CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	Cheshire East Joint Outcomes Framework and Business Intelligence (BI) Enabler Workstream developments
Report Reference	HWB5
Date of meeting:	29 November 2022
Written by:	Dr Susan Roberts, Consultant in Public Health, Cheshire East Council and lead for the Cheshire East Place BI Enabler Workstream
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Health & Wellbeing Board Lead:	Dr Matt Tyrer, Director of Public Health, Cheshire East Council

Executive Summary

Is this report for:	Information ☐	Discussion ☐	Decision ☒
Why is the report being brought to the board?	• To seek approval for the approach to developing the Cheshire East Joint Outcomes Framework.		
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 BI Enabler Workstream Group ask the Health and Wellbeing Board to: • Consider the proposed multi-phased approach to developing a Cheshire East Joint Outcomes Framework • Consider the range of indicators proposed for Phase 1 of the framework (Appendix C) and to contribute to a consensus building event to finalise a list of ten key indicators • Note that shift in the Phase 1 indicators, which focus on very high-level outcomes, is likely to be very gradual.		

Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	The proposals in this report are as a result of partnership conversations within the Cheshire East Business Intelligence Enabler Workstream Group.
Has public, service user, patient feedback/consultation informed the recommendations of this report?	Members of Healthwatch, Cheshire East Social Action Partnership, and Voluntary, Community, Faith and Social Enterprise representatives have had sight of this draft via email. However, it is recognised that further engagement over the second phase will be essential.
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	The Cheshire East Joint Outcomes Framework is being developed to be used in conjunction with the Joint Strategic Needs Assessment (JSNA) and relevant Integrated Care System and national tools to: • Inform and monitor health and care transformation towards closer integration and summarise progress in relation to the Place Plan through a Joint Outcomes Framework • Optimise primary, secondary and tertiary prevention and wellbeing • Address inequalities.

1 Report Summary

1.1 A Business Intelligence (BI) Enabler Workstream Group has been convened to guide the development of Place-level BI that can:

- Optimise primary/secondary and tertiary prevention and wellbeing
- Address inequalities
- Inform and monitor health and care transformation towards closer integration, and to summarise progress in relation to the Joint Health and Wellbeing Strategy/ Place Plan and Place-level Delivery Plan through a Joint Outcomes Framework.

1.2 Key objectives of the BI Enabler Workstream are:

- To develop the Cheshire East Joint Outcomes Framework
- To consider the implications of findings from the JSNA work programme in relation to health and care transformation
- To consider the implications of Cheshire and Merseyside population health and population health management programmes (for example, System P)
- Sharing learning/best practice from local population health management programmes.

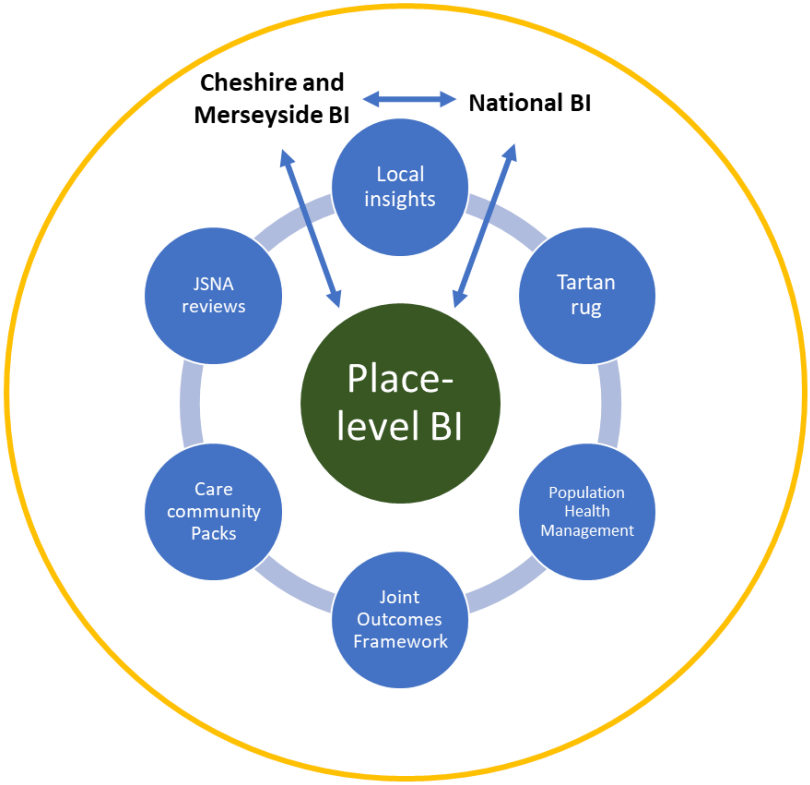
1.3 The BI Enabler Workstream Group conversation has included input from strategic and BI representatives from:

- The Cheshire and Merseyside Integrated Care Board
- Cheshire East Council
- NHS Providers
  - East Cheshire NHS Trust
  - Mid Cheshire Hospitals NHS Foundation Trust
  - Cheshire and Wirral Partnership NHS Foundation Trust
  - General practice
- Healthwatch

- Cheshire East Social Action Partnership and the Voluntary, Community, Faith and Social Enterprise Sector representatives (have been sighted on the work but unable to contribute directly to conversation so far due to capacity challenges)
- Transformation, including leads involved in developing Care Community approaches at Place level.

1.4 In considering the development of BI capabilities to inform transformation across Cheshire East Place, and in particular, the development of a Joint Outcomes Framework, there are a wide variety of alignment considerations at local, Integrated Care System and national level (Figure 1).

Figure 1- Place-level Business Intelligence (BI) considerations



1.5 These considerations include:

at Cheshire East Place level:

- Refresh of the Joint Health and Wellbeing Strategy/Place Plan
- Development of a Place-level delivery plan aligning with the proposed care models
- The JSNA work programme, which for 2022/23 includes: poverty; emotional and mental and wellbeing in children and young people, Crewe, special educational needs/autism/attention deficit and hyperactivity disorder; smoking, substance misuse; falls; a refreshed Tartan Rug
- Development of Care Community packs and local insights from Care Community conversation
- The existing Integrated Care Workstreams: mental wellbeing and social prescribing; children's, cardiovascular health; and respiratory health
- Social impact and wider determinants work

- Home First and Child Health Hubs developments (as the agreed first key priorities for Place)
- Cheshire East Council corporate performance dashboard.

at Cheshire and Merseyside level:

- Cheshire and Merseyside programmes: particularly Population Health (including System P population health management work); Women's Health and Maternity; Mental Health; Beyond (Children and Young People's); Ageing Well, Cardiac, Medicines and Pharmacy Optimisation, Neurosciences, Elective Recovery, Diagnostics; and Digital
- Marmot Community programme: All Together Fairer, progress through which is being measured by the "Marmot Beacon Indicators".

Nationally:

- Recommendations from the Fuller Stocktake report[1]
- Core20PLUS5[2]
- Social Care Quality Assurance Frameworks
- "Tackling Neighbourhood Inequalities" Directed Enhanced Service (DES)
- "Making it real: how to do personalised care and support" agenda[3]
- National guidance on Place-level Outcomes Frameworks- due to be published next year.

Due to the complexity of alignment required, it is recommended that development of a Joint Outcomes Framework is undertaken over a series of phases.

1.6 Proposed Phase 1: Overarching place-level outcomes, inequalities and scene setting for care communities

Phase 1 will produce a framework to monitor overall progress against the Health and Wellbeing Strategy using validated, benchmarkable, routinely available metrics that will only be updated annually at most frequent and are provided via the Office for Health Improvement and Disparities Public Health Fingertips tool[4].

The Joint Health and Wellbeing Strategy is currently being refreshed. The Health and Wellbeing Board have agreed the Joint Health and Wellbeing Strategy 2018-2021 strategic outcomes remain appropriate and that the additional outcome relating to children, which is outlined in the Cheshire East Place Plan 2019-2024, should be added.

As such, the proposed strategic outcomes for the Joint Health and Wellbeing Strategy refresh are:

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[1] NHS England and NHS Improvement (2022). Next steps for integrating primary care: Fuller Stocktake report. May 2022. Available from: https://www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf (Accessed 29 September 2022).

[2] 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 13 September 2022).

[3] Think local act personal. Making it Real - how to do personalised care and support. Available from: https://www.thinklocalactpersonal.org.uk/Latest/Making-it-Real-how-to-do-personalised-care-and-support/ (Accessed 29 September 2022).

[4] Office for Health Improvement and Disparities. Public Health Profiles. Available from: https://fingertips.phe.org.uk/ (Accessed 20 October 2022).

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

These broad outcomes remain pertinent to Cheshire East with its persistent inequalities (illustrated by the Tartan Rug, Appendix A), as they align with Marmot recommendations to addressing inequalities[5]. It has been agreed that the Joint Health and Wellbeing Strategy runs from 2023 to 2028 and that this also represents the Cheshire East Place Plan.

Phase 1 methodology

So far, Phase 1 has involved

- A series of consensus-building conversations, including feedback from members of the BI Enabler Workstream Group, the Health and Wellbeing Board Technical Group, and the Cheshire East Council Adults, Health and Integration Directorate Management Team
- Review of the Tartan Rug (Appendix A)
- Review of the Marmot Beacon Indicators (Appendix B)
- Review of the measures included with the Joint Health and Wellbeing Strategy, 2018-2021, that were agreed through consensus building at the time of its development (Appendix C)
- Review of the Office for Health Improvement and Disparities Public Health Outcomes Framework to identify potential further measures (Appendix C).

Current proposal

There are a wide range of potential indicators that could be incorporated into a Joint Outcomes Framework, which are outlined at Appendix C. Some of these indicators were previously agreed during development of the previous Health and Wellbeing Strategy (2018-2021). However, there are additional indicators where Cheshire East is significantly worse than the national average that require consideration in relation to the refreshed Health and Wellbeing Strategy.

Whilst a wide range of indicators are relevant to the Health and Wellbeing Strategy, there is a recognition that focus on a select number of indicators (potentially ten) within the Framework is important in driving change across the Place. It is recommended that these indicators are selected through a consensus-building event with Health and Wellbeing Board members and the BI enabler workstream, in the near future. This will require due consideration of local insights and: the measures within the previous Health and Wellbeing Strategy (2018-2021, Appendix C); the Tartan Rug; the Public Health Outcomes Framework; and Marmot Beacon Indicators (Appendices A-C).

It is important to note that for many of the indicators that monitor place-level approaches to inequalities, it will take several years of complex collaborative working

[5] Marmot (2020) 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 12 October 2022).

before an improvement is demonstrable within the framework. Nevertheless, it is important to ensure that the trends in relation to these wider determinant indicators are towards improvement rather than a worsening picture.

Plain English and Framing Considerations

There is a recognition that the specific names of the indicators are very technical and not easily understandable. Further work is recommended to describe each of the indicators in plain English. There has also been a desire to incorporate metrics that highlight assets and positive outcomes as well as negative outcomes. Whilst most of the routinely available data within the Public Health Fingertips tool focus on negative outcomes, incorporation of positive outcomes will be further explored in Phase 2.

Place-level audiences for Phase 1

It is proposed that the Health and Wellbeing Board will have the responsibility to review this framework and plan further accordingly. It is also proposed that the Increasing Equalities Commission is responsible for reviewing this framework with regards to addressing inequalities across the Place.

How can the Phase 1 Framework be used by Care Communities?

Whilst Phase 1 of the Joint Outcomes Framework is likely to provide some limited indicators at Care Community level, its focus will be on higher-level outcomes that require complex collaboration across Place, and often local authority leadership, to address.

Nevertheless, it is hoped that the Framework, in combination with other JSNA publications, Care Community data packs (currently being developed) and local insights, will help to set the scene and stimulate discussion within Care Communities as to where they may be able to support in relation to addressing inequalities seen within their local area.

1.7 Proposed Phase 2 – Developing a framework to monitor progress against the Cheshire East Place-level Delivery Plan

Phase 2 will involve more granular, timely and implementation focused data, including data relating to Core20PLUS5[6], and primary, secondary care and social care. Coproduction with leads in primary, secondary and social care, and with Voluntary, Community, Faith and Social Enterprise representatives will be key to developing a framework that meets the needs of an integrated care audience. Again, it is important to highlight that Phase 2 of the Framework should also not be considered in isolation, but in conjunction with: other JSNA products; Cheshire and Merseyside products; Care Community data packs; and local insights. The BI Enabler Workstream Group recommend that whilst Phase 2 of the Framework could be used to guide strategic developments in relation to implementation, it is not being developed as a

[6] 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 13 September 2022).

performance management tool. As such, although this phase will provide additional helpful steer in relation to implementation, it will remain difficult to produce a useable set of indicators that meets the need of all partners. The intention is to give an overview of progress rather than an exhaustive list of performance measures.

Phase 2 will focus on developing a section of the Framework that would:

- Utilise more dynamic data relevant to making progress on the 10 overarching indicators agreed in Phase 1
- Be more focused on implementation related issues that local areas can consider
- Be refreshed quarterly. Metrics that may be beneficial include: NHS health checks, health checks in patients with severe mental illness, and hypertension and smoking cessation statistics, for example. There may also be more timely education attainment metrics that could be incorporated
- Consider metrics that relate to positive outcomes, for example the Thriving Places Index[7]
- Align with the Place-level Delivery Plan, which is proposed to focus on delivery of the refreshed Joint Health and Wellbeing Strategy through a new model of care that incorporates four elements:
    - "Help me stay well"
    - "What is wrong with me?"
    - "Fix me"
    - "End of life".

Phase 2 of the Framework cannot be progressed until there is confirmation of the content and priorities within the Place-level Delivery Plan. It is likely that this phase will be able to commence at the start of 2023.

In Phase 2, consideration will also be given to align the Framework with:

- Cheshire and Merseyside programme metrics
- The Core20PLUS5 agenda[8]: this focuses on approaches that can be delivered by the health and care system in addressing inequalities experienced by the most deprived 20% of communities, and other vulnerable resident groups, across five themes:
    - 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

[7] Thriving Places Index. Available from: https://www.thrivingplacesindex.org/page/more/access_more_data (Accessed 20 October 2022.

[8] 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 13 September 2022).

pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations.

- Ensuring inequalities experienced by the groups highlighted through the Core20PLUS5 agenda are also considered in the context of other elements of transformation and the outcomes selected to monitor them.
- Bespoke analysis on avoidable mortality undertaken locally, rather than nationally produced data, as this will allow us to look at the conditions which contribute to it
- Learning from the refresh and refinement of the Care Community Packs by the Integrated Care Boards
- Social Care Quality Assurance Frameworks
- Environmental sustainability
- "Tackling Neighbourhood Inequalities" Directed Enhanced Service (DES)
- "Making it real: how to do personalised care and support" agenda[9]
- Recommendations from the Fuller Stocktake report
- The NHS Long Term Plan refresh
- Incorporation of positive and asset based metrics, for example the Thriving Places Index[10]
- Potentially working to ensure that all of the Phase 1 indicators are available at smaller area level
- National outcomes framework guidance due to be published next year.

Given that Phase 2 will utilise more bespoke data sources, it is likely that comparison with other areas may not always be feasible in relation to the metrics in this part of the framework.

It is proposed that the responsibility for reviewing and actioning the Framework from a Cheshire East perspective would sit with the Cheshire East Strategic Planning and Transformation Group, and that review of the Framework from a smaller area level perspective would sit within Care Communities. Engagement of Care Communities in Phase 2 will be key in ensuring that needs for Care Communities are sufficiently met through the Joint Outcomes Framework and other JSNA products.

As mentioned above, coproduction with leads in primary, secondary and social care, and the Voluntary, Community, Faith and Social Enterprise Sector will be key to developing a framework that meets the needs of local residents and the integrated care audience. Whilst many of the key leads already contribute to the BI Enabler Workstream Group, further input from social care will be sought for Phase 2.

1.8 How would the Joint Outcomes Framework differ from the Tartan Rug?

The Tartan Rug is Cheshire East's visual representation of health and wellbeing at electoral ward level over time, in comparison to the England average. A great benefit of this tool is that it can track changes in relation to the selected metrics over many years. It utilises readily available indicators from the Office of Health Improvement and Disparities (OHID) Fingertips tool.

[9] Think local act personal. Making it Real - how to do personalised care and support. Available from: https://www.thinklocalactpersonal.org.uk/Latest/Making-it-Real-how-to-do-personalised-care-and-support/ (Accessed 29 September 2022).
[10] Thriving Places Index. Available from: https://www.thrivingplacesindex.org/page/more/access_more_data (Accessed 20 October 2022).

By comparison, the Joint Outcomes Framework would be aligned more specifically to the Health and Wellbeing Strategy / Place Plan and Place-level Delivery Plan. It would be dynamic in terms of the indicators included. It would adapt according to changes within the Health and Wellbeing Strategy and new challenges that emerge. The Joint Outcomes Framework would include a more select number of metrics, some of which are only available at Cheshire East average level, and which are not included in the Tartan Rug. Also, the Framework would enable comparison of Cheshire East with a wide variety of other areas across England rather than only the England average, for example, other local authorities across Cheshire and Merseyside. In Phase 2, the Joint Outcomes Framework would incorporate a wider range of more varied, timely, granular and implementation focused metrics, again not available within the Tartan Rug.

1.9 Digital considerations

It is proposed that once the indicators for Phase 1 are approved, the Joint Outcomes Framework is developed using Microsoft Power BI. This would align with other tools within Cheshire East Council and also with Integrated Care System-level tools. Arrangements will be further developed in relation to Phase 2 at a later stage. However, once the indicators are agree, Phase 1 of the Framework could be rapidly produced using a function of the OHID Fingertips tool, which could be published on the JSNA website as an interim measure and alongside the refreshed Health and Wellbeing Strategy.

Phase 2 will require a secure and robust process to assimilate data from multiple sources into a Microsoft Power BI dashboard. At this stage, it would be recommended that the Phase 1 elements of the Framework are also incorporated into the same Microsoft Power BI dashboard under a different tab. These two components of the dashboard will need to be clearly labelled, i.e.:

- Component 1 (developed in Phase 1 with potentially changes to the metrics/additional metrics added in Phase 2) - Joint Health and Wellbeing Strategy / Place Plan metrics
- Component 2 (developed in Phase 2) - Cheshire East Place-level Delivery Plan metrics

The purpose, intended audiences and limitations of each component will need to be described clearly within the dashboard.

1.10 Challenges

Development of the Cheshire East Joint Outcomes Framework presents a variety of potential challenges for the system at Place level including:

- Currently the Joint Health and Wellbeing Strategy / Place Plan has not yet been refreshed, and the Place-level Delivery Plan has not yet been developed Changes to the priorities would result in changes in the indicators required
- Challenges with capacity across all partners and changes to workforce associated with Integrated Care System evolution
- Current and anticipated financial position

- Reduced capacity and shifting completion dates due to external winter pressures including cost of living pressures, COVID-19 and influenza
- The proposed indicators are in very technical language. Translating these into plain English is an important step in being able to articulate progress to local communities. Furthermore, community engagement is important in ensuring that the correct measures are in place to monitor progress
- Regional and national programmes and guidance will continue to emerge and evolve and the Framework must be responsive to this
- Developing lines of responsibility for monitoring and actioning the intelligence present will remain key considerations
- Information governance challenges will be in part mitigated by using publicly available sources for Phase 1, where they are sufficiently timely and available. However, information governance will require careful consideration in relation to Phase 2
- Conflicting priorities between individual agencies, for example different statutory return requirements
- Recent and potential future change in political landscapes
- Ensuring that metrics are realistic, with the potential to be improved by work that will be undertaken by the Place. Also, that they allow partners to take meaningful action based on the metrics.

2 Recommendations

2.1 The BI Enabler Workstream Group ask the Health and Wellbeing Board to:

- Consider the proposed multi-phased approach to developing a Cheshire East Joint Outcomes Framework
- Consider the range of indicators proposed for Phase 1 of the framework (Appendix C) and to contribute to a consensus building event to finalise a list of ten key indicators
- Note that shift in the Phase 1 indicators, which focus on very high-level outcomes, is likely to be very gradual.

2.2 Further iterations of the Cheshire East Joint Outcomes Framework should reflect findings from the wider JSNA work programme.

3 Reasons for Recommendations

3.1 Using a single outcomes framework to monitor the progress in the Joint Health and Wellbeing Strategy/ Place Plan and Place-level Delivery Plan will help to unify approaches and collaboration between partners across Place towards the agreed common goals.

3.2 It is likely that there will be a national requirement to produce a framework next year.

3.3 Production of a single series of indicators that incorporates articulation of health inequalities through an automatically refreshing dashboard will help to streamline BI requirements across Cheshire East Place. It will also help to ensure that progress against health inequalities is considered, as well as overall progress at Place-level against regional and national averages.

4 Impact on Health and Wellbeing Strategy Priorities

4.1 The Joint Outcomes Framework aims to monitor progress in relation to the Health and Well Being Board strategic goals.

5 Background and Options

5.1 The Health and Care Act received Royal Assent in April 2022. This has resulted in substantial changes to how the NHS in England is organised from 1 July 2022. Clinical Commissioning Groups have been abolished and now Integrated Care Boards (ICB) perform this role in their place. The changes aim to promote closer collaboration, rather than competition between, partners in driving improvements in population health and care integration, and in addressing inequalities. The Act promotes collaboration at Integrated Care System, "Place", and smaller area ("neighbourhood" or Care Community) levels. The Act provides local leaders with flexibility regarding local arrangements[11].

5.2 Cheshire East is a Place within the Cheshire and Merseyside Integrated Care System. Within Cheshire East, there are 8 smaller areas known as Care Communities.

5.3 Over the coming months, two strategic refreshes are planned to guide the next steps in health and care transformation:

- the Cheshire East Joint Health and Wellbeing Strategy/Place Plan
- the Cheshire East Place-level Delivery Plan will also be developed.

Discussions between the NHS and Cheshire East Council are already underway to plan these.

5.4 Currently, consensus is that the Joint Health and Wellbeing Strategy 2018-2021 priorities remain appropriate and that the additional priority relating to children, which is outlined in the Cheshire East Place Plan 2019-2024, should be added. As such, the proposed priorities for the Joint Health and Wellbeing Strategy refresh are:

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

5.5 There have been proposals that whilst the Joint Health and Wellbeing strategy/Place Plan should outline strategic aims and objectives, the Place-level Delivery Plan should focus on implementation in relation to the new model of care with four elements incorporated:

- "Help me stay well"
- "What is wrong with me?"
- "Fix me"
- "End of life"

[11] Kings Fund (2022) The Health and Social Care Act: six key questions. 17 May 2022. Available from: https://www.kingsfund.org.uk/publications/health-and-care-act-key-questions (Accessed 13 September 2022).

Confirmation of the content of the Place-level Delivery Plan will inform the second phase of the Cheshire East Joint Outcomes Framework development.

5.6 Options include:

- To agree to the proposed approach for developing a Joint Outcomes Framework
- To propose amendments to the current plans
- To defer development of a framework until national guidance is published, however, this may result in delay in the ability to monitor transformation.

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 A- Tartan rug (February 2021)

Key messages from the updated tartan rug (Feb 2021)

Cheshire East is similar to or better than the national average
for the majority indicators

Cheshire East is in the worst 40% for
Hospital stays for self-harm
New cases - bowel cancer
Emergency admissions all causes
New cases - breast cancer
Admissions for injury age 0-4
Emergency admissions age 0-4
Binge drinking (adults)

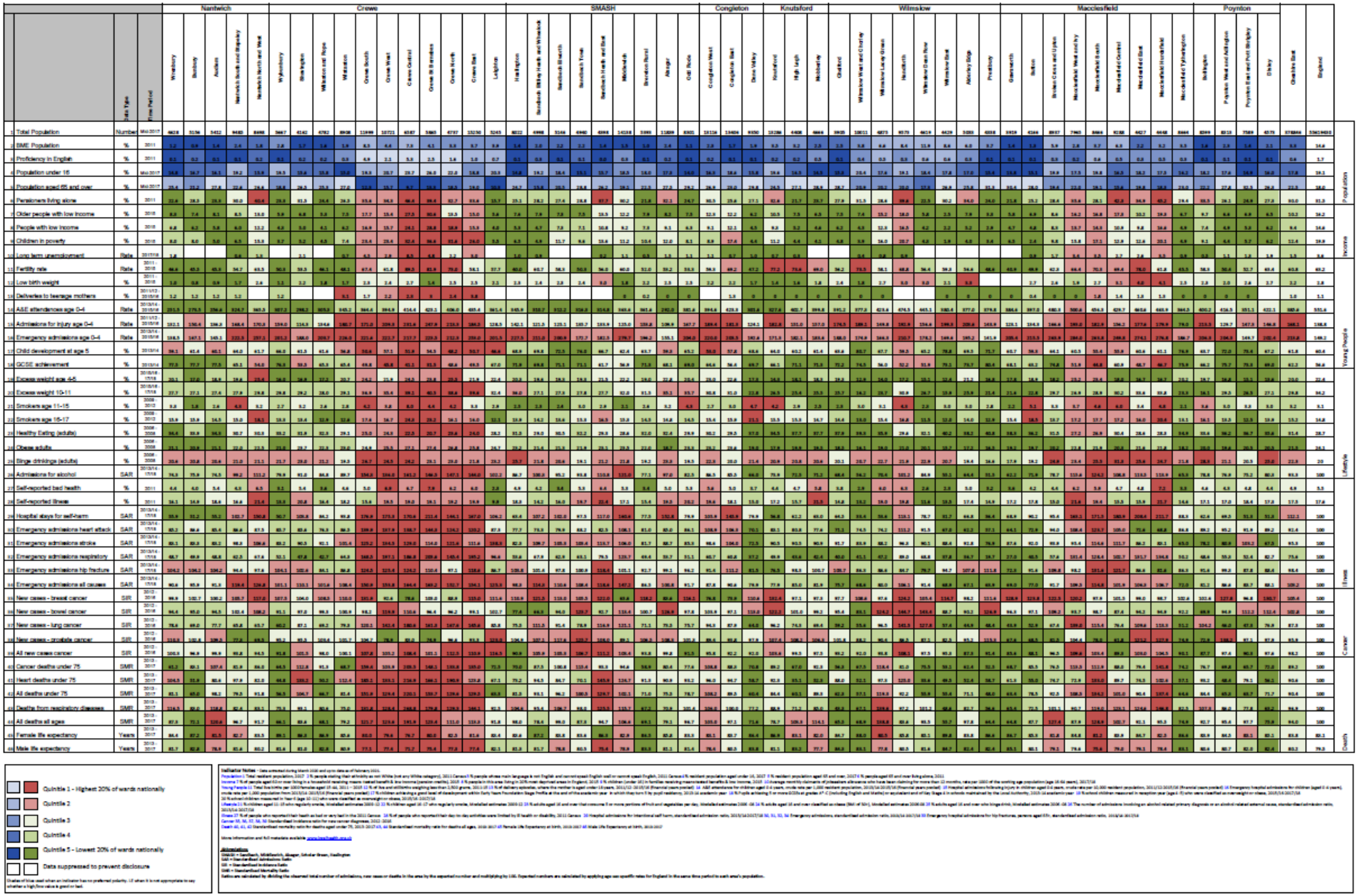
Marked inequalities persist
with poorer health and wellbeing in parts of
CREWE MACCLESFIELD HANDFORTH

Overall picture

Compared to other areas, Cheshire East has:
improved since 2017 but is similar to 2015

CARE COMMUNITY SUMMARY		
Care Community locality	RAG status*	Movement from the Nov17 tartan rug
Nantwich	Green	inequality gap is widening
Crewe	Red	declined
Sandbach, Middlewich, Alsager, Haslington (SMASH)	Amber	Same
Congleton	Amber	improved
Knutsford	Green	improved
Wilmslow	Green	improved
Macclesfield	Amber	inequality gap is widening
Poynton	Green	declined

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


Nantwich
Crewe
SMASH
Congleton
Knutsford
Wilmslow
Macclesfield
Poynton
Wrenbury
Bunbury
Acres
Nantwich South and Stapeley
Nantwich North and West
Wybunbury
Shavington
Wistaston and Rope
Wistaston
Crewe South
Crewe West
Crewe Central
Crewe St Barnabas
Crewe North
Crewe East
Leighton
Haslington
Sandbach Elkstey Heath and Wheelock
Sandbach Heath
Sandbach Town
Sandbach Heath and East
Middlewich
Brereton Rural
Alsager
Odd Rode
Congleton West
Congleton East
Dane Valley
Knutsford
High Legh
Mobberley
Chelford
Wilmslow West and Chorley
Wilmslow Lacey Green
Handforth
Wilmslow Dean Row
Wilmslow East
Alderley Edge
Prestbury
Gawsworth
Bollon
Bollon Cross and Upton
Macclesfield West and Ivy
Macclesfield South
Macclesfield Central
Macclesfield East
Macclesfield Hurdsfield
Macclesfield Tytherington
Bollington
Poynton West and Adlington
Poynton East and Pott Shrigley
Disley
Cheshire East
England
Total Population
BME Population
Proficiency in English
Population under 16
Population aged 65 and over
Pensioners living alone
Older people with low income
People with low income
Children in poverty
Long term unemployment
Fertility rate
Low birth weight
Deliveries to teenage mothers
A&E attendances age 0-4
Admissions for injury age 0-4
Emergency admissions age 0-4
Child development at age 5
GCSE achievement
Excess weight age 4-5
Excess weight 10-11
Smokers age 11-15
Smokers age 16-17
Healthy Eating (adults)
Obese adults
Binge drinking (adults)
Admissions for alcohol
Self-reported bad health
Self-reported illness
Hospital stays for self-harm
Emergency admissions heart attack
Emergency admissions stroke
Emergency admissions respiratory
Emergency admissions hip fracture
Emergency admissions all causes
New cases - breast cancer
New cases - bowel cancer
New cases - lung cancer
New cases - prostate cancer
All new cases cancer
Cancer deaths under 75
Heart deaths under 75
All deaths under 75
Deaths from respiratory diseases
All deaths all ages
Female life expectancy
Male life expectancy
Population
Income
Young People
Lifestyle
Illness
Cancer
Death
Quintile 1 - Highest 20% of wards nationally
Quintile 2
Quintile 3
Quintile 4
Quintile 5 - Lowest 20% of wards nationally
Data suppressed to prevent disclosure

Appendix B- The Marmot Beacon Indicator Set to monitor progress against the Cheshire and Merseyside All Together Fairer Strategy

Life expectancy		Frequency	Level	Disagg.	Source
1	Life expectancy, female, male	Yearly	LSOA	IMD	ONS
2	Healthy life expectancy, female, male	Yearly	LA	IMD	ONS
Give every child the best start in life					
3	Percentage of children achieving a good level of development at 2-2.5 years (in all five areas of development)*	Yearly	LA	NA	DfE
4	Percentage of children achieving a good level of development at the end of Early Years Foundation Stage (Reception)	Yearly	LA	FSM status	DfE
Enable all children, young people and adults to maximise their capabilities and have control over their lives					
5	Average Progress 8 score**	Yearly	LA	FSM status	DfE
6	Average Attainment 8 score**	Yearly	LA	FSM status	DfE
7	Hospital admissions as a result of self-harm (15-19 years)	Yearly	LA	NA	Fingertips, OHID
8	NEETS (18 to 24 years)	Yearly	LA	NA	ONS
9	Pupils who go on to achieve a level 2 qualification at 19	Yearly	LA	FSM status	DfE
Create fair employment and good work for all					
10	Percentage unemployed (aged 16-64 years)	Yearly	LSOA	NA	LFS
11	Proportion of employed in permanent and non-permanent employment	Yearly	LA	NA	LFS
12	Percentage of employees who are local (FTE) employed on contract for one year or the whole duration of the contract, whichever is shorter***	-	-	-	NHS, local government
13	Percentage of employees earning below real living wage	Yearly	LA	NA	ONS
Ensure a healthy standard of living for all					
14	Proportion of children in workless households	Yearly	LA	NA	ONS
15	Percentage of individuals in absolute poverty, after housing costs	Yearly	LA	NA	DWP
16	Percentage of households in fuel poverty	Yearly	LA	NA	Fingertips OHID
Create and develop healthy and sustainable places and communities					
17	Households in temporary accommodation****	Yearly	LA	NA	MHCLG / DLUHC
Strengthen the role and impact of ill health prevention					
18	Activity levels	Yearly	LA	IMD	Active lives survey
19	Percentage of loneliness	Yearly	LA	IMD	Active lives survey
Tackle racism, discrimination and their outcomes					
20	Percentage of employees who are from ethnic minority background and band/level***	-	-	-	NHS, local government
Pursue environmental sustainability and health equity together					
21	Percentage (£) spent in local supply chain through contracts***	-	-	-	NHS, local government
22	Cycling or walking for travel (3 to 5 times per week)-	Yearly	LA	IMD	Active lives survey

Appendix C-

Current position in relation to draft health and wellbeing strategy outcomes

Cheshire East's most recent position in relation to the measures identified in the Joint Health and Wellbeing Strategy (2018-2021) for creating a places that supports health and wellbeing:

Cheshire East Outcomes Framework (Creating a place that supports health and wellbeing) Edit

Data view Area profiles | **Geography** Cheshire East, Counties & UAs in North West region | **Indicator list**

Show me the profiles these indicators are from

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Geography version: Counties & UAs (from Apr 2021)

☐ CIPFA nearest neighbours to Cheshire East

Indicator	Period	Chesh East			Region	England	England		England	
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best	
Percentage of people in employment (Persons, 16-64 yrs)	2020/21	➡	162,400	72.3%	73.2%	75.1%	63.2%		100%	
Killed and seriously injured (KSI) casualties on England's roads (Persons, All ages)	2020	–	146	59.4*	79.5*	86.1*	456.1		24.1	
Utilisation of outdoor space for exercise/health reasons (Persons, 16+ yrs)	Mar 2015 - Feb 2016	–	-	12.4%	17.5%	17.9%	5.1%		36.9%	
Modelled estimates of the proportion of households in fuel poverty (%)	2020	–	18,457	10.8%	-	13.2%	22.4%		4.4%	

Further metrics to consider:

Tartan Rug (where worse than national average)	
Public Health Outcomes Framework (where significantly worse than national average)	
Marmot Beacon Indicators (metrics that are likely to be required as part of ICS reporting)	• Households in temporary accommodation • Percentage unemployed (aged 16-64 years) • Cycling or walking for travel (3-5 times per week) For consideration in Phase 2 (not available in the OHID Fingertips tool) • Proportion of employed in permanent and non-permanent employment • Percentage of employees who are local (FTE) employed on contract for one year or the whole duration of the contract, whichever is shorter • Percentage of employees earning below real living wage • Proportion of children in workless households • Percentage of individuals in absolute poverty, after housing costs • Percentage of employees who are from ethnic minority background and band/level • Percentage (£) spent in local supply chain through contracts

Cheshire East's most recent position in relation to the measures identified in the Joint Health and Wellbeing Strategy (2018-2021) for promoting good physical and mental health and wellbeing in children and young people:

Cheshire East Outcomes Framework (Good physical and mental wellbeing in children and young people) Edit

Data view: Area profiles | Geography: Cheshire East, Counties & UAs in North West region | Indicator list

Show me the profiles these indicators are from

▶ Legend ▶ Benchmark ▶ More options

Geography version: Counties & UAs (from Apr 2021)

☐ CIPFA nearest neighbours to Cheshire East

Indicator	Period	Chesh East			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Children with one or more decayed, missing or filled teeth (Persons, 5 yrs)	2016/17	–	-	*	33.9%	23.3%	47.1%		12.9%
Reception: Prevalence of overweight (including obesity) (Persons, 4-5 yrs)	2019/20	–	-	*	25.2%	23.0%	31.8%		14.9%
Year 6: Prevalence of overweight (including obesity) (Persons, 10-11 yrs)	2019/20	–	-	*	37.4%	35.2%	44.7%		22.0%
Reception: Prevalence of overweight (including obesity), 3-years data combined (Persons, 4-5 yrs)	2017/18 - 19/20	–	1,665	22.2%*	24.4%	22.6%	30.0%		15.3%
Year 6: Prevalence of overweight (including obesity), 3-years data combined (Persons, 10-11 yrs)	2017/18 - 19/20	–	2,325	31.3%*	36.2%	34.6%	44.7%		22.1%
Percentage who eat 5 portions or more of fruit and veg per day at age 15 (Persons, 15 yrs)	2014/15	–	-	57.3%	48.7%	52.4%	39.9%		67.6%
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (Persons, School age)	2021	↑	1,211	2.2%	2.9%	2.8%	4.9%		1.4%
16-17 year olds not in education, employment or training (NEET) or whose activity is not known (Persons, 16-17 yrs)	2020	→	160	2.2%	5.3%	5.5%	13.8%		0.6%
Child Poverty, Income deprivation affecting children index (IDACI) (Persons, <16 yrs)	2019	–	7,070	10.7%	-	17.1%	32.7%		3.2%

Further metrics to consider:

Tartan Rug (where worse than national average)	
Public Health Outcomes Framework (where significantly worse than national average)	• Smoking status at time of delivery • Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years) • Population vaccination coverage - DTaP/IPV booster (5 years) • Population vaccination coverage - Flu (primary school aged children) • Population vaccination coverage - HPV vaccination coverage for one dose (12-13 year old) (Male) • Population vaccination coverage - HPV vaccination coverage for two doses (13-14 years old) (Female) • Population vaccination coverage - Meningococcal ACWY conjugate vaccine (MenACWY) (14-15 years) • Newborn Hearing Screening: Coverage For consideration in Phase 2 (not not up to date) • School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception
Marmot Beacon Indicators (metrics that are likely to be required as part of ICS reporting)	• Percentage achieving a good level of development at 2-2.5 years • Percentage achieving a good level of development at end of reception • Average Attainment 8 score • Hospital admissions as a result of self harm (15-19 years) For consideration in Phase 2 (not available in the OHID Fingertips tool or note up to date) • Pupils going on to achieve a good level of development at the end of reception • Average Progress 8 score • Pupils who go on to achieve a level 2 qualification at 19

Cheshire East's most recent position in relation to the measures identified in the Joint Health and Wellbeing Strategy (2018-2021) for improving mental health and wellbeing in the people that live and work in Cheshire East:

Cheshire East Outcomes Framework (Improving mental health and wellbeing) Edit

Data view: Area profiles | Geography: Cheshire East, Counties & UAs in North West region | Indicator list

Show me the profiles these indicators are from

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Geography version: Counties & UAs (from Apr 2021)

☐ CIPFA nearest neighbours to Cheshire East

Indicator	Period	Chesh East			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Self-reported wellbeing - people with a low happiness score (Persons, 16+ yrs)	2020/21	–	-	8.6%	10.3%	9.2%	-	*Insufficient number of values for a spine chart*	-
Self-reported wellbeing - people with a high anxiety score (Persons, 16+ yrs)	2020/21	–	-	25.3%	25.7%	24.2%	32.4%		15.9%
Depression: Recorded prevalence (aged 18+) (Persons, 18+ yrs)	2020/21	↑	46,984	14.1%	15.0%*	12.3%	3.1%		19.8%
Social Isolation: percentage of adult social care users who have as much social contact as they would like (Persons, 18+ yrs)	2019/20	–	2,250	54.4%	46.7%	45.9%	34.3%		56.6%
Social Isolation: percentage of adult carers who have as much social contact as they would like (Persons, 18+ yrs)	2018/19	–	80	25.4%	32.4%	32.5%	11.7%		45.7%
Gap in the employment rate for those who are in contact with secondary mental health services (aged 18 to 69) and on the Care Plan Approach, and the overall employment rate (Persons, 18-69 yrs)	2020/21	–	-	59.3	66.2	66.1	76.0		47.7
Suicide rate (Persons, 10+ yrs)	2019 - 21	–	-	10.1	11.4	10.4	19.8		4.8

Further metrics to consider:

Tartan Rug (where worse than national average)	• Hospital stays for self harm
Public Health Outcomes Framework (where significantly worse than national average)	• Gap in the employment rate between those with a physical or mental long term health condition (aged 16 to 64) and the overall employment rate • Emergency Hospital Admissions for Intentional Self-Harm • Excess under 75 mortality rate in adults with severe mental illness (SMI)
Marmot Beacon Indicators (metrics that are likely to be required as part of ICS reporting)	• Hospital admissions as a result of self harm (15-19 years) • %loneliness For consideration in Phase 2 (not available in the OHID Fingertips tool or note up to date) • Pupils going on to achieve a good level of development at the end of reception • Average Progress 8 score • Pupils who go on to achieve a level 2 qualification at 19

Cheshire East's most recent position in relation to the measures identified in the Joint Health and Wellbeing Strategy (2018-2021) for enabling people to live well for longer:

Cheshire East Outcomes Framework (Live well for longer) Edit

Data view: Area profiles | Geography: Cheshire East, Counties & UAs in North West region | Indicator list

Show me the profiles these indicators are from

▶ Legend ▶ Benchmark ▶ More options

Geography version: Counties & UAs (from Apr 2021)

☐ CIPFA nearest neighbours to Cheshire East

Indicator	Period	Chesh East			Region England	England		England	
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Breastfeeding prevalence at 6-8 weeks after birth - current method (Persons, 6-8 weeks)	2020/21	↑	-	51.1%	*	47.6%*	-	*Insufficient number of values for a spine chart*	-
Smoking Prevalence in adults (18+) - current smokers (APS) (2020 definition) (Persons, 18+ yrs)	2020	–	-	10.5%	13.4%	12.1%	20.8%		5.5%
Percentage of adults (aged 18+) classified as overweight or obese (Persons, 18+ yrs)	2020/21	–	-	68.3%	65.9%	63.5%	76.3%		44.0%
Percentage of physically active adults (Persons, 19+ yrs)	2020/21	–	-	70.6%	64.5%	65.9%	48.8%		83.6%
Admission episodes for alcohol-related cardiovascular disease (Broad): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Persons, All ages)	2020/21	→	2,337	520	654	613	897		336
Successful completion of drug treatment - non-opiate users (Persons, 18+ yrs)	2020	→	92	34.3%	36.5%	33.0%	10.7%		61.9%
Successful completion of drug treatment - opiate users (Persons, 18+ yrs)	2020	→	48	6.3%	4.7%	4.7%	0.9%		11.2%
Successful completion of alcohol treatment, treatment ratio (Current method) (Persons, 18+ yrs)	2020	–	179	0.78	-	-	-	-	-
Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults) (Persons, 16+ yrs)	2019/20	–	-	53.5%	51.2%	55.4%	41.4%		66.9%
Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check (Persons, 40-74 yrs)	2017/18 - 21/22	–	35,995	41.4%	41.8%	44.8%	15.6%		100.0%
Health related quality of life for older people (Persons, 65+ yrs)	2016/17	–	-	0.764	0.716	0.735	0.634		0.797
Emergency hospital admissions due to falls in people aged 65 and over (Persons, 65+ yrs)	2020/21	→	2,255	2,438	2,273	2,023	3,234		1,319

Further metrics to consider:

Tartan Rug (where worse than national average)	• Binge drinking (this metric is very out of date but there may be new Census 2021 data emerging) • New cases of bowel cancer • New cases of breast cancer • Emergency admissions all causes
Public Health Outcomes Framework (where significantly worse than national average)	• Smoking status at time of delivery • Abdominal Aortic Aneurysm Screening Coverage • Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check • Preventable sight loss-age-related macular degeneration • Preventable sight loss-sight loss certifications
Marmot Beacon Indicators (metrics that are likely to be required as part of ICS reporting)	• Life expectancy (female, male) • Healthy life expectancy (female, male)