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# Cheshire East Health and Wellbeing Board

# **Agenda**

Date: Tuesday, 2nd July, 2024

Time: 2.00 pm

Venue: Council Chamber, Municipal Buildings, Earle Street, Crewe

**CW1 2BJ** 

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 foot 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. Appointment of Chair
- 2. Appointment of Vice Chair
- 3. Apologies for Absence
- 4. 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.

5. Minutes of Previous meeting (Pages 3 - 6)

To approve the minutes of the meeting held on 19 March 2024.

For requests for further information

**Contact**: Karen Shuker **Tel**: 01270 686459

E-Mail: <u>karen.shuker@cheshireeast.gov.uk</u> with any apologies

# 6. 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 <u>Constitution</u>, 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.

# 7. **Membership Review 2024-2025** (Pages 7 - 10)

To consider a report to review the membership of the Cheshire East Health and Wellbeing Board for 2024-2025.

# 8. Right Care Right Person update

To receive a verbal update on Right Care Right Person initiative.

# 9. **Joint Strategic Needs Assessment (JSNA) update and Lifestyle Survey Findings** (Pages 11 - 118)

To receive an update of progress in the JSNA work programme since March 2024.

# 10. Pharmaceutical Needs Assessment 2025 Update (Pages 119 - 124)

To receive a report on the Pharmaceutical Needs Assessment 2025.

# 11. Leighton Hospital Redevelopment Strategic Outline Case

Papers to follow.

# 12. The Cheshire East Local Plan (Pages 125 - 128)

To receive a report on Cheshire East's New Local Plan.

# 13. Children's OFSTED report

To receive a verbal update on the findings from the Ofsted Inspection of Local Authority Children's Services (ILACS),

**Membership:** L Barry, Dr P Bishop, Councillor C Bulman, H Charlesworth-May, Councillor S Corcoran (Chair), M Davis, Councillor J Rhodes, Dr M Tyrer, M Wilkinson, Councillor J Clowes, C Jesson, P Skates, K Sullivan, C Williamson, I Wilson, C Wright and D Woodcock

# CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board** held on Tuesday, 19th March, 2024 in the Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

#### **PRESENT**

#### **Board Members**

Helen Charlesworth-May, Executive Director Adults, Health, and Integration (attended virtually via Microsoft Teams)
Councillor Janet Clowes, Cheshire East Council
Councillor Sam Corcoran (Chair), Cheshire East Council
Councillor Carol Bulman, Cheshire East Council
Councillor Jill Rhodes, Cheshire East Council

Louise Barry, Healthwatch Cheshire Mark Wilkinson, Cheshire East Place Director

Charlotte Wright, Cheshire Fire and Rescue Service

#### **Cheshire East Officers and Others**

Helen Duckworth, Director of BI Transformation at NHS Arden & Greater East Midlands Commissioning Support Unit Guy Kilminster, Corporate Manager Health Improvement Katie Jones, Business Manager, Cheshire East Safeguarding Adults Board Sandra Murphy, Head of Adults Safeguarding Georgia Carsberg, JSNA Support Officer Dr Susie Roberts, Public Health Consultant Karen Shuker, Democratic Services Officer Emma Williams, Carbon Manager

#### 17 APOLOGIES FOR ABSENCE

Apologies were received from Michelle Davis, Peter Skates, Kathryn Sullivan, Dr Matt Tyrer, Dr Paul Bishop, Claire Williamson, Isla Wilson, Deborah Woodcock, and Superintendent Claire Jesson.

#### 18 DECLARATIONS OF INTEREST

There were no declarations of interest.

#### 19 MINUTES OF PREVIOUS MEETING

#### **RESOLVED:**

That the minutes of the meeting held on 23 January 2024 be confirmed as a correct record.

## 20 PUBLIC SPEAKING TIME/OPEN SESSION

There were no members of the public present.

# 21 CHESHIRE & MERSEYSIDE SECURE DATA ENVIRONMENT PROPOSALS

The Board received a presentation on the Cheshire & Merseyside Secure Data Environment Proposals following the Government's announcement that it would invest up to £200 million to boost NHS healthcare data research.

The Cheshire and Merseyside SDE was the new name for the data store that had been in place since 2020 as part of the Combined Intelligence for Population Health Action (CIPHA) programme.

It securely stored data from GP practices and other providers to be used for insight-driven local service management.

A new data-sharing agreement with data controllers to support use of the data for research through the Cheshire and Merseyside SDE would need to be established.

The next steps included further dialogue with the public before any data sharing agreements would be launched. It was confirmed that data would not be shared with commercial organisations at this stage.

Board members asked questions and made the following comments:

- Wanted assurance that data would be secure and how would data leaks and breaches be prevented.
- Would there be an international aspect included around sharing data?
- Would people have to opt out or opt into the sharing of their data.
- It was felt that a wider conversation in respect of adult social care data and understanding further about the difference between patient data and people's data was required.

#### **RESOLVED:**

That the presentation be noted.

#### 22 JOINT STRATEGIC NEEDS ASSESSMENT UPDATE

The Board received a report which provided an update of progress on the JSNA work programme.

The update included the following:

- The Tartan Rug dashboard and video user guide, and the Emotional and Mental Wellbeing in Children and Young People JSNA had been published.
- There had been considerable progress in relation to the lifestyle survey and the Special Educational Needs and Disability (SEND) JSNA, with

provisional completion dates in the spring/summer 2024. The SEND JSNA would help inform the re-write the SEND strategy.

- Social isolation, Macclesfield, and Care of Older People JSNAs were in their early stages.
- The JSNA conference took place on the 28 February 2024 and had received considerable positive feedback.
- Evaluation of the JSNA work programme had commenced
- A councillor briefing session was planned to familiarise councillors with the range of products, and the ways they could be utilised and should be interpreted

Board members who had attended the JSNA conference all echoed the positive comments that had been received.

## **RESOLVED:** That the Health and Wellbeing Board

- 1. Noted the progress on the JSNA work programme and adopted the recommendations that have resulted from this work.
- 2. Provided feedback on the JSNA conference.
- 3. Utilise the JSNA to inform continue challenging decision making in relation to public sector budgets.

# 23 ALL TOGETHER ACTIVE AND HEALTHY WEIGHT IMPLEMENTATION PLANS

The Board considered a report which outlined the All Together Active Plan and the Healthy Weight Plan. Following the publication of the 'All Together Active Strategy' in October 2022, the nine places within Cheshire and Merseyside were required to prepare place-based implementation plans to demonstrate how they would achieve increased levels of physical activity.

The two plans had been developed in tandem through a series of multiagency workshops. Work was ongoing to identify the leads for each activity set out within the plans and timescales would be populated in due course.

In response to comments made in respect of to what extent factors affecting the public rights of way had been considered in rural areas, officers reported that there were no additional resources for the two pieces of work. However, the Public Rights of Way Manager and the Head of Service had been part of the workshops and more participation and making best use of the services that were already being provided or commissioned was to be encouraged. Consideration would be given when planning for 2024/25 to factors such as reissuing the circular walk leaflets and prioritising the routes within the leaflet, ensuring these were maintained within existing budgets.

It was agreed that update reports would be brought back to the Board on the implementation plans.

# **RESOLVED:** That the Health and Wellbeing Board

- 1. Approve the All Together Active Plan and the Healthy Weight Plan.
- 2. Agree to Officers from across partner organisations to work together to implement the actions set out in the Plans.

#### 24 THE CHESHIRE EAST CARBON PLAN

The Board received a presentation in respect of the Carbon Programme, and this informed the Board of the revised target date set for the organisation to be carbon neutral which was now 2027. The presentation outlined the Councils targets and what it was doing to try and achieve these targets which included purchasing green technology, planting trees, reducing the volume of waste, building a solar farm, and implementing solar panels where possible.

The board acknowledged the link between climate change and the wider determinants of health and agreed that there was more to be done around the messaging.

#### **RESOLVED:**

That the presentation be noted.

# 25 CHESHIRE EAST SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2022-2023

The Board received the annual report of the Local safeguarding Adults Board 2022/2023 which described the role, structure, and governance of the Safeguarding Board. During the last 12 months Kevin Bennett had been appointed as the Independent Chair and the 3-year strategy had been updated which reflected the vision, aims and objectives for the Board going forward from 2022 to 2025.

In response to a question in respect of the reasons behind the steep increase in the number of safeguarding concerns received in the last few years, officers reported that this was reflective of the national picture. The highest number of concerns raised came from providers, police and then health.

# **RESOLVED:**

That the Cheshire East Safeguarding Adults Board Annual Report 2022-2023 be noted.

The meeting commenced at 2.00 pm and concluded at 3.25 pm

Councillor S Corcoran (Chair)

# Agenda Item 7





# CHESHIRE EAST HEALTH AND WELLBEING BOARD Reports Cover Sheet

Title of Report:	Membership Review 2024-2025
Report Reference	N/A
Number	
Date of meeting:	2 <sup>nd</sup> July 2024
Written by:	Guy Kilminster
Contact details:	Guy.kilminster@cheshireeast.gov.uk
Health & Wellbeing	The Chair
Board Lead:	

# **Executive Summary**

Is this report for:	Information	Discussion	Decision X		
Why is the report being brought to the board?	To review the membership of the Cheshire East Health and Wellbeing Board for 2024-2025				
Please detail which, if any, of the Health & Wellbeing Strategic Outcomes this report relates to?	<ol> <li>Cheshire East is a place that supports good health and wellbeing for everyone</li> <li>Our children and young people experience good physical and emotional health and wellbeing </li> <li>The mental health and wellbeing of people living and working in Cheshire East</li> </ol>				
		e and age well, remaining inde dignity in their chosen place □			
Please detail which, if	Equality and Fairness $\square$				
any, of the Health &	Accessibility				
Wellbeing Principles this	Integration				
report relates to?	Quality 🗆				
	Sustainability				
	Safeguarding □				
	All of the above X				
Key Actions for the		embership for 2024-2025 to er			
Health & Wellbeing	-	ory responsibilities and suppor	t the delivery of the Joint		
Board to address.	Local Health and Wellbeir	ig strategy.			
Please state recommendations for					
action.					

Has the report been	No
considered at any other	
committee meeting of	
_	
the Council/meeting of	
the CCG	
board/stakeholders?	
Has public, service user,	N/A
patient	
feedback/consultation	
informed the	
recommendations of	
this report?	
If recommendations are	The Cheshire East Health and Wellbeing Board will function more effectively in its
adopted, how will	role to provide strategic leadership for integration and the reduction of inequalities.
residents benefit?	
Detail benefits and	
reasons why they will	
benefit.	

# 1 Report Summary

1.1 The Cheshire East Health and Wellbeing Board's Terms of Reference require the membership to be reviewed and agreed at the first meeting of the Municipal Year. This report reviews the proposed membership for 2024-2025.

## 2 Recommendations

2.1 That the statutory Cheshire East Health and Wellbeing Board members agree the following individuals as additional members for 2024-2025:

Councillor Janet Clowes – Opposition Group representative

Peter Skates - the Executive Director of Place

Isla Wilson – representing the Place Health and Care Partnership Board

Superintendent Claire Jesson – representing the Police and Crime Commissioner

Charlotte Wright - representing the Chief Fire Officer

Kathryn Sullivan - representing the community, voluntary and social enterprise sector

Claire Williamson – an additional representative for Children and Families

Michelle Davis - representing housing providers

A Business representative – to be nominated

2.2 That the members of the Board (statutory and additional) consider if there are any further nominees to join the Cheshire East Health and Wellbeing Board.

#### Reasons for Recommendations

3.1 To ensure that the Cheshire East Health and Wellbeing Board has a membership that will allow it to fulfil its statutory responsibilities and effectively support the delivery of the Cheshire East Joint Local Health and Wellbeing Strategy.

# 4 Impact on Health and Wellbeing Strategic Outcomes

4.1 The membership of the Cheshire East Health and Wellbeing Board is critical to achieving the strategic outcomes of the Cheshire East Joint Local Health and Wellbeing Strategy. Members will provide the strategic leadership required to take forward the work of the Board in supporting integration and reducing inequalities.

# 5 Background and Options

- 5.1 The statutory membership of the Cheshire East Health and Wellbeing Board is set out in the current Terms of Reference. This includes those members that are set out in the legislation (Health and Social Care Act 2012).
- 5.2 The statutory members can nominate additional members on to the Board to assist with the work of the Board and the delivery of the strategic outcomes set out in the Joint Local Health and Wellbeing Strategy.
- 5.3 All additional members of the Board are voting members. This is designed to ensure that their membership and contribution to the work of the Board is seen as being of equal value to that of the Statutory Members.
- 5.5 The current membership is as below:
  - **Three** councillors from Cheshire East Council\*1 (TBC by Committees representing the Administration)
  - The Director of Adult Social Services\* (Helen Charlesworth-May)
  - The Director of Children's and Families\* (Deborah Woodcock)
  - The Director of Public Health\* (Dr Matt Tyrer)
  - A local Healthwatch representative\* (Louise Barry)
  - Two representatives from NHS Cheshire and Merseyside Integrated Care Board\* (Mark Wilkinson and Dr Paul Bishop)
  - The Chair of the Cheshire East Place Health and Care Partnership (Isla Wilson)
  - The Executive Director of Place (Peter Skates (NB Acting Director))
  - A Police and Crime Commissioner representative (Superintendent Claire Jesson)
  - A Fire and Rescue Service representative (Charlotte Wright)
  - A representative of CVS Cheshire East (Kathryn Sullivan)
  - An additional representative of Children and Families (Claire Williamson)
  - A councillor from Cheshire East Council representing the main opposition group (Cllr Janet Clowes)
  - A representative of housing providers (Michelle Davis)

# 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

<sup>&</sup>lt;sup>1</sup> \* Statutory Members of the Board

Email: guy.kilminster@cheshireeast.gov.uk

Agenda Item 9

Title of Report:	Joint Strategic Needs Assessment (JSNA) update
Date of meeting:	2 July 2024
Written by:	Dr Susan Roberts and Georgia Carsberg
Contact details:	susan.roberts@cheshireeast.gov.uk
Health & Wellbeing Board Lead:	Dr Matt Tyrer

# **Executive Summary**

Is this report for:	Information	Discussion 🛘	Decision 🗵		
Why is the report being brought to the board?		The purpose of this report to provide the Health and Wellbeing Board with an update of progress in the JSNA work programme since March 2024			
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.	<ul> <li>The Health and Wellbeing Board (HWB) is asked to:</li> <li>To approve the reviews to commence during 2024/25.</li> <li>Note the progress on the JSNA work programme and to adopt the recommendations that have resulted from this work.</li> <li>Utilise the JSNA to inform continue challenging decision making in relation to public sector budgets.</li> </ul>				
Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	Management Team, it ha	idered by the Cheshire East Puss also been shared specifically Director for Adults, Health and	with the Director of Public		
Has public, service user, patient feedback/consultation informed the recommendations of this report?	n/a				

If recommendations ar
adopted, how will
residents benefit?
Detail benefits and
reasons why they will
benefit.

It is envisaged that adopting the JSNA recommendations will help to reduce inequalities and enhance existing work to improve overall health and wellbeing in Cheshire East.

# 1. Report Summary

1.1. The purpose of this report is to update the Health and Wellbeing on the Joint Strategic Needs Assessment (JSNA) work programme.

# 1.2. Key updates include:

- The lifestyle survey has now concluded. Headline figures have been reported.
   These will be further explored and compared and contrasted with existing datasets as part of a specific lifestyles JSNA review chapter.
- Recommendations from 2022/23 JSNA reviews have been prioritised, with leads identified for the majority recommendations. Conversation will continue to ensure ownership of all priority recommendations across the system.
- Social isolation, Macclesfield and Care of Older People JSNAs are underway with extensive engagement from across the system.
- Care community dashboards have been revisited to include indicators where possible from the Outcomes Framework and those identified within the JSNA chapters to monitored going forward.
- The JSNA evaluation survey was circulated in March 2024 and closed on the 24<sup>th</sup> May 2024. There were 67 responses in total.
- A councillor briefing session will be planned to gather valuable feedback to shape further engagement with councillors around the JSNA and ways to utilise it.

# 2. Recommendations

- 2.1. The Health and Wellbeing Board is asked to:
  - To approve the reviews to commence during 2024/25.
  - Note the progress on the JSNA work programme and to adopt the recommendations that have resulted from this work.
  - Utilise the JSNA to inform continue challenging decision making in relation to public sector budgets.

#### **Reasons for Recommendations**

- 2.2. The JSNA recommendations are based on the triangulation and interpretation of data from wide and varied sources through multi-partner collaboration.
- 2.3. Publishing updated JSNAs allows partners and commissioners to use up to date information, evidence and research when designing services in Cheshire East.

# 3. Impact on Health and Wellbeing Strategy Priorities

- 3.1. The production of the JSNA supports the four outcomes from the Health and Wellbeing Strategy 2023-28:
  - Cheshire East is a place that supports good health and wellbeing for everyone.
  - Our children and young people experience good physical and emotional health and wellbeing.
  - The mental health and wellbeing of people living and working in Cheshire East is improved.
  - That more people live and age well, remaining independent; and that their lives end with peace and dignity in their chosen place.

# 4. Background and Options

- 4.1. Health and Wellbeing Boards have a duty to produce JSNAs under the Health and Social Care Act 2012. JSNAs are in-depth assessment of the current and future health and social care needs. They are informed from a wide range of sources to produce recommendations for commissioners and partners to use to improve the overall health and wellbeing of residents of Cheshire East whilst looking to reduce inequalities.
- 4.2. JSNAs are assessments of the current and future health and social care needs of the local community. These are needs that can be met either by the local authority or by the NHS or other partners. JSNAs are informed by a wide range of sources including research, evidence, local insight, and intelligence to help to improve outcomes and reduce inequalities. They also consider wider factors that impact on their community's health and wellbeing, produce recommendations, and identify where there is a lack of evidence or research.
- 4.3. Reviews are undertaken through multi-partner working groups and are subsequently approved for publication by the Director of Public Health or Executive Director of Adults Health and Integration through delegated responsibility (further details are provided via:

  <a href="https://moderngov.cheshireeast.gov.uk/ecminutes/documents/s102045/JSNA%20ap">https://moderngov.cheshireeast.gov.uk/ecminutes/documents/s102045/JSNA%20ap</a>
  proval%20processes%2021%20March%202023%20Final%20Version.pdf
- 4.4. The priorities for the JSNA work programme are agreed by the multi-agency, multi-partner JSNA Steering Group.

4.5. Any financial implications that arise as a result of any actions taken in response to this report are fully covered by existing funding, meaning that there are no changes required to the Council's existing Medium Term Financial Strategy (MTFS).

# 4.6. Progress in relation to the current work programme

- 4.6.1. The Special Educational Needs and Disability JSNA Analysis has concluded in relation to this review. Quality assurance commenced during May 2024. The target approval date has moved further to July 2024 due to system pressures. However, the SEND Partnership Board has been updated of progress and praised the work presented, which is being aligned with the Safety Valve Programme planning conversation and to inform the rewrite of the SEND strategy later in the year.
- 4.6.2. The *lifestyle survey* concluded on 29 January 2024. Social Engine were commissioned to undertake the survey on behalf of Cheshire East Council and the JSNA programme more widely<sup>1</sup>. A total of 12,435 households in Cheshire East were randomly selected to be invited to participate in the survey. An invitation letter was sent directing people to an online survey, however, paper copies of the survey were also available on request. Two reminder letters were sent to encourage responses. The first, was sent to all households which had not yet responded to the survey. The second reminder was only sent to households in Crewe and Macclesfield that had not responded, since the number of responses received from these Care Community areas was at that point significantly lower than the six other areas.

In total, 2,591 surveys were completed, a response rate of 20.8% - notably higher than the anticipated 16%. However, the average number of responses per household was 1.19; lower than the 1.53 per household that our sample size calculations were based on.

The headline figures are included at Appendix A.

The overall the survey results suggest that the picture of health and wellbeing of residents across Cheshire East is generally of good health and wellbeing.

- Around half (52%) of respondents stated that they "mostly eat well and stay active", whilst 31% said that they either had a good diet or were active but not both. 7% of respondents self-reported that their "diet and activity need a lot of work".
- 70% of people stated that they did not have concerns about the health, diet or fitness of others whom they lived with. Around one quarter (24%) said they were concerned about their partner or

<sup>&</sup>lt;sup>1</sup> Social Engine (2024) Lifestyle behaviours research report. Appendix A: Headline Findings. February 2024. research and behaviour change agency.

- another adult that they lived with. 6% also said they had concerns about their children's health and wellbeing.
- The vast majority of respondents had either never smoked (61%) or quit ten or more years ago (26%), however 7% stated they either currently smoke or occasionally do and a further 7% stated they had given up within the last 10 years.
- Around a quarter (23%) of people said they drank alcohol only infrequently (monthly or less) or not at all, while one in three (30%) report drinking 2-3 times a week and a further 18% stated they drink 4 or more times a week.
- Half of respondents (49%) reported eating at least the recommended five portions of fruit and vegetables on the previous day, whilst only 4% stated that they had not had any.
- One third of respondents (31%) stated they undertake at least 150 minutes of moderately intensive exercise each week. 28% reported doing 30 minutes or less each week with half of these (15%) saying they do no exercise at all.
- Just over one third (36%) of respondents stated they do no muscle strengthening exercises, whilst half said they did so through everyday tasks such as digging or carrying shopping.
- The impact of the pandemic on people's different lifestyle behaviours tended to be negligible for many, with between 49% and 92% of respondents saying it had made no difference.

Analysis of specific "population segments" are included at Appendix B. This identified for key population segments that may require different approaches to support:

- multi-hurdlers
- smokers
- drinkers
- non-exercisers<sup>2</sup>

Whilst the headline figures and population segment analysis are helpful. The next step will be to undertake further subgroup analyses to further examination the information provided and to determine the statistical significance of the differences observed, including the differences observed between Care Communites. The findings will also be triangulated with other routinely available data sources for comparison and contrast, for example; the Active Lives Survey. A JSNA chapter will then be produced that includes the outputs from the survey and this further exploration.

## 4.6.3. Care of older people

<sup>&</sup>lt;sup>2</sup> Social Engine (2024) Lifestyle behaviours research report Appendix B: Segmentation analysis. February 2024. Social Engine is a research and behaviour change agency.

30 stakeholders are linked in with this JSNA via the email distribution list and we are working to recruit additional stakeholders, particularly from general practice. We are exploring the most effective way to engage in view of the current system pressures. The scope of this review is being finalised and has yet to be approved. It is likely that this review will take 12-18 months to complete in view of its breadth. However, key elements of the work may be quality assured and finalised prior to completion of the entire review, to ensure timely utilisation by the system.

#### Loneliness and social isolation

47 stakeholders are linked in with this JSNA via the email distribution list. The scope has been approved by the JSNA steering group and data collection and analysis is underway.

#### Macclesfield

34 stakeholders are linked in with this JSNA via the email distribution list. The scope has been approved by the JSNA steering group and data collection and analysis is underway. Some engagement with residents has taken place and further engagement opportunities are being explored.

# 4.6.4. Progress in relation to the Joint Outcomes Framework

Phase two of the Joint Outcomes Framework development continues. Key developments include that local Care Community Dashboards have now incorporate links to the Joint Outcomes Framework, relevant JSNA sections and CORE20Plus5 to promote upstream intervention and further integration. Engagement with Care Communities regarding a prototype of the latest version of the dashboard is due to commence shortly and will result in its further refinement.

Conversations have also commenced regarding developing an interactive dashboard in Power BI that aligns with other tools produced by the Integrated Care Board.

There will be a refresh of the Phase One Outcomes Framework indicators in the coming months, once this is feasible within the Office for Health Improvement and Disparities tool.

#### 4.7. Additional activities

4.7.1. Prioritisation of recommendations from the 2022/23 JSNA reviews.

Recommendations from the 2022/23 JSNA reviews have been prioritised with recommendation owners/ co-owners provisionally identified in relation to each of these recommendations (Appendix C).

The next step is to confirm co-owners for each of the recommendations and to continue to develop a systematic process to review intermediate and longer term recommendations also.

## 4.7.2. Evaluation

Google analytics suggest that there were 2362 individual viewers of JSNA webpages between 2 February 2024 and 1 May 2024 (see Appendix D for further details).

# 4.7.3. JSNA Evaluation Survey

The JSNA evaluation was undertaken to help the Public Health Intelligence Team and the JSNA Steering Group to understand what aspects of the JSNA are valued and are going well and to gather opinions on the changes that have been implemented, but also how we can improve as part of our next steps so that the JSNA has as much impact as possible.

The JSNA evaluation survey was circulated in March 2024 and closed on the 24<sup>th</sup> May 2024. In total there were 67 responses from a range of different sectors (see appendix E for more details).

## 4.7.4. Councillor briefing session

A councillor briefing session is being planned to raise awareness of the JSNA with elected members and explain how the reviews are undertaken and can be used. This event was initially booked for 21 May 2024, however, needed to be postponed due to unforeseen circumstances.

## 4.7.5. The 2024/25 work programme

Consensus building on the content of the 2024/25 programme took place in March 2024. This involved gathering suggestions have been gathered throughout the year and via the JSNA conference in February 2024. A poll was then circulated to JSNA steering group members and VCFSE representatives. The results of this poll, insights from steering group members and review of the Tartan Rug and Public Health Outcomes framework then guided the prioritisation of topics.

The capacity to undertake reviews will be reduced during 2024/25 to allow sufficient capacity to be available to undertake the Pharmaceutical Needs Assessment. This restricted capacity resulted in the need for a second round of polling to finalise the priority review areas, which have been proposed to be:

- Health and wellbeing in the early years of life (0-5 year olds)
- A place-based JSNA focusing on Congleton and Holmes Chapel Care Community.
- Sexual health needs assessment

This work will be commenced during the latter half of 2024/25 alongside the conclusion of the care of older people, loneliness and social isolation, and Macclesfield reviews.

Areas that were also considered and for which other approaches to needs assessment are being explored (including via Cheshire and Merseysidewide workstreams) include:

- Health Inclusion groups- people experiencing serious mental illness, people with learning disability, gypsy, roma and traveller communities, children and young people in care, and veterans.
- The menopause
- Childhood vaccination uptake

#### **Access to Information**

4.8. 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: phit@cheshireeast.gov.uk



# Lifestyle behaviours research report

**Appendix A: Headline Findings** 

February 2024



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# **About Social Engine**

Social Engine was founded in 2015 to support organisations to adopt an evidenced-based and insight-led approach. We work with charities, local authorities, social enterprises and other social purpose organisations to overcome organisational challenges through engagement, research and the application of evidence into practice.

Our work involves conducting research, gathering insights and applying behavioural insights to support service improvement across a wide range of policy and service areas in order to improve outcomes for individuals and communities.

www.social-engine.co.uk

# **Headline Findings**

# Current health, wellbeing and lifestyle behaviours

The overall picture of the health and wellbeing of residents in the borough is of generally good health and wellbeing. A majority of people report having a good diet, being reasonably active and being happy and satisfied with their lives. However, we can see that a minority of people – around 10-20% of the population –report poorer diet, lifestyle and general wellbeing.

# **Health status**

The majority of residents in Cheshire East feel that their diet is healthy, with just over one in six people saying they did not and 6% saying they did not know if their diet was healthy or not.

Around half (52%) of respondents told us that they "mostly eat well and stay active", whilst 31% said that they either had a good diet or were active but not both. However, 7% of respondents self-reported that their "diet and activity need a lot of work".

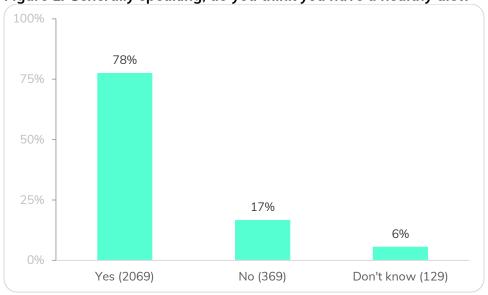


Figure 1: Generally speaking, do you think you have a healthy diet?

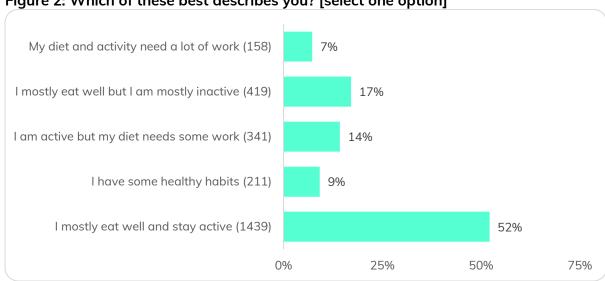


Figure 2: Which of these best describes you? [select one option]

Whilst the majority (70%) of people told us that they did not have concerns about the health, diet or fitness of others whom they lived with, around one quarter (24%) said they were concerned about their partner or another adult that they lived with. 6% also said they had concerns about their children's health and wellbeing.

100% 70% 75% 50% 21% 6% 3% Yes, my child / children Yes, my partner (515) Yes, other adult (73) No (1730) (137)

Figure 3: Thinking about the other people in your household, do you have concerns about their health, diet or fitness?

#### Concerns about others

Those living with others frequently worried about diagnosed health conditions, lifestyle choices and mental health issues of household members.

Regarding lifestyle choices, inactivity was named the most frequently as a concern, followed by dietary choices and being overweight. In terms of diet, worries related most often to a

perceived lack in vegetables and fruit. A significant number respondents also mentioned that household members consumed too much alcohol in their eyes, and that their smoking/vaping were causes of worry. Some mentioned that these "poor" lifestyle choices were due to other health conditions, such as gastric issues, mobility issues or long Covid.

With regard to diagnosed health conditions, chronic conditions such as asthma, arthritis or COPD were mentioned most frequently, followed by age-related conditions such as dementia, Alzheimer's, memory loss and low mobility. Several respondents also told us about more acute health issues ranging from serious illnesses such as cancer and strokes to knee problems or back pain.

Mental health issues were mentioned less often than lifestyle and physical health conditions, but still featured considerably. Those described were mostly connected to depression, anxiety and/or stress.

A small number of respondents referred to disabilities and neurodivergence, for instance children with autism or ADHD.

"Needs more exercise as needs to be at desk a lot."

"Not enough fresh fruit and vegetables"

"Elderly and unable to exercise fully. Unable to eat well due to health."

"We've both gained some weight but trying to resolve it"

"One of my children drinks too much for my liking"

"I wish he wouldn't smoke"

"Husband has painful back so walking is difficult, also had dementia, osteoarthritis and heart problems. Sleeps a lot and does not eat much."

"My wife is experiencing pain and stiffness in her knee"

"My 65-year-old son has advanced, incurable bowel cancer"

"Husband had heart attack, on lots of medication, has to take things at an easy pace"

"Sibling has mental health issues and has tried to commit suicide before.

Refused to see mental health specialist"

"I have two ASD children witch struggle new things and health options don't work for them"

# **Body Mass Index (BMI)**

Based on their BMI - which were calculated using self-reported responses to questions about people's weight and height – around one in five (19%) of the population of Cheshire East are obese, with a further 36% overweight. Just under half (44%) are within normal weight range according to their Body Mass Index.

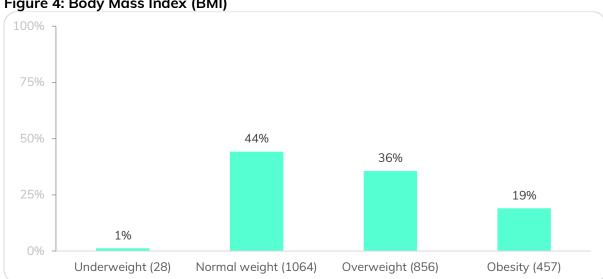


Figure 4: Body Mass Index (BMI)

# Happiness and wellbeing

Questions on people's happiness and wellbeing used a scale of 0 to 10, where 0 is "not at all" and 10 is "completely". Responses to this question have been grouped into the following categories for analysis purposes: 0-4, 5-6, 7-8 and 9-10.

When we asked how satisfied people were with their lives, how worthwhile they felt their lives were and how happy they were yesterday, responses were fairly consistent across all three measures. Around two-thirds of respondents told us they were reasonably satisfied (63%), felt their lives were worthwhile (68%) and that they were happy yesterday (67%) with scores of 7 or higher. We also found that a broadly similar proportion of respondents said they were dissatisfied (14%), that their lives were not worthwhile (12%) or that they were unhappy (15%) with scores of 4 or less.

When asked how anxious they felt yesterday, 18% of people indicated at least a degree of anxiety (with a score of 7-101), which was consistent with scores of 0-4 on the other happiness and wellbeing questions. Two thirds (65%) indicated that they were not very anxious (score 0-4) which again is in line with the other happiness and wellbeing questions.

<sup>&</sup>lt;sup>1</sup> Since the question asks how anxious people were yesterday, the scales are reversed; so higher scores reflect greater anxiety.

Figure 5: Overall, how satisfied are you with your life nowadays?

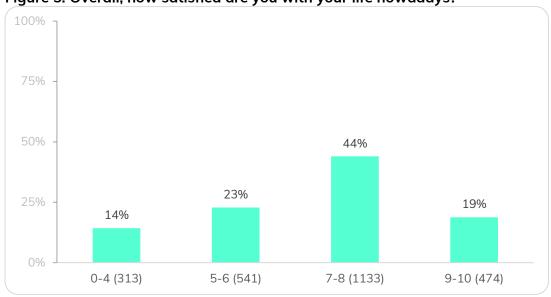
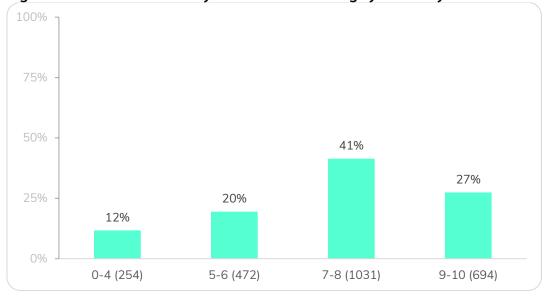


Figure 6: To what extent do you feel that the things you do in your life are worthwhile?



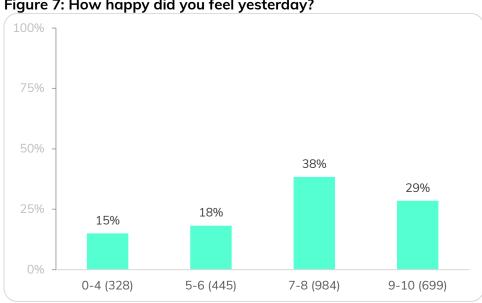
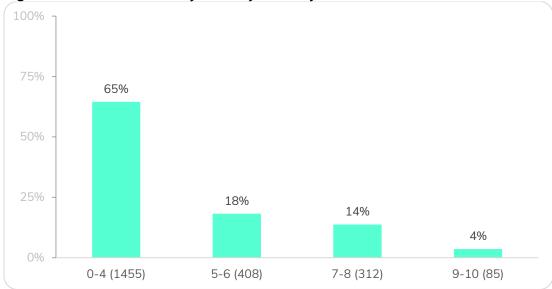


Figure 7: How happy did you feel yesterday?





# Lifestyle behaviours- smoking, vaping, alcohol use, diet and physical activity

# **Smoking and vaping**

The vast majority of residents have either never smoked (61%) or quit ten or more years ago (26%), however 7% say they either currently smoke or occasionally do and a further 7% say they have given up within the last 10 years.

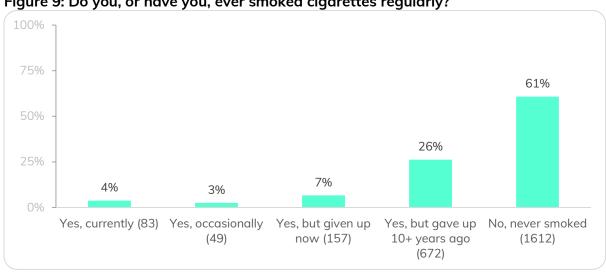


Figure 9: Do you, or have you, ever smoked cigarettes regularly?

The proportion of people who have ever used vapes or e-cigarettes across the borough is relatively low, with 89% saying that they have never used them and a further 3% saying they have previously but no longer do so. Around 1 in 14 people (7%) say they are either current and occasional users and a further 1% say that they use them as an alternative to smoking cigarettes.

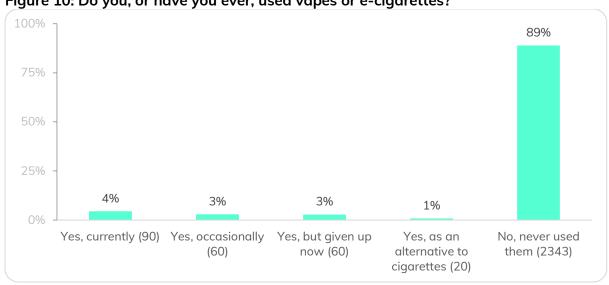


Figure 10: Do you, or have you ever, used vapes or e-cigarettes?

#### Alcohol use

Around a quarter (23%) of people said they drink alcohol only infrequently (monthly or less) or not at all, while one in three (30%) report drinking 2-3 times a week and a further 18% told us they drink 4 or more times a week.

The majority of people drink 5 units or less when they do drink, while around a fifth (20%) said they drink 10 or more units. 3% of respondents said they drink more than 20 units when they have an alcoholic drink. Two thirds (63%) of people told us that they had not drunk 14 units in any week over the past month, however one in eight (12%) said they had done so every week and almost one in five (18%) drank that amount in 3 weeks or every week in the past month.

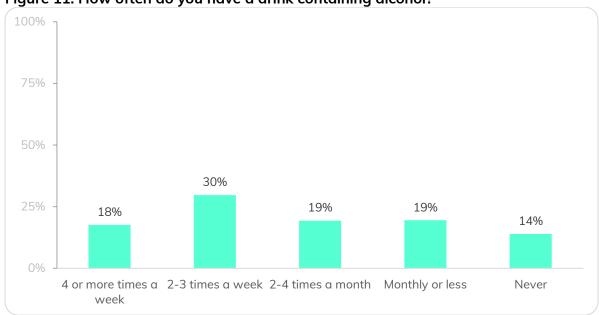
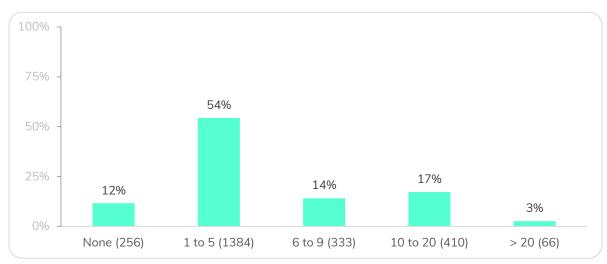


Figure 11: How often do you have a drink containing alcohol?

Figure 12: Roughly, how many units of alcohol do you drink on a day when you are drinking?

As a guide: Bottle of beer/lager (1 pint/568ml) 4% = 2.3 units. Standard glass of wine (175 ml) 12% = 2.5 units. Single shot of spirits (40 ml) 40% = 1 unit.



63% 25% 14% 12% 6% 6% None One week out of Two weeks out of Three weeks out Every week in the four four of four last month

Figure 13: In the last month, how many weeks have you drunk 14 or more units?

## Diet

Half of respondents (49%) reported eating at least the recommended five portions of fruit and vegetables on the previous day, whilst only 4% told us that they had not had any. Around one in five (18%) said they had two portions or less.

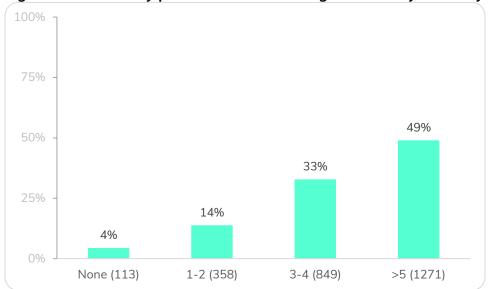


Figure 14: How many portions of fruit and vegetables did you have yesterday?

# Physical activity

One third of residents (31%) told us they undertake at least 150 minutes of moderately intensive exercise each week, whilst a further 41% said they do between 30-150 minutes each week. Just over a quarter (28%) report doing 30 minutes or less each week with half of these (15%) saying they do no exercise at all.

We find a similar picture in relation to regular walking, with one third saying they walk for at least 10 minutes every day and 13% saying they either do not walk for 10 minutes or more at all or just once per week. Around a half of people said they walk for at least 10 minutes between twice and six times each week.

Just over one third (36%) of residents told us they do no muscle strengthening exercises, whilst half said they did so through everyday tasks such as digging or carrying shopping. Dedicated muscle strengthening exercising such as pilates, dumbbells and using weight machines were undertaken by between 13-18% of residents.

Figure 15: How much regular, moderately intensive physical activity lasting ten minutes or more do you do each week? e.g. something that raises your heart rate and makes you sweat – such as cycling, brisk walking, fitness activities or sports

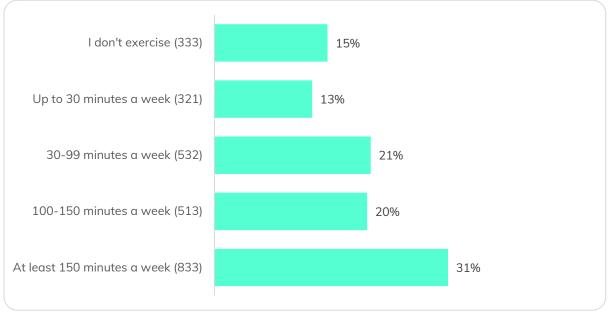
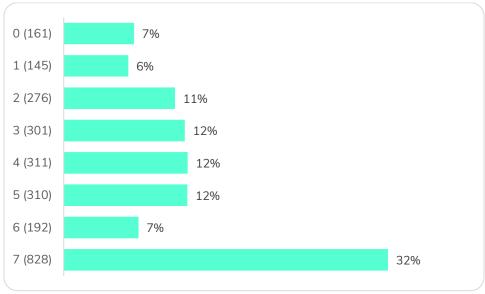


Figure 16: In the past 7 days, on how many days did you do a walk lasting at least ten minutes?



Around one third (36%) of respondents indicated that they walked for up to half an hour on average, with a further third (35%) stating that their walks averaged between 31 minutes and an hour. One in ten people told us that they typically walked for over 2 hours on each day where they walked for more than 10 minutes.

Figure 17: On days you walked more than 10 minutes, how long was each walk on average?

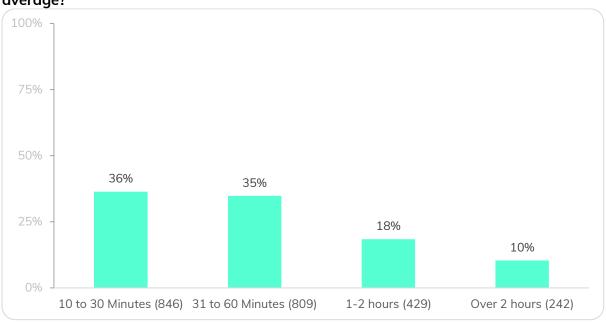
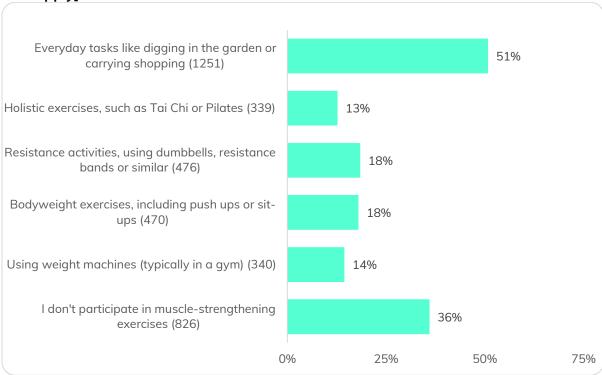


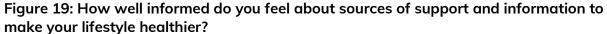
Figure 18: Do you regularly undertake muscle strengthening exercise such as: [select all that apply]

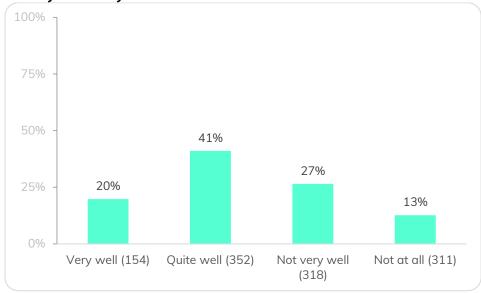


# Accessing health and lifestyle services and information

# Accessing health and lifestyle support and information

Although the majority (61%) of people said they felt well informed – either very well or quite well informed – about where to access information and support to improve their lifestyle, around one quarter said they did not feel very well informed and 13% said they did not know at all where to go for this.





When asked where they look for information, the vast majority of respondents said they turned to the internet for answers, including social media and YouTube as well as the NHS website. A small number of those searching on the internet named the council's website as a source of information. A lot of respondents also named their GP, health centre, or doctors more generally as their preferred source of information.

Several respondents derived information from the friends or others in their household, as well as leisure centres and gyms. Smaller numbers named newspapers, podcasts or books as sources of healthy lifestyle guidance.

# Choosing and using lifestyle services

One third of people said they are a member of a fitness club, organisation or class, while two thirds were not. Of those who were, half of them told us they are members of sports centres or private gyms with the use of council-run facilities was considerably lower. The vast majority of people had never used them, with between 1% and 5% of people saying they were regular users and between 1% and 6% saying they did so infrequently. For each council leisure centre, between 78% and 97% of people said that they had never used this particular one. Of the 13 leisure centres listed, six of them had never been used by at least 90% of respondents. Two thirds of people had visited at least one leisure centre, whilst one third of respondents (32%) indicated that they had never used any of the leisure centres listed.

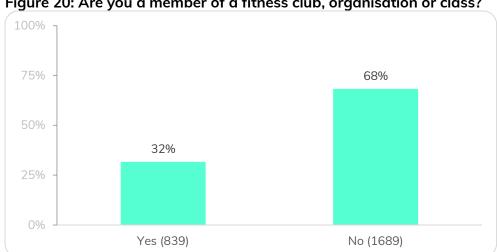
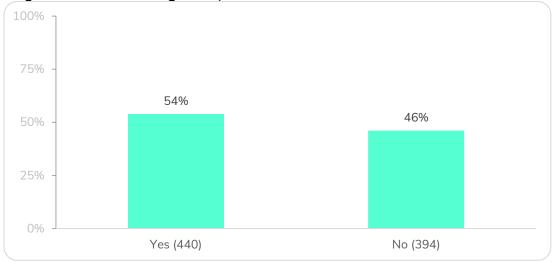
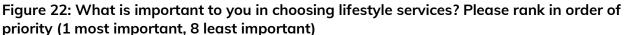


Figure 20: Are you a member of a fitness club, organisation or class?

Figure 21: If yes, do you belong/attend a private gym or sports centre such as (PureGym, Virgin Active, Powerleague etc)?



We asked people to rank what mattered most to people in choosing lifestyle services, with a range of responses presented. Each factor was ranked from 1 (most important) to 8 (least important) and the average scores for each are listed below. Cost and affordability and the distance of the service from people's home or work were by far the most frequently top ranked service features, with average scores of 2 and 2.5 respectively. Conversely, being accessible by public transport was most frequently ranked least important – with an average score of 7.2. Facilities for children was also viewed as generally unimportant with an average score of 6.4.



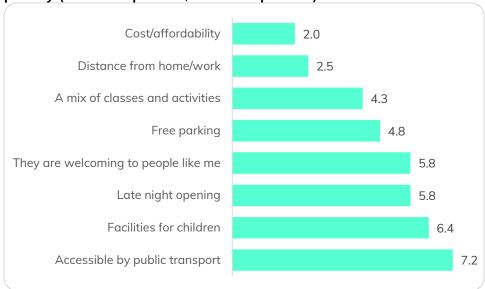


Table 23: Do you now, or have you ever used council leisure centres?

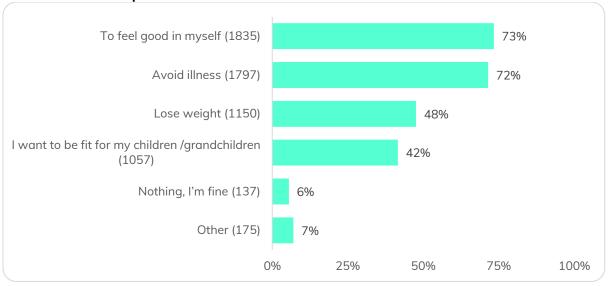
Tuble 25. Do you now, or have you ever used council leisure centres:				
Centre	Regularly	Irregularly	Rarely	Never
Alsager Leisure Centre	3%	4%	12%	81%
Barony Sports Complex	1%	1%	2%	97%
Congleton Leisure Centre	3%	3%	6%	88%
Crewe Lifestyle Centre	5%	5%	8%	83%
Halman Chanal Laigura Contra	204	104	204	0.406
Holmes Chapel Leisure Centre	2%	1%	3%	94%
Knutsford Leisure Centre	3%	2%	3%	92%

Macclesfield Leisure Centre	4%	6%	12%	78%
Middlewich Leisure Centre	1%	1%	2%	96%
Nantwich Swimming Pool	4%	5%	11%	82%
Poynton Leisure Centre	3%	2%	2%	93%
Sandbach Leisure Centre	2%	3%	7%	88%
Shavington Leisure Centre	2%	2%	6%	90%
Strattington Londing Control			270	3370
Wilmslow Leisure Centre	2%	5%	8%	84%
William Leisure Centre	Z 90	570	670	04%

# Motivational factors for healthier lifestyle behaviours

We asked people which, of a range of possible options, might make people want to improve their health and fitness and two motivating factors were far more frequently selected by Cheshire East's residents. Around three quarters of people said they were motivated by avoiding illness (72%) and feeling good about themselves (73%), significantly more than the next most frequent choices – losing weight (48%) and being fit for my children and grandchildren (42%). Only 6% of people said they were fine and did not require motivation.

Figure 24: What things make you want to improve your health and fitness? You can select more than option



#### Other reasons given

The main reason respondents looked to improve their health and fitness were related to improving or maintaining their physical health, including keeping mobile and healthy as they got older, avoiding illness and recovering from it. Longevity, adding healthy years to their lives and overall quality of life were named as motivators linked to this.

Mental health was also mentioned by several respondents, recognising the positive effect of physical health and exercise on mental health issues and energy levels.

A few of the respondents wanted to improve their health to take on particular challenges, responsibilities or carry out certain tasks – including caring for family members, sports competitions or gardening.

Lastly, a small number of respondents were aiming to build muscle, simply enjoyed exercising or valued the social aspect of it.

"I want to live a happy and healthy life with my husband and children"

"Keep my health as long as possible. In this moment I am scared of getting sick because I am worried about the NHS conditions and I don't feel safe enough."

"Keep fit and healthy in my 70's and 80's"

"Had major accident this year fractured both arms so need to recover my fitness"

"Physical activity is the only thing that helps me fight depression"

"Keeping fit to care for my husband and elderly mother"

"Still garden. Still get around."

"Tone and build muscle"

"Enjoyment of physical activity"

"Socialise with my community"

### The impact of COVID-19 on people's lives and lifestyle

To help us understand what impact COVID-19 has had on people's health and wellbeing. we asked them what the effect had been on their physical and mental health and the difference it had made to a series of lifestyle behaviours.

Although around half of people we heard from told us that the pandemic had not made any difference to their physical or mental health, a third (35%) said that COVID-19 had had an adverse effect. Only one in ten people said it had improved their physical or their mental health.

The impact of the pandemic on people's different lifestyle behaviours tended to be negligible for many, with between 49% and 92% of respondents saying it had made no difference. Smoking was least likely to have been impacted by COVID-19, with 92% of people saying it made no difference – though this figure will include the significant number of people who don't smoke anyway. Nonetheless, some people clearly used the pandemic to improve their smoking behaviour as people were four times more likely to say it was 'much better' (4%) than 'much worse' (1%). Socialising was the behaviour which was most adversely affected by COVID-19, with 41% of respondents saying it had made their lives 'slightly worse' or 'much worse'. Generally, across relationships, diet, smoking and alcohol consumption, we saw that a relatively small proportion of people said it had made things worse and a similarly small proportion said it had made their lives better.

#### Since the COVID-19 pandemic, how would you say the following aspects of your life have been affected?

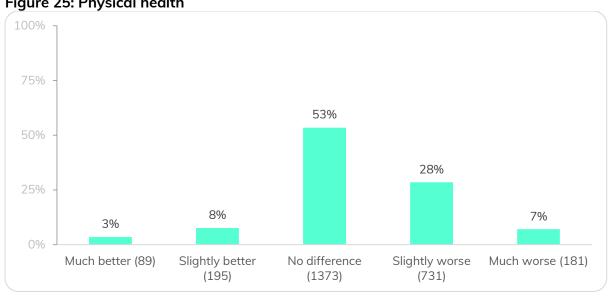
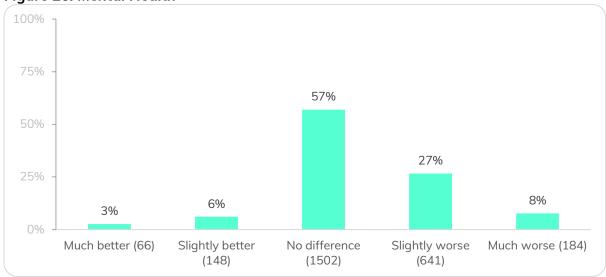


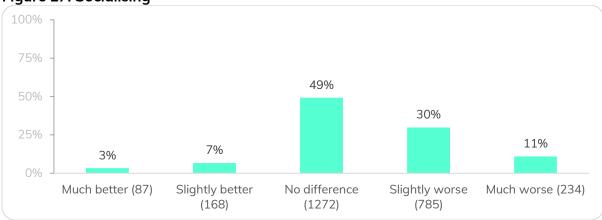
Figure 25: Physical health

Figure 26: Mental Health



Now thinking about your lifestyle since the COVID-19 pandemic, which aspects have been affected?

Figure 27: Socialising





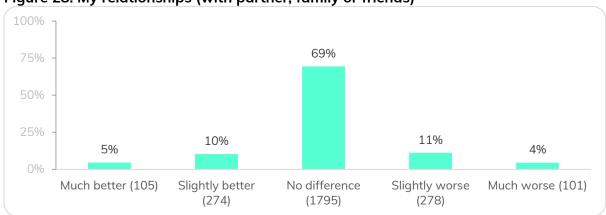
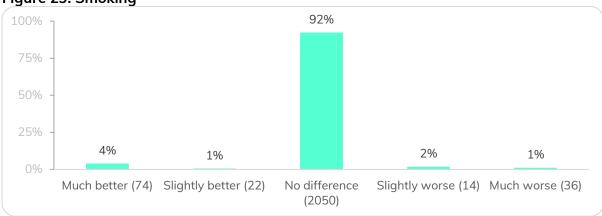
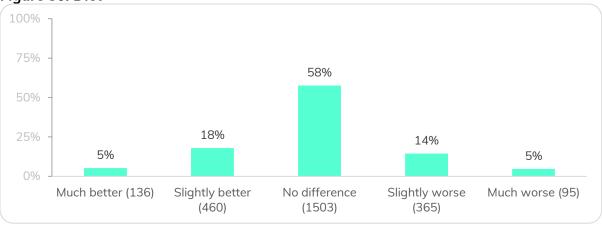


Figure 29: Smoking

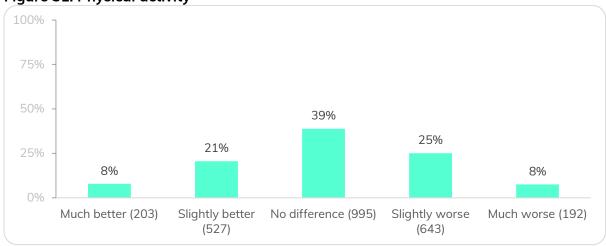




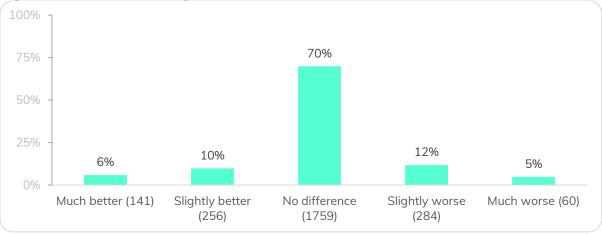


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Figure 31: Physical activity











# Lifestyle behaviours research report Appendix B: Segmentation analysis

February 2024



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### **About Social Engine**

Social Engine was founded in 2015 to support organisations to adopt an evidenced-based and insight-led approach. We work with charities, local authorities, social enterprises and other social purpose organisations to overcome organisational challenges through engagement, research and the application of evidence into practice.

Our work involves conducting research, gathering insights and applying behavioural insights to support service improvement across a wide range of policy and service areas in order to improve outcomes for individuals and communities.

www.social-engine.co.uk

# **Segmentation analysis**

The overall picture of the health and wellbeing of residents in the borough is of generally good health and wellbeing. A majority of people report having a good diet, being reasonably active and being happy and satisfied with their lives. However, we can see that a minority of people report poorer diet, lifestyle and general wellbeing.

Around half (52%) of respondents told us that they "mostly eat well and stay active", whilst 31% said that they either had a good diet or were active but not both. However, 7% of respondents self-reported that their "diet and activity need a lot of work".

The following section provides a summary of the most notable segments by health behaviour.

The segments are:

- **Multi-hurdlers:** people who report their diet and activity need a lot of work, and who also face a range of other challenges. They make up 7% of the population.
- **Regular-drinkers:** people who drank 14 units or more of alcohol during the last three of four weeks of the month. They make up the second largest segment.
- **Non-exercisers**: people who do less than 150 minutes of exercise each week and who do not participate in muscle-strengthening activities. They make up the largest segment.
- **Smokers:** This relatively small group (6% of the population) includes regular and irregular smokers.

### **Segment 1 - Multi-hurdlers**

This segment is made up of 159 people who told us that their "diet and activity need a lot of work" and comprise 7% of our total population<sup>1</sup>.

Below we compare the survey responses of this group to the rest of our sample to understand their behaviours, perceptions and demographic characteristics and to help us understand more about this segment.

### Current health, wellbeing and lifestyle behaviours

#### **Health Status**

Based on their BMI, those in our multi-hurdlers segment significantly more likely to be obese – around four times more likely – than the rest of the population. 60% of our segment are obese according to their BMI, compared with just 16% of those in the rest of our sample.

<sup>&</sup>lt;sup>1</sup> Weighted figure. Unweighted figure is 6%.

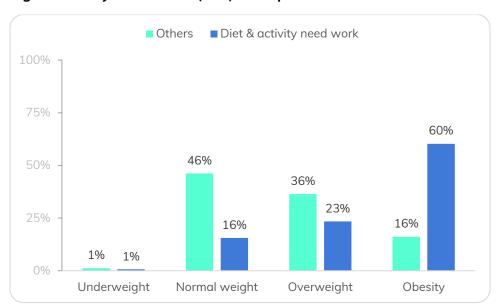
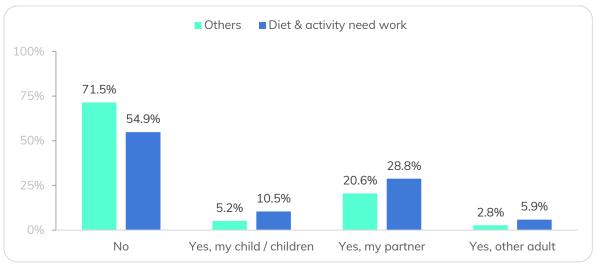


Figure 1: Body Mass Index (BMI) of respondents

The people in this segment are considerably more likely to be concerned about the health, diet or fitness of someone else in their household than the rest of our sample. Just over half (55%) of our 'multi-hurdlers' segment said they were not concerned about anyone in their household, compared with 71.5% among everyone else. People who say their diet and activity need a lot of work are more likely to be concerned about their child/children, partner or another adult in their household than everyone else.

Figure 2: Thinking about the other people in your household, do you have concerns about their health, diet or fitness?



#### **Happiness and Wellbeing**

People in this segment are generally less happy and satisfied with their lives across all four happiness and wellbeing measures. They are five times more likely to be dissatisfied with

their lives – 51% of our segment scored this 4 or lower, compared with 10% among the rest of the population, whilst just 3% gave a rating of 9 or 10, compared to 20% in the rest of the sample. We can see a similar (though slightly less pronounced) difference in terms of how worthwhile they feel their lives are and how happy and how anxious they were yesterday. People who feel that their diet and level of physical activity needs a lot of work are significantly less happy, satisfied and fulfilled than the rest of our sample.

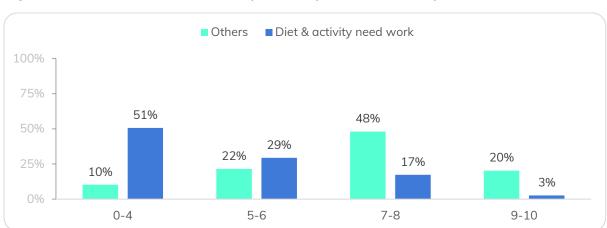
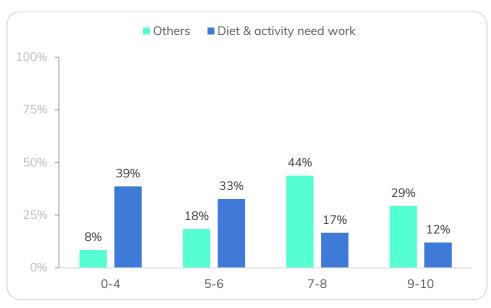


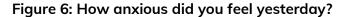
Figure 3: Overall, how satisfied are you with your life nowadays?

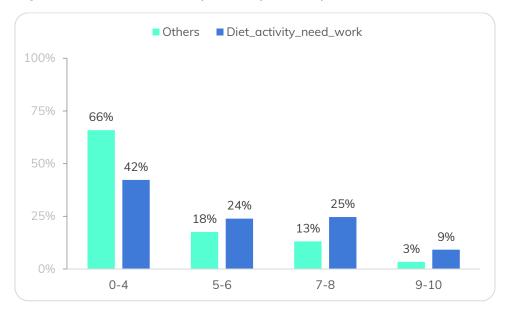




■ Others ■ Diet & activity need work 100% 75% 46% 50% 42% 29% 26% 18% 18% 25% 11% 11% 0% 0-4 5-6 7-8 9-10

Figure 5: How happy did you feel yesterday?





#### Smoking and vaping

Our multi-hurdlers segment are considerably more likely to smoke than the wider population – 12% are either regular or occasional smokers, compared with 5% of other respondents. They are also significantly more likely to use an e-cigarette than everyone else, with 17% of our segment being current users, compared with 5% of the rest of our sample.

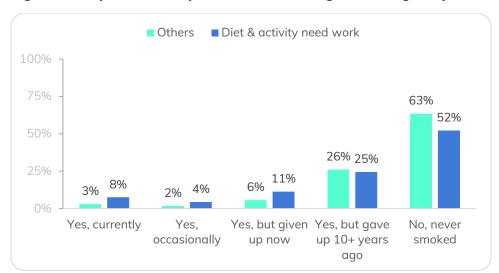
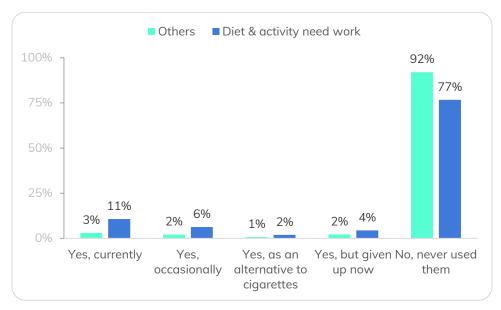


Figure 7: Do you, or have you, ever smoked cigarettes regularly?





#### Alcohol use

Although far more likely to smoke or vape, our segment are also much less likely to frequently drink alcohol. One in five (21%) never drink alcohol and nearly half (47%) do so monthly or less frequently – compared with 12% and 29% respectively among the rest of the population.

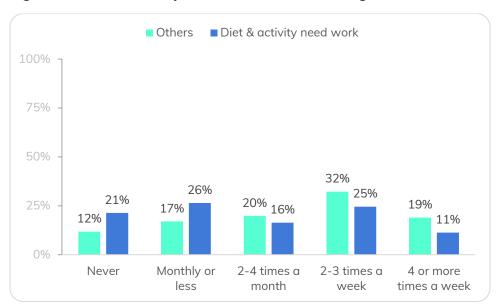


Figure 9: How often do you have a drink containing alcohol?

#### Diet

Our multi-hurdlers segment eat far fewer portions of fruit and vegetables than average. Only 14% say they had five or more portions the day before answering, compared with 54% of the rest of our sample. Conversely, 51% of our segment had 2 portions or less the day before, compared with 13% of everyone else.

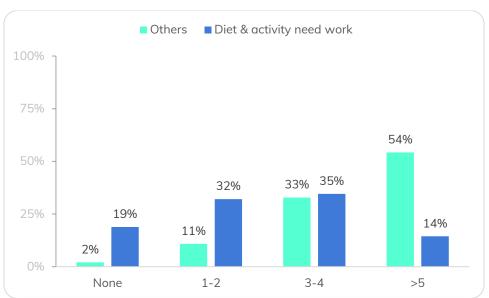
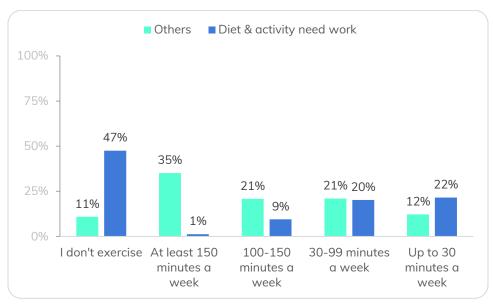


Figure 10: How many portions of fruit and vegetables did you have yesterday?

#### Physical activity

Our multi-hurdlers segment are much less likely to exercise than everyone else. Nearly half (47%) report doing no exercise at all and just 1% say they do 150 minutes or more each week, compared with 35% of the rest of the population.

Figure 11: How much regular, moderately intensive physical activity lasting ten minutes or more do you do each week?



### Accessing and choosing lifestyle services and information

Those whose diet and activity needs a lot of work are much less well informed about where to access sources of support and information than others who responded to the survey. Whilst 28% of our multi-hurdlers segment said they felt 'not at all', only 8% said they were 'very well' informed – almost the reverse of the findings for other respondents (21% 'very well' and 11% 'not at all').

Those in our multi-hurdlers segment are also much less likely to be members of a gym, fitness club or organisation – just 11% said they were, compared with 35% of the rest of the respondents to the survey.

Figure 12: How well informed do you feel about sources of support and information to make your lifestyle healthier?

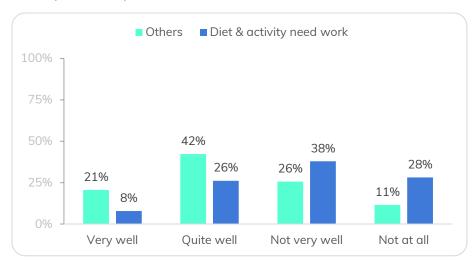
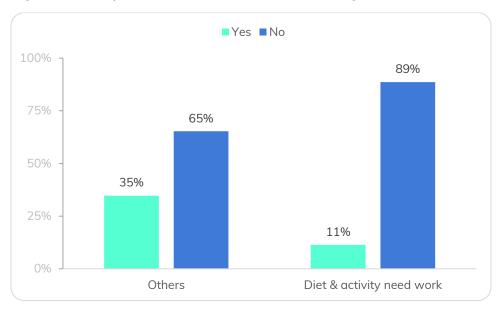


Figure 13: Are you a member of a fitness club, organisation or class?



Another question asked people what was important to them when choosing a lifestyle service. As it asked respondents to rank a range of factors in order of importance from 1 to 8 and the results are presented as average scores (ranking), the differences reported tend to be relatively small (in numerical terms) as the range is much narrower. Nonetheless, small differences are still important indicators of the respective preferences of different groups, although they tend to reflect the strength of opinion, rather than any huge divergence between sub-groups in the order in which they were ranked.

Affordability and cost was slightly more important to those who felt their diet and activity needs a lot of work than everyone else. Nonetheless both groups ranked this as the most

important factor in selecting lifestyle services to improve their health – our segment gave an average ranking score of 1.8, compared with 2.0 for the rest of the population.

That a service was 'welcoming to people like me' was slightly more important for our multi-hurdlers segment – who gave an average ranking score of 4.9 compared to 5.4 among the rest of the population. A number of other factors were slightly deemed slightly less important to our multi-hurdlers segment, but these differences were quite small and did not affect the overall order in which they ranked different factors.

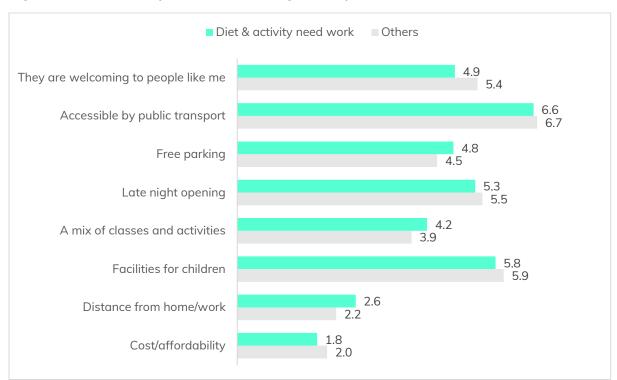


Figure 14: What is important in choosing a lifestyle service?

### Motivational factors for healthier lifestyle behaviours

Among those who said that their diet and activity needs work, losing weight is a bigger motivating factor than the rest of the population. 27.9% of this segment said it was important to them, compared with 18.7% of all other respondents. Other factors were slightly less important to the people in this segment than the rest of the population.

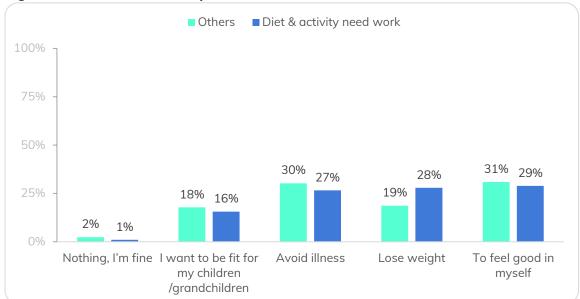


Figure 15: Motivations to improve health

### The impact of COVID-19 on people's lives and lifestyle

The pandemic has had a significant adverse impact on our multi-hurdlers segment. They are far significantly more likely to report that their physical and mental health is 'much worse' as a result of COVID-19. Similarly, their socialising, relationships, diet, smoking and alcohol consumption are all significantly more likely to be 'much worse' as a result of the impact of COVID-19 than the rest of the population.

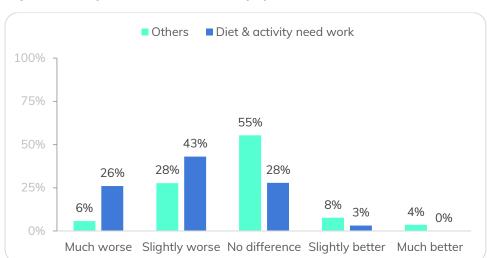


Figure 16: Impact of COVID-19 on physical health

Figure 17: Impact of COVID-19 on mental health

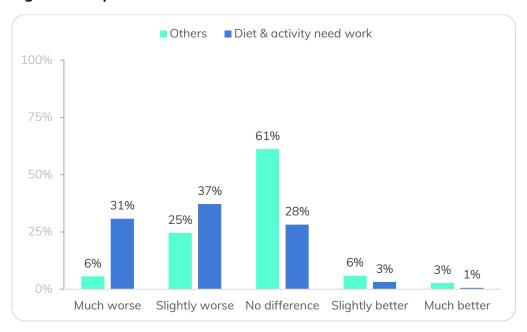


Figure 18: Impact of COVID-19 on socialising

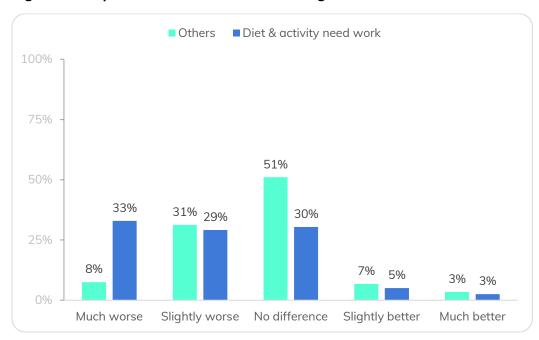


Figure 19: Impact of COVID-19 on relationships

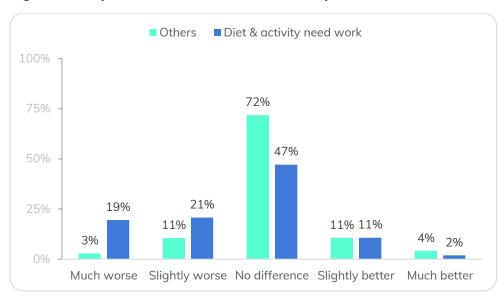
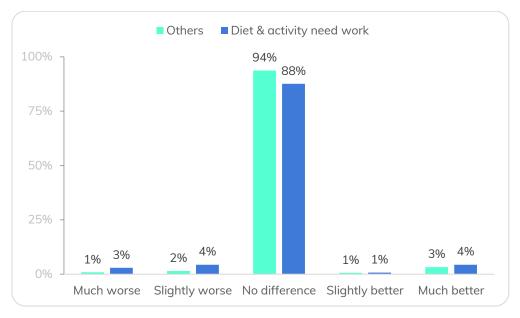


Figure 20: Impact of COVID-19 on smoking



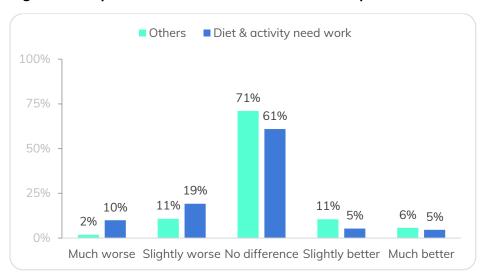


Figure 21: Impact of COVID-19 on alcohol consumption

### **Demographics**

When compared with the rest of the population from our sample, the demographics of our multi-hurdlers segment have some very particular characteristics.

- They are more likely to be in full time work but also far more likely to be unable to work than everyone else.
- They are far more likely than average to be renting their homes, either from a housing association or a private landlord
- This segment are more likely to be women (62.9%) than the rest of the population (53.9%)
- They are slightly more likely to be of working age (18-64, except 45-54)
- This segment are far more likely to have a long term health condition which limits day-to-day activities a lot, but also more likely which limits day-to-day activities a little too
- Those in this segment are significantly more likely to live in Crewe 35% live in that Care Community area, compared with 21% of the rest of the population.

Table 22: Employment status of respondents by multi-hurdlers segment

Employment status	Diet & activity need work	Others
Full Time work	37%	28%
Part Time work	13%	12%
Retired	29%	48%
Self Employed	3%	6%
Zero hours contract work	0%	0%
Full Time Student	0%	1%
Looking after children/the home	2%	2%
Looking for work	1%	1%
Unable to work	9%	1%
Unpaid carer	3%	1%
Prefer not to say	3%	1%

Table 23: Housing status of respondents by multi-hurdlers segment

Housing tenure	Diet and activity need work	Others
Own it outright/buying with a mortgage	64%	88%
Rent – Housing Association	17%	3%
Rent – private landlord	13%	5%
Shared Ownership	3%	1%
Staying with friends	0%	0%
Other	4%	2%

Table 24: Sex of respondents by multi-hurdlers segment

Sex	Diet and activity need work	Others
Male	33.8%	45.4%
Female	62.9%	53.9%
Other	2.6%	0.2%
Prefer not to say	0.7%	0.6%

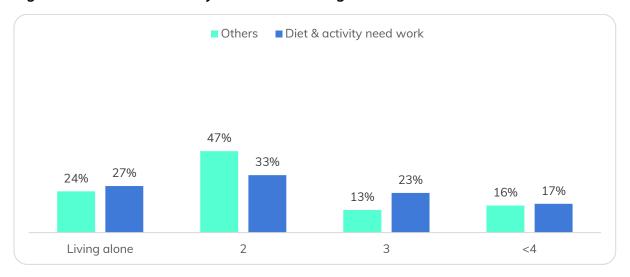
Table 25: Age of respondents by multi-hurdlers segment

Age	Diet & activity need work	Others
18-24	3.3%	1.6%
25-34	15.9%	6.9%
35-44	15.2%	10.5%
45-54	10.6%	13.4%
55-64	27.8%	21.8%
65-74	13.9%	26.0%
75 and over	11.9%	19.5%
Prefer not to say	1.3%	0.4%

Table 26: Disability of health condition of respondents by multi-hurdlers segment

Disability or health condition	Diet & activity need work	Others
Yes, it limits my day-to-day activities a lot	27.6%	7.2%
Yes, it limits my day-to-day activities a little	20.4%	12.0%
No, I do not	47.4%	79.9%
Prefer not to say	4.6%	0.8%

Figure 27: Household size by multi-hurdlers segment



Others Diet & activity need work 100% 83% 74% 75% 50% 26% 25%

0%

Figure 28: Proportion who live with children under 18 by multi-hurdlers segment

Table 29: Care Community area of respondents by diet and activity multi-hurdlers segment

17%

Yes

CC Area	Diet & activity need work	Others
CHAW	10%	12%
Macclesfield	13%	16%
Bollington	5%	8%
Knutsford	4%	6%
СНОС	7%	10%
Nantwich	5%	9%
Crewe	35%	21%
SMASH	20%	18%

No

### **Segment 2 - Regular drinkers**

This segment is made up of 469 people who told us that in the last month they have drunk 14 or more units of alcohol in 'three weeks out of the last four' or 'every week in the last month'. This represents 18% of our total sample and is the second largest of our segments.

Below we compare the survey responses of that group to the rest of our sample to understand their behaviours, perceptions and demographic characteristics and to help us understand more about this segment.

### Current health, wellbeing and lifestyle behaviours

#### **Health Status**

Our regular drinkers are slightly more likely to view their own eating habits as being generally good. They are slightly less likely than others to say they do not have a healthy diet and slightly more likely than the rest of the population to say they 'mostly eat well and stay active'.

They are slightly less likely than the rest of our sample to worry about the health and diet of someone else in their household.

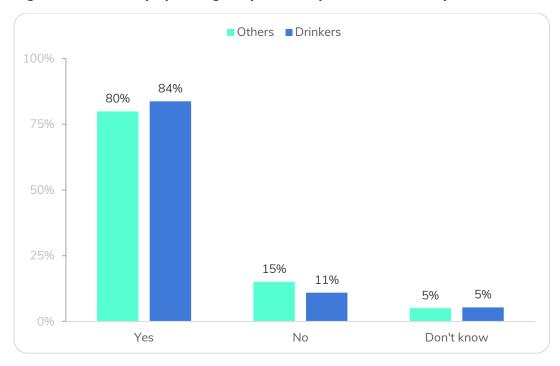
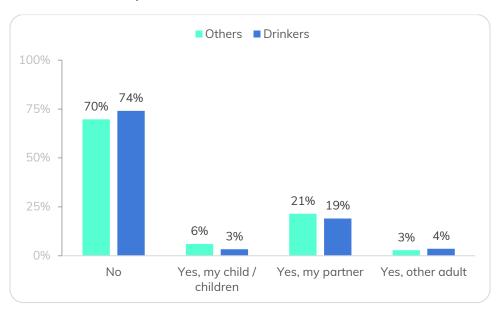


Figure 30: Generally speaking, do you think you have a healthy diet?

Figure 31: Which of these best describes you?



Figure 32: Thinking about the other people in your household, do you have concerns about their health, diet or fitness?



Based on their BMI, our regular drinkers are more likely to be overweight than the rest of the population. 42% of our segment are overweight according to their BMI, compared with 34% of those in the rest of our sample.

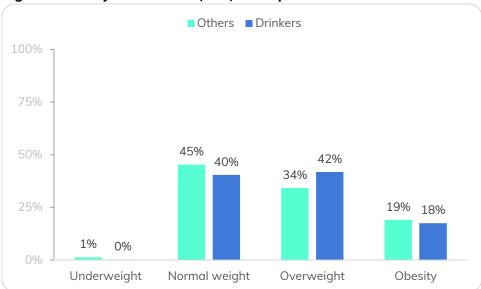


Figure 33: Body Mass Index (BMI) of respondents

### **Smoking and vaping**

Although they are no more likely to be current smokers than the rest of the population, our regular drinkers are less likely to have never smoked before, but are more likely to have quit smoking 10 or more years ago.

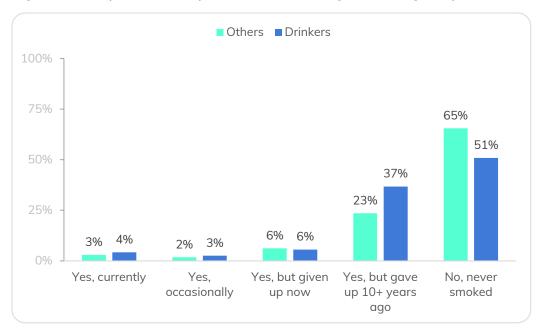


Figure 34: Do you, or have you, ever smoked cigarettes regularly?

#### Alcohol use

Unsurprisingly, given the segment definition, our regular drinkers are significantly more likely to drink alcohol frequently -65.5% drink four or more times each week, compared with just

8% in the rest of our sample. They also drink considerably more units when they do drink alcohol. 13% drink 20 or more units and 36% drink 11 or more units, compared with 0% and 7% respectively in the rest of the population.

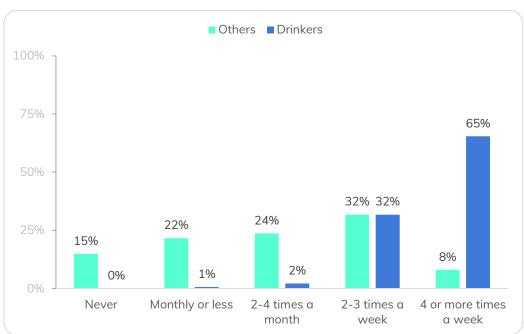
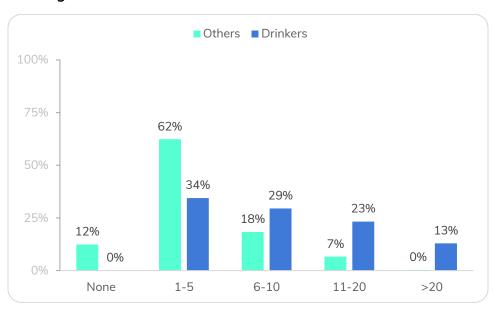


Figure 35: How often do you have a drink containing alcohol?

Figure 36: Roughly, how many units of alcohol do you drink on a day when you are drinking?



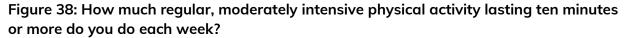
#### Diet

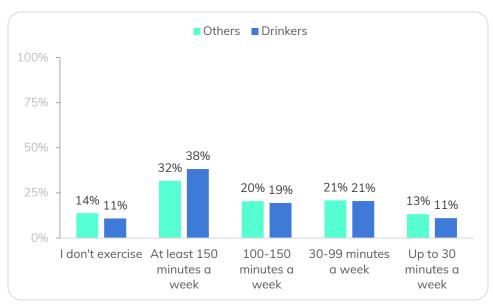
The amount of fruit and vegetables our regular drinkers consume is consistent with the population as a whole.

Figure 37: How many portions of fruit and vegetables did you have yesterday?

#### Physical activity

Those in the regular drinkers' segment are more likely than the rest of the population to do at least 150 minutes of exercise each week and are also more likely to walk for at least 10 minutes every day.





### Accessing and choosing lifestyle services and information

They tend to be reasonably well informed about accessing support and information about improving their health and fitness – in line with the rest of the population. And they are also equally likely to be a member of a gym or sports club – 31% compared with 34% of the rest of the population.

Since this question asked people to rank a range of factors in order of importance from 1 to 8 and the results are presented as average scores (ranking), the differences reported tend to be relatively small (in numerical terms) as the range is much narrower. Nonetheless, small differences are still important indicators of the respective preferences of different groups, although they tend to reflect the strength of opinion, rather than any huge divergence between sub-groups in the order in which they were ranked.

Distance from home/work was slightly more important to the drinkers segment (a who gave it an average ranking score 2.1, compared with 2.3 among the rest of the population. However, despite this, their priorities are essentially the same as the rest of the population, there were merely minor differences in the strength or consistency of opinion among the drinkers segment, when compared with other respondents.

Figure 39: How well informed do you feel about sources of support and information to make your lifestyle healthier?

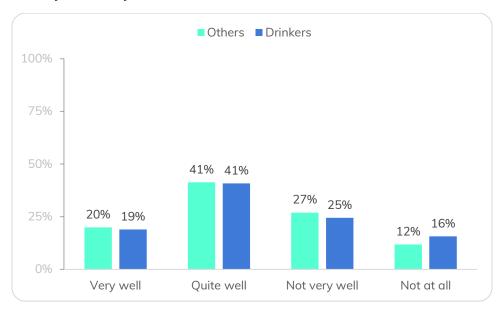


Figure 40: Are you a member of a fitness club, organisation or class?

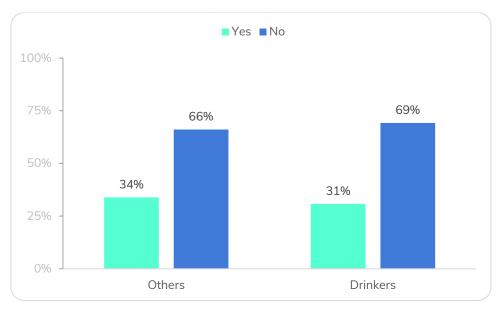
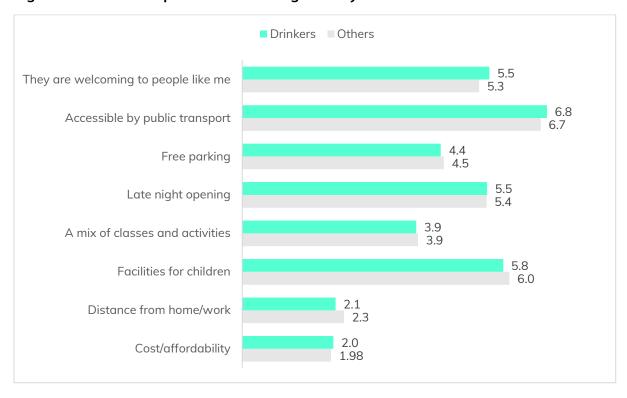


Figure 41: What is important in choosing a lifestyle service?



### Motivational factors for healthier lifestyle behaviours

The motivations to improve health among the drinkers segment were almost identical to the rest of the population. Nonetheless, we did observe that they were very slightly more likely to say 'nothing I'm fine' (3% vs 2.1%) and did not feel they needed to make any changes to their diet or activity. However, the numbers of people who gave this response were very small and are therefore more susceptible to chance.

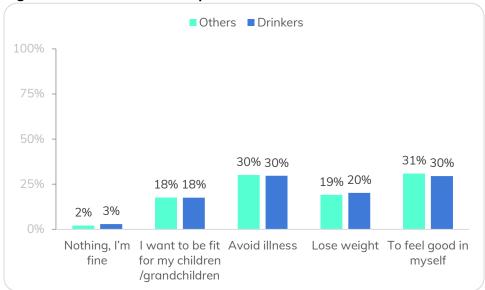


Figure 42: Motivations to improve health

## The impact of COVID-19 on people's lives and lifestyle

The pandemic has made less of a difference to the lives of those in the regular drinkers segment than it has on the rest of the population. They are more likely to say that it has made 'no difference' across each area of focus, with the exception of alcohol consumption, which is significantly more likely to be 'much worse' or 'slightly worse'. 35.5% of regular drinkers say the impact of COVID-19 on their alcohol consumption has got worse compared with 8.7% of the rest of the population.

Table 41: Employment status of respondents by regular drinker segment

Impact of COVID	Drinkers % no difference	Others % no difference
Physical health	59.5%	52.4%
Mental health	65.9%	57.5%
Socialising	56.7%	48.3%
Relationships	72.8%	69.7%
Smoking	92.6%	93.4%
Physical activity	42.9%	37.9%
Diet	63.0%	57.9%

Table 42: Employment status of respondents by regular drinker segment

Alcohol consumption	Drinkers	Others
Much worse	8.4%	1.0%
Slightly worse	27.0%	7.7%
No difference	56.0%	73.8%
Slightly better	7.3%	11.0%
Much better	1.3%	6.6%

# **Demographics**

- Our regular drinker segment are more likely to be retired
- They are more likely to own their own homes or to be buying it with a mortgage
- Those in the regular drinker segment are more likely to be men (66.3%) than the rest of the population (39.7%)
- Our regular drinkers are more likely to be slightly older (aged 55-74 years old)
- They are extremely likely to be from a White ethnic background (97.4% are White)
- Those in this segment are more likely than the rest of the population to say that they have no religion or belief (46.1% vs 34.9%)

Table 43: Employment status of respondents by regular drinker segment

Employment status	Regular Drinkers	Others
Full Time work	24.2%	29.3%
Part Time work	9.5%	12.5%
Retired	54.1%	44.5%
Self Employed	7.3%	5.2%
Zero hours contract work	0.2%	0.3%
Full Time Student	0.4%	1.1%
Looking after children/the home	1.1%	2.2%
Looking for work	0.7%	1.0%
Unable to work	1.3%	2.0%
Unpaid carer	0.7%	1.0%
Prefer not to say	0.7%	1.0%

Table 44: Housing tenure of respondents by regular drinker segment

Housing tenure	Regular Drinkers	Others
Own it outright/buying with a mortgage	91.4%	85.8%
Rent – Housing Association	1.8%	4.4%
Rent – private landlord	3.7%	5.9%
Shared Ownership	1.8%	1.6%
Staying with friends	0.2%	0.2%
Other	1.1%	2.2%

Table 45: Sex of respondents by regular drinker segment

Sex	Regular Drinkers	Others
Male	66.3%	39.7%
Female	32.8%	59.3%
Prefer not to say	0.4%	0.6%

Table 46: Age of respondents by regular drinker segment

Age	Regular Drinkers	Others
18-24	0.0%	2.1%
25-34	2.9%	8.5%
35-44	7.3%	11.6%
45-54	9.9%	13.9%
55-64	28.5%	20.9%
65-74	31.6%	23.8%
75 and over	19.4%	18.7%
Prefer not to say	0.4%	0.5%

Table 47: Ethnicity of respondents by regular drinker segment

Ethnicity	Regular Drinkers	Others
Asian, Asian British	0.7%	1.3%
Black African, Black Caribbean, or Black British	0.0%	0.4%
Chinese	0.0%	1.1%
Mixed or Multiple ethnic groups	0.2%	1.0%
White or White British	97.4%	93.6%
Other	1.3%	1.8%
Prefer not to say	0.4%	0.8%

Table 48: Religion of respondents by regular drinker segment

Religion	Regular Drinkers	Others
Buddhist	0.2%	0.4%
Christian	47.2%	56.5%
Hindu	0.2%	0.2%
Jewish	0.2%	0.3%
Muslim	0.2%	0.6%
Sikh	0.0%	0.1%
No religion or belief	46.1%	34.9%
Prefer not to say	2.4%	4.3%
Other	3.3%	2.8%

Figure 49: Household size by regular drinker segment

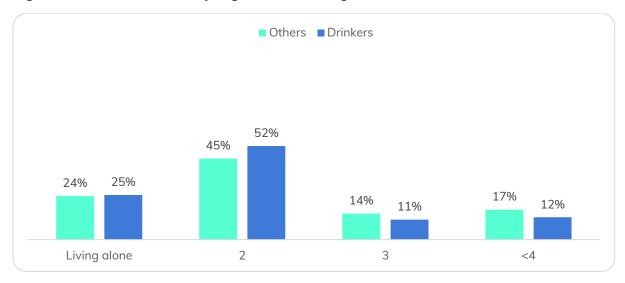


Figure 50: Proportion who live with children under 18 by drinkers segment

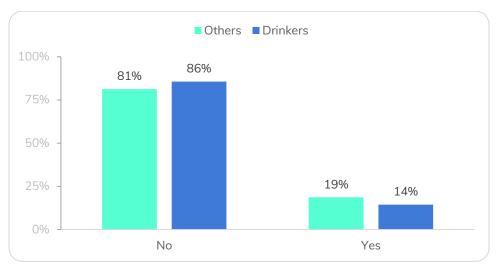


Table 51: Care Community area of respondents by regular drinker segment

CC Area	Regular drinkers	Others
CHAW	11%	13%
Macclesfield	11%	17%
Bollington	9%	7%
Knutsford	7%	6%
СНОС	9%	10%
Nantwich	9%	9%
Crewe	25%	22%
SMASH	20%	18%

### **Segment 3 - Non-Exercisers**

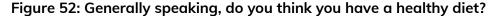
This is the largest of our segments, made up of 704 people who told us that they 'don't participate in muscle strengthening exercises' and that they do less than 150 minutes of exercise each week. 28% of the population fall within this segment.

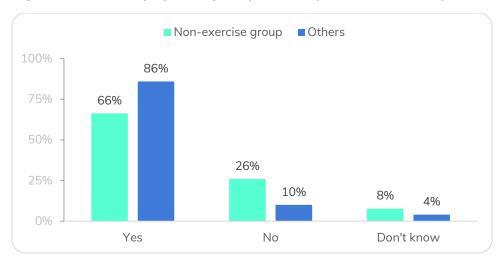
Below we compare the survey responses of that group to the rest of our sample to understand their behaviours, perceptions and demographic characteristics and to help us understand more about this segment.

### Current health, wellbeing and lifestyle behaviours

#### **Health Status**

The people in this segment are less likely to feel that they have a healthy diet and they significantly less likely to say that they 'mostly eat well and stay active'. They are however much more likely to say that they mostly eat well but are inactive.





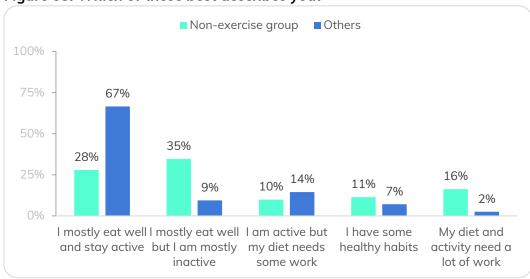


Figure 53: Which of these best describes you?

Based on their BMI, those in our non-exercising segment are around twice as likely to be obese than the rest of the population. 29% of those in this segment are obese according to their BMI, compared with just 15% of those in the rest of our sample. However, they are no more likely to be overweight than others.

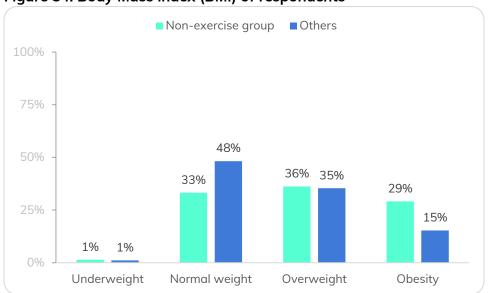


Figure 54: Body Mass Index (BMI) of respondents

#### Happiness and wellbeing

Our non-exercisers express lower levels of happiness and wellbeing, saying they are less satisfied with life, that their lives are less worthwhile, that they're more unhappy and slightly less likely to say they're not anxious than other residents in Cheshire East. Around one

quarter (24%) said they were dissatisfied with their lives and a similar proportion (22%) were unhappy yesterday – giving scores of 4 or lower - compared with 9% and 10% among the rest of the population.

Figure 55: Overall, how satisfied are you with your life nowadays?

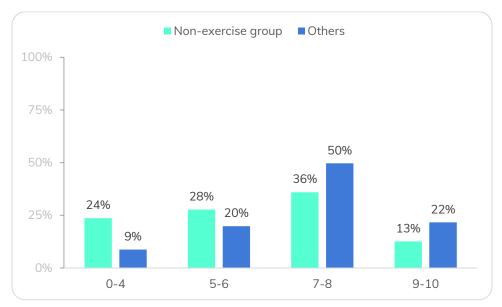
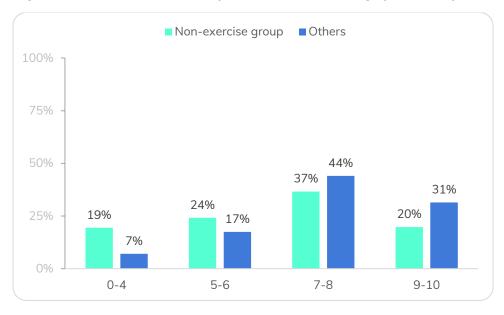


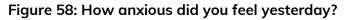
Figure 56: To what extent do you feel that the things you do in your life are worthwhile?



7-8

9-10

Figure 57: How happy did you feel yesterday?

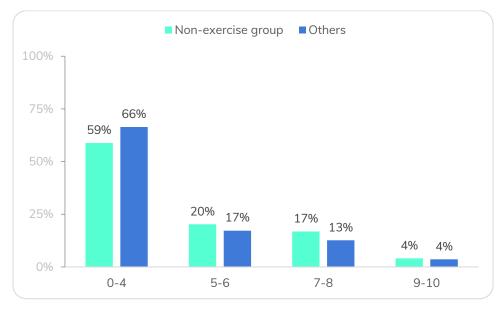


5-6

10%

0-4

0%



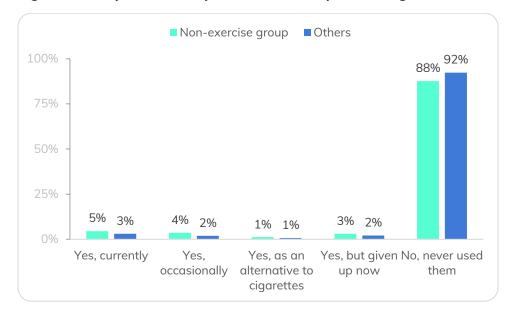
### **Smoking and vaping**

Our non-exercising segment are slightly more likely to smoke and slightly more likely to use an e-cigarette than the wider population.

■ Non-exercise group ■ Others 100% 59% 64% 75% 50% 27% 26% 25% 7% 6% 5% 3% 2% 0% No, never Yes, but given Yes, but gave Yes, currently Yes, occasionally up now up 10+ years smoked ago

Figure 59: Do you, or have you, ever smoked cigarettes regularly?





#### Alcohol use

They are less likely not to drink alcohol or to drink only very infrequently - one in five (19%) never drink alcohol compared with one in ten (10%) among the rest of the population.

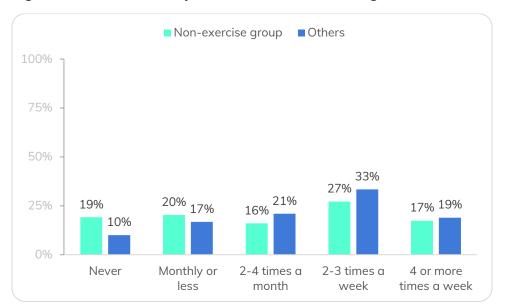


Figure 61: How often do you have a drink containing alcohol?

#### Diet

The non-exercising segment eat fewer portions of fruit and vegetables than the rest of the population. They are twice as likely to say they ate no fruit or vegetables yesterday (7% compared 3%) and significantly less likely to say they had five or more portions (38% compared with 56%).

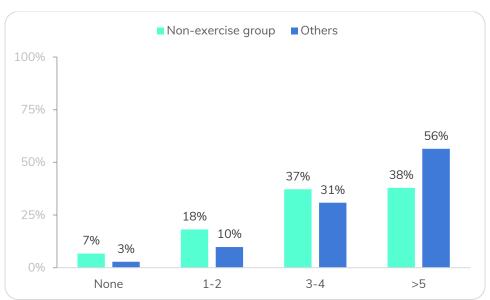


Figure 62: How many portions of fruit and vegetables did you have yesterday?

#### Physical activity

People in our non-exercising segment are far less likely to do exercise each week -36% said they do no exercise, compared with 5% of the rest of our sample, and 60% do 30 minutes or

less. Among the rest of the population just 15% said they do 30 minutes exercise or less each week. They are also significantly more likely to do no walks of 10 minutes or more each week – 16% of our segment, compared with 3% of the rest of our sample.

Figure 63: How much regular, moderately intensive physical activity lasting ten minutes or more do you do each week?

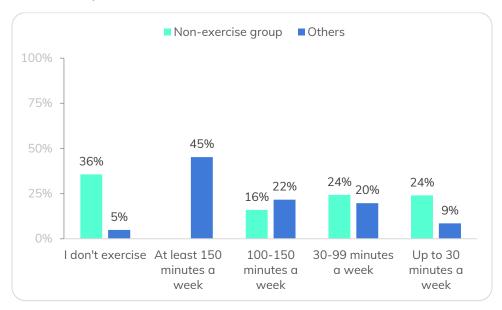
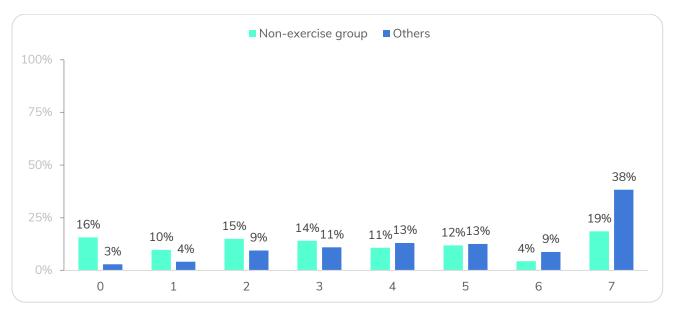


Figure 64: In the past 7 days, on how many days did you do a walk lasting at least ten minutes?



Those who are in the non-exercising segment are twice as likely as others to say they are 'not at all' informed about where to access information and support about improving their lifestyle (19% vs 10%). Only 9% say that they are 'very well' informed, significantly less than the 24% in the rest of the population.

### Accessing and choosing lifestyle services and information

They are also significantly less likely to be members of gyms or sports clubs than the rest of our sample. Only 11% of the segment told us they are members of a sports or fitness club, compared with 41% of those in the rest of the population.

Figure 65: How well informed do you feel about sources of support and information to make your lifestyle healthier?

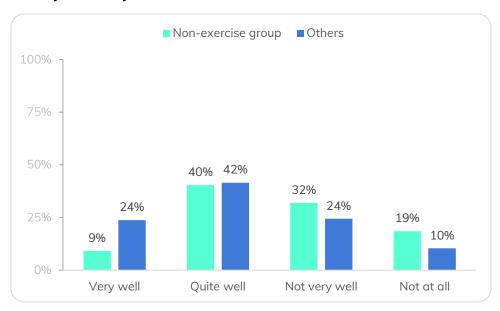
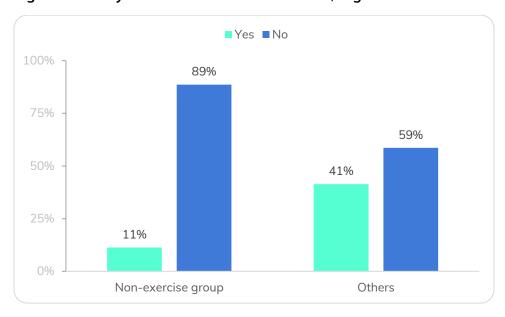


Figure 66: Are you a member of a fitness club, organisation or class?



### Motivational factors for healthier lifestyle behaviours

Losing weight is more likely to motivate people in this segment than the rest of the population -22.3% vs 18.2%. They are also slightly more likely to feel that they do not need to make changes to their health, fitness and diet than others ('nothing, I'm fine' - 3.2% vs 2.0% in the rest of the population).

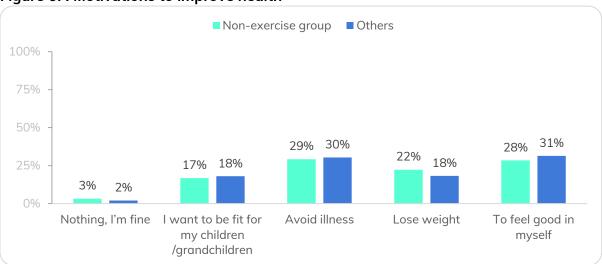


Figure 67: Motivations to improve health

Since this question asked people to rank a range of factors in order of importance from 1 to 8 and the results are presented as average scores (ranking), the differences reported tend to be relatively small (in numerical terms) as the range is much narrower. Nonetheless, small differences are still important indicators of the respective preferences of different groups, although they tend to reflect the strength of opinion, rather than any huge divergence between sub-groups in the order in which they were ranked.

Price is slightly more important to our non-exercising segment – ranked at 1.9 compared with 2.0 among everyone else. That a service is 'welcoming to people like me' was also slightly more important to those in the non-exercisers segment (5.1 ranking compared with 5.4), although neither group ranked this as a great priority, so although it was not hugely important to either group, it was still more important for this segment than the rest of the population.

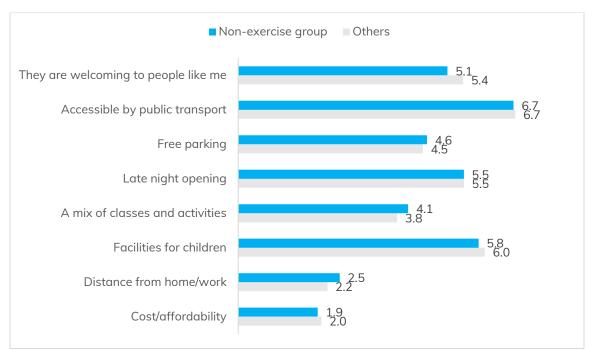


Figure 68: What is important in choosing a lifestyle service?

### The impact of COVID-19 on people's lives and lifestyle

The pandemic has had a significant adverse impact on our non-exercising segment. They are significantly more likely to report that their physical and mental health is 'much worse' as a result of COVID-19 – both 13% compared with 5% of the rest of the sample. Similarly, their socialising, relationships, diet, smoking, physical activity and alcohol consumption are all more likely to be worse than the rest of the population, to varying degrees, as a result of the impact of COVID-19.

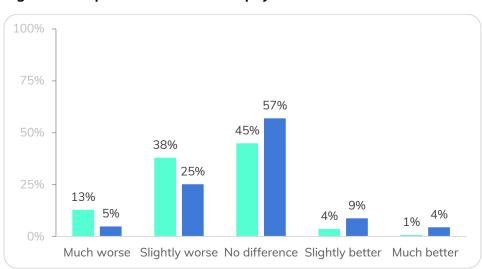


Figure 69: Impact of COVID-19 on physical health

Figure 70: Impact of COVID-19 on mental health

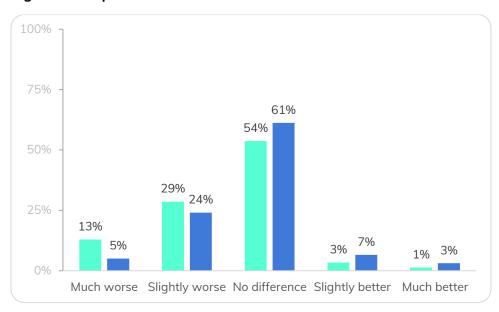


Figure 71: Impact of COVID-19 on socialising

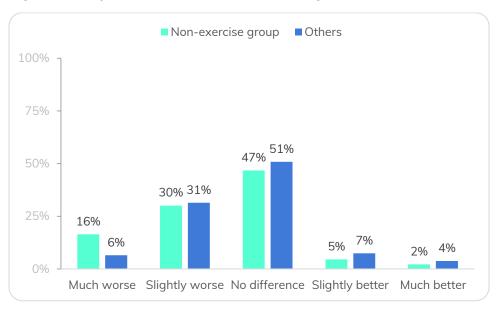


Figure 72: Impact of COVID-19 on relationships

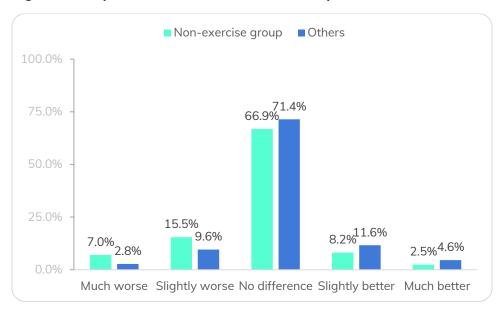


Figure 73: Impact of COVID-19 on smoking

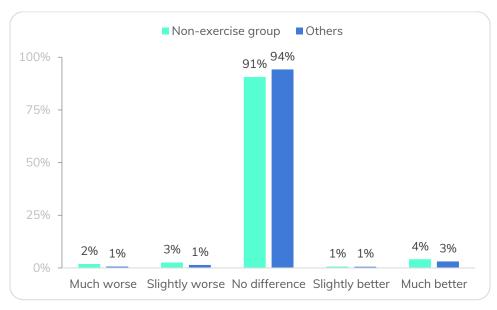


Figure 74: Impact of COVID-19 on physical activity

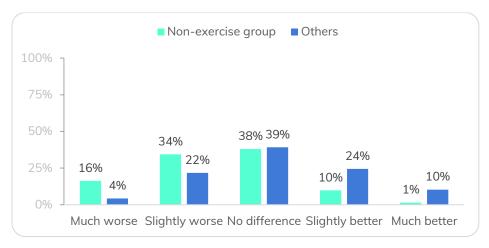


Figure 75: Impact of COVID-19 on diet

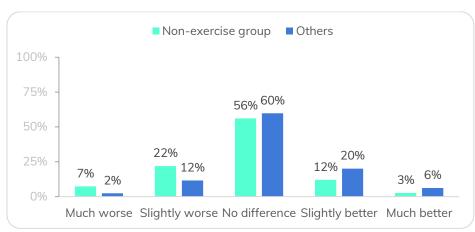
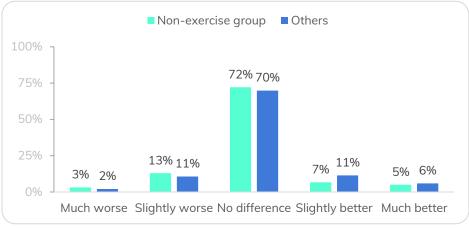


Figure 76: Impact of COVID-19 on alcohol consumption



### **Demographics**

When compared with the rest of the population from our sample, the demographics of our non-exercising segment have some very particular characteristics.

- Our non-exercising segment are slightly more likely to be in full time work than everyone else
- They are far more likely than average to be renting their homes, either from a housing association or a private landlord
- Our non-exercisers are equally likely to be men or women as the rest of our sample. We also found no major differences in the age of our non-exercising segment compared with the rest of the population.
- This segment are far more likely to have a long term health condition which limits day-to-day activities a lot.
- Those people in our non-exercising segment are slightly more likely to be residents of Crewe or SMASH Care Community areas than the rest of our sample. 46% of our segment live in those two areas, compared with 38% of the rest of the population.

Table 77: Employment status of respondents by non-exercising segment

Employment status	Non-exercising	Others
Full Time work	31.5%	27.0%
Part Time work	10.6%	12.4%
Retired	45.5%	46.8%
Self Employed	2.6%	6.6%
Zero hours contract work	0.0%	0.3%
Full Time Student	0.9%	0.9%
Looking after children/the home	2.9%	1.7%
Looking for work	0.6%	1.1%
Unable to work	3.8%	1.2%
Unpaid carer	0.8%	1.0%
Prefer not to say	0.9%	0.9%

Table 78: Sex of respondents by non-exercising segment

Sex	Non-exercising	Others
Male	42.6%	45.4%
Female	56.0%	53.9%
Other	0.6%	0.2%
Prefer not to say	0.8%	0.5%

Table 79: Housing status of respondents by non-exercising segment

Housing tenure	Non-exercising	Others
Own it outright/buying with a mortgage	80.4%	89.3%
Rent – Housing Association	6.7%	2.8%
Rent – private landlord	7.9%	4.6%
Shared Ownership	3.2%	1.0%
Staying with friends	0.3%	0.1%
Other	1.5%	2.1%

Table 80: Age of respondents by non-exercising segment

Age	Non-exercising	Others
18-24	2.6%	1.3%
25-34	9.9%	6.6%
35-44	10.2%	10.9%
45-54	11.5%	13.7%
55-64	19.4%	23.1%
65-74	22.0%	26.5%
75 and over	23.8%	17.4%
Prefer not to say	0.6%	0.4%

Table 81: Disability or health condition of respondents by non-exercising segment

Disability or health condition	Non-exercising	Others
Yes, it limits my day-to-day activities a lot	19.6%	4.5%
Yes, it limits my day-to-day activities a little	14.1%	12.0%
No, I do not	65.1%	82.5%
Prefer not to say	1.2%	1.0%

Figure 82: Household size by non-exercising segment

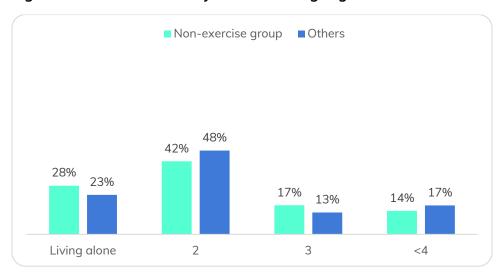


Figure 83: Proportion who live with children under 18 by non-exercisers segment

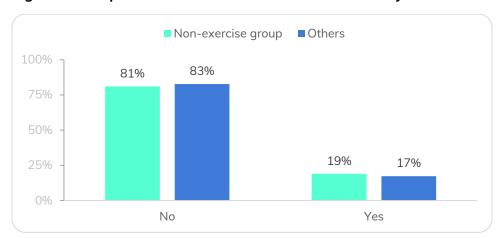


Table 84: Care Community area of respondents by non-exercising segment

CC Area	Non-exercisers	Others
CHAW	12%	12%
Macclesfield	14%	16%
Bollington	7%	8%
Knutsford	5%	6%
СНОС	9%	10%
Nantwich	7%	10%
Crewe	25%	21%
SMASH	21%	17%

### **Segment 4 - Smokers**

This segment is made up of 133 people, 6% of the population, who told us that they either currently smoke or occasionally smoke.

Below we compare the survey responses of that group to the rest of our sample to understand their behaviours, perceptions and demographic characteristics and to help us understand more about this segment.

# Current health, wellbeing and lifestyle behaviours

#### **Health Status**

Based on their BMI, those in our smokers' segment are considerably more likely to be obese than the rest of the population. 29% of those in this segment are obese according to their BMI, compared with 18% of those in the rest of our sample. They are also more likely to be underweight – although this was only a very small proportion of the overall population.

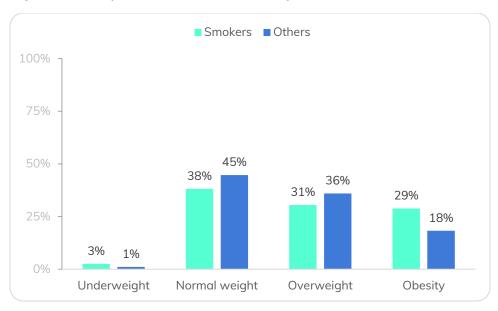


Figure 85: Body Mass Index (BMI) of respondents

The people in this segment are much less likely to feel that they have a healthy diet and they are significantly less likely to say that they 'mostly eat well and stay active'. When asked whether they are concerned about the health and wellbeing of other people in their household, our smokers are slightly less likely to say they are than the rest of the population.

Figure 86: Generally speaking, do you think you have a healthy diet?

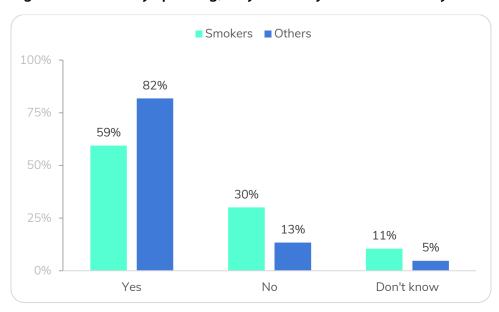


Figure 87: Which of these best describes you?

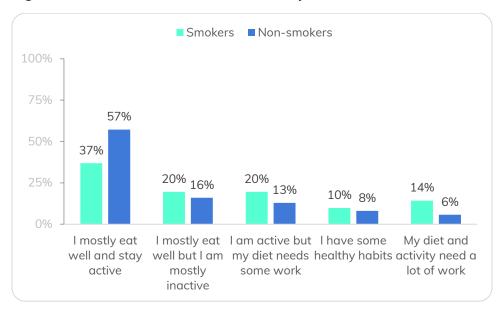
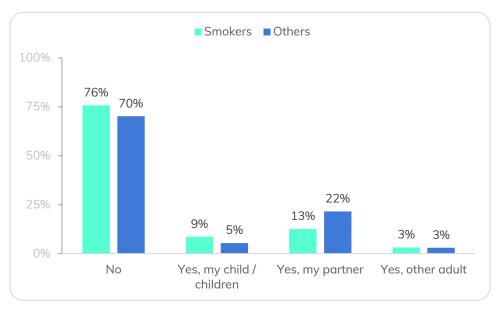


Figure 88: Thinking about the other people in your household, do you have concerns about their health, diet or fitness?



### Happiness and wellbeing

Our smoker segment are generally far less happy and satisfied with their lives than other residents in Cheshire East. They are twice as likely to say they were dissatisfied with their lives, not to feel that the things they do in life are worthwhile, to have been unhappy yesterday and three times more likely to have felt anxious the day before – giving scores of 4 or lower - compared with the rest of the population.

Figure 89: Overall, how satisfied are you with your life nowadays?

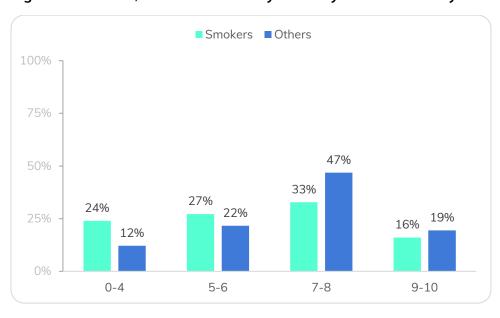


Figure 90: To what extent do you feel that the things you do in your life are worthwhile?

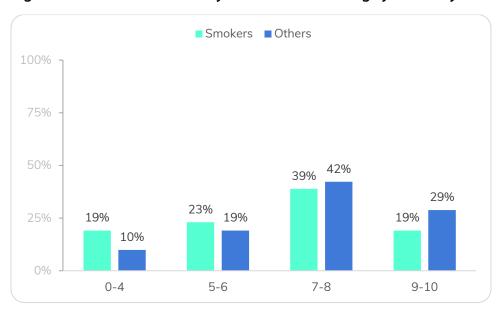
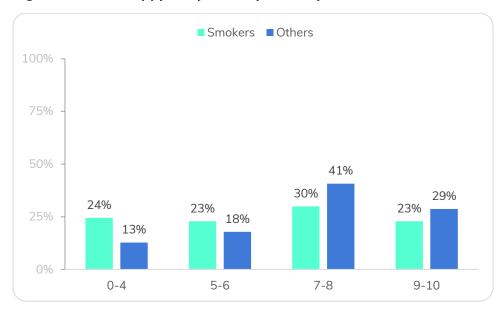


Figure 91: How happy did you feel yesterday?



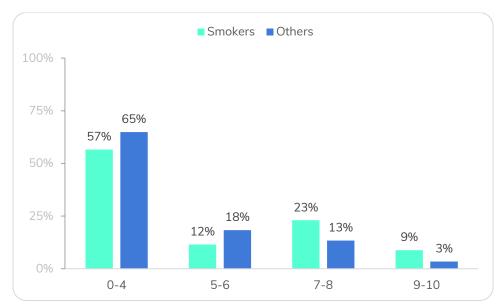


Figure 92: How anxious did you feel yesterday?

### **Smoking and vaping**

Our smokers segment are considerably more likely to use an e-cigarette than the wider population. Whilst 93% of the wider population have never used a vape, only 49% of our smokers segment have never done so. Only 4% of our smokers segment have used e-cigarettes as an alternative to smoking.

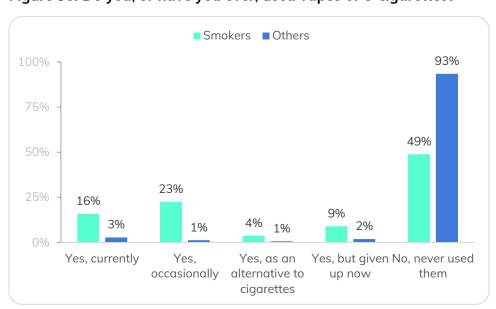


Figure 93: Do you, or have you ever, used vapes or e-cigarettes?

#### Alcohol use

Alcohol consumption among the smokers segment is generally consistent with other residents, although they are somewhat more likely to be infrequent drinkers – 27% say they

have an alcoholic drink only monthly or less, compared with 17% of the rest of the population.

■ Smokers ■ Others 100% 75% 50% 32% 27% 23% 18% 17% 20% 21% 25% 17% 12% 12% Never Monthly or 2-4 times a 2-3 times a 4 or more less month week times a week

Figure 94: How often do you have a drink containing alcohol?

#### Diet

The smokers segment eat far less fruit and vegetables than the rest of the population. They are four times as likely to say they ate no fruit or vegetables yesterday (12% compared 3%) and significantly less likely to say they had five or more portions (35% compared with 53%).

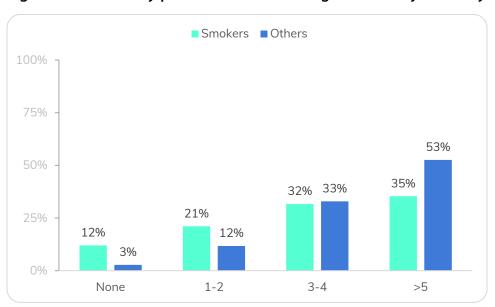


Figure 95: How many portions of fruit and vegetables did you have yesterday?

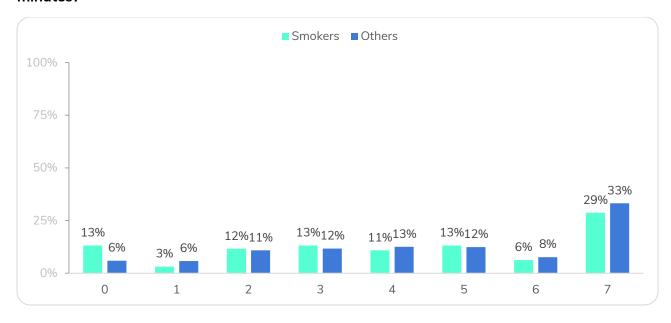
#### Physical activity

People in our smokers segment are far less likely to do regular exercise each week – 20% said they do no exercise and 67% do less than 100 minutes exercise per week, compared with 13% and 45% in the rest of our sample. They are also twice as likely to do no walks of 10 minutes or more each week – 13% of our segment, compared with 6% of the rest of our sample.

Figure 96: How much regular, moderately intensive physical activity lasting ten minutes or more do you do each week?



Figure 97: In the past 7 days, on how many days did you do a walk lasting at least ten minutes?



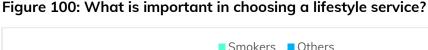
### Accessing and choosing lifestyle services and information

Those who are in the smokers segment were far less likely to feel they know where to access information and support about improving their lifestyle. Only 11% of our smokers say they are 'very well' informed and 20% say they are 'not at all' informed – around twice the numbers in the rest of the population.

They are also significantly less likely to be members of gyms or sports clubs than the rest of our sample. Only 15.5% of the segment told us they are members of a sports or fitness club, compared with 34.2% of those in the rest of the population.

Since this question asked people to rank a range of factors in order of importance from 1 to 8 and the results are presented as average scores (ranking), the differences reported tend to be relatively small (in numerical terms) as the range is much narrower. Nonetheless, small differences are still important indicators of the respective preferences of different groups, although they tend to reflect the strength of opinion, rather than any huge divergence between sub-groups in the order in which they were ranked.

Cost and affordability is even more important for smokers than for everyone else – they gave an average ranking score of 1.8, compared with 2.0 among the rest of the population. Facilities for children was also ranked as being more important for them than for non-smokers (5.4 average score compared with 6.0) - albeit neither group ranked this particularly highly overall. We observed the same pattern for late night opening, with the smokers segment giving this an average score of 5.0, compared with 5.5 among non-smokers. Free parking, public transport access and a mix of classes were all slightly less important to smokers than to the rest of the population.



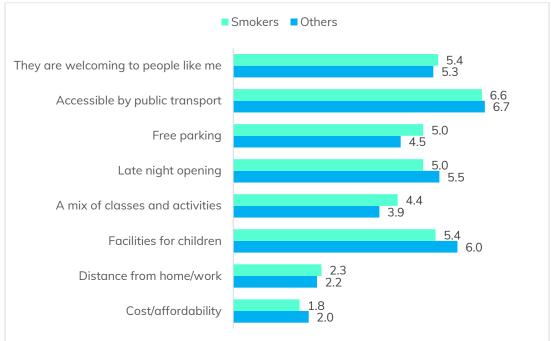


Figure 101: How well informed do you feel about sources of support and information to make your lifestyle healthier?

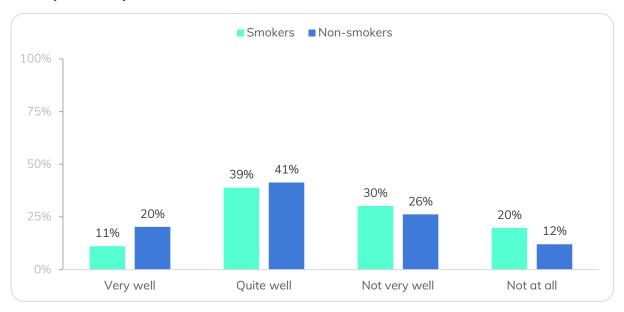
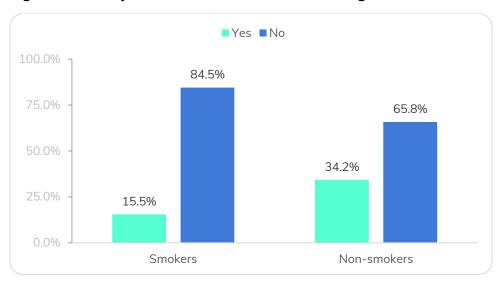


Figure 102: Are you a member of a fitness club, organisation or class?



## Motivational factors for healthier lifestyle behaviours

The differences in between smokers and non-smokers in what motivates them to improve their health and wellbeing are small, though they are slightly more likely to say nothing is wrong and that they are fine. 4.5% of the smokers segment said 'nothing, I'm fine' 4.5%, compared with 2.2% of the rest of the population. There are no other noteworthy differences between our smokers segment and everyone else in what motivates them to improve their health and fitness.

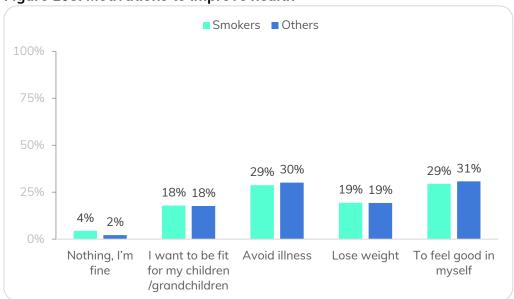


Figure 103: Motivations to improve health

### The impact of COVID-19 on people's lives and lifestyle

The pandemic has had a significant adverse impact on our smokers segment. They are twice as likely to report that their mental health is 'much worse' as a result of COVID-19. Similarly, their socialising, relationships, diet, smoking, physical activity and alcohol consumption are all more likely to be worse than the rest of the population, as a result of the impact of COVID-19.

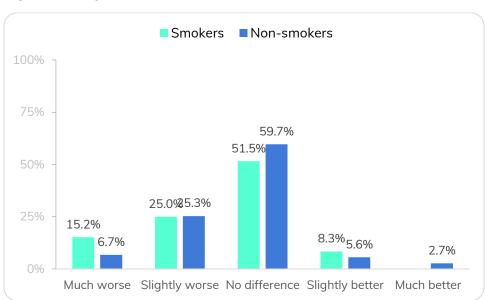


Figure 98: Impact of COVID-19 on mental health

Figure 99: Impact of COVID-19 on socialising

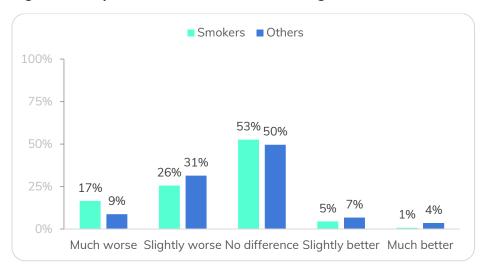


Figure 100: Impact of COVID-19 on relationships

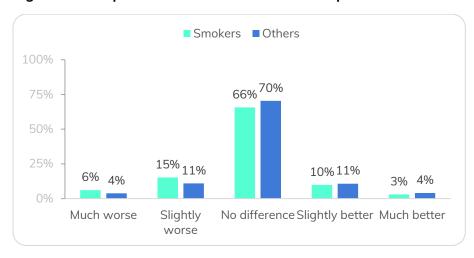
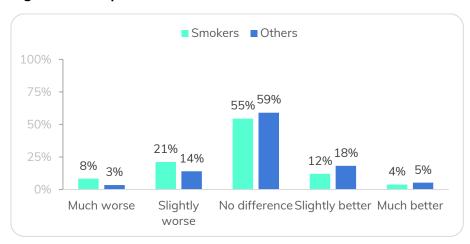


Figure 101: Impact of COVID-19 on diet



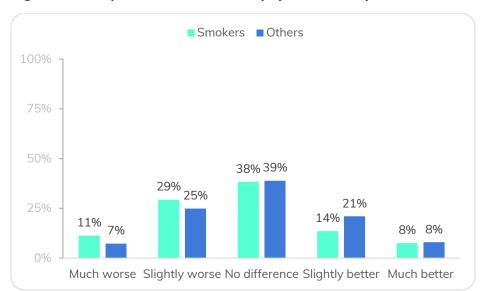
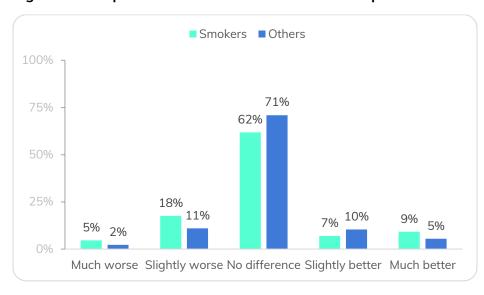


Figure 102: Impact of COVID-19 on physical activity

Figure 103: Impact of COVID-19 on alcohol consumption



### **Demographics**

When compared with the rest of the population from our sample, the demographics of our smokers segment have some very particular characteristics.

• Our smokers segment are considerably more likely to be in work – both full-time and part-time - than everyone else, but they are also more likely to be caring for someone else, looking after children or the home.

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- They are far more likely than average to be renting their homes, either from a housing association or a private landlord.
- Those in our smokers segment are more likely to have finished their education at school – either A levels or GCSEs – rather than going on to higher education degrees and post-graduate degrees.
- Although the numbers are small and should be interpreted with a degree of caution, our smokers are less likely to be White or White British and more likely to be from an Asian, Chinese or other ethnic minority background than the rest of the population.
- The people in this segment are more likely to be of working age than the rest of the population. 77% of our smokers are 18-64 years old, compared with 54% of the rest of our sample.
- Our smokers are significantly more likely to come from Crewe than the rest of our sample – nearly half (43%) of them are resident in the Care Community, twice the proportion of the rest of the population (21%). They are also less likely to be from SMASH – 12% in our segment compared with 18% in the rest of our sample.
- Smokers were significantly more likely to live in a household with one other person 47% compared with 29% among the rest of the population and they were also more likely to live in a household with children (28% compared to 17%).

Table 104: Employment status of respondents by smokers segment

Employment status	Smokers	Non-smokers
Full Time work	44.4%	27.4%
Part Time work	14.3%	11.8%
Retired	23.8%	47.7%
Self Employed	4.0%	5.6%
Zero hours contract work	0.0%	0.3%
Full Time Student	1.6%	0.9%
Looking after children/the home	4.0%	1.9%
Looking for work	0.0%	1.0%
Unable to work	2.4%	1.9%
Unpaid carer	3.2%	0.8%
Prefer not to say	2.4%	0.9%

Table 105: Housing status of respondents by smokers segment

Housing tenure	Smokers	Non- smokers
Own it outright/buying with a mortgage	65.9%	88.1%
Rent – Housing Association	13.5%	3.3%
Rent – private landlord	17.5%	4.8%
Shared Ownership	0.8%	1.6%
Staying with friends	0.0%	0.2%
Other	2.4%	1.9%

Table 106: Education of respondents by smokers segment

Education	Smokers	Non-smokers
Primary school	0.8%	0.1%
Secondary school	13.7%	7.9%
O Level/GCSEs	21.8%	11.6%
A Levels	11.3%	8.2%
Technical or trade certificate	10.5%	9.2%
Diploma	12.1%	12.4%
Degree	23.4%	30.7%
Post-Graduate Degree	6.5%	20.1%

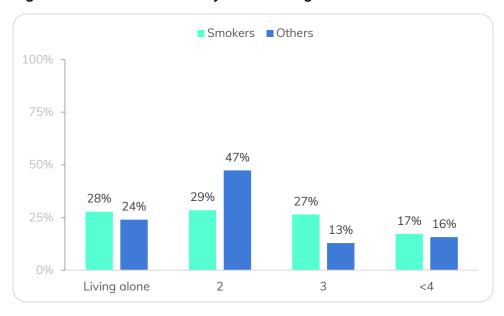
Table 107: Ethnicity of respondents by smokers segment

Ethnicity	Smokers	Non-smokers
Asian, Asian British	3.2%	1.0%
Black African, Black Caribbean, or Black British	0.0%	0.3%
Chinese	1.6%	0.9%
Mixed or Multiple ethnic groups	0.8%	0.9%
White or White British	91.2%	94.6%
Other	3.2%	1.6%
Prefer not to say	0.0%	0.7%

Table 108: Age of respondents by smokers segment

Age	Smokers	Non-smokers
18-24	5.6%	1.5%
25-34	16.0%	7.0%
35-44	13.6%	10.6%
45-54	18.4%	12.9%
55-64	23.2%	22.1%
65-74	12.0%	26.0%
75 and over	10.4%	19.5%
Prefer not to say	0.8%	0.5%

Figure 109: Household size by smokers segment



Yes

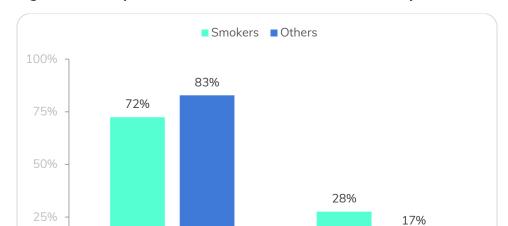


Figure 110: Proportion who live with children under 18 by non-exercisers segment

Table 111: Care Community area of respondents by smokers segment

No

0%

CC Area	Smokers	Others
CHAW	9%	13%
Macclesfield	15%	16%
Bollington	4%	8%
Knutsford	4%	6%
СНОС	7%	10%
Nantwich	7%	9%
Crewe	43%	21%
SMASH	12%	18%

# Overlap and membership of multiple segments

To understand how distinct our segments are we examined the extent to which the same individuals were members of multiple segments.

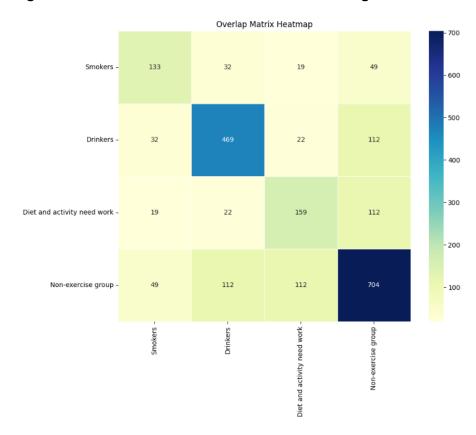
We found a significant degree of overlap across our segments, in particular among the smokers segment and the group whose diet and activity needs work (multi-hurdlers).

Figure 112: Proportion of segment membership with membership in other segments

Segment	Proportion found in other segments
Smokers who were in other segments	75% (100)
Drinkers who were in other segments	35% (166)
Multi-hurdlers who were in other segments	96% (153)
Non-exercisers who were in other segments	39% (273)

The matrix below illustrates where individuals were members of more than one segment.

Figure 113: Total number of individuals in each segment and multiple segments



We can see – as illustrated further in the table below – the percentage of those in each segment who were also included in another segment, and therefore face multiple barriers to health and fitness. For example, we can see that 24% of smokers are also regular drinkers and that 70% of those whose diet and activity needs a lot of work are also currently doing less exercise than recommended.

Figure 114: Proportion of each segment which are also in other segments

	Smokers	Drinkers	Multi-hurdlers	Non- exercisers
Smokers	100%	7%	12%	7%
Drinkers	24%	100%	14%	16%
Multi-hurdlers	14%	5%	100%	16%
Non-exercisers	37%	24%	70%	100%

In addition, a handful of individuals fall within three segments and one individual is included in all four of our segments.

Figure 115: Number of individuals contained in 3 or 4 segments

Segm	ents	Number
•	Smoker	1
•	Drinker	
•	Multi-hurdlers	
•	Smoker	6
•	Drinker	
•	Non-exerciser	
•	Smoker	13
•	Diet and activity need work	
•	Non-exerciser	
•	Drinker	13
•	Diet and activity need work	
•	Non-exercisers	
•	Smoker	1
•	Diet and activity need work	
•	Non-exerciser	
•	Drinker	



# Drugs and alcohol recommendations

0-1 years

Recommendation	Potential co-owner
Consider more intensive prevention approaches in parts of Crewe, Macclesfield,	Community Development teams?
Nantwich and Rural, and SMASH (Sandbach, Middlewich, Alsager, Scholar Green and	Care Community leads?
Haslington) Care Communities	·
Already happening in Alsager	Substance misuse services provider
Comments: context given on Radway Estate, Alsager project. Unclear at this time if this	
work can be duplicated in other areas (lack of capacity and funding)	
Understand the barriers to seeking and accepting treatment (drugs and alcohol).	Cheshire East Council commissioning leads
Explore learning from people with lived experience to improve treatment pathways and	Substance misuse services provider
support.	·
Unmet need golden thread throughout strategy	Combatting Drugs Partnership / Provider
Chine need golden unedd unodghodi Strategy	Forum / Service User Forum (golden thread)
Ensure that clear pathways are in place and signposted to optimise the services	Hospital Trusts?
available, including brief intervention and discharge from hospital.	Cheshire East Council commissioning leads
Improving pathways is a key priority within the strategy, work has already started	Substance misuse services provider
Comments: work to be done to engage partners and build relationships	
Improve response to misuse of emerging types of drugs and help people addicted to	Cheshire East Council commissioning leads
prescription medicines	Liverpool John Moore University?
Currently negotiating procurement of a Local Drug Information Service (LDIS) from Liverpool John Moore University.	Substance misuse services provider

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# Smoking recommendations 0-1 years

Recommendation	Potential co-owner
Provide intensified support in Crewe and Macclesfield and for residents in manual occupations.  Behavioural insights work in these areas could potentially result in improved rates of intervention and people stopping smoking.	Cheshire East Council commissioning leads Tobacco Control Group
Provide an intensified response for people with long term conditions, including Chronic Obstructive Pulmonary disease (COPD) and long-term mental health conditions, improving numbers receiving brief advice, interventions and ultimately stopping smoking.	Cheshire East Council commissioning leads
Undertake further focused work into smoking in pregnancy, including learning from the smoking cessation incentives pilot evaluation.	Cheshire East Council Public Health Cheshire East Council commissioning leads
Embrace the long-term plan model to maximise the opportunity it brings to identify and treat smokers more easily. This should deliver significantly more quits in the longer term and thus reduce the long-term negative health impacts of smoking	Cheshire East Council commissioning leads

Fair Green Open

## Falls recommendations

0-1 years

Recommendation	Potential co-owner
To explore ways to engage communities around falls and to promote falls prevention activity –	One You
including both commissioned services and through other preventative routes.	Falls Leads – Steady On Your Feet
To promote appropriate physical activity amongst older people as a means of reducing falls risk.	promotion
To conduct health promotion at a population wide level around active ageing and the benefits of	NHS Trusts – ageing well events?
addressing falls risk factors.	Everybody Health?
The above 3 recommendations are a priority and all link together.	Voluntary / Charitable Organisations?
Comments: utilising campaigns (falls prevention week). More work to be done about promoting physical activity and active aging as well as falls specific programmes.	Primary care Networks?
To evaluate the effects of the falls pilot which is conducting multifactorial assessments on	
community dwelling adults.	Falls Leads
To optimise risk factor identification and management by increasing use of multifactorial risk assessments (an assessment that aims to identify an individuals risk factors for falling).	Care Community Teams?
The current Falls Lead project is focussed on increasing access to multi-factorial assessment and	
intervention, system wide approach required.	
To ensure that the new Cheshire East Falls Prevention Strategy takes account of these findings.	Cheshire East Falls Prevention Group

# Poverty recommendations

0-1 years

Recommendation	Potential co-owner
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)	Cheshire East Council Voluntary, Community Faith and Social Enterprise Partners (for example, the Citizens Advice Bureau, Trussell Trust, St Pauls)?
Widely share our knowledge of services and community assets available to support people experiencing poverty, including those online and those available in person	CVSCE and Food Poverty Network- Communication collaborative? – To be confirmed Networks, communication gathering and the 'growing our communities' commission?

# Crewe recommendations

## Recommendations relevant to all time frames:

- Public sector organisations should put improving health and wellbeing and the reduction of inequalities at the heart of decision making.
- Public sector organisations should use their power as employers, as providers, as commissioners of services and as purchasers to generate social value and long-term benefits to residents and communities.
- Embrace proportionate universalism creating an offer for all but with the greatest investment given to the areas with the greatest need.
- Focus on Crewe.
- Make the best of what we already have by improving sources of information and referral pathways

## Crewe recommendations

0-1 years

Recommendation	Potential co-owner
Embrace proportionate universalism - creating an offer for all but with the greatest investment given to the areas with the greatest need.	
Maximise wellbeing gains to local residents in our capital projects and regeneration programmes - Engage residents to ensure regeneration plans meet their needs	Crewe Youth Zone?
Continue with the development of green spaces to ensure they are attractive and accessible to those in our most deprived areas	Mental Health Partnership co-owner but led by Cheshire East Council?
Review health, care and other local services to ensure they meet the changing needs of Crewe's residents and that our offers reflect the increasing ethnic diversity of Crewe.	
Ongoing engagement with all communities in Crewe to better understand their needs and co-design services to meet them.	
Undertake a Joint Strategic Needs Assessment deep-dive review into Emotional and Mental Wellbeing in Children and Young People	Completed but people would welcome more information about Crewe.

# Crewe recommendations (continued)

0-1 years

Action	Potential co-owner	
Target evidence-based support to help pregnant	Cheshire East Council Public Health	
women become smoke free.		
Examine causes of avoidable mortality and address	Cheshire East Council Public Health	
biggest contributors and continue work to reduce		
smoking rates and alcohol-related harm in central		
Crewe and explore inequalities in screening uptake to		
develop targeted action plans for Crewe.		
Review primary care services and make them more	Women's collaborative steering group?	
easily accessible within the most deprived areas of	Crewe Care Community?	Page
Crewe.	Family hubs?	Qe
	Healthwatch? There is a huge issue with language gaps within Crewe.	<u> </u>
	Reviewing primary care services- link this with the high level of hospital	5
	admissions and poor primary care services- what can we do about that?	
	Approach Crewe Council and increasing equalities commission?	
Establish governance for place-based prevention.	Women's Collaborative steering group?	
Explore in a qualities in a greening untake to develor	Cheshire East Council	
Explore inequalities in screening uptake to develop targeted action plans for Crewe.	Cheshire and Wirral Partnership Foundation NHS Trust?  CVSCE?	
targeted action plans for Crewe.	Women's Collaborative steering group?	
	Cancer alliance?	
	There is a huge issue with language gaps within Crewe.	
(Raise awareness of the extent of avoidable mortality	Women's Collaborative steering group?	
or deaths across Crewe amongst those that have	Cheshire East Council	
potential to reduce this.		
Perente readoune.		

# CYP Emotional and Mental Wellbeing recommendations

0-1 years

Recommendation	Potential co-owner
Robust approaches to promote protective factors and resilience	The Healthy Young Mind service
Notes: Need to recognise the strong link between physical and mental health especially	Integrated Care Board transformation
around Dermalogica issues	
Influence of digital media available to children and young people needs to be recognised.	
Holistic approaches that encompass the physical and mental wellbeing needs of the child,	The Healthy Young Mind service
their families and professionals that work with them	Cheshire and Wirral Partnership NHS Foundation
	Trust
	Cheshire and Merseyside Integrated Care Board?
Consider and communicate the risks and benefits of digital media	The Healthy Young Mind service
	Young people Participation
Improve navigation to support when there are mental health and wellbeing problems or risk	The Healthy Young Mind service & alliance
factors for mental health and wellbeing problems	Cheshire and Wirral Partnership NHS Foundation
Working in partnership to take a holistic approach to supporting CYP	Trust
	Cheshire and Merseyside Integrated Care Board
Ensure provision of appropriate support for schools to implement evidence-based tools and	Wellbeing for education
resources to create an emotionally healthy school environment across all age groups	The Healthy Young Mind service
Continue to refer to CAMHS where necessary, referring more than once if needed	The Healthy Young Minds alliance
J	Cheshire and Wirral Partnership Foundation NHS
	Trust
Continue to promote training on suicide and self-harm prevention and online support	Cheshire East Council Public Health
Continue to promote the Perinatal and Infant Mental Health Training	

The following cut across all of the recommendations:

- . Healthy Young
  Minds service is
  being
  commissioned
  and will be ablerto
  offer a lot of
  support across
  Cheshire East
- 2. Aware that we need to intervene earlier and then give support quickly.

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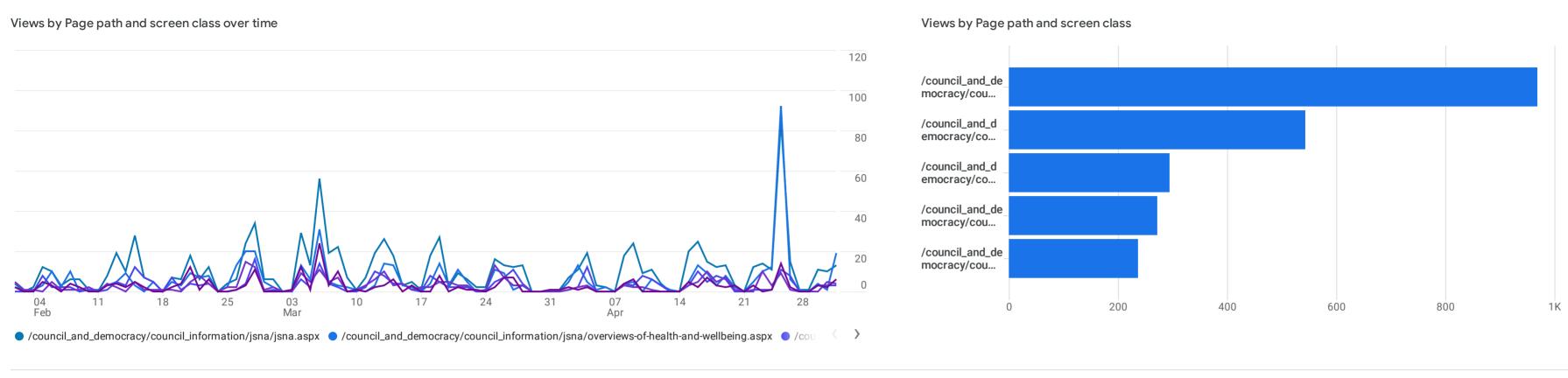
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6	/council_and_democracy/council_information/jsna/mental-wellbeing/emotional-and-mental-wellbeing.aspx	205	173	1.18	8s	761	121.00	£0.00
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9	/council_and_democracy/council_information/jsna/findings-and-recommendations-from-the-tartan-rug.aspx	171	146	1.17	36s	634	79.00	£0.00
10	/council_and_democracy/council_information/jsna/starting-well/starting-well.aspx	150	93	1.61	31s	473	61.00	£0.00
11	/council_and_democracy/council_information/jsna/ageing-well/drugs-and-alcohol.aspx	138	110	1.25	6s	491	81.00	£0.00
12	/council_and_democracy/council_information/jsna/healthier-places/healthier-places.aspx	124	97	1.28	16s	379	0.00	£0.00
13	/council_and_democracy/council_information/jsna/ageing-well/ageing-well.aspx	123	87	1.41	17s	380	25.00	£0.00
14	/council_and_democracy/council_information/jsna/mental-wellbeing/mental-wellbeing.aspx	107	84	1.27	9s	294	11.00	£0.00
15	/council_and_democracy/council_information/jsna/ageing-well/falls.aspx	98	78	1.26	7s	324	44.00	£0.00
16	/council_and_democracy/council_information/jsna/starting-well/smoking.aspx	78	60	1.30	4s	274	55.00	£0.00
17	/council_and_democracy/council_information/jsna/jsna-search-results.aspx	17	14	1.21	6s	67	0.00	£0.00
18	/council_and_democracy/council_information/jsna/healthier-places/emotional-and-mental-wellbeing.aspx	5	2	2.50	27s	14	1.00	£0.00

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## The Joint Strategic Needs Assessment (JSNA) Evaluation Results 29/05/24

Written by the Public Health Intelligence Team

## **Background information**

During 2022/23 some changes to the JSNA work programme were introduced. Instead of one full report it was agreed that three products, a full report, executive summary, and a short summary, which outlines the key messages and recommendations in plain English would be developed for each chapter to make the JSNA more accessible. In addition to this, the governance process was also revised and the Health and Wellbeing Board delegated approval to the Executive Director for Adults, Health and Integration or Director of Public Health.

The JSNA evaluation was undertaken to help the Public Health Intelligence Team and the JSNA Steering Group to understand what aspects of the JSNA are valued and are going well and to gather opinions on the changes that have been implemented, but also how we can improve as part of our next steps so that the JSNA has as much impact as possible.

The JSNA evaluation survey was circulated in March 2024 and closed on the 24<sup>th</sup> May 2024. In total there were 67 responses from a range of different sectors.

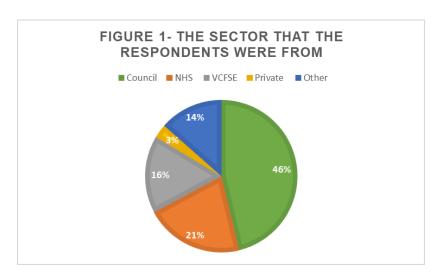


Figure 1 shows that the majority of the respondents were from Cheshire East Council (46%), followed by the NHS (21%) and stakeholders from the Voluntary, Community, Faith and Social Enterprise sector (VCFSE) (16%).

The respondents were asked to explain what their involvement was with the JSNA programme. The majority of respondents were either part of a working group (30%), the JSNA Steering Group (24%) or a JSNA user (23%). Some respondents have selected more than one option due to having an involvement in multiple aspects of the JSNA.

Question 5- "Did you find the process easy to be involved with in terms of capacity, understanding the ask and understanding the data".

Most of the respondents found the process easy to be involved with in terms of understanding the ask (85%, 33/39 responses) and in terms of understanding the data (90%, 35/39 responses) However, capacity was an issue for some (32%,13/41 responses).

# Feedback (capacity)

"The hardest part was time capacity as I am a member of several steering and meeting groups"

"I've put no for capacity just because some areas required additional ask of the team rather than data sets routinely available so required prioritisation of workloads - this may become harder as staff numbers continue to reduce".

"Yes, but as we are a very small team it is always challenging to priorities our work. But we value the importance of the JSNA to our work".

"Capacity is an issue and reduces the level of input I'd like to have".

"Not enough time to do anything properly. Get dragged into operational difficulties because the planning and strategy are wrong. JSNA is a key foundation to the strategy but time to be involved is limited".

"Capacity is the limiting factor due to work pressures".

"Everything was well explained, and the data was clear. Sometimes due to workload it can be difficult to attend meetings, etc".

## Some additional feedback from question 5



"Yes, I came into the project group part way through and every effort was made to catch me up with where things were up to"

"It was good to be able to share things from a school / educator perspective".

"Clear guidance of what was expected, and timescales helped with management of the work. Regular updates and sharing of emerging data meant that there was a shared view on the data and how this directed future work".

"Not enough time to do anything properly. Get dragged into operational difficulties because the planning and strategy are wrong. JSNA is a key foundation to the strategy but time to be involved is limited".

"Absolutely and very well supported by members of the Public Health Intelligence Team.

Question 7- "Did you find the process useful to be involved with in terms of: information sharing; integration; informing place level priorities; informing organisation level priorities; learning about wider health and public health and aiding evidence-based decision making".

Figure 2- Did you find the process useful to be involved with in terms of: information sharing; integration; informing place level priorities; informing organisation level priorities; learning about wider health and public health and aiding evidence-based

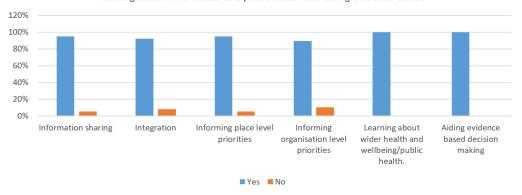


Figure 2 shows that most of the respondents found the process useful to be involved with in terms of all the areas outlined.

Note- The "information sharing" result is based on 37 responses, all the other topic results are based on 38 responses. The respondents could choose more than one option.



## Some feedback from question 7

"Extremely useful. I am most interested in wider health determinants and evidence based decision making. Also made some good links with partner agencies which will drive the work of the safeguarding adults board in terms of identifying themes and trends and making links to preventative actions across areas of Cheshire East".

"Some data is much more difficult to routinely share/ is even available at levels required to make fully informed decisions at LSOA".

"Absolutely. The opportunity to share local knowledge and feedback themes from local people across Cheshire East about their health and wellbeing with the group has been very valuable and positive, and allows priority setting to be additionally informed by what matters most to local people. I have always felt listened to and heard during the meetings and have enjoyed sharing what information and knowledge I have. This has also been a very useful networking opportunity, an opportunity to help shape priorities using a collaborative approach and also a chance to learn about health related business intelligence, best practice and research".

"The key stakeholders involved in the work encompassed a range of SMEs and there was a collaborative approach to understanding priorities and sharing of information".

"This is the first time a conference such as this has been run. It was extremely useful in terms of the above and should feature in the programme moving forward".

## Question 9- "Were you aware of the JSNA prior to your involvement/contributing to the JSNA Conference?" (based on 64 responses)

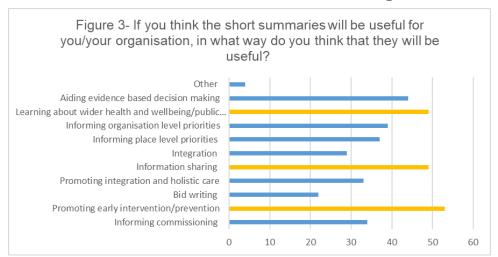
• Of those that responded 80% said that they were aware of the JSNA prior to their involvement/contribution to the JSNA Conference.

## Question 10- "Did you understand the role of the JSNA prior to your involvement/contributing to the JSNA Conference?" (based on 62 responses)

• Of those that responded 79% said that they understood the role of the JSNA prior to their involvement/contributing to the JSNA Conference.

## Question 11- "Do you think the short summaries will be useful for you/your organisation?" (based on 65 responses)

 Of those that responded 98% said yes, the short summaries will be useful for them and their organisation.



The respondents were also asked in what way they thought the short summaries would be useful. As shown in figure 3, the three main reasons were promoting early intervention and prevention (53 responses), information sharing (49 responses) and learning about wider health and wellbeing/ public health (49 responses).

Note- Based on 65 responses. The respondents could choose more than one option)

Respondents were also asked what would make the short summaries more useful.



## One respondent said...

"Short and eye catching. Thinking about how busy people are and how they have no time to read things properly. Based on giving 'top 3 things to know' for example and then the 'So what' how are people then expected to apply the knowledge e.g. take this to your next team meeting or adapt your plans based on this evidence".

#### Question 14- "Have you cited the JSNA in any of your work?" (based on 67 responses)

• 52% of respondents said they had cited the JSNA in their work.

The respondents were also asked to state what JSNA review had been cited and what work it had been cited in. Examples include:

- "General observations and level of need in Crewe"
- "As an example Crewe JSNA used as evidence in work with the Crewe Town Board and the Business for Health research initiative. Also used in a bid for Active Travel funding".
- "The work on food poverty we combined it with our own data to write our successful bid to the community foundation for funding in this area".
- "Range of work; including presentations to a variety of stakeholders"

Question 16- "Have you used any of the more detailed products?" (Based on 63 responses, respondents could choose more than one option)

Respondents were asked to state which of the more detailed products they have used. 35% of respondents said they had used the Tartan Rug, 23% said they had used the full report, 25% said they had used the executive summary and 17% said they hadn't used any of the more detailed products.

The respondents were also asked what the purpose was for using the more detail products. Examples include:

- "Inform policy discussion".
- "To help understand the challenges, support and landscape of the areas that I work in more fully to help inform engagement and signposting".
- "To showcase the breadth of inequalities to partners and stakeholders, to inform staff, to understand where to focus our efforts".
- "Identifying prioritises to improve public health".

Question 18- "How can we ensure the JSNA has maximum?"



## Some of the feedback from question 18

"Make sure local authority and NHS staff understand what is available from a JSNA."

"The flow of information is hard to manage, but the better control we have on that, the more impact we will have. Capacity is the single biggest barrier, so funding to secure that might be useful."

"Demonstrate all changes which are resultant from the JSNA and demonstrate (and where possible support) how those outside PH can use the JSNA as a tool for change."

"Improve understanding of what the 'JSNA' terminology means across the system - especially in the VCFSE sector."

"Greater promotion and communication. Use case studies of an example of how it can be used. Try and get in early with business and team planning processes to identify early on work that may have a crossover."

"Be more directive with decision making groups. Don't expect them to realise and/or do the right thing. They are driven by short-term financial decisions. Make the implicit explicit."

"Making sure its data is acute and as up to date as possible so that every agency/organisation can rely on it to create relevant and inclusive services to ensure the people of Cheshire East can live well for longer."

"More awareness about its purpose and functions, and getting more people using it."

Question 19- "How can we improve upon the review process?"



"Possibly by including some pictorial/easy read information for those with low levels of literacy or English as a second language to ensure maximum accessibility across all CE communities."

"Possibly hold less but face to face meetings where members can work together to identify, review and set priorities in a workshop style rather than several online meetings."

"By involving key partners and stakeholders and trying to keep to timescales set out within the wider project plan."

"Set a timetable and plan in advance. Give them a date for 'end of life' when a review is needed to ensure up to date information can be included."

"I understand that there is a lot of work put into collecting and validating the data contained in JSNA, however it would be useful for the updates to be more frequent."

"Talk with charities and groups more."

Question 20- "We want to give the JSNA a plain English name to help us in raising awareness of, and engagment in the JSNA amongst our wide range of audience". The respondents were asked to include suggestions.

## Some of the suggestions included:

"The Cheshire East Story"

"Health Horizons: Unveiling the pulse of Cheshire East"

"Influencing current and future wellbeing in Cheshire East"

"Our local health and social needs in Cheshire East"

Question 21- "Would you like us to hold an annual JSNA Conference?" (based on 63 responses)

• 94% of the respondents said that they would like an annual JSNA Conference.



## General feedback

"Great work. Very intensive and enjoyable but worry that the impact is lower than it should be on decision makers e.g. we are investing less in early intervention than ever before."

"Holding an annual conference keeps the profile of the JSNA and its importance in the forefront of commissioners and partners minds."

"The review was a base line from which to measure improvements. Should be reviewed annually."

"I'd perhaps hold it in a reduced format. Really the conference needs to promote the JSNA as a data source and use of this intelligence for decision-making. There are established processes for this, perhaps it could focus on actions/achievements that have taken place as a result of JSNA intelligence."

#### Summary

- In summary, the majority of the respondents were already aware of and understood
  the role of the JSNA prior to their involvement/contribution to the JSNA Conference.
  Nevertheless, some of the open comments did highlight the need to improve
  understanding of what the JSNA terminology means across the system, particularly
  in the VCFSE sector and to bring more awareness and to continue to promote the
  JSNA.
- The feedback highlights that the respondents find the JSNA process easy and useful
  to be involved with in relation to all of the areas that were outlined as part of
  questions 5 and 7. However, capacity seems to be an issue for some. This was
  evident when looking at both the numbers and the open comments.

- Nearly all of the respondents said that they found the short summaries useful, especially in relation to promoting early intervention and prevention, information sharing and learning about wider health and wellbeing/public health. However, one respondent did suggest that in order to improve the short summaries they could be made even shorter with the "top 3 things to know" and "so what".
- Over half of the respondents said that they had cited the JSNA in their work. The results also showed that the more detailed products (full report, executive summary and the Tartan Rug) were also being used by stakeholders, with the highest percentage using the Tartan Rug.
- The feedback that was received was generally positive, but some of the suggestions
  to improve upon the review process included, developing pictorial/easy read
  information for those with low levels of literacy or English as a second language,
  update the JSNA more frequently and hold face to face meeting where members can
  work together to set priorities in a workshop style.

\*Please note the missing question numbers are the open comments related to the question above \*



## Agenda Item 10





CHESHIRE EAST HEALTH AND WELLBEING BOARD Reports Cover Sheet					
Title of Report:	Pharmaceutical Needs Assess	Pharmaceutical Needs Assessment 2025 Update			
Date of meeting:	2 July 2024				
Written by:	Sara Deakin, Head of Health and Dr Susan Roberts, Consu	_			
Contact details:	susan.roberts@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?	To notify the board of the statutory requirement to publish a new Pharmaceutical Needs Assessment (PNA) by 1 <sup>st</sup> October 2025 and formalise the process for development and endorsement of the PNA				
Please detail which, if any, of the Health &	Creating a place that supports health and wellbeing for everyone living in Cheshire East				
Wellbeing Strategy priorities this report relates to?	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				

# Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.

All of the above  $\square X$ 

The Health and Wellbeing Board (HWB) approves delegation of the day-to-day authority for the development of the revised Pharmaceutical Needs Assessment (PNA) to the Director of Public Health. This will include the approval of the draft PNA prior to consultation.

Contingency arrangements of endorsing the PNA virtually by board members in September 2025 are agreed in case the HWB meeting is cancelled, or the timing of the meeting is such that the PNA required publishing date precedes the scheduled meeting date.

Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	The report has been taken to the Cheshire East Council Adults, Health and Integration Directorate Management Leadership Team, prior to the submission to the HWB.
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.	Ultimately, on completion of the PNA, the HWB and NHS will understand how current and future needs for pharmaceutical services are met by existing provision. PNAs are used by the NHS to make decisions on which NHS funded services need to be provided by local community pharmacies. These services are part of local health care and public health and affect NHS budgets. PNAs are also relevant when deciding if new pharmacies are needed, in response to applications by businesses, including independent owners and large pharmacy companies.

## 1 Report Summary

1.1 Cheshire East Health and Wellbeing Board have a statutory responsibility to publish an up-to-date statement of pharmaceutical needs. A revised pharmaceutical needs assessment must be published by the 1<sup>st</sup> October 2025. This paper outlines the approach being taken to its production.

#### 2 Recommendations

- 2.1 That the Health and Wellbeing Board approves delegation of the day-to-day authority for the development of the revised Pharmaceutical Needs Assessment (PNA) to the Director of Public Health (DPH). This will include the approval of the draft PNA prior to consultation.
- 2.2That the Health and Wellbeing Board approves the formation of a working group to steer the production of the revised PNA.
- 2.3 That the Health and Wellbeing Board agrees contingency arrangements of endorsing the PNA virtually by board members in September 2025 in case the HWB meeting is cancelled, or the timing of the meeting is such that the PNA required publishing date (before the 1<sup>st</sup> October 2025) precedes the scheduled meeting date. Due to the consultation requirement of 60 days and to enable the final draft to go through the council review process, it is not feasible to present the final draft for endorsement at an earlier meeting. This will be the boards only opportunity to review the results of the consultation and consider the impact of the results from the consultation.
- 2.4That the Health and Wellbeing Board note there is a cost implication in the production of the PNA, mostly for staff time which will be required across all partner organisations. Its production will impact on joint strategic needs assessment (JSNA) activity during 2024/5 and 2025/6. Any financial implications that arise as a result of any actions taken in response to this report are fully covered by existing funding, meaning that there are no changes required to the Council's existing Medium Term Financial Strategy (MTFS).

2.5 That the Health and Wellbeing Board note that the Pharmaceutical Regulations 2013 were amended in September 2023, however most of amendments are concerning 100-hour pharmacies, changes to contracted opening hours and arrangements regarding temporary cover these do not affect the content or timing of the PNA.

#### 3 Reasons for Recommendations

- 3.1 From 1st April 2013, every Health and Wellbeing Board (HWB) in England has had a statutory responsibility (Section 128A of NHS Act 2006, as amended by Health Act 2009 and Health and Social Care Act 2012) to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a pharmaceutical needs assessment (PNA). Delegation of day-to-day authority for the PNA's development to the Director of Public Health is a practical approach to ensure efficient production without the need to refer to the Board for every item of detail.
- **3.2**PNAs are used by the NHS to make decisions on which NHS funded services need to be provided by local community pharmacies. These services are part of local health care and public health and affect NHS budgets.
- **3.3** PNAs are also relevant when deciding if new pharmacies are needed, in response to applications by businesses, including independent owners and large pharmacy companies. Applications are keenly contested by applicants and existing NHS contractors and can be open to legal challenge if not handled properly.
- **3.4**Health and Wellbeing Boards need to ensure that the NHS England has access to the PNA.
- 3.5 Health and Wellbeing Board need to publish revised PNAs for its area every three years. This will require board-level sign-off and a period of public consultation beforehand. It is proposed that the next PNA is presented to Health and Wellbeing Board in September 2025. If not possible due to cancellation or timing, it is proposed that the PNA will be endorsed virtually by board members. Due to the consultation requirement of 60 days and to enable the final draft to go through the council review process, it is not feasible to present the final draft for endorsement at an earlier meeting. This will be the boards only opportunity to review the results of the consultation and consider the impact of the results from the consultation.
- 3.6 It is proposed that the PNA is produced by the Public Health Intelligence Team, this team has plenty of experience, having been involved in the previous PNA production. The work will be steered by a working group consisting of representation from the Council, the Local Pharmaceutical Committees (LPCs), Local Professional Networks (LPNs), NHS Integrated Care Board (ICB), acute trusts, Healthwatch and the Local Medical Committee (LMC). Overall responsibility for delivery and approval of the draft PNA prior to consultation will sit with the DPH.
- **3.7**Cheshire East Public Health has secured relevant pharmacy support from NHS England via Cheshire and Merseyside PNA Leads group to support this work.
- **3.8**Cheshire East Public Health representatives attend a Cheshire and Merseyside PNA Leads meeting which also has representation from other local authority colleagues, NHS England and LPC representatives. This provides an opportunity to work collectively and share work load and best practice.
- **3.9** There is a cost implication in the production of the PNA, mostly for staff time which will be required across all partner organisations. The Department of Health did an impact assessment for the last PNA production in 2017/18 and estimated the maximum resource requirement is £61,000. Analysis of pharmaceutical needs will be led by Cheshire East

Public Health Team. This team also leads the Joint Strategic Needs Assessment (JSNA) process. As such, there will be reduced capacity for JSNA reviews during 2024/25 and the first half of 2025/26.

- **3.10** As part of the PNA development, a survey of community pharmacy contractors needs to be undertaken. The survey content has been agreed by the Cheshire and Merseyside PNA Leads group and will be available during June/July 2024 via the PharmOutcomes<sup>1</sup> system.
- **3.11** A public survey is also required. There are two options available:
  - **3.11.1** Use the survey agreed by the Cheshire and Merseyside PNA Leads Group. This will be collated by Liverpool City Council's Public Health on the behalf of the Cheshire and Merseyside Local Authorities. The content is yet to be finalised but is likely to be live during this autumn. This is the approach we took for the 2021 PNA.
  - **3.11.2** 2. Develop our own survey in conjunction with the Cheshire East's Research and Consultation Team. This was the approach taken for the 2018 PNA.
  - **3.11.3** The Public Health Intelligence Team are currently discussing the pros and cons of each option. We will continue to actively engage with the discussions at the C&M PNA Leads group in the interim.

Both Cheshire East's Research and Consultation Team and Healthwatch Cheshire East will need to be consulted regarding the promotion of this survey.

- 3.12 Cheshire East Public Health is engaging with representatives from ICB Cheshire East Place, the Local Medical Committee and Local Pharmaceutical Committee to agree appropriate input and communication.
- 3.13 It is proposed that the statutory 60-day consultation on the draft PNA should run from April 2025. Neighbouring local authorities must be consulted as part of this process. Cheshire East's Research and Consultation Team will assist with this.
- 3.14 After the new Pharmaceutical Needs Assessment has been published, the Health and Wellbeing Board will continue to have the responsibility of reviewing it if notified of any changes in provision by NHS England. The Public Health Intelligence Team retain responsibility for supporting the Health and Wellbeing Board with the intelligence to make this decision.
- 3.15 Minor changes will require a "supplementary statement" to be issued whereas any major changes in pharmaceutical provision or need could require complete rewrite of the whole PNA (according to current Regulations).

## 4 Impact on Health and Wellbeing Strategy Priorities

4.1 The production of the PNA supports all four outcomes from the Joint Local Health and Wellbeing Strategy for the population of Cheshire East 2023-2028: Community pharmacies have a vital role in achieve these outcomes. Outcome 1 - Cheshire East is a place that supports good health and wellbeing for everyone, Outcome 2 - Our children and young people experience good physical and emotional health and wellbeing, Outcome 3 - The mental health and wellbeing of people living and working in Cheshire

<sup>&</sup>lt;sup>1</sup> PharmOutcomes is a web-based system which helps community pharmacies provide services more effectively and makes it easier for commissioners to audit and manage these services (PharmOutcomes (2016). <a href="https://pharmoutcomes.org">https://pharmoutcomes.org</a>)

East is improved and Outcome 4 - That more people live and age well, remaining independent; and that their lives end with peace and dignity in their chosen. It is a statutory requirement.

## **5** Background and Options

- **5.1**The previous PNA was published in September 2022: Cheshire East Health and Wellbeing Board, Pharmaceutical Needs Assessment. <a href="http://www.cheshireeast.gov.uk/council\_and\_democracy/your\_council/health\_and\_wellbeing\_board.aspx">http://www.cheshireeast.gov.uk/council\_and\_democracy/your\_council/health\_and\_wellbeing\_board.aspx</a>
- 5.2The Pharmaceutical Regulations 2013 were amended in September 2023 and for the most part these amendments came into force on 25 May 2023. Most of amendments are concerning 100-hour pharmacies, changes to contracted opening hours and arrangements regarding temporary cover such as the establishment a 'local hours plan' by the ICB with contractors. These changes will be explored in the new PNA. More detail on these changes can be found at NHS England » Guidance on the NHS (pharmaceutical and local pharmaceutical services) (amendment) regulations 2023
- **5.3** There are major inter-linked developments that affect the transformation and delivery of community pharmacy service. The PNA will need to reflect on their impact on need and service provision. These are: -
  - 5.3.1 The Pharmacy Integration Programme/Fund (PhIF) which aims to transform how pharmacists and community pharmacy will operate. It supports the development of clinical pharmacy in a wider range of primary care settings by driving the greater use of community pharmacists and technicians in new, integrated local care models. This has resulted in setting up of an urgent medicines supply and minor illness schemes in conjunction with NHS 111, development of integrated care models to support care homes, digital developments, workforce education and development.
  - **5.3.2** Community Pharmacy Contractual Framework (CPCF) for 2019/20 2023/24: Supporting delivery for the NHS Long Term Plan which sets out an ambition to develop the role of community pharmacy in managing demand for urgent primary medical services. It was expected that this would result in funding costs that would lead to pharmacies reducing opening hours, merging, or even closing down.
  - **5.3.3** A new CPCF is likely to be published during the production of the PNA.
  - **5.3.4** The Pharmacy Access Scheme (PhAS) was introduced to provide transitional relief to pharmacies in areas where there are fewer pharmacies with higher health needs thus ensuring continuity of services. An updated PhAS starts from January 2022, which has been capped to £20 million.
  - 5.3.5 Pharmacy First service launched on 31st January 2024. It incorporates the previous Community Pharmacist Consultation Service and builds on it to enable community pharmacy to complete episodes of care for seven common conditions following specific clinical pathways. It will enable the management of common infections by community pharmacies through offering self-care, safety-netting advice, and supplying certain over the counter and prescription only medicines via clinical protocol and patient group directions.
- **5.4** The Health and Wellbeing Board must publish a PNA by 1 October 2025. There is no other option.

### 6 Access to Information

- **6.1** The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013: <a href="http://www.legislation.gov.uk/uksi/2013/349/contents/made">http://www.legislation.gov.uk/uksi/2013/349/contents/made</a>
- **6.2**The 2023 amendments to the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013: <a href="NHS England">NHS England</a> » Guidance on the NHS (pharmaceutical and local pharmaceutical services) (amendment) regulations 2023

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

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# Agenda Item 12





## CHESHIRE EAST HEALTH AND WELLBEING BOARD

Reports Cover Sheet

Title of Report:	Cheshire East's New Local Plan
Report Reference Number	HWB 54
Date of meeting:	2 July 2024
Written by:	Jeremy Owens, Development Planning Manager, Cheshire East Council
Contact details:	jeremy.owens@cheshireeast.gov.uk
Health & Wellbeing Board Lead:	Peter Skates

## **Executive Summary**

Is this report for:	Information 🗹	Discussion 🗹	Decision 🗵		
Why is the report being brought to the board?		ncil has decided to prepare a n seeking initial feedback on its			
Please detail which, if any, of the Health & Wellbeing Strategic Outcomes this report relates to?	<ol> <li>Cheshire East is a place that supports good health and wellbeing for everyone</li> <li>Our children and young people experience good physical and emotional health and wellbeing </li> </ol>				
	3. The mental health and wellbeing of people living and working in Cheshire East is improved $\hfill\Box$				
	<ul> <li>4. That more people live and age well, remaining independent; and that their lives end with peace and dignity in their chosen place □</li> <li>All of the above □</li> </ul>				
Please detail which, if	Equality and Fairness 🗹				
any, of the Health &	Accessibility ☑				
Wellbeing Principles this	Integration ☑				
report relates to?	Quality ☑				
	Sustainability 🗹				
	Safeguarding				
Var. Astions for the	All of the above  To note that the Council has commenced work on a new Local Plan.				
Key Actions for the Health & Wellbeing	To note that the Council h	ias commenced work on a nev	V Local Plan.		
Board to address.					
Please state					
recommendations for					
action.					

Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	Reports regarding the new Local Plan have been considered by the Council's Environment and Communities Committee.
Has public, service user, patient feedback/consultation informed the recommendations of this report?	The new Local Plan will be the subject of several rounds of public consultation and a public examination prior to its adoption.
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	Local plan policies can support the health and well-being of residents in various ways. These include supporting active travel, the provision of open space and sports facilities, facilitating development that meets a range of housing needs and the creation of well-designed, mixed-use neighbourhoods.

## 1 Recommendations

2.1 To note that the Council has commenced work on a new Local Plan through the publication of an Issues Paper inviting initial feedback on its scope.

### 2 Reasons for Recommendations

2.1 To raise awareness that the Council is at the start of preparing a new Local Plan.

## 3 Impact on Health and Wellbeing Strategic Outcomes

3.1 Local plan policies can support the health and well-being of residents in various ways, including through supporting active lifestyles, meeting housing needs, enabling jobs growth and investment, promoting mixed-use development and protecting and providing green infrastructure.

### 4 Background

- 4.1 Local plans provide a foundation for longer term decision making on how a place should change over the next 15 years or so. Plans, and the policies within them, form the basis on which planning applications for new development will be decided. This is why our planning system is often said to be 'plan-led'.
- 4.2 The current Cheshire East Local Plan was adopted in two parts, the Local Plan Strategy ("LPS") in 2017 containing strategic policies and land allocations, and the Site Allocations and Development Policies Document ("SADPD") in 2022 containing non-strategic policies and smaller land allocations. The current Local Plan establishes the borough's development housing needs to 2030 and sets out how they will be met. It also includes a range of policies that address other social, environmental and economic priorities.
- 4.3 Local plans need to be kept up to date so policies remain relevant and effective in meeting the needs of the local community. The Council is at the very start of preparing a new Local

Plan for the borough which will set out a new long-term development framework for the borough into the 2040s. When adopted it will replace the LPS and SADPD.

- 4.4 The role that planning can play in supporting healthy and active lifestyles is addressed in the vision and strategic priorities of the current Local Plan. This is implemented through a wide range of policies including those that provide for new market, affordable and specialist housing, seek good design which can positively influence physical activity levels, travel patterns and social connectivity, and protect open space and sports facilities. The Plan was informed by the JSNA and related reports and strategies. An example is Policy RET 5 of the SADPD which establishes a 'hot food take-away restriction zone' in Crewe. It restricts the opening hours of new hot foot takeaway facilities near to secondary schools and sixth form colleges in the 'Crewe 6' group of wards, responding directly to a recommendation in the Cheshire East Joint Strategic Needs Assessment Excess Weight Report (June 2019).
- 4.5 Progress with the new Local Plan has been delayed because of proposed national reforms to the planning system, including to the way that local plans will be prepared in the future. Given the general election, the national reforms are likely to be delayed further and should there be a change of government, replacement or additional planning reforms may be proposed.
- 4.6 That said, there remains a clear commitment by the Council to advance a new Local Plan whether it is under the current legal framework or under a reformed system. The new Local Plan will take several years to prepare. It will be informed by feedback obtained through several rounds of public consultation as it is developed. When a final draft has been prepared by the Council, it will be scrutinised through a public examination conducted by an independent Planning Inspector. Subject to it meeting legal requirements and being found 'sound' at examination, the Plan can then be adopted, at which point it carries its full weight in deciding planning applications. To successfully pass the examination stage, local plan policies must, amongst other things, be justified by relevant evidence and be consistent with national planning policy (most notably the National Planning Policy Framework).
- 4.7 In the midst of uncertainty at a national level arising from the stop-start nature of the planning reforms, the Council was keen to announce its intention to prepare a new local plan through the publication of an Issues Paper. The Issues Paper is a first opportunity, well ahead of the drafting of any policies or proposals, for residents, developers, businesses, and other organisations to give their initial views on the scope of the new Plan. Feedback was invited on the Issues Paper between 8 April and 1 July alongside several supporting reports that will help to inform future stages of the new Local Plan, including about the availability of land for future development. The Issues Paper and the other consultation documents can be viewed via this link:

https://www.cheshireeast.gov.uk/planning/spatial-planning/cheshire\_east\_local\_plan/new-local-plan.aspx

4.8 The Issues Paper is organised under a series of thematic headings including meeting the borough's future housing needs, tackling climate change, providing new jobs, restoring nature and supporting healthier lifestyles. Chapter 3 of the Issues Paper is entitled 'Healthy and safe communities' and invites feedback about how the Plan could support good health and well-being. However, the potential ways in which planning policy and support good

health do not fall exclusively within this chapter. Amongst other things, good design (chapter 4), the provision of new homes to meet a diverse range of needs (chapter 6), jobs growth (chapter 8) and active travel (chapter 9) all influence health outcomes. A series of topic papers were also published, one for each of the thematic chapters of the Issues Paper, providing additional background information to encourage feedback.

4.9 It is expected that a consultation report, summarising responses, will be taken to the Council's Environment and Communities Committee towards the end of this calendar year. It is also hoped that the Council will be in a position at that point, several months on from the general election, to prepare a firm project plan and timetable for the preparation of the new Plan.

## 5 Access to Information

5.1 Contact information:

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