JOINT STRATEGIC NEEDS ASSESSMENT FOR CHESHIRE EAST

1. PURPOSE

This report has been prepared to inform the Cheshire East Health and Adult Social Care Scrutiny Committee of:

- the progress made in developing the Joint Strategic Needs Assessment for Cheshire East;
- the headline results and findings of the consultation; and
- the proposed governance arrangements to develop the process further.

2. BACKGROUND

The Local Government and Public Involvement in Health Act (2007) places a duty on upper-tier local authorities (or unitary Councils) and Primary Care Trusts to undertake Joint Strategic Needs Assessment (JSNA).

Joint Strategic Needs Assessment is a process that identifies the current and future health and wellbeing needs of a local population, informing the priorities and targets set by Local Area Agreements and leading to agreed commissioning priorities that will improve outcomes and reduce health inequalities.

In December 2007, the Department of Health published guidance on Joint Strategic Needs Assessments. It is expected that the lead on producing a Joint Strategic Needs Assessment would be taken by the Director of Public Health, the Director of Adult Social Services and the Director of Children's Services, working in collaboration with Directors of Commissioning. The guidance makes it plain that the Joint Strategic Needs Assessment is not to be just about health and social care; it is the business of the whole system.

The Joint Strategic Needs Assessment process is underpinned by:

- partnership working (see above)
- community engagement: actively engaging with communities, patients, service users, carers, and providers including the third and private sectors to develop a full understanding of needs, with a particular focus on the views of vulnerable groups;
- evidence of effectiveness: identifying relevant best practice, innovation and research to inform how needs will best be met.

The Health Care Commission Core Standards and the World Class Commissioning competencies emphasise the role of Joint Strategic Needs Assessment in driving the long term commissioning strategies of Primary Care Trusts and their collaborative work with community partners, and includes an emphasis on public and patient engagement. The forthcoming Comprehensive Area Assessment will also focus on the Joint Strategic Needs Assessment and Cheshire East Council and its partners will be required to provide evidence that:

- they understand the needs and aspirations of the diverse communities in Cheshire East by ensuring that the Joint Strategic Needs Assessment inputs

to the sustainable communities strategy and Local Area Agreement and focuses on the needs of the vulnerable and areas of inequality.

- they deliver outcomes and improvement by ensuring that the Joint Strategic Needs Assessment informs commissioning decisions which in turn lead to improved health and wellbeing and reducing inequalities for all.
- the future prospects for the area are being considered, including how the Joint Strategic Needs Assessment will be updated and how true partnership and community engagement can be achieved.

In Cheshire, two Joint Strategic Needs Assessments have been produced reflecting the different needs of the Cheshire West and Chester and Cheshire East areas and these have been developed using a common process and approach. The Joint Strategic Needs Assessments are dynamic needs assessments which are hosted on websites to enable them to be continually updated and refined as new information and intelligence is developed locally, nationally and internationally.

3. A FIRST LOOK REPORT: KEY FINDINGS

In November 2008, a report entitled "Cheshire East Joint Strategic Needs Assessment: A First Look" was published which set out some of the initial findings of the Joint Strategic Needs Assessment, and what Central and Eastern Primary Care Trust and Cheshire County Council think are the main issues affecting people's health and wellbeing within Cheshire East.

At this initial stage, the Primary Care Trust and Local Authority drew up a list of early priorities:

- Children and young people aged 0 to 18 years;
- Older people aged 65 years and over;
- Long-term health conditions - these are conditions such as diabetes, high blood pressure, dementia and strokes which all affect people's daily living;
- Inequalities - the causes of different health outcomes for people in Cheshire East including access to services; and
- Lifestyle choices that impact on the health and quality of life of an individual.

Since the publication of the 'First Look Report' many of the nationally prescribed Joint Strategic Needs Assessment 'chapters' have been completed (Appendix 2). The full version of the Joint Strategic Needs Assessment is available at http://www.cecpct.nhs.uk/templates/Page.aspx?id=520.

A sample of the 'findings' are documented in Appendix 1. The Joint Strategic Needs Assessment describes a population of 360,800 people living in the Cheshire East area. Key findings illustrate a significant increase in the number of older and very old people in the population. Cancer and Cardiovascular disease remain the main causes of death. Alcohol is the largest emerging lifestyle threat to health with increasing numbers of hospital admissions consequent upon the binge and hazardous drinking of over a quarter of the population. Smoking remains a significant cause of preventable illness and premature death. It is the primary reason for the gap in healthy life expectancy between rich and poor with over a fifth of pregnant women being still recorded as smokers at the time of delivery (2007/08). Less than 60% of mothers try to breast feed. There is good uptake of many

immunisations, but low numbers of children having the MMR vaccine which has resulted in a recent outbreak of measles in the community.

4. RESULTS FROM JOINT STRATEGIC NEEDS ASSESSMENT ENGAGEMENT

The First Look Report (available at http://www.cecpct.nhs.uk/upload/JSNA/Cheshire%20East%20JSNA%20-%20A%20First%20Look.pdf) was distributed widely throughout Cheshire and the Primary Care Trust Director of Public Health and team have been highlighting the Joint Strategic Needs Assessment at meetings with partners to raise awareness of its importance. Local people and partner organisations have been asked what they think of health and well-being in Cheshire East and whether they agree with the reports' early findings. The consultation period ran from 17th November 2008 to 20th February 2009. This was an opportunity for them to tell the Primary Care Trust and Local Authority whether they agreed with the priority areas chosen and to help them shape the final priorities. Questionnaires were distributed with the reports and an online survey was also accessible on the Primary Care Trust website. The questionnaire focussed on the early priority areas for Cheshire East and gave respondents the opportunity to provide further comments about their views of the First Look Reports' findings. Equality and diversity information was also collected to provide the Primary Care Trust and Local Authority with an indication of who was completing the questionnaire and whether they were representing a particular organisation or whether they were members of the general population.

In total, ten questionnaires were completed; although this number is disappointing, the Primary Care Trust and Council are grateful to those individuals who returned a questionnaire as the comments that have been received are constructive and they can be used to further develop the Joint Strategic Needs Assessment.

Out of the ten questionnaires completed, when asked if they agreed that the areas identified in the First Look Report were the right priorities for Cheshire East, 50% of respondents agreed. Stakeholders were asked if they agreed that the First Look Report addressed the health and well-being needs of older people, children and young people, and people with long term conditions. 40% of respondents agreed that the report focussed on the needs of older people; however 40% also disagreed. With regards to the needs of children and young people and those with long term conditions, 40% and 60% respectively agreed. When asked whether the First Look Report addressed the inequalities in health and well-being across Cheshire East, 50% of responders agreed, however three people (30%) disagreed. The final question that stakeholders were asked related to the allocation of resources and whether they should be directed to areas where they will make most difference; 90% agreed with this.

Responders chose to provide further comments with their questionnaire and the common themes from these related to:

- ***partnership working:*** the Joint Strategic Needs Assessment has been welcomed by partners and is viewed as a good driver to address need across Cheshire East, however there is the recognition that further joined up working

is required; communication and engagement with local communities and the Third Sector was particularly mentioned.
- ***the inclusion of further topics:*** examples of areas that had not been included in the report were highlighted.
- ***joint commissioning areas a priority:*** areas that fall into the joint commissioning portfolio were given a specific mention and these included mental health, long term conditions and disabilities, and the health and social care needs of older people.

Of the respondents who completed the equality and diversity monitoring section of the questionnaire, 56% were male and 44% were female. The majority of responders were aged between 45 and 64 years old (56%) and were employed full time (44%). When describing their sexual orientation, 89% indicated that they were heterosexual. 88% of people did not consider themselves to have a disability and the majority (60%) indicated that they were Christians. 100% of responders were of white origin with the majority (89%) indicating that they were of English nationality.

5. FUTURE GOVERNANCE ARRANGEMENTS

In Cheshire East, the Primary Care Trust Director of Public Health will continue to provide strong leadership for the Joint Strategic Needs Assessment; however it will be important to ensure that the accountability for the Joint Strategic Needs Assessment also sits within the new Local Authority. The Primary Care Trust and Local Authority will be responsible for providing adequate resources for the continual refreshment of data and information so that the assessment is kept up to date and comprehensive.

It is proposed that a Joint Strategic Needs Assessment Steering Group is established for Cheshire East to direct the future development of the Joint Strategic Needs Assessment and Steering Group representatives should include:

- Primary Care Trust Director of Public Health
- Primary Care Trust Director of Commissioning
- Cheshire East Council Strategic Director – People
- Nominee from Cheshire East Congress (Third Sector)
- Nominee from the Crime and Disorder Reduction Partnership (CDRP)
- Nominee from Environment and Sustainability Local Strategic Partnership Thematic Group
- Nominee from Learning, Skills and Economic Development Local Strategic Partnership Thematic Group

The Steering Group should report progress to the Local Strategic Partnership and Primary Care Trust Board on a six monthly basis.

6. FUTURE USAGE OF THE JOINT STRATEGIC NEEDS ASSESSMENT

Producing a Joint Strategic Needs Assessment is only the start of a process; the assessment will have a variety of uses:

- Its data, over time, will enable the Local Strategic Partnership to monitor progress on achieving the outcomes which lie at the heart of the National Indicator set.
- It will inform the development of specific commissioning plans. All commissioning strategies should be required to demonstrate how and where they have drawn upon the assessment's analysis of needs.
- It will be a means of engaging with communities about local needs.
- It will be drawn upon by the variety of stakeholders who wish to keep up to date with the developing situation in their communities.

7. RECOMMENDATIONS / ACTIONS

The Committee is asked to:

- Note what has been done to complete a 'First Look' and the Joint Strategic Needs Assessment for Cheshire East;
- Consider the feedback received through the consultation exercise on the Joint Strategic Needs Assessment set out in Appendix 3.

APPENDIX 1:
A SAMPLE OF THE EMERGING KEY FACTS

1. POPULATION

- Cheshire East has a population of around 360,800 residents.
- It has an older population than that of England. The local proportion of women is higher than the England proportion in all age bands from 35 and over. The local male proportion does not overtake the national until 40.
- There is variation across the patch – with many of the older persons living in the north and east.
- The population of Cheshire East will increase by 21,700 people between 2006 and 2016.
- There will be large sustained increases in the number of older people. By 2016, the number of people aged 85 or over will increase by 42%, an additional 3,400 people in a potentially vulnerable group.
- The overall number of under 15s is predicted to increase by 2.4%, this masks a considerable increase in the under 5s (7.4%, 1,400 children) over a 10 year period. This is important in ensuring the provision of adequate maternity services and education provision in the future.
- In 2007, there were 3,860 live births in Cheshire East, which represents an average of 1.90 live-born children per woman.
- 8.5% more babies were born in the four year period from 2004 to 2007 than in the previous four year period from 2000 to 2003. This cohort of children will produce a rise in need for younger age education and social care services.
- Around 93.9% of the population of Cheshire East is White British, compared to 84.2% in England as a whole.
- The three largest ethnic groups other than White British in the area are: Other White 2.0%, White Irish 0.8%, and Indian 0.6%.

2. LIFESTYLE

Smoking remains a significant cause of preventable morbidity and premature death; it is the primary reason for the gap in healthy life expectancy between rich and poor.

- Smoking prevalence varies greatly across Cheshire East. Smoking prevalence is higher in urban areas, such as Crewe (26.2%), Macclesfield (22.2%), and Middlewich (21.3%) and may be associated with deprivation. The prevalence of smoking is much lower in rural areas, for example, Macclesfield Rural (12.7%).
- In 2005, 29% of routine and manual workers smoked, making them a priority group for action.
- National evidence suggests that most of the estimated 57,700 smokers in Cheshire East are likely to want to give up and that smoking cessation programmes are successful.
- In the Central and Eastern Cheshire Primary Care Trust, 19.6% of women were recorded as smokers at the time of delivery in 2007/08. In the first quarter of 2008/09, this figure had increased to 21.1%.

- Smoking during pregnancy: Smoking at the time of delivery has remained constant since 2005/06 and, unless improvement is seen, the PCT will struggle to meet the 15% target by 2010.

Alcohol is the largest and emerging lifestyle threat to health and well being in the area.

- There were 6,680 hospital admissions due to alcohol related harm during 2006/2007.
- The directly age and sex standardised rate of admissions for alcohol related harm for Central and Eastern Cheshire Primary Care Trust increased by 61% between 2002/2003 and 2006/2007 and the standardised rate for the Central and Eastern Cheshire Primary Care Trust was above that for England.
- There are large geographical variations in admissions due to alcohol related harm across Cheshire East, with alcohol related harm being a particular issue in Crewe.
- Binge and hazardous drinking patterns are serious Public Health issues in Cheshire East.

Physical activity

- Adult participation in physical activity (as measured through sport and active recreation) in Cheshire East is generally similar to the national average.
- Activity rates are lowest in Crewe & Nantwich and highest in Macclesfield. Activity rates in Macclesfield are ranked 1st in the North West and 2nd overall in England.
- Children in Cheshire East exceed the national average of 86% in participation in at least two hours of high quality Physical Education and school sport in a typical week.

Breast feeding

- In Central and Eastern Cheshire Primary Care Trust, 58.7% of women initiated breastfeeding in 2007/08.
- Central and Eastern Cheshire Primary Care Trust is not meeting its target in terms of mothers initiating breastfeeding. The target for 2008/09 has changed in order to monitor the percentage of infants where breastfeeding has continued to 6-8 weeks.
- The World Class Commissioning Target for the end of the project in 2013/2014 is 91% (initiation) but this target is to be reviewed each year taking into account the baseline (2008/09), the progress of the project, the progress of comparable Primary Care Trusts (Office for National Statistics group - prosperous small towns c) and subsequent years achievements. It is planned that the target for 2009/10 is a 3% increase on 2008/09.

Road Traffic accidents

- There has been a reduction in the number of people killed and seriously injured on the roads from the 1994/98 baseline and Cheshire East is

consistently meeting the government target of a 40% reduction from baseline in people killed and injured and a 50% reduction from baseline in the number of children killed and injured. More analyses are required to identify other potential preventative measures. Public Health and NHS trusts will work with the Crime and Disorder Reduction Partnerships and the Road Safety Partnerships to identify the public health aspects of collisions and to clarify and data related issues.

Sexual Health - AIDS HIV

- There has been a slight increase in new cases of HIV across Cheshire East. The majority of new cases are in men who have been exposed through sex with other men (MSM).. As there is no cure for HIV, the importance of prevention cannot be overstressed.

3. ADULT SOCIAL CARE

- Across Cheshire East in 2006/07, 14,488 people (an average of 278 a week) contacted the Local Authority in relation to Adult Social Care.
- 35% of contacts led to a further assessment. The remaining 65% of contacts had needs that were attended to at or near the point of contact.
- There are large geographical variations in the numbers of contacts leading to a further assessment at Lower Super Output Area.
- The number of people over 75 in need of Social Care for mobility and self care is set to rise by 64% by 2025.
- The Local Authority is reforming services in line with Self Directed Support.
- Across Cheshire East in 2006/07, 4091 people were assessed by the Local Authority for their Adult Social Care needs.
- 71% of contacts went on to receive services, 15% did not have services offered and the remainder had another sequel to the assessment.
- There are large geographical variations in the numbers of assessments at lower super output area. High numbers of assessments rarely match areas of multiple deprivations. This is also the case when comparing both those with a medium and high priority at assessment and with financial assessments for those with no or some income, the exception being parts of Crewe, Congleton and Macclesfield.

APPENDIX 2:
JOINT STRATEGIC NEEDS ASSESSMENT CORE DATASET

Demography	
Sub-domain	**Indicator**
Population numbers	Estimated and projected population by age-band and gender
Births	Current births
Ethnicity	Estimated population by ethnic group
Disability	Estimated number of disabled people, overall and/or by impairment group
Religion	Estimated population by religious group
Migrant population	Estimated population by migrant status
Local area	Number of households
	Breakdown of area into constituent communities/neighbourhoods
	Deprivation band
	ONS classification
	Social marketing categories
	Urban / rural classification

Social and Environmental Context	
Sub-domain	**Indicator**
Poverty	Proportion of children in poverty (NI 116)
Living arrangements	Housing tenure
	Overcrowding
	Adults with learning disabilities in settled accommodation (NI 145 and Vital Sign VSC05)
	Adults in contact with secondary mental health services in settled accommodation (NI 149 and Vital Sign VSC06)
	Living alone
	Central heating
	Access to car or van etc
Economic	Overall employment rate (NI 151)
	Working age people on out-of-work benefits (NI 152)
	Working age people claiming out-of-work benefits in the worst performing neighbourhoods (NI 153)
	Adults with learning disabilities in employment (NI 146 and Vital Sign VSC07)
	Adults in contact with secondary mental health services in employment (NI 150 and Vital Sign VSC08)
	Unemployment rate
	Claimant count
	Average incomes
Environment	Access to services
Voice	Satisfaction of people over 65 with home and neighbourhood (NI 138)

Lifestyles and Risk Factors	
Sub-sub-domain	**Indicator**
Smoking	Modelled and/or recorded smoking prevalence
	Quit rates (NI 123 and Vital Sign VSB05)
Eating habits	Modelled and/or recorded eating behaviour
	Prevalence of breastfeeding at 6-8 weeks from birth (NI 53 and Vital Sign VSB11)
Alcohol	Alcohol-harm related hospital admission rates (NI 39 and Vital Sign VSC26)
	Modelled and/or recorded drinking behaviour
Physical activity	Participation in sport and active recreation

Lifestyles and Risk Factors	
Sub-sub-domain	**Indicator**
Teenage pregnancy	Under 18 conceptions (NI 112 and Vital Sign VSB08)
	Under 16 conceptions
Hypertension	Modelled and/or recorded hypertension
Obesity	Modelled and/or recorded obesity (adult)
	Obesity among primary school age children in Reception Year (NI 55 and Vital Sign VSB09)
	Obesity among primary school age children in Year 6 (NI 56 & Vital Sign VSB09)

Burden of ill-health and disease	
Sub-sub-domain	**Indicator**
All causes	All-Age All-Cause Mortality (NI 120 and Vital Sign VSB01)
	Infant mortality
	Life expectancy
	Main causes of death
	Hospital admissions – top 10 causes
	Self-reported measure of overall health and wellbeing (NI 119)
	Healthy life expectancy at age 65 (NI 137 and Vital Sign VSC25)
Causes considered amenable to healthcare	Mortality rate from causes considered amenable to healthcare (Vital Sign VSC30)
Due to smoking	Deaths attributable to smoking
Diabetes	Modelled v. recorded prevalence
	Estimated excess deaths among people with diabetes
General	Mortality rate from all circulatory diseases under 75 (NI 121 and Vital Sign VSB02)
Coronary heart disease	Mortality
	Modelled v. recorded prevalence
	Hospital admission rate for MI (proxy for incidence)
	Admissions for cardiac revascularisation
Stroke	Mortality
	Hospital admission rate for stroke (proxy for incidence)
Cancer	Mortality rate from all cancers under age 75 (NI 122 and Vital Sign VSB03)
	Cancer registrations
COPD	COPD mortality
	COPD modelled v. recorded prevalence
TB	TB notifications
STIs & HIV	KC60 GUM STI data, particularly gonorrhoea
	New diagnoses of HIV/Aids
	Late diagnoses of HIV/Aids
	Uptake of Chlamydia screening in under-25s (NI 113 and Vital Sign VSB13)
Dental Health	% dmft in 5-year olds
Mental Health	Prevalence of dementia
	Suicide and injury of undetermined intent mortality rate (Vital Sign VSB04)
	Mental illness needs indices and prevalence rates
Falls	Hospital admissions for fractured proximal femur (proxy for incidence)
Road accidents	People killed or seriously injured on roads
	Children killed or seriously injured on roads (NI 48)
Injuries	Hospital admissions caused by unintentional and deliberate injuries to children and young people (NI 70 and Vital Sign VSC29)
Arthritis	Admissions for hip and knee replacement

Health and Social Care Services	
Sub-domain	**Indicator**
Social care	*Physical disability, frailty and sensory impairment* 1. Number of clients 2. Number receiving services in community
	Learning disability 1. Number of clients 2. Number receiving services in community
	Mental health 1. Number of clients 2. Number receiving services in community
	Substance misuse 1. Number of clients 2. Number receiving services in community
	Vulnerable people 1. Number of clients 2. Number receiving services in community
	Timeliness of social care assessment (NI 132 and Vital Sign VSC12) and packages (NI 133 and Vital Sign VSC13)
	People supported to live independently through social services (NI 136 and Vital Sign VSC03)
	Carers receiving needs assessment or review and a specific carer's service, or advice and information (NI 135)
	Adults and older people receiving direct payments and/or individual budgets per 100,000 population aged 18 and over (Vital Sign VSC17, NI 130)
Health services	Early access for women to maternity services (NI 126, Vital Sign VSB06)
	Number of people accessing NHS dentistry (Vital Sign VSB18)
	Uptake rates for flu jab
	Proportion of children who complete immunisation by recommended ages (Vital Sign VSB10)
	Proportion of women aged 47-49 and 71-73 offered screening for breast cancer (Vital Sign VSA09)
	Offer of an appointment at a GUM service within 48 hours
	Long acting reversible contraception methods
	Access to NHS funded abortions before 10 weeks gestation
	Proportion of people with depression and/or anxiety disorders who are offered psychological therapies (Vital Sign VSC02)
	Proportion of people with long-term conditions supported to be independent and in control of their condition (NI 124, Vital Sign VSC11)
Voice	The extent to which older people receive the support they need to live independently at home (NI 139)
	User reported measure of respect and dignity in their treatment (NI 128 and Vital Sign VSC32)
	Self-reported experience of social care users (NI 127)
	National Patients Survey Programme findings for local institutions
	Parental experience of services for disabled children (NI 54, Vital Sign VSC33)
	Patient experience of access to primary care (Vital Sign VSA06)
	User reported measure of respect and dignity in their treatment (NI 128 and Vital Sign VSC32)

APPENDIX 3:
DETAILED ANALYSIS OF RESPONSES RECEIVED

Question 1:
To what extent do you agree that the areas outlined in the First Look Report are the right priorities for Cheshire East?

Answer Options	Response Count	Percentage
Strongly agree	0	0.0
Agree	5	50.0
Neither agree nor disagree	1	10.0
Disagree	3	30.0
Strongly disagree	0	0.0
Answered question	9	90.0
Skipped question	1	10.0
Total	10	100.0

Question 2:
To what extent do you agree that the First Look Report addresses the health and well-being needs of children and young people?

Answer Options	Response Count	Percentage
Strongly agree	0	0.0
Agree	4	40.0
Neither agree nor disagree	3	30.0
Disagree	1	10.0
Strongly disagree	2	20.0
Answered question	10	100.0
Skipped question	0	0.0
Total	10	100.0

Question 3:
To what extent do you agree that the First Look Report addresses the health and well-being needs of older people?

Answer Options	Response Count	Percentage
Strongly agree	0	0.0
Agree	4	40.0
Neither agree nor disagree	1	10.0
Disagree	4	40.0
Strongly agree	1	10.0
Answered question	10	100.0
Skipped question	0	0.0
Total	10	100.0

Question 4:
To what extent do you agree that the First Look Report addresses the health and well-being needs of people with long-term conditions?

Answer Options	Response Count	Percentage
Strongly agree	0	0.0
Agree	6	60.0
Neither agree nor disagree	1	10.0
Disagree	3	30.0
Strongly disagree	0	0.0
Answered question	10	100.0
Skipped question	0	0.0
Total	10	100.0

Question 5:
To what extent do you agree that the First Look Report addresses the inequalities in health and well-being across Cheshire East?

Answer Options	Response Count	Percentage
Strongly agree	0	0.0
Agree	5	50.0
Neither agree nor disagree	2	20.0
Disagree	3	30.0
Strongly disagree	0	0.0
Answered question	10	100.0
Skipped question	0	0.0
Total	10	100.0

Question 6:
To what extent do you agree that we need to direct our resources to where they will make the most difference?

Answer Options	Response Count	Percentage
Strongly agree	4	40.0
Agree	5	50.0
Neither agree nor disagree	1	10.0
Disagree	0	0.0
Strongly disagree	0	0.0
Answered question	10	100.0
Skipped question	0	0.0
Total	10	100.0

Question 7:
Further comments

	Response Count	Percentage
Comments made	8	80.0
Comments not made	2	20.0
Total	10	100.0

Respondent 1	• Welcome the general direction of the JSNA and its focus on health inequalities and the need to be basing services and activities on up-to-date local health data. • However, surprised to find that although physical activity and nutrition are highlighted as specific areas, obesity is not. Obesity is

	and appears to be increasingly a major public health issue and one which requires immediate and coordinated action and so should it not have great prominence within the JSNA? • Similarly there is no particular section or reference to Older People. Again there are many public health issues related in particular to older people, Falls Prevention is an obvious example, and again this is an areas where joint action between the NHS and local authorities, is not only essential, but has the potential to have a substantial impact. ***Crewe and Nantwich Borough Council***
Respondent 2	• Cheshire Fire & Rescue Service welcomes the Cheshire East Joint Strategic Needs Assessment, which has recently been prepared between the Council and PCTs and released for public consultation. • Many of the factors affecting the health and well-being of our communities identified in the report reflect similar areas of focus from a fire and rescue service perspective. An ageing population, high levels of smoking and alcohol consumption and increased mental health problems all increase the risk of fire to our communities. • The fire and rescue service brand is well recognised nationally and locally, enabling us to connect with many of the hard to reach vulnerable groups in Cheshire East to deliver fire and non-fire related messages. As one of these vulnerable groups (the 85+ age group) currently includes 8,200 residents within Cheshire East and is expected to increase by as much as 41.5% by 2016, we aim to assist our partners in reaching these residents through effective partnership working projects including Contact Assessments. • Cheshire Fire & Rescue Service invests significantly in engaging young people through delivery of Princes Trust; Kooldown; Fire Cadets and Respect programmes. This investment reduces the volume of deliberate fires, impacts substantially upon levels of anti-social behaviour and helps to increase the amount of physical activity undertaken by youngsters. The great success of these programmes is attributed to the fact that these engagement techniques are delivered in the main to disadvantaged youngsters, which provides them with increased self-esteem, improved social skills, and increased education and training opportunities. • We therefore welcome every opportunity to build upon the partnership work that is already underway, in order to deliver improvement at a faster rate for both our partners and us through the new Local Strategic Partnership framework. ***Cheshire Fire and Rescue Service***
Respondent 3	• The hospital emergency admissions data /codes don't appear to include admissions for accidental injury. This omission is a lost opportunity for the JSNA to put falls prevention (older adults) and preventing accidental injury to children (0-14) into the list of future priorities for Cheshire East.

	• In terms of falls and older adults this has always been an important priority both at national and local level in terms of reducing hospital admissions and improving well being for older adults. Not aware that this priority has changed. • In terms of preventing accidental injury to children, the 2007 joint report from the Health Care Commission and the Audit Commission, entitled "Better Safe than Sorry" identified the need to improve data collection, leadership and action planning at local level to address the problem of child accidents (in the home and on the road, particularly around addressing health inequalities. • On addressing health inequalities and directing resources to where they will make a difference there is a danger that some areas across the whole Cheshire East footprint will attract more resources than others. Action planning for health improvement and reducing inequalities needs to be informed by needs assessment at a local level, involving and working with communities to ensure best use of resources to avoid the danger of missing small health inequality hot spots and widening health inequality gaps. • The health improvement agenda is massively complex and from experience, other competing priorities and limited resources and budgets across partners means proactive health improvement work is often stretched across too many priorities at once, example alcohol v. obesity. There needs to be a clear programme and action planning, clearly defining partners' inputs with a strong focus on a few key priorities at any one time across all partners / communities / third sector if we are to make better progress. Also important for monitoring and evaluation of future working to be built into the process. • Some good partnership work and projects have been delivered to improve health and well being, often through external funding. It is important that the experience and outcomes gained from this work and projects, should not be lost, but help to inform future working and mainstream delivery. ***Macclesfield Borough Council - Health Improvement Service***
Respondent 4	• I have read the report "A First Look" and the information and the statistics are impressive and will be a good basis. However the report does not state the six priorities, why they have been chosen or how they will be achieved. I had to look in the bulletin to confirm the chosen priorities. • The health professionals who already work in the East side of Cheshire have been working together in partnership for some time and are already fully aware of the areas that need to be dealt with. • The report mentions the work carried out by the Primary care trust, for example the Stop smoking service; the National height and weight programme; Breast screening rates etc. However the report does not highlight any work that is currently being done by the health professionals that work for each of the local authorities that will become Cheshire East. For example the work promoting

	exercise and open spaces; work promoting healthy eating and the prevention of food poisoning; the work to reduce obesity; health and safety at work enforcement etc. • If this report is to reflect the "needs" of Cheshire East Council, and if subsequently the priorities are to be identified, then the existing work being carried out will need to be mapped. All four councils that are joining to become Cheshire East have been doing work to promote health to date, but they may not have concentrated on the same targets. ***Congleton Borough Council***
Respondent 5	• There is insufficient evidence to reach most conclusions. You seek to find out more information without saying 'how' and if you don't have resources what happens? No progress? • The needs of children are described in an inadequate manner; you describe activity, diet, obesity, but the permissive approach in schools is inadequate. Major government-led directives through the Department for Children is required – no mention of working through channels to the top. • There is some evidence of cooperation and professional linking between different agencies. The extent of joint working on a range of issues is unknown to us, but evidence seems scant; within meetings such as LSPs, it is no doubt good but a fieldwork level it is unknown. • The extent of physical ill health among people with severe mental health problems is well known, but it appears that the indices of ill health are largely static; this is not only important for this group, but it helps to stew some other adverse indices as well. • Much time is spent on devising strategies, sometimes the cost benefits ratio is hard to see. There have been, for instance, four Suicide Prevention Strategies over the years. Upon each reorganisation, a new one has been produced at great cost. There has never been, so far as I am aware, any money to implement findings; while the production of strategies was necessary for traffic light targets to be achieved, for us on the outside it creates a level of despair. • For all health needs describes in the JSNA, there are possible developments but they may require complementary approaches. These could include market stall type events, "unattached" development workers of all kinds to visit pubs or GP surgeries. An appropriate street worker approach applies as much to the affluent areas as the deprived. The scope for different approaches and shedding the traditional image of the professional could be valuable. ***Crewe and Nantwich Open Minds*** ***(Mental Health Sector Planning Group)***

Respondent 6	• I am particularly encouraged to see that there is some focus being given to the health of those with long term conditions. The work of the Neuromuscular Centre (NMC) is completely focussed on the provision of effective specialised treatment and support for adults across Cheshire (and beyond) who have neuromuscular long term conditions. 100% of our service users report treatment at NMC enables them to stay out of hospital by, for example, vastly reducing incidence of falls and chest infections. • I sense from the report that the focus on long term conditions will mean recognition that people with long term conditions need and benefit from carefully planned care over many years – perhaps this could be more explicitly said? • I would particularly like to see explicit mention of a commitment to enabling self managed care (expert patient) approaches. This is, in my experience, a particularly effective way of sharing the challenge of flexibly planning long term care. • I would expect mention of the need for accessible exercise, but you miss the link that this is important for those with long term conditions. • One of our key objectives at NMC is to enable people to gain and/or continue in paid employment. Focus on increasing employment opportunities for those with disabilities and maximising income for those with long term conditions (and their carers) are priorities. 85% of our service users report NMC as the prime enabler for them being in paid employment. You do mention numbers of people on incapacity benefit but do not really develop the theme into a firm stated priority for action. I feel you should. • Another key objective for us is focussing on improved quality of life. This doesn't seem to get a mention albeit there is focus on correlation between long term conditions and living in the poorest parts of the area. I would argue that poorer quality of life is a particular issue for those with long term conditions and shows little regard to where they live. • As a voluntary sector provider of treatment services for patient with a range of neuromuscular long term conditions, I would welcome a stronger recognition of the vital role of voluntary sector providers for these groups. I would also welcome renewed explicit commitment to working in partnership with the voluntary sector. ***NeuroMuscular Centre***
Respondent 7	• The introduction does state that services for people with long term conditions and disabilities must also be addressed but no reference is made in the remainder of the paper to long term neurological conditions and the number of people affected. ***Mid Cheshire Hospitals NHS Foundation Trust***

Respondent 8	• It is not clear whether this report is written for the general public or professionals. If the former, the following comments are relevant: o Too much jargon and unexplained terminology, e.g. world class commissioning, LAA, LSOA, MSOA – this is spelt out once but what does middle super output area mean – WPD, elective, metabolic syndrome. o Questions 2 to 5 (of the questionnaire) ask whether the report 'addresses' certain issues. Does that mean 'cover', 'deals with'? In either case, it does not set out real actions. o There are a lot of statistics but little / no action other than to obtain more. And what is a stacked bar chart and what is it supposed to tell me? • Much good material but a lot that is not clear. Let's hope the 'second look' improves on this one. • Will the responses be (a) taken on board and (b) published?

Equality and Diversity Monitoring

Question 1:
Gender

Answer Options	Response Count	Percentage	Percentage (answered questions only)
Male	5	50.0	55.6
Female	4	40.0	44.4
Answered question	9	90.0	100.0
Skipped question	1	10.0	-
Total	10	100.0	-

Question 2:
Age

Answer Options	Response Count	Percentage	Percentage (answered questions only)
Under 18	0	0.0	0.0
18 - 24	0	0.0	0.0
25 - 34	0	0.0	0.0
35 - 44	1	10.0	11.1
45 - 54	4	40.0	44.4
55 - 64	1	10.0	11.1
65 - 74	2	20.0	22.2
75+	1	10.0	11.1
Answered question	9	90.0	100.0
Skipped question	1	10.0	-
Total	10	100.0	-

Question 3:
What are the first three characters of your postcode?

	Response Count	Percentage
Answered question	7	70.0
Skipped question	3	30.0
Total	10	100.0

- SK1
- ST7
- CW1
- CW3
- CW4
- CW7
- CW10

Question 4:
Which of these activities best describes your situation?

Answer Options	Response Count	Percentage	Percentage (answered questions only)
Full time work	4	40.0	44.4
Part time work	1	10.0	11.1
Self employed	0	0.0	0.0
Full time education	0	0.0	0.0
Unemployed	0	0.0	0.0
Retired	3	30.0	33.3
Other (please state)	1	10.0	11.1
Answered question	9	90.0	100.0
Skipped question	1	10.0	-
Total	10	100.0	-

Question 5:
How would you describe your sexual orientation?

Answer Options	Response Count	Percentage	Percentage (answered questions only)
Gay	0	0.0	0.0
Lesbian	0	0.0	0.0
Bisexual	0	0.0	0.0
Heterosexual	8	80.0	88.9
Prefer not to say	1	10.0	11.1
Answered question	9	90.0	100.0
Skipped question	1	10.0	-
Total	10	100.0	-

Question 6:
Do you consider yourself to have a disability?

Answer Options	Response Count	Percentage	Percentage (answered questions only)
Yes	1	10.0	12.5
No	7	70.0	87.5
Answered question	8	80.0	100.0
Skipped question	2	20.0	-
Total	10	100.0	-

Question 7:
If you have answered 'YES' to having a disability, how would you describe your impairment?

Answer Options	Response Count	Percentage
Physical Impairment	1	100.0
Sensory Impairment	0	0.0
Mental Health Condition	0	0.0
Learning disability/ difficulty	0	0.0
Long-standing illness	0	0.0
Other (please state)	0	0.0
Total	1	100.0

Question 8:
Please indicate your religion or belief

Answer Options	Response Count	Percentage	Percentage (answered questions only)
Atheism	2	20.0	22.2
Buddhism	0	0.0	0.0
Christianity	6	60.0	66.7
Hinduism	0	0.0	0.0
Islam	0	0.0	0.0
Judaism	0	0.0	0.0
Sikhism	0	0.0	0.0
Prefer not to say	1	10.0	11.1
Other (please state)	0	0.0	0.0
Answered question	9	90.0	100.0
Skipped question	1	10.0	-
Total	10	100.0	-

Question 9:
Please indicate your racial origin/nationality

Answer Options	Response Count	Percentage	Percentage (answered questions only)
Asian: Bangladeshi	0	0.0	0.0
Asian: Chinese	0	0.0	0.0
Asian: Indian	0	0.0	0.0
Asian: Pakistani	0	0.0	0.0
Asian: Other	0	0.0	0.0
Black: Caribbean	0	0.0	0.0
Black: African	0	0.0	0.0
Black: Other	0	0.0	0.0
Mixed: White and Asian	0	0.0	0.0
Mixed: White and Black African	0	0.0	0.0
Mixed: White and Black Caribbean	0	0.0	0.0
Mixed: Other	0	0.0	0.0
White: English	8	80.0	88.9
White: Welsh	0	0.0	0.0
White: Scottish	1	10.0	11.1
White: Irish	0	0.0	0.0
White: Other	0	0.0	0.0
Other: Gypsy	0	0.0	0.0
Other: Traveller	0	0.0	0.0
Other: Any other nationality	0	0.0	0.0
Answered question	9	90.0	100.0
Skipped question	1	10.0	-
Total	10	100.0	-

Question 10:
Are you completing this questionnaire as a representative from an organisation?

Answer Options	Response Count	Percentage
Yes	8	80.0
No	2	20.0
Answered question	10	100.0
Skipped question	0	0.0
Total	10	100.0