and consultation exercises
    - Monitoring and evaluating the implementation of policies and strategies
    - In response to the recovery from the pandemic it is important to build on some of the positive changes seen during our response to the pandemic, such as the choice to work from home, enhancing the local opportunities for active travel and the reduction in traffic and air pollution

4 Impact on Health and Wellbeing Strategy Priorities

4.1 The production of the Public Health Annual Report supports the outcomes of the Joint Health and Wellbeing Strategy 2018-21 and Place Plan 2019-2024:

- Create 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.
- Ensure that children and young people are happy and experience good physical and mental health and wellbeing

5 Background and Options

5.1 The Director of Public Health (DPH) has a duty to write an annual report, and the local authority has a duty is to publish it (under section 73B(5) & (6) of the 2006 Act, inserted by section 31 of the 2012 Act). The content and structure of the report may be decided locally[1].

5.2 The core purpose of the DPH is as independent advocate for the health of the population and system leadership for its improvement and protection. This independence is expressed through the DPH Annual Report – an important vehicle for providing advice and recommendations on population health to both professionals and public – providing added value over and above intelligence and information routinely available (for example health profiles and the Joint Strategic Needs Assessment JSNA). The annual report is an important vehicle by which DsPH can highlight key issues. It is also a key resource to inform stakeholders of priorities and recommend actions to improve and protect the health of the communities they serve[2].The continued complexity of and transition in arrangements across the local health and care system has increased the importance of the population overview that the DPH should have.

6 Access to Information

6.1 The background papers relating to this report can be inspected by contacting the report writer: Appendix A- Cheshire East Public Health Annual Report; Appendix B- Public Health Annual Report Executive Summary

Name: Dr Matt Tyrer
Designation: Director of Public Health
Email: matt.tyrer@cheshireeast.gov.uk

[1] Department of Health and Social Care & Public Health England (2020) Directors of Public Health in Local Government Roles, Responsibilities and Context. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/860515/directors-of-public-health-in-local-government-roles-responsibilities-and-context.pdf (Accessed 14 February 2023).

[2] Faculty of Public Health (2016) Guidance on DPH Annual Reports 2016. Available from: http://www.adph.org.uk/wp-content/uploads/2013/08/DPH-Annual-Report-guidelines.pdf (Accessed 14 February 2023).

"Climate change presents unprecedented and potentially catastrophic risks to health and wellbeing".
(Fair Society, Healthy Lives – The Marmot Review, 2010*)

*Marmot et al. (2010) Fair Society Healthy Lives. Available from: https://www.parliament.uk/globalassets/documents/fair-society-healthy-lives-full-report.pdf (Accessed 14 February 2023).

Aims and Objectives

Introduction

This year, the Director of Public Health annual report aims to

- Highlight the impact of climate change on health, wellbeing and health inequalities
- Show how we can respond to the effects of climate change
- Outline Cheshire East's leadership role in making the borough carbon neutral
- Provide recommendations to continue to tackle climate change and health inequalities

Health impacts of climate change

Climate change has many impacts on our physical health and mental wellbeing. They can result in illness, death, and peoples' ability to access services.

Rising sea levels, less freshwater, and safe water availability, can result in changing patterns of infections, reduced pollination and crop failure leading to food shortages and poor air quality (leading to increase allergens and lung diseases).

There can be livelihood loss, rising prices of food and fuel, supply chain disruption, pressure on health and care services, conflict or forced migration.

Climate change does not affect everyone equally. By reforming our approach to health and social care, we can reap the benefits of living longer, healthier and happy lives.

Cheshire East response

The council declared an environment and climate emergency in May 2019.

We are committed to becoming a carbon neutral council by 2025 and a carbon neutral borough by 2045, strengthening the commitment to our residents in the borough.

We explain our plans, and actions already taken to combat climate change in the full report.

As part of our recovery from the pandemic, it is important to build on the positive changes we have seen, such as the choice to work from home, enhancing local opportunities for active travel and the reduction in traffic and air pollution.

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What is climate change?

Climate change is a long-term shift in temperatures and weather patterns[1].

These may be natural; however the patterns are mostly driven by human activities since the 1800s, mainly due to burning fossil fuels like coal, oil and gas. Greenhouse gas emissions (for example carbon dioxide and methane) generated by burning fossil fuels act like a blanket wrapped around the Earth, trapping the sun's heat and raising temperatures.

Energy, industry, transport, buildings, agriculture and land use are the main producers of these greenhouse gases.

The impacts of climate change are wide ranging including extreme weather events, heavy rainfalls, higher sea levels, flooding, droughts, more and longer-lasting heat waves, air pollution, reduced production of major crops, deaths and illnesses, extinction of species and slow economic growth.

Further information and scientific evidence on climate change can be found at Frequently Asked Questions from the Intergovernmental Panel on Climate Change report on Climate Change Evidence and Causes from The Royal Society and US National Academy of Sciences[2].
Check how high temperatures might climb and how much rain might fall in your area at What will climate change look like in your area?

[1] United Nations. What Is Climate Change? Available from: https://www.un.org/en/climatechange/what-is-climate-change (Accessed 14 February 2023).
[2] The Royal Society (2020) Climate change: Evidence and causes. Available from: https://royalsociety.org/topics-policy/projects/climate-change-evidence-causes/ (Accessed 14 February 2023).

Health impacts of climate change

Climate change has many direct (deaths and illnesses) and indirect impacts (access to services) on health and wellbeing. There are three main ways through which climate change can affect health[3]:

Effects of extreme weather: Hotter and drier summers (with more heatwaves, droughts and wildfires), and wetter and colder winters (with more flooding and severe storms). These can impact physical and mental wellbeing (for example injuries, drowning, hypothermia, trauma, heat-related illness, loss of productivity). It is anticipated that these events are expected to increase in frequency and severity in coming years.

Effects on the planet's life-support systems: Rising sea levels, less freshwater, and safe water availability, changing patterns of zoonotic and vector-borne disease (for example malaria and dengue fever), food and water borne diseases, reduced pollination and crop failure leading to food shortages and poor air quality (leading to increase allergens and lung diseases).

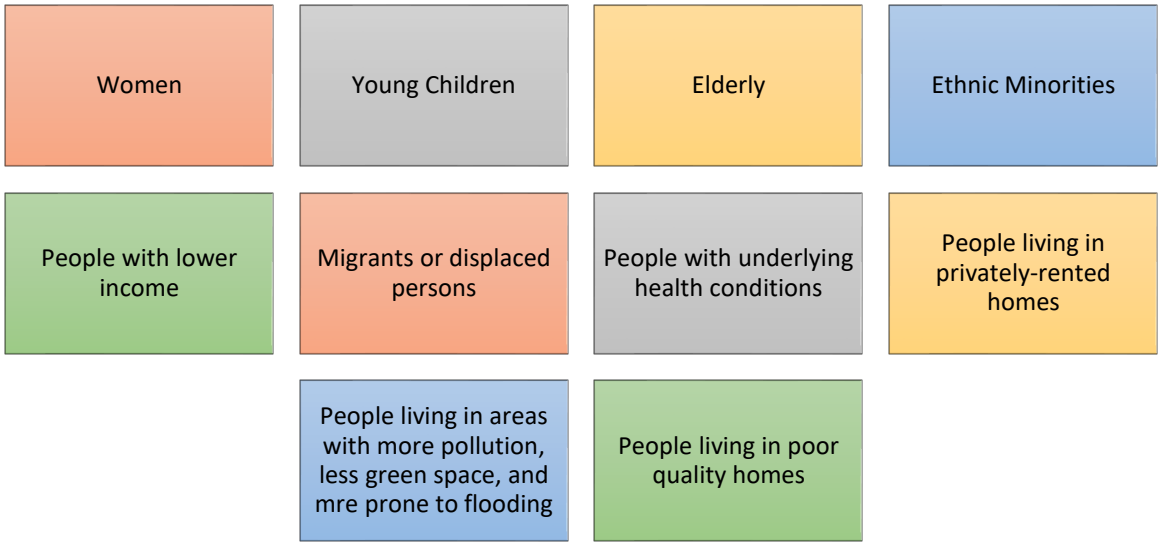
"Greenhouse gas concentrations are at their highest levels in two million years."

Effects mediated by social systems: Livelihood loss, rising prices of food and fuel, supply chain disruption, pressure on health and care services, conflict or forced migration.

[3] Office for Health Improvement and Disparities (2022). Guidance. Climate and health: applying All Our Health. Available from: https://www.gov.uk/government/publications/climate-change-applying-all-our-health/climate-and-health-applying-all-our-health (Accessed 14 February).

Who is at the greatest risk?

Climate change does not affect everyone equally. Some individuals, groups and communities are more at risk, due to the impact of climate change on several factors (wider determinants of health) affecting health. Those who are most vulnerable and disadvantaged (figure 1) are at the greatest risk from the negative implications.



Evidence suggests that climate change worsens such inequalities through: greater exposure and vulnerability of disadvantaged groups to climate hazards, enhancing their susceptibility to damage from these hazards, and decreasing their resilience and recovery from harm[4].

The most vulnerable can face all these disadvantages. For example, older people and people with underlying medical conditions are more susceptible to extremes of heat and health impacts from exposure to air pollution. If they live in low-income communities or poor quality homes, they may also have limited means to reduce their exposure to risks from climate and air quality[5].

[4] United Nations (2016) UN-DESA Policy Brief. Available from: https://www.un.org/development/desa/dpad/wp-content/uploads/sites/45/publication/WESS2016-PB2.pdf (Accessed 14 February 2023).
[5] Marmot et al. (2010) Fair Society Healthy Lives. Available from: https://www.parliament.uk/globalassets/documents/fair-society-healthy-lives-full-report.pdf (Accessed 14 February 2023).

The case for action

Burden of Climate Change:

Greenhouse gas concentrations are at their highest levels in 2 million years. The Earth is now about 1.1°C warmer than it was in the late 1800s. The last decade (2011-2020) was the warmest on record. The negative outcomes from combined exposures from heat, air pollution, drought and wildfires are increasingly recognised.

The World Meteorological Organization (WMO) reported that between 2001 and 2010 extreme weather events caused[6]:

- more than 370,000 deaths worldwide (including a large increase in heatwave deaths from 6,000 to 136,000) – 20% higher than the previous decade
- an estimated US $660 billion of economic damage – 54% higher than in the previous decade

This will create a significant burden on the health systems.

Between 2030 and 2050, climate change is expected to cause approximately 250,000 additional deaths per year from malnutrition, malaria, diarrhoea and heat stress.

The direct cost to health is estimated to be between $2-4 billion/year by 2030[7].

Climate change Implications in the UK:

In the UK, average surface temperature has already risen by around 1°C and the effects of climate change are already visible. New UK weather and climate records are becoming more frequent, with unprecedented high temperatures and heavy rainfalls. We can also see trends, with recent years bringing lots of extremes. 7 of the last 10 summers (2011-2020) have reached a temperature of 34°C. Before this, just 7 of the previous 50 summers (1961-2010) reached 34°C. Six of the ten wettest years on record have been since 1998[8]. These

[6] Department for Business, Energy & Industrial Strategy (2014). Guidance. Climate change explained. Available from: https://www.gov.uk/guidance/climate-change-explained (Accessed 14 February 2023).
[7] World Health Organization. Climate Change. Available from: https://www.who.int/health-topics/climate-change#tab=tab_1 (Accessed 14 February 2023).
[8] MetOffice. Climate Change in the UK. Available from: https://www.metoffice.gov.uk/weather/climate-change/climate-change-in-the-uk (Accessed 14 February 2023).

records are not a definite sign of things to come. We also can't say that climate change caused them, but it does make them more likely. Initial analysis by the UK Health Security Agency (UKHSA) shows that across the 5-heat periods in the summer of 2022, the estimated total excess mortality (excluding coronavirus (COVID-19)) in England was highest for those aged 65 and over, since the introduction of the Heatwave plan for England in 2004[9]. The latest scientific evidence for observed and project climate change by the UK Climate Risk Independent Assessment (CCRA3) concludes that the UK is projected to observe ongoing increases in temperature until the middle of the century even if it meets the targets set under Paris Agreement[10].

"Extreme weather events caused an estimated US $660 billion of economic damage"

The UK will face a range of significant and costly changes unless further action is taken now.

Even if all emissions are stopped today, some impacts cannot be prevented but their impact will be smaller[11].

Evidence for the case to action

Given the significant amount of harm from climate change and our understanding of its sources, there is an urgent need for an action.

Transport is the largest contributor of greenhouse gas emissions, responsible for about one-quarter of all emissions and it is set to double by 2050[12].

[9] UK Health Security Agency & Office for National Statistics (2022) Excess mortality during heat-periods: 1 June to 31 August 2022. Research and Analysis. Available from: https://www.gov.uk/government/publications/excess-mortality-during-heat-periods-1-june-to-31-august-2022 (Accessed 14 February 2023).

[10] Department for Environment, Food & Rural Affairs (2022) UK Climate Change Risk Assessment 2022. Policy paper. Available from: https://www.gov.uk/government/publications/uk-climate-change-risk-assessment-2022 (Accessed 14 February 2023).

[11] Department for Environment, Food & Rural Affairs (2022) UK Climate Change Risk Assessment 2022. Policy paper. Available from: https://www.gov.uk/government/publications/uk-climate-change-risk-assessment-2022 (Accessed 14 February 2023).

[12] UN environment programme. Transport. Available from: https://www.unep.org/interactive/six-sector-solution-climate-change/transport/index.php#:~:text=Transport%20is%20responsible%20for%20about,set%20to%20double%20by%202050. (Accessed 14 February 2023).

More than 90% of people breathe unhealthy levels of air pollution, largely resulting from burning fossil fuels. In 2018, air pollution from fossil fuels caused $2.9 trillion in health economic costs, about $8 billion a day[13].

Between 2017 and 2025, the total cost to the NHS and social care of air pollution in England for where there is more robust evidence for an association, is estimated to be £1.6 billion for $PM_{2.5}$ and NO_2 combined (£1.54 billion for $PM_{2.5}$ and £60.81 million for NO_2). Even a small reduction in nitrogen dioxide (NO_2) annual average concentrations in England could help to avoid over 30,000 new cases of diseases caused or impacted by NO_2 over the next 18 years[14].

In 2018, 18% of the UK's total greenhouse gas emissions came from housing. Energy-inefficient homes are a major environmental problem[15]: cost effective investments in domestic energy efficiency alone can reduce the average UK household's energy use by approximately 25% by 2035[16]. This is equivalent to the output of six Hinkley Point C nuclear power stations per year. Actions to address this will cut greenhouse gas emissions and local air pollution, and save households an average of £270/year on energy bills[17].

There is evidence that living in areas with green space can actually reduce health inequalities, even counteracting the effects of deprivation[18].

[13] United Nations. Climate action. Available from: https://www.un.org/en/climatechange/raising-ambition/renewable-energy#:~:text=In%202018%2C%20air%20pollution%20from,also%20air%20pollution%20and%20health. (Accessed 14 February 2023).

[14] Public Health England (2018) Health matters: air pollution. 14 November 2018. Available from: https://www.gov.uk/government/publications/health-matters-air-pollution/health-matters-air-pollution#:~:text=It%20estimated%20that%20between%202017,60.81%20million%20for%20NO2). (Accessed 14 February 2023).

[15] Faculty of Public Health Special Interest Group-sustainable development. Fuel Poverty and Affordable Warmth. Available from: https://www.fph.org.uk/media/2593/a6-fph-sig-fuel-poverty-affordable-warmth-final.pdf (Accessed 14 February 2023).

[16] NICE (2015) Excess winter deaths and illness and the health risks associated with cold homes. [NG6] Available from: https://www.nice.org.uk/guidance/ng6/ (Accessed 14 February 2023).

[17] Centre for Sustainability Energy (2017) Assessing the health impact of cold homes. Available from: https://www.cse.org.uk/downloads/reports-and-publications/fuel-poverty/energy-advice/insulation-and-heating/Assessing-the-health-impacts-of-cold-homes.pdf (Accessed 14 February 2023).

[18] European Environment Agency.
Who benefits from nature in cities? Social inequalities in access to urban green and blue spaces across Europe. Briefing. Available from: https://www.eea.europa.eu/publications/who-benefits-from-nature-in (Accessed 14 February 2023).

Benefits of reducing the impact of climate change:

There are multiple co-benefits of taking actions on climate action. For example, more active travel (for instance walking and cycling), which, in addition to reducing carbon emissions, also increases physical activity, and reduces air pollution and traffic accident[19].

The co-benefits of action on climate change include:

Health improvements – Investing in measures such as active travel, promoting green spaces and healthy eating will impact positively on carbon emissions as well as on health, particularly through reduced air pollution and increase physical activity.

Quality of place – Less traffic congestion, job creation in the low-carbon sector, operational cost savings via increased energy efficiency and waste reduction

Green infrastructure - investments in natural solutions to climate change (tree planting, peatland management) can have a wide range of additional benefits including:

- Biodiversity – natural spaces in urban and rural settings create refuges for wildlife.
- Water management – regulation of water availability & quality and flooding.
- Heat regulation – vegetation provides cooling in the summer and warming in the winter
- Economic benefits – increased productivity through greater wellbeing; new revenue streams.
- Health & wellbeing – increased recreation; reduced stress; greater connection to nature.

Economic growth - reduced NHS costs, growth in the low-carbon jobs market and a reduction in poverty

Reduction in health inequalities- The risk factors for climate change are similar to risk factors for health inequalities. The Marmot review outlined that actions to mitigate climate change would also help to reduce health inequalities and that these policies are compatible[20].

[19] Jennings et al (2019) Co-benefits of climate change mitigation in the UK: What issues are the UK public concerned about and how can action on climate change help to address them? Available from: https://www.imperial.ac.uk/media/imperial-college/grantham-institute/public/publications/briefing-papers/Co-benefits-of-climate-change-mitigation-in-the-UK.pdf (Accessed 14 February 2023).

[20] Marmot et al. (2010) Fair Society Healthy Lives. Available from: https://www.parliament.uk/globalassets/documents/fair-society-healthy-lives-full-report.pdf (Accessed 14 February 2023).

Response to climate change

Global Response: There is agreement among scientists across the world that we can avoid the worst climate impacts and maintain a liveable climate by limiting global temperature rise to no more than 1.5°C[21]. At the Paris climate conference (COP21) in December 2015, Governments agreed to a long-term goal of keeping the increase in global average temperature to well below 2°C above pre-industrial levels and to aim to limit the increase to 1.5°C[22]. In December 2019, the EU agreed to set a target of becoming carbon neutral by 2050[23]. The COP26 summit brought 200 countries together to accelerate action towards the goals of the Paris Agreement. As a result of COP26, the goal of limiting global temperature rise to 1.5°C, while fragile, remained alive.[24]

"Investing in energy efficiency can reduce UK household's energy use by approximately 25% by 2035"

UK response: The Climate Change Act 2008 introduced the UK's first legally binding target for 2050 to reduce greenhouse gas emissions by at least 80% compared to 1990 levels[25]. Between 1990 and 2017, the UK reduced its emissions by 42%. The UK government amended the Climate Change Act in 2019 and set a legally binding target to achieve net zero greenhouse gas emissions from across the UK economy by 2050[26]. The UK government is also committed to the delivery of the United Nations (UN) Sustainable Development Goals (SDGs), agreed by world leaders at the UN in 2015[27]. These goals aim to "end poverty, protect the planet and ensure that all people enjoy peace and prosperity". The co-benefits of climate change response can directly support greater action on the SDGs – Climate Action

[21] United Nations. What Is Climate Change? Available from: https://www.un.org/en/climatechange/what-is-climate-change (Accessed 14 February 2023).
[22] IPCC. FAQ Chapter 1. Available from: https://www.ipcc.ch/sr15/faq/faq-chapter-1/ (Accessed 14 February 2023).
[23] European Commission. 2050 long-term strategy. Available from: https://climate.ec.europa.eu/eu-action/climate-strategies-targets/2050-long-term-strategy_en (Accessed 14 February 2023).
[24] United Nations. Climate action. COP 206: Together for our planet. Available from: https://www.un.org/en/climatechange/cop26 (Accessed 14 February 2023).
[25] Legislation.gov.uk. Climate Change Act 2008. Available from: https://www.legislation.gov.uk/ukpga/2008/27/contents (Accessed 14 February 2023).
[26] Department for Business, Energy & Industrial Strategy and The Rt Hon Chris Skidmore MP (2019) News story UK becomes first major economy to pass net zero emissions law. 27 June 2019. Available from: https://www.gov.uk/government/news/uk-becomes-first-major-economy-to-pass-net-zero-emissions-law (Accessed 14 February 2023).
[27] United Nations. Department of Economic and Social Affairs. Sustainable Development. The 17 Goals. Available from: https://sdgs.un.org/goals (Accessed 14 February 2023).

(Goal 13), Good Health and Well-Being (Goal 3), Affordable and Clean Energy (Goal 7) and Sustainable Cities and Communities (Goal 11).

Key Principles underlying a local climate change response:

A robust response to climate change is delivered across national, local and individual levels. Two types of approaches are required[28]:

Mitigation- reducing and stabilising the levels of greenhouse gases in the atmosphere (reduction in burning of fossil fuel, use of renewable energy, use of electric cars, increase in green space)

Adaptation – responding and adapting to the climate change already occurring or in the pipeline (for example, building flooding defences, improving housing)

The key principles to an effective response are below:

- Local authorities should be at the centre of local leadership, sharing good practice and acting as a role model.
- Different risk factors should be considered and tackled together across all social gradients. For example, achieving net zero may lead to a reduction in primary air pollutants but there may be unintended consequences for other air pollutants. Substantial gains can be achieved through approaching the challenges of air pollution and climate change together. Ensuring actions included in Net Zero supporting the transport modal shift, to options such as walking, cycling and public transport are delivered to maximise the air quality and health benefits.
- International and regional collaboration is needed because climate change does not respect borders, and there is little benefit in responding to it in isolation.
- A fully integrated and sustainable approach to policies involving both mitigating and adapting actions should be developed between different departments such as planning, transport, housing, environmental and health systems. For example, Research finds that the most effective policies in terms of housing are not only focussed on energy efficiency policies, as in England, but take the form of 'whole-house' approaches. These include changes to housing behaviours and lifestyles as well as changes throughout a property (insulation, heating and ventilation).
- Climate change and health inequalities are interlinked effective strategies should address both health inequalities and climate change across the social gradient
    - Improving active travel
    - Improving good quality green spaces available
    - Improving the food environment in local areas
    - Improving energy efficiency in housing

[28] European Environment Agency. What is the difference between adaptation and mitigation? Available from: https://www.eea.europa.eu/help/faq/what-is-the-difference-between (Accessed 14 February 2023).

    - Improve community capital and reduce social isolation[29]
- Employers, private and public-sector organisations should engage with national and local initiatives and play their part.
- Individuals need to change behaviours to reduce their exposure and their contribution to pollution. There are a range of behavioural change interventions that can support these efforts; they are most effective if designed to account for models of behavioural change, differential exposure, sensitivity and adaptive capacity of different groups.
- The strategies should be combined with effective broad public information campaigns to promote engagement.
- On-going research programmes are required to address the gaps in evidence
- Where local action is taken investment and legislation should be focussed on creating the right incentives for positive change
- The strategies should be continuously monitored and evaluated

"The risk factors for climate change are similar to risk factors for health inequalities."

[29] Marmot et al. (2010) Fair Society Healthy Lives. Available from: https://www.parliament.uk/globalassets/documents/fair-society-healthy-lives-full-report.pdf (Accessed 14 February 2023).

Cheshire East response

An environment and climate emergency was declared by Cheshire East Council in May 2019.

The council is committed to becoming carbon neutral as a council by 2025. In January 2022, the council pledged to make Cheshire East carbon neutral by 2045, strengthening the commitment to the borough. The council is working in partnership with NHS with recommendations for future collaborative working between the public bodies acting as anchor organisations for sustainability within Cheshire East.

A number of policies, plans, projects to raise awareness and undertake actions to combat climate change across the borough through engagement of partners and public.

Cheshire East Profile

- Census 2021 shows that the population for Cheshire East now stands at **398,800** residents. The population in the borough has increased by 7.7% since the last census in 2011, compared to 6.3% in England and Wales, and 5.2% in the North West region. Cheshire East now remains the third largest of the 39 local authorities in the North West – behind Manchester and Liverpool – and fifteenth largest in England.
- Cheshire East is the ninth least densely populated in the North West, with around two people living on each football pitch-sized area of land.
- Cheshire East has the fifth largest population increase across the North West region, below Salford (15.4%), Chorley (9.9%), Manchester (9.7%) and Cheshire West and Chester (8.4%).
- The oldest aged group (those aged 90 and above) increased by a third (32%) in Cheshire East which is above the England average (23%).
- Individuals aged 70 to 74 increase by nearly half (45%), which was also above the England average (37%)
- The health of people in Cheshire East is generally better than the England average. Life expectancy for both men and women is higher than the England average
- Deprivation in Cheshire East is demonstrated through the IMD score (index of multiple deprivation). Most of Cheshire East has a relatively low score (i.e., relatively affluent by the norm for England). Scores are higher (i.e., relative deprivation) in urban areas of Crewe and Macclesfield. The ward of Handforth also has a relatively high score.
- More than half of the households in Cheshire East (55%) are not deprived in any IMD dimension, whereas least 1% households are deprived in four or more dimension
- There is a correlation between healthy life expectancy at birth and deprivation in Cheshire East. Healthy life expectancy decreases are low in the wards with high levels of deprivation.
- Life expectancy at birth is 9.5 years lower for men and 7.2 years lower for women in the most deprived areas of Cheshire East than in the least deprived areas.

- Expected death from cancers, respiratory, cardiovascular diseases seen in Cheshire East (if national rates applied) indicate a lower (better) mortality outcome than the national norm. Much of Cheshire East enjoys favourable comparisons, but this is markedly not the case in areas of lower deprivation. Despite the favourable comparison, many of these deaths are occurring before their time due to avoidable causes like smoking and air quality
- A more detailed list of indicators at ward level in Cheshire East is available in the "Tartan Rug" spreadsheet. Tartan Rug (cheshireeast.gov.uk)[30]

Cheshire East Council leading by example

Cheshire East Council declared an environment and climate emergency in May 2019. The council is committed to becoming carbon neutral as a council by 2025.

Environment Strategy:

The Environment Strategy 2020-24 (PDF, 683KB) outlines the priority actions[31]:

- Cheshire East will be a Carbon Neutral Council by 2025[32]
- Waste and pollution will be reduced
- Air quality will improve
- The availability and use of sustainable transport and active travel will increase
- New development will be sensitive and sustainable
- We will manage the environment to restore nature, conserve heritage and enhance the beauty of our landscapes

Carbon Neutral council:

Our carbon neutral by 2025 target is based on an assessment of the council's carbon emissions during 2018-19. The carbon footprint of the council in 2018-19, based on the emissions outlined above, was just under 15,500 tonnes of CO_2. This covers the carbon emissions that the council has direct control over, which are emissions from:

[30] Cheshire East Council (2022) Health Profiles for Electoral Wards plus Primary Health and Social Care Areas. February 2021 Available from: https://www.cheshireeast.gov.uk/pdf/jsna/ward-profile-tartan-rug/tartan-rug-cec.pdf (Accessed 14 February 2023).

[31] Cheshire East Council. Environment Strategy 2020-24. Available from: https://www.cheshireeast.gov.uk/pdf/environment/environment-strategy-2020-24-final.pdf (Accessed 14 February 2023).

[32] Cheshire East Council. Carbon Neutral Council. Available from: https://www.cheshireeast.gov.uk/environment/carbon-neutral-council/carbon-neutral-council.aspx (Accessed 14 February 2023).

- Streetlighting
- Gas and electricity from council-owned buildings
- council business travel
- council fleet vehicles
- Water and waste from council buildings

The projects outlined above aim to halve the carbon emissions by 2025. The remaining emissions will be offset within the borough through initiatives including:

- Use of green electricity in council buildings
- Capturing carbon through tree planting
- Generating green energy

Carbon Neutral Action Plan approved by the council in May 2020 sets out the actions to consider in support of the target of carbon neutral by 2025[33]. Further details on how the council is reducing its carbon emissions can be found at Carbon Neutral council (cheshireeast.gov.uk)[34].

The action plan set a carbon reduction target of 46% and an insetting target of 60% by 2025 from 2019 baseline levels. To date the council has achieved carbon reduction of 5% and delivered 28% of its insetting target. However, there are a series of projects in development that are forecasting total carbon reduction of 49% and total insetting of 60%. Further information can be found at Report Template v4.0 (cheshireeast.gov.uk) [35].

The council is undertaking several projects to reduce carbon across its operations, and to offset (within the borough) the emissions which cannot be eliminated completely. Cheshire East Carbon neutral case studies provide more information on completed projects as we work towards becoming carbon neutral by 2025[36].

Visit a short video demonstrating the decarbonisation work done by the council[37].

The council is engaged with Town and parish councils are engaged through the Sustainability hub and Climate Emergency toolkit, designed to support Town and Parish councils to consider their role in accelerating their own carbon neutral transition and establishing targets and delivering change within their communities.

[33] Cheshire East Council (2020) Carbon Neutrality Action Plan 2020-2025. January 2020. Anthesis. Available from: http://moderngov.cheshireeast.gov.uk/ecminutes/documents/s76206/Carbon%20Neutral%20Action%20Plan%20-%20appendix.pdf (Accessed 15 February 2023).
[34] Cheshire East Council. Carbon Neutral Council. Available from: https://www.cheshireeast.gov.uk/environment/carbon-neutral-council/carbon-neutral-council.aspx (Accessed 15 February 2023).
[35] Cheshire East Council (2022) Carbon Neutral Programme Update. Available from: http://moderngov.cheshireeast.gov.uk/ecminutes/documents/s91586/Carbon%20Neutral%20Programme%20Update%20Committee%20Report%20THIS%20ONE.pdf (Accessed 15 February 2023).
[36] Cheshire East Council. Cheshire East carbon neutral case studies. Available from: https://www.cheshireeast.gov.uk/environment/carbon-neutral-council/cheshire-east-carbon-neutral-case-studies.aspx (Accessed 14 February 2023).
[37] Cheshire East Council building decarbonisation. Available from: https://www.youtube.com/watch?v=EFCUNEz2IIc (Accessed 14 February 2023).

Improving air quality

Air pollution and climate change impact each other through complex interactions in the atmosphere.

Air pollution is the largest environmental risk to public health in the UK.

Short-term exposure (over hours or days) can lead to a range of health impacts including coughing, wheezing, exacerbation of asthma, increases in respiratory and cardiovascular hospital admissions and mortality[38].

- Long-term (years or lifetimes) exposure can lead to reduced life expectancy, due to cardiovascular diseases, respiratory diseases, and lung cancer[39]. It is estimated that long term exposure to man-made air pollution in the UK has an annual effect equivalent to 28,000 to 36,000 deaths[40]. More recent research has associated air pollution with affecting the brain causing dementia and cognitive decline; diabetes and affecting early life leading to various birth outcomes, for example, low birth weight and developmental problems.
- A modelling framework estimates that a 1 µg/m3 reduction in fine particulate air pollution in England could prevent around 50,900 cases of coronary heart disease, 16,500 strokes, 9,300 cases of asthma and 4,200 lung cancers over an 18 year period[41].
- The sources of outdoor air pollution are clearly understood. They include transport and the fuels used for transport, particularly road vehicles but also trains, shipping and aircraft. They also include industry, agriculture and emissions from homes and businesses. Particulate matter (PM) and nitrogen dioxide (NO_2) are both major components of urban air pollution[42].

[38] Office for Health Improvement and Disparities (2022) Air pollution: applying All Our Health. Guidance. Available from: https://www.gov.uk/government/publications/air-pollution-applying-all-our-health/air-pollution-applying-all-our-health (Accessed 15 February 2023).
[39] Office for Health Improvement and Disparities (2022) Air pollution: applying All Our Health. Guidance. Available from: https://www.gov.uk/government/publications/air-pollution-applying-all-our-health/air-pollution-applying-all-our-health (Accessed 15 February 2023).
[40] Public Health England (2019) Public Health England publishes air pollution evidence review. News story 11 March 2019. Available from: https://www.gov.uk/government/news/public-health-england-publishes-air-pollution-evidence-review#:~:text=Air%20pollution%20is%20the%20biggest,lung%20cancer%2C%20and%20exacerbates%20asthma. (Accessed 15 February 2023).
[41] Office for Health Improvement and Disparities (2022) Air pollution: applying All Our Health. Guidance. Available from: https://www.gov.uk/government/publications/air-pollution-applying-all-our-health/air-pollution-applying-all-our-health (Accessed 15 February 2023).
[42] Office for Health Improvement and Disparities (2022) Air pollution: applying All Our Health. Guidance. Available from: https://www.gov.uk/government/publications/air-pollution-applying-all-our-health/air-pollution-applying-all-our-health (Accessed 15 February 2023).

Percentage of deaths associated with long-term exposure to particulate air pollution in Cheshire East is slightly lower than the regional and national levels. The reduction in 2020 could be due to lockdown in response to the covid pandemic and resulting reduction in air pollution. Mortality and illnesses from respiratory diseases in Cheshire East is also lower than national levels.

Table 1: Fraction of mortality attributable to particulate air pollution

	Cheshire East	North West	England
2018	5.4%	5.9%	7.1%
2019	6.4%	6.2%	7.1%
2020	4.6%	5.0%	5.6%

Source: OHID fingertips. Office for Health Improvement & Disparities. Public Health Profiles. [2 February 2023] https://fingertips.phe.org.uk © Crown copyright [2023]

The council's air quality strategy and AQAP Final Aug 2021 (cheshireeast.gov.uk) provides a strategic framework and a range of measures to deliver local air quality improvements within Cheshire East[43].

"More than 90% of people breathe unhealthy levels of air pollution, largely resulting from burning fossil fuels."

Air Quality Management Area:

Local authorities have a duty under the Environment Act 1995 to assess local air quality within their areas against a set of health-based objectives for a number of specific air pollutants. When areas are found where pollutants are either exceeding or close to the objectives, in locations where there is relevant public exposure, local authorities are required to declare an Air Quality Management Area (AQMA) and to prepare an Air Quality Action Plan (AQAP). The purpose of the AQAP is to set out measures the local authority intends to take to reduce concentrations of pollutants in pursuit of the objectives.

Air quality across Cheshire East is generally good, although there are Air Quality Management Areas (AQMA's) across the borough which haven declared for levels of nitrogen dioxide that exceed the Air Quality Objective (AQO). The main source of nitrogen dioxide in Cheshire East is road traffic so measures that will reduce emissions and also have a complementary effect of health are encouraged.

[43] Cheshire East Council (2021) Cheshire East Borough Council Air Quality Action Plan 2020-2025. Available from: https://www.cheshireeast.gov.uk/pdf/environment/air-quality/aqap-final-aug-2021.pdf (Accessed 14 February 2023).

Details of the 12 AQMA's and the Cheshire East Action Plan can be found on our website at Air Quality in Cheshire East (arcgis.com)[44].

Cheshire East has developed a Low Emission Strategy (LES) to ensure that current emissions are reduced as far as possible and emissions associated with new development are minimised[45]. The LES will provide a package of measures selected on the basis of research and current best practice in emissions management.

Smoke Control Areas

Smoke Control Areas (sometimes called Smokeless Zones) are declared by local authorities in order to control the types of fuel that can be burnt on heating appliances in buildings. The aim is to prevent air pollution that affects the environment and can have a serious impact on health. In February 1952 over 4000 people died in a five day period in the London smog attributed mainly to the burning of coal.

Smoke Control Areas are located within areas of Crewe, Wilmslow, Handforth and a small area of Disley, and are available to view on the smoke control area map[46]. When viewing the map, Smoke Control Areas are shaded grey and further information can be obtained by clicking the shaded area.

Show The Air You Care:

The Cheshire East Air Quality and Public Heath teams are also working together to communicate air quality effects on health to the public. To do this, we have launched an air quality awareness campaign themed "SHOW THE AIR YOU CARE"[47]. This campaign encourages everyone to do their bit to help tackle air pollution. We will also look to develop a Cheshire East based health impact assessment

[44] Cheshire East Council. Air quality in Cheshire East. Available from: https://cheshireeast.maps.arcgis.com/apps/MapJournal/index.html?appid=c91838f3f37e428a89bc743948a3e929 (Accessed 14 February 2023).
[45] Cheshire East Council (2018) Low Emission Strategy. Available from: https://moderngov.cheshireeast.gov.uk/ecminutes/documents/s65739/Cheshire%20East%20Low%20Emission%20Strategy_Final%2030-8-18.pdf (Accessed 14 February 2023).
[46] Cheshire East Council. Smoke control area map. Available from: https://moderngov.cheshireeast.gov.uk/ecminutes/documents/s65739/Cheshire%20East%20Low%20Emission%20Strategy_Final%2030-8-18.pdf (Accessed 14 February 2023).
[47] Cheshire East Council. Show the Air You Care. Available from: https://www.cheshireeast.gov.uk/business/environmental_health/local_air_quality/air-quality-awareness/air-quality-awareness.aspx (Accessed 14 February 2023).

'Show the Air You Care'

Further Information is available at

Health matters: air pollution - GOV.UK (www.gov.uk)

Air Pollution forecasts for Cheshire East Can be found at UK Air (Air Information Resource)

Review of interventions to improve outdoor air quality and public health - Review of interventions to improve outdoor air quality and public health (publishing.service.gov.uk)

Improving active travel

In the UK transport is the largest contributor of greenhouse gas emissions. Road transport accounts for 31% of nitrogen oxides, 19.5% of $PM_{2.5}$[48] and 18% of PM_{10} UK emissions[49]. It frequently accounts for more than 64% of air pollution at urban monitoring site.

[48] NICE. Air pollution: outdoor air quality and health. NICE guideline [NG70]Published: 30 June 2017 https://www.nice.org.uk/guidance/ng70/chapter/glossary#pm25-pm10 (Accessed 14 February 2023).

[49] NICE. Guideline scope. Air pollution: outdoor air quality and health. Available from: https://www.nice.org.uk/guidance/ng70/documents/air-pollution-outdoor-air-quality-and-health-final-scope2 (Accessed 14 February 2023).

Car ownership in Cheshire East is higher with 40% of households having two or more cars against a UK average of 29%. Due to Cheshire East being a predominantly rural area, a high proportion of trips are made by private transport methods, and public transport usage is relatively low compared to densely populated areas such as Greater Manchester.

The evidence shows a largely positive impact of interventions to support active travel (physical and mental health, economic benefits and reduction in pollution)[50]. There is also strong evidence of the impact of interventions in school settings. As such interventions have the potential to develop active travel habits that may be continued into adult life. The evidence for the effectiveness of individualised marketing was also strong, demonstrating that once people have stated their desire to change travel behaviour, they can be encouraged to change through the provision of relatively simple information.

An overview of evidence on increasing active travel shows that schools in urban locations achieved higher levels of change (with one large-scale evaluation concluding that urban schools were able to achieve double the level of change, compared to rural schools). Some interventions may be more effective (with lower cost per trip) in urban areas, as compared to **rural** areas. However, some interventions like use of e-bicycles have shown that there was a significant increase in the distance (even doubling) and enable longer and hillier trips and replacement of car trips. The evidence indicates that different types of intervention can successfully add to the UK economy across both urban and rural settings, although the type of intervention should be targeted to the area[51].

Table 2 shows that Cheshire East has low proportion of physically inactive adults but higher prevalence among children and young people as compared to North West and England. Additionally, percentage of adults walking or cycling for travel is lower than the regional and national levels.

		Cheshire East	North West	England
Percentage of physically active adults	2020/21	70.6%	64.5%	65.9%

[50] Public Health England (2020). Health matters: physical activity - prevention and management of long-term conditions. Available from: https://www.gov.uk/government/publications/health-matters-physical-activity/health-matters-physical-activity-prevention-and-management-of-long-term-conditions (Accessed 14 February 2023).

[51] Hopkinson et al. (2019) CWIS Active Travel Investment Models: Model structure and evidence base. Technical appendix 4: Overview of evidence on increasing active travel. Transport for Quality of Life. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/846325/appendix_4_Overview_of_evidence_on_increasing_active_travel.pdf (Accessed 14 February 2023).

		Cheshire East	North West	England
Percentage of physically inactive adults	2020/21	19.4%	24.9%	23.4%
Percentage of physically active children and young people	2021/22	45.1%	48.5%	47.2%
Percentage of adults walking for travel at least three days per week	2019/20	9.1%	13.4%	15.1%
Percentage of adults cycling for travel at least three days per week	2019/20	0.8%	1.8%	2.3%

Source: OHID fingertips. Office for Health Improvement & Disparities. Public Health Profiles. [2 February 2023] https://fingertips.phe.org.uk © Crown copyright [2023]

Walking is still the most popular way of travelling to and from school. Approximately 65% of Cheshire East children travel by sustainable modes on the school journey, whilst 35% travelled by car, with sustainable modes used more for journeys to secondary schools. Car use has been steadily decreasing over the last few years.

Councils Local Transport Plan 2019 - 2024 outlines how transport will support wider policies to improve economy, protect environment and make attractive places to live, work and play. As part of the plan the council is taking a range of actions across the borough[52].

Active travel Fund

Cheshire East Council has received a total of £743,000 from the Active Travel Fund towards the implementation of active travel schemes within the borough.

The funding is available in 2 tranches:

- Tranche 1 (Summer 2020) supported the installation of temporary projects as part of the response to the COVID-19 pandemic;
- Tranche 1 Consultation

Eight new temporary schemes came into effect in Autumn 2020 to improve routes to schools and workplaces, boost social distancing, encourage walking and cycling and improve town centre environments. Measures were also aimed at reserving capacity on public transport for those who need it during the pandemic.

The eight active travel schemes installed include:

- Coronation Street, Crewe
- Crewe town centre
- Congleton town centre

[52] Cheshire East Council. Local Transport Plan 2019-2024. Available from: https://moderngov.cheshireeast.gov.uk/ecminutes/documents/s72327/Local%20Transport%20Plan%20-%20app%201.pdf (Accessed 14 February 2023).

- Macclesfield town centre
- Ivy Road, Macclesfield
- Hawthorn Lane, Wilmslow
- Old Middlewich Road, Sandbach
- Lodge Road, Alsager

Following a review, the Lodge Road scheme in Alsager has been removed. The council is now reviewing the remaining schemes to determine whether they are amended, removed or made permanent.

Tranche 2 (Summer 2022) supports the creation of more permanent Active Travel projects.

Tranche 2 Consultation

Cheshire East Council secured £588,000 of DfT funding in the second Tranche of the Active Travel Fund to implement permanent walking and cycling infrastructure schemes.

Five schemes were consulted on in February 2021:

- West Street, Antrobus Street and Mill Street (Congleton)
- Vernon Way and Market Street (Crewe)
- Black Lane and Hurdsfield Road (Macclesfield)
- Manchester Road (Tytherington)
- Manchester Road (Wilmslow and Handforth)
- Following this consultation, feedback has been reviewed and the Manchester Road (Wilmslow and Handforth) and Manchester Road (Tytherington) scheme designs have been developed further.

The LTP is supported by a number of other strategies that have been recently developed or are under development. They include the 'Cycling Strategy'[53], a 'Sustainable Modes of Transport to School'[54] strategy and a 'Compulsory School Age Education Travel Policy', Rights of Way Improvement Plan[55]

The council has been awarded £50,000 by the Department for Transport (DfT) to develop a feasibility study into the pilot 'active travel social prescribing' project, which, if further funding is approved, would see new cycle and walking routes created in Crewe to help boost the health and wellbeing of residents.

[53] Cheshire East Council. Cycling Strategy 2017-2027. Available from: https://moderngov.cheshireeast.gov.uk/ecminutes/documents/s72327/Local%20Transport%20Plan%20-%20app%201.pdf (Accessed 14 February 2023).

[54] Cheshire East Council. School Travel Planning. Available from: https://www.cheshireeast.gov.uk/schools/school_transport/school_travel_planning.aspx#:~:text=Walking%20is%20still%20the%20most%20popular%20way%20of,been%20steadily%20decreasing%20over%20the%20last%20few%20years. (Accessed 14 February 2023).

[55] Cheshire East Council. Improving Our Public Rights of Way Network. Available from: https://www.cheshireeast.gov.uk/leisure,_culture_and_tourism/public_rights_of_way/improving_public_rights_of_way.aspx (Accessed 14 February 2023).

Crewe Town Centre Regeneration programme[56] includes projects include a proposed new pedestrian walkway and cycleway between High Street and the Lifestyle Centre – a planning application for which was recently submitted – and the 'Flag Lane link' scheme[57], which will connect Dunwoody Way to Delamere Street via Flag Lane.

Improving energy efficiency of housing

Approximately 40% of greenhouse gas emissions come from buildings. While public and industrial structures play a part, burning, cooling, and heating primarily happen in the housing sector[58].

A household experiences fuel poverty if they are on a low income and face high costs of keeping adequately warm and ensuring other basic energy services.

England's housing stock is made up of relatively energy inefficient properties which can result in homes that are difficult or costly to heat. However, households can be cold without being in fuel poverty if people choose not to heat their homes adequately where they have the means to do so[59]. Homes that are cold due to fuel poverty exacerbate health inequalities. Cold homes can cause and worsen respiratory conditions, cardiovascular diseases, poor mental health, dementia, hypothermia and problems with childhood development. In some situations, health conditions may become severe and cause death[60].

In England, there were an estimated 29,200 excess winter deaths in 2012-13. Estimates suggest that some 10% of excess winter deaths are directly attributable to fuel poverty and 21.5% of excess winter deaths are attributable to the coldest 25% of homes.

3.5 million households in England are in fuel poverty. Proportion of fuel poor households in CE is 10.8%, which is lower than North West (14.4%) and England (13.2%)

[56] Cheshire East Council. Crewe Town Centre Regeneration Project. Available from: https://www.cheshireeast.gov.uk/business/major_regeneration_projects/crewe-town-centre-regeneration-programme/crewe-town-centre-regeneration-programme.aspx (Accessed 14 February 2023).
[57] Cheshire East Council. Flag Lane link. Available from: https://www.cheshireeast.gov.uk/business/major_regeneration_projects/crewe-town-centre-regeneration-programme/flag-lane-link-road.aspx (Accessed 14 February 2023).
[58] European Commission (2020) In focus: Energy efficiency in buildings. Available from: https://c ommission.europa.eu/news/focus-energy-efficiency-buildings-2020-02-17_en (Accessed 14 February 2023).
[59] Public Health England & UCL Institute of Health Equity. Local action on health inequalities: Fuel poverty and cold home-related health problems. Available from: file:///C:/Users/AA122F/Downloads/Fuel_poverty_health_inequalities.pdf (Accessed 14 February 2023).
[60] Institute of Health Equity (2022) Fuel Poverty, Cold Homes and Health Inequalities in the UK. Available from: https://www.instituteofhealthequity.org/resources-reports/fuel-poverty-cold-homes-and-health-inequalities-in-the-uk (Accessed 14 February 2023).

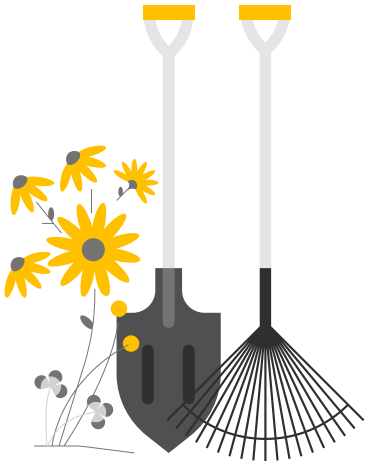
Cheshire East's housing strategy further support the plans to improve the energy efficiency of housing[61].

Cheshire East's HUG scheme provide Home Upgrade Grants or homes which are not heated by gas and have a low Energy Performance Band E, F or G. Grants can be used for[62]

- solid wall insulation (internal or external)
- cavity wall insulation
- loft, room-in-roof and flat roof insulation
- under-floor insulation
- air source heat pump
- ground source heat pump
- solar thermal for hot water
- solar PV for electricity generation
- high heat retention electric storage heaters
- heating controls
- external door and window upgrades (only in conjunction with other improvements)

Improving quality of green spaces

Green spaces have a positive influence on population and individual level health and wellbeing. There is evidence to indicate that increase access to green infrastructure has a positive impact on physical activity, mortality rates, certain types of morbidity, mental health, quality of life, and is associated with less stark inequalities in health[63]. Green infrastructure may also benefit health and wellbeing through contributing to healthy microorganisms and better nutrition[64], and through reducing noise pollution, flooding,



[61] Cheshire East Council. Housing Strategy 2018-2023. Available: Housing Strategy 2018-2023. Available from: https://www.cheshireeast.gov.uk/pdf/housing/cheshire-east-housing-strategy-2018-2023.pdf (Accessed 14 February 2023).

[62] Cheshire East Council. Reduce your energy bills today. Available from: https://improveasy.com/cheshireeast/#:~:text=Your%20property%20could%20qualify%20for%20FREE%20funding%20from,won%E2%80%99t%20have%20to%20pay%20as%20much%20in%20bills (Accessed 14 February 2023).

[63] World Health Organization. Urban Green Space Interventions and Health. A review of impacts and effectiveness. Available from: https://www.euro.who.int/__data/assets/pdf_file/0010/337690/FULL-REPORT-for-LLP.pdf (Accessed 14 February 2023).

[64] Natural England A rapid scoping review of health and wellbeing evidence for the Framework of Green Infrastructure Standards. Available from: https://beyondgreenspace.files.wordpress.com/2020/10/neer015-a-rapid-scoping-review-of-health-and-wellbeing-evidence-for-the-framework-of-green-infrastructure-standards-final-draft-sept-2020-1.pdf (Accessed 14 February 2023).

and poor air quality. Access to green spaces can assist local government to improve health and wellbeing, managing health and social care costs, reducing health inequalities, improving social cohesion and taking positive action to address climate change[65].

The total proportion of urban greenspace in England declined by 8 % points between 2001 and 2018 (from 63% to 55%)[66], however it is recognised that this is a rural issue. 93% of Cheshire East is GI, 74% of which is agricultural land. The Best and Most Versatile Land Report (2016) found that 47% of agricultural land across Cheshire East was Best and Most Versatile Land (BMV), which is regarded as a national asset.

Cheshire East's Green Space strategy can be found at Green Space Strategy (cheshireeast.gov.uk) [67].

Green Spaces for Wellbeing is a partnership between Ansa Environmental Services, Everybody Health and Leisure, NHS, Cheshire East Council and the voluntary sector. Designed around the Five Ways to Wellbeing, these nature-based activities help prevent and tackle mental ill health; and support people with long-term health conditions.

Further Information is available at

A review of improving access to green spaces[52]
A review of impacts and effectiveness of Urban Green Spaces[51]

Improving social capital and reducing social isolation

The links that connect people within communities, often described as social or community capital, can bring a range of benefits. As well as physical places, the communities and social networks to which individuals belong is important to adapt to the potential impacts of climate change, for example, coping with extreme weather such as flooding.

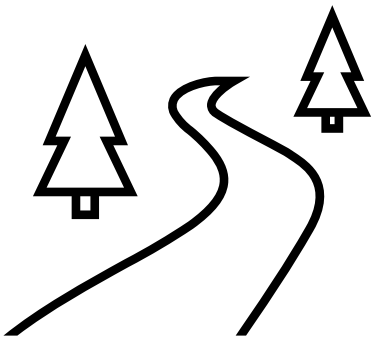
[65] Public Health England (2020). Improving access to greenspace. A new review for 2020. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/904439/Improving_access_to_greenspace_2020_review.pdf (Accessed 14 February 2023).
[66] Climate Change Committee (2019) Progress in preparing for climate change – 2019 Progress Report to Parliament. Available from: https://www.theccc.org.uk/publication/progress-in-preparing-for-climate-change-2019-progress-report-to-parliament/ (Accessed 14 February 2023).
[67] Cheshire East Council. Green Space Strategy. Available from: https://www.cheshireeast.gov.uk/planning/spatial-planning/research_and_evidence/green_space_strategy.aspx (Accessed 14 February 2023).

Social capital can provide a source of resilience, improve health and reduce health inequalities, a buffer against particular risks of poor health, through social support and connections that help people find work or get through economic and other difficulties.

Across Cheshire East an asset-based approach is being used to bring together and build upon our assets (organisations, places/buildings, knowledge and enthusiasm) in our communities.

Cheshire East Council will support and engage with communities including the voluntary, community and faith sector and the many active volunteer-based partnerships, for more details you can view the council's Connected Communities strategy[68].

Connected Communities Centres host a range of activities and support services available on your doorstep. Each centre delivers services tailored for their community, from coffee mornings, computer classes and line dancing, to learning a language, sharing a problem and support for stroke sufferers – there's something for everyone[69].



Cheshire East Crowd is a crowdfunding platform, Cheshire East Crowd, with up to £10,000 available to support great community projects[70]. This initiative, in partnership with crowdfunding platform Spacehive, enable local people, businesses, the council and other organisations to pledge alongside each other to crowdfunding campaigns that bring your ideas to life. In the first round of crowdfunding the council pledged to support 11 community-led projects including A community sensory projector in Crewe, a repair café in Macclesfield, the restoration of the footpath along part of the Trent and Mersey canal bank at Wheelock Wharf and a project to provide adaptive bikes on a local cycle track in Poynton.

Preparedness for Extreme Weather events

[68] Cheshire East Council. Connected communities strategy 2021-25. Available from: https://files.smartsurvey.io/2/0/3OCEPIDT/Connected_Communities_Strategy_v4.pdf (Accessed 14 February 2023).
[69] Cheshire East Council. Connected communities. Available from: https://www.cheshireeast.gov.uk/council_and_democracy/connected-communities/Connected-Communities.aspx (Accessed 14 February 2023).
[70] Cheshire East Crowd. Available from: https://www.spacehive.com/movement/ce (Accessed 14 February 2023).

Cheshire East has developed plans to support communities to prepare and respond to extreme cold, heat waves and flooding.

Winter Wellbeing in Cheshire East provide advice on how to stay warm and stay safe during winter[71].

Intense extreme rainfall events are becoming more frequent across Cheshire East and flooding is occurring to properties and business located within areas of surface water and fluvial flood risk. A multi-agency team responds to flooding within Cheshire East. This includes teams from Cheshire East Council, the Environment Agency, United Utilities and the Emergency Services.

Flooding (cheshireeast.gov.uk) provides advice on flooding for individuals and businesses[72].

[71] Cheshire East Council. Winter Wellbeing in Cheshire East. Live Well in Cheshire East. Available from: https://www.cheshireeast.gov.uk/livewell/health-matters/keeping-well/winter-wellbeing/winter-wellbeing.aspx (Accessed 14 February 2023).
[72] Cheshire East Council. Flooding. Available from: https://www.cheshireeast.gov.uk/planning/flooding/flooding.aspx (Accessed 14 February 2023).

Table 3: Flooding in Cheshire East

Year	Date(s)	Rainfall in mm (Duration)	Indication of Rainfall Intensity(based on long term recorded monthly rainfall totals)	Main areas of reported property flooding experienced in;
2022	20 - 21 February (Storm Franklin)	50mm (30hrs)	A months' worth of rain in 30hrs	North of the borough
2021	18 – 20 January (Storm Christoph)	70mm (48hrs)	Over a months' rain in 48hrs	Borough wide
2019	25-26 October	68mm (28hrs)	3 weeks of rain in 28hrs	South of the borough
2019	27 - 31 July	150mm (5 days)	Over 2 months of rain in 5 days	North of the borough
2016	13 September	30mm (2hrs)	Nearly half a months' rain in 2 hrs	North of the borough
2016	11 June	45mm (6hrs)	2/3rds of a months' rain in 6 hrs	North of the borough

Behaviour change

There is a range of evidence that changing people's health-related behaviour can have a significant effect on some of the major causes of mortality and morbidity.

Adopting healthier lifestyles including active travel and healthy diet also has a positive impact on reducing carbon emissions.

Behaviour change should be promoted through regular communication and engagement, emphasising the significance of reducing carbon footprint and recommending ways that this can be achieved[73].

The WWF My Footprint calculator is a quick and easy way to understand individual's own carbon footprint – and suggests ways to implement actions.

Individual Actions

Individual actions do make a difference. Per capita emissions in the UK need to reduce from approximately 10-12 tonnes CO_2 per annum to 1-2 tonnes over the next decade[74].

[73] www.parliament.uk Science and Technology Committee - Second Report Behaviour Change. Available from: https://publications.parliament.uk/pa/ld201012/ldselect/ldsctech/179/17902.htm (Accessed 14 February 2023).

[74] Faculty of Public Health Special Interest Group-sustainable development. Reducing Greenhouse Gas Emissions. Available from: https://www.fph.org.uk/media/2530/a1-fph-sig-reducing-greenhouse-gas-emissions-final.pdf (Accessed 14 February 2023).

Researchers have summarised the actions individuals can take to reduce climate change and categorised then into low, moderate and high impact actions. Source: Wynes & Nicholas 2017[75]
Low impact actions
• Upgrading light bulbs
Moderate impact actions
• Hang dry clothes • Recycle waste • Wash clothes in cold water • Replace typical car with hybrid
Higher impact actions
• Eat a plant based diet • Switch to an electric car • Buy green energy • Avoid transatlantic flights • Go car free • Have one fewer child Source

The One You Cheshire East provides a range of advice and interventions for public to adopt healthy lifestyles[76].

Cheshire East's Health and Wellbeing Service offers free walk-in wellbeing checks and provide advice for adopting healthier lifestyles[77].

[75] Faculty of Public Health Special Interest Group-sustainable development. Reducing Greenhouse Gas Emissions. Available from: https://www.fph.org.uk/media/2530/a1-fph-sig-reducing-greenhouse-gas-emissions-final.pdf (Accessed 14 February 2023).
[76] Cheshire East Council. One You Cheshire East. Livewell Cheshire East. Available from: https://www.cheshireeast.gov.uk/livewell/health-matters/keeping-well/one-you-cheshire-east/one-you-cheshire-east.aspx (Accessed 15 February 2023).
[77] Cheshire East Council. Health and Wellbeing Service. Livewell Cheshire East. Available from: https://www.cheshireeast.gov.uk/livewell/health-matters/health-and-wellbeing-service/health-and-wellbeing-service.aspx (Accessed 15 February 2023).

Recommendations

We will continue to make progress to meet our pledge to make Cheshire East a carbon neutral borough by 2045 through:

- Public sector leading by example
- Working in partnership with the NHS, businesses, voluntary sector to ensure that climate change and sustainability is a priority for all
- Developing multi-agency integrated sustainable policies across different sectors and departments
- Ensuring that policies address both climate change and health inequalities
- Engaging all stakeholders and public through information campaign and consultation exercises
- Monitoring and evaluating the implementation of policies and strategies.

In response to the recovery from the pandemic it is important to build on some of the positive changes seen during our response to the pandemic, such as the choice to work from home, enhancing the local opportunities for active travel and the reduction in traffic and air pollution.

Terminology

1. **Adaptation** – Taking action to minimise the current and expected impacts of climate change
2. **Carbon dioxide CO_2** - carbon emissions - The main, but not the only gas that traps heat in the atmosphere, acting like a blanket. The term is widely used to describe greenhouse gas emissions
3. **Greenhouse gases** – all the gases that contribute to trapping heat in the atmosphere, including not only carbon dioxide but methane and water vapour
4. **IMD** stands for Index of Multiple Deprivation and is a measure of relative deprivation for small areas. It is a combined measure of deprivation based on a total of 37 separate indicators that have been grouped into seven domains, each of which reflects a different aspect of deprivation experienced by individuals living in an area
5. **Mitigation** - Taking action to reduce Greenhouse Gas Emissions and enhancing natural and artificial processes that remove greenhouse gases from the atmosphere
6. **Vector borne diseases**: Illnesses that are transmitted by organisms that act as vectors such as mosquitoes, flies, ticks.
7. **Zoonotic Diseases**: a disease which can be transmitted to humans from animals.

Introduction

This year, the Director of Public Health annual report aims to

- Highlight the impact of climate change on health, wellbeing and health inequalities
- Show how we can respond to the effects of climate change
- Outline Cheshire East's leadership role in making the borough carbon neutral
- Provide recommendations to continue to tackle climate change and health inequalities

Health impacts of climate change

Climate change has many impacts on our physical health and mental wellbeing. They can result in illness, death, and peoples' ability to access services.

Rising sea levels, less freshwater, and safe water availability, can result in changing patterns of infections, reduced pollination and crop failure leading to food shortages and poor air quality (leading to increase allergens and lung diseases).

There can be livelihood loss, rising prices of food and fuel, supply chain disruption, pressure on health and care services, conflict or forced migration.

Climate change does not affect everyone equally. By reforming our approach to health and social care, we can reap the benefits of living longer, healthier and happy lives.

Cheshire East response

The council declared an environment and climate emergency in May 2019.

We are committed to becoming a carbon neutral council by 2025 and a carbon neutral borough by 2045, strengthening the commitment to our residents in the borough.

We explain our plans, and actions already taken to combat climate change in the full report.

As part of our recovery from the pandemic, it is important to build on the positive changes we have seen, such as the choice to work from home, enhancing local opportunities for active travel and the reduction in traffic and air pollution.

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Cheshire East Council

NHS Cheshire and Merseyside

CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	Joint Strategic Needs Assessment (JSNA) approval processes
Date of meeting:	21 March 2023
Written by:	Dr Susan Roberts
Contact details:	Susan.roberts@cheshireeast.gov.uk
Health & Wellbeing Board Lead:	Matt Tyrer

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 an alternative proposal to approval of JSNA reviews for publication and also of the JSNA work programme.		
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 ☒		
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 ☐		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	The Health and Wellbeing Board (HWB) is asked to approve the proposal to update the JSNA approval process, in which responsibility for sign off of the reviews for publication and of the work programme will be delegated to the Cheshire East Council Executive Director of Adults, Health and Integration or the Director of Public Health and to approve the work programme approval process to the Executive Director for Adults, Health and Integration or Director of Public Health.		
Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	The report has been considered by the Cheshire East Council Adults, Health and Integration Directorate Management Team, and the Cheshire East Council Corporate Leadership Team.		

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.	Approval of the process should enable more timely production and publication of JSNA reviews, enabling more prompt action across Cheshire East Place to improve health and wellbeing and address inequalities.

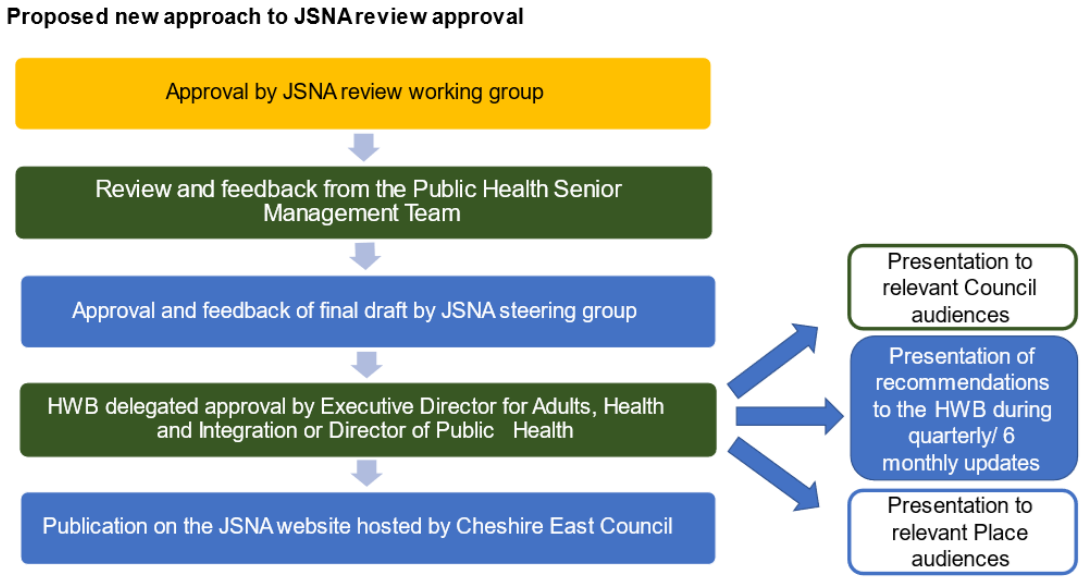
1 Report Summary

1.1 The purpose of this paper is to explain the current JSNA review approval and work programme processes and propose an alternative process of approval.

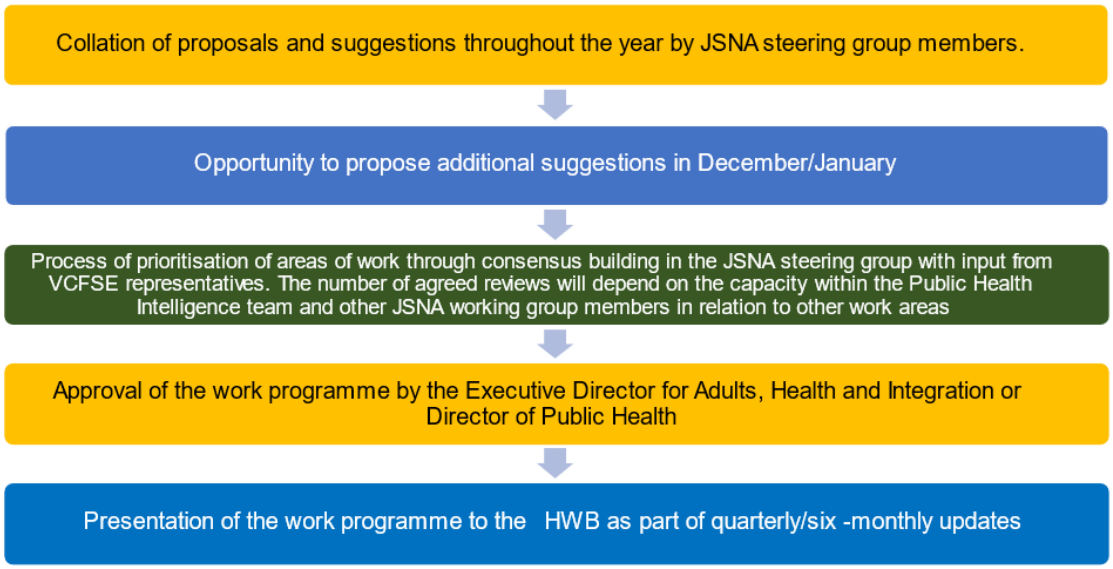
2 Recommendations

2.1 The Health and Wellbeing Board (HWB) is asked to approve the proposal to update the Joint Strategic Needs Assessment (JSNA) approval process, in which responsibility for approval of the reviews for publication will be delegated to the Cheshire East Council Executive Director of Adults, Health and Integration or Director of Public Health.

2.2 After the information is presented to the Cheshire East Council Executive Director of Adults, Health and Integration or Director of Public Health for approval it will then be shared with elected members and a two week window will exist during which time any concerns or issues can be raised. After that (assuming no concerns are raised) it would be published on the website.



The Health and Wellbeing Board is asked to approve the following work programme approval process:



3 Reasons for Recommendations

3.1 Currently, the Health and Wellbeing Board is required to approve all JSNA reviews prior to publication, and also the work programme. The structures that existed previously to review JSNAs prior to submission to the Health and Wellbeing Board no longer exist in the same form.

3.2 Approval by the Health and Wellbeing Board requires submission of papers through the Council approval mechanisms often five or more weeks in advance of the point of approval itself. Furthermore, the Health and Wellbeing Board meetings occur on a bi-monthly basis, often with very full agendas, whereas the Adults, Health and Integration Directorate Management Team meetings occur weekly. As such, delegated approval of the JSNA reviews, would allow more timely and efficient publication and the Health and Wellbeing Board to focus conversations regarding the recommendations.

3.3 JSNA reviews are highly detailed and technical documents, which the JSNA steering group, Adults, Health and Integration Directorate Management Team, and Public Health Senior Management Team are well placed to review and approve.

3.4 The JSNA steering group is led by Public Health and comprises of representation from across the Council, NHS and VCFSE.

4 Impact on Health and Wellbeing Strategy Priorities

4.1 The production of the JSNA supports the outcomes of the Joint Health and Wellbeing Strategy 2018-21 and Place Plan 2019-2024:

- Create 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.
- Ensure that children and young people are happy and experience good physical and mental health and wellbeing

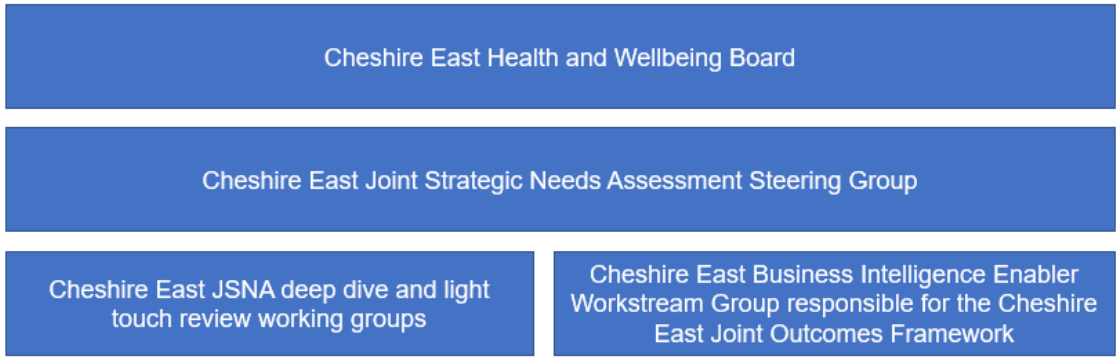
5 Background and Options

5.1 JSNAs are assessments of the current and future health and social care needs of the local community; needs that could be met by the local authority or the NHS. JSNAs help Health and Wellbeing Boards to also consider wider factors that impact on their communities' health and wellbeing, and local assets that can help to improve outcomes and reduce inequalities.

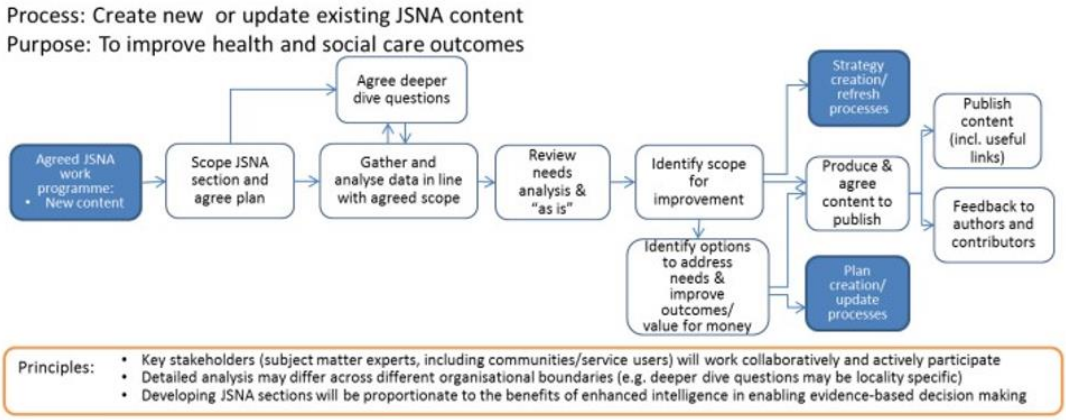
5.2 Cheshire East Health and Wellbeing Board is responsible for the development of the JSNA.

5.3 JSNA development is supported by the structure outlined below. The listed groups include representation from across Cheshire East, including Cheshire East Council, the NHS and VCFSE organisations.

Structure of JSNA groups since 2022

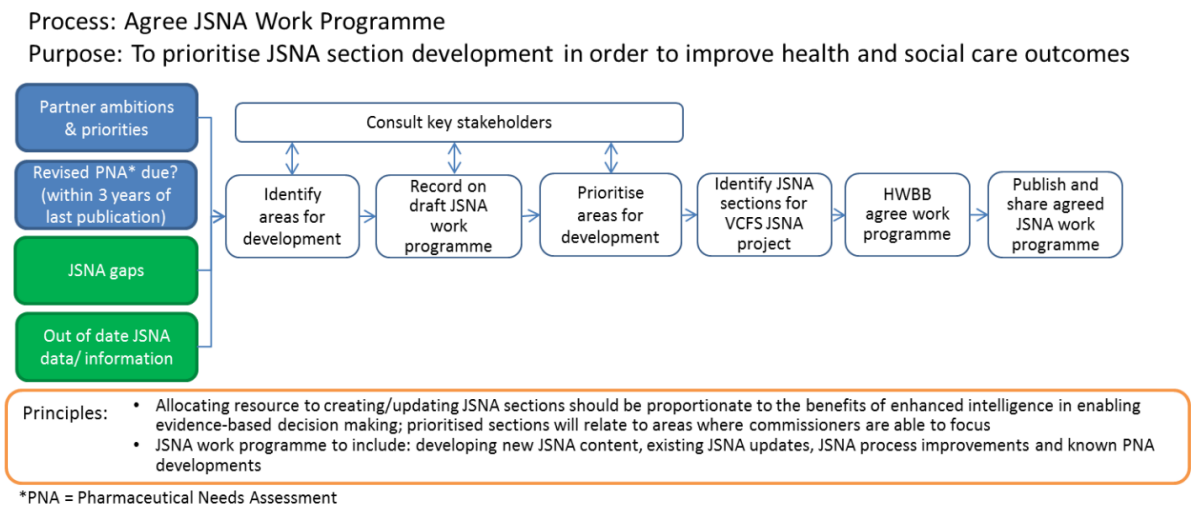


Currently, the following JSNA review approval process exists:



5.4 The sign off process is not explicitly stated within the production guidance. However, prior to the pandemic, reviews were signed off internally by a governance structure within Cheshire East Council that no longer exists in the same form.

5.5 The work programme was previously approved in the following way:

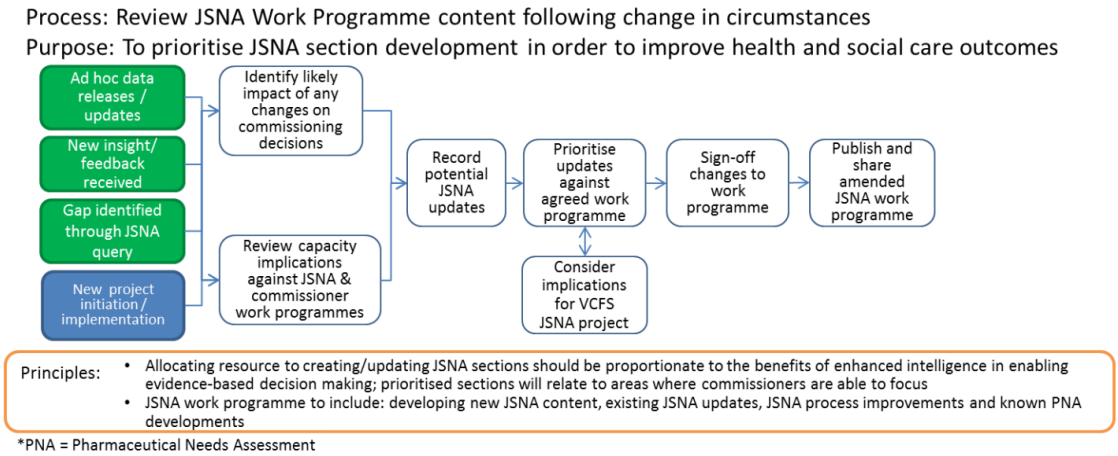


5.6 According to national guidance, "Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare JSNAs and JHWSs, through the health and wellbeing board. The responsibility falls on the health and wellbeing board as a whole and so success will depend upon all members working together throughout the process. Success will not be achieved if a few members of the board assume ownership, or conversely do not bring their area of expertise and knowledge to the process. As the duties apply across the health and wellbeing board as a whole, boards will need to discuss and agree their own arrangements for signing off the process and outputs. What is important is that the duties are discharged by the board as a whole"[1]. This guidance is important to consider. Of note, Integrated Care Boards have now taken on the responsibilities of former clinical commissioning groups. Through the proposed new approach, these duties would be fulfilled by:

- having multi-organisation representation on the JSNA steering group and working groups
- by presenting the proposed work programme updates on an annual basis
- by presenting findings and recommendations from JSNA reviews to the Health and Wellbeing Board on a quarterly or six-monthly basis
- by allowing opportunity for steer and feedback during the regular Health and Wellbeing Board updates.

5.7 The above proposals relate to agreeing the work programme at the start of the year. In terms of any amendments to the work programme mid-year, it is proposed that the current arrangement remains in place, please see below:

[1] Gov.UK Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1099832/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-2013.pdf (Accessed 21 January 2023).



6 Access to Information

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

Name: Dr Susan Roberts
Designation: Consultant in Public Health
Email: susan.roberts@cheshireeast.gov.uk

Cheshire East Council

NHS Cheshire and Merseyside

CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	Poverty JSNA
Date of meeting:	21 March 2023
Written by:	Dr Susan Roberts
Contact details:	Susan.roberts@cheshireeast.gov.uk
Health & Wellbeing Board Lead:	Matt Tyrer

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 outline the findings and recommendations of the Cheshire East Poverty JSNA.		
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 ☒		
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 ☐		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	The Health and Wellbeing Board (HWB) is asked to approve the Poverty JSNA for publication.		
Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	The report has been considered by the Cheshire East Council Adults, Health and Integration Directorate Management Team, and the Cheshire East Council Corporate Leadership Team.		

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.	Adoption of the recommendations intends to enhance existing work to improve health and wellbeing and address inequalities.

1 Report Summary

1.1 The purpose of this paper is to highlight the findings of the poverty JSNA and key recommendations as a result of these.

1.2 The Poverty JSNA has been completed as part of the 2022/23 JSNA work programme (Appendices A) and once approved, will be added to the suite of current JSNA products on the Cheshire East Council JSNA website (Appendix B).

1.3 The findings are presented through three different products: a short summary for wide and varied audiences (Appendix C) and an executive summary and full report for planning and commissioning purposes (Appendices D and E). As part of the 2022/23 the JSNA website is being updated to improve usability, accessibility and as such, potential engagement in the health and wellbeing agenda across Cheshire East (Appendix F).

1.4 Key findings from this review include:

- Our most deprived areas in Cheshire East are seen within Crewe and Macclesfield, but also within smaller areas of Congleton, Alsager and Handforth.
- People in households with disabilities, single parents, and single adults without children are more likely to experience poverty, there is also regional evidence to suggest that people from certain ethnic groups are more likely to experience food insecurity.
- Across Cheshire East, many food banks have seen an increase in demand. Decreases in food donations have also been seen. Food banks often support young men and single parent households.
- The condition of housing stock as well as access to affordable accommodation are challenges. There are currently thousands of applications for social housing.
- Our residents with lived experience who use food banks tell us that experiencing food poverty is extremely stressful and isolating. People can be reluctant to seek support due to a sense of stigma.

1.5

2 Recommendations

2.1 The Health and Wellbeing Board (HWB) is asked to approve the publication of the Poverty JSNA products on the updated website and the following recommendations:

2.2 Further to the key findings, the following recommendations have been made. Across Cheshire East we need to:

- Work together with people with lived experience to improve our understanding of the current and emergent challenges and to work out solutions for these. This will be supported by the Cheshire East People's Panel and learning from the Transfer of Care hubs (see full report for more information).
- Widely share our knowledge of services and community assets available to support people experiencing poverty, including those online and those available in person.
- Encourage professionals to take a holistic approach to consider the why and the wider implications for the individual.
- Encourage as many people who work with our residents as possible to signpost them to the support available. For example, schools, employers and health and care professionals. We need to make sure they are equipped to do this.
- Work to reduce the stigma associated with seeking support, where possible.
- Ensure support and advice is accessible for people with disabilities, where there are language barriers, where people are not online or where they do not have transport. Our community engagement teams will be important in highlighting gaps to us.
- Further explore approaches to addressing the rising rates of long term unemployment rates.
- Explore ways to reduce and address the challenges in housing provision and are mindful of these challenges when developing approaches to address fuel poverty.
- In supporting people with food poverty we need to:
    - Develop approaches to address food poverty that consider supply, sustainability and transport issues and focusing on areas at greatest need
    - Note the good practice examples and our areas of increased need.
- In supporting people with fuel poverty we need to:
    - Implement actions from the cold homes audit (see full report for more details) to ensure our local approach is following the best practice guidance in supporting people experiencing cold homes
    - Note the good practice examples and our areas of increased need
    - Use the Cheshire and Merseyside fuel poverty dashboard to inform our approach.
- In supporting those experiencing poverty with their health and wellbeing we need to:
    - Make sure we make the most of opportunities to prevent illness in deprived areas and particularly in Crewe. We need to promote signposting to support services across health and care including for support with transport, lifestyle change, NHS health checks, vaccination and cancer screening. We also need to make the most of schemes such as CORE20Plus5 (see full report for more details)

- Explore ways of supporting our areas with the highest patient GP ratios, particularly in areas of deprivation
- Make the most of, and develop further, opportunities to walk or cycle safely within deprived urban areas with low car ownership.

2.3 To support these recommendations, we need to

- Advocate for the needs of our residents experiencing poverty regionally and nationally
- Consider the recommendations from the Crewe JSNA, once completed, as a key area of deprivation and poverty
- Link in with local and regional digital inclusion approaches
- Link in with Cheshire and Merseyside Integrated Care System
- work to address poverty
- Identify a selection of key measures to monitor regularly so that
- we can see changes in the experience of poverty in relation to the support we provide and also external pressures, over time. Of note, long term unemployment and fuel poverty have been agreed to form part of the Cheshire East Joint Outcomes Framework (Phase 1).

2.4 It is important to note:

- Whilst the review did not highlight any differences in experience in relation to marriage and civil partnership, gender reassignment, sexual orientation, pregnancy and maternity, and religion, the review did not specifically investigate these issues in detail
- Approaches to addressing poverty will be required in many areas across Cheshire East and not just in the most deprived areas, and approaches should be tailored to meet this varied need appropriately

2.5 The JSNA review has been undertaken in parallel with, and is aligned to:

- Cheshire East Council Cost of Living Crisis planning
- The Food Poverty Spotlight Review
- The Cheshire East People's Panel project

3 Reasons for Recommendations

3.1 These recommendations are based on triangulation and interpretation of data from wide and varied sources as outlined in Appendix E (the Poverty JSNA Full Report).

3.2 Publishing a variety of products for different audiences and also updating the website, aims to improve useability and accessibility of JSNA findings. The impact of these changes will be reviewed over time.

4 Impact on Health and Wellbeing Strategy Priorities

4.1 The production of the JSNA supports the four outcomes from the Health and Wellbeing Strategy 2018-21:

- Create 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.

5 Background and Options

5.1 JSNAs are assessments of the current and future health and social care needs of the local community these are needs that could be met by the local authority or the NHS. JSNAs help Health and Wellbeing Boards to also consider wider factors that impact on their communities' health and wellbeing, and local assets that can help to improve outcomes and reduce inequalities.

5.2 Health and Wellbeing Boards have a duty to produce a JSNA for their area. The poverty JSNA is one of the deep dive reviews within the JSNA work programme 2022/23 and was agreed to be a key priority by the multi-agency multi-partner JSNA Steering Group (Appendix A). Whilst, a review of poverty in children and families across Cheshire East was published in 2014, the JSNA programme has not previously undertaken a review into poverty more broadly.

5.3 Work on the review commenced in April 2022 and was undertaken via a working group, which group included representation from:

- Communities (co-content sponsor - Cheshire East Council)
- Research and Consultation (Cheshire East Council)
- Public Health (Cheshire East Council)
- NHS
- Voluntary Community Faith and Social Enterprises (VCFSE)

5.4 The review was undertaken in 2 phases:

- Phase 1 agreed a draft scope and focussed on summarising food poverty need for a spotlight review. This review took place in June 2022 and involved Cheshire East Council officers, Elected Members and representatives from VCFSE.
- Phase 2 was agreed after the spotlight review when the final scope was also confirmed. The working group supported in identification of key sources of national and local data, which have been combined by the Public Health Intelligence Team.

5.5 The group agreed that the review should answer the following questions:

- What is the experience of poverty in Cheshire East both now and in the future?
- What is the variation in poverty across Cheshire East by geography and protected characteristics (such as age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation)?

- What is the impact of poverty on health and wellbeing in Cheshire East?
- What interventions can be put in place to alleviate poverty?

5.6 To answer these questions the working group agreed to review poverty in relation to a variety of different issues:

- Overall trends in poverty
- Food poverty
- Fuel poverty
- Transport poverty
- Debt
- Employment and training opportunities
- Housing
- Health and wellbeing

5.7 What do we want to do next?:

- Publish the poverty JSNA products on the newly updated JSNA website
- Present the findings in a wide and varied forums
- Collaborate with partners to address the recommendations within the JSNA
- Continue to streamline the approach to publication of JSNA products, reducing frequency of publication of updates by continuing to monitor some key measures in relation to each of the reviews, either through the Joint Outcomes Framework, other existing dashboards or through additional Microsoft Power BI tools. It will also be important to monitor the continued use of published JSNA reviews and any related dashboards, perhaps in terms of monitoring webpage visits.

6 Access to Information

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

Name: Dr Susan Roberts
Designation: Consultant in Public Health
Email: susan.roberts@cheshireeast.gov.uk

Appendix A

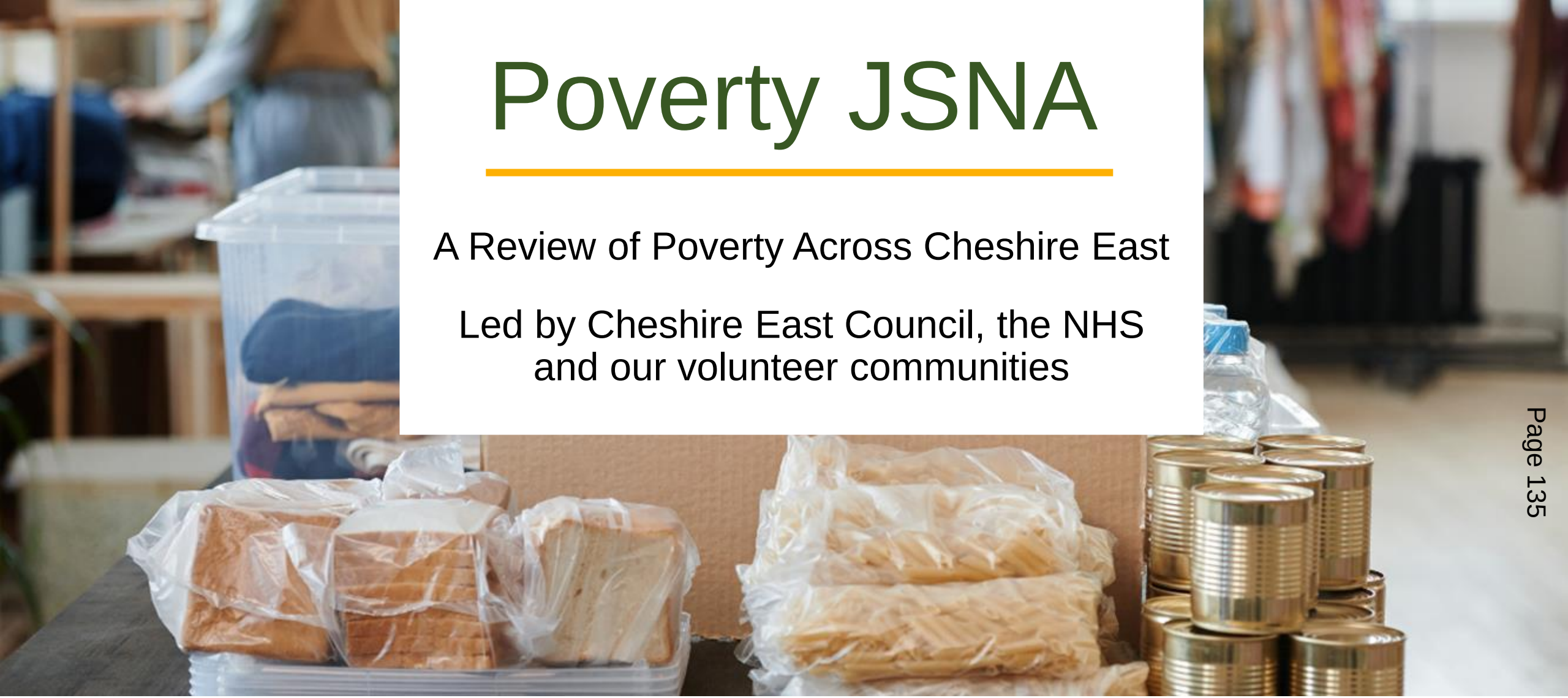
JSNA Work Programme 2022/23: Summary

Deep dives
Poverty
Crewe
Emotional and mental wellbeing in children and young people
Special Educational Needs and Disability
Light touch reviews
Smoking
Substance misuse
Falls
Automation of the Tartan Rug to allow for further Tartan Rug updates to be produced more efficiently
Development of Cheshire East Outcomes Framework
Update of the JSNA website to improve usability and accessibility, where feasible

Appendix B:

Summary of products currently available on the Cheshire East JSNA Website

Topic area	Review title	Year of publication
Overviews	The Tartan Rug 2021	2022
	Differences in life expectancy	2012
	Census 2011	2012
Starting and developing well	Children and families in poverty	2014
	The village of 100 children	2018
	Perinatal mental health	2017
	Legal abortions	2015
	Breastfeeding	2014
	Whooping cough vaccination	2014
	Excess weight	2019
	Tooth decay at age 5	2014
	Childhood immunisation programmes	2016
	Hepatitis B vaccination of babies born to hepatitis B positive mothers	2014
	Special educational needs and disabilities	2017
	Autism spectrum condition	2019
	Learning disability (Supporting information for Learning Disabilities Community JSNA)	2019
	Children with long term conditions	2014
	Children and young people's mental health	2016
	Self-injury	2016
	Suicide	2018
	Mental health and employment	2018
	LGBT+ identities and mental health	2018
	Child sexual exploitation	2014
	Cared for children and care leavers	2019
	Domestic abuse	2016
	Emergency admissions to hospital	2014
	Deaths in childhood	2014
	Child maltreatment (abuse/neglect)	2018
	Carers	2018
	Drugs and alcohol	2018
	Tobacco	2017
	Under 18 conceptions and teenage births	2014
	Chlamydia screening (15-24 year olds)	2012
	Sexually transmitted infections	2014
Mental wellbeing	Excess under 75 mortality in adults with serious mental illness	2012
Community and family life	Technology support to improve health and wellbeing	2016
Health conditions	Overview for all cancers	2018
	Breast cancer	2018
	Lung cancer	2018
	Skin cancer	2018
	Bowel cancer	2018
	Upper gastrointestinal cancer	2018
	Cervical cancer	2018
	Prostate cancer	2012
Winter health	Winter health	2017
Coordination of care	Proportion of people feeling supported to management their condition	2012
	End of life care for adults	2017



Poverty JSNA

A Review of Poverty Across Cheshire East

Led by Cheshire East Council, the NHS and our volunteer communities

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What is a 'Poverty JSNA?

It is a **review of a topic area** which helps us understand an issue in more detail – in this case, the issue is poverty.

We can see where the gaps in support services are and **make better decisions to meet the needs of our residents**.

What does it tell us?

1 Who is currently experiencing poverty in Cheshire East

2 Who might be more likely to experience poverty in the future

3 What support services there are for those who need it

4 What support services are needed but not yet provided

5 Which communities and organisations may be able to work together to fill the gaps

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Did you know there are different types of poverty?

Food poverty
struggling to secure an adequate and nutritious diet

Fuel poverty
struggling to afford to heat your home

Transport poverty
struggling to secure transport due to affordability, access or mobility

Poverty can affect many aspects of life, including:

- Debt
- Employment
- Housing
- Safeguarding
- Economic Development
- Crime
- Physical Health
- Psychological Wellbeing

Read on to hear more about what we found in our review of poverty in Cheshire East

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Poverty in Cheshire East

Across Cheshire East, we are seeing an increase in the number of people needing support for poverty-related issues. Many food banks have seen an **increase in demand**.

However, food banks are receiving **fewer food donations**.

People in households with disabilities, single parents, and single adults without children are **more likely to experience poverty**.

The **condition of housing** as well as access to affordable privately rented accommodation are challenges. There are currently **thousands of applications for social housing**.

Where someone lives can mean they are more likely to experience poverty, however it can affect people from typically well-off areas

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Our residents with **lived experience** who use food banks tell us that experiencing poverty is extremely stressful and isolating.

It can be a challenge to seek support due to a sense of stigma.

"A number of people have had bailiffs at their door... People are in dire need."

In our urban areas

Residents who are struggling with poverty in our urban areas are more likely to be struggling with debt as well as buying food and heating their houses. Health and wellbeing also tends to be lower in these areas, something which is often affected by poverty.

In our rural areas

Residents who are struggling with poverty in rural areas tend to have particular challenges of: fuel poverty, and limited access to affordable housing. Support services can be hard to reach as they are often based in towns.

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What support is currently available?

From central government, examples of support includes:

£400 energy grant for Autumn 2022

5p cut to fuel duty

Higher national insurance bandings so people earn more before they have to contribute to NI

Council tax rebates for those in tax band A to D

Additional financial support for those receiving means-tested benefits, pensioners and those receiving financial disability support

Warm Homes Discount for vulnerable homes

Local support includes:

Cheshire East Live Well website

Warm PlaCEs scheme

Free SIM cards and mobile data from libraries

Social supermarkets providing food support for those in debt

Community support groups

Citizens Advice Bureau

Holiday Activity Fund

Winter Fuel Payments

Food banks

Food Aid Network

Cost of Living crisis team

Debt support

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Where are the current and potential gaps in support?

There are fewer support options for those who do not have means of transport

Not everyone who is experiencing poverty is aware of the support services available

Voluntary, community and faith organisations are faced with challenges of increased demand whilst also balancing their increasing costs

Not everyone can access support if it is provided online only

Stigma can stop people accessing the support they need

There tends to be less face-to-face support in rural areas as many services are based in towns

Read on for an outline of what we plan to do to tackle the issue of poverty

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We, as a network of NHS organisations, the Local Authority and Voluntary, Community, Faith and Social Enterprise organisations, plan to:

- **Find ways to tackle the challenges in providing enough suitable housing**
- **Focus on urban and rural areas** as residents in both areas are experiencing poverty
- **Choose ways to measure poverty so we can monitor how it is changing** over time, and whether the support provided is helping
- **Reduce the stigma** surrounding poverty
- **Keep listening to the lived experiences of residents** and involve them in developing ways to tackle poverty in Cheshire East

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The aim of this review is to provide an overview of poverty in Cheshire East and to help us understand what we need to do next to support those experiencing poverty.

We know we need to help our residents to connect with our support so that, in spite of a very challenging times, they do not feel alone and see a hopeful future ahead

If you know of anyone struggling in your community, let them know that support is available and to contact Cheshire East Council, their local Citizens Advice Bureau or visit **www.cheshireeast.gov.uk/livewell** for more information

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Additional Resources

Here are some links to help you or someone you know

Community and flexible transport Services - Alternative means of travel for older and disabled people so that they may access their nearest village or town for essential services - www.cheshireeast.gov.uk/public_transport/flexible_transport_services/cheshire-east-flexible-transport-service.aspx

Poverty Charities Directory Including Charities for the Homeless | Charity Choice - 12 week free membership at Crewe Lifestyle Centre for Gym and Swimming - St Barnabas Pilot Programme - www.charitychoice.co.uk/charities/social-welfare/poverty

For emergency support, please contact the Emergency Duty Team via 0300 123 5022. For other emergency support you can apply for our Emergency AssistanCE scheme - www.cheshireeast.gov.uk/benefits_housing_council_tax/emergency-assistance.aspx

If you think that you are eligible for free school meals but have not applied, go to www.cheshireeast.gov.uk/fsm and complete the form or phone 0300 123 5012. If you are entitled to FSM, you will start to receive these vouchers.

To apply for help with Housing costs you can apply for Discretionary Housing Payments.

For additional emergency support with food, please ask for a referral to your local food banks - https://livewellservices.cheshireeast.gov.uk/Search?keywords=food%20bank&location=&distance=

A list of support available nationally and locally for residents of Cheshire East is available to **support you with the increased cost of living** - https://www.cheshireeast.gov.uk/livewell/education-employment-and-money/money-matters/cost-of-living.aspx

Children and young people in receipt of benefit-related free school meals can access a range of **free activity clubs during the winter, Easter and summer school holidays.** Please visit the Holiday Activities and Food Programme (HAF) - Live Well Cheshire East directory page for further information - https://livewellservices.cheshireeast.gov.uk/Services/6640

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Poverty JSNA

A Review of Poverty Across Cheshire East, 5 December 2022

Executive Summary

Please see the full report for more details and references

Open Fair Green

Cheshire East Council

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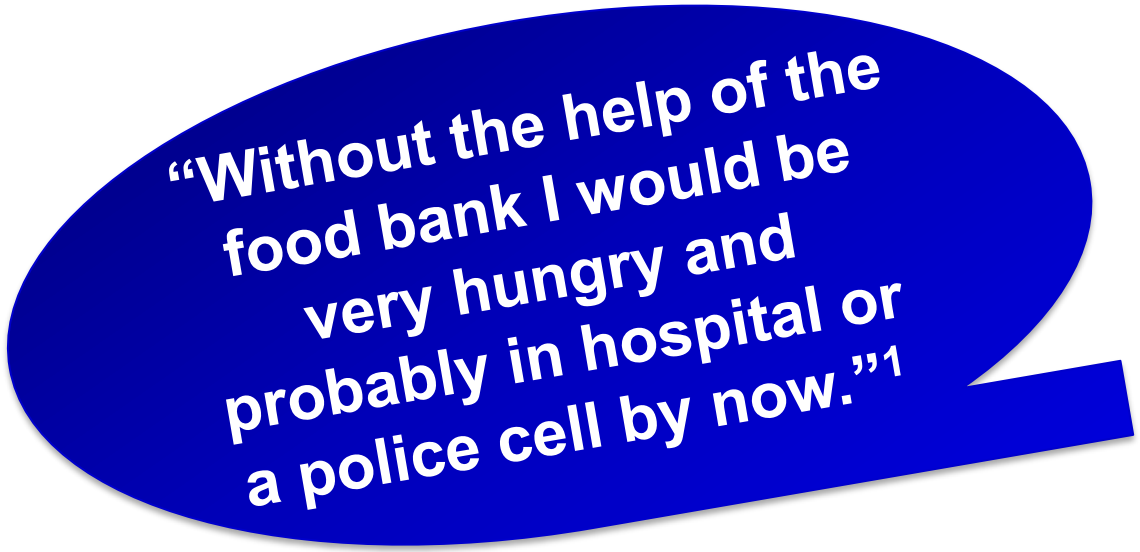
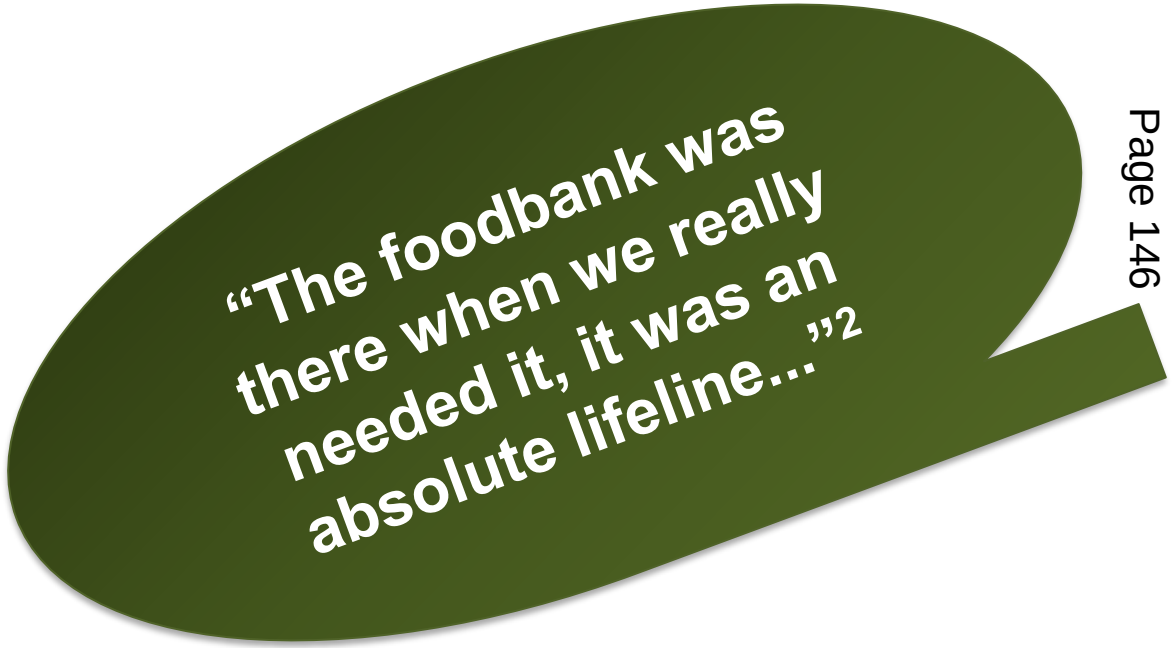
Opening words

Whilst, we have learnt a lot from this review by looking at many different sources of information, it is the words of our residents that really bring home just how challenging experiencing poverty can be.





[1] Middlewich food bank. Available from: https://middlewichdistrict.foodbank.org.uk/about/ Accessed on: 29 October 2022,
[2] Willow Parish Food Friends. Available from: https://wilmslowparish.co.uk/food-friends/ Accessed on: 29 October 2022

Introduction

- There is wide concern about more people experiencing poverty and rising costs of living across the United Kingdom, which is predicted to continue and worsen.
- Health and wellbeing are closely linked to the conditions in which people are born, grow, live, work and age.
- Evidence shows that those living in more deprived areas experience shorter lives than those in less deprived areas, and that they spend more of their lives experiencing ill health.

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What do we mean by poverty?

Poverty can be defined and described in the following ways:

- “Living in poor quality housing, being exposed to poor quality environmental conditions, poor quality work and unemployment, not being able to afford nutritious food and sufficient heating for example all impact on health. Poverty is also stressful. Coping with day-today shortages, facing inconveniences and adversity and perceptions of loss of status all affect physical and mental health in negative ways.”[1]
- “When a person’s resources (mainly their material resources) are not sufficient to meet their minimum needs (including social participation).”[2]
- An individual is in **absolute poverty** if they are living in households with income below 60% of the 2010/11 median, uprated for inflation. By using an income threshold that is fixed in time, this measure looks at how living standards of low-income household are changing over time.[3]

[1] Institute of Health Equity, (2022), Health Equity in England: The Marmot Review 10 Years On, Available from: https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on, Accessed on : 01 June 2022..
[2] Joseph Rowntree Foundation, Available from: https://www.jrf.org.uk/report/definition-poverty. Accessed on : 01 June 2022.
[3] House of commons Library, Poverty in the UK: statistics, (13/04/2022), Available from: https://commonslibrary.parliament.uk/research-briefings/sn07096/, Accessed on: 01 June 2022.

Open Fair Green

What were our recommendations following this review?

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Across Cheshire East we need to:

1. **Work together with people with lived experience** to improve our understanding of the current and emergent challenges and to work out solutions for these. This will be supported by the Cheshire East People's Panel project and learning from the Transfer of Care hubs (see full report for more information).
2. **Widely share our knowledge of services and community assets** available to support people experiencing poverty, including those online and those available in person.
3. **Encourage professionals to take a holistic approach** to consider the why and the wider implications for the individual.
4. Encourage as many people who work with our residents as possible to **signpost** them to the support available. For example, schools, employers and health and care professionals. We need to make sure they are equipped to do this.
5. Work to **reduce the stigma** associated with seeking support, where possible.
6. Ensure support and advice is **accessible** for people with disabilities, where there are language barriers, where people are not online or where they do not have transport. Our community engagement teams will be important in highlighting gaps to us.
7. Further **explore approaches to addressing the rising rates of long term unemployment.**
8. **Explore ways to reduce and address the challenges in housing provision** and are mindful of these challenges when developing approaches to address fuel poverty.

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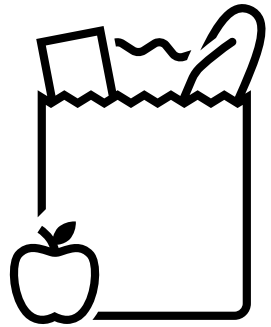
In supporting people with **food poverty** we need to:

- Develop approaches to address food poverty that consider supply, sustainability and transport issues and focusing on areas at greatest need.
- Note the good practice examples and our areas of increased need.



In supporting people with **fuel poverty** we need to:

- Implement actions from the cold homes audit (see full report for more details) to ensure our local approach is following the best practice guidance in supporting people experiencing cold homes.
- Note the good practice examples and our areas of increased need.
- Use the Cheshire and Merseyside fuel poverty dashboard to inform our approach.

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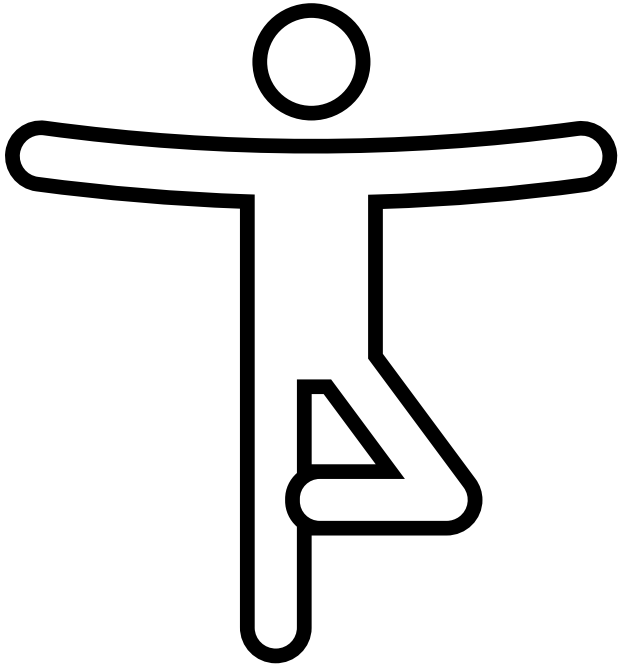
In supporting those experiencing poverty with their **health and wellbeing** we need to:

- Make sure we make the most of opportunities to **prevent illness** in deprived areas and particularly in Crewe. We need to promote signposting to support services across health and care including for support with transport, lifestyle change, NHS health checks, vaccination and cancer screening. We also need to make the most of schemes such as CORE20Plus5. (See full report for more details.)
- Explore ways of **supporting our areas with the highest patient GP ratios**, particularly in areas of deprivation.
- Make the most of, and **develop further, opportunities to walk or cycle safely** within deprived urban areas with low car ownership.



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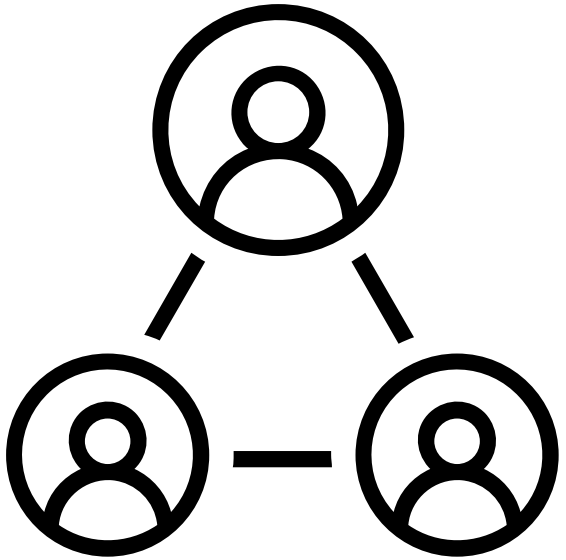
To support this, we also need to:

- **Advocate** for the needs of our residents experiencing poverty regionally and nationally.
- Consider the recommendations from the **Crewe JSNA**, once completed, as a key area of deprivation and poverty.
- Link in with local and regional **digital inclusion approaches.**
- **Link in with Cheshire and Merseyside Integrated Care System work** to address poverty.
- Identify a selection of **key measures** to monitor regularly so that we can see changes in the experience of poverty in relation to the support we provide and also external pressures, over time.



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It is important to note:

- Whilst the review didn’t highlight any differences in experience in relation to marriage and civil partnership, gender reassignment, sexual orientation, pregnancy and maternity, and religion, the review did not specifically investigate these issues in detail.
- **Approaches to addressing poverty will be required in many areas across Cheshire East and not just in the most deprived areas**, and approaches should be tailored to meet this varied need appropriately.

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What were the findings that led to these recommendations?

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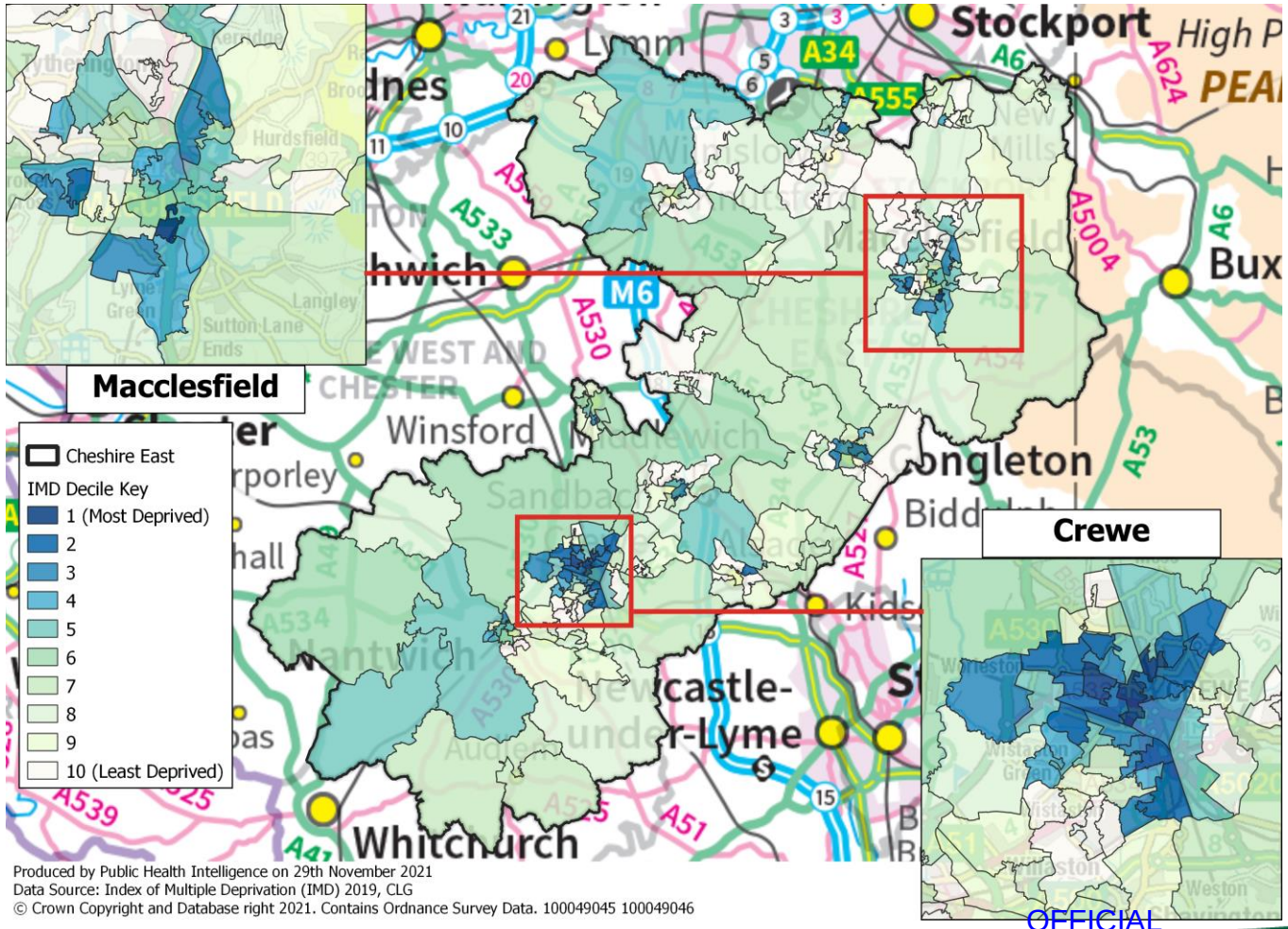
Experience of cost of living pressures, poverty and deprivation varies across Cheshire East

- Our most deprived areas in Cheshire East are seen within **Crewe and Macclesfield, but also** within smaller areas of **Congleton, Alsager and Handforth[1].**
- **People in households with disabilities, single parents, and single adults without children are more likely to experience poverty[2],** there is also regional evidence to suggest that people from certain ethnic groups are more likely to experience food insecurity[2].
- Across Cheshire East, many **food banks have seen an increase in demand**. **Decreases in food donations** have also been seen[3]. Food banks often support **young men** and **single parent households[4]**.
- The **condition of housing stock as well as access to affordable accommodation are challenges.** There are currently thousands of applications for social housing[5,6].
- Our residents with lived experience who use food banks tell us that experiencing food poverty is **extremely stressful and isolating**. People can be reluctant to seek support due to a sense of **stigma[7].**

[1] Deprivation in Cheshire East, Available from: https://cheshireeast.maps.arcgis.com/apps/MapSeries/index.html?appid=531d13bb1eb24f918c71259138dc000c, Access on: 01 October 2022.
[2] Department of Work and Pensions (DWP) benefits statistics: February 2022, (25/02/2022), Available from: https://www.gov.uk/government/statistics/dwp-benefits-statistics-february-2022/dwp-benefits-statistics-february-2022 , Accessed on : 01 June 2022
[3] Cheshire East Food Network Consultation First Draft June 2022
[4] Local Foodbanks in Cheshire East. Information from Email Correspondence: 10th August 2022
[5] BRE Integrated Dwelling Level Housing Stock Modelling and Database for Cheshire East Council, Published on: April 2019.
[6] Insights from Cheshire East Housing Team
[7] Middlewich Food bank, Available from: https://middlewichdistrict.foodbank.org.uk/2021/10/21/gina-needed-the-foodbank-and-now-we-need-he , Accessed on: 29 October 2022, [5] Cheshire Live News, Available from: https://www.cheshire-live.co.uk/news/social-supermarket-opens-crewe-help-15287347 , Accessed on: 29 October 2022, [6] Nantwich food bank twitter page, Available from: https://twitter.com/nantwichfb Accessed on: 29 October 2022, About Middlewich food bank, Available from: https://middlewichdistrict.foodbank.org.uk/about/ , Accessed on: 29 October 2022

In our most deprived urban areas there are greater levels of all forms of poverty and also debt[1,2].

Cheshire East Deprivation Map IMD 2019[1]



The Index of Multiple Deprivation (IMD) combines information from the seven domains to produce an overall relative measure of deprivation[1].

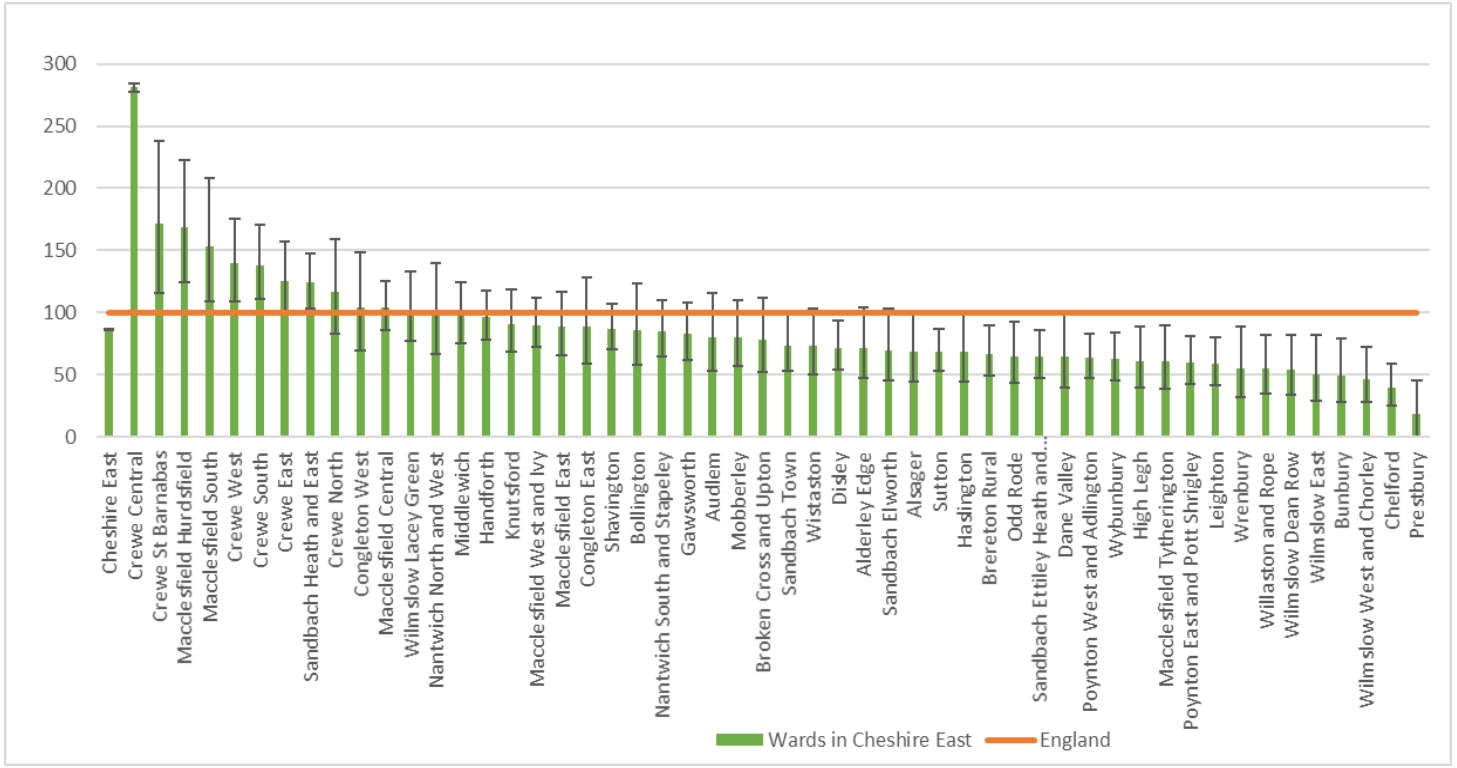
These domains include: The IMD includes domains relating to income, employment, socioeconomic status or class (often based on job type), education, housing and ownership of specific goods or items.

The dark blue areas are our most deprived areas.

[1] Deprivation in Cheshire East, Available from: https://cheshireeast.maps.arcgis.com/apps/MapSeries/index.html?appid=531d13bb1eb24f918c71259138dc000c, Access on: 01 October 2022.
[2] Cheshire East Council. Cheshire East Council Tax Arrears, 2019/20.

There is evidence of worse health and wellbeing in some of our most deprived areas. Some of these areas experience higher numbers of deaths that could be preventable[1].

Under 75 Mortality ratio from causes considered preventable (including cardiovascular, cancer, respiratory, liver diseases), 2016-20



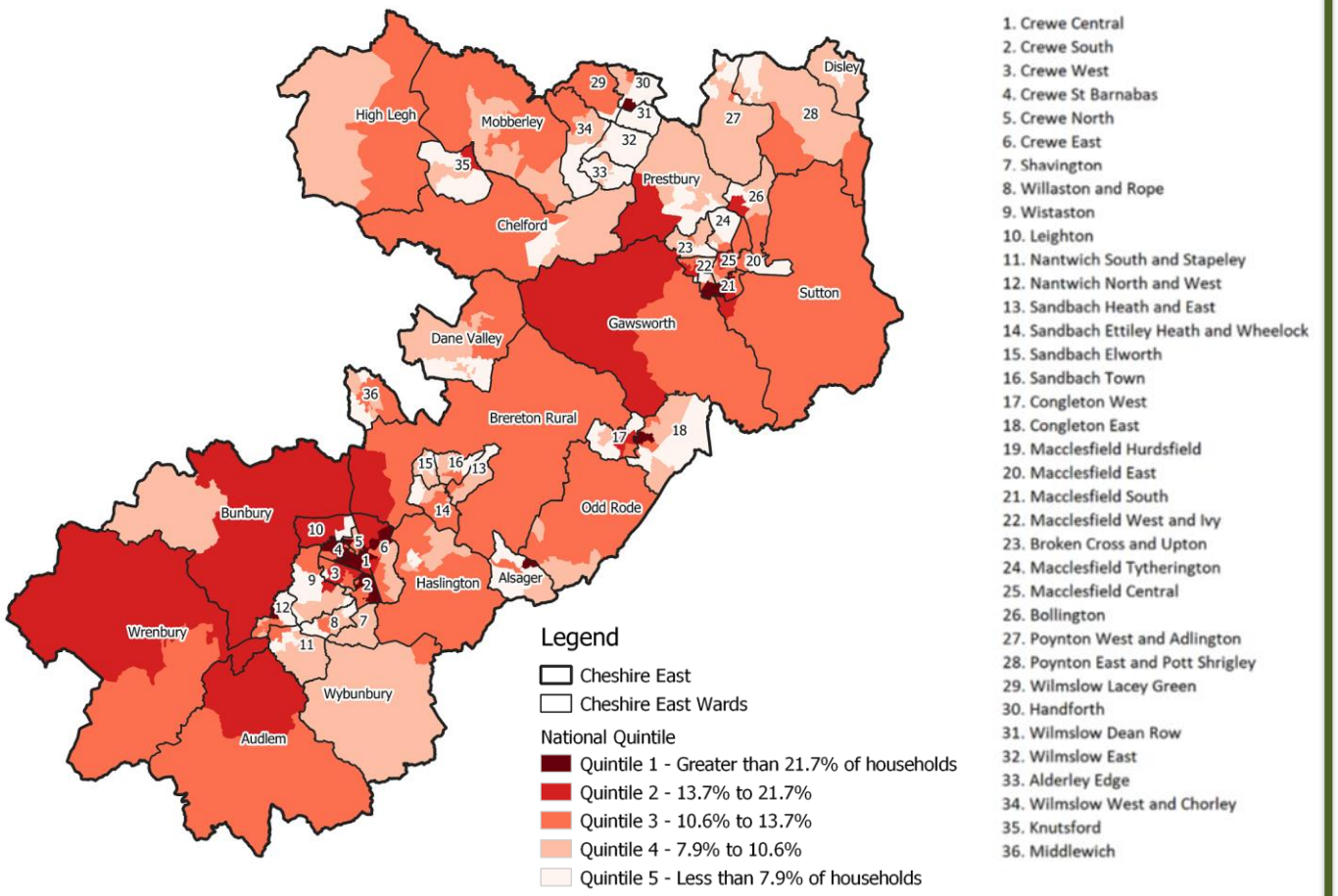
This graph shows us how people in certain wards in **Crewe and Macclesfield** are more likely to die before 75 years of age from conditions that may have been prevented.

1. Source: Office for Health Improvement & Disparities. Public Health Profiles. Available from: https://fingertips.phe.org.uk © Crown copyright 2022. Accessed on: 23 September 2022. Note: SMRs – are indirectly standardised ratios which are used for small numbers to explain outcome in comparison to England where England is always 100. In this case it is aggregated to 5 years at ward level due to small numbers at lower geographical area.

In our rural areas there are particular challenges around:

- Fuel poverty. (see map.)[1.]
- Access to affordable housing.[2,3]
- Variable levels of transport access.[4,5].

Variation in fuel poverty across Cheshire East



Data Source: Department for Business, Energy & Industrial Strategy, Sub-regional fuel poverty data 2020
Public Health Intelligence Team, © Crown copyright and database right 2022. Ordnance Survey 100049045

1. Department for Business, Energy & Industrial Strategy. Sub-regional fuel poverty data 2020
2. BRE Integrated Dwelling Level Housing Stock Modelling and Database for Cheshire East Council, Published on: April 2019.
3. Insights from Cheshire East Housing Team
4. ONS Mid-2020 Population Q2 2020, Vehicle Licensing Statistics. Department for Transport and Driver and Vehicle Licensing Agency
5. ONS Mid-2020 Population Estimates. CAB Local Service level data extracts.

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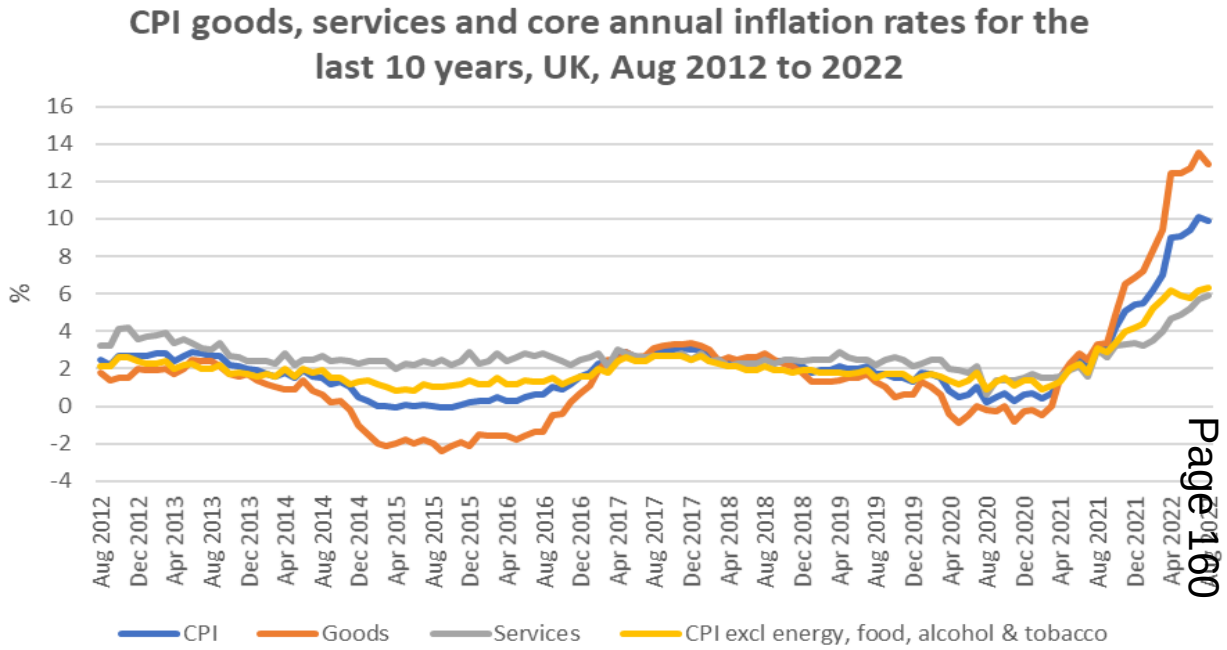
There is also evidence of changing patterns in poverty.

- There are challenges within our less deprived areas, where there have been signs of increased demand for support[1].
- Long term unemployment rates are increasing across Cheshire East[2].
- It is likely that cost of living pressures and the experience of poverty will increase over the coming months.
- The projection from the Resolution foundation is that absolute poverty in the UK will rise by 1.3 million in 2022/23, including 500,000 children[3,4]. This is the largest rise for some time. This could equate to over 9000 people, including over 3000 children in Cheshire East. However, the actual number is difficult to predict in view of changeable forecasts and variation across the country.



The graph above shows how there has been a significant increase in inflation rates for goods, and services over 2022[5].

1. Citizens Advice Bureau Information Portal, Cheshire East
2. ONS Labour Statistics via CE Research and Consultation Team
3. Resolution Foundation, (24/03/2022), Inflation Nation putting spring statement into context, Available from https://www.resolutionfoundation.org/publications/inflation-nation/, Accessed on: 01 June 2022.
4. "An individual is in absolute poverty if they are living in households with income below 60% of the 2010/11 median, uprated for inflation. By using an income threshold that is fixed in time, this measure looks at how living standards of low-income household are changing over time", House of commons Library, Poverty in the UK: statistics, (13/04/2022), Available from: https://commonslibrary.parliament.uk/research-briefings/sn07096/, Accessed on: 01June 2022.
5. Consumer price inflation, UK: August2022, (05/10/2022), Available from: https://www.ons.gov.uk/economy/inflationandpriceindices/bulletins/consumerpriceinflation/august2022, Accessed on: 01 October 2022.

New Government policies have been introduced to support with the Cost of Living Crisis including[1]:

- More support available to poorer households.
- £400 non-repayable energy grant for all households, taken off energy bills in Autumn 2022.
- £650 payments for households receiving means-tested benefits. Pensioners will get an additional £300 and people receiving disability payments an additional £150.
- a £150 council tax rebate for households in council tax band A to D.
- a 5p cut to fuel duty.
- an increase to the amount someone can earn before National Insurance Contributions (NICs) are charged.
- Warm Homes Discount (for vulnerable homes) being increased from £140 to £150 and eligibility expanded by a third.
- Additional £500million to the Household Support Fund:
  - The Fund will also be extended from October to March 2023.
  - The Fund supports vulnerable households meet daily needs including food, clothing and utilities and is distributed via local Councils .
- An Energy Profits Levy to raise additional funding.

[1] Francis-Devine et al (2022) Rising cost of living. House of Commons Library. 17August 2022. Available from: https://commonslibrary.parliament.uk/research-briefings/cbp-9428/, Accessed on: 23 August 2022

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In addition, there is wide variety of local support for people experiencing poverty across Cheshire East detailed within the review and available on the LiveWell website.

However,

- The Citizen's Advice Bureau is a core component of this provision, who will find it difficult to meet the predicted increase in demand**.**
- Food banks are experiencing increasing demand and reduced donations.
- In general, support from volunteer and community organisations may be challenged by decreased donations and rising costs.
- Some of the information and advice is in digital form and therefore is not readily accessible to those not online.
- There are less places available in rural areas for face to face advice.

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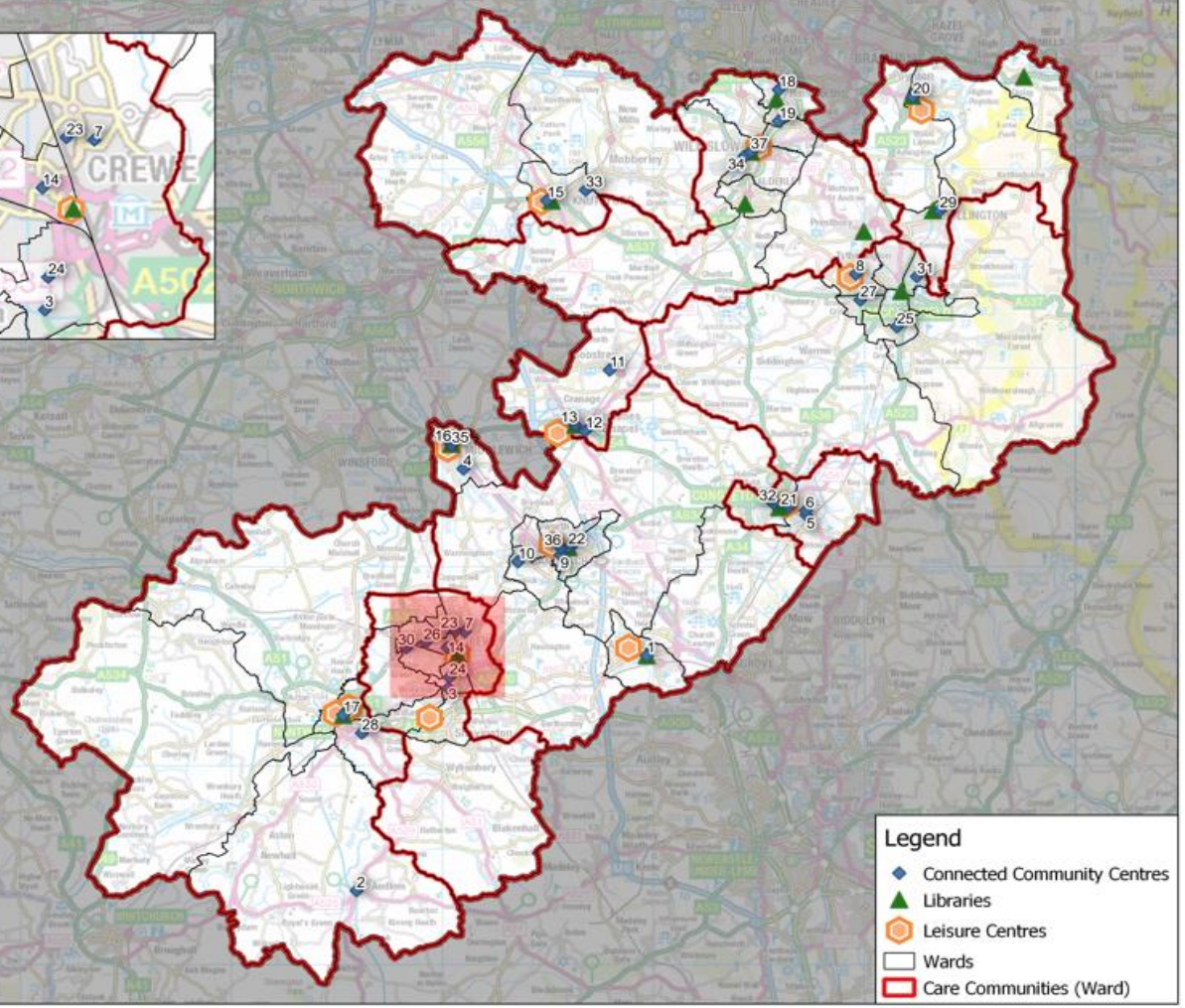
Care Community Services

ID	Venue
1	Alsager Library
2	Audlem Community Hall
3	Belong
4	Booth Lane Methodist Church
5	Bromley Farm Trust
6	Bromley Farm Wellbeing Hub
7	Changing Lives Community Centre
8	Church of the Resurrection
9	Dane Housing Union Street Community Centre
10	Ettiley Heath Community Centre
11	Goostrey Village Hall
12	Holmes Chapel ESAR Community Centre
13	Holmes Chapel Library
14	Jubilee House (Wishing Well)
15	Knutsford Town Hall / Community Hospital
16	Middlewich Library
17	Nantwich Library
18	Oakmere Housing
19	Open Arms Community Centre
20	Poynton Civic Hall
21	Ruby's Fund
22	Sandbach Library
23	Sherbourne Bungalows
24	St Andrews Parish Hall
25	St Barnabas Church
26	St Barnabas Church (Barnies)
27	St Johns Church
28	Stapley Community Hall
29	The Bridgend Centre
30	The Georges Community Centre (Wishing Well)
31	The Green In The Corner Cafe
32	The Old Saw Mill
33	The Welcome Café
34	United Reformed Church Wilmslow
35	Victoria Hall
36	Wesley Centre
37	Wilmslow Library



Cheshire East Council

Care Communities and Community Assets (February 2022)

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Ref: //RandC/Requests/James/2022

1:205000

There are a range of libraries, leisure centres and connected community centres to support people across Cheshire East.

However, not all venues will be able to provide the same services and most of these places are found within our more urban areas.

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Summary of gaps in support

Whilst a wide range of support is available, the following gaps exist including:

- A **shared understanding of the complete offer** by people working with residents across Cheshire East – this review has highlighted how much support is available but also that it can be quite challenge to know what is available.
- **Fewer support options for those that do not have means of transport, are not online, or both.**
- **Missed opportunities for prevention** in more deprived areas as shown by the rate of preventable deaths and also emergency admissions in some of these areas.
- There are fewer GPs per patient in one of our most deprived areas in Crewe.
- Potentially reduced provision from Voluntary Community and Faith Sector Enterprises in view of **decreased donations and rising costs.**
- A shared understanding of the support available to help with **transport.**

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How we went about this review

- This review is one of our Joint Strategic Needs Assessment (JSNA) deep dive reviews.
- It was completed by representatives from many different organisations across Cheshire East coming together to form a working group. This included representatives from Cheshire East Council, the NHS and our volunteer community.
- The working group used their experiences to agree
  - The questions that should be answered.
  - The information that should be gathered.
  - And the key messages and recommendations that should be formed from having looked at the information gathered.

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What questions did this review aim to answer?

1. What is the experience of poverty in Cheshire East both now and in the future?

2. How does the experience of poverty differ across Cheshire East?

3. **What** is the impact of poverty on health and wellbeing in Cheshire East?

4. What interventions can be put in place to further support people in poverty?

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What did this review cover?

To answer the review questions the working group agreed to review poverty in relation to a variety of different issues:

- **Overall all trends in poverty.**
- **Food poverty.**
- **Fuel poverty.**
- **Transport poverty.**
- **Debt.**
- **Employment and training opportunities.**
- **Housing.**
- **Health and wellbeing.**

Other areas originally identified to be included, that were unable to be covered due to capacity challenges were: economic development; poverty and safeguarding; and poverty and crime.

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Final words

We need to help our residents to connect with our support so that in spite of a very challenging times, they do not feel alone and see a positive future ahead.

"We are a family of five. Me and my wife have three children aged between 6 and 16 and we've used the food bank for a few years. I care for my wife which is a full time responsibility. Her needs are very complex and even though she has care from her Doctors, I have to provide a lot of support for her. Given our situation, we rely on benefits but these don't cover our living costs and the worry and anxiety of not being able to provide for our children is overwhelming. There's no light at the end of the tunnel and I'm terrified about things getting worse.

Until recently, we at least could just about stay on top of bills. But now with the increase in costs we're slowly getting behind on them and there doesn't seem to be a way out."

Local Lived Experience stories from Cheshire East Community Development Officers

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Poverty JSNA

A review of poverty across Cheshire East

Full report and appendices

05 December 2022

Open Fair Green

Cheshire East Council

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- B – Food Poverty
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- D1 – Debt
- D2 – Benefits
- E – Housing
- F – Employment
- G - Transport
- H - Health

Opening words

Whilst we have learnt a lot from this review by looking at many different sources of information, it is the words of our residents that really bring home just how challenging experiencing poverty can be.

"Without the help of the food bank I would be very hungry and probably in hospital or a police cell by now."

"The foodbank was there when we really needed it, it was an absolute lifeline…"

[1] Middlewich food bank. Available from: https://middlewichdistrict.foodbank.org.uk/about/ Accessed on: 29 October 2022,
[2] Willow Parish Food Friends. Available from: https://wilmslowparish.co.uk/food-friends/ Accessed on: 29 October 2022

Introduction

- There is wide concern about **increasing levels of poverty and rising costs of living** across the United Kingdom, which is projected to continue and worsen.[1,2,3].
- **Health and wellbeing are closely linked to the conditions in which people are born, grow, live, work and age.**[4].
  - Evidence shows that those living in more deprived areas experience shorter lives than those in less deprived areas, and that they spend more of their lives experiencing ill health.[4]
- If levels of poverty increase as expected this will have a significant impact on health and wellbeing. In order to lessen this impact, it is important to understand:
  - The **current and likely future patterns of poverty** across Cheshire East.
  - The **services and community support already available** to support people experiencing poverty.
  - Current **gaps in support** that need to be addressed by local organisations and communities working together.

[1] House of commons Library, Poverty in the UK: statistics, (13/04/2022), Available from: https://commonslibrary.parliament.uk/research-briefings/sn07096/, Accessed on: 01 June 2022.
[2] Consumer price inflation, UK: April 2022, (18/05/2022), Available from: https://www.ons.gov.uk/economy/inflationandpriceindices/bulletins/consumerpriceinflation/april2022, Accessed on: 01 June 2022.
[3] BBC news website, Warning of economic downturn as interest rates rise, (05/05/22), Available from https://www.bbc.co.uk/news/business-61319867, Accessed on: 01 June 2022.
[4] Marmot et al. (2020) Build Back Fairer: The COVID-19 Marmot Review.
Available from: https://www.health.org.uk/sites/default/files/2020-12/Build-back-fairer--Exec-summary.pdf, Accessed on: 23 August 2022.

Introduction to JSNAs and Review Methodology

- Joint Strategic Needs Assessments (JSNAs) are assessments of the current and future health and social care needs of the local community. – These are needs that could be met by the local authority, the NHS (National Health Service) or the VCFSE(Voluntary Community Faith Service and Enterprise).
- The JSNA steering group approved “poverty” to be a priority deep dive review for the 2022/23 JSNA work programme.
- Work commenced in April 2022.
- The working group included representation from:
  - Communities (co-content sponsor - Cheshire East Council)
  - Research and Consultation (Cheshire East Council)
  - Public Health (Cheshire East Council)
  - NHS
  - VCFSE
- The review was undertaken in 2 phases:
  - **Phase1**: Phase 1 agreed a draft scope and focussed on summarising food poverty need for a spotlight review. This review took place in June 2022 and involved Cheshire East Council officers, Elected Members and representatives from VCFSE.
  - **Phase2**: Phase 2 was agreed after the spotlight review when the final scope was also confirmed. The working group supported in identification of key sources of national and local data, which have been combined by the Public Health Intelligence Team.

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Definitions

Poverty can be defined and described in the following ways:

"Living in poor quality housing, being exposed to poor quality environmental conditions, poor quality work and unemployment, not being able to afford nutritious food and sufficient heating for example all impact on health. Poverty is also stressful. Coping with day-today shortages, facing inconveniences and adversity and perceptions of loss of status all affect physical and mental health in negative ways." [1]

"When a person's resources (mainly their material resources) are not sufficient to meet their minimum needs (including social participation)." [2]

An individual is in **absolute poverty** if they are living in households with income below 60% of the 2010/11 median, uprated for inflation. By using an income threshold that is fixed in time, this measure looks at how living standards of low-income household are changing over time.[3]

Material deprivation has been defined as "lacking access to essential items" [4] .

In children these items might include warm winter coats, leisure equipment, and social events, such as attending school trips. In pensioners, these items potentially include having a filling meal every day, a sufficiently heated home, and being able to attend a social engagement once a month.

The Index of Multiple Deprivation (IMD 2019) is an official measure of relative deprivation which ranks every small area (Lower Super Output Area- LSOA) in England from 1 (most deprived area) to 32,844 (least deprived area). The IMD includes domains relating to income, employment, socioeconomic status or class (often based on job type), education, housing and ownership of specific goods or items[5].

Sources: [1] Institute of Health Equity, (2022), Health Equity in England: The Marmot Review 10 Years On, Available from: https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on, Accessed on: 01 June 2022..
[2] Joseph Rowntree Foundation, Available from: https://www.jrf.org.uk/report/definition-poverty. Accessed on: 01 June 2022.
[3] House of commons Library, Poverty in the UK: statistics, (13/04/2022), Available from: https://commonslibrary.parliament.uk/research-briefings/sn07096/, Accessed on: 01June 2022.
[4] https://www.health.org.uk/evidence-hub/money-and-resources/persistent-poverty/trends-in-material-deprivation. Accessed on: 23rd September 2022.
[5] Index of Multiple Deprivation ranks every small area in England from 1 (most deprived area) to 32,844 (least deprived area). Available from: https://cheshireeast.maps.arcgis.com/apps/MapSeries/index.html?appid=531d13bb1eb24f918c71259138dc000, Accessed on: 06th October2022

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Local Policy on Poverty across Cheshire and Merseyside

All local authorities have considered poverty in terms of food poverty/ child poverty/fuel poverty through their JSNA work programme and local strategy. Some local authorities have declared poverty

Case Study: Cheshire West and Chester[1]

- Declared a **Poverty Emergency** in October 2020.
- By 2032 the Council aims to halve the number of children living in absolute poverty.
- Council set up a **"Poverty Truth Advisory Board"** to bring poverty agenda to the forefront, remove gaps and duplication and campaign for change at a local, regional and national level.
- Produced a **'Poverty Research Pack' (2022)** which covers: poverty rates, money, housing, food, health, education, work, transport, digital exclusion and crime.
- **Fairer Future Strategy** which will:
  - Treat the issue of poverty as an **equalities and fairness issue.**
  - Work collectively to **gather better quality evidence** on the impacts of poverty and putting quality lived experience alongside this.
  - Provide the spaces and opportunity for those affected by low income to gather, learn, **strengthen and support one another in raising their democratic voice.**
  - Explore routes to incorporate Community Wealth-Building and Collective Ownership approaches that **address low income and environmental concerns.**
  - Collaborate and work collectively to solve **root causes** of poverty.

[1] Cheshire West and Chester. The Poverty Emergency. Available from: https://www.cheshirewestandchester.gov.uk/your-council/councillors-and-committees/the-poverty-emergency, Accessed on: 01 August 2022

What does this review cover?

This review aims to answer the following questions:

1. What is the experience of poverty in Cheshire East (CE) both now and in the future?
2. What is the variation in poverty across CE by geography and protected characteristics (such as age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation)?
3. What is the impact of poverty on health and wellbeing in CE?
4. What interventions can be put in place to alleviate poverty?

To answer these questions the working group agreed to review poverty in relation to a variety of different issues:

- Overall trends in poverty
- Food poverty
- Fuel poverty
- Transport poverty
- Debt
- Employment and training opportunities
- Housing
- Health and wellbeing

Other areas originally identified to be included that were unable to be covered due to capacity challenges were: economic development; poverty and safeguarding; and poverty and crime.

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Overall Poverty

Across the UK (2020/21), 6% of households had a gross weekly income of less than £200[1], this would equate to nearly 10,500 households across Cheshire East.

- However, the overall level of deprivation across Cheshire East is lower than the national average, so the actual number of households on very low income may be lower.

Across the UK (2020/21), 19% of households had a gross weekly income of £200-399[1], which would equate to under 35,000 households across Cheshire East. Again, the actual number may be lower.

People more likely to be experiencing low incomes include:

- **People living in Crewe, Macclesfield, Congleton, Alsager and Handforth[2].**
- **People living with disabilities[1].**
- **People living in single parent households with one child[1].**
- **People living alone without children in certain circumstances[1] .**

Fuel costs impact on transport costs. They also have an indirect effect on food prices due to increases in the cost of animal feed, manufacturing process and distribution. Food costs therefore started to rise noticeably from the beginning of the year [3].

The Resolution Foundation predicts that the number of people in absolute poverty will increase by 1.3 million people including 500,000 children[4]. This could equate to over 9000 people including over 3000 children in Cheshire East. However, the actual number is difficult to predict in view of changeable forecasts and variation across the country.

See Appendix A for further details

Source: [1] DWP, DWP benefits statistics, 25/02/2022: Available from: https://www.gov.uk/government/statistics/dwp-benefits-statistics-february-2022/dwp-benefits-statistics-february-2022 , Accessed on: 01 June 2022

[2] - https://cheshireeast.maps.arcgis.com/apps/MapSeries/index.html?appid=531d13bb1eb24f918c71259138dc000c – Cheshire East description of Deprivation

[3] Consumer price inflation, UK: August2022, (05/10/2022), Available from: https://www.ons.gov.uk/economy/inflationandpriceindices/bulletins/consumerpriceinflation/august2022, Accessed on: 01 October 2022.

[4] Resolution Foundation, (24/03/2022), Inflation Nation putting spring statement into context, Available from: https://www.resolutionfoundation.org/publications/inflation-nation/, Accessed on: 01 June 2022.

Contents

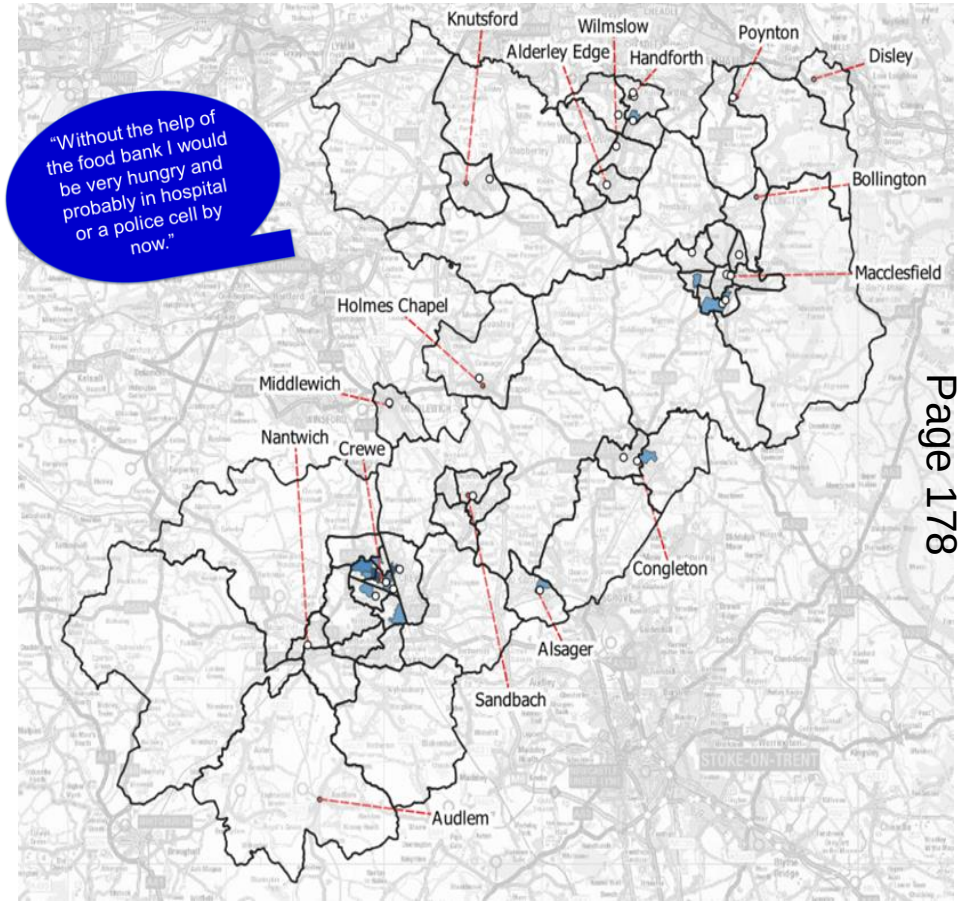
Food Poverty

- **Food poverty is the inability of individuals and households to secure an adequate and nutritious diet. It can affect those living on low incomes, with limited access to transport and poor cooking skills[8].**
- Across the North West region, food insecurity was found in 8% of all households[1]. **Food insecurity is defined as a household-level economic and social condition of limited or uncertain access to adequate food[9].** Assuming similar rates in Cheshire East this could equate to nearly **14,000 households affected across our local area**. Higher rates of food insecurity were seen in:
  - Single households without children[1]
  - Households with one adult and one child[1]
  - Households with an unemployed adults under state pension age[1]
  - Households of Black, Pakistani and Bangladeshi ethnicities[1]
- With rising food costs, the extent of **food insecurity may increase**. Reasons for **using food banks** include:
  - **Lower incomes.**
  - **Delays in benefit claims** (usually Universal Credit).
  - **Mental health** issues[2].

  There is **demand** for food banks in **more affluent areas** of Cheshire East as well as in the **more deprived areas[3,4]**. Access to food banks in more rural deprived areas need to be considered.
- People using food banks highlight that experiencing food poverty can be extremely stressful and isolating[5].
- People can be reluctant to seek support due to a sense of stigma[5].
- Some food banks report increasing demand and receiving fewer donations[6].
- The **Holiday Activity Fund** provides free school meals during the school holidays. Key areas of need for this service include: **Macclesfield, Crewe, Congleton and also Nantwich[7]**.

(Please See Appendix B for more information)

Distribution of food banks across Cheshire East compared to distribution of residents with low income shown by shaded areas



Source: [1] https://www.gov.uk/government/statistics/family-resources-survey-financial-year-2020-to-2021/family-resources-survey-financial-year-2020-to-2021
[2] Food Bank Questionnaire and Deep Dive Interviews, Cheshire East Social Action Partnership, July 2021.
[3] Nantwich Foodbank Reports 2020/21 and 2021/22, Nantwich Foodbank, Trussell Trust, 2022
[4] Cheshire East Social Action Partnership, Foodbanks CE May 2022.xlsx, 23/05/2022
[5] Middlewich food bank news – Available from https://middlewichdistrict.foodbank.org.uk/2021/10/21/gina-needed-the-foodbank-and-now-we-need-her/ . Cheshire live news. Available from: Social supermarket opens in Crewe to help the town's vulnerable - Cheshire Live (cheshire-live.co.uk). Accessed on: 29 October 2022, Nantwich Food bank Twitter Post: Available from: https://twitter.com/nantwichfb. Accessed on: 29 October 2022, About Middlewich foodbank. Available from: https://middlewichdistrict.foodbank.org.uk/about/ . 29 October 2022
[6] Cheshire East Food Network Consultation First Draft June 2022
[7] Cheshire East Holiday Activity Fund Easter Impact Report, 2021
[8] Food Poverty JSNA - https://www.food.gov.uk/business-guidance/food-poverty.
[9] Food insecurity - https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/food-insecurity

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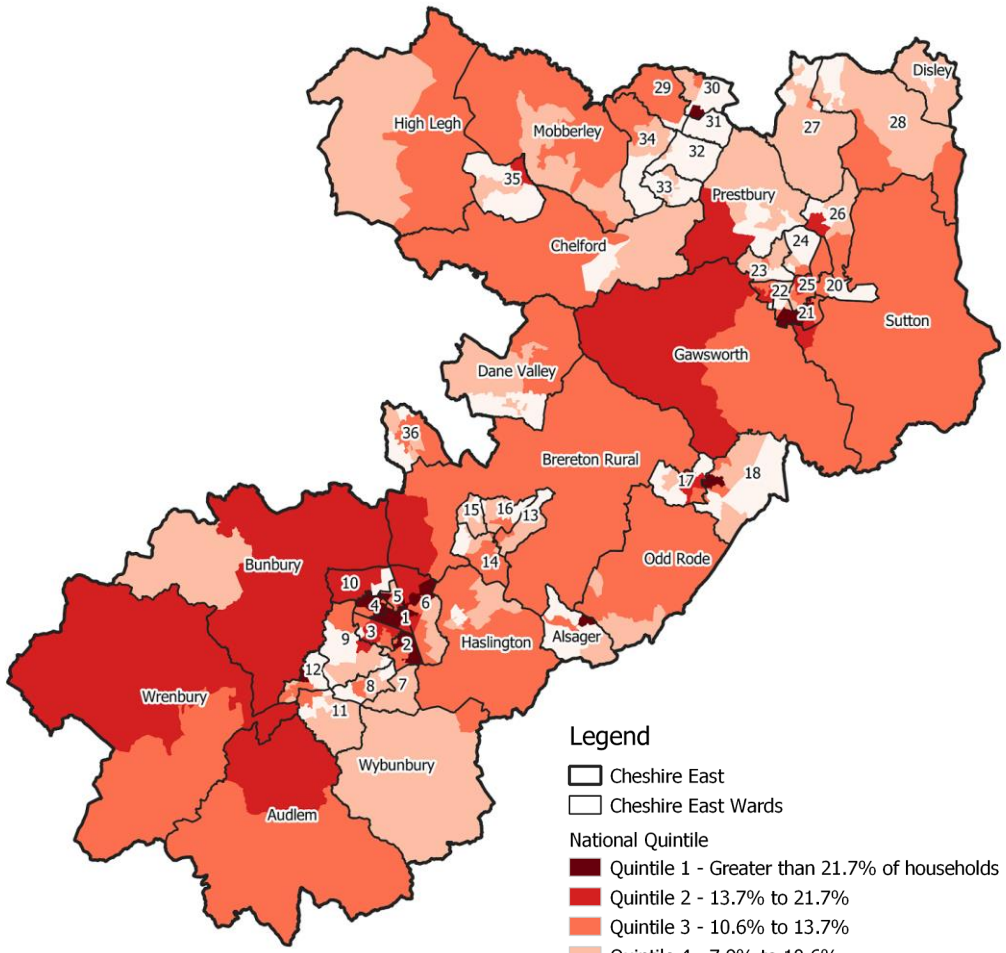
Fuel Poverty

- A household is fuel poor if:
  - it is living in a property which is not considered energy efficient
  - its disposable income would be below the poverty line[1]
- **Cheshire East has lower levels of fuel poverty than England[1].**
- However, there are focused areas of fuel poverty ir **Crewe, Handforth, Alsager, Congleton**, and **Macclesfield**.
- These areas might also struggle more to access support such as the Warm PlaCEs scheme and information hubs that are not online.
- However, there are also high rates of fuel poverty i less deprived rural areas including **Wrenbury and Bunbury.**
- Access to fuel poverty support in rural, as well as deprived urban areas should therefore be a consideration.
- See Appendix C for further details.



1. Crewe Central
2. Crewe South
3. Crewe West
4. Crewe St Barnabas
5. Crewe North
6. Crewe East
7. Shavington
8. Willaston and Rope
9. Wistaston
10. Leighton
11. Nantwich South and Stapeley
12. Nantwich North and West
13. Sandbach Heath and East
14. Sandbach Ettiley Heath and Wheelock
15. Sandbach Elworth
16. Sandbach Town
17. Congleton West
18. Congleton East
19. Macclesfield Hurdsfield
20. Macclesfield East
21. Macclesfield South
22. Macclesfield West and Ivy
23. Broken Cross and Upton
24. Macclesfield Tytherington
25. Macclesfield Central
26. Bollington
27. Poynton West and Adlington
28. Poynton East and Pott Shrigley
29. Wilmslow Lacey Green
30. Handforth
31. Wilmslow Dean Row
32. Wilmslow East
33. Alderley Edge
34. Wilmslow West and Chorley
35. Knutsford
36. Middlewich

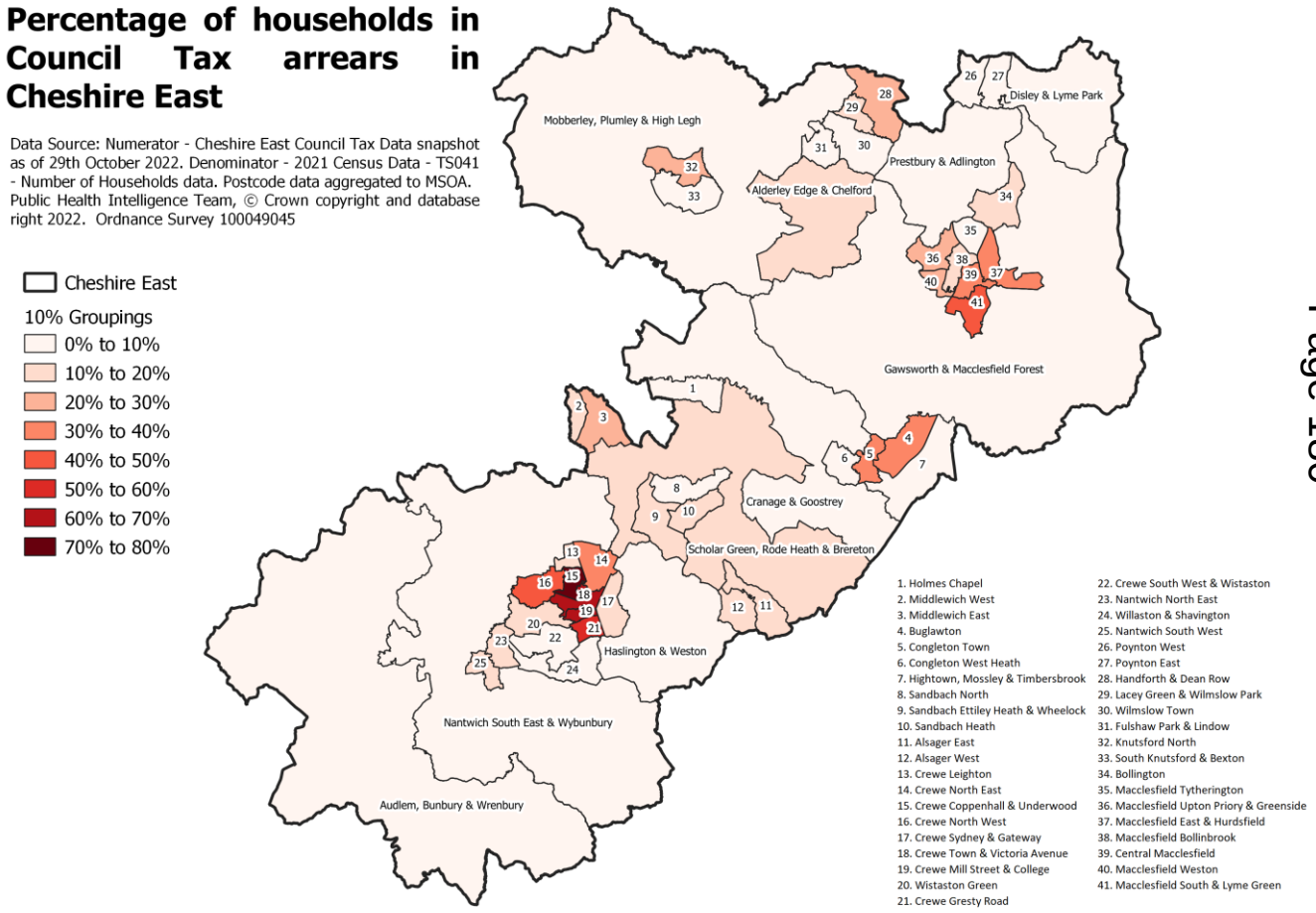
Data Source: Department for Business, Energy & Industrial Strategy, Sub-regional fuel poverty data 2020
Public Health Intelligence Team, © Crown copyright and database right 2022. Ordnance Survey 100049045

Source: [1] Department for Business, Energy and Industrial Strategy, Annual Fuel Poverty Statistics 2020 (2018 data), 30/04/2020, Available from: Annual fuel poverty statistics report: 2020 - GOV.UK (www.gov.uk), Accessed on: 01 July 2022.

Debt/Benefits

- As of **29th October 2022**, there were **higher rates of people that are behind on council tax payments** in **Crewe**, and to a lesser extent in **Macclesfield, Congleton** and **Handforth**.
- The Citizens Advice Bureau (CAB) reports people seek advice regarding debt not just where they live but also in other areas, for example where they work.
- Whilst we reviewed council tax arrears and CAB advice, it is important to be aware of other form of debt such as loan sharks and pay day loans. These could increase in coming months due to cost of living pressures.
- For further details on debt and benefit service users, Cheshire East People's Panel scheme etc, please see Appendix D1 and Appendix D2.

Council Tax Arrears – A Snapshot on 29th October 2022

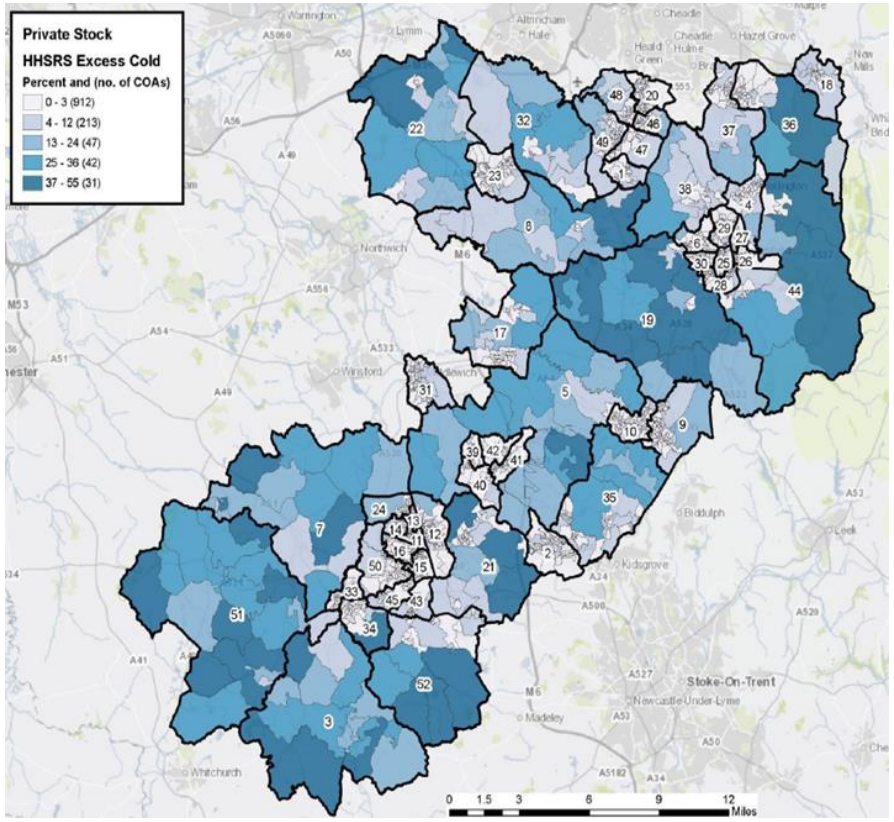


Housing

There are challenges to both affordable and good quality housing across Cheshire East[1]:

- There are different hazards in housing in rural and urban locations[1].
- The highest number of houses at risk of 'Excess Cold' are seen in rural locations[1] .
- The highest levels of houses where there is higher risk of falls are in the more urban areas such as Crewe South, Crewe Central and Macclesfield Central[1].
- The quality of the housing stock in Cheshire East is similar to the England average, except for low income households where the quality is slightly worse in Cheshire East[1].
- Energy performance of private rented accommodation is worse than the average across all housing[1].
- For those residents in receipt of housing benefits, their ability to access affordable accommodation is limited especially in the north of Cheshire East[3].
- There is an increase in demand for social housing with 10,000 applicants waiting for social housing, and 3000 being in high priority groups[3].
- The Citizens Advice Bureau (CAB) reports people seek advice regarding housing not just where they live but also in other areas, for example where they work[4].

Percentage of private sector dwellings in Cheshire East with the presence of a HHSRS category 1 hazard for excess cold



Contains OS data © Crown Copyright and data

No.	Ward name	No.	Ward name
1	Alderley Edge	27	Macclesfield Hurdsfield
2	Alsager	28	Macclesfield South
3	Audlem	29	Macclesfield Tytherington
4	Bollington	30	Macclesfield West & Ivy
5	Brereton Rural	31	Middlewich
6	Broken Cross & Upton	32	Mobberley
7	Bunbury	33	Nantwich North & West
8	Chelford	34	Nantwich South & Stapeley
9	Congleton East	35	Odd Rode
10	Congleton West	36	Poynton East & Pott Shrigley
11	Crewe Central	37	Poynton West & Adlington
12	Crewe East	38	Prestbury
13	Crewe North	39	Sandbach Elworth
14	Crewe St. Barnabas	40	Sandbach Ettiley Heath & Wheelock
15	Crewe South	41	Sandbach Heath & East
16	Crewe West	42	Sandbach Town
17	Dane Valley	43	Shavington
18	Disley	44	Sutton
19	Gawsworth	45	Willaston & Rope
20	Handforth	46	Wilmslow Dean Row
21	Haslington	47	Wilmslow East
22	High Legh	48	Wilmslow Lacey Green
23	Knutsford	49	Wilmslow West & Chorley
24	Leighton	50	Wistaston
25	Macclesfield Central	51	Wrenbury
26	Macclesfield East	52	Wybunbury

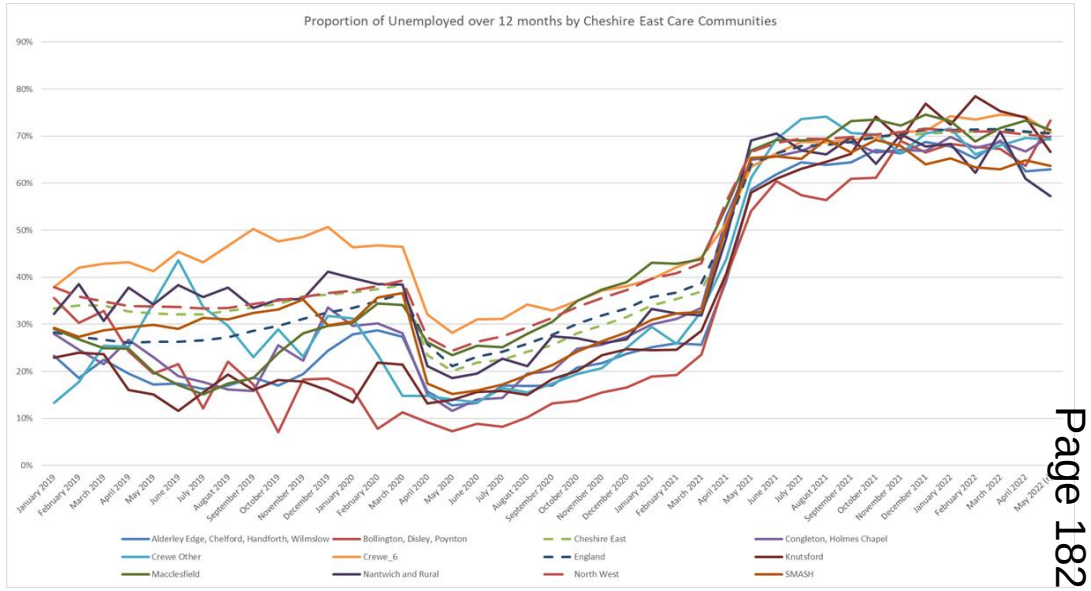
Source: BRE Integrated Dwelling Level Housing Stock Modelling and Database for Cheshire East Council, April 2019.

(Please see Appendix E on Housing)

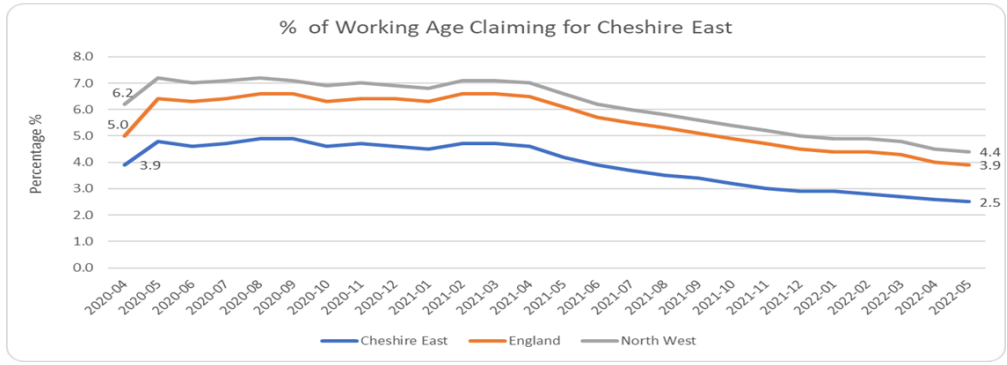
Source: [1] BRE Integrated Dwelling Level Housing Stock Modelling and Database for Cheshire East Council, April 2019.
[2] The housing health and safety rating system (HHSRS) is a risk-based evaluation tool to help local authorities identify and protect against potential risks and hazards to health and safety from any deficiencies identified in dwellings, introduced under the Housing Act 2004.
[3] Insights from Cheshire East Housing Team
[4] Citizens Advice Bureau, Nov 2022

Employment

- The number of residents in Cheshire East who have been **unemployed for more than a year has risen** considerably since the start of the pandemic.
- **Crewe and Macclesfield wards have the highest claimant rates for unemployment** across Cheshire East
- **Wards in Crewe (west and central), Knutsford, Bunbury and Macclesfield South** show the **highest proportion of people aged 16-17 not in education, employment or training (NEET)** (over 5%). These are some of the more deprived areas in Cheshire East.
- Overall the NEET rate is the lowest in Cheshire & Merseyside.
- Further details on universal credit, unemployment claimant count and NEET at smaller geography available in Appendix F.



(See Long term unemployment)



(See Unemployment Claimant Count)

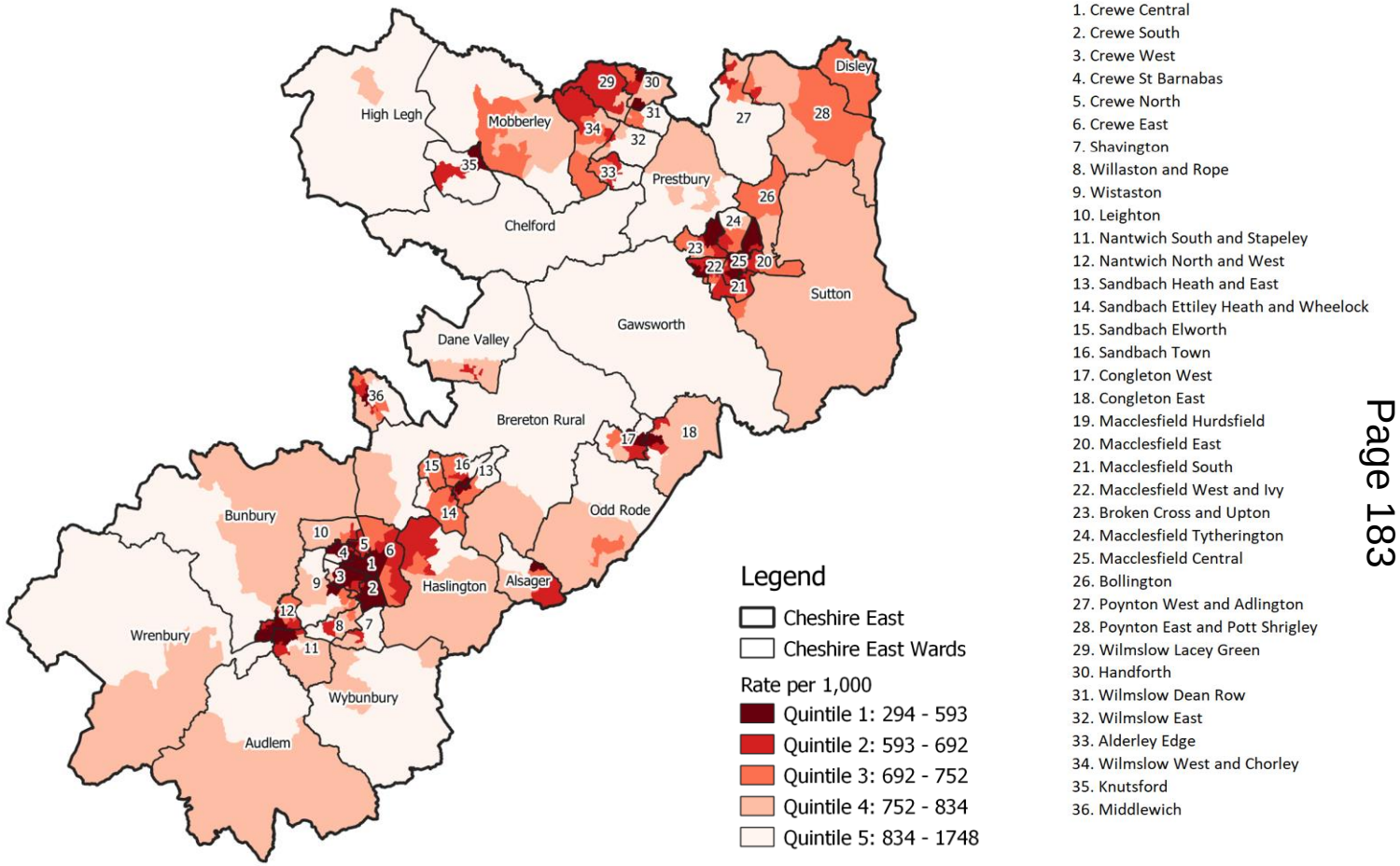
Source: ONS Labour Statistics via CE Research and Consultation Team

Transport

- Deprived areas like Crewe, Macclesfield, Congleton and Handforth have lower car ownership.
- Rural areas around Audlem, Disley, Poynton, Mobberley also have lower levels of car ownership.
- The Citizen Advice Bureau have experienced demand for transport support in both urban and rural areas.
- Some residents, particularly in urban areas may choose not to buy a car due to good transport links.
- However, ability to access support services from these areas needs to be a consideration due to variable levels of car ownership.

- Please see Appendix G.

Vehicle Licensing for Over 17 year olds in Cheshire East by LSOA



Data Source: ONS Mid-2020 Population, Q2 2022 Vehicle licensing statistics Department for Transport and Driver and Vehicle Licensing Agency

Public Health Intelligence Team, © Crown copyright and database right 2022. Ordnance Survey 100049045

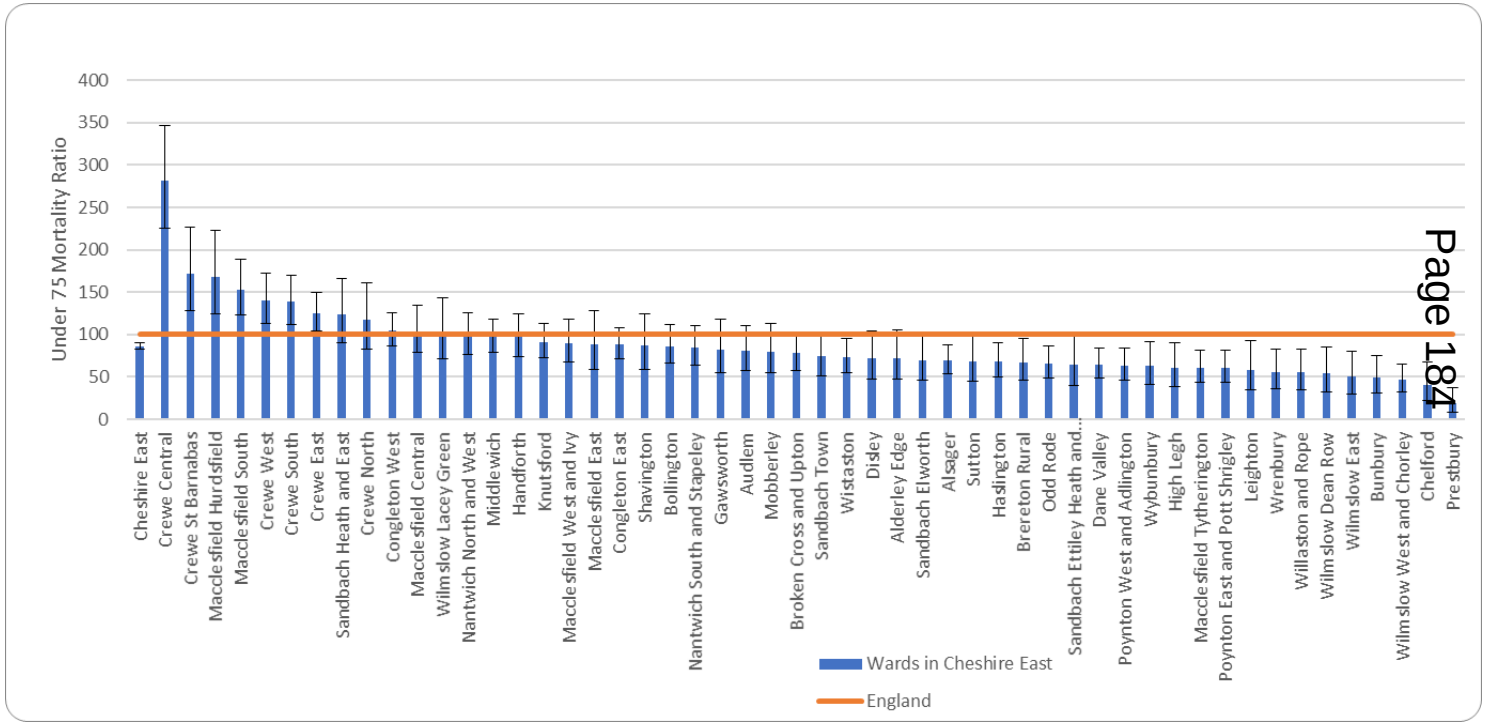
Poverty and Health

Residents in more deprived areas experience worse health and wellbeing outcomes.

- A previous survey has shown that those in **more deprived areas of Cheshire East experience worse wellbeing on average**.
- **Some of the practices with the highest patients per GP ratio** falls in one of the most deprived areas in Crewe.
- **Life expectancy** tends to be worse in some of the most deprived areas of Crewe and Macclesfield.
- **Emergency admissions for cardiovascular problems** are more common in **deprived** areas but **long term cardiovascular** conditions seem to **less commonly present to GPs** in deprived areas.
- **Respiratory conditions are more common in deprived areas**.
- **There is need for prevention work** particularly in **Crewe and Macclesfield** (see graph).

- For further information on Core 20 Plus 5 indicators, mortality rates, life expectancy, GP Patient Ratio etc, please see Appendix H.

Under 75 Mortality ratio from causes considered preventable (including cardiovascular, cancer, respiratory, liver diseases), 2016-20



Source: Office for Health Improvement & Disparities. Public Health Profiles. Available from: https://fingertips.phe.org.uk © Crown copyright [2022] . Accessed on: 23 September 2022

(click here for more details)

Summary of Need (1)

Experience of cost of living pressures, poverty and deprivation varies across Cheshire East:

- Our most deprived areas in Cheshire East are within **Crewe** and **Macclesfield**, but there are also smaller areas within **Congleton, Alsager** and **Handforth**.
- **People in households with disabilities, single parents, and single adults without children are more likely to experience poverty.**
- There are differences in experience for people with a disability (based on national findings) and also people from ethnically diverse communities (based on regional findings).
- Whilst the review didn't highlight any differences in experience in relation to marriage and civil partnership, gender reassignment, sexual orientation, pregnancy and maternity, and religion, the review did not specifically investigate these issues in detail.
- Across Cheshire East, many **food banks** have seen an **increase in demand plus a decrease in donations**. Food banks often support **young men** and **single parent households**.
- The **condition of housing stock** as well as **access to affordable privately rented accommodation are challenges.** There are currently thousands of applications for social housing.
- **Valuable insights** from people with **lived experience** in both **deprived** and **affluent areas** who use food banks highlight that experiencing food poverty is extremely stressful and isolating. People can be reluctant to seek support due to a sense of stigma.
- **Long term unemployment rates are rising** across Cheshire East. This could increase the experience of poverty further.

Summary of Need (2)

In our most deprived urban areas there are greater levels of all forms of poverty and also debt:

- There is also evidence of worse health and wellbeing in these areas. Some of these areas experience higher numbers of deaths that could be preventable.

In our rural areas there are particular challenges around: Fuel poverty; access to affordable housing, variable levels of car ownership and need for Citizen's Advice Bureau transport support.

In our more affluent non-rural areas there are challenges in relation to:

- Rural and less deprived areas/ wards like **Knutsford** and **Poynton** have also started receiving substantial debt support service.

It is likely that cost of living pressures and the experience of poverty will increase over the coming months. There may be a decrease in spending resulting in closure of small businesses, increased unemployment and the number of people in the lower deprivation quintiles will increase.

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Recent Developments in National Policy[1]

Additional measures to increase government income that could affect individuals:

- Legally-enforceable minimum wage for people aged over 23 to increase from £9.50 to £10.42 an hour from next April.
- State pension payments and means-tested and disability benefits to increase by 10.1%, in line with inflation
- Apart from in Scotland, top 45% additional rate of income tax will be paid on earnings over £125,140, instead of £150,000.
- Income tax personal allowance and higher rate thresholds frozen for further two years, until April 2028.
- Main National Insurance and inheritance tax thresholds also frozen for further two years, until April 2028.
- Tax-free allowances for dividend and capital gains tax also due to be cut next year and in 2024.
- Local councils in England will be able to hike council tax up to 5% a year without a local vote, instead of 3% currently.
- Households on means-tested benefits will get £900 support payments next year.
- £300 payments to pensioner households, and £150 for individuals on disability benefit.
- Scheduled public spending will be maintained until 2025, but then grow more slowly than previously expected.
- In England, NHS budget will increase by £3.3bn a year for the next two years, and spending on schools by £2.3bn.
- Lifetime cap on social care costs in England due in October 2023 delayed by two years.
- Social housing rent increases in England capped at 7% from next April - instead of 11% due to inflation.

[1] BBC News, Available from: https://www.bbc.co.uk/news/business-63555313 Accessed on: 28 November 2022

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Summary of Provision (1)

- There is a wide variety of provision available to support people experiencing poverty across Cheshire East (see table on next slide).
- However:
  - The Citizen's Advice Bureau is a core component of this provision, which it may find increasingly difficult.
  - Food banks are experiencing increasing demand and reduced donations.
  - Voluntary, Community, Faith and Social Enterprise support more widely may be challenged by decreased donations and rising costs.
  - Some of the information and advice is in digital form and therefore is not readily accessible to those not online.
  - There are less settings available in rural areas for face to face advice.

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Summary of Provision (2)

Provision Type	Local / National Provision
General Support	Emergency Assistance Scheme, Free School Meals, Live Well website Support for Trouble Families, VCSFE Support (Age UK Cheshire East, Carer's Trust, Cheshire East Carer's Hub, Cheshire without abuse, changing lanes for people with addiction (except Nantwich and Rural), Pure Insight (support for care leavers))
Housing, Benefits, Employment, Debts and Transport Advice	CAB (Citizens Advice Bureau)
Housing	Private and Social Rent, Affordable housing schemes, Council Tax exemptions and discounts, Shared ownership, discounted for sale and first homes and Discretionary Housing Payments
Employment	Job Seekers Allowance and Employee Support Allowance, Adult and Community Learning (AED, ESFA)
Housing and Employment	Universal Credit
Housing and Benefits	Cheshire East Council Housing Benefits, Adult Social Care Financial Assessments and Council Tax Support
Transport	Ride and Commuter Confidence courses and Re-cycle Cycles scheme, Bus passes and the "Go-to" bus in Nantwich and Rural, Blue Badges, Community and flexible transport Services.
Debt	Lifeline Debt Advice, GamCare
Benefits	Child Benefit, DWP State Benefits and Pensions
Food Poverty	Food banks (but struggling with demand and drop in donations), Holiday Activity Fund, People Helping People. The Emergency Assistance Scheme & Housing Support Fund provide supermarket vouchers.
Fuel Poverty	Warm houses grant, Winter fuel payments, The Warm PlaCEs Scheme
Health and Wellbeing	A wide range of wellbeing and preventative services including screening, vaccination, health checks and life style advice.

Additional information regarding specific support available at Care Community level is available in Appendix A

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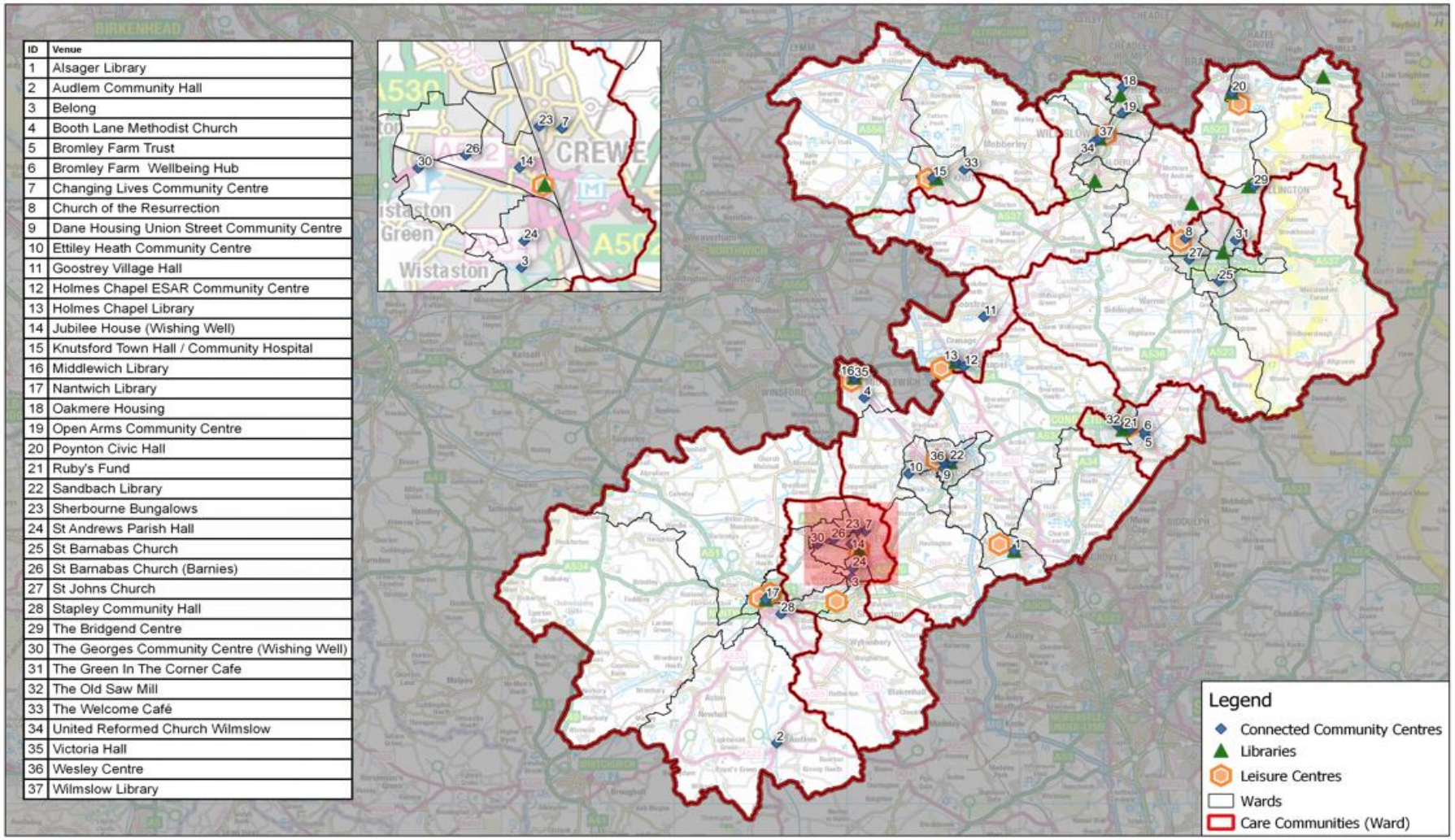
Care Community Services



ID	Venue
1	Alsager Library
2	Audlem Community Hall
3	Belong
4	Booth Lane Methodist Church
5	Bromley Farm Trust
6	Bromley Farm Wellbeing Hub
7	Changing Lives Community Centre
8	Church of the Resurrection
9	Dane Housing Union Street Community Centre
10	Ettiley Heath Community Centre
11	Goostrey Village Hall
12	Holmes Chapel ESAR Community Centre
13	Holmes Chapel Library
14	Jubilee House (Wishing Well)
15	Knutsford Town Hall / Community Hospital
16	Middlewich Library
17	Nantwich Library
18	Oakmere Housing
19	Open Arms Community Centre
20	Poynton Civic Hall
21	Ruby's Fund
22	Sandbach Library
23	Sherbourne Bungalows
24	St Andrews Parish Hall
25	St Barnabas Church
26	St Barnabas Church (Barnies)
27	St Johns Church
28	Stapley Community Hall
29	The Bridgend Centre
30	The Georges Community Centre (Wishing Well)
31	The Green In The Corner Cafe
32	The Old Saw Mill
33	The Welcome Café
34	United Reformed Church Wilmslow
35	Victoria Hall
36	Wesley Centre
37	Wilmslow Library

Cheshire East Council

Care Communities and Community Assets (February 2022)

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Ref: //RandC/Requests/James/2022

1:205000

There are 37 different services identified by the council for the care community to offer various different services to residents. It has a mixture of libraries, leisure centres and connected community centres.

The majority of assets included are found within urban areas.

We also have health care assets such as the GPs, Pharmacies etc.(please see the latest PNA)

Summary of Gaps in Provision

Whilst a wide range of support is available, the following gaps exist including:

- A **shared understanding of the complete offer** by people working with residents across Cheshire East – this review has highlighted how much support is available but also that it can be quite a challenge to know what is available.
- **Fewer support options for those that do not have means of transport, are not online, or both.**
- **Missed opportunities for prevention** in more deprived areas as shown by the rate of preventable deaths and also emergency admissions in some of these areas.
- There are fewer GPs per patient in one of our most deprived areas in Crewe.
- Potentially reduced provision from Voluntary Community and Faith Sector Enterprises in view of **decreased donations and rising costs.**
- Shared understanding of **transport links.**
- People receiving support from council services in rural areas like **Knutsford** and **Poynton** through CAB and other resources is rising. Better access to these areas is essential. Understanding council priorities from planning (SPGD) is also important.

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Top 5 Priority Areas on Poverty for Cheshire East Council

1. Ensuring information around poverty related support is easily accessible. Including upskilling a volunteer workforce to advise, signpost and make referrals.
2. Establishing a referral pathway and processes between organisations supporting people in poverty including providing a social space for information sharing.
3. Collaborate with producers and manufacturers to support a food surplus model of food procurement.
4. Further interventions will be targeted on specific areas and cohorts and based on information provided by the JSNA.
5. Develop Key Performance Indicators (KPIs) using Business Intelligence tools like Microsoft PowerBI to continue to monitor poverty and the impact of interventions implemented.

Source: Recommendations from Food Poverty Spotlight Review and Cost of Living Implementation Plan, Cheshire East Council

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Recommendations (1)

Across Cheshire East we need to:

- **Work together with people with lived experience** to improve our understanding of the current and emergent challenges, and to work out solutions for these. There should be a sense of social obligation which could be in the form of a video diary to demonstrate their journey. This will be supported by the Cheshire East People's Panel project (See Appendix D) and learning from the Transfer of Care hubs (See Appendix H).
- **Widely share our knowledge of services and community assets** available to support people experiencing poverty, including those online and those available in person.
- **Ensure support and advice is accessible for people with disabilities**, where there are language barriers, where people are not online or do not have transport. Our community engagement teams will be important in highlighting gaps to us.
- Audiences must be aware that where further information is required, there may be a need for **specific review in to need by marriage and civil partnership, gender reassignment, sexual orientation, pregnancy and maternity, and religion.**
- Encourage as many people who work with our residents as possible to **signpost** them to the available support. For example, schools, employers and health and care professionals. We need to make sure they are equipped to do this.
- Work to **reduce the stigma** associated with seeking this support where possible.
- Further **explore approaches to addressing the rising rates of long term unemployment.**
- **Explore ways to reduce and address the challenges in housing provision** and to be mindful of these challenges when developing approaches to address fuel poverty.
- **Encourage professionals to take a holistic approach** to consider the why and the wider implications for the individual.

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Recommendations (2)

In supporting people with **food poverty** we need to:

- Develop approaches to address food poverty that consider supply, sustainability, transport issues, focusing on areas at greatest need and noting the good practice examples and areas of increased need. (See Appendix B)

In supporting people with **fuel poverty** we need to:

- Implement actions from the cold homes audit (see full review for more details) to ensure our local approach is following the best practice guidance in supporting people experiencing cold homes and noting the good practice examples from other areas. Approaches should be tailored to variation in need. (See Appendix C)

In supporting those experiencing poverty with their **health and wellbeing** we need to:

- Make sure we make the most of opportunities to prevent illness in deprived areas and particularly in Crewe. We need to promote signposting to support services across health and care including for support with transport, lifestyle change, NHS health checks, vaccination and cancer screening. We also need to make the most of schemes such as CORE20Plus5 (see full review for more details).
- Explore ways of supporting our areas with the highest patient GP ratios, particularly in areas of deprivation.
- Make the most of, and develop further, opportunities to walk or cycle safely within deprived urban areas with low car ownership.

Recommendations (3)

Finally, we also need to:

- Consider the recommendations from the **Crewe JSNA**, once completed, as a key area of deprivation and poverty.
- **Link in with Cheshire and Merseyside Integrated Care System work** to address poverty.
- Note that **approaches to addressing poverty will be required in many areas across Cheshire East and not just in the most deprived areas**, and approaches should be tailored to meet this varied need appropriately.
- Identify a selection of **key measures** to monitor regularly so that we can see changes in the experience of poverty over time and in relation to both external pressures and the support we provide.

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Appendices

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Appendix A – Overall Trends in Poverty

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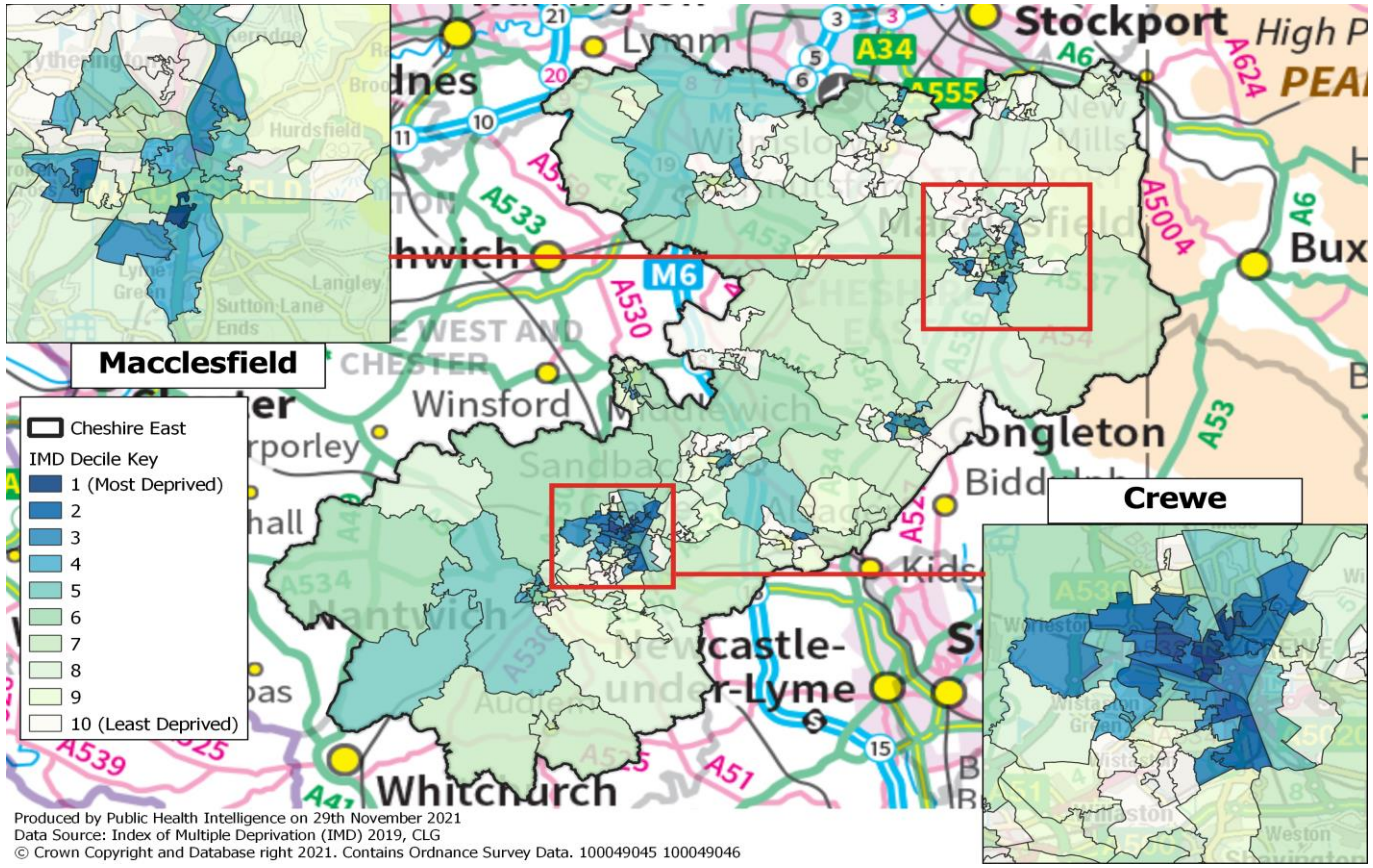
Appendix A - Cheshire East Deprivation Map IMD 2019



Click here more information on Cheshire East Deprivation.

- Whilst much of Cheshire East is affluent, there are **areas of deprivation** including in
  - **Crewe**
  - **Macclesfield**
  - **Congleton**
  - **Handforth**
  - **Alsager**
- The map demonstrates national deprivation decile variation in Cheshire East.
- The Index of Multiple Deprivation (IMD) combines information from the seven domains to produce an overall relative measure of deprivation[1].

Deprivation Local Quintiles	Households	Lone Parent Families
Quintile 1	35,026	4,915
Quintile 2	38,879	3,484
Quintile 3	34,810	2,665
Quintile 4	34,097	2,517
Quintile 5	32,049	2,074
Total	**174,861**	**15,655**

When looking at the most deprived 20% (quintile) of small areas across Cheshire East:

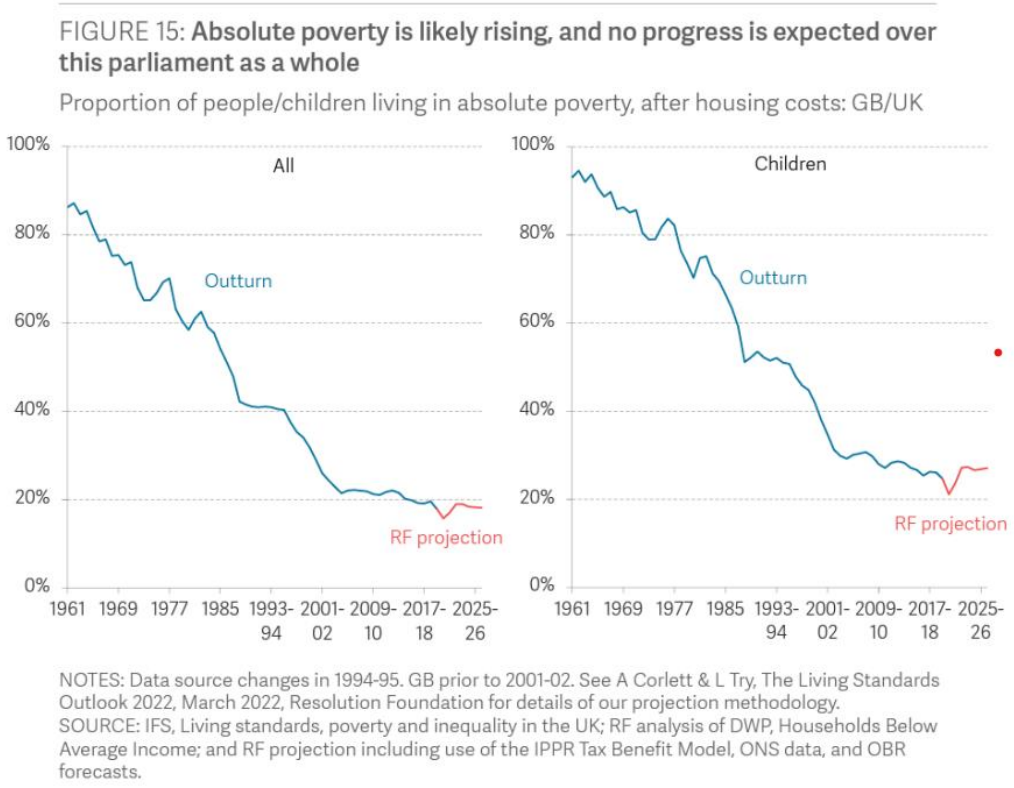
According 2021 census data, just over 35,000 house holds and nearly 5,000 lone parent families in the most deprived local quintile.

Many additional live in the second most deprived quintile.

[1] Deprivation in Cheshire East, Available from: https://cheshireeast.maps.arcgis.com/apps/MapSeries/index.html?appid=531d13bb1eb24f918c71259138dc000c , Accessed on: 01 October 2022

Appendix A - Poverty Across the UK

- Absolute Poverty **fell sharply for all people and children between 1961 and 2001**. After 2001, rates have declined more slowly.[1]
- The projection from the Resolution Foundation is that absolute poverty in the UK **will rise by 1.3 million in 2022/23, including 500,000 children**. This is the largest rise for some time.[1] This means **8,700** residents and **3,350** children in Cheshire East.
- **Incomes are on course to be lower** at the next election (in 2024-25) than in 2019-2020, with typical non-pensioner income projected to be 2 per cent lower.[2]



Sources: [1] Resolution Foundation, (24/03/2022), Inflation Nation putting spring statement into context, available from https://www.resolutionfoundation.org/publications/inflation-nation/, accessed: June 2022.
[2] House of commons Library, Poverty in the UK: statistics, (13/04/2022), available from: https://commonslibrary.parliament.uk/research-briefings/sn07096/, Accessed June 2022.

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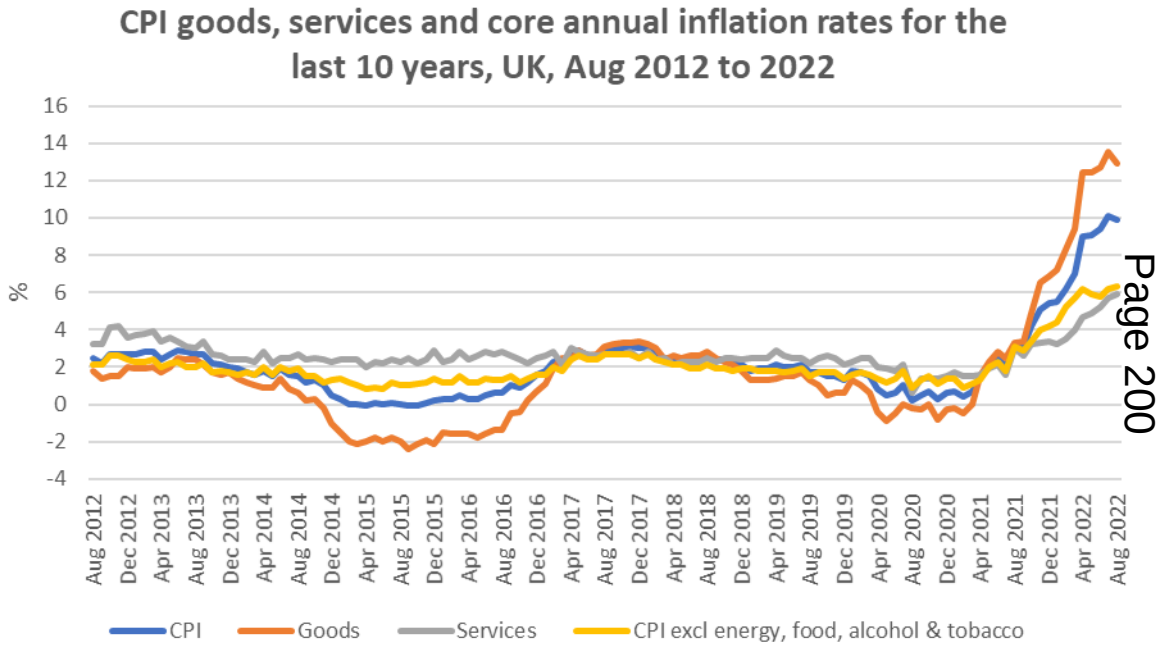
Appendix A - Inflation in the UK

- Consumer Price Inflation (CPI) is the speed at which the prices of the goods and services bought by households rise or fall[4].
- The **CPI** for all goods index **rose by 12.9% in the 12 months to August 2022**, down from 13.5% in July. The CPI **all services index rose by 5.9%** in the 12 months to August 2022, up from 5.7% in July. **Core CPI** (excluding energy, food, alcohol and tobacco) **rose by 6.3**% in the year to August 2022, increasing from 6.2% in July.[1]
- The Bank of England has warned that this is **set to rise to 10% by Autumn 2022** and the Monetary Policy Committee expects **unemployment to rise from 3.6% to around 5% in 2024**.[2]
- The largest upward contributions to the annual CPIH inflation rate in April 2022 came from **housing and household services** (2.76 percentage points, principally from electricity, gas and other fuels, and owner occupiers' housing costs) and **transport** (1.47 percentage points, principally from motor fuels and second-hand cars).[1]
- **Food prices are starting to rise too** since the beginning of the year (see chart).[4]



Sources: [1] Francis-Devine et al (2022) Rising cost of living. House of Commons Library. 17August 2022. Available from: https://commonslibrary.parliament.uk/research-briefings/cbp-9428/, accessed 23 August 2022
[2] BBC news website, Warning of economic downturn as interest rates rise, (05/05/22), https://www.bbc.co.uk/news/business-61319867, accessed June 2022.
[3] DWP, DWP benefits statistics: February 2022, (25/02/2022), available from: https://www.gov.uk/government/statistics/dwp-benefits-statistics-february-2022/dwp-benefits-statistics-february-2022 , accessed: June 2022
[4] ONS, Consumer Prices Index including owner occupiers' housing costs (CPIH), (18/05/2022), available from: https://www.ons.gov.uk/datasets/cpih01/editions/time-series/versions/22, accessed June 2022.

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Appendix A - Poverty by Household

- The Department foe Work and Pensions (DWP) Family Resources Survey is a sample of over 10,000 households taken between April 2020 and March 2021.They found that significant proportions of the population had gross weekly incomes of less than £400

Gross weekly income of less than £200 per week

- **6% of all households equating to 10,494 households in Cheshire East.**
- 24% of households with one or more unemployed adults under state pension age.
- Between 10-18% (depending on age and sex) of single adults in households without children.

Gross weekly income between £200-£399 per week

- **19% of all households equating to 33,231 households in Cheshire East.**
- 39% of households with a single adult and one child.
- Between 31-53% (depending on age and sex) of single adults in households without children.

Source: Department of Work and Pensions (31/03/2022), Family Resources Survey: financial year 2020 to 2021, available from: https://www.gov.uk/government/statistics/family-resources-survey-financial-year-2020-to-2021/family-resources-survey-financial-year-2020-to-2021, accessed: June 2022.

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Appendix A - Comparison of Poverty in Cheshire East with the England Average

Indicator	Period	Chesh East			Region England	England	England		England
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Income deprivation, English Indices of Deprivation (Persons, All ages)	2019	–	31,034	8.3%	-	12.9%	25.1%		2.9%
Child Poverty, Income deprivation affecting children index (IDACI) (Persons, <16 yrs)	2019	–	7,070	10.7%	-	17.1%	32.7%		3.2%
Older people in poverty: Income deprivation affecting older people Index (IDAOPI) (Persons, 60+ yrs)	2019	–	9,004	8.6%	-	14.2%	44.0%		5.0%

- On average, there is **less deprivation** across Cheshire East **than** the **England** average.
- However, **some wards have levels of deprivation significantly worse than the England** average including:
  - **Crewe St Barnabas, Crewe Central, Macclesfield Hurdsfield, Crewe South, Crewe North, Handforth, Crewe East and Macclesfield South**

Indicator	Period	England	List of wards with poverty	Crewe Central	Crewe East	Crewe North	Crewe South	Crewe St Barnabas	Macclesfield Hurdsfield	Macclesfield South	Macclesfield West and Ivy
Income deprivation, English Indices of Deprivation (Persons, All ages)	2019	12.9	-	20.7	13.6	14.9	15.0	23.6	15.5	13.6	13.0
Child Poverty, Income deprivation affecting children index (IDACI) (Persons, <16 yrs)	2019	17.1	-	26.7	22.3	21.0	20.3	28.1	19.5	15.9	14.3
Older people in poverty: Income deprivation affecting older people Index (IDAOPI) (Persons, 60+ yrs)	2019	14.2	-	26.4	12.8	11.8	15.7	28.9	17.3	13.6	15.7

Source: Office for Health Improvement & Disparities. Public Health Profiles. Available from: https://fingertips.phe.org.uk © Crown copyright [2022] . Accessed on 08 November 2022

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Appendix A - Cost of Living Data and Resources

SOURCE	DESCRIPTION
The cost of living, current and upcoming work: June 2022, ONS	Latest summary of ONS' current and future analytical work related to the cost of living.
Consumer price inflation, UK: August 2022	Latest bulletin on price indices, percentage changes, and weights for the different measures of consumer price inflation, and useful glossary.
Fuel poverty factsheet, National Statistics	Summary of headline fuel poverty figures and key characteristics of the fuel poor.
Cost of living hub, Local Government Association	Hub aimed to share best practice and help councils support residents with rise in cost of living. Case studies from local authorities organised into a range of relevant topic areas.
Fuel poverty cold homes and health inequalities in the UK, Institute of Health Equity. September 2022	Predicts significant health, social and education detriment for children without effective interventions.
Worries about the rising costs of living, Great Britain: April to May 2022, ONS	Article about people's worries using data from the Opinions and Lifestyle Survey collected between 27 April and 22 May 2022 based on adults in Britain.
Citizens Advice cost of living data dashboard, August 2022	This dashboard shares insights on how cost of living is affecting those that Citizens Advice help, updated monthly.
Rising cost of living in the UK. House of Commons Library Research Briefing. 02 September 2022	Overview of rising prices, particularly food, energy and fuel prices. Outlines how inflation, interest rates, and other policies affect household budgets.
Hertfordshire summary of cost living - JSNA Lite Bite: Cost of Living	An overview of the literature and available data regarding the cost of living crisis and the likely impact on health and health behaviours.
Trussell Trust End of Year Statistics	Annual statistics on the number of parcels distributed by Trussell Trust food banks. These are broken down by local authority. The link to the LA level data is at the foot of the page.

Source: North West Regional Knowledge and Intelligence service, Office for Health Improvement & Disparities.

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Appendix A - Supporting Families Programme

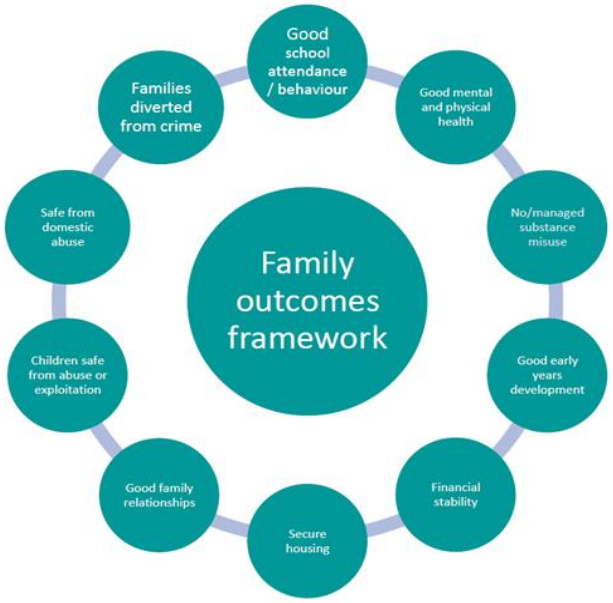
Supporting Families helps thousands of families across England to get the help they need to address multiple disadvantages through a **whole family approach.** It is delivered by **keyworkers, working for local authorities** and their partners, through a framework from **Department of Levelling Up, Housing and Communities**.

The National Programme aligns with the following strategic aims and priorities in the Council's Corporate Plan 2021 – 2025:

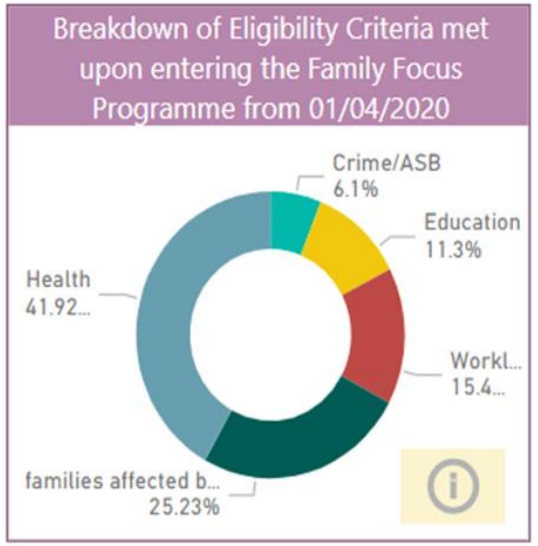
- A council which empowers and cares about people.
- Work together with our residents and our partners to support people and communities to be strong and resilient.
- Protect and support our communities and safeguard children, adults at risk and families from abuse, neglect, and exploitation.
- Support all children to have the best start in life.
- Increase opportunities for all children and young adults with additional needs.
- Ensure all children have a high quality, enjoyable education that enables them to achieve their full potential.
- The new framework from October 2022 encompasses 10 headline areas. Families worked with need to meet at least three of the 10 to be tracked as part of the cohort.

The new funding formula has used the 2019 index of Multiple Deprivation data and most up to date population data with PBR figures for **2023/24 and 2024/25** with an increase in expected number of successful outcomes with families to **480** and **594 for respective years**. CE has a **conversion rate of 58%** so families meeting the criteria and being worked with will need to be at least 960 and 1188 respectively.

Previous frameworks had 6 criteria of which 2 had to be met and the breakdown is as follows :



FINANCIALYEAR	2020 - 2021		2021 - 2022		2022 - 2023	
Number of Eligibility Criteria Met	Number of Families	% of Families	Number of Families	% of Families	Number of Families	% of Families
2	184	37.94%	163	33.96%	20	37.04%
3	175	36.08%	164	34.17%	22	40.74%
4	79	16.29%	102	21.25%	6	11.11%
5	30	6.19%	38	7.92%	5	9.26%
6	17	3.51%	13	2.71%	1	1.85%
Total	**485**	**100.00%**	**480**	**100.00%**	**54**	**100.00%**



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Appendix A - Assets for Families and Residents

- **Family Help Front Door** – Information, advice and signposting given to professionals and families through 0300 123 5012 option 3 option 1.
- **Emergency Assistance** - support for the most vulnerable facing immediate short-term needs in an emergency to prevent a serious risk to the health and safety of themselves or their family. The scheme is non-cash based with support provided by goods, supplies or services and where possible recycled goods will be provided.
- **Cheshire East LiveWell site** – Information for residents including organisations that can assist with debt advice, furniture items, foodbanks etc.
- **Holiday, Activities and Food Programme (HAF)** - Cheshire East are working with local schools, childcare and holiday club providers and community and voluntary organisations to provide free fun activities as part of our holiday activities and food programme (HAF). The free places are funded by the Department for Education as part of the government's HAF programme being delivered across Cheshire East.
- **Affordable Warmth Grants** - Grants of up to £2,000 to homeowners for help to repair or replace heating and hot water systems. Telephone 0300 123 5017 and choose option 4.
- **Household Support Fund** – Cheshire East Council, with the help of a wide range of local partners, are distributing vouchers worth £2.2 million on behalf of the Department for Work and Pensions (DWP), to support the most vulnerable households across the county with food, utilities, and other essentials over the spring and summer period. The £2.2 million pounds that Cheshire East Council is helping to distribute is our share of the government's £500 million Household Support Fund which will run from 23 March 2022 until the 30 September 2022 (awaiting confirmation). The fund is available to support both adults (without dependent children), pensioners and families with children and will be made available to vulnerable households who need additional financial support.
- https://www.cheshireeast.gov.uk/livewell/education-employment-and-money/money-matters/cost-of-living.aspx

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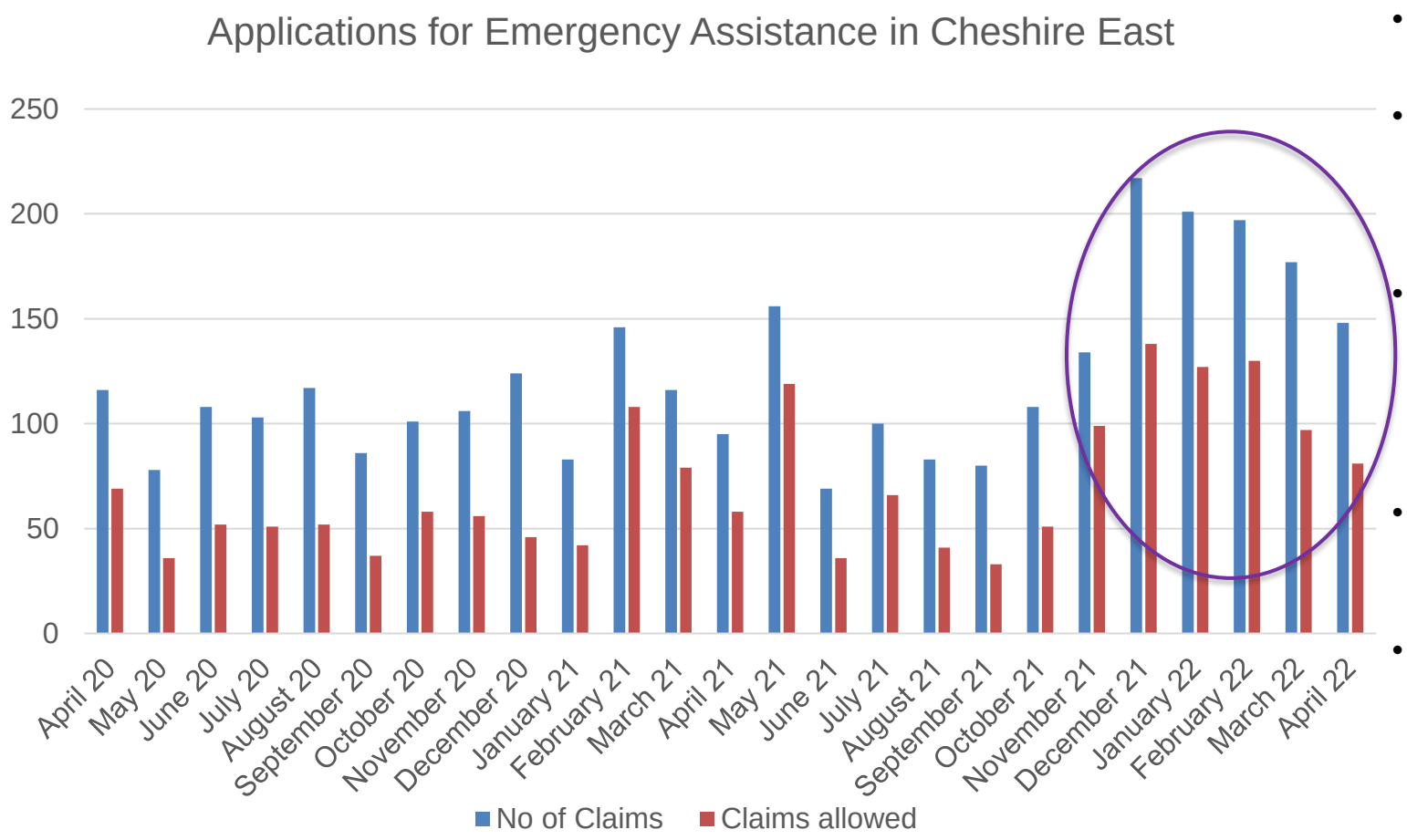
Appendix A - Poverty in Cheshire East: Applications for Emergency Assistance in Cheshire East



- The Cheshire East Emergency Assistance scheme is a safety net for people in crisis.
- Residents of Cheshire East on benefits or a low wage **get help with rent deposits, essential furniture, some white goods, and emergency food**.
- The number of **claims increased by 32%** in the 12 months ending April 21 compared to the previous 12 months (from 1263 to 1670). The number of **allowed claims grew by 50%** (from 675 to 1018).
- There has been a large rise in applications and claims since December 2021 (see purple ellipse).
- This rise in applications coincides with the rise in inflation (see previous slide).

Source: Benefits Section, Cheshire East Council, (09/05/2022).

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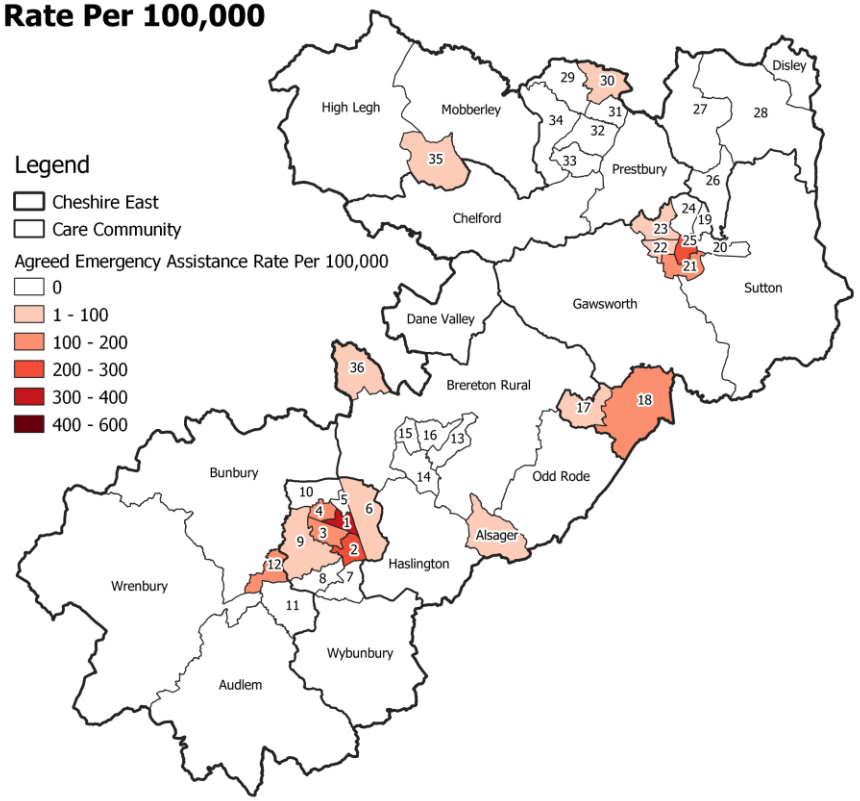
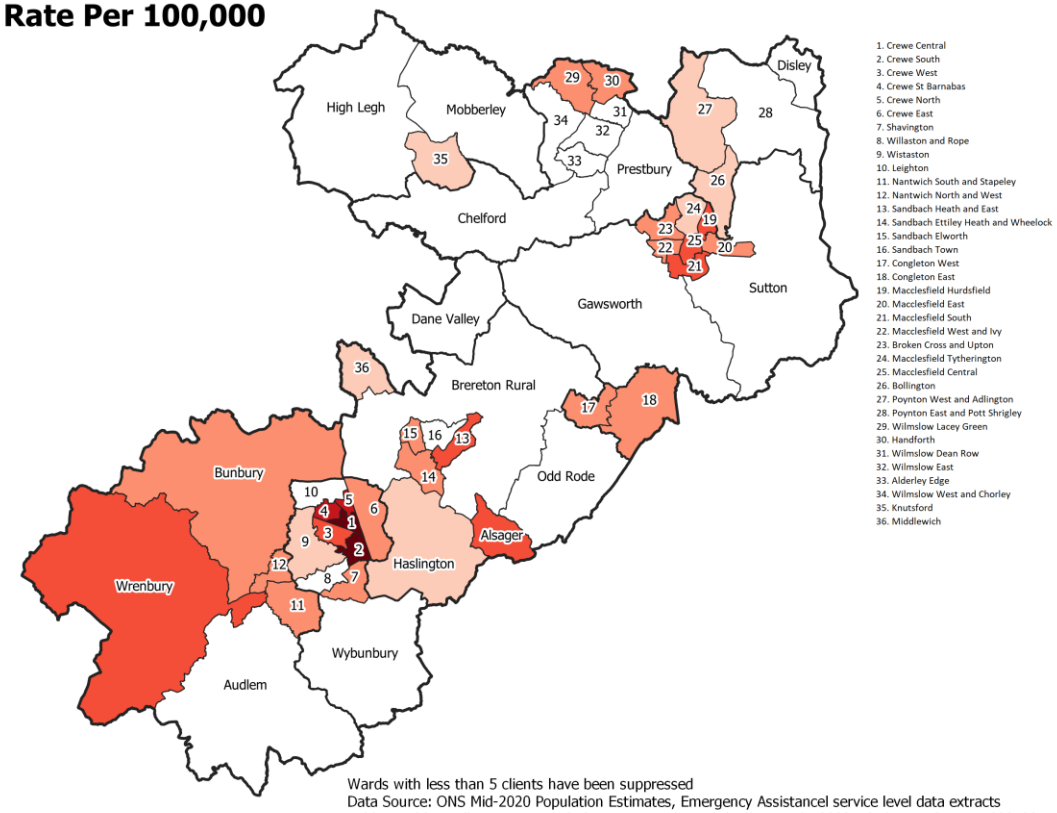
Appendix A - Poverty in Cheshire East: Applications for Emergency Assistance in Cheshire East

April to September 2021 - Agreed Emergency Assistance Rate Per 100,000



April to September 2022 - Agreed Emergency Assistance Rate Per 100,000



1. Crewe Central
2. Crewe South
3. Crewe West
4. Crewe St Barnabas
5. Crewe North
6. Crewe East
7. Shavington
8. Willaston and Rope
9. Wistaston
10. Leighton
11. Nantwich South and Stapeley
12. Nantwich North and West
13. Sandbach Heath and East
14. Sandbach Ettiley Heath and Wheelock
15. Sandbach Elworth
16. Sandbach Town
17. Congleton West
18. Congleton East
19. Macclesfield Hurdsfield
20. Macclesfield East
21. Macclesfield South
22. Macclesfield West and Ivy
23. Broken Cross and Upton
24. Macclesfield Tytherington
25. Macclesfield Central
26. Bollington
27. Poynton West and Adlington
28. Poynton East and Pott Shrigley
29. Wilmslow Lacey Green
30. Handforth
31. Wilmslow Dean Row
32. Wilmslow East
33. Alderley Edge
34. Wilmslow West and Chorley
35. Knutsford
36. Middlewich

Wards with less than 5 clients have been suppressed
Data Source: ONS Mid-2020 Population Estimates, Emergency Assistancel service level data extracts
Public Health Intelligence Team, © Crown copyright and database right 2022. Ordnance Survey 100049045

The proportion of people using the **Emergency Assistance** scheme has **massively increased** between 2021 and 2022. Places like Crewe and Macclesfield have shown an increase. Rural areas like **Wrenbury, Bunbury, Knutsford** and **Handforth** have shown an increase in usage demonstrating the rising demand on these schemes.

Source: Benefits Section, Cheshire East Council, (09/05/2022).

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Appendix A - Additional Voluntary, Community, Faith and Social Enterprise Support for Finance and Debt Specific to Each Care Community (1)

Nantwich and Rural	Crewe	Sandbach, Middlewich, Alsager, Scholar Green and Haslington (SMASH)	Congleton and Holmes Chapel (CHOC)
• Audlem and District Community Action • Cheshire and Greater Manchester Community Rehabilitation Company • Christians Against Poverty • Nantwich Library	• Alternative Solutions Support Service • Barnies Community Hub • CAP Debt Centre • Chance Changing Lives • Change Grow Live - Young People • Cheshire and Greater Manchester Community Rehabilitation Company • Crewe Library • Crewe Lifestyle Centre • Hope Cafe • LATH, Crewe • The End of Life Partnership • Wishing Well • Crewe Work Hub • YMCA Crewe	• Alsager Community Support • Alsager Library • Alternative Solutions Support Service • Cheshire and Greater Manchester Community Rehabilitation Company • Employment Support for ex-armed forces - British Legion • Lifeline Debt Advice • Middlewich & District Foodbank • Middlewich Library • Sandbach Food Bank • Sandbach Library	• Alternative Solutions Support Service • Bromley Farm Community Development Trust • Cheshire and Greater Manchester Community Rehabilitation Company • Congleton Partnership • Congleton Work Club • Crossroads Together • Holmes Chapel Library • Holmes Chapel Partnership • Job Club - Congleton (New Life Church) • Pure Insight • Relate Macclesfield and Congleton (Outpost) • The Storehouse Foodbank

Source: Cheshire East Social Action Partnership (2022). Mapping activity. 10 November 2022

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Appendix A - Additional Voluntary, Community, Faith and Social Enterprise Support for Finance and Debt Specific to Each Care Community (2)

Chelford, Wilmslow, Alderley Edge and Handforth (CHAW)	Bollington, Disley, and Poynton (BDP)	Knutsford	Macclesfield
• Alderley Edge Library • Alternative Solutions Support Service • Cheshire and Greater Manchester Community Rehabilitation Company • Handforth Library • Hope Centre Colshaw • Hope Centre Handforth • North-East Cheshire Debt Centre - CAP • Prestbury Library • Wilmslow Guild • Wilmslow Library • Work Club	• Alternative Solutions Support Service • Bollington Library • Bridgend Centre, Bollington • Cheshire and Greater Manchester Community Rehabilitation Company • Disley Community Centre • Disley Library • Finance Wellness Group • Green Doctor • Penny Smart • Poynton Community Centre • Poynton Library • Salvation Army (email only)	• Alternative Solutions Support Service • Changing Lanes - Addiction Support Services • Hope Centre Knutsford • Knutsford Library • Knutsford Together • The Welcome – Connected Communities Centre	• Alternative Solutions Support Service • Change Grow Live • Cheshire and Greater Manchester Community Rehabilitation Company • Cheshire Streetwise Skills Café • Disability Information Bureau - Learning Centre • Finance Wellness Group • Green Doctor • Macclesfield Family Centre • Macclesfield Library • Macclesfield Work Club • Penny Smart • Salvation Army (email only) • Silklife Food Bank The Samaritans of Macclesfield & District

Source: Cheshire East Social Action Partnership (2022). Mapping activity. 10 November 2022

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Appendix B - Food Poverty

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Appendix B- Food Insecurity in the UK by Personal Circumstances

- According to the Department for Work and Pension's Family Resources Survey, in the North-West food insecurity was found in:
  - **8% of all households** which equates to **13,992** households in Cheshire East. This is slightly higher than the England average of 7%.
  - **19% of households with children where there was only one adult.**
  - **17% of households with one or more disabled adults under state pension age.**
  - **21% of households with one or more unemployed adults under state pension age.**
  - **The age of the head of household affects food insecurity. 14% of all households with the head of household aged 16 – 24 are not food secure.**
- The **level of educational attainment is negatively correlated with food insecurity** – households with the head of household with a lower attainment were more likely to be food insecure.
- **Ethnicity also plays a role.** 21% of Black households, 17% of Pakistani and 12% of Bangladeshi households were food insecure.
- Households receiving any income related benefit had levels of **24% insecurity**.

Source: Department of Work and Pensions (31/03/2022), Family Resources Survey: financial year 2020 to 2021, Available from: https://www.gov.uk/government/statistics/family-resources-survey-financial-year-2020-to-2021/family-resources-survey-financial-year-2020-to-2021, Accessed on: 01 June 2022

Appendix B- Stories from People using Food Banks in the Trussell Trust End of Year Report

"I do [skip meals]. The kids don't, but I do. […] I can go three days without eating. […] When I first started doing it, it was like, oh my God, I feel ill. Now, I'm used to it."

"We will have to prioritise food so will be cold in our own home and I am eating less and less to ensure my daughter has what she needs as she is only 6. I already walk to work and back everyday [be]cause I cannot afford transport."

"The cost of living has gone up and your social security payments haven't gone up to cover it. It costs a lot to be disabled. It costs more. I've had to use food banks. [...] I have to rely on buses and trains and have to pay increased fares. Not having enough money for travel causes me to be isolated and excluded."

Source: Trussell Trust, End of Year Stats 2021/22 Stories Report, (April 2022), Available from: https://www.Trusselltrust.org/wp-content/uploads/sites/2/2022/04/EOY-Stats-2022-Data-Briefing.pdf, Accessed on: 01 June 2022

Appendix B - National Trends in Food Bank Use

Both the Trussell Trust and the Independent Food Aid Network (IFAN) reported **large increases in emergency food aid distribution in 2020-21 compared to 2019-20**.[1]

The Trussell Trust is the largest food bank organisation in the UK and has highlighted through discussion of recent food bank use:

- For the first time outside of the Covid-19 pandemic year (2020/21) food banks in the Trussell Trust network have distributed over 2.1 million food parcels in 2021/22.[2]
- This represents an **81% increase from the same period five years ago** and a 14% increase from 2019-20.[2]
- Food banks in the Trussell Trust network, overall, have experienced an **acceleration of need since October 2021**.[2]
- Reported that **food banks are running out of tools to prevent people from needing long term support**.[2]

- "**Food bank statistics should not be used as a proxy for poverty measurements**. The comprehensiveness and accuracy of food bank data, and the number of food aid outlets in existence, will affect food bank figures regardless of any changes or stability in poverty levels."[1] However, "Use of a food bank is an indicator of severe financial difficulty."[3]

Sources: [1] House of Commons Library, Food Banks in the UK (14.07/2021), Available from: https://commonslibrary.parliament.uk/research-briefings/cbp-8585/, Accessed on: 01 June 2022.
[2] Trussell Trust, Trussell Trust data briefing on end-of-year statistics relating to use of food banks: April 2021 – March 2022, Available from: https://www.Trusselltrust.org/wp-content/uploads/sites/2/2022/04/EOY-Stats-2022-Data-Briefing.pdf, Accessed: 01 June 2022.
[3] Institute for Fiscal Studies, Living standards, poverty and inequality in the UK: 2021, (08/07/2021), Available from: https://ifs.org.uk/publications/15512, Accessed on: 01 June 2022.

Appendix B- Trends in Food Bank Use (2)

Notably, of those people who have been referred to a Trussell Trust food bank:

- Over **two-thirds had experienced a problem with the benefits system** in the year before they needed emergency food. In 43% of cases benefit problems were one of the main reasons for referral.[1]
- **94% were 'facing real destitution',** unable to buy essentials to stay warm, dry, clean and fed. 23% were homeless.[1]
- **£50 was the average weekly income after housing costs**, while 20% reported no income at all in the month before.[1]
- **Over three quarters were in arrears, most commonly rent arrears, and 40% were repaying debts.**
- In the year prior to using a food bank 7 in 10 respondents reported at least one '**challenging life experience' such as eviction or divorce**, while a large minority also reported having experienced an 'adverse work-related experience' such as losing a job or a reduction in work hours.[1]
- **22% were single parents** and nearly half were single person households.[1]
- **89% were born in the UK**, slightly above the 86% of the population as a whole.[2]

[1] House of Commons Library, Food Banks in the UK (14.07/2021), Available from: https://commonslibrary.parliament.uk/research-briefings/cbp-8585/ , Accessed on: 01 June 2022.
[2] Trussell Trust, State of Hunger, A study of poverty and food insecurity in the UK, Trussell Trust, Nov 2019, Available from https://www.stateofhunger.org/wp-content/uploads/2019/11/State-of-Hunger-Report-November2019-Digital.pdf, Accessed on: 01 June 2022

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Appendix B- Cheshire East Food Network Consultation

- **58 services** approached and **19 responses** received.
- The services provide either free or low cost food to residents who need it.
- The **majority of residents who access these services do so via a referral.**
- **60% of services have had to adapt food provision** due to increased demand.
- **Over 70% do limit the number of times** their service is accessed.
- **Over 50% of services have seen a decrease in donations** (fewer donations = less stock).

- Key Pressures for these services include:
  - Storage, funding and volunteers.
  - Two thirds of services said they need access to low price, long life food alongside larger storage space and logistics.
  - Foodbanks could be at risk of closure if not provided with support.

Source: Cheshire East Food Network Consultation First Draft June 2022

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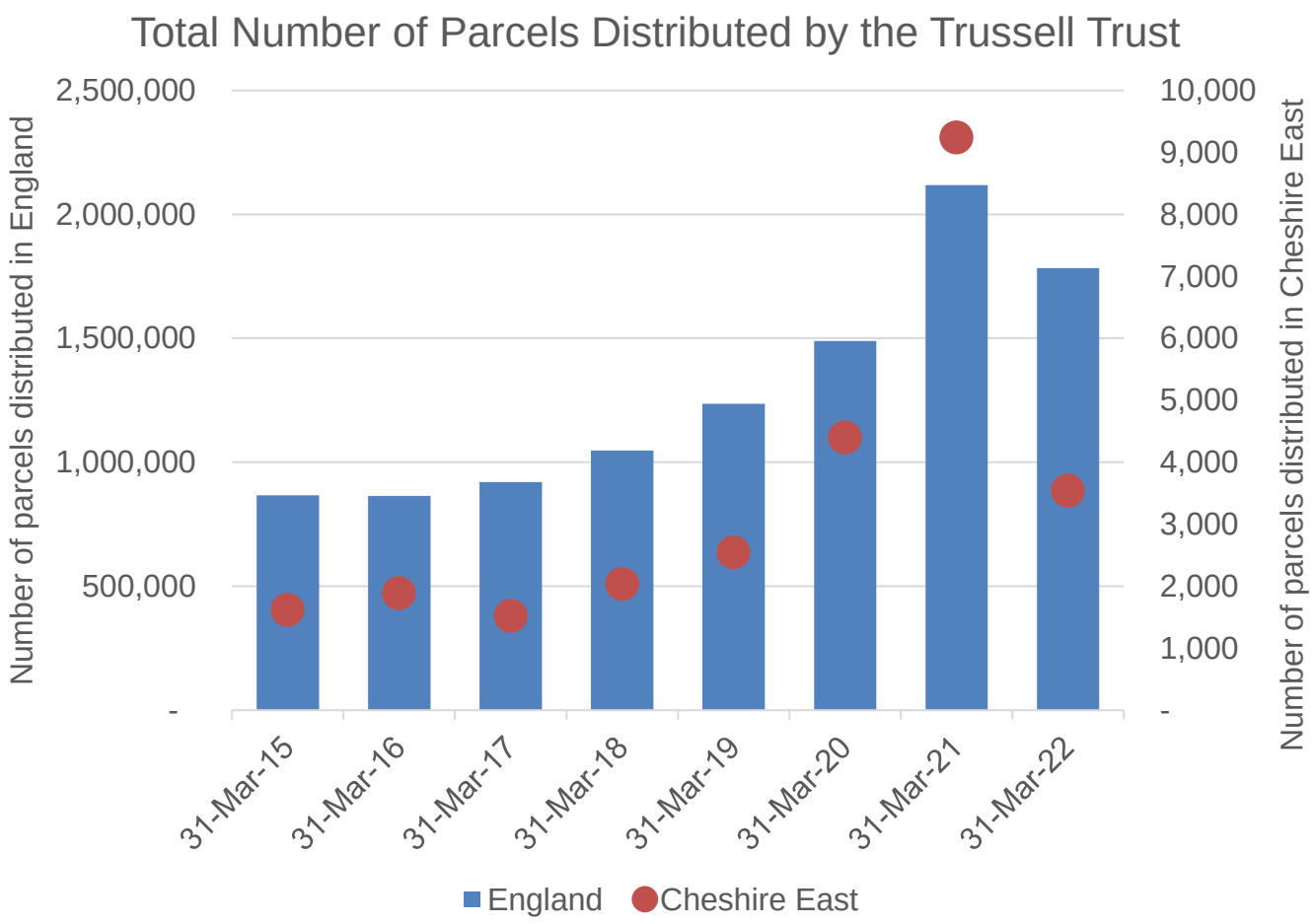
Appendix B - Food Parcels Distributed by Trussell Trust in Cheshire East and England



- The Trussell Trust is the UK's largest network of food banks, accounting for over half of all food banks.[1]
- The number of food parcels given out by the Trust in England (blue columns) has increased year on year up to the twelve months ending 31/03/21.[2]
- In the year ending 31/03/22, more parcels were distributed than in any year apart from the previous twelve months.[2]
- The number of parcels distributed in Cheshire East (red dots) also shows an increase up to the twelve months ending 31/01/21.[2]
- At the end of financial year 2021/22, there was a decrease in parcels distributed. It should be noted also that the number of distribution centres in Cheshire East decreased from 4 to 3 in this year.[2]
- In Cheshire East there are currently 25 organisations offering food banks, food parcels or food groceries. Only two are run by the Trussell Trust.[3]

Sources: [1] House of Commons Library, Food Banks in the UK (14.07/2021), available from: https://commonslibrary.parliament.uk/research-briefings/cbp-8585/, accessed: June 2022.
[2] Trussell Trust, End of Year stats 2021/22, (April 2022), available from https://www.Trusselltrust.org/wp-content/uploads/sites/2/2022/04/End-of-Year-stats-2021-22-FOR-PUBLIC-USE.xlsx, accessed June 2022.
[3] Cheshire East Social Action Partnership, Foodbanks in CE May 22, (22/05/2022)

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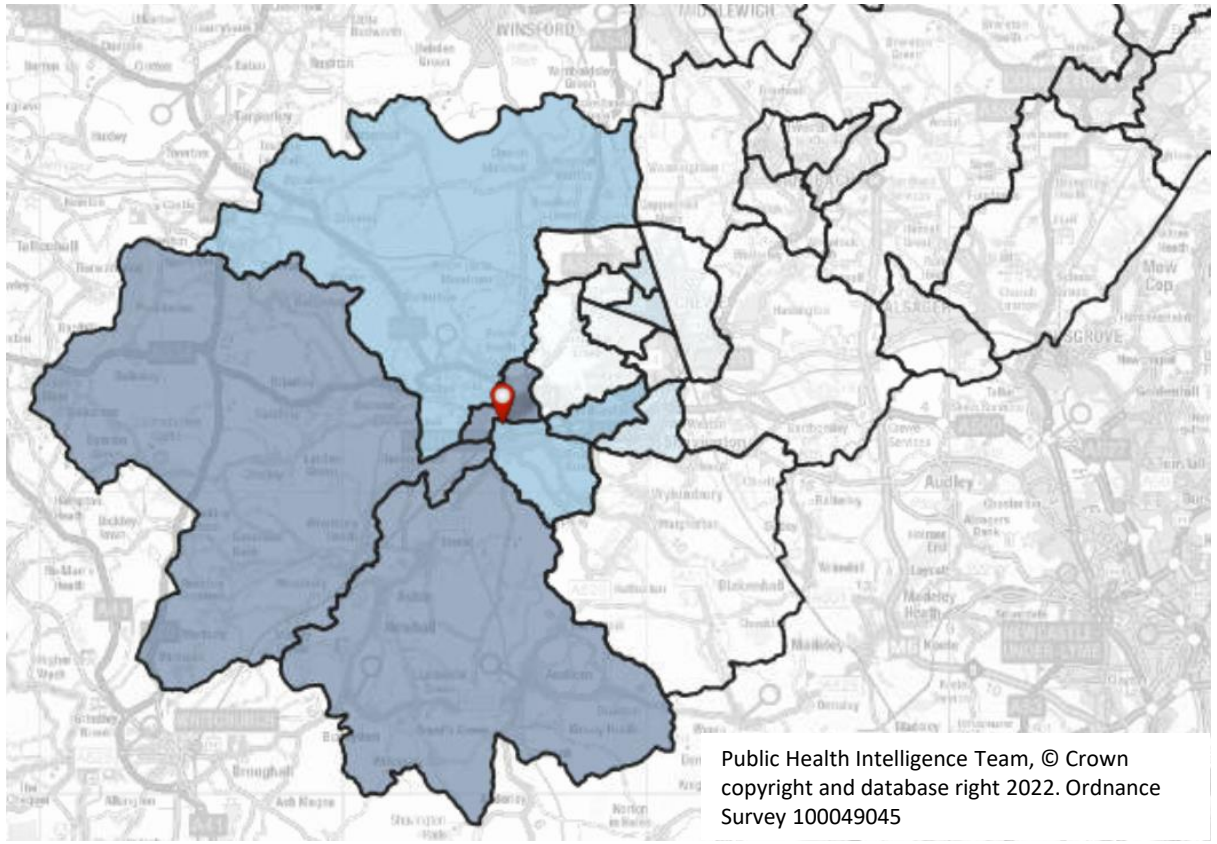
Appendix B- Poverty in Cheshire East: Spotlight on Nantwich Foodbank

The Nantwich Trussell Trust Foodbank served most of its food parcels to people in the **Nantwich North and West, Nantwich South and Stapeley, Wrenbury, Bunbury and Audlem wards.**



Wrenbury (IMD Score of 18), Bunbury (15.7) and Audlem (13.1) are least deprived compared to Nantwich wards, England (21.7) and North West (28.1). This shows people access food banks in less deprived areas compared to most deprived areas because some of these areas are a long way from the foodbank which might make it difficult for people to access.

Source: Nantwich Foodbank Reports 2020/21 and 2021/22, Nantwich Foodbank, Trussell Trust, 2022.

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Appendix B- Reflections from Food Bank Users

In 2021, Cheshire East Social Action Partnership conducted a survey to find the primary reasons for using the food bank. These were:

- **Low income**
- **Delays in benefit claims (usually Universal Credit)**
- **Mental health issues**

"A common feeling among participants was that **there is still significant stigma and shame attached to people asking for help**, particularly when it comes to food and people being able to feed their families."

"Participants related **how greater understanding of geography and logistics is needed** for some referring organisations **as rural poverty and access to affordable transport can be an issue**."

"A common understanding among participants was that **food poverty is not a stand-alone factor in people's lives – it is 'poverty' of many levels.** Their experience was that people who approach the food bank have multiple complex needs which can cascade and lead to destitution. They reported that while some have lost jobs, face delays in accessing Universal Credit; others come from a growing number of people in work with very low incomes, **with an unexpected bill or financial commitment leaving them without enough money to buy sufficient food, or making a choice between eating and heating their homes."**

Source: Food Bank Questionnaire and Deep Dive Interviews, Cheshire East Social Action Partnership, July 2021.

Accessed on: 02 August 2022

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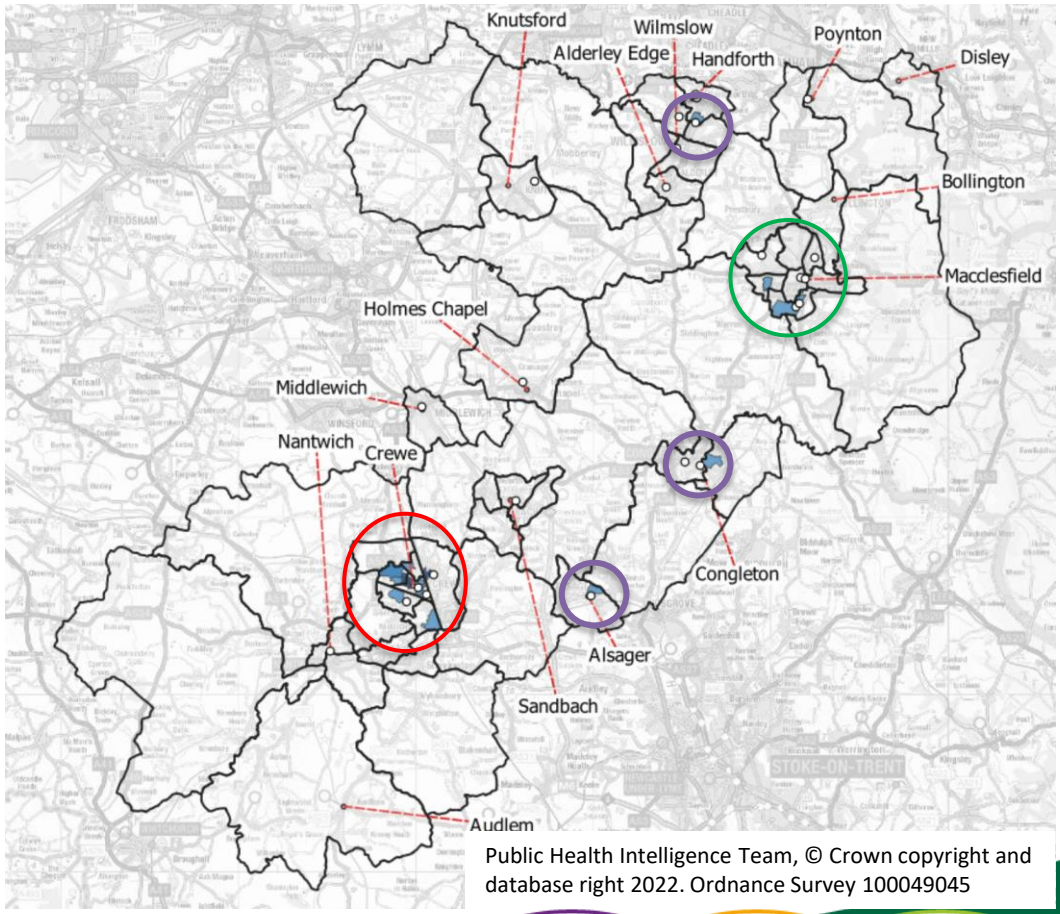
Appendix B - Distribution of Food Banks across Cheshire East compared to Distribution of Residents with Low Income

- **LSOAs are small geographic areas of approximately 1500 people** produced by the ONS to enable reporting of small area statistics in England and Wales.[1]
- The **darkest areas show LSOAs with the lowest income in the decile**, lighter areas show LSOAs in the second lowest decile for income.
- Cheshire East is a relatively wealthy area but there are **7 LSOAs in Crewe in the lowest two deciles** (see red ellipse).
- **Macclesfield has 3 LSOAs** in low income (see green circle).
- **Alsager, Congleton and Handforth all have one LSOA** in the second decile for income (purple circles).
- The LSOAs with the lowest income deciles are well served by foodbanks.
- There are also food banks in less deprived areas of Cheshire East such as Holmes Chapel and Alderley Edge. This suggests that **food poverty in Cheshire East is not restricted to the lowest two deciles of income**.



Public Health Intelligence Team, © Crown copyright and database right 2022. Ordnance Survey 100049045

Sources: [1] UK govt, (2018), Methods, data and definitions, Available from https://www.gov.uk/government/publications/health-profile-for-england-2018/methods-data-and-definitions, Accessed on: 01 June 2022
Ministry of Housing, Communities and Local Government, English indices of deprivation 2019, Available from: https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019, Accessed on: 01 June 2022.
Cheshire East Social Action Partnership, Foodbanks CE May 2022.xlsx, Accessed on: 23/05/2022

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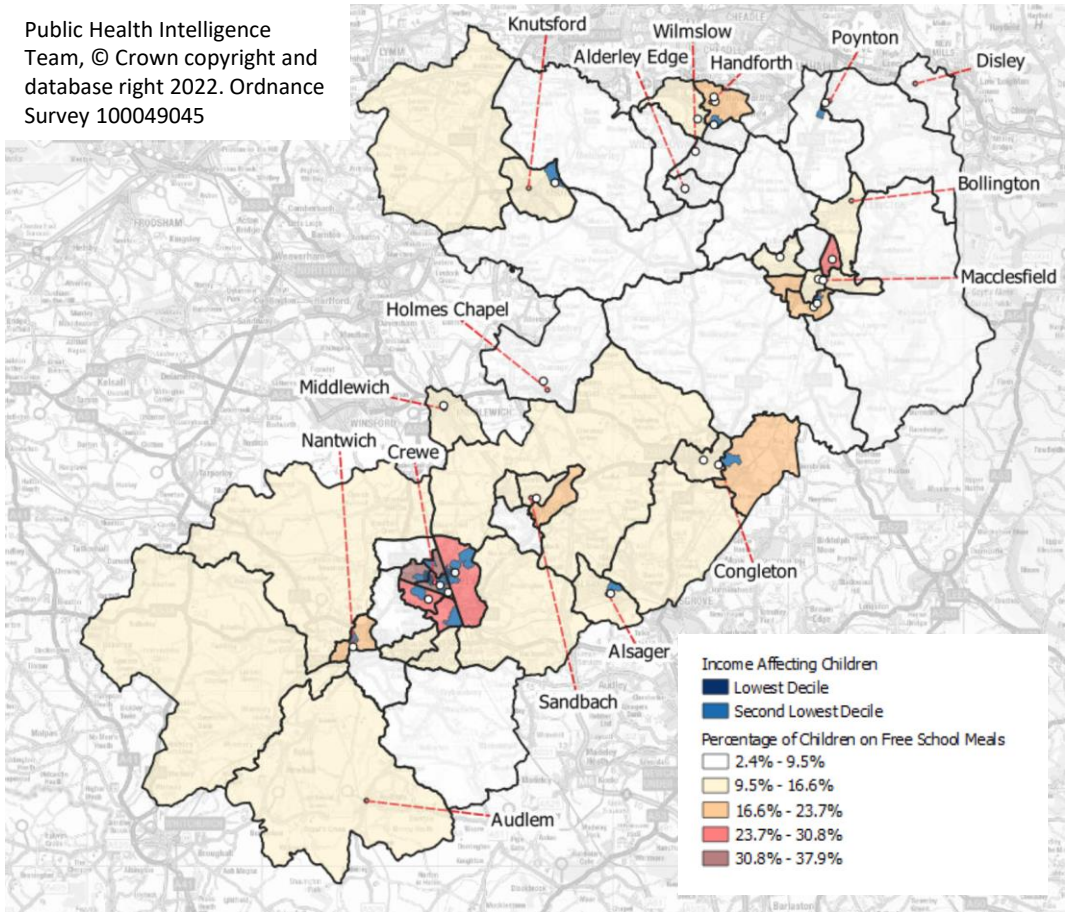
Appendix B- Distribution of Food Banks across Cheshire East compared to Distribution of Children in Families with Low Income and Children receiving Free School Meals



Public Health Intelligence Team, © Crown copyright and database right 2022. Ordnance Survey 100049045

- Crewe had a large number of children in families with low income.
- There are also LSOAs* in the lowest two deciles for income affecting children in **Nantwich, Alsager, Congleton, Knutsford, Macclesfield and Poynton.**
- The council wards* with the highest percentage of children receiving free school meals are around **Crewe and Macclesfield.**
- **Foodbanks in Cheshire East are well situated to serve families of children on free school meals.**
- **Less deprived** wards **such as those of Holmes Chapel and Alderley Edge** have a low percentage of children on free school meals. Nonetheless, both wards have a food bank suggesting some need is being met by the foodbank.

* Income deprivation affecting children is measured at an LSOA level, data for Free School Meals is available at a council ward level.
Sources: Ministry of Housing, Communities and Local Government, English indices of deprivation 2019, Available from: https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019, Accessed on: 01 June 2022.
Free School Meals by Ward, Business change, Cheshire East Council April 2022

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Appendix B - Food Bank Examples

Food banks in Cheshire East have supported a large number of young men and single parent household with children are in the 19-40 age group. Common reasons for using food banks include: unemployment, mental health issues and financial difficulties and those who are unable support themselves. We received feedback from 9 different local food banks as summarised in the table below.

Food Banks	Referrals	Additional Detail
Green in the Corner	Free food deliveries during lockdown was 20-30 per day	Reopened in August 2022 but closed after lockdown
Hope Central	3,700 referrals supporting 6,000 families with 75,000 meals	No year on year demand increase from 2021 and Jan –Jun 2022 data. However the latter part of 2022 the demand is expected to increase.
Wilmslow Food Friends	15 food parcels a week supporting 2,300 meals a year. Supported 500 families to date since 2011. 40 active users.	Mostly single men with addiction issues or looking for work.
Unity Methodist Church's Foodbank	336 food parcels, which is an average of around 6 and a half per week from Jan to Jun 2022. Increasing to 8 a week this autumn.	35% of clients are single and 57% of parcels given to families with at least 1 child.

Source: Local Foodbanks in Cheshire East. Information Provided on: 10bAugust 2022

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Appendix B- Food Bank Examples(2)

Food Banks	Referrals	Impact
St Pauls' Community Pantry	In 2021, 2648 clients with 1115 parcels. In January 2021, a total of 111 parcels helped feed 282 people ranging from 0-2yrs through to 71+yrs. Those parcels can range from a 1 person parcel to a family of 10 parcel. In 2022 till July, 1609 clients with 698 parcels.	35% of clients are between 19-40 year olds. Helped 15% more people, than the corresponding period last year. A limit of 3 parcels in a 6-month period, unless the referring agent thinks the case is exceptional
Silk life's Food Parcel Service	In 2020/21, 1,967 referrals helping 3,712 people. During the pandemic, the organisation became a frontline service where referral agencies refer to.	During 2021 was 175 - 66% were single people, 17% couples and 17% families.
Poynton Baptist Church's food pantry	450 food bags between Dec 2020 and Dec 2021 in 5 local primary schools during half term who are on FSM receipt.	12-15 families supported in Feb and it is expected to increase to 30 families in Autumn.

Source: Local Foodbanks in Cheshire East. Information provided on: 10 August 2022

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Food Bank Examples (3): Silk Life in Macclesfield

- **Main reasons for referral to the foodbank:**
  - Waiting for Universal Credit to come through.
  - Sanctions.
  - Loss of employment.
  - Financial difficulties (although all are having these, as this is the criteria for receipt of a food parcel).
  - Waiting for benefits.
  - Difficulty feeding children.
  - Mental health issues.
  - In debt.
  - No food or no money for food.
  - Corona virus.
  - Single parent.
  - Benefit issues.
  - Ill health.
  - Back to work (pay not come through yet).
- **Key referral agencies:**
  - Cheshire East including their drug/alcohol dependency group Change Grow Live.
  - Peaks and Plains Housing.
  - NHS for patients leaving hospital and other needs.
  - Probation services for clients who have just left prison or are cooperating well with the agency.
  - Schools/Churches referring families.

Source: Silklife Food Bank AGM Report and Unity Methodist Church, 2020/21 financial year

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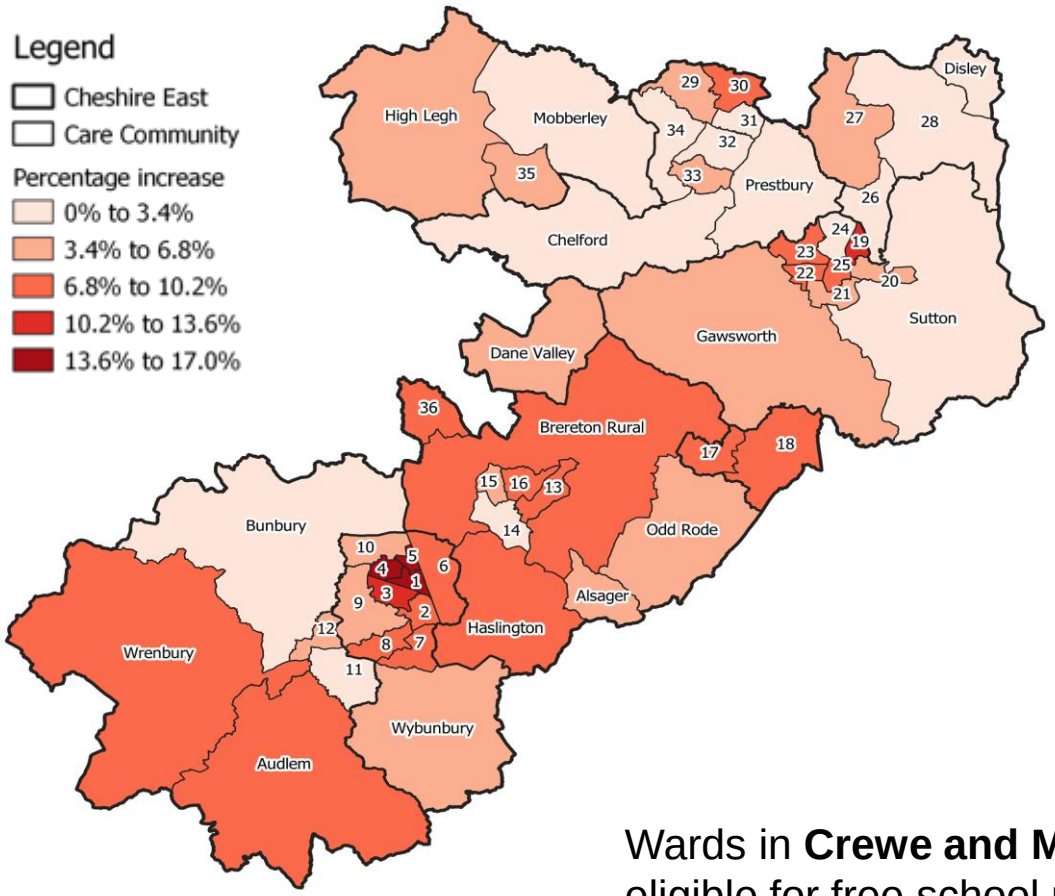
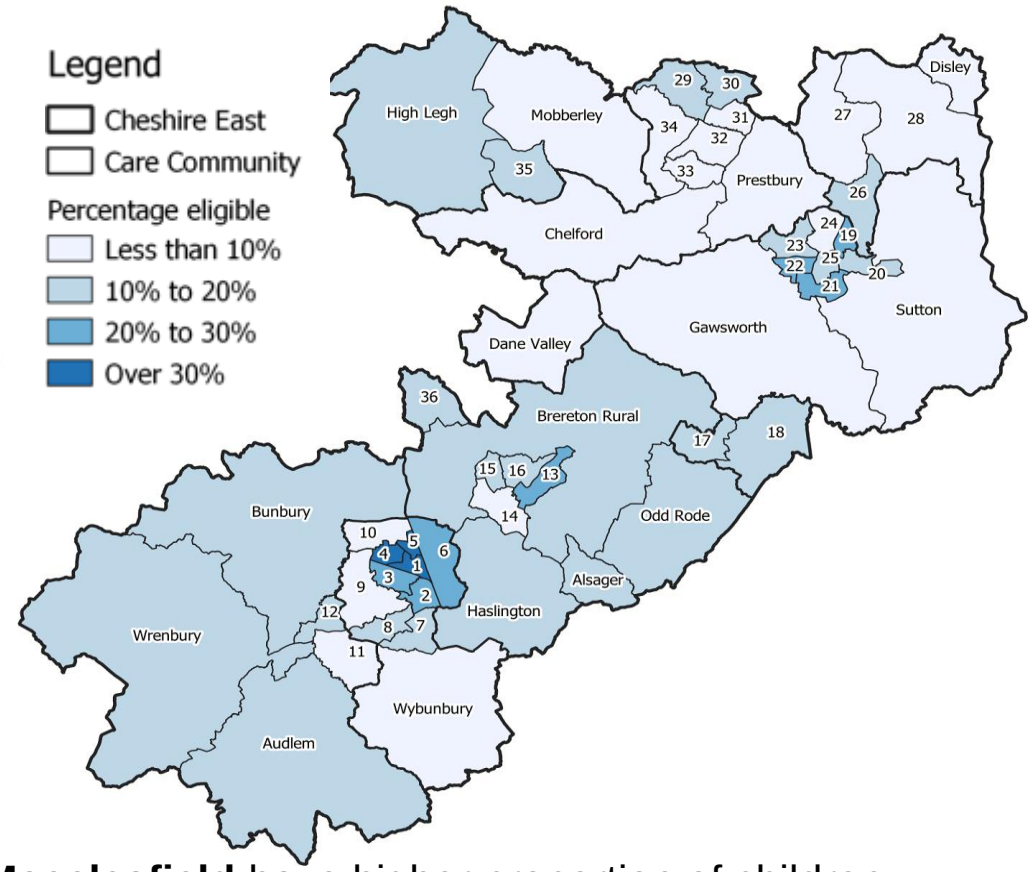
Free School Meals Eligibility by Ward of Residence

% Increase of Eligibility between 2018-2022



2022 % of Pupils



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Wards in **Crewe and Macclesfield** have higher proportion of children eligible for free school meals over the past few years. However, it is interesting to see the increase in eligibility in wards like **Wrenbury, Audlem, Handforth and Macclesfield Hurdsfield** over the past 4 years.

Source: Spring (January) School Census, Public Health Intelligence Team © Crown Copyright and database right 2022. Ordnance Survey 100049045
SMASH – Sandbach, Middlewich, Alsager, Scholar Green, Haslington

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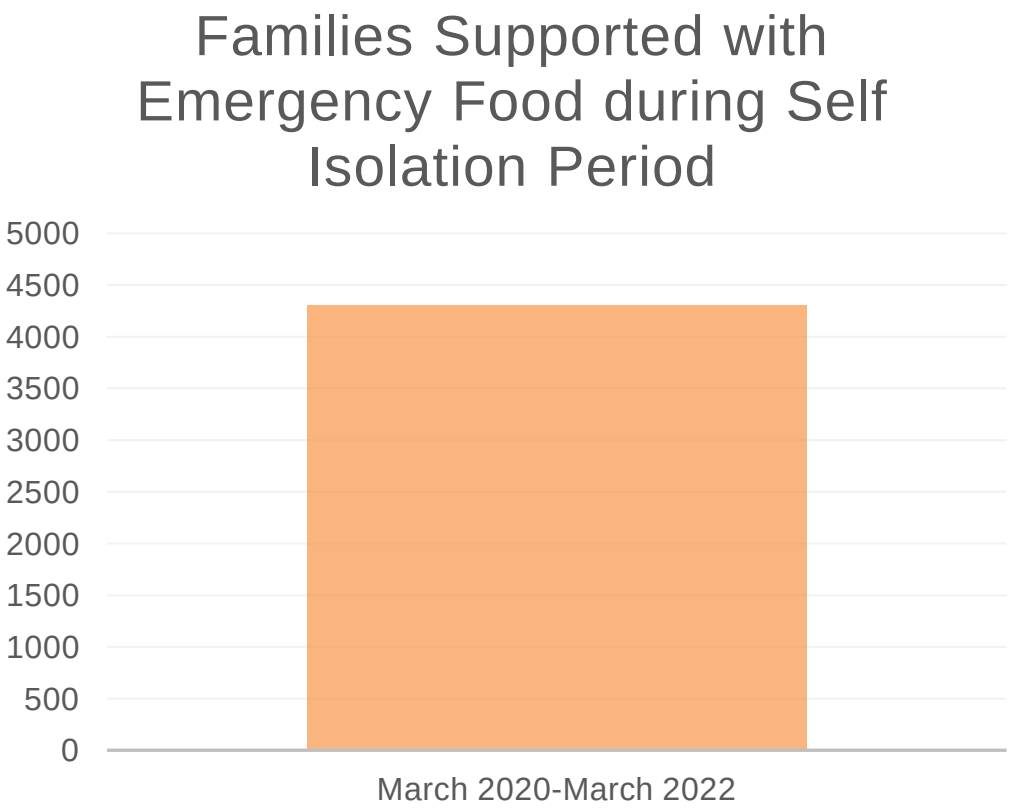
Appendix B- People Helping People



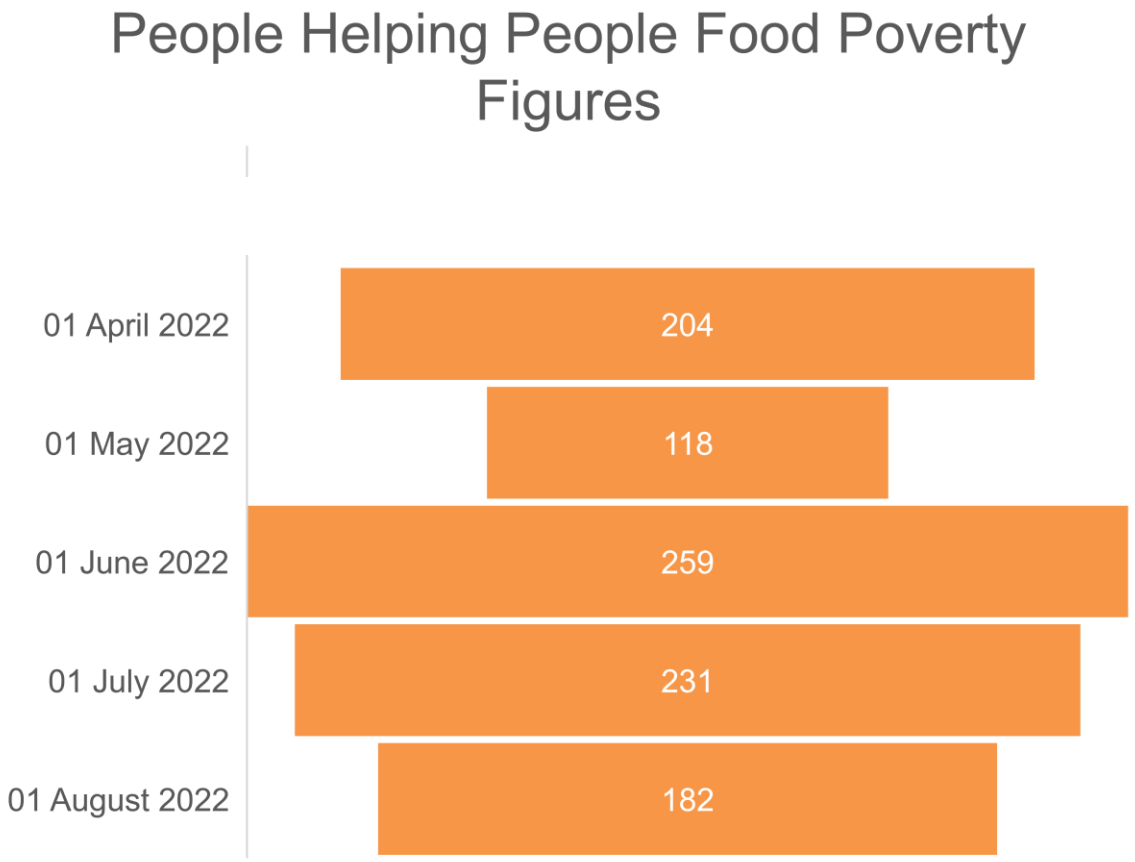
People Helping People supported **4308** families in self isolation with emergency food during March 2020 and July 2021. The majority of these families received more than 1 parcel. [*Self Isolation data ceased from 24 March 2022 due to the changes in the Self Isolation rules.]*

Self Isolation case management system D365 is no longer operational. Full figures captured but unable to identify monthly figures.

637 families of 4308 were identified as needing ongoing long term poverty support through PHP beyond the isolation period.

Source: Cheshire East Council, August 2022

Appendix B- People Helping People



Source: Cheshire East Council, August 2022

182 families currently open to People Helping People with food poverty being identified by the referrer.
[Figures obtained for People Helping People cases and referrals through PHP to our Volunteer Coordinator Points [CCRR funded]

Although the data does not evidence an increase in food poverty support this could be due to a change in referrals to PHP from self referrals and community services to just Adult Social Care from May 2022.

June and July 2022 show a significant increase with food support which could be due to the school holidays.

Appendix B - Cheshire East People's Panel

Cheshire East People's Panel Project on cost of living is a participatory democracy project that the Council are implementing in conjunction with the organisation, Positive Money.

- Two stages:
  - First, online engagement open to all residents where they can give their thoughts on potential solutions to make life more affordable, and also register their interest for next stage (below). Looking to go live ASAP and be open for a month.
  - Second, the Panels themselves, over two weekends in October, where 20-24 residents will get together to hear from experts, discuss, deliberate and come up with recommendations.

The council will commit to responding to all recommendation by end of January

Source: Cheshire East Corporate Leadership Team Briefing Paper. Date Published on: 27 July 2022

Appendix B - Citizen Advice Bureau – Food Banks

Highest levels of food bank use by social tenants compared to private tenants and home owners in **November 2021** and **February 2021** since last peak in **May 2019**.

The use is expected to increase in the coming months of 2022/23 financial year due to the cost of living crisis.

Source: Citizens Advice Bureau Information Portal, Cheshire East, Accessed on : 01 October 2022

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Appendix B - Holiday Activity Fund Programme 2021

- **463 Free School Meals children attended** Holiday Activity Fund funded holiday club sessions over Easter.

- The main geographical areas where the need was identified were, **Macclesfield, Crewe, Nantwich and Congleton**. Although clubs were offered in other areas such as Sandbach, Alsager and Middlewich.

Source: Holiday Activity Fund Easter Impact Report, 2021

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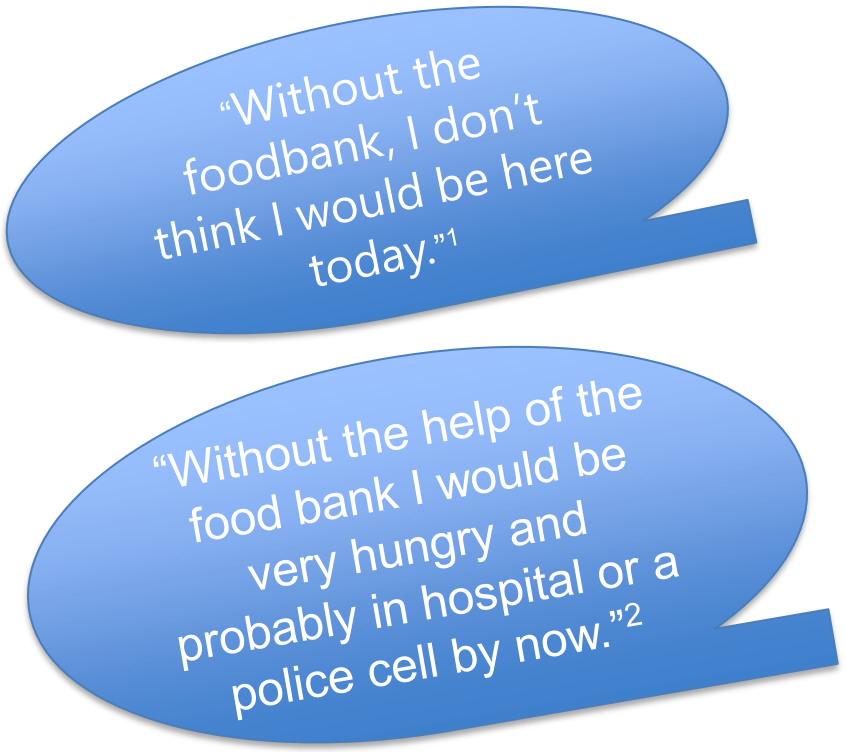
Appendix B - Lived Experience

At the centre of the statistics are the lived experiences of those experiencing poverty. We asked food banks in affluent and non-affluent areas to share stories from their service users. We also sourced stories from the websites of food banks across the north west region to further highlight this lived experience.



Experience from Most Deprived Area User and General Quotes from Food Bank Users

"We are a family of five. Me and my wife have three children aged between 6 and 16 and we've used the food bank for a few years. I care for my wife which is a full time responsibility. Her needs are very complex and even though she has care from her Doctors, I have to provide a lot of support for her. Given our situation, we rely on benefits but these don't cover our living costs and the worry and anxiety of not being able to provide for our children is overwhelming. There's no light at the end of the tunnel and I'm terrified about things getting worse.

Until recently, we at least could just about stay on top of bills. But now with the increase in costs we're slowly getting behind on them and there doesn't seem to be a way out."[3]

[1] Middlewich food bank. Available from: https://middlewichdistrict.foodbank.org.uk/about/ Accessed on: 29 October 2022,
[2] Willow Parish Food Friends. Available from: https://wilmslowparish.co.uk/food-friends/ Accessed on: 29 October 2022, [3] Local Lived Experience stories from Cheshire East Community Development Officers

Appendix B - Lived Experience

Experience from Least Deprived Area User

"For weeks, Gina stressed about stretching the money she had left to pay for the basics, rent, utilities and food. She felt extremely anxious and apprehensive about going to the food bank. She was worried about what people would think, but says 'when you're desperate, you're desperate".

When Gina came into the food bank to collect that first parcel, she recalls being met with warmth and empathy. She left that day, with three days of emergency food and went home and cried. Tears of relief, happy tears, at last she would be able to eat something. Gina needed three or four food parcels before she was back on her feet, and her immediate thought was that she wanted to help someone else, just like her, to be there for them and offer that warmth and friendship which got her through it so she volunteered to help."[4]

"A number of people have had bailiffs at their door... People are in dire need."[5]

"A stigma exists for people not working and needing help"[6]

"The foodbank was there when we really needed it, it was an absolute lifeline..."[7]

[4]Middlewich Food bank, Available from: https://middlewichdistrict.foodbank.org.uk/2021/10/21/gina-needed-the-foodbank-and-now-we-need-he , Accessed on: 29 October 2022, [5] Cheshire Live News, Available from: https://www.cheshire-live.co.uk/news/social-supermarket-opens-crewe-help-15287347 , Accessed on: 29 October 2022, [6] Nantwich food bank twitter page, Available from: https://twitter.com/nantwichfb Accessed on: 29 October 2022, [7] About Middlewich food bank, Available from: https://middlewichdistrict.foodbank.org.uk/about/ , Accessed on: 29 October 2022

Appendix B - Best Practice of Tackling Food Poverty by Other Councils

- Barnsley have a ‘Community Food Hub’ designed to empower residents rather than just offer a hand-out.
- Bradford issue a Food Voucher which allows for more diverse situations and can be used with culturally different groups.
- Colchester Council have pledged money to help Food Banks as a result of the cost of living crisis.
- Coventry have built a mapping system where residents can find locations of support including Social Supermarkets and Food Banks.
- East Suffolk use their ‘Ease the Squeeze’ workshops to help families and individuals make savings at home and when they shop.
- Leeds have holiday activities and food for children during the school holidays which is mainly focussed on those children accessing Free School Meals .
- London borough of Merton is tackling food waste via a Community Fridge Scheme.
- Oldham has developed strong links between their Public Health team and the Parks department. They ‘put green space to productive use’ and have ‘Growing Hubs’ which are run by volunteers – producing fruit, veg and herbs.

Source: Local Government Association (LGA)

Appendix C - Fuel Poverty

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Appendix C - Fuel Poverty

- Up to 2018 fuel poverty was measured by the Low Income High Costs (LIHC) indicator which considers a household to be fuel poor if:
  - they have required fuel costs that are above average (the national median level); and
  - were they to spend that amount, they would be left with a residual income below the poverty line [1]
- Since 2019, fuel poverty has been measured by the Low Income Low Energy Efficiency (LILEE) indicator. A household is fuel poor if:
  - it is living in a property with an energy efficiency rating of band D, E, F or G as determined by the Fuel Poverty Energy Efficiency Rating (FPEER) Methodology and
  - its disposable income (income after housing costs (AHC) and energy needs) would be below the poverty line
- Under the LILEE measurement, a household with a very low income that could not afford to heat their house would not be considered fuel poor.

Between 2019 and 2020, the fuel poverty levels were stable across Cheshire East and lower than England and North West average.

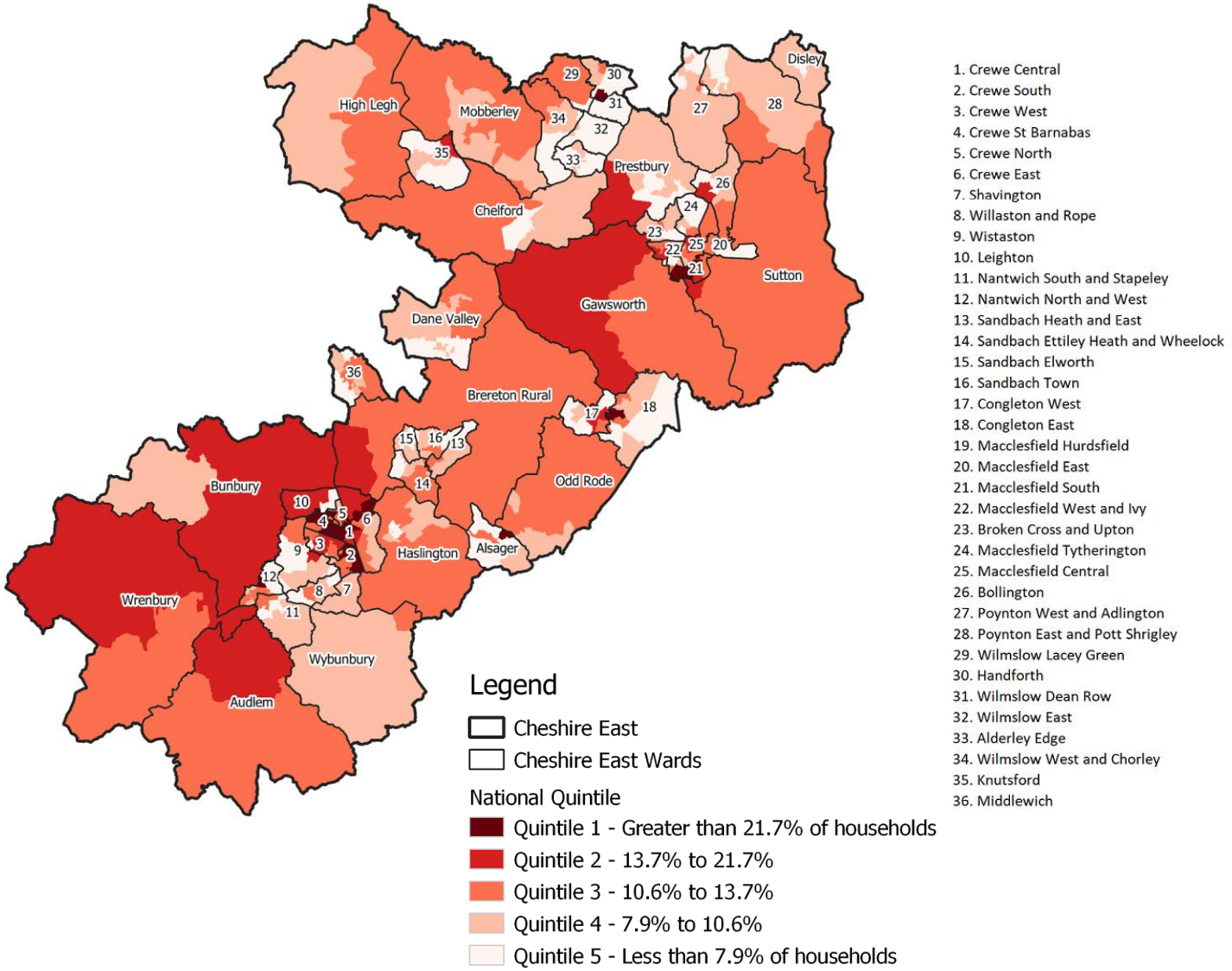
	Percentage of Households in Fuel Poverty		
	2018 (LIHC)	2019 (LILEE)	2020 (LILEE)
Cheshire East	9.8	10.9	10.8
North West	12.1	14.5	14.4
England	10.3	13.4	13.2

The change of indicators is partly responsible for a jump in fuel poverty between 2018 and 2019 (see table below)

Sources: [1] Department for Business, Energy and Industrial Strategy, Annual Fuel Poverty Statistics 2020 (2018 data), 30/04/2020, available from Annual Fuel Poverty Statistics Report 2020 (2018 data) (publishing.service.gov.uk), Accessed on: 01 July 2022.

Contents

Percentage of Fuel Poverty in Cheshire East (2020) by LSOA



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- In **Cheshire East 10.8%** were in **fuel poverty** in **2020** which is lower than **England (13.2%)** and **North West (14.4.%)** rate.
- **In Crewe**, there are **11 LSOAs** where the rate of households in fuel poverty was above **18.7%.**
- There are also **2 LSOAs** in Macclesfield and 1 in each of **Nantwich, Handforth and Alsager** above 18.7%.
- **Congleton, Sandbach** and **Knutsford** all have LSOAs above the national average.
- Rural areas to the west of Crewe and also Macclesfield have LSOAs above the national average.
- It is worth noting that the areas with the **highest % of fuel poverty are the same areas as those with the highest proportions of free school meal provision.** However, when looking at the second highest quintile for fuel poverty, these are not areas with high proportions of free school meal provision **(Bunbury, Wrenbury and Audlem).**

Data Source: Department for Business, Energy & Industrial Strategy, Sub-regional fuel poverty data 2020

Public Health Intelligence Team, © Crown copyright and database right 2022. Ordnance Survey 100049045

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Appendix C - Fuel Poverty – Cold Homes

A Cold Homes Audit was undertaken by Cheshire East representatives in early 2022. This is a summary of 12 NICE recommendation based on the baseline assessment tool for Excess winter deaths and illnesses associated with cold homes (NICE NG6 Public Health Guideline). Both internal council stakeholders such as Housing services, Health & Wellbeing Board and Trading Standards and external stakeholders such as primary and secondary healthcare practitioners, social care practitioner and faith & voluntary sector organisations contributed. The audit **highlighted that there are a significant number of actions to be addressed in order to meet NICE recommendations on Cold Homes.**

Recommendations	Fully Met	Partly Met	Not at all Met	Unable to Answer	Action Required
Recommendation 1 Develop a strategy	1	3	1	0	Strategy relating to cold homes with Outcomes and framework for monitoring is required.
Recommendation 2 Ensure there is a single-point-of-contact health and housing referral service for people living in cold homes	0	1	0	3	New Pathway is needed whether through existing resources or new commissioned service.
Recommendation 3 Provide tailored solutions via the single-point-of-contact health and housing referral service for people living in cold homes	3	4	0	0	Assess current schemes to identify gaps. Produce Business case for further funding, map service provision and make it more visible to vulnerable people.
Recommendation 4 Identify people at risk of ill health from living in a cold home	0	0	1	2	Health & Social care Board need to gather data from council and apply recommendations to GP record.
Recommendation 5 Make every contact count by assessing the heating needs of people who use primary health and home care services	0	0	7	0	Health & Social care Board need to gather data from council and apply recommendations to GP record.
Recommendation 6 Non-health and social care workers who visit people at home should assess their heating needs	0	1	1	0	New Pathway through existing or newly commissioned required and need to form part of SPOC pathway.

Source: Implementing NICE Guideline on Excess Winter Deaths and Illness associated with Cold Homes. Date Published on: March 2015, Baseline Assessment Tools

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Appendix C - Fuel Poverty – Cold Homes

Recommendations	Fully Met	Partly Met	Not at all Met	Unable to Answer	Action Required
Recommendation 7 Discharge vulnerable people from health or social care settings to a warm home	0	2	0	2	Contact of Single Point of access ,patient leaflet around keeping warm should be provided.
Recommendation 8 Train health and social care practitioners to help people whose homes may be too cold	0	0	0	0	No information available.
Recommendation 9 Train housing professionals and faith and voluntary sector workers to help people whose homes may be too cold for their health and wellbeing	0	0	0	0	No information available.
Recommendation 10 Train heating engineers, meter installers and those providing building insulation to help vulnerable people at home	0	0	0	0	No information available.
Recommendation 11 Raise awareness among practitioners and the public about how to keep warm at home	0	3	0	1	Review and improve planned communication against myths and existing information against standards.
Recommendation 12 Ensure buildings meet ventilation and other building and trading standards	1	1	0	1	Ensure all procurement for grant funded insulation programmes includes PAS2030/PAS2035 compliance and any additional resources and funding for proactive targeted work.

Source: Implementing NICE Guideline on Excess Winter Deaths and Illness associated with Cold Homes. Date Published: March 2015, Baseline Assessment Tools Accessed on: 26 August 2022

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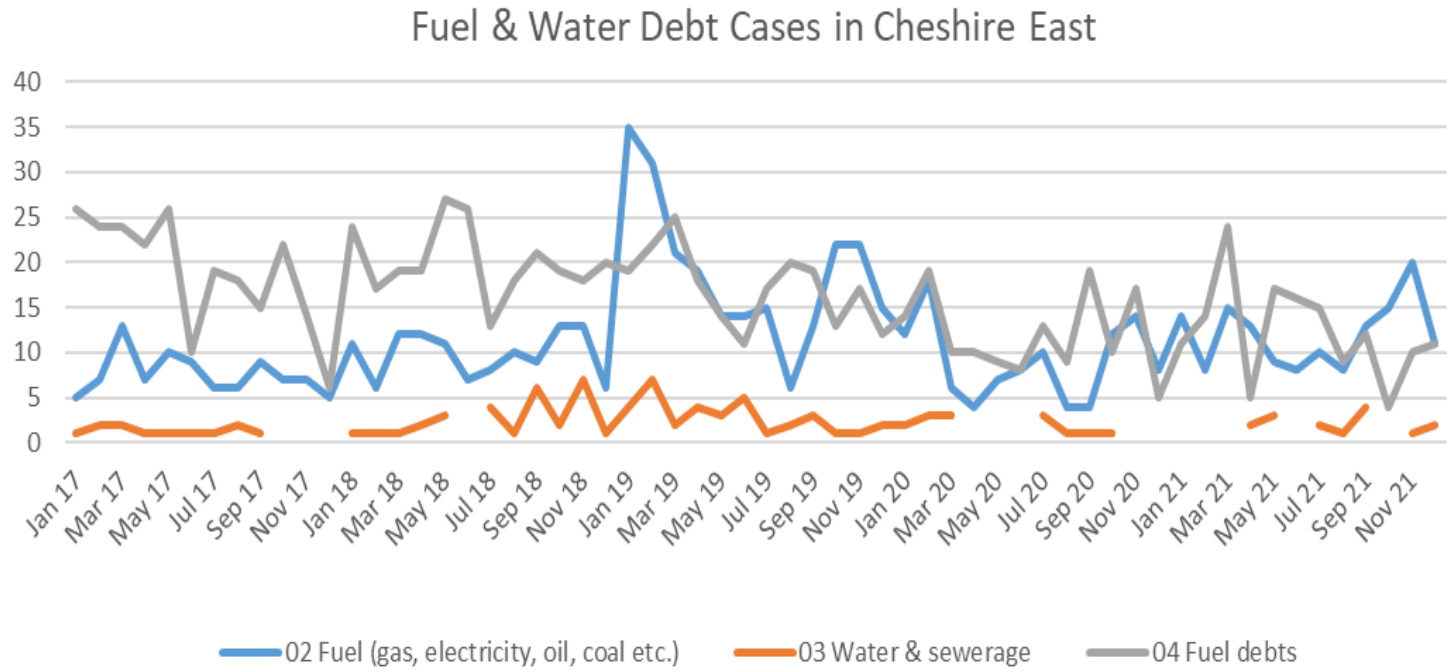
Appendix C - Citizens Advice Bureau – Fuel and Water Clients Jan 2017 to Nov 2021



In Cheshire East, Citizens Advice Bureau offer more support to Fuel and Fuel debts compared to water & sewage.

The peak usage of Fuel and Fuel Debt support was in Jan 2019, Nov 2019 and Nov 2021 before and after the pandemic.

Even though this is historic data, the support for Fuel and Fuel debts is expected to increase as we move through the winter of 2022.

Source: Citizens Advice Bureau Information Portal, Cheshire East, Accessed on : 01 October 2022

Appendix C - Best Practice of Tackling Fuel Poverty by Other Councils

- Ealing London Borough Council have a ‘Energy efficiency helpline’ in place to help residents become more efficient with their use.
- Cornwall are making it easier for people to travel by bus – by being successful in accessing in Government funding, fares are one third cheaper.
- Gateshead Council are having ‘Warm Spaces’ made available where vulnerable residents can come together and socialise.
- Greater Manchester have access to funding for upgrades to cut energy use and lower bills.
- In Lancashire the focus is on affordable warmth and warm spaces, where as Portsmouth are offering advice on how to save energy and money similar to Manchester.

Source: Local Government Association (LGA)

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Appendix C - Assets in Relation to Fuel Poverty

Local Support - Cold Homes Winter Health Care Scheme

- There is lot of support to upgrade your home, emergency assistance and winter fuel payments. Please contact warm@cheshireeast.gov.uk or 0300 123 5017 (select option 4) https://www.cheshireeast.gov.uk/housing/private_sector_housing/help-with-heating-your-home.aspx
- Home improvement Grants - Home improvement grants are available to assist low income homeowners and private tenants with heating repairs, new insulation, solar and switching to low carbon heating.
- Home Upgrade Grants of up to £25,000 for households with income less than £30,000 living in the poorest performing off-gas housing.
- Affordable Warmth Grants of up to £2,000 for help with urgent heating repairs and replacement boilers.
- Help to access ECO funding from energy suppliers for heating and insulation improvements – for people receiving means tested benefits, or household income less than £31,000.
- Household Support Fund (HSF) – Available to support both adults (without dependent children), pensioners and families with children and will be made available to vulnerable households who need additional financial support. Provides access to food, utilities, and other essentials - Providing Fuel Vouchers/housing support/white goods.
- Covid Response and Recovery Grant – funded short term services to support fuel poverty - Information and Advice provision through “the green doctor”.
- Council Tax Energy Rebate Scheme – Financial Support to alleviate the increased cost of energy bills.
- Winter Wellbeing Practical Items - Targeted Cohort.

National Resources

- National service support to improve fuel efficiency.
  https://www.endfuelpoverty.org.uk/about-fuel-poverty/
  https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1100186/Fuel_poverty_August_2022_2020_data.pdf

Appendix D1 – Debt

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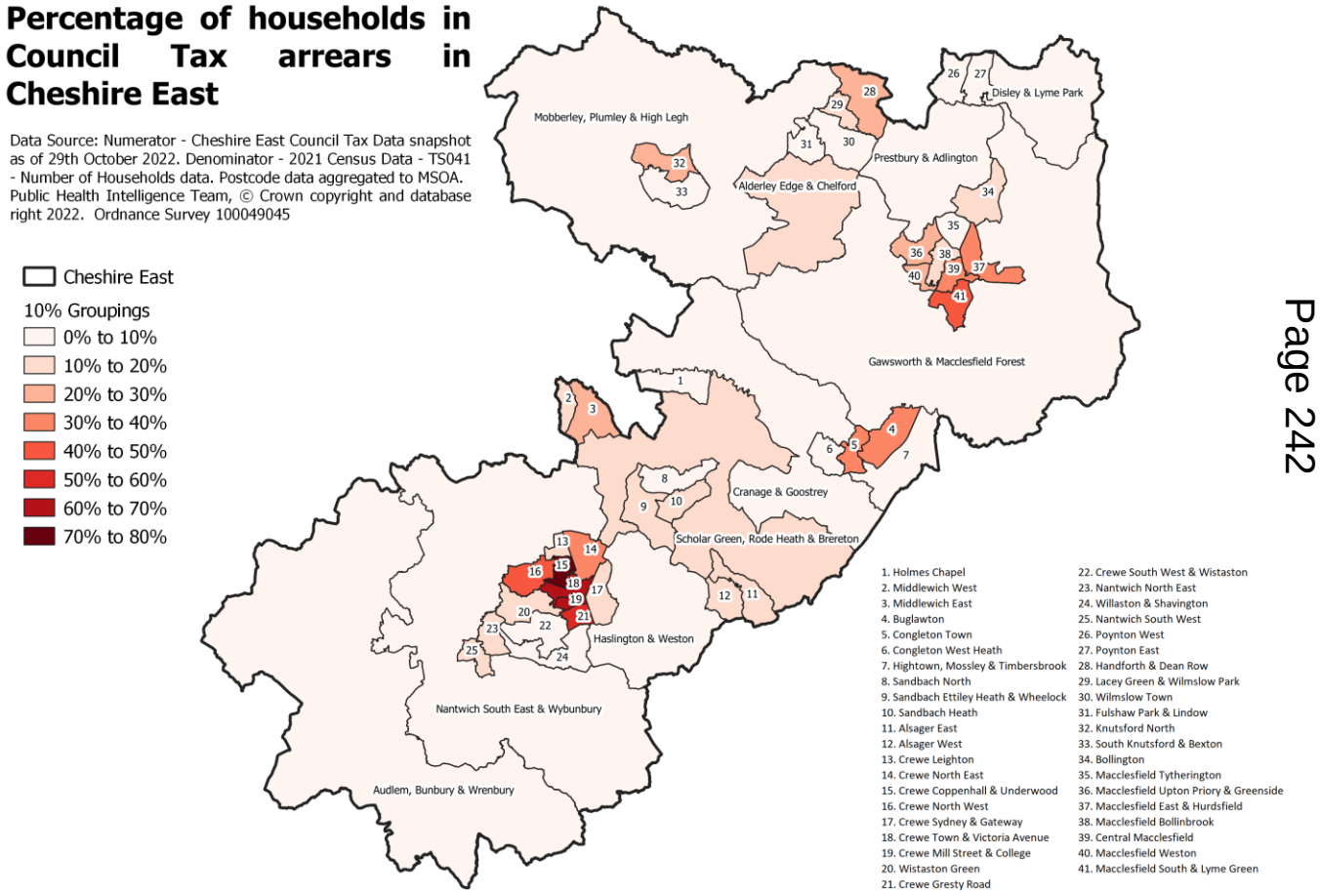
Appendix D1 - Debts

- As of 29th October 2022, there were **higher rates of people that are behind on council tax payments** in **Crewe**, and to a lesser extent in **Macclesfield, Congleton** and **Handforth**.
- Clients with debt problems who live in Cheshire East but will make an initial contact with Citizens Advice Bureau through another office outside of Cheshire East, either because they work in another area or they have accessed the national adviceline service, however all casework running from these contacts will be done by CAB in Cheshire East.

Council Tax Arrears – A Snapshot on 29th October 2022



[1] – Information from Citizens Advice Bureau, 01 November 2022

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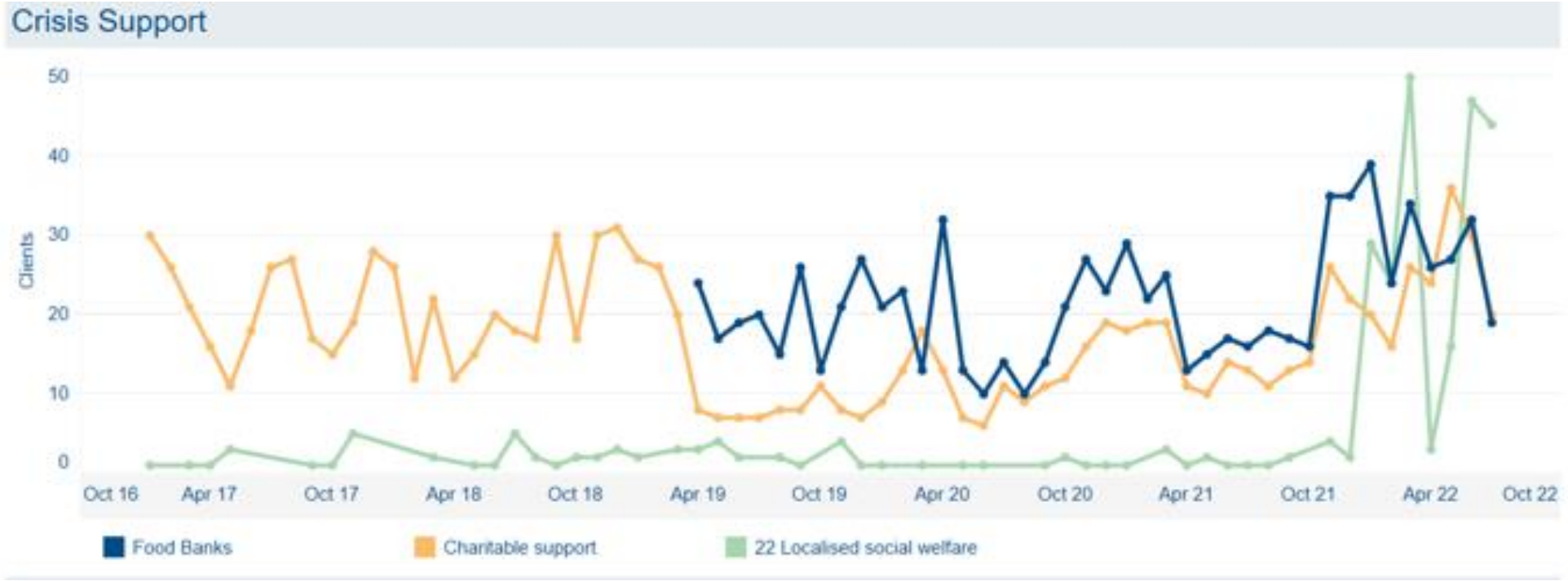
Appendix D1 - Citizens Advice Bureau – Crisis Support Referrals



After the Covid Pandemic, there has been **increasing levels of localised social welfare support** referrals from the Citizens Advice Bureau since **October 2021** as demonstrated by the above Crisis Support chart. Localised **social welfare** support includes social support for Ukraine visitors, church run coffee mornings etc.

Use is expected to increase in the coming months of the 2022/23 financial year due to cost of living crisis.

Source: Citizens Advice Bureau Information Portal, Cheshire East, Accessed on : 01 November 2022

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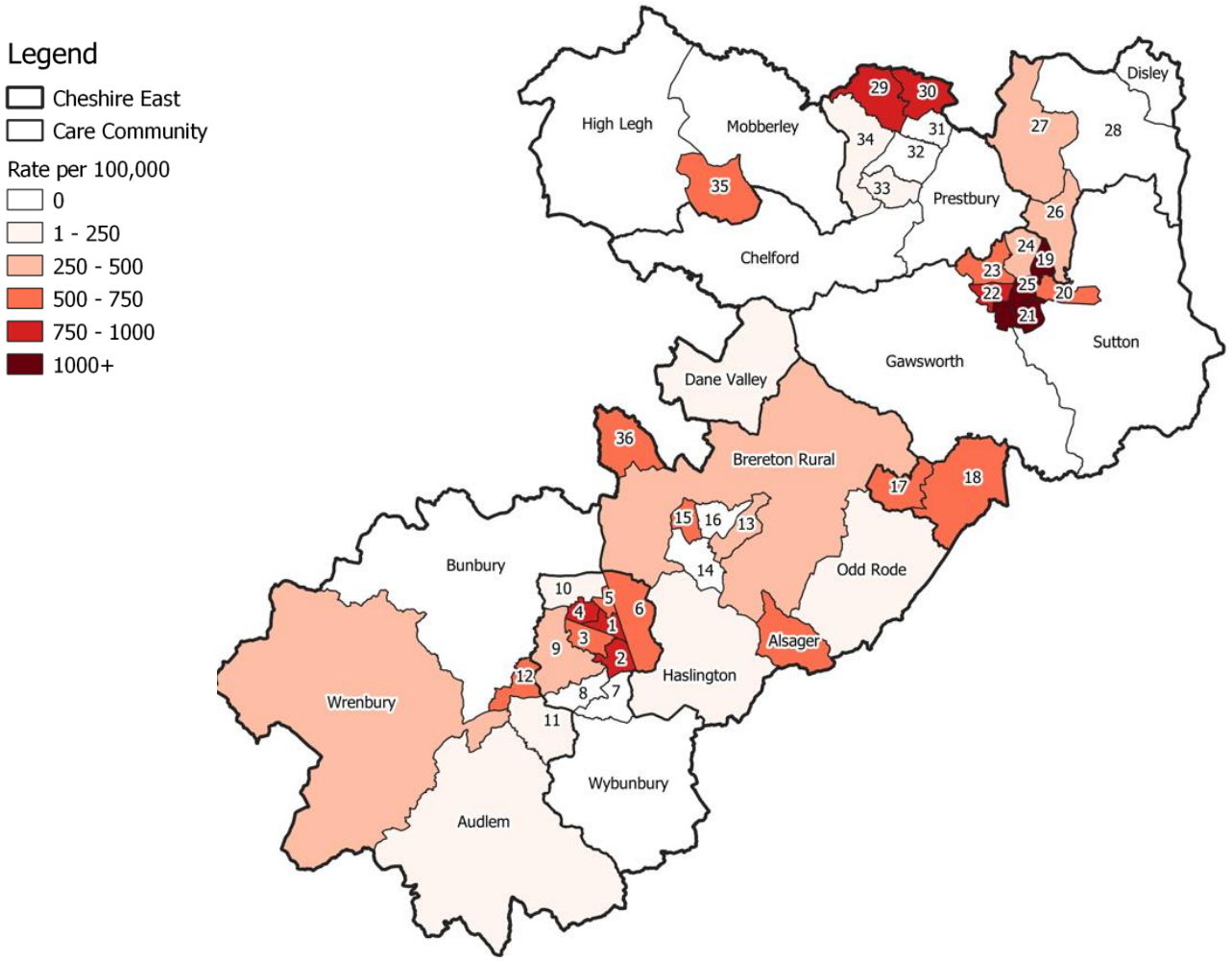
Appendix D1 - Citizens Advice Bureau Debt Clients (August 2020- 2022)



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These are the clients who have been receiving various debt support services from the Citizens Advice Bureau (CAB).

Mostly the wards in the **Crewe, Nantwich North & West, Macclesfield, Handforth and Wilmslow Lace Green** receive more debt support compared to other wards.

However the data capture is better in Macclesfield than Crewe. There are clients with debt, benefit, housing and transport problems who live in Cheshire East but who will make initial contact with CAB through another office outside of Cheshire East, either because they work in another area or they have accessed the national Adviceline service, however all casework running from these contacts will be done by CAB in Cheshire East. 7% of clients come from Crewe and 6% of clients come from Macclesfield.

Rural and less deprived areas/wards like **Wrenbury, Brereton Rural, Alsager, Congleton, Knutsford, Poynton** have also started receiving substantial debt support service. This is worth monitoring.

Wards with less than 5 clients have been suppressed
Data Source: ONS Mid-2020 Population Estimates, CAB Local service level data extracts
Public Health Intelligence Team, © Crown copyright and database right 2022. Ordnance Survey 100049045

Source: Citizens Advice Bureau Information Portal, Cheshire East, Accessed on : 01 November 2022

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Appendix D1 - Best Practice of Tackling Debt and Unemployment by Other Councils

- **Money & Debt**
  - Birmingham have built a website with help and advice including an electronic foodbank voucher request.
  - Bristol have made investment in their Credit Union allowing families to have access to ‘affordable credit’.
  - During the Summer Holidays Kent offered young people and families free unlimited bus travel allowing people to re-connect in the way that they were prior to Covid.
  - In the London borough of Barking and Dagenham they have developed a close working link between social prescribing and welfare teams.
  - Portsmouth City Council have an action plan checklist which front line staff can use with residents.
  - South Norfolk and Broadland have gone further with both integration and resource through their Help Hub.
- **Skills & Employment**
  - Basildon have developed an ‘Advice Store’ which allows residents to walk in and access employment related skills and support.
  - The London Borough of Waltham Forest developed a ‘Think Work’ strategy for use during and after Covid.
  - Tees Valley CA have a Skills Academy as well as a Routes to Work scheme where they have supported 800 people into work since 2018.

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Appendix D1 - Assets in Relation to Debt

Local Provision

- Help with Debt (cheshireeast.gov.uk) - Advice and support around managing money and mental health.
- Citizens Advice Bureau – Advice and support available on debt support services for residents.
- Council Tax Support: Council Tax Support to help all those on low income/earnings with liability for Council Tax.
- Debt advice Money matters (cheshireeast.gov.uk).

National Provision

- Manage benefits - Advice and support available on Universal Credit, tax credits etc and how you can obtain from here. https://www.gov.uk/browse/benefits/manage-your-benefit
- Looking for work - More information on Job seekers allowance, Universal Credit and Pension Credit and how to calculate benefits here. https://www.gov.uk/browse/benefits/looking-for-work
- Unable to work - More Information on Employment and Support Allowance, Statutory Sick Pay etc. https://www.gov.uk/browse/benefits/unable-to-work
- Financial benefits - More information for families on Maternity Allowance, Paternity Pay, Child Benefit, Adoption Pay etc. https://www.gov.uk/browse/benefits/families

Appendix D2 – Benefits

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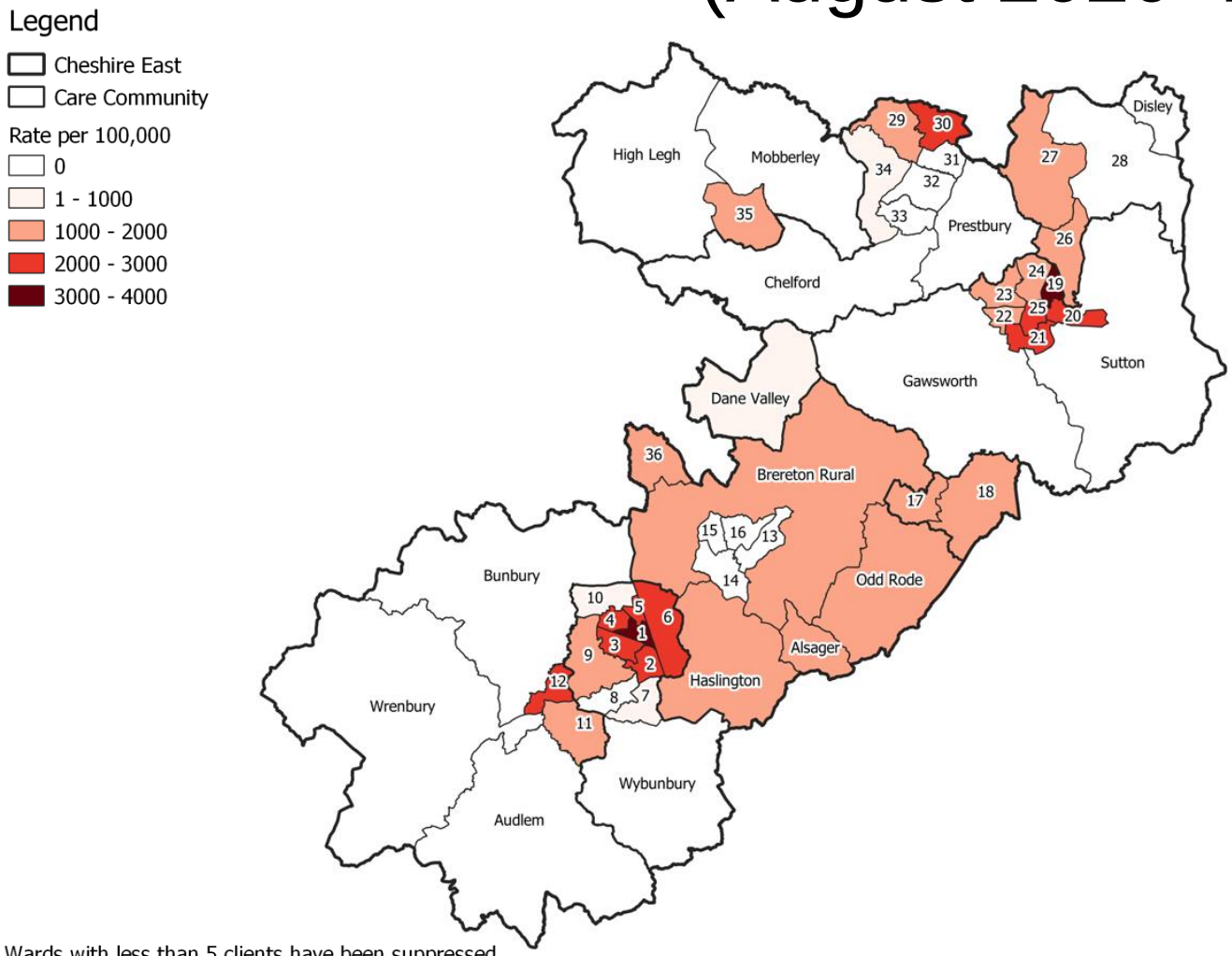
Appendix D2 - Citizens Advice Bureau Benefit Clients (August 2020- 2022)



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29. Wilmslow Lacey Green
30. Handforth
31. Wilmslow Dean Row
32. Wilmslow East
33. Alderley Edge
34. Wilmslow West and Chorley
35. Knutsford
36. Middlewich

These are the clients who have been receiving various benefit support services from the Citizen Advice Bureau.

Mostly the Wards in **Crewe, Macclesfield, Nantwich North & West and Handforth** receive more benefit support compared to other wards.

However the data capture is better in Macclesfield than Crewe. There are clients with debt, benefit, housing and transport problems who live in Cheshire East but who will make initial contact with CAB through another office outside of Cheshire East, either because they work in another area or they have accessed the national Adviceline service, however all casework running from these contacts will be done by CAB in Cheshire East. 14% of clients comes from Crewe and 9% of clients come from Macclesfield.

Rural and less deprived areas/wards like **Brereton Rural, Alsager, Haslington, Odd Rode, Congleton, Knutsford, Poynton** have also started receiving substantial benefit support services. This is worth monitoring.

Wards with less than 5 clients have been suppressed
Data Source: ONS Mid-2020 Population Estimates, CAB Local service level data extracts
Public Health Intelligence Team, © Crown copyright and database right 2022. Ordnance Survey 100049045

Source: Citizens Advice Bureau Information Portal, Cheshire East

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Appendix D2 - Assets in Relation to Applying for Benefits

Local Provision

- The Benefits Team at Cheshire East Council are committed to ensuring that our residents receive the benefits to which they are entitled.

  cheshireeast.gov.uk/benefits_housing_council_tax/benefits.aspx

- Emergency Assistance Emergency Assistance (cheshireeast.gov.uk). It is a scheme which provides a safety net for people in crisis. This is normally a **non-cash scheme**, but helps in other ways (links stated below). The type of help you might get includes rent deposits (not letting fees or rent in advance), essential furniture and some white goods (recycled where possible), and emergency food.
- DHP Discretionary Housing Payments (cheshireeast.gov.uk)
- Blue Badge Blue Badge Scheme (cheshireeast.gov.uk)
- Adult social care funding Will I have to pay for my adult social care? (cheshireeast.gov.uk)
- Household Support Fund Household Support Fund (cheshireeast.gov.uk) - Each council determines what they can produce for their own residents. The fund supports vulnerable households to meet daily needs including food, clothing, utilities and essentials and is distributed by local Councils.
- Cost of living help Cost of living (cheshireeast.gov.uk)
- Provide support and advice on how to manage money and benefits: Citizens Advice Services in Cheshire East (citizensadvicece.org.uk) . Money advisers provided by the Council Housing Team.
- Live Well Cheshire East Website – Money Matters section providing support, information and advice including the cost of living: Money matters (cheshireeast.gov.uk)

Cheshire East Contracts

- Council has a contract for Universal Information & Support which includes debt advice with the Citizens Advice Bureau (CAB)

National Provision

- Benefits Benefits - GOV.UK (www.gov.uk)
- UC Universal Credit: What Universal Credit is - GOV.UK (www.gov.uk)
- Tax Credits Child Tax Credit: Overview - GOV.UK (www.gov.uk) Working Tax Credit: Eligibility - GOV.UK (www.gov.uk)
- Caring benefits - More information on Carer's Allowance, credit etc. https://www.gov.uk/browse/benefits/help-for-carers
- Low income & Bereavement benefits **-** More information on income support for housing, fuel, prescriptions etc. https://www.gov.uk/browse/benefits/low-income
- www.moneyhelper.org.uk
- www.gov.uk/options-for-paying-off-your-debts/breathing-space
- Check your eligibility for Benefits using the Universal Benefits Calculator. https://www.gov.uk/benefits-calculators.

Appendix E - Housing

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Appendix E - Housing

- Housing is a key determinant of health. Poor housing = preventable ill-health and death.
- The Housing Act (2004) requires authorities to review living conditions in their districts, this allows the Council to concentrate resources on housing in the poorest condition or with the greatest health impact.
- A property is defined as falling into 'disrepair' if one or more *key* building components are old and because of this need replacing or major repair; or two or more *other* building components are old and require the same. Data shows that the highest level of such dwellings are in **Crewe South, Crewe Central** and **Macclesfield Central.**
- The HHSRS has identified 29 categories of housing hazard 1. Overall, the highest concentrations of all HHSRS hazards are in the more rural areas of Cheshire East such as **Wrenbury, Bunbury** and **Audlem.**
- For the Category 1 hazard 'Excess Cold' the highest levels are seen in rural locations and are not so much of an issue in Urban areas. The highest level of Category 1 hazard 'Falls' happen in more urban areas such as **Crewe South, Crewe Central** and **Macclesfield Central.** It is also worth noting that low income households are also concentrated in more urban wards (Crewe Central, Crewe St Barnabas and Crewe North) along with parts of Macclesfield, North Wilmslow and Sandbach and Congleton.
- For those residents in receipt of housing benefits, their ability to access affordable private rented housing is limited especially in the North of Cheshire East.**
- There is an increase in demand for social housing with 10,000 applicants waiting for social housing, and 3,000 being in high priority groups**.
- Citizens Advice Bureau offer advice and support on housing.

Source: BRE Integrated Dwelling Level Housing Stock Modelling and Database for Cheshire East Council, April 2019

** Insights from Cheshire East Housing Team, Oct 2022.

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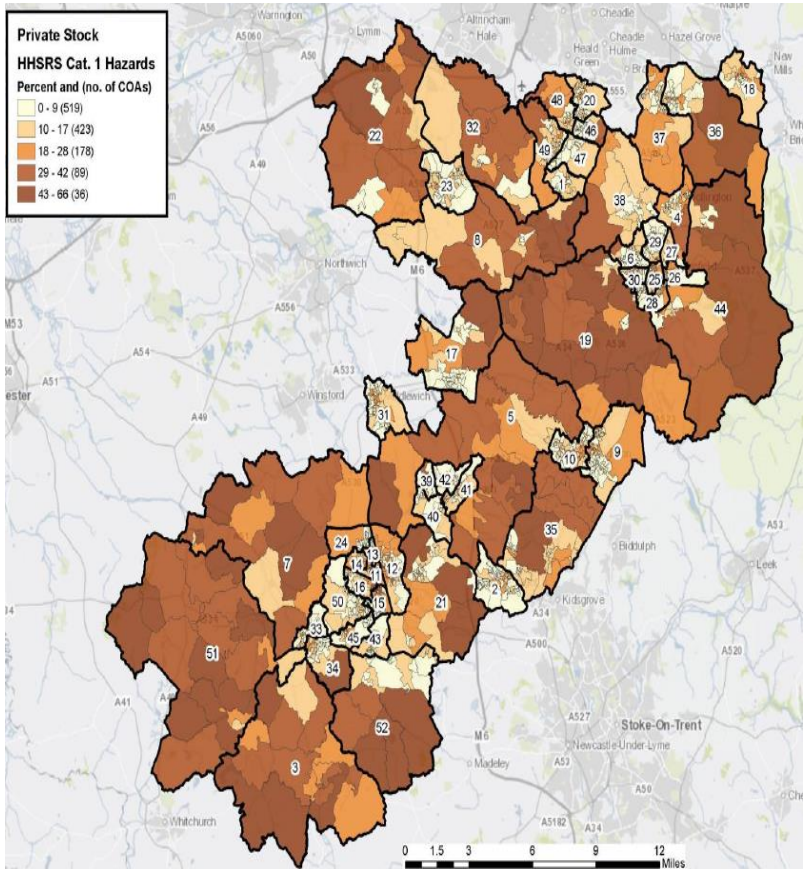
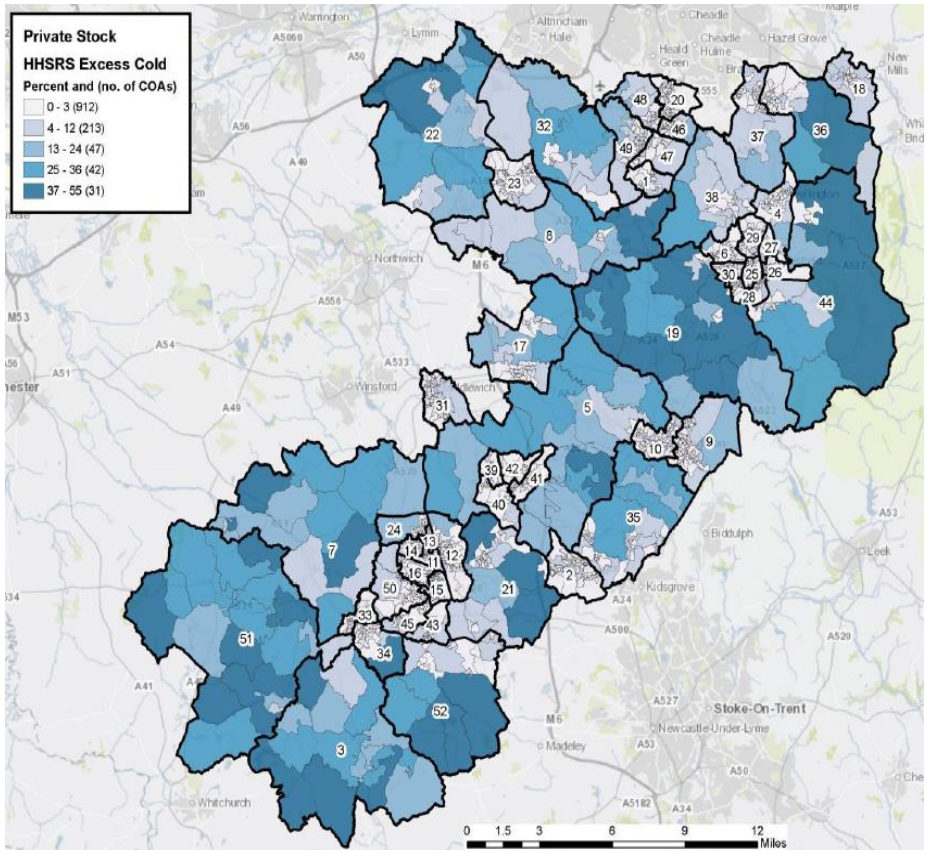
Appendix E - Private Housing Stock

Percentage of Private Sector Dwellings in Cheshire East with the presence of a HHSRS Category 1 Hazard



Percentage of Private Sector Dwellings in Cheshire East with the presence of a HHSRS Category 1 Hazard for Excess Cold



No.	Ward name	No.	Ward name
1	Alderley Edge	27	Macclesfield Hurdsfield
2	Alsager	28	Macclesfield South
3	Audlem	29	Macclesfield Tytherington
4	Bollington	30	Macclesfield West & Ivy
5	Brereton Rural	31	Middlewich
6	Broken Cross & Upton	32	Mobberley
7	Bunbury	33	Nantwich North & West
8	Chelford	34	Nantwich South & Stapeley
9	Congleton East	35	Odd Rode
10	Congleton West	36	Poynton East & Pott Shrigley
11	Crewe Central	37	Poynton West & Adlington
12	Crewe East	38	Prestbury
13	Crewe North	39	Sandbach Elworth
14	Crewe St. Barnabas	40	Sandbach Ettiley Heath & Wheelock
15	Crewe South	41	Sandbach Heath & East
16	Crewe West	42	Sandbach Town
17	Dane Valley	43	Shavington
18	Disley	44	Sutton
19	Gawsworth	45	Willaston & Rope
20	Handforth	46	Wilmslow Dean Row
21	Haslington	47	Wilmslow East
22	High Legh	48	Wilmslow Lacey Green
23	Knutsford	49	Wilmslow West & Chorley
24	Leighton	50	Wistaston
25	Macclesfield Central	51	Wrenbury
26	Macclesfield East	52	Wybunbury

Source: BRE Integrated Dwelling Level Housing Stock Modelling and Database for Cheshire East Council, April 2019.

Contains OS data © Crown Copyright and data

Appendix E - Housing Stock

- The performance of the housing stock in Cheshire East compared to the EHS England average is generally very similar or slightly worse, with the exception of low income households which are slightly lower in Cheshire East.
- *Standard Energy Procedure – calculation to demonstrate the performance of a building (higher the grade, the better the performance).
- The private rented stock generally performs worse than the owner occupied stock. 5.6% of dwellings in the private rented sector are estimated to have an EPC (Energy Performance Certificate) below band E (making them legally unable to be tenanted).
- Cheshire East has a lower proportion of dwellings in SAP* bands A-C compared to England average (See figures below).

Number and percentage of Cheshire East's Total Housing Stock falling into each of the EPC ratings bands (based on Simple SAP), compared to England (EHS) figures

	Cheshire East		2014 EHS England
	Count	Percent	Percent
(92-100) A	0	0.0%	1.3%
(81-91) B	825	0.5%	
(69-80) C	41,677	23.4%	24.9%
(55-68) D	94,446	53.0%	51.1%
(39-54) E	30,584	17.2%	17.1%
(21-38) F	8,147	4.6%	4.3%
(1-20) G	2,366	1.3%	1.3%

Number and percentage of Cheshire East's Private Sector Stock falling into each of the EPC ratings bands

	Cheshire East		2014 EHS England
	Count	Percent	Percent
(92-100) A	0	0.0%	1.0%
(81-91) B	765	0.5%	
(69-80) C	34,031	21.6%	20.9%
(55-68) D	84,591	53.6%	52.6%
(39-54) E	28,370	18.0%	19.1%
(21-38) F	7,706	4.9%	5.0%
(1-20) G	2,292	1.5%	1.5%

N.B. England figures report band A and B together

Source: BRE Integrated Dwelling Level Housing Stock Modelling and Database for Cheshire East Council, April 2019.
Accessed on : 02 August 2022

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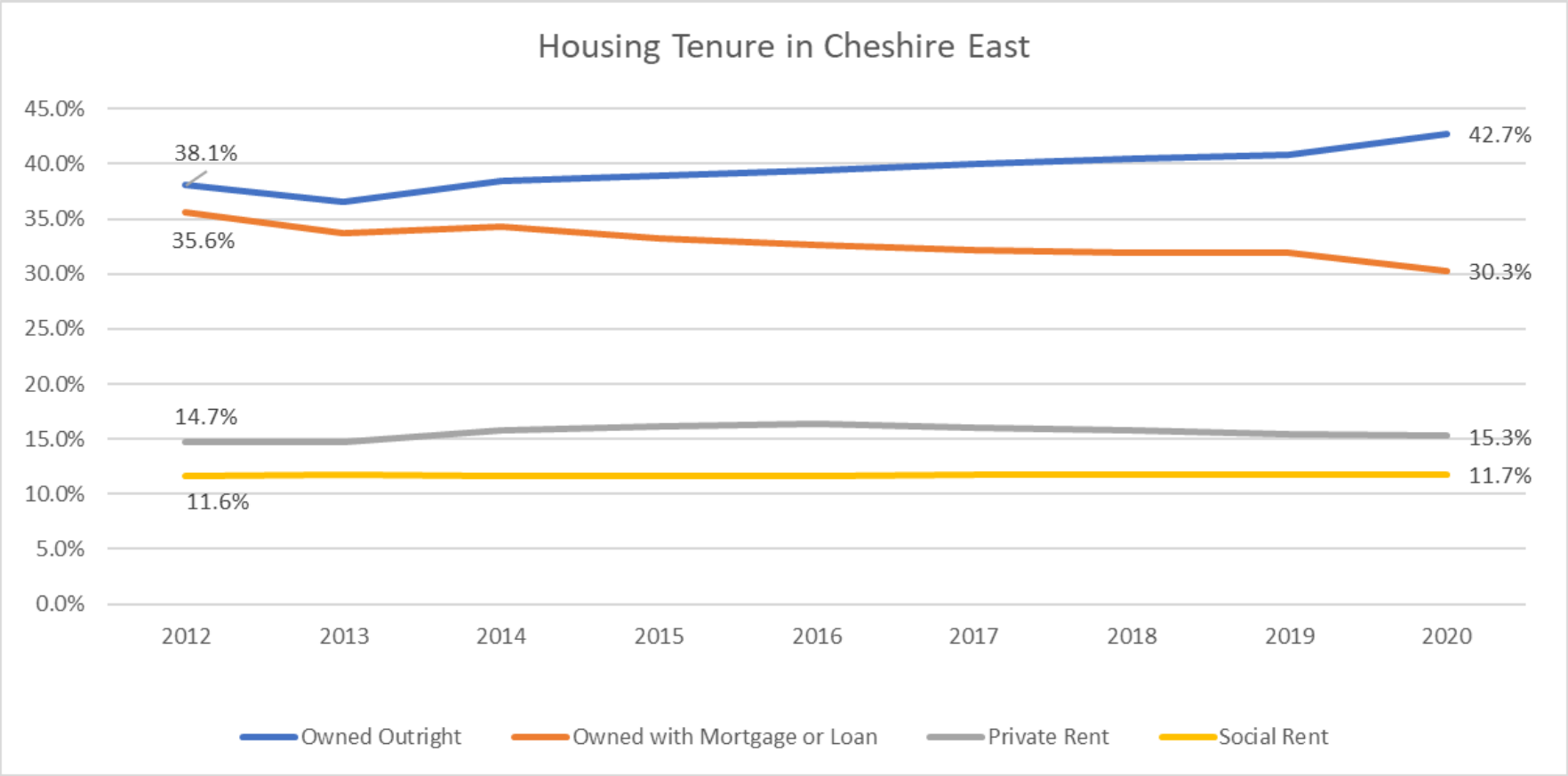
Appendix E - Housing Tenure



In terms of housing tenure, number of households who have **owned outright or with mortgage or loan is almost double than private & social rent.**

However, the recent trend around owned with mortgage or loan has started to **decline** since 2014 and a faster decline since 2019.

Source: Annual Population Survey via ONS. Accessed on : 01st August 2022

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Residents experiencing homelessness

Indicator	Period	Chesh East			England			
		Recent Trend	Count	Value	Value	Worst	Range	Best
Homelessness - households in temporary accommodation	2020/21	–	27	0.2	4.0	48.6		0.1
Homelessness - households owed a duty under the Homelessness Reduction Act	2020/21	–	1,280	7.5	11.3	26.6		0.0
Homelessness - households owed a duty under the Homelessness Reduction Act (main applicant 16-24 yrs)	2020/21	–	245	1.4	2.6	6.2		0.0
Homelessness - households owed a duty under the Homelessness Reduction Act (main applicant 55+ yrs)	2020/21	–	156	1.8	2.3	10.7		0.5
Homelessness - households with dependent children owed a duty under the Homelessness Reduction Act	2020/21	–	309	7.2	11.6	32.2		3.6

Homeless households in temporary residences in Cheshire East is the lowest in Cheshire and Merseyside and England. However this is expected to increase post covid across England.

Source: Office for Health Improvement & Disparities. Public Health Profiles. Available from: https://fingertips.phe.org.uk © Crown copyright [2022] , Accessed on: 01 December 2021

Contents

Appendix E - Assets in Relation to Housing Support

Local Resources

- **Citizens Advice Bureau** – Advice and support available on housing services for residents.
- The Housing Team also have a **money advice officer -** https://www.cheshireeast.gov.uk/system_pages/information-for-staff/cost-of-living/financial-savings-and-tips.aspx

National Resources

- **Support for housing**
  Information on social and private renting, sharing spare rooms and bedrooms etc.
  https://www.gov.uk/housing-benefit/what-youll-get
- **Help with housing**
  Information on additional help on heating costs and paying rent.
  https://www.gov.uk/housing-benefit/other-help-with-housing-costs
- **Support with payments**
  Information of discretionary housing payments for claimants by councils.
  https://www.gov.uk/government/publications/claiming-discretionary-housing-payments
- **Local Housing Allowance** and **rent officer valuations** - Rates of Local Housing Allowance used for awarding help with rent for Housing Benefit.
  Local Housing Allowance and rent officer valuations (cheshireeast.gov.uk)
- Most new working age claimants are on **Universal Credit for housing costs** now.
- Housing costs and Universal Credit: What you can get - GOV.UK (www.gov.uk)

Appendix F - Employment

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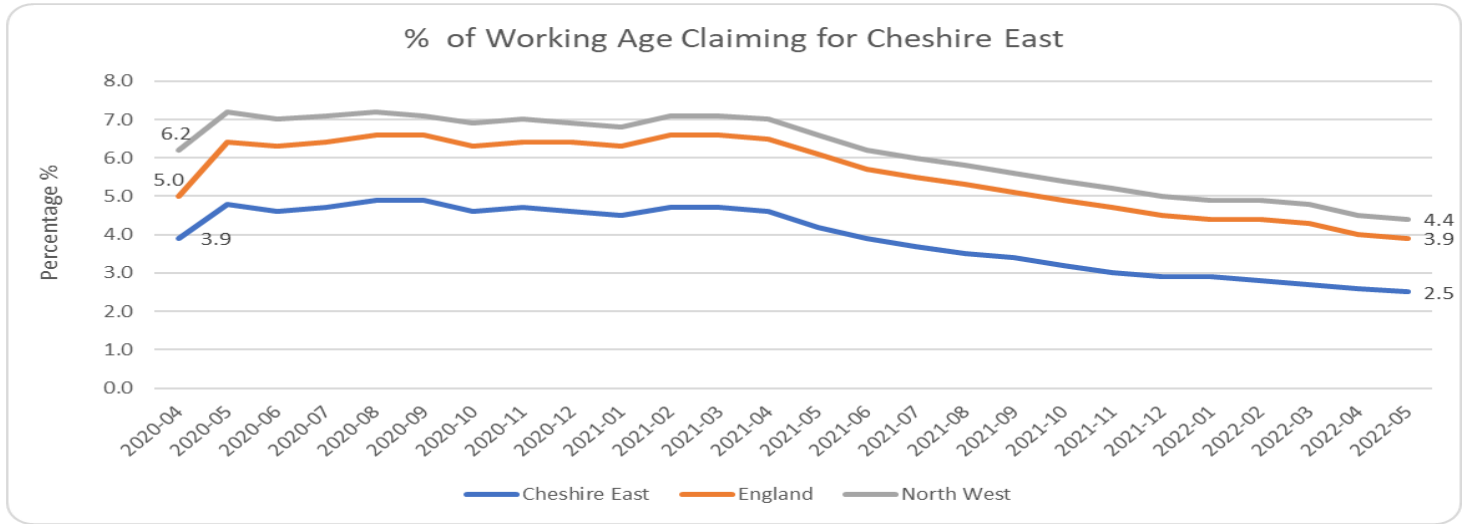
Appendix F - Unemployment - Claimant Count (%)



Highest 5 ward rates - % of working age

Ward	Current	Previous	Change
Crewe Central	6.7	7.0	▼
Crewe South	5.5	5.8	▼
Crewe St Barnabas	5.1	5.2	▼
Macclesfield Hurdsfield	4.7	4.6	▲
Wilmslow Lacey Green	4.5	5.2	▼

Lowest 5 ward rates - % of working age

Ward	Current	Previous	Change
Bunbury	1.1	1.2	▼
Dane Valley	1.1	1.2	▼
Leighton	1.1	1.1	◆
Nantwich South and Stapeley	1.1	1.2	▼
Wrenbury	1.1	1.0	▲
Wybunbury	1.0	1.3	▼

AgeName	This Month	Last Month	Change	MoMCHANGE	PreviousYearValue	YoYCHANGE
All categories: Age 16+	5640	5,845	▼	-205	9,630	-3,990
Aged 50+	1465	1,530	▼	-65	2,505	-1,040
Aged 25-49	3310	3,390	▼	-80	5,370	-2,060
Aged 16-24	865	930	▼	-65	1,755	-890

The proportion of working age claimant rate has been **lower in Cheshire East** compared to **North West** and **England** rates. They have gradually decreased from **3.9% to 2.5%** since the start of the pandemic.

Crewe and **Macclesfield** wards have the **highest claimant rates**, however, they have **all seen reductions**, **apart from Macclesfield Hurdsfield** . The decrease may be due to the pandemic and reduced access to services. However the long term unemployment has increased substantially which also needs to be taken into consideration.

Source: Claimant Count from Ward Profiles PowerBI portal, May 2022, DWP, Accessed on: 30th August 2022

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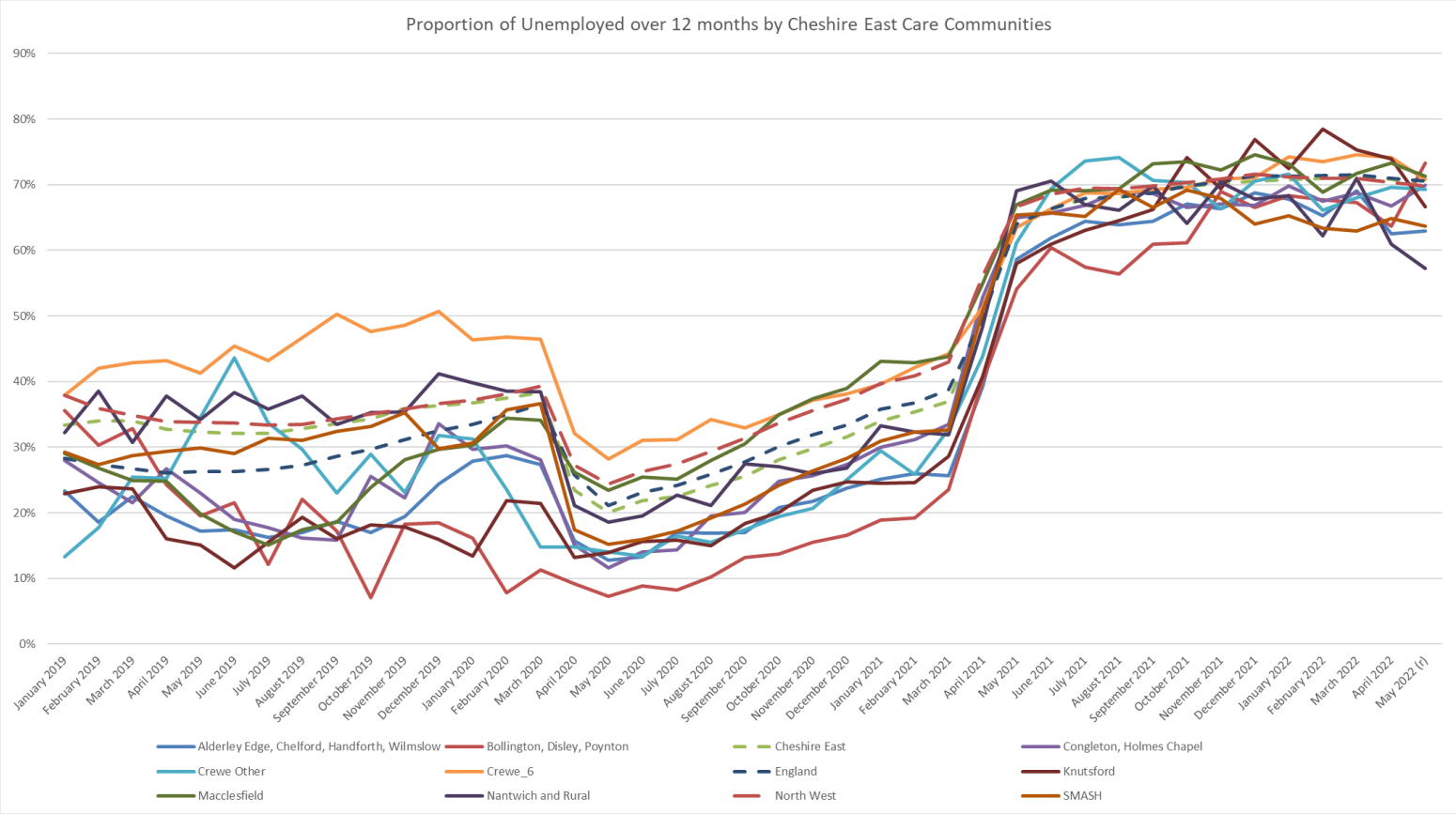
Appendix F - Long Term Unemployment



Unemployment causes stress, which ultimately has long-term physiological health effects and can have negative consequences for people's mental health, including depression, anxiety and lower self-esteem.

Even before the pandemic, some argued that the UK's social safety net placed families at risk of poverty and poor health[1].

The number of residents in Cheshire East who have been unemployed for more than a year has risen considerably since the start of the pandemic.

In February 2020 there were 1,235 claimants or 38% of all claimants, with 44 claimants unemployed for more than 3 years. By May 2022 this had risen 2.5 times to 3,145 claimants (70% of the total) with 128 claimants unemployed for more than three years.

Source: People on Universal Credit, claimants out of work and seeking work, DWP

[1] Unemployment and Mental Health - https://www.health.org.uk/publications/long-reads/unemployment-and-mental-health. Accessed on: 28/09/2022

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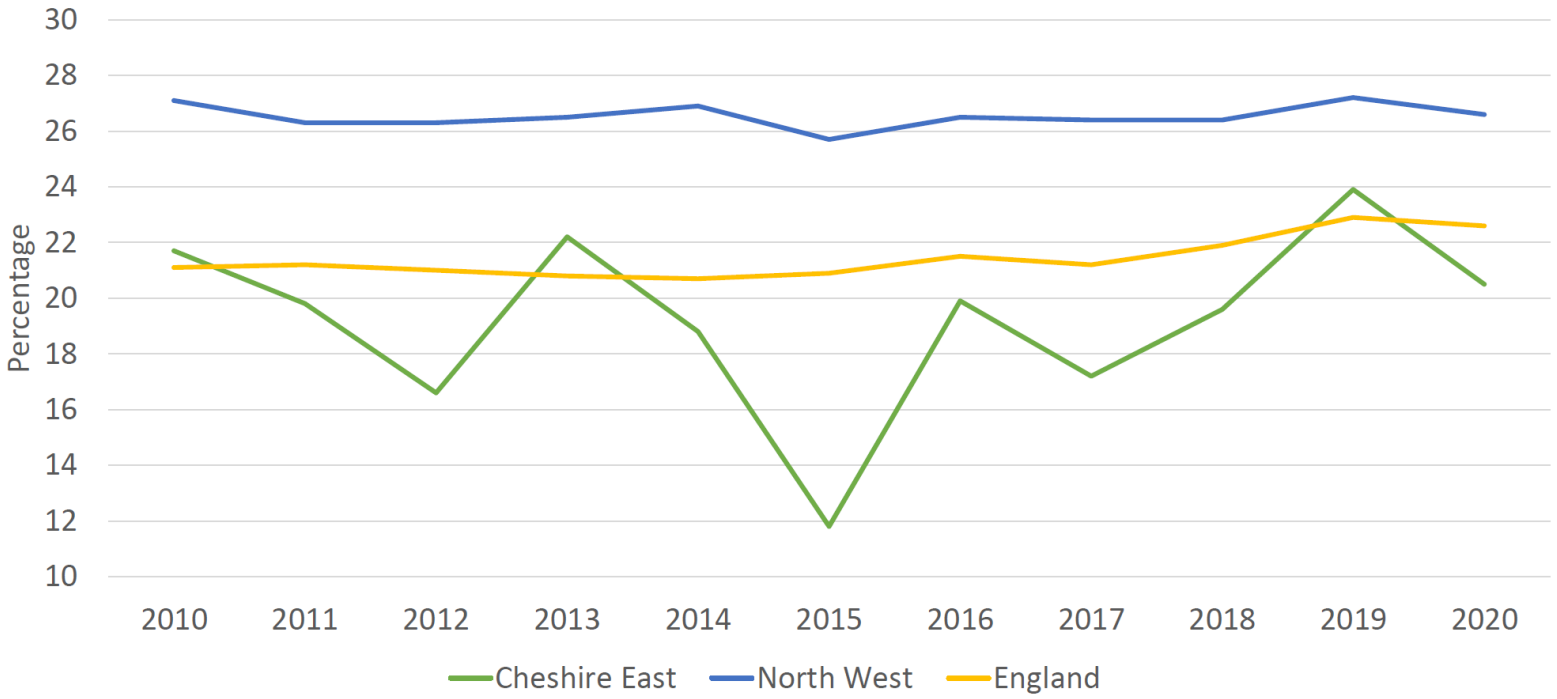
Appendix F - Long Term Sick, proportion of those economically inactive, aged 16-64, 2010-2020(%)



According to ONS Labour Markets Statistics, the reasons for an economically inactive population includes students,

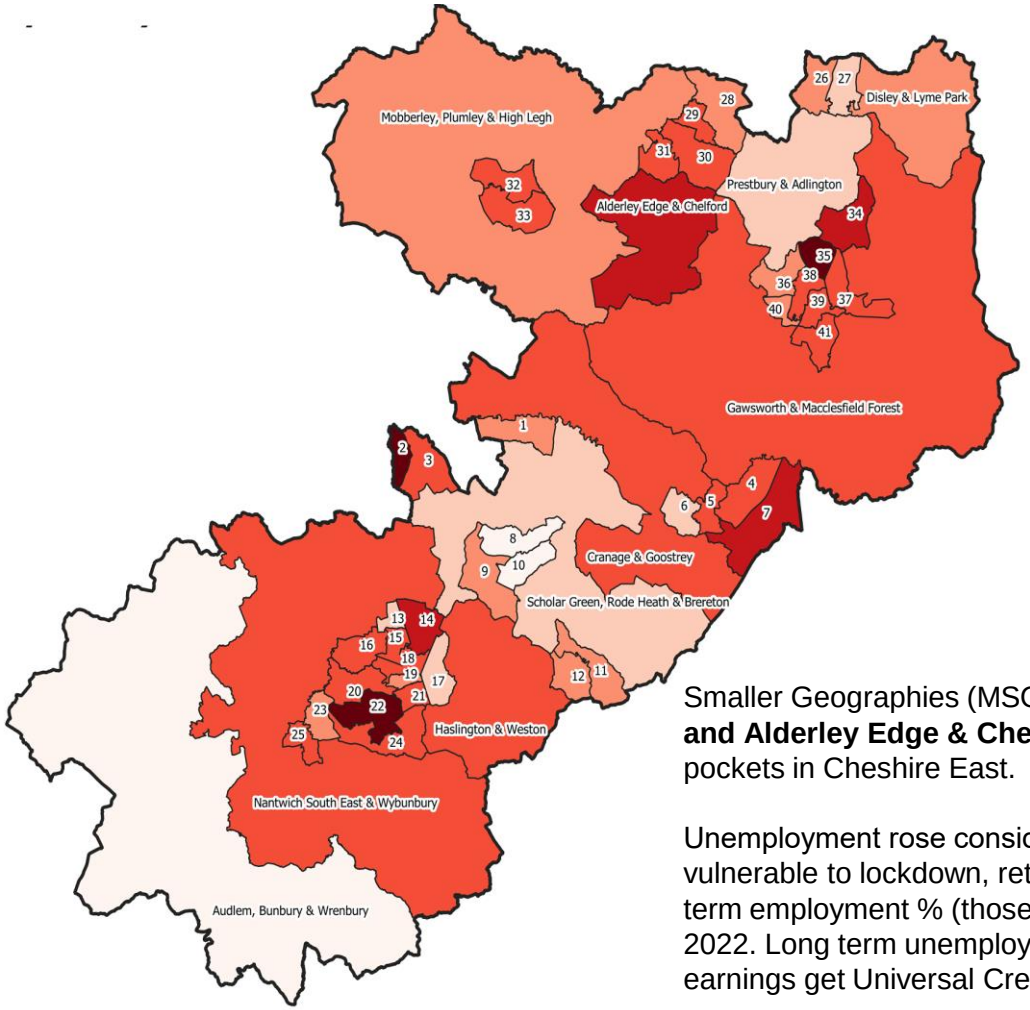
people looking after family / home and people with long-term sickness.

The Proportion of economically inactive population who have been sick between the age of 16 and 64 in Cheshire East has been similar to England and lower than North West regions between 2010 and 2020.

However, the rates are not significantly different from each other.

Source: ONS via Institute of Health Equity, Health Equity in England Marmot Review 10 Years on (Nov 2021) – Cheshire East, health inequalities and the Marmot Review. Accessed on 29th April 2022

Appendix F - Proportion of people who are not on Employment and Claim Universal Credit by MSOA.



Cheshire East

Proportion unemployed

- 40% - 49%
- 50% - 59%
- 60% - 69%
- 70% - 79%
- 80% - 89%
- 90% - 100%

1. Holmes Chapel
2. Middlewich West
3. Middlewich East
4. Buglawton
5. Congleton Town
6. Congleton West Heath
7. Hightown, Mossley & Timbersbrook
8. Sandbach North
9. Sandbach Ettiley Heath & Wheelock
10. Sandbach Heath
11. Alsager East
12. Alsager West
13. Crewe Leighton
14. Crewe North East
15. Crewe Coppenhall & Underwood
16. Crewe North West
17. Crewe Sydney & Gateway
18. Crewe Town & Victoria Avenue
19. Crewe Mill Street & College
20. Wistaston Green
21. Crewe Gresty Road
22. Crewe South West & Wistaston
23. Nantwich North East
24. Willaston & Shavington
25. Nantwich South West
26. Poynton West
27. Poynton East
28. Handforth & Dean Row
29. Lacey Green & Wilmslow Park
30. Wilmslow Town
31. Fulshaw Park & Lindow
32. Knutsford North
33. South Knutsford & Bexton
34. Bollington
35. Macclesfield Tytherington
36. Macclesfield Upton Priory & Greenside
37. Macclesfield East & Hurdsfield
38. Macclesfield Bollinbrook
39. Central Macclesfield
40. Macclesfield Weston
41. Macclesfield South & Lyme Green

Smaller Geographies (MSOA) like **Crewe South West & Wistaston, Wistaston green, Macclesfield Tytherington, Middlewich West, and Alderley Edge & Chelford** have a **high proportion of people claiming universal credit** which is in line with the deprivation pockets in Cheshire East.

Unemployment rose considerably during covid. Local factors influence an areas' economic conditions, including the reliance on sectors vulnerable to lockdown, retail and hospitality. Whilst the number of people claiming on long term unemployment may be low, the long term employment % (those who are out of work and actively seeking work for more than a year) has more than doubled since February 2022. Long term unemployment represents a challenge to find, compete and secure a job for residents. However, people on low earnings get Universal Credit and help with housing costs via Housing Benefit or Universal Credit

. MSOA – Middle Super Output area is an ONS classification of population with on average 7,200 people lower or some cases similar to electoral wards

Source: Department for Work and Pensions, Feb 2022. Accessed: 10 September 2022

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Data Source: Department for Work and Pensions, Feb 2022 Provisional

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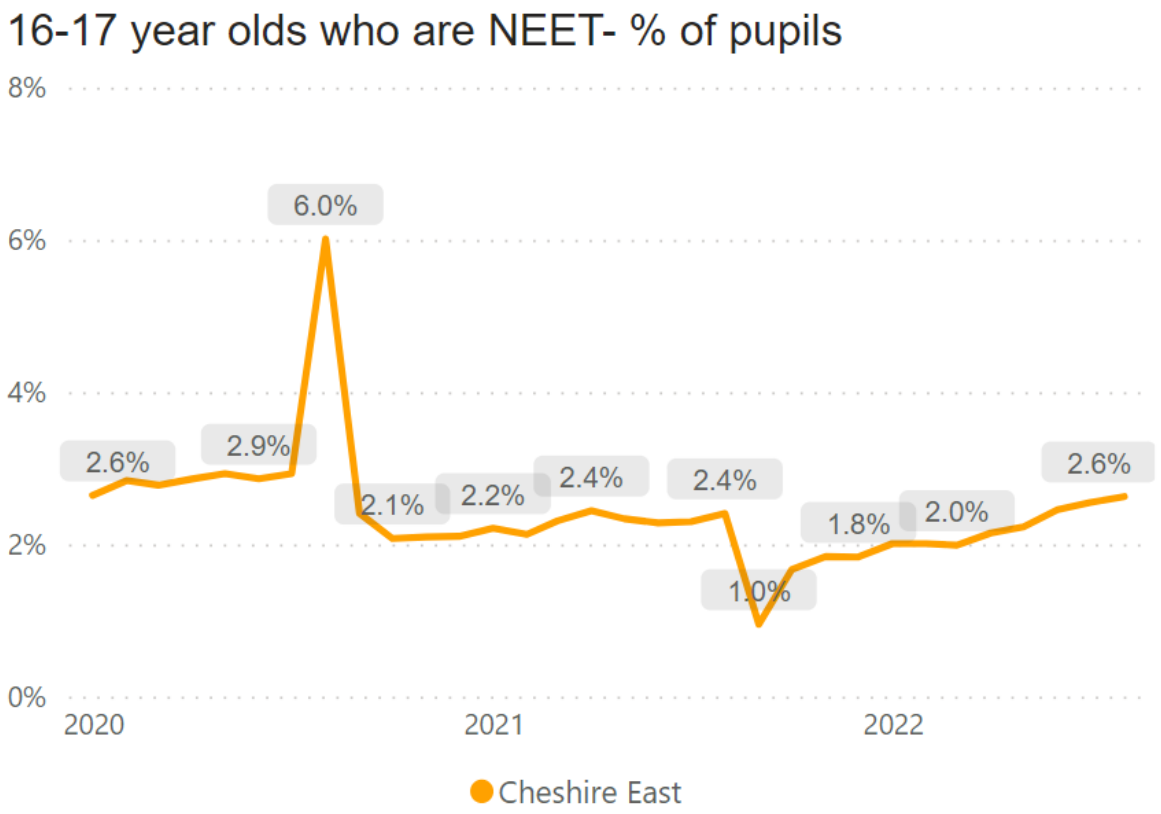
Appendix F - NEET - Not in Employment, Education and Training



Highest 5 ward rates - % of pupils

Ward	Current	Previous	Change
Crewe St Barnabas	5.0%	4.7%	▲
Crewe West	5.8%	5.4%	▲
Macclesfield South	6.3%	5.7%	▲
Knutsford	5.3%	5.7%	▼
Bunbury	6.0%	6.0%	◆

- Within Cheshire East the proportion of young people (16-17 year olds) who are not in employment, education and training are far **less than England and the North West.**
- It is in fact the **lowest among the Cheshire & Merseyside** local authorities. It consistently ranges between 2 and 3% range over the past few years.
- Wards in **Crewe West and St Barnabas), Knutsford, Bunbury** and **Macclesfield South** show the highest proportion of over 5%, These are some of the more deprived areas in Cheshire East.

Source: Claimant Count from Ward Profiles PowerBI portal, Aug 2022, DWP, Accessed on: 28th September 2022

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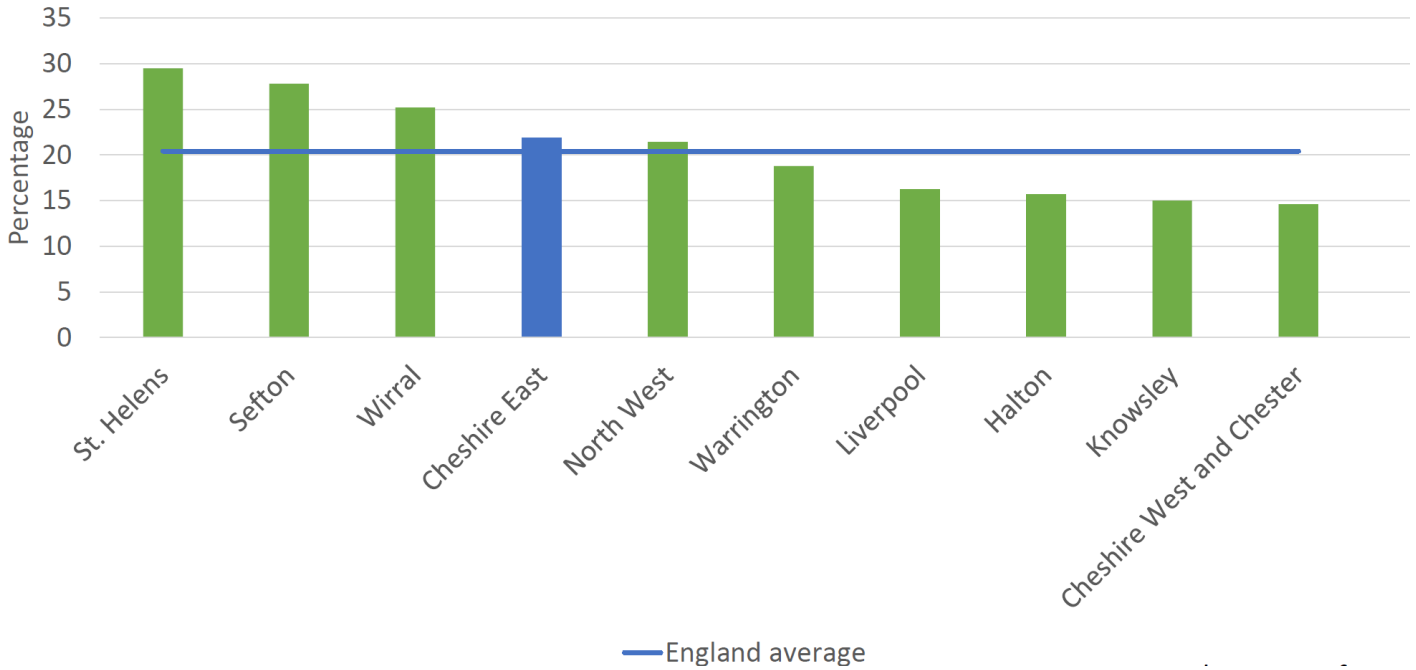
Appendix F – Employees Earning Below Living Wage Foundation Rates, Apr 2020-Apr 2021 (%)



The proportion of all employees earning below living wage in **Cheshire East is similar to North West region and England.**

The **rates in Cheshire East are higher than its neighbouring local authorities**, however it is slightly behind Sefton, Wirral and St Helens local authorities.

Nevertheless this shows **during 2020/21**, just over **1 in 5** were **earning below the living wage.**

Source: ONS via Institute of Health Equity, Health Equity in England Marmot Review 10 Years on (Nov 2021) – Cheshire East, health inequalities and the Marmot Review. Accessed on 29th April 2022

Appendix F - Employment, Education and Training

Local Enterprise Partnerships (LEPs) [1]. are non-statutory bodies responsible for local economic development in England. They are business-led partnerships that bring together the private sector, local authorities and academic and voluntary institutions.

- There are 10% of occupations with skill gaps (basic numerical skills) which is lowest across Cheshire and Warrington [2].
- There are 19% of employers that need to develop skills in the next 12 months (basic numerical skills) which is highest across Cheshire and Warrington [2].
- The Council supports residents into employment through Welfare to Work schemes by co-ordinating various services and community organisations with the help of Local Area Co-ordinators (LAC) and The Adult Social Care Team [3].
- DfE Future Skills Unit have developed a local skills dashboard across England to support local skills planning and delivery by providing an overview of the local employment and skills landscape[4]

[1] Cheshire and Warrington Local Enterprise Partnership. Available from: Cheshire & Warrington Local Enterprise Partnership - Cheshire and Warrington, Accessed on : 01 December 2022
[2] Multiply Data Pack 2022 with 2019 data commissioned by Council to the LEP
[3] Cheshire East Council Welfare to Work Directory, Available from: https://www.cheshireeast.gov.uk/pdf/jobs-and-careers/wtow-directory-24-05-2022.pdf , Accessed on: 15 February 2023
[4] DfE Local Skills Dashboard Unit for Future Skills - Local Skills Dashboard (shinyapps.io)

Assets in Relation to Employment

Local Resources

- **Citizens Advice Bureau** – Advice and support available on employment services for residents.
- **Welfare to Work Partnership Directory for council services**
  Contact Adult Social Care Frontline Team and requesting support from the Local Area Co-ordinators (LAC) on 0300 123 5010 or e-mail for general enquiries to Localareacoordinator@cheshireeast.gov.uk
  LACs coordinate information and offer advice and support to enable residents by offering them independence and choice. They support The Adult Social Care Team by identifying community services organisations and groups for the teams to refer people when needed.
- Adult and Community Learning via Cheshire and Warrington Local Enterprise Partnership to improve Adults numeracy skills and increase their employment opportunities - https://cheshireandwarrington.com/
- See Appendix D2 for support with benefits.

National Resources

- Expenses and benefits: accommodation: Overview - GOV.UK (www.gov.uk)
  Information onTax, National Insurance and reporting obligations by the employer.
- Expenses and benefits: accommodation: What's exempt - GOV.UK (www.gov.uk)
  Information on exemptions from HMRC by the employer.

Appendix G - Transport Poverty

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Appendix G - Vehicle Licensing for Over 17 year olds in Cheshire East by LSOA

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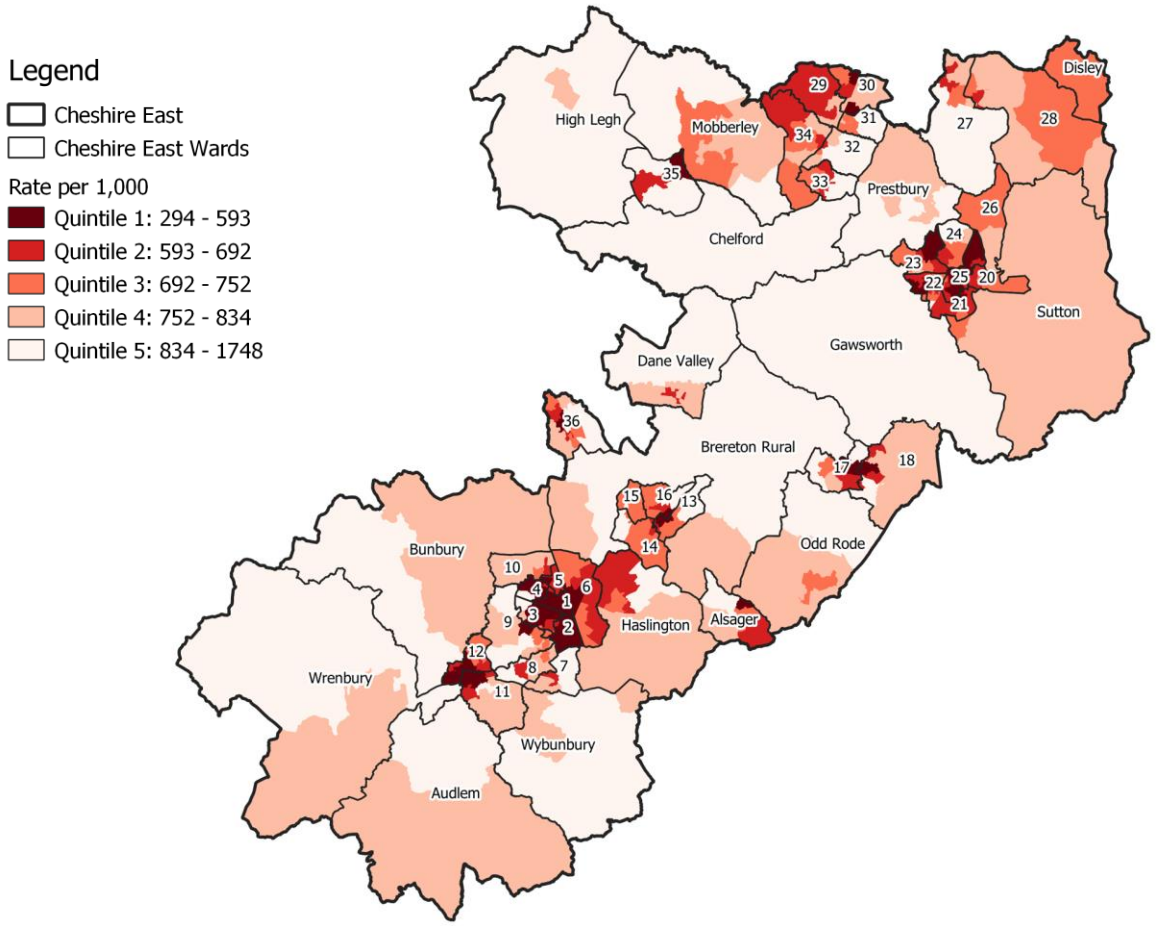

1. Crewe Central
2. Crewe South
3. Crewe West
4. Crewe St Barnabas
5. Crewe North
6. Crewe East
7. Shavington
8. Willaston and Rope
9. Wistaston
10. Leighton
11. Nantwich South and Stapeley
12. Nantwich North and West
13. Sandbach Heath and East
14. Sandbach Ettiley Heath and Wheelock
15. Sandbach Elworth
16. Sandbach Town
17. Congleton West
18. Congleton East
19. Macclesfield Hurdsfield
20. Macclesfield East
21. Macclesfield South
22. Macclesfield West and Ivy
23. Broken Cross and Upton
24. Macclesfield Tytherington
25. Macclesfield Central
26. Bollington
27. Poynton West and Adlington
28. Poynton East and Pott Shrigley
29. Wilmslow Lacey Green
30. Handforth
31. Wilmslow Dean Row
32. Wilmslow East
33. Alderley Edge
34. Wilmslow West and Chorley
35. Knutsford
36. Middlewich

Deprived pockets in areas like **Crewe, Nantwich, Macclesfield, Congleton** and **Handforth & Wilmslow Lacey Green** have lower car ownership.

Access to support services from these areas need to be taken into consideration.

Rural areas around **Audlem, Disley, Poynton, Mobberley** also shows some need of access support.

It is also true that some households have more than one car which constitutes to a higher rate.

Data Source: ONS Mid-2020 Population, Q2 2022 Vehicle licensing statistics Department for Transport and Driver and Vehicle Licensing Agency

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Appendix G - Citizens Advice Bureau Transport Clients (August 2020- 2022)

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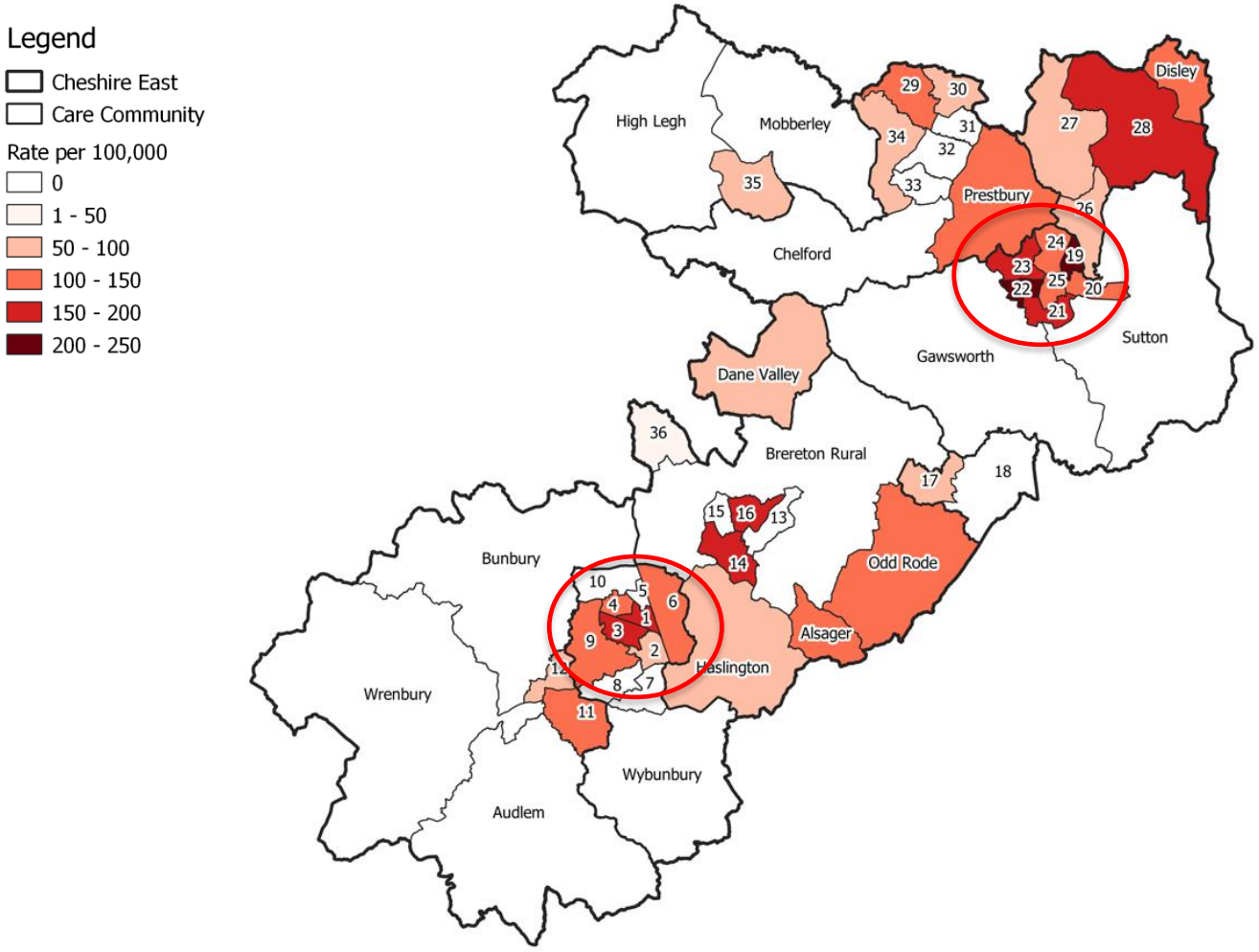


1. Crewe Central
2. Crewe South
3. Crewe West
4. Crewe St Barnabas
5. Crewe North
6. Crewe East
7. Shavington
8. Willaston and Rope
9. Wistaston
10. Leighton
11. Nantwich South and Stapeley
12. Nantwich North and West
13. Sandbach Heath and East
14. Sandbach Ettiley Heath and Wheelock
15. Sandbach Elworth
16. Sandbach Town
17. Congleton West
18. Congleton East
19. Macclesfield Hurdsfield
20. Macclesfield East
21. Macclesfield South
22. Macclesfield West and Ivy
23. Broken Cross and Upton
24. Macclesfield Tytherington
25. Macclesfield Central
26. Bollington
27. Poynton West and Adlington
28. Poynton East and Pott Shrigley
29. Wilmslow Lacey Green
30. Handforth
31. Wilmslow Dean Row
32. Wilmslow East
33. Alderley Edge
34. Wilmslow West and Chorley
35. Knutsford
36. Middlewich

These are the clients who have been receiving various transport support services from Citizens Advice Bureau.

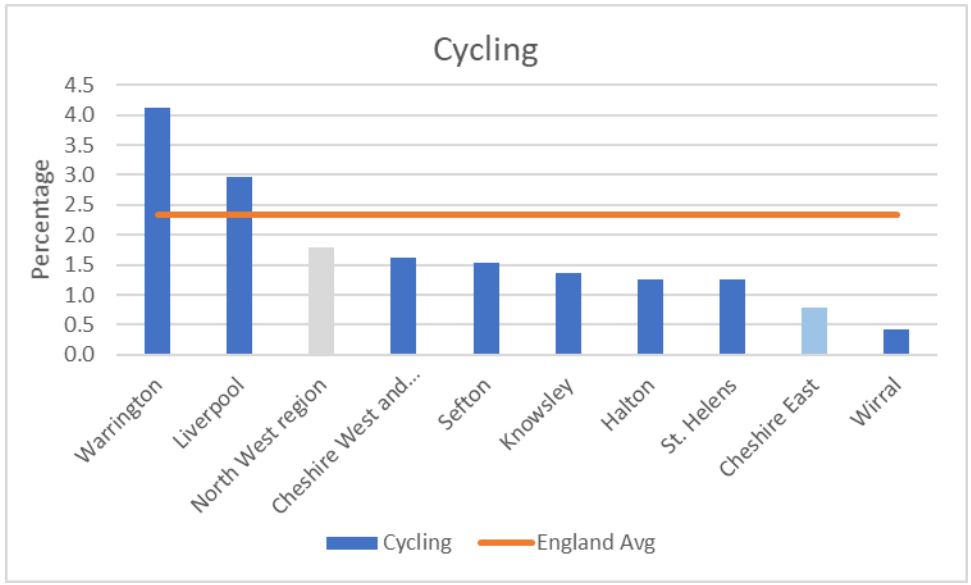
Mostly the wards in **Crewe, Macclesfield, Nantwich, Bollington, Disley, Prestbury, Sandbach and Wilmslow Lacey Green** receive more transport support compared to other wards.

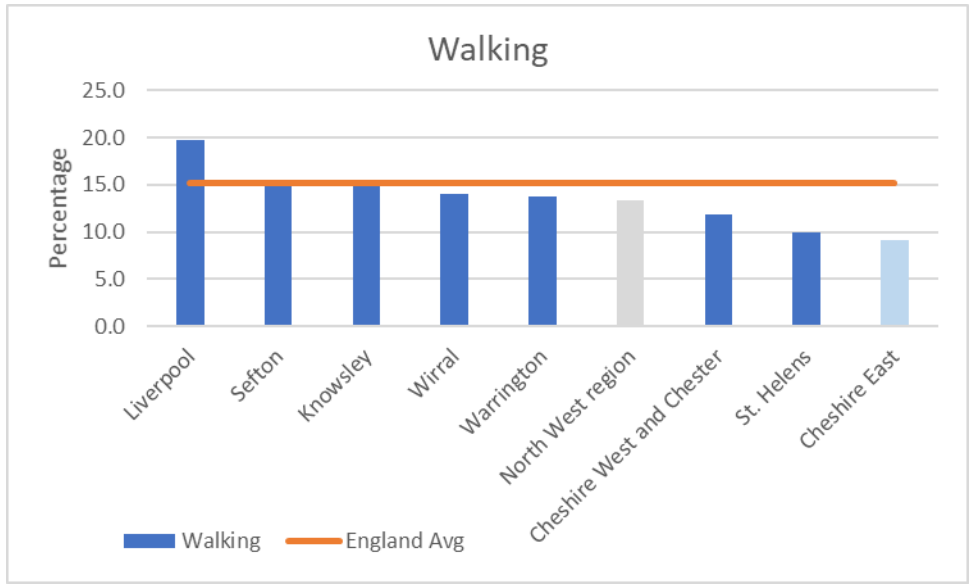
Rural and less deprived areas/wards like **Dane valley, Alsager, Haslington, Odd Rode, Congleton West, Knutsford, Poynton** have also started receiving transport support, which is worth monitoring.

Wards with less than 5 clients have been suppressed
Data Source: ONS Mid-2020 Population Estimates, CAB Local service level data extracts
Public Health Intelligence Team, © Crown copyright and database right 2022. Ordnance Survey 100049045

Source: Citizens Advice Bureau Information Portal, Cheshire East

Appendix G - Adults Using Sustainable Travel at least Three Days Per Week, 2019/20 (%)





In 2019/20, Cheshire East Council has had the **lowest proportions of adults walking and second lowest proportions of adults cycling across Cheshire and Merseyside**. They are also lower than North West and England average.

This highlights that there may be opportunities to promote active travel and grow active travel infrastructure across Cheshire East which could have benefits for health and wellbeing and address challenges in relation to transport poverty.

Source: Office for Health Improvement & Disparities. Public Health Profiles. Available from: https://fingertips.phe.org.uk © Crown copyright [2022] . Accessed on 23 September 2022

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Appendix G - Assets in Relation to Transport Poverty

Local Resources

- Ride and commuter confidence courses in Cheshire East.
- Re-cycle Cycles scheme where people can purchase second-hand bikes.
- Citizens Advice Bureau – advice and support with transport needs.
- Community and flexible transport services - Alternative means of travel for older and disabled people - www.cheshireeast.gov.uk/public_transport/flexible_transport_services/cheshire-east-flexible-transport-service.aspx
- Council does not charge blue badge holders for parking in its car parks.

National Resources

- Department forTransport guidance for employers and employees to use loans and easy payment option to get cycle to work.
  https://www.gov.uk/government/publications/cycle-to-work-scheme-implementation-guidance
- An on-demand, flexible minibus service for you if you travel in the rural area south-west of Nantwich.
  http://www.go-too.co.uk/home.aspx

Appendix H - Poverty and Health

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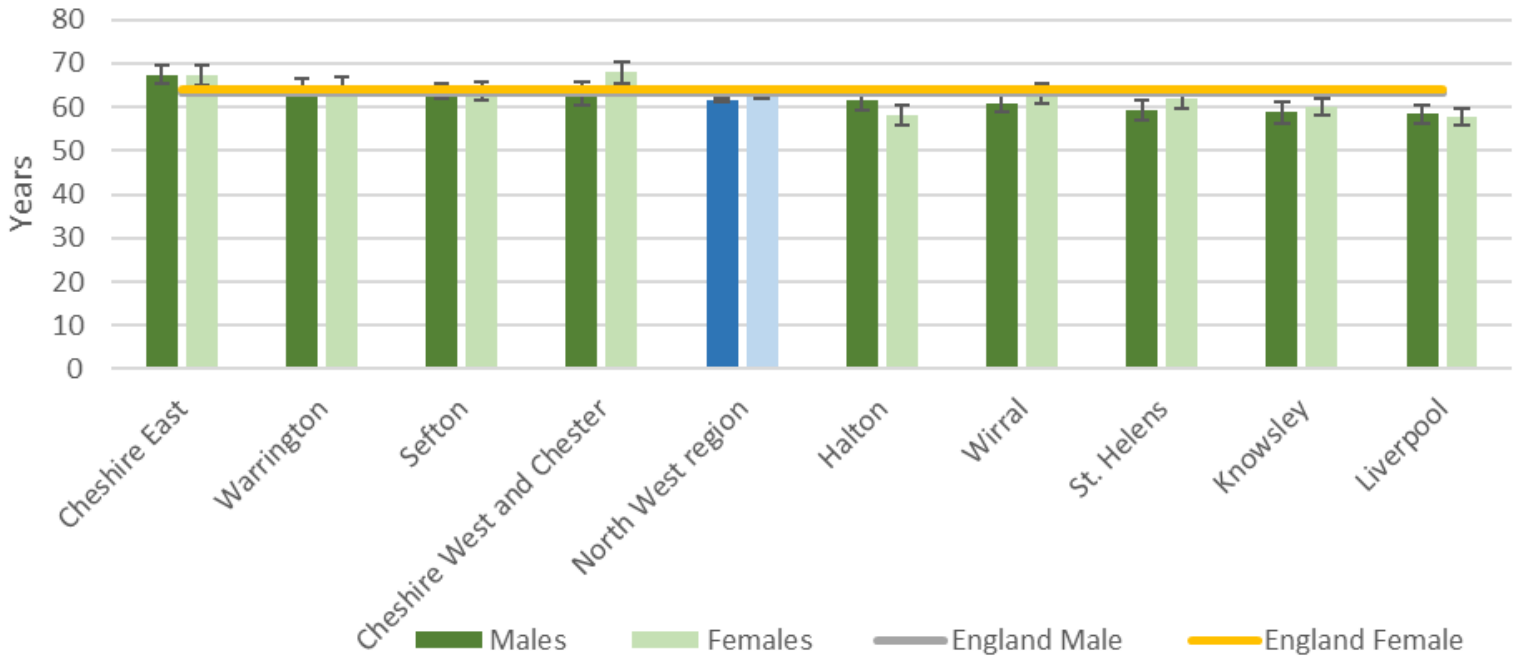
Appendix H - Healthy Life Expectancy, Cheshire and Merseyside Boroughs, England, All Ages, 2018-20



Healthy Life Expectancy at Birth is defined as the average number of years that an individual is expected to live in a state of self-assessed good or very good health, based on current mortality rates and prevalence of good or very good health[2].

Cheshire East had the **highest Healthy Life Expectancy at Birth** in Cheshire & Merseyside for both males and females[1].

Both Male and Female Healthy Life Expectancy is higher than North West and England average.

[1] Office for Health Improvement & Disparities. Public Health Profiles. Available from: https://fingertips.phe.org.uk © Crown copyright [2022] . Accessed on 23 September 2022
[2] Healthy Life Expectancy data. Available from: https://www.gov.uk/government/publications/health-profile-for-england/chapter-1-life-expectancy-and-healthy-life-expectancy. Accessed on: 21 October 2022

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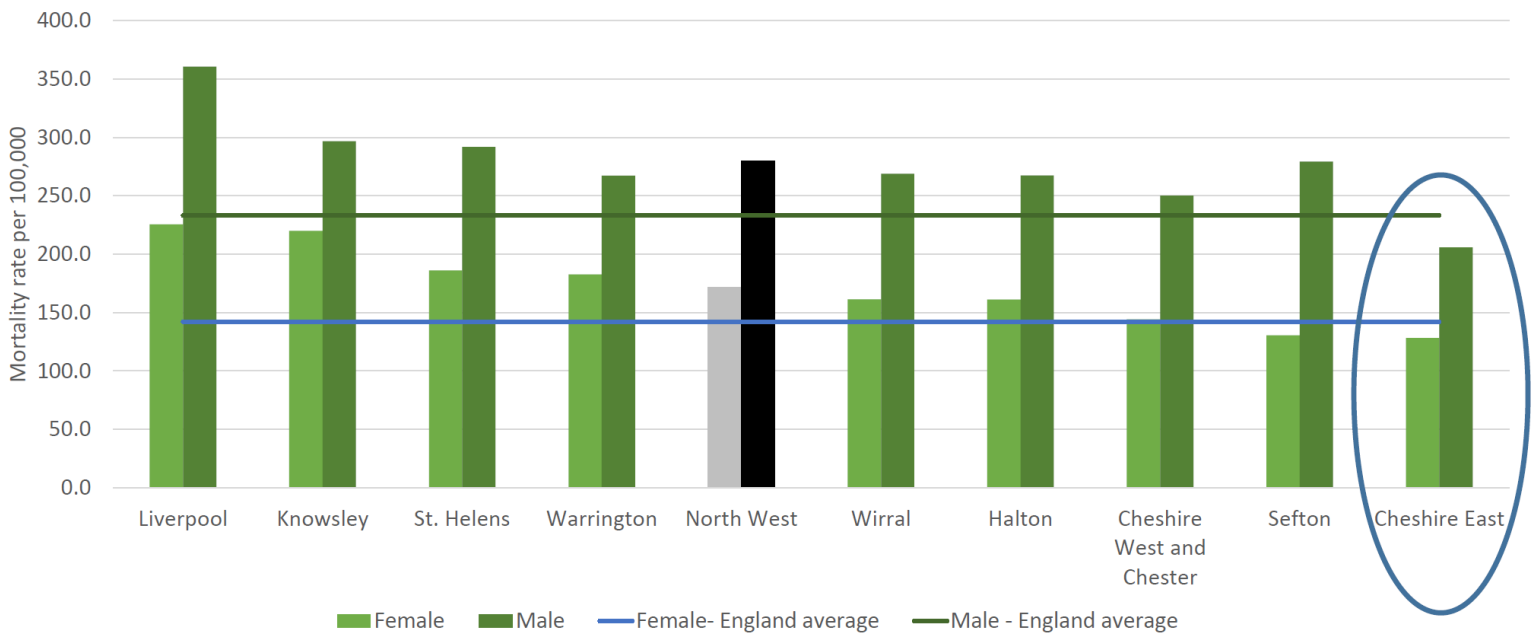
Appendix H - Age Standardised Mortality Rates due to COVID 19 per 100,000 People, March 2020 - April 2021



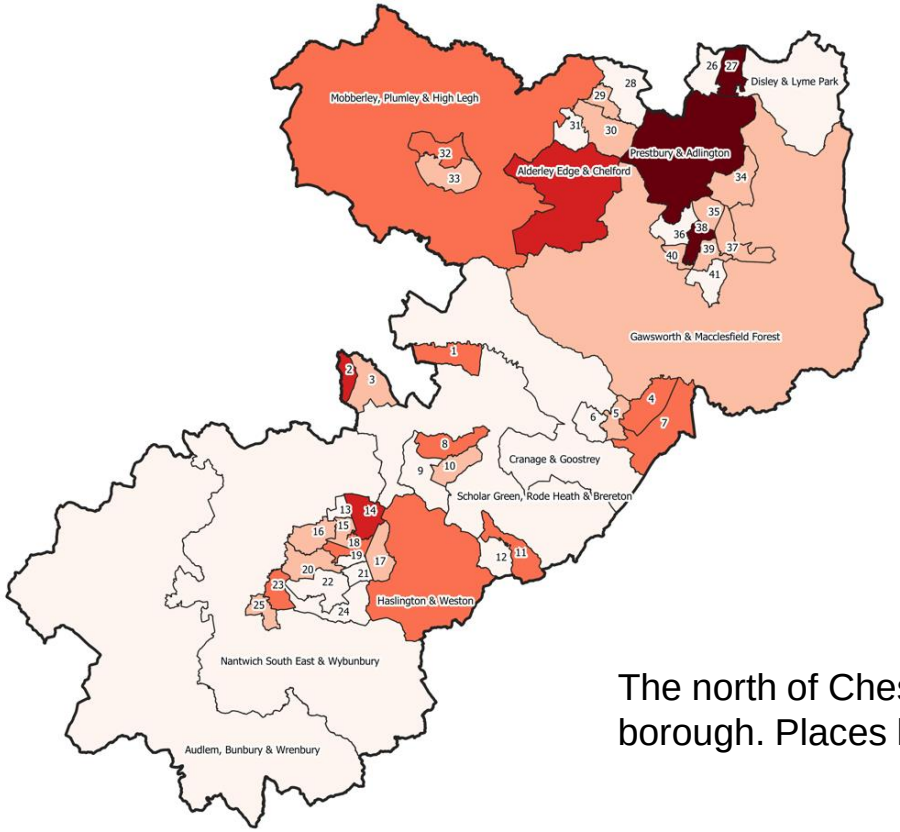
Cheshire East had the **lowest mortality rate** for Covid in Cheshire & Merseyside for both males and females.

The mortality rate is even **lower than England and North West** averages for both males and females.

It is worth noting that there is a ***significant gap between male and female mortality*** rates across England.

Source: ONS via Institute of Health Equity, Health Equity in England Marmot Review 10 Years on (Nov 2021) – Cheshire East, health inequalities and the Marmot Review. Accessed on: 29 April 2022

Appendix H - Age Standardised Mortality Rates due to COVID 19 per 100,000 People, 2020 to 2021



Cheshire East

Rate Per 100,000

- <200
- 200 - 300
- 300 - 400
- 400 - 500
- >500

1. Holmes Chapel
2. Middlewich West
3. Middlewich East
4. Buglawton
5. Congleton Town
6. Congleton West Heath
7. Hightown, Mossley & Timbersbrook
8. Sandbach North
9. Sandbach Ettiley Heath & Wheelock
10. Sandbach Heath
11. Alsager East
12. Alsager West
13. Crewe Leighton
14. Crewe North East
15. Crewe Coppenhall & Underwood
16. Crewe North West
17. Crewe Sydney & Gateway
18. Crewe Town & Victoria Avenue
19. Crewe Mill Street & College
20. Wistaston Green
21. Crewe Gresty Road
22. Crewe South West & Wistaston
23. Nantwich North East
24. Willaston & Shavington
25. Nantwich South West
26. Poynton West
27. Poynton East
28. Handforth & Dean Row
29. Lacey Green & Wilmslow Park
30. Wilmslow Town
31. Fulshaw Park & Lindow
32. Knutsford North
33. South Knutsford & Bexton
34. Bollington
35. Macclesfield Tytherington
36. Macclesfield Upton Priory & Greenside
37. Macclesfield East & Hurdsfield
38. Macclesfield Bollinbrook
39. Central Macclesfield
40. Macclesfield Weston
41. Macclesfield South & Lyme Green

The north of Cheshire East had the **highest Covid-19 mortality rates** compared to the south of the borough. Places like **Mobberley, Prestbury, Alderly Edge** were affected the most.

Public Health Intelligence Team, © Crown copyright and database right 2022. Ordnance Survey 100049045
Data Source: Office for National Statistics, NOMIS - U07.1 COVID-19, virus identified & U07.2 COVID-19 virus not identified

Source: ONS via NOMISWeb.

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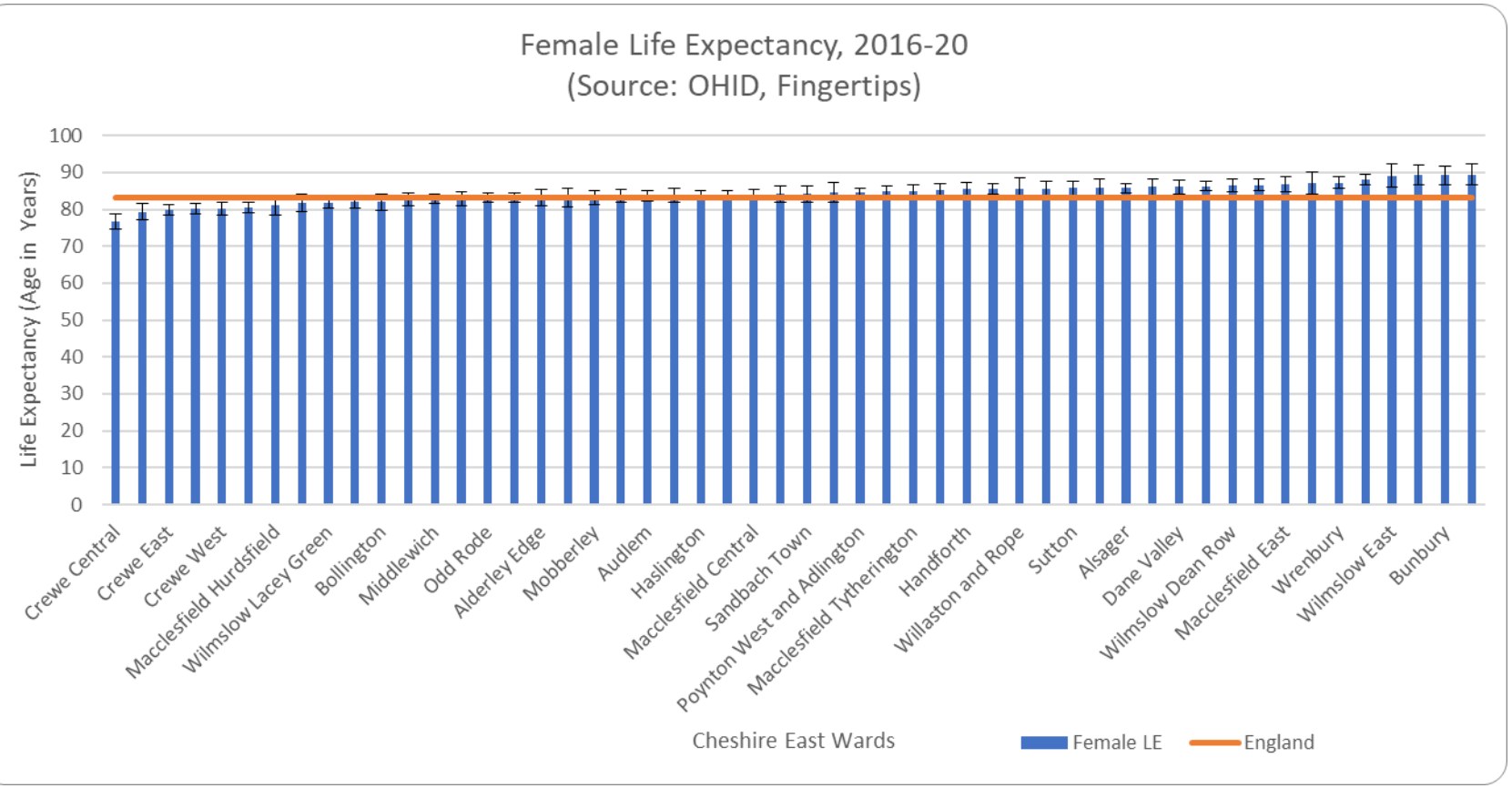
Appendix H - Life Expectancy 2016-20, Female, Cheshire East Wards and England



The female life expectancy in **Cheshire East is better than England** average.

6 out of 52 wards have significantly lower Life Expectancy than England namely **Crewe Central, Crewe St Barnabas, Crewe East, Crewe South, Crewe West and Macclesfield South.**

Source: Office for Health Improvement & Disparities. Public Health Profiles. Available from: https://fingertips.phe.org.uk © Crown copyright [2022] . Accessed on 23 September 2022

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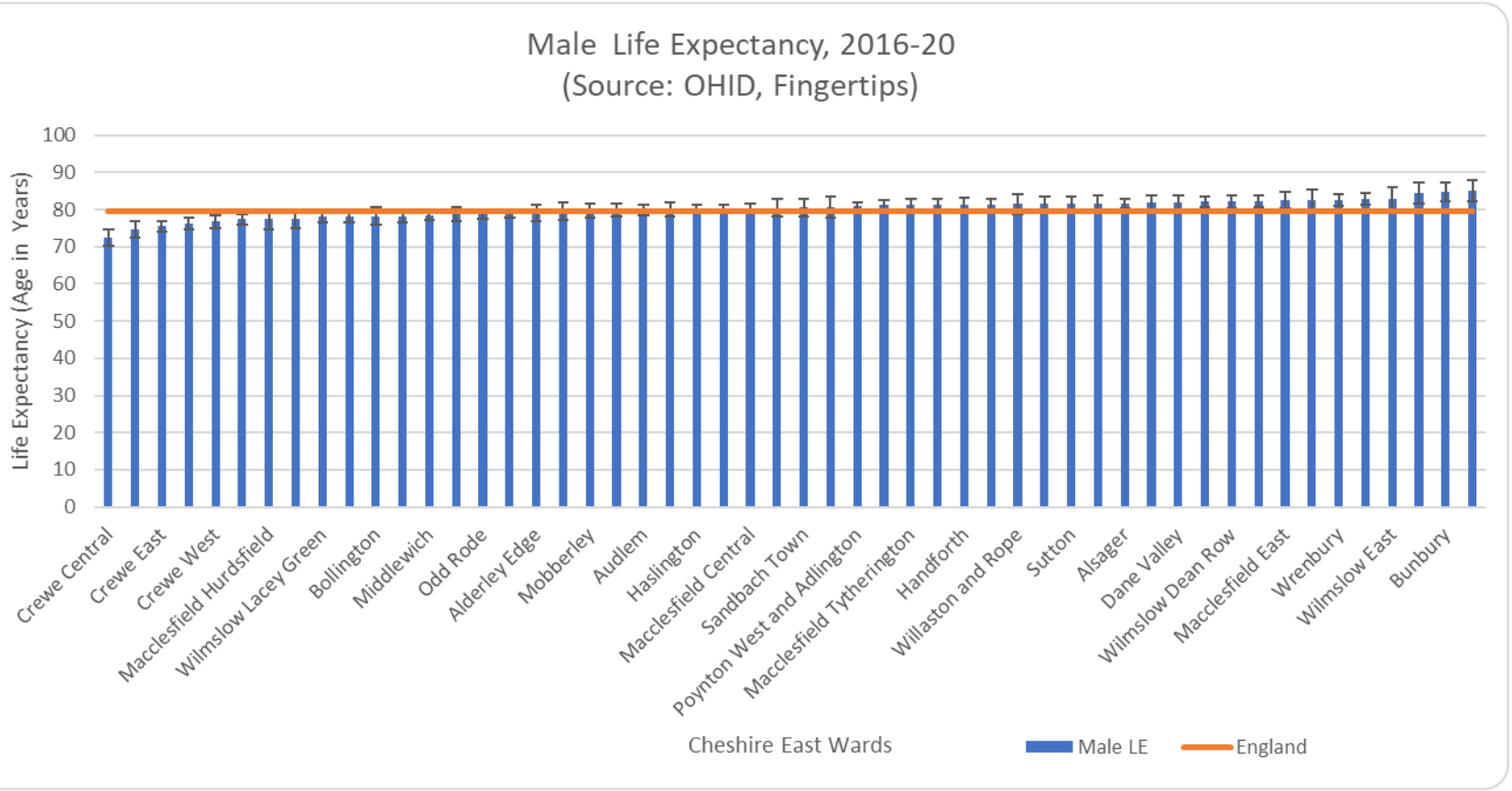
Appendix H - Life Expectancy 2016-20, Male, Cheshire East Wards and England



The Male life expectancy in **Cheshire East is better than the England** average.

6 out of 52 wards have significantly lower Life Expectancy than England namely **Crewe Central, Crewe St Barnabas, Crewe East, Crewe South, Crewe West, Macclesfield South** and **Macclesfield Hurdsfield.**

Source: Office for Health Improvement & Disparities. Public Health Profiles. Available from: https://fingertips.phe.org.uk © Crown copyright [2022] . Accessed on 23 September 2022

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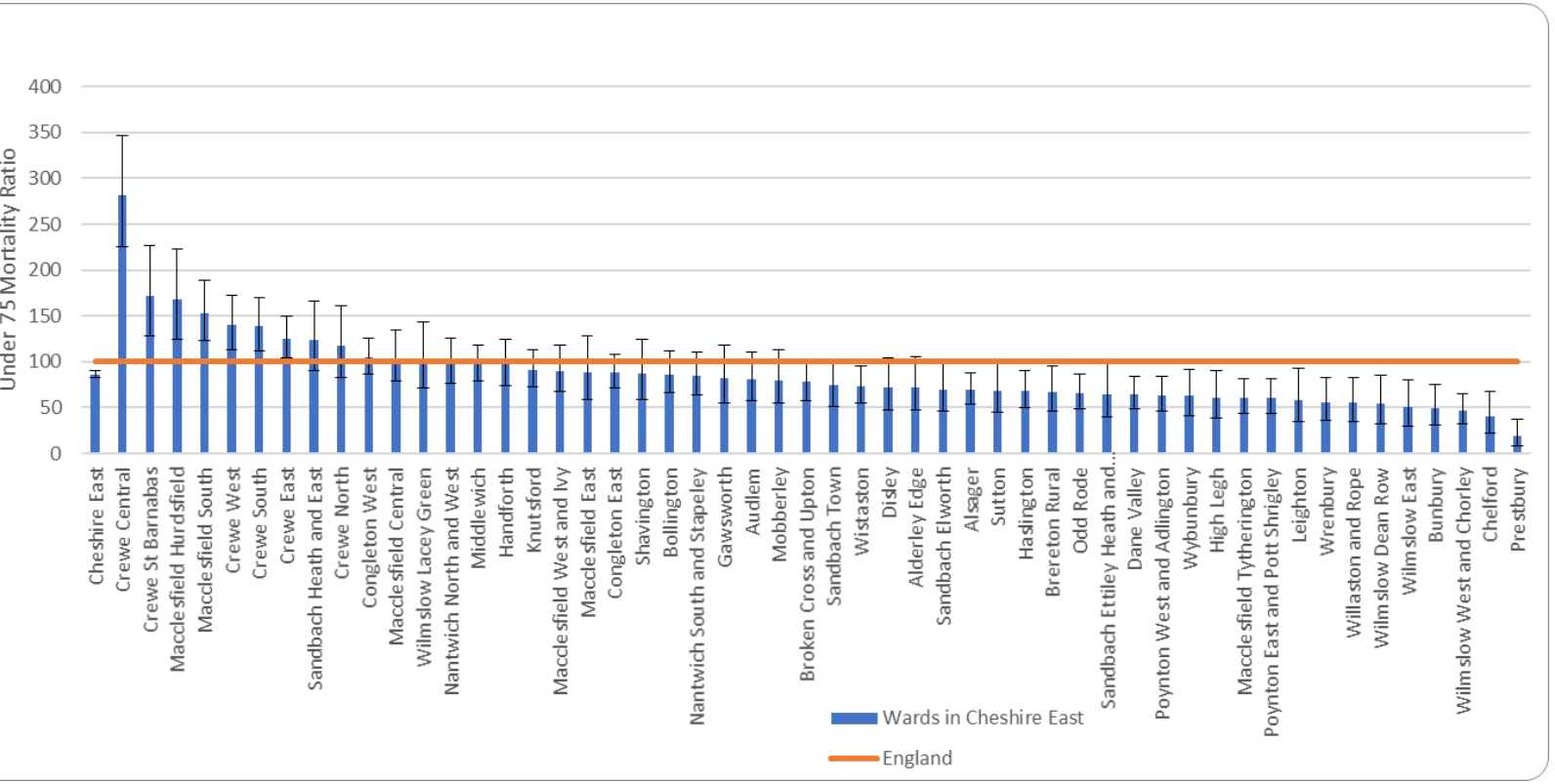
Appendix H - Under 75 Mortality Ratio from Causes Considered Preventable (including Cardiovascular, Cancer, Respiratory, Liver Diseases), 2016-20



Overall the standardised mortality ratio of preventable causes such as CVD, respiratory and cancer are **better than England** in Cheshire East.

Only **7 out of 52 wards** were **worse** than England

- **Crewe Central**
- **Crewe St Barnabas**
- **Macclesfield Hurdsfield**
- **Macclesfield South**
- **Crewe West**
- **Crewe South**
- **Crewe East**

and **19 out of 52 wards** are **better** than England and **26 wards were similar** to England in Cheshire East in 2016-20.

SMRs – are indirectly standardised ratios which are used for small numbers to explain outcome in comparison to England where England is always 100. In this case it is aggregated to 5 years at ward level due to small numbers at lower geographical area.

Source: Office for Health Improvement & Disparities. Public Health Profiles. Available from: https://fingertips.phe.org.uk © Crown copyright [2022] . Accessed on 23 September 2022

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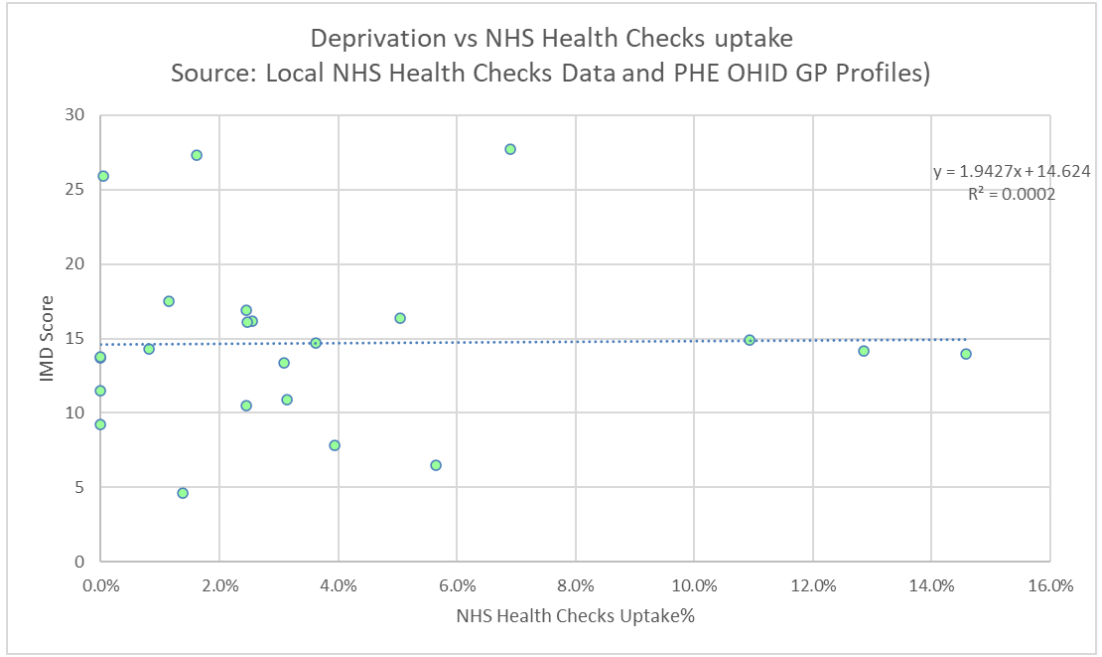
Deprivation Vs NHS Health Checks



Top 10 GP Practices with high NHS Health Check Uptake rates

Practice Name	Uptake %	IMD Quintiles	Male Life Expectancy	Female Life Expectancy
TUDOR SURGERY	14.6%	Q3	80.1	84.0
NANTWICH HEALTH CENTRE	12.9%	Q3	80.2	84.0
MEADOWSIDE MEDICAL CENTRE	10.9%	Q3	79.7	84.4
MILLCROFT MEDICAL CENTRE	6.9%	Q5	77.7	81.3
KENMORE MEDICAL CENTRE	5.6%	Q1	83.1	87.5
SOUTH PARK SURGERY	5.0%	Q3	79.1	84.1
WILMSLOW HEALTH CENTRE	3.9%	Q1	82.7	87.0
READESMOOR MEDICAL GROUP PRACTICE	3.6%	Q3	79.6	84.4
THE CEDARS MEDICAL CENTRE	3.1%	Q2	81.5	84.8
KNUTSFORD MEDICAL PARTNERSHIP	3.1%	Q2	80.2	85.5

Q1(least deprived quintile) and Q5 (most deprived quintile)

The uptake rate of NHS Health Checks in Cheshire East (2.5%)[1] has been lower than North West Region(4.3%)[2] and England (3.0%)[2] rates. During this period, this has been the case across the country due to the pandemic. The uptake rate ranges from 14.6% to 0.8% for the financial year 2021/22. More than half the practices (approx. 16 to 18) did not offer a health check.

The table above demonstrates the top 10 practices with highest uptake rates. Only 1 practice in the top 10 falls in the most deprived quintile which has a lower life expectancy compared to borough average. The chart also illustrates that there is a very weak relationship between IMD Score and uptake rates.

[1]Local Commissioner NHS Health Checks Data by Practice.
[2] Office for Health Improvement & Disparities. Public Health Profiles. Available from: https://fingertips.phe.org.uk © Crown copyright [2022] . Accessed on: 20 September 2022

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Appendix H - Excess Winter Deaths

Indicator	Period	Chesh East			Neighbrs average	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Excess winter deaths index	Aug 2019 - Jul 2020	–	230	18.4%	-	17.4%	50.2%		0.7%
Excess winter deaths index (age 85+)	Aug 2019 - Jul 2020	–	150	29.1%	-	20.8%	61.5%		-14.9%

- Excess winter deaths expressed as the ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths.
- Excess winter deaths index demonstrates the level of circulatory and respiratory deaths in the population during the winter period. **Cheshire East rates are higher than England and their neighbouring boroughs especially in the 85+ age group who have similar demographic structure**. However the borough rates are not significantly different from England rates.
- It is worth noting that Cheshire East has an ageing population and has a high prevalence of hypertension and a slowly rising prevalence of COPD in deprived areas.
- Winter Planning group set up in the council to target excess winter deaths.

Source: Office for Health Improvement & Disparities. Public Health Profiles. Available from: https://fingertips.phe.org.uk © Crown copyright [2022] . Accessed on 20 September 2022

Appendix H - CORE 20Plus5

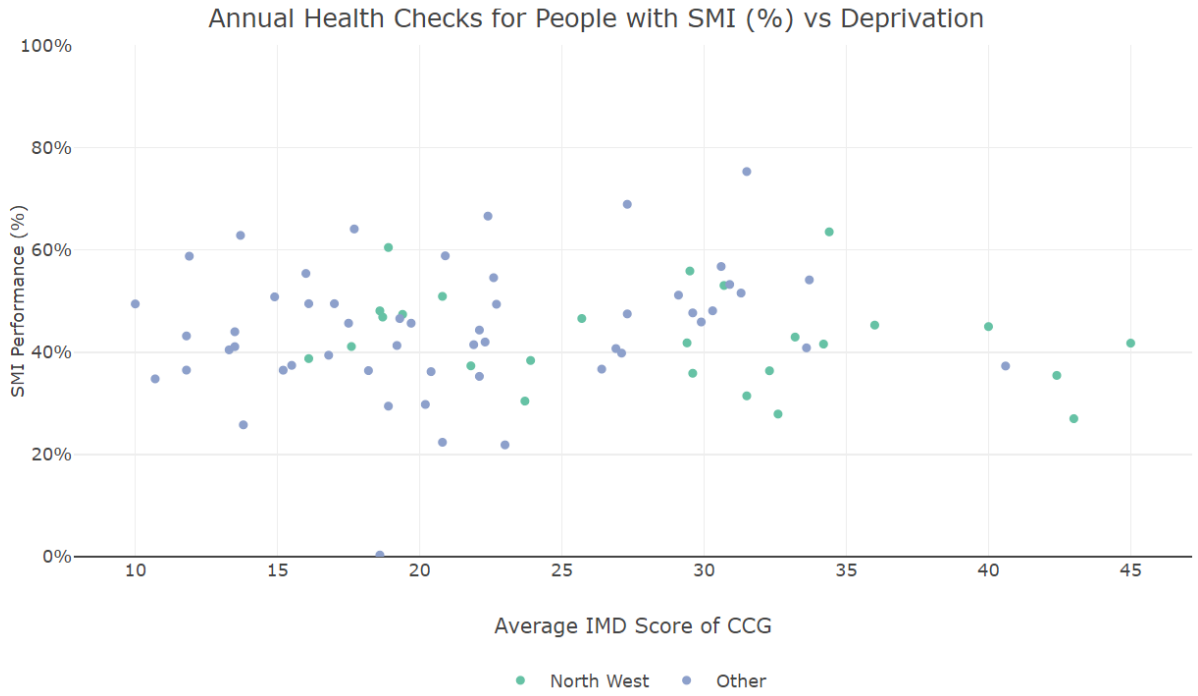
- CORE 20Plus5 is a national NHS programme to address inequalities that can be delivered across health and care at national and Integrated Care System level including:
  - **Maternity:** Ensuring continuity of care for 75% of women from Black, Asian and minority ethnic communities and from the most deprived groups.
  - **Severe mental illness (SMI):** ensuring annual health checks for 60% of those living with SMI (bringing SMI in line with the success seen in learning disabilities).
  - **Hypertension** case-finding and optimal management and **lipid** optimal management: To allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke.
  - **Early cancer diagnosis**: 75% of cases diagnosed at stage 1 or 2 by 2028.
  - **Chronic respiratory disease**: A clear focus on Chronic Obstructive Pulmonary Disease (COPD) driving up uptake of COVID, flu and pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations.

- The programme focuses on considering variation in experience in the **20% most deprived communities** compared to the rest of the population, and also in **other potentially vulnerable groups.** For example, people ethnic minority communities.

NHS England. Core20PLUS5 – An approach to reducing health inequalities. Available from: https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/ , Accessed on: 13 September 2022

Appendix H - CORE 20+5: Severe Mental Illness

Deprivation Analysis



When considering the percentage of people on the GP mental health register who have received their annual health check in the preceding 12 months for each Clinical Commissioning Group (CCGs were abolished as of 1 July 2022):

- There was **no correlation between deprivation score of the former CCG and the % of people with SMI** that had had an annual health check.
- This analysis suggests **deprivation is not linked with the proportion of health checks undertaken** at this area level.

Source: Core20PLUS5 Programme. NHS England - PAT North West. NHS England Statistical Work Area
Data Published on : 12th May 2022

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Appendix H - Core20Plus5: Cancer Screening

(as a proxy for early cancer diagnosis)

Indicator	Period	England	Cheshire East PCN	Chaw (Chelford, Handforth, Alderl...	Choc (Congleton & Holmes Chapel)...	Crewe - Ghr PCN	Eagle Bridge PCN	Knutsford PCN	Macclesfield PCN	Middlewood PCN	Nantwich & Rural PCN	Smash PCN
% reporting to be unemployed (Persons, 16+ yrs)	2021	5.5	2.9*	2.2*	2.7*	2.2*	3.8*	0.5*	3.5*	1.6*	3.4*	3.4*
Persons, 25-49, attending cervical screening within target period (3.5 year coverage, %) (Persons, 25-49 yrs)	2020/21	69.1	74.8*	75.2*	78.4*	71.0*	61.7*	79.0*	75.8*	77.1*	77.6*	80.8*
Persons, 50-64, attending cervical screening within target period (5.5 year coverage, %) (Persons, 50-64 yrs)	2020/21	75.0	76.8*	76.6*	77.4*	74.8*	66.2*	79.3*	77.6*	78.2*	79.0*	80.1*
Persons, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (Persons, 50-70 yrs)	2020/21	61.3	66.2*	59.8*	70.6*	74.4*	63.9*	17.8*	70.3*	76.3*	73.6*	67.2*
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (Persons, 60-74 yrs)	2020/21	66.8	68.2*	69.1*	71.2*	66.1*	58.5*	70.6*	66.4*	70.8*	70.0*	69.6*

- **Eagle Bridge PCN** had **significantly lower uptake** of **cervical and bowel cancer** than England average and worse than other PCNs across Cheshire East
- Eagle Bridge PCN has the **highest % of patients reporting to be unemployed** (although similar to Nantwich and Rural and the national average).
- **Knutsford** has a **significantly lower uptake** of **breast cancer screening -** (with a figure so low data quality should be questioned)

Source: Office for Health Improvement & Disparities. Public Health Profiles. Available from: https://fingertips.phe.org.uk © Crown copyright [2022] . Accessed on 20 September 2022

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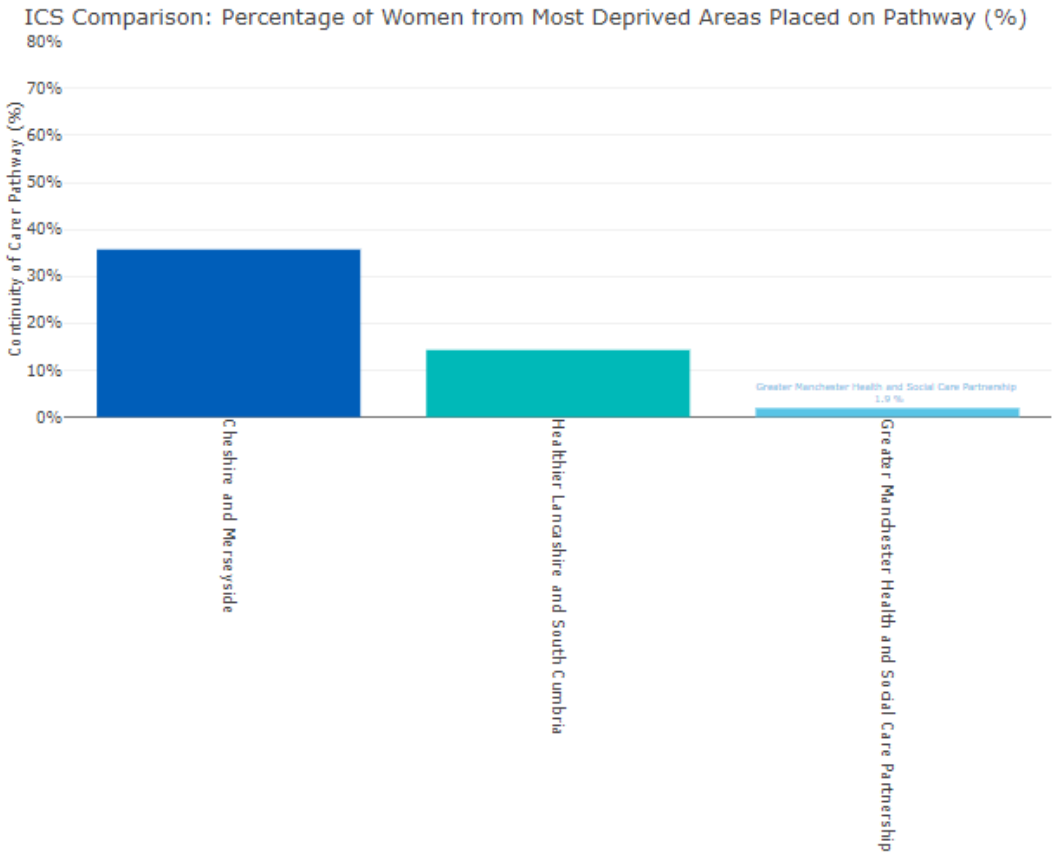
Appendix H - Core20Plus5: Maternity



- The graph shows the percentage of women from the most deprived areas who have been placed on a Continuity of Carer Pathway for the three different systems across the North West.
- The Integrated Care System with the highest percentage is **Cheshire and Merseyside (35.7%)** whilst the ICS with the lowest percentage is Greater Manchester Health and Social Care Partnership (1.9%).

- Please note this data is not available at a trust level.

Source: Core20PLUS5 Programme. NHS England - PAT North West. Continuity of Carer, MSDS
Data Published: 16 May 2022. For the metric to be calculated, it is necessary for trusts to be recording information across a variety of different fields for each mother. This includes where they have an antenatal care plan, and have a named midwife and team recorded. Further information on this can be found on the NHS Digital website. Please note that the quality of data submission will impact variation between trusts and also higher geographies. Table below shows the percentage of women with all data items recorded that are required for the continuity of carer placement measure

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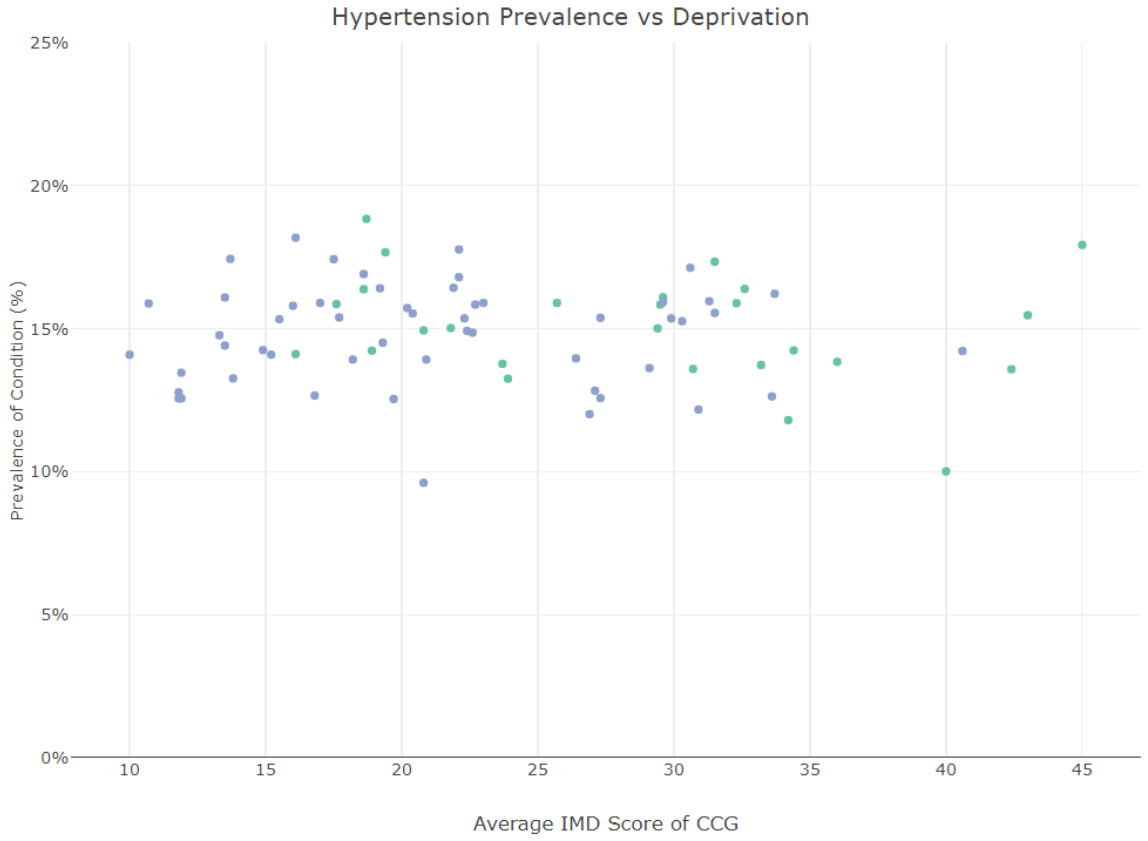
Appendix H - Core20Plus5: Hypertension

Deprivation Analysis



The chart above shows current prevalence of hypertension for each former CCG area against the average IMD score for the CCG.

- There is **very weak negative correlation** between deprivation and the prevalence of hypertension on GP register with a correlation coefficient of -0.06 meaning that there might be a **slightly lower prevalence in more deprived former CCGs across the country. This could mean an opportunity to case find in these areas.**

Source: Core20PLUS5 Programme. NHS England - PAT North West. Quality Outcomes Framework (2020/21)
Data Published on: 30th September 2021

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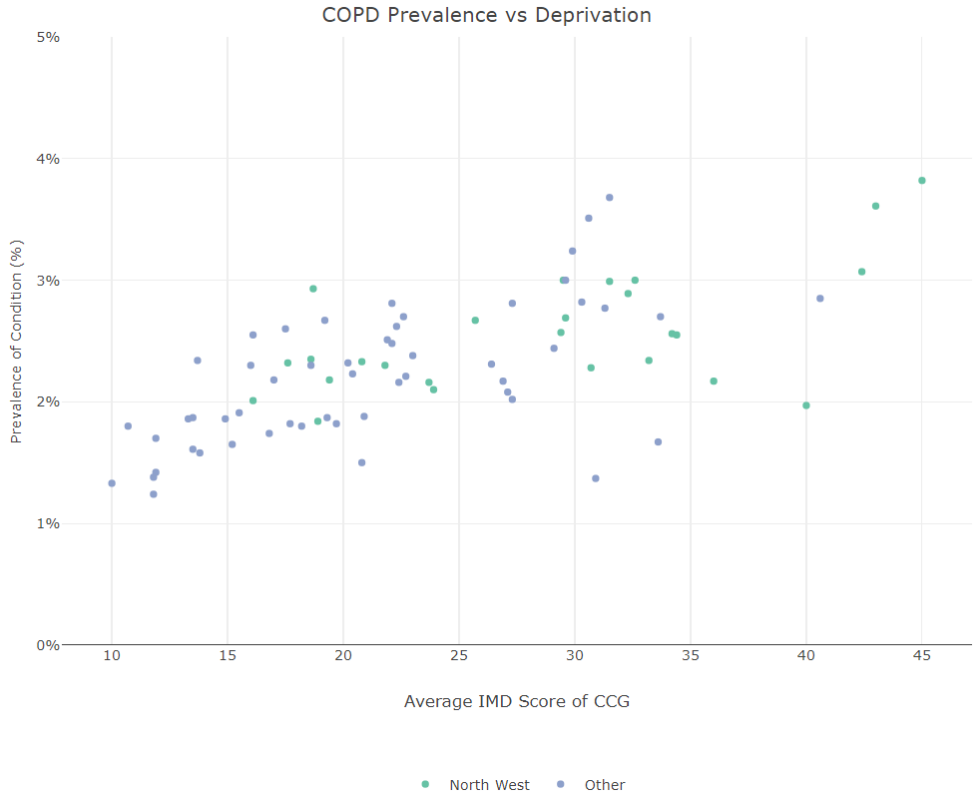
Appendix H - Core20Plus5: Chronic Obstructive Pulmonary Disease (COPD)

Deprivation Analysis



When considering current prevalence of COPD for each former CCG against the average IMD score for the CCG. There is **moderate positive correlation between deprivation and the prevalence of COPD** with a correlation coefficient of 0.66

- This suggests that **being a more deprived former CCG area is associated with higher rates of COPD.**

Source: Core20PLUS5 Programme. NHS England - PAT North West, Quality Outcomes Framework (2020/21)
Data Published on: 30th September 2021

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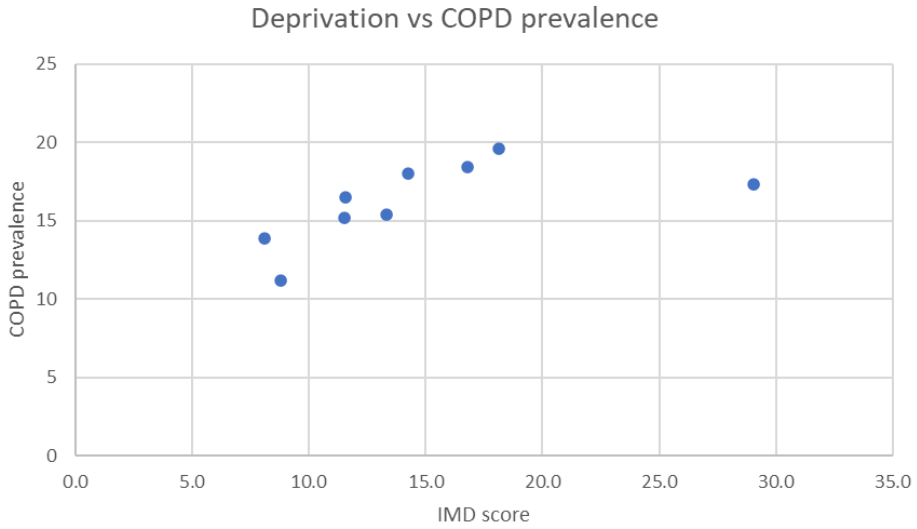
Appendix H - Overall Prevalence Rates for Asthma and Chronic Obstructive Pulmonary Disease (COPD)

	Asthma	COPD
Total	**59.7**	**16.3**
CHAW	53.4	11.2
CHOC	62.8	15.4
Crewe Eaglebridge	49.5	17.3
Crewe GHR	61.7	19.6
Knutsford	60.5	15.2
Macclesfield	63.5	18.4
Middlewood	61.8	13.9
Nantwich and Rural	58.9	18.0
SMASH	63.7	16.5



This table shows overall prevalence rates per 1000 people for selected **asthma and COPD** by PCN. This shows significant variation between PCNs

- This data is split by PCN rather than care community, which highlights some interesting differences in the Crewe community. **Crewe Eagle bridge as a PCN has some of the lowest rates of both conditions**, while **Crewe GHR has among the highest**. **Crewe Eagle bridge** has a **much smaller proportion of people aged over 65**.
- Deprivation seems to be more correlated with these conditions than with some others. With the exception of Crewe Eagle bridge as an outlier, **areas with more deprivation tend to have higher rates of COPD.**
- Some differences in these prevalence rates may be due to differences in coding within practices, rather than true underlying differences in need.

Source: NHS Cheshire CCG analysis completed Spring 2022

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Source: EMIS

Appendix H - Inequality in Cardiovascular Disease Activity Rates

Measure	Better is	As at	All patients	Most deprived (Townsend)
Atrial fibrillation (prevalence %)	L	01/09/2021	2.28%	1.51% ↓
Heart Failure (prevalence %)	L	01/09/2021	1.25%	1.23% ↓
Hypertension (prevalence %)	L	01/09/2021	15.52%	12.38% ↓
Hospitalisation (rate)	L	01/01/2022	4.89	6.56 ↑
NEL Hospitalisation (rate)	L	01/01/2022	2.53	4.03 ↑

This table shows prevalence and cardiac related activity rates for Cheshire East patients as a whole, as well as those who live in the most deprived 30% areas nationally. Purple arrows in this table indicate that a measure is better in the more deprived groups, while orange arrows indicate a measure is worse. These are grouped into prevalence measures and activity rates, all standardised by the number of people in each group.

This shows that while prevalence rates are lower in most deprived areas, potentially due to a lower average age in these areas, activity rates are much higher. Rates of non-elective hospital admissions for cardiac conditions are almost twice as high as rates in all patients as a whole.

Source: NHS Cheshire CCG analysis completed Spring 2022

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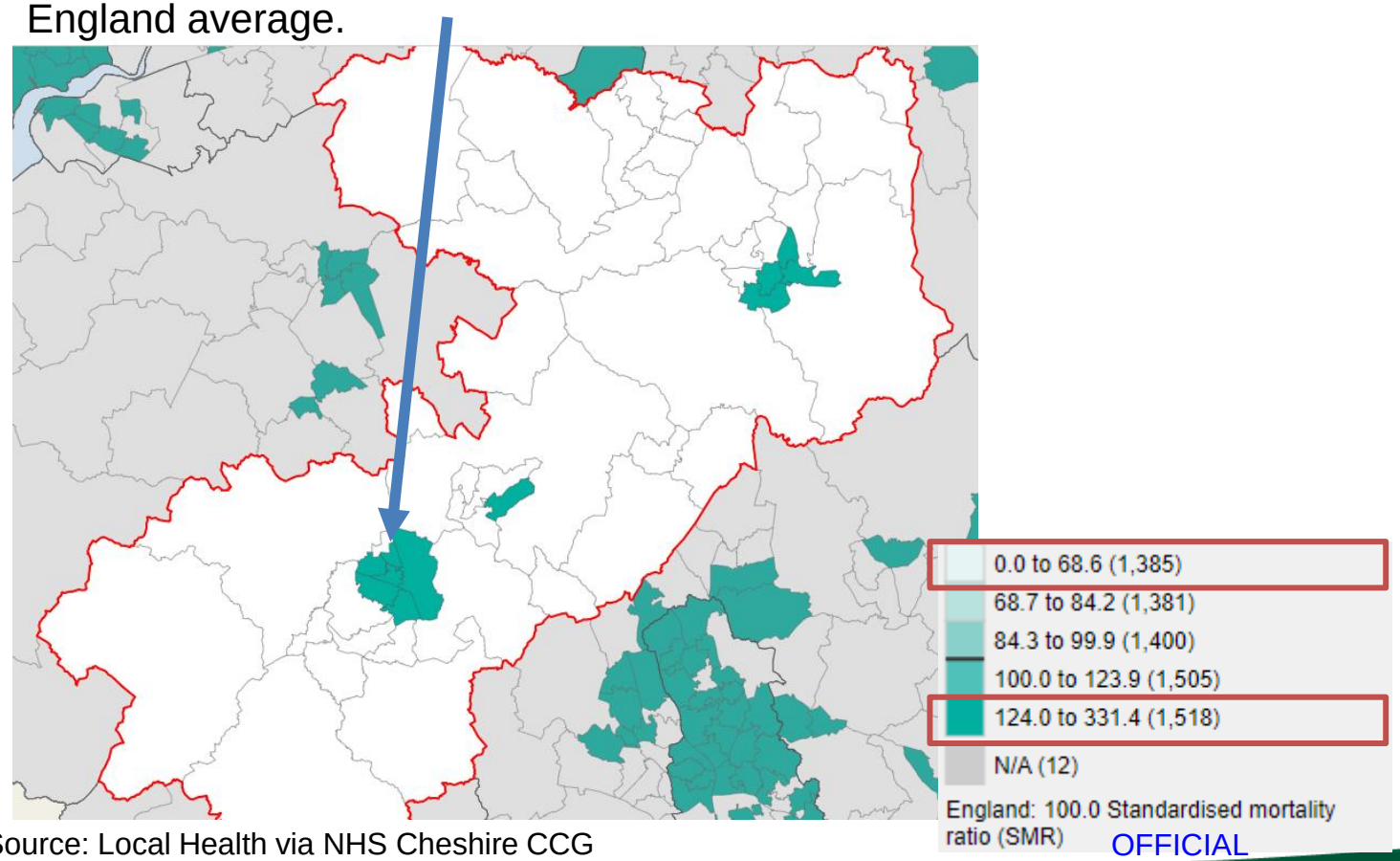
Source: EMIS/SUS

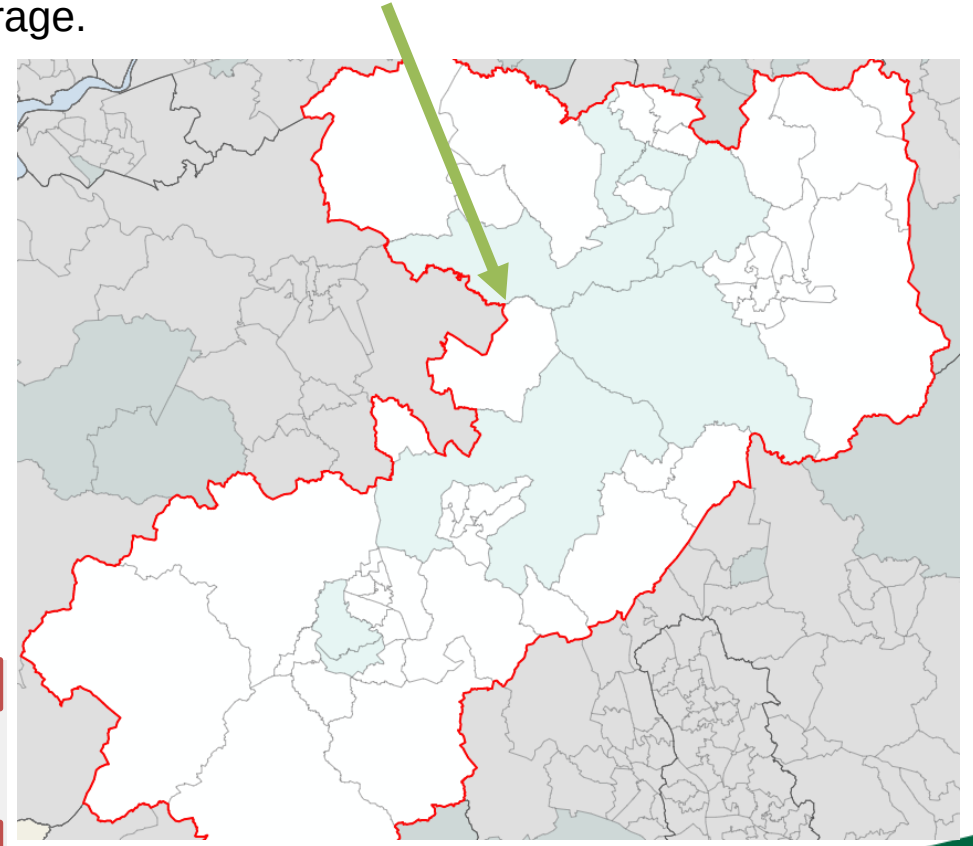
Appendix H - Mortality from Respiratory Disease by Ward

Deaths from respiratory diseases, all ages, Indirectly standardised ratio, 2015 to 2019 (Standardised mortality ratio (SMR))

On a more local level, mortality rates for respiratory diseases are much higher in most parts of Crewe and Macclesfield than the rest of the patch. Rates in Crewe Centre are more than two and a half times higher than the England average.



This compares to much lower rates in more rural areas where respiratory deaths are around half the England average.



Source: Local Health via NHS Cheshire CCG

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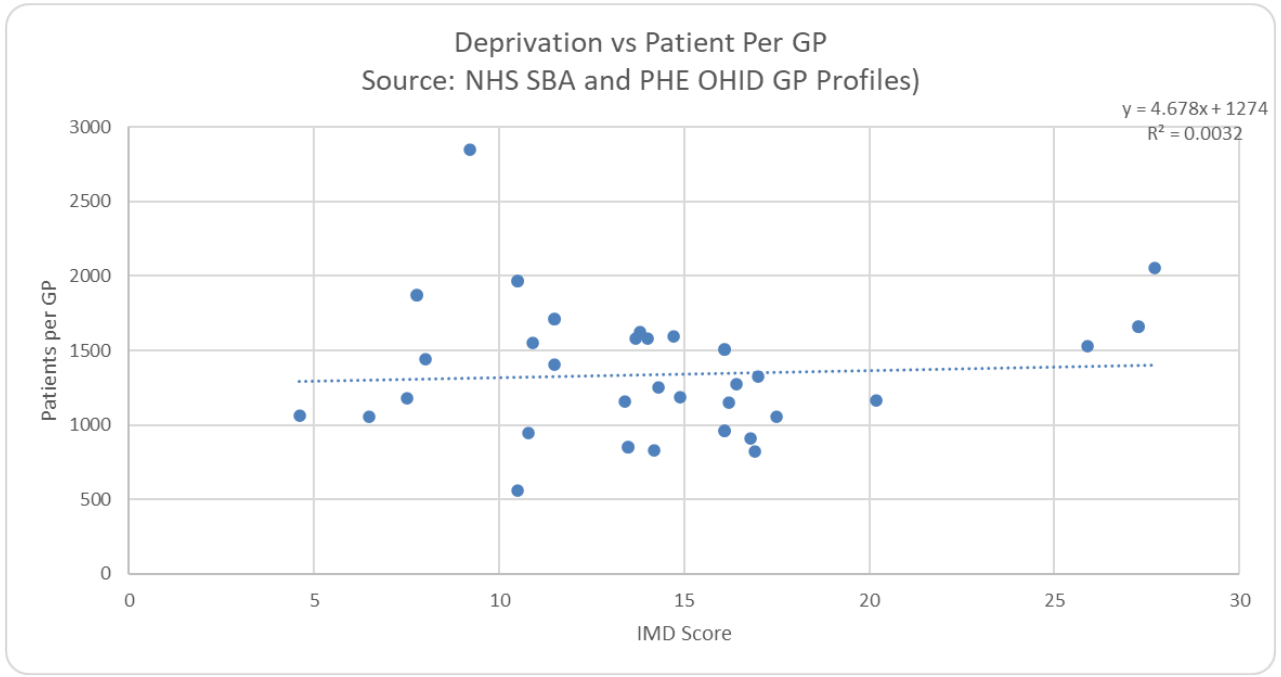
Deprivation Vs Patients per GP



Top 10 GP Practices with high patient per GP rates

Practice Name	IMD Quintiles	Patients per GP	Male Life Expectancy	Female Life Expectancy
HASLINGTON SURGERY	Q5	2,846	81.3	83.8
MILLCROFT MEDICAL CENTRE	Q1	2,055	77.7	81.3
ROPE GREEN MEDICAL CENTRE	Q5	1,965	80.6	84.7
WILMSLOW HEALTH CENTRE	Q5	1,867	82.7	87.0
ASHFIELDS PRIMARY CARE CENTRE	Q4	1,708	80.6	83.7
GROSVENOR MEDICAL CENTRE	Q1	1,657	77.9	81.2
THE KILTEARN MEDICAL CTR.	Q3	1,626	80.2	84.1
READESMOOR MEDICAL GROUP PRACTICE	Q3	1,592	79.6	84.4
TUDOR SURGERY	Q3	1,579	80.1	84.0
WATERS EDGE MEDICAL CENTRE	Q3	1,577	NA	82.8
Cheshire East Practice Average		1,269	80.3	83.8

Q1 (Most deprived quintile) and Q5 (Least deprived quintile)
NB: Higher the IMD Score, more deprived are the areas in which the GPs are located.

Number of patients per GP[1] ranges from 559 to 2,846 and on average there are 1,269 patients per GP in Cheshire East, lower than the England average of 1,719 per GP[2]. The table above demonstrates the top 10 patients per GP. Two of the top 10 practices fall in the most deprived quintile in Crewe and also both male and female life expectancy is below the latest borough average. However, there is a very weak relationship between deprivation and patient per GP as illustrated in the graph above.

[1] NHS Shared Business Services Authority RF2 report on GP Practice List Size and Count via Catalyst Portal.
[2] The Comet News Article, Available from: https://www.thecomet.net/news/health/23048510.data-reveals-gps-fewest-patients-per-doctor-stevenage-north-herts/, Accessed on: 19 October 2022.

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Appendix H - Resident's Survey 2017 Analysis (Social Contact)

Figure 1: % of respondents in each social contact catergory by IMD Quintile (CE Ranking)

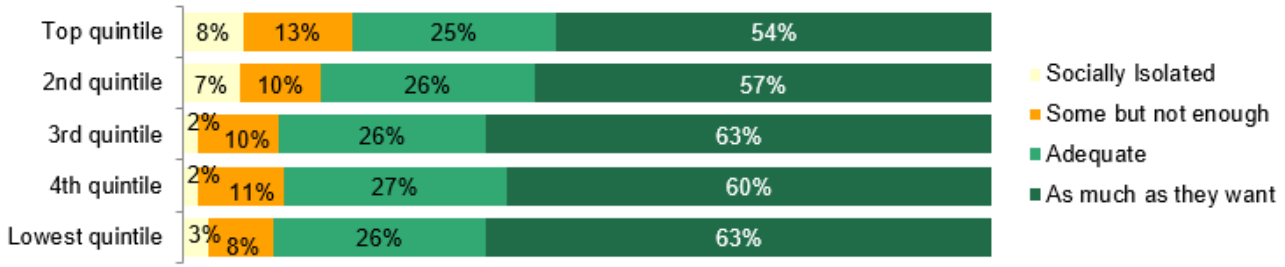
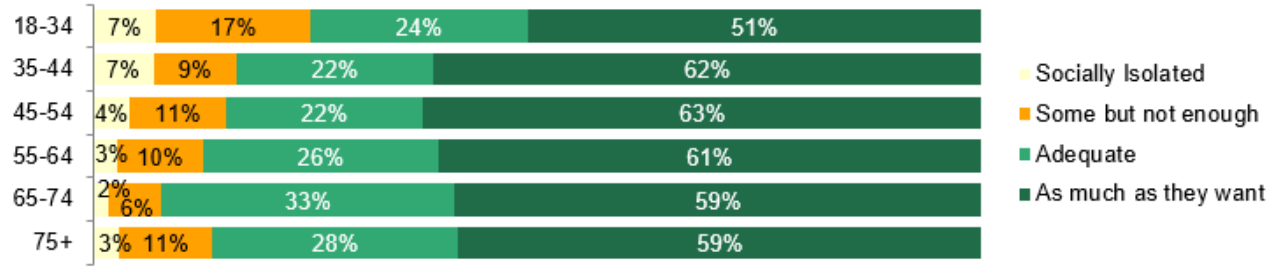


Figure 2: % of respondents in each social contact catergory by age band



During the months of July – August 2017 a residents survey was sent out to a sample of households in Cheshire East. In total 3,706 residents responded.

Overall, 4% of respondents have little social contact and feel socially isolated.

Respondents from **Crewe** (8%) and **Macclesfield** and **Bollington** (8%) were more likely to report they are socially isolated.

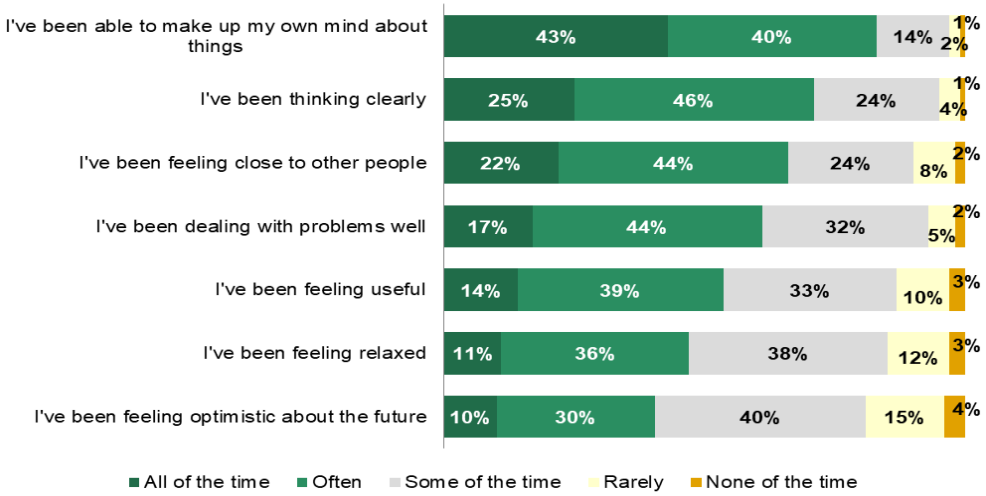
Respondents from the most deprived (top) and 2nd Quintile for IMD were more likely to report they are socially isolated (8%, 7% respectively).

NB: 2022 Survey is deferred to 2023.

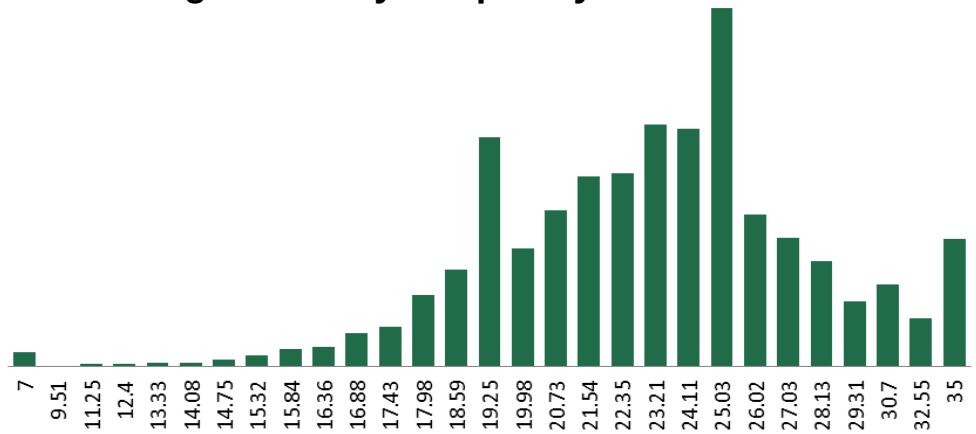
Source: Resident's Survey 2017 via Cheshire East Research & Consultation Team.
Accessed on : 10 September 2022

Poverty and Health – Deprivation and Mental Wellbeing

Wellbeing Response by Item



Wellbeing Scores by Frequency



Source: Place Survey 2019. Accessed on: 10 September 2022

Warwick-Edinburgh Mental Wellbeing Score

Residents were asked to complete the 7 item Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). This scale allows the monitoring of mental wellbeing in the general population.

The average WEMWBS score across Cheshire East was 23.6. This is identical to the national average published by the Health Survey for England (2011).

Average wellbeing score decreases as the level of deprivation increases, with those in the most deprived areas (top) reporting the lowest score of 22.6 compared to those in the least deprived areas who have reported a score of 24.1 within Cheshire East.

Those aged 75 and over reported the lowest average wellbeing score of 22.5. However no consistent effect was found across age bands with scores varying from 23.5 to 24.1.

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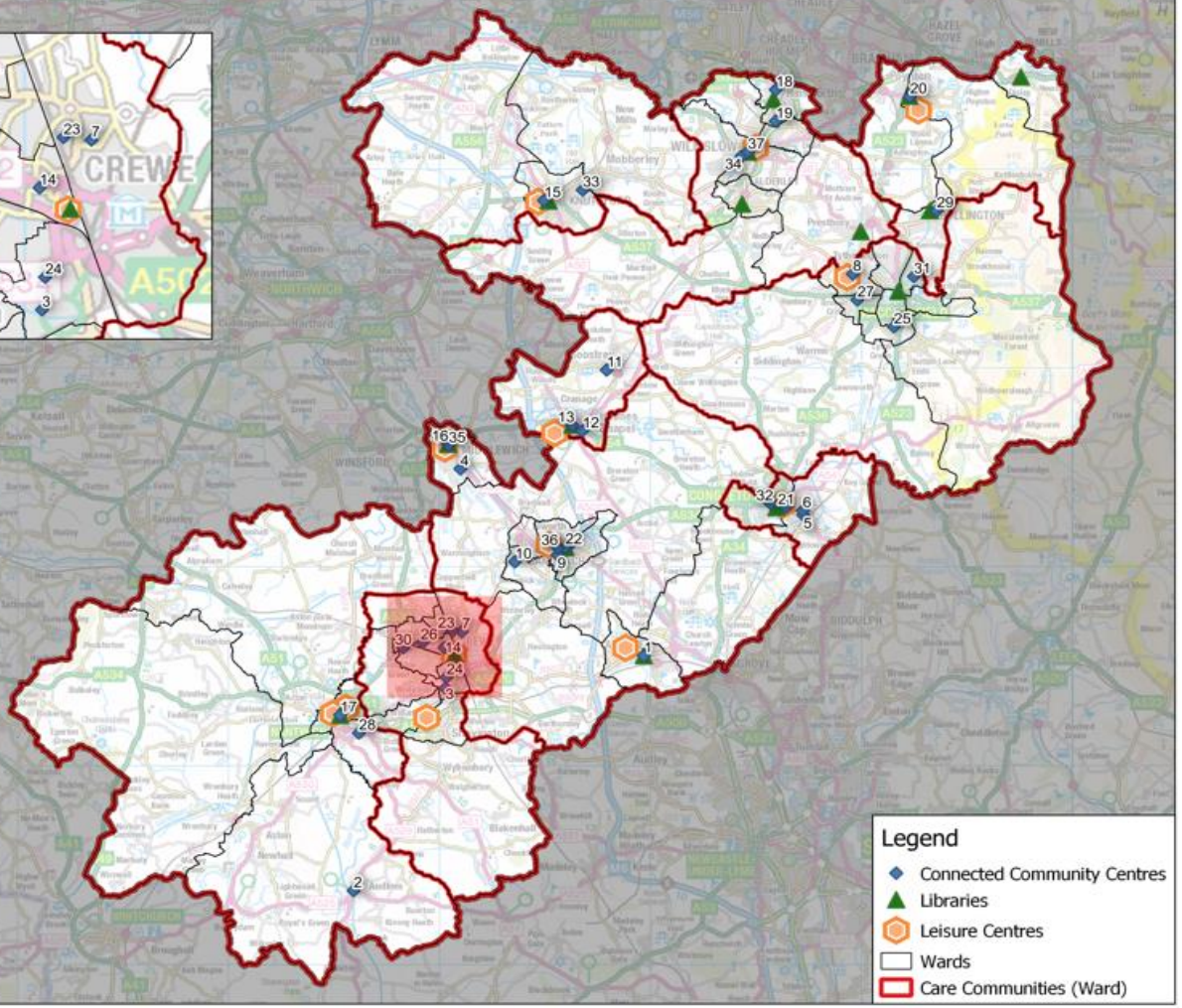
Contents

Appendix H - Care Community Assets

ID	Venue
1	Alsager Library
2	Audlem Community Hall
3	Belong
4	Booth Lane Methodist Church
5	Bromley Farm Trust
6	Bromley Farm Wellbeing Hub
7	Changing Lives Community Centre
8	Church of the Resurrection
9	Dane Housing Union Street Community Centre
10	Ettiley Heath Community Centre
11	Goostrey Village Hall
12	Holmes Chapel ESAR Community Centre
13	Holmes Chapel Library
14	Jubilee House (Wishing Well)
15	Knutsford Town Hall / Community Hospital
16	Middlewich Library
17	Nantwich Library
18	Oakmere Housing
19	Open Arms Community Centre
20	Poynton Civic Hall
21	Ruby's Fund
22	Sandbach Library
23	Sherbourne Bungalows
24	St Andrews Parish Hall
25	St Barnabas Church
26	St Barnabas Church (Barnies)
27	St Johns Church
28	Stapley Community Hall
29	The Bridgend Centre
30	The Georges Community Centre (Wishing Well)
31	The Green In The Corner Cafe
32	The Old Saw Mill
33	The Welcome Café
34	United Reformed Church Wilmslow
35	Victoria Hall
36	Wesley Centre
37	Wilmslow Library



Cheshire East Council

Care Communities and Community Assets (February 2022)

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Ref: //RandC/Requests/James/2022

1:205000

There are **37 different assets** identified by the Council for the **Care Communities** to offer various different services to residents. It has a mixture of Libraries, Leisure Centres and Connected Community Centres.

Majority of assets included are found within urban areas.

In addition, we also have health care assets such as the GPs, Pharmacies etc.(please see the latest PNA).

Open Fair Green

Assets in relation to Poverty and Health (1)

- **People Helping People**
  Support available to residents from local partners and volunteers to meet adult social care need.
  Cheshire East People Helping People

- **Community and Flexible Transport Services**
  Alternative means of travel for older and disabled people so that they may access their nearest village or town for essential services.
  Community and Flexible Transport Services for Cheshire East

- **Poverty Charities Directory Including Charities for the Homeless | Charity Choice**
  12 week free membership at Crewe Lifestyle Centre for Gym and Swimming - St Barnabas Pilot Programme.

- **Support for Mental Health at Work | Able Futures Mental Health Support Service (able-futures.co.uk)**
  Access to Work Mental Health Support Service from Able Futures. This includes all the calls, meetings, expert advice, guidance and promotional materials.

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Assets in Relation to Poverty and Health (2)

- Wider determinants support- Universal Information and Advice contract commissioned by the Council to Citizens Advice Bureau on financial advice and advice and transport to hospital appointments.
- Social prescribers can link residents with support in relation to poverty.
- Information and advice via the Live Well website, Better Health website, NHS UK.
- The NHS Health Check is a health check-up for adults in England aged 40 to 74. to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia, screening, immunisation, flu, and CORE 20Plus5 agenda and One You.
- Lifestyle advice through the One You service.
- Support with drugs and alcohol via Change Grow Live.
- Subsidised gym memberships through Everybody Health and Recreation- e.g. Cardiac Rehabilitation.
- General medical services and pharmacies.
- Fire Service “Safe and Well” visits available nationally.
- Libraries provide lower level signposting Community Connectors (employed by Communities) similar to social prescribers.
- Red Cross Service – Council commissions and aims to support people who have been discharged from hospital for 2 weeks or to prevent admission. This is via a wellbeing check, support to obtain food and medication etc.

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Assets in Relation to Poverty and Health (3)

Local Resources

Transfer for Care

The Transfer of Care Hub is the local health and social care system-level coordinating centre (fully or partially co-located with acute settings where suitable) linking all relevant services across sectors to aid discharge and recovery and admission avoidance.

- The council has a **Winter Planning group** set up to target excess winter deaths.
- **Social prescribers** can link residents with support in relation to poverty.
- Lifestyle advice through the **One You service**, and **subsidised gym memberships** through Everyone Active.
- Information and advice via the **Live Well** website.
- **General medical services** are also available to support patients, however in one of the most deprived areas the practices have some of the highest patient to GP ratios.

National Resources

- HOME | Assets (commonhealthassets.uk)
- Deprivation of Assets | Age UK
- Asset | Sovereign Health Care

Contributors

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Food Banks

Green in the Corner
Hope Central
Wilmslow Food Friends
Unity Methodist Church's Foodbank
St Pauls' Community Pantry
Silk life's Food Parcel Service
Poynton Baptist Church's food pantry
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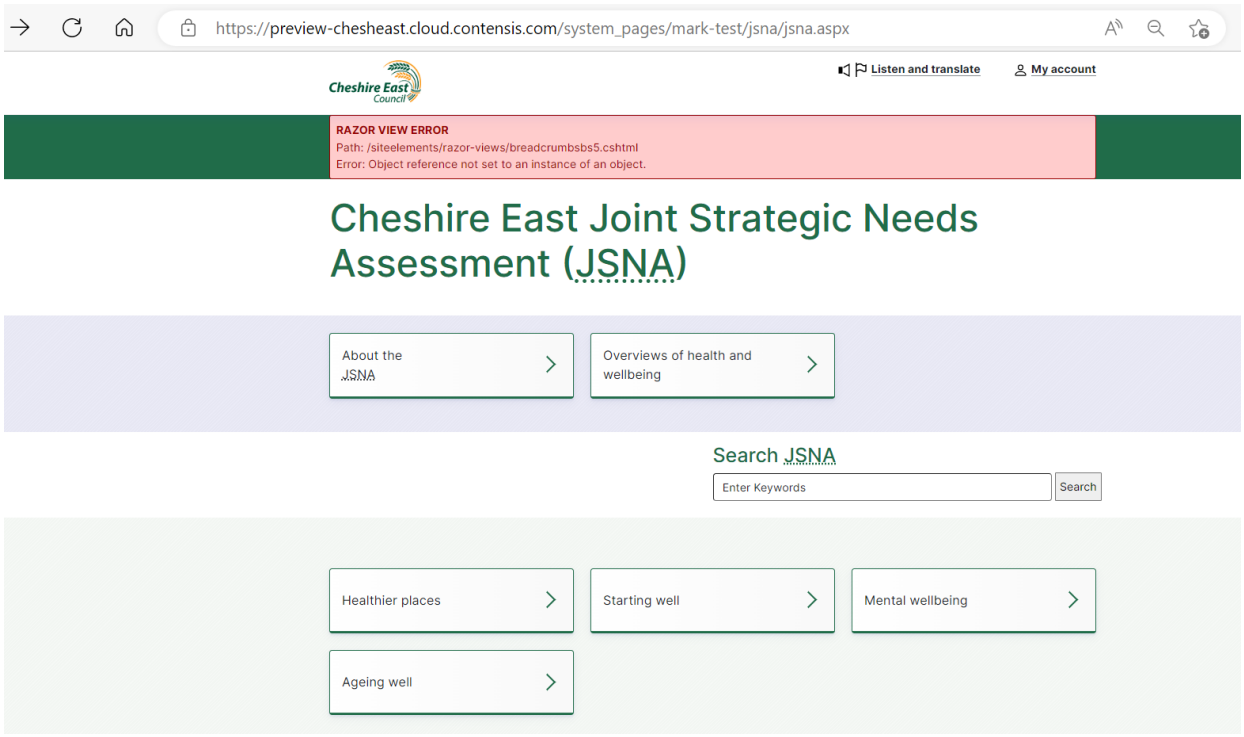
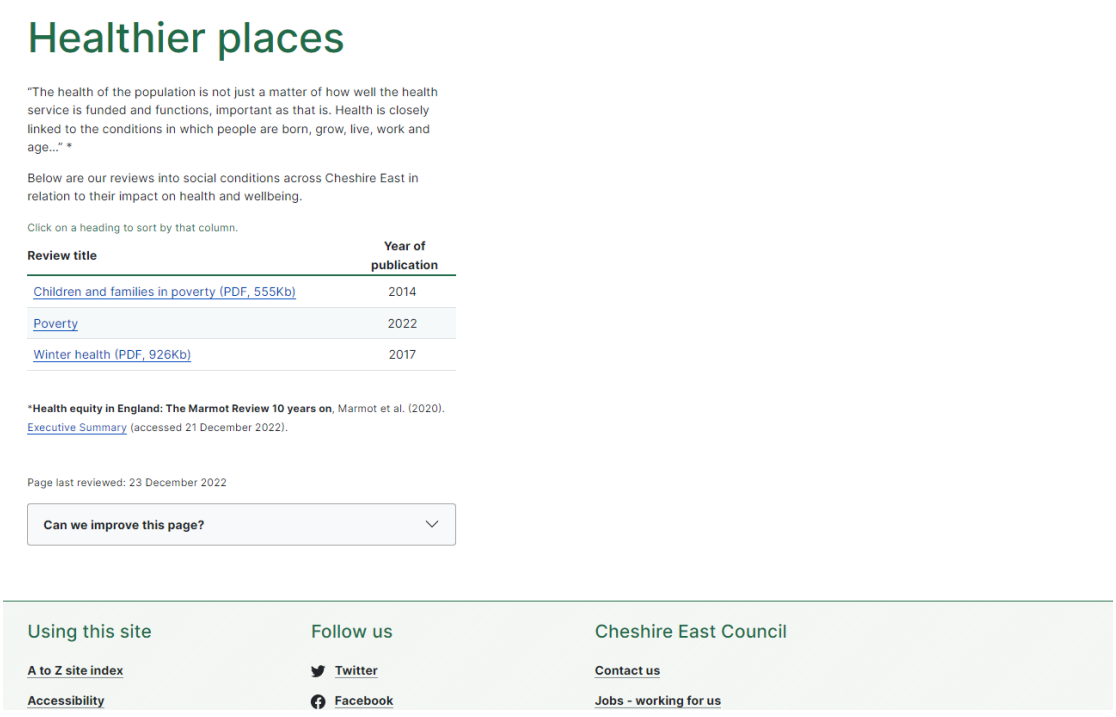
Appendix F

Previews of proposed developments in the new JSNA webpage format

Below are screenshots of the landing page for the JSNA and the pages relating to the poverty JSNA links.





Poverty

Many of us are concerned about the increased cost of living and how we can maximise our income and manage our money effectively.

If you would like further advice or support, visit the council's cost of living page.

Review of poverty across Cheshire East

(5 December 2022)

We have undertaken a review on poverty to understand people's experiences of poverty across Cheshire East. This work helps us to see where the gaps in support services are and make better decisions to meet the needs of our residents.

Findings

- A short summary of what we found

More detailed reports of our findings and for planning and commissioning purposes:

- Executive summary
- Full report

Cheshire East Council

NHS Cheshire and Merseyside

CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	The Local Government Association facilitated review of the Cheshire East Health and Wellbeing Board
Report Reference Number	HWB 19
Date of meeting:	21st March 2023
Written by:	Guy Kilminster
Contact details:	Guy.kilminster@cheshireeast.gov.uk
Health & Wellbeing Board Lead:	Cllr Sam Corcoran

Executive Summary

Is this report for:	Information ☐	Discussion X	Decision X
Why is the report being brought to the board?	To secure the Health and Wellbeing Board's for the proposed changes that are recommended from the LGA facilitated review of its roles and responsibilities.		
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 approve the recommended changes to the membership and ways of working of the Health and Wellbeing Board		
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 Health and Wellbeing Board will be providing strategic leadership within the Cheshire East Place and influencing the work of the Cheshire and Merseyside Integrated Care System. This will contribute to achieving the strategic outcomes set out in the Joint Local Health and Wellbeing Strategy, reducing inequalities and integrating health and care services.

1 Report Summary

1.1 In June 2022 the Local Government were asked to support the Cheshire East Health and Wellbeing Board to review its role and responsibilities and ensure that it was fit for purpose within the forthcoming (July 1st 2022) introduction of Integrated Care Systems and Integrated Care Boards. This work has been underway since July with three workshops held (two face to face and one virtual) to inform the recommendations set out within the report.

2 Recommendations

2.1 A number of recommendations have come out of the review work and these are:

2.1.1 That the membership of the Board be widened to include additional representatives of the Council's Place Directorate; a representative of housing providers; a representative of community pharmacy and a representative of the business sector.

2.1.2 That named individuals take the lead as *senior responsible owner* for each of the four Strategic Outcomes set out in the Joint Local Health and Wellbeing Strategy, and that if these individuals are not already members of the Board, they also join its membership.

2.1.3 That a Reference sub-group be established to review certain 'standard' reports and escalate to the Health and Wellbeing Board any matters of concern.

2.1.4 That the 'Informal meetings' of the Board are used to meet with other local Boards and Partnerships to discuss how we can work together more effectively to deliver the strategic outcomes set out in the Joint Local Health and Wellbeing Strategy.

3 Reasons for Recommendations

3.1 The recommendations are designed to ensure that the Board can fulfil its statutory responsibilities effectively - providing strategic leadership, driving integration and reducing inequalities.

4 Impact on Health and Wellbeing Strategy Priorities

4.1 The workshops focussed upon ensuring that the Board was able to support and build partner consensus to deliver the strategic outcomes set out in the refreshed Joint Local

Health and Wellbeing Strategy. A Delivery Plan and Outcomes Framework will support the implementation and allow for progress against the priorities to be measured.

5 Background and Options

5.1 With the forthcoming changes to the way the NHS was organised (set out in the Health and Care Act 2022 and going live on 1st July 2022), it was agreed in June 2022 that a Local Government Association (LGA) facilitated review of the Cheshire East Health and Wellbeing Board would be timely. The LGA offer this support free of charge to Health and Wellbeing Boards.

5.2 The scope of the review included an assessment of the implications of the legislative and organisational changes brought about by the Act on the role and responsibilities of the Health and Wellbeing Board; whether the Board's way of working and membership was fit for purpose in the new world, and how best to ensure that the Board could provide the strategic leadership required to influence the newly formed Cheshire and Merseyside Integrated Care Board, play a proactive part in the Cheshire and Merseyside Integrated Care Partnership and influence delivery on the ground to reduce inequalities and improve health and care services.

5.3 Three workshops have been held (July 21st 2022, 25th October 2022 and 18th January 2023) to consider the issues with Health and Wellbeing Board members and other senior health and care leaders taking part in the sessions. Each workshop was led by experienced LGA facilitators (a former local authority Chief Executive and a serving Councillor) and a member of the LGA Integration and System Transformation Team.

5.4 The work began with consideration of the organisational changes brought about by the Act (replacement of the Clinical Commissioning Group by the Integrated Care Board (ICB) for example) and its implications. The governance arrangements of the new ICB at a Cheshire East and Cheshire and Merseyside level have been discussed in detail to ensure that there is clarity on respective roles and responsibilities and to avoid duplication of effort or confusion. The priorities of the Board were reviewed (The Joint Local Health and Wellbeing Strategy has been refreshed in parallel to this work) and the Board's membership considered in relation to these priorities. Finally, the ways of working of the Board have been reviewed, the nature of the reports it considers and how to make best use of its time. The recommendations reflect this with the proposed creation of a Reference sub-group and the use of the informal meeting to proactively develop relationships with other Boards and Partnerships (for example the Safer Cheshire East Partnership, the Health and Care Partnership Board and the Crewe Town Board).

5.5 With regard to membership, it was agreed that some additional representation was required to strengthen the Board's ability to influence the wider determinants of health. This includes additional representatives of the Council's Place Directorate, housing providers, community pharmacy and the business sector.

5.6 It was also agreed that there should be named *senior responsible owners* to take the lead for each of the four strategic outcomes within the refreshed Health and Wellbeing Strategy,

and that if these were not already members of the Board they should be invited to join the Board as non-voting associate members. The strategic outcomes are:

i. Cheshire East is a place that supports good health and wellbeing for everyone
ii. Our children and young people experience good physical and emotional health and wellbeing
iii. The mental health and wellbeing of people living and working in Cheshire East is improved
iv. That more people live and age well, remaining independent; and that their lives end with peace and dignity in their chosen place.

5.7 Further work will be undertaken to determine the role and responsibilities of the *senior responsible owners* and then discussion and agreement as to who these might be.

5.7 Assuming the Board approves the recommendations today, the changes will be implemented over the next few months so that at the first post-election meeting (June) the Board will begin working in line with the review's outcomes.

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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