Public Document Pack

Cheshire East Health and Wellbeing Board

Agenda

Date:	**Tuesday, 19th March, 2024**
Time:	**2.00 pm**
Venue:	**Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ**

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

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

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

1. **Apologies for Absence**

2. **Declarations of Interest**

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

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

   To approve the minutes of the meeting held on 23 January 2024.

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

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

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

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

5. **Cheshire & Merseyside Secure Data Environment proposals** (Pages 7 - 56)

To receive a presentation on Cheshire & Merseyside Secure Data Environment proposals.

6. **Joint Strategic Needs Assessment update** (Pages 57 - 66)

To receive an update of progress in the JSNA work programme since September 2023.

7. **All Together Active and Healthy Weight Implementation Plans** (Pages 67 - 94)

To consider a report on the All Together Active and Healthy Weight Implementation Plans.

8. **The Cheshire East Carbon Plan** (Pages 95 - 104)

To receive a presentation on The Cheshire East Carbon Plan.

9. **Cheshire East Safeguarding Adults Board Annual Report 2022-2023** (Pages 105 - 122)

To receive the 2022/23 Annual Report of the Local Safeguarding Adults Board.

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, 23rd January, 2024 in the Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

Board Members
Helen Charlesworth-May, Executive Director Adults, Health, and Integration
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
Mark Groves, Healthwatch Cheshire
Dr Matt Tyrer, Director of Public Health (attended virtually via Microsoft Teams)
Kathryn Sullivan, CVS Cheshire East (attended virtually via Microsoft Teams)
Mark Wilkinson, Cheshire East Place Director
Deborah Woodcock, Executive Director of Children's Services
Michelle Davis, Guinness Housing
Peter Skates, Acting Executive Director of Place, Cheshire East Council
Isla Wilson, Cheshire East Health and Care Place Partnership
Charlotte Wright, Cheshire Fire and Rescue Service

Cheshire East Officers and Others
Alex Jones, Better Care Fund Programme Manager
Ceri Kay, Legal
Guy Kilminster, Corporate Manager Health Improvement
Rob Polkinghorne, Chief Executive
Dr Susie Roberts, Public Health Consultant
Karen Shuker, Democratic Services Officer

10 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Dr Paul Bishop, Louise Barry, Superintendent Claire Jesson and Claire Williamson.

Mark Groves attended as a substitute.

11 **DECLARATIONS OF INTEREST**

There were no declarations of Interest.

12 **MINUTES OF PREVIOUS MEETING**

RESOLVED:

That the minutes of the meeting held on 22 November 2023 be confirmed as a correct record.

13 **PUBLIC SPEAKING TIME/OPEN SESSION**

There were no members of the public present.

14 **ADOPTING A REFRESHED 'ALL TOGETHER FAIRER' AS THE CHESHIRE AND MERSEYSIDE HEALTH AND CARE PARTNERSHIP STRATEGY**

The Board received a presentation from the Cheshire East Place Director in respect of Adopting a refreshed All Together Fairer as the Health Care Partnership (HCP) Strategy.

Following feedback which highlighted a health service bias to the content in both documents it was agreed that the HCP should be more focused on aligning its strategic intent to address the wider determinants of health.

The Board shared their concerns and agreed that there was a need to make sure that people were not working in silos, that they needed a collegiate approach to avoid duplication. Maintaining an emphasis on the recommendations of the All Together Fairer report was important but this had to be owned by the system as a whole, both the Cheshire and Merseyside Health and Care Partnership and the Cheshire and Merseyside Integrated Care Board.

RESOLVED:

That the presentation be noted.

15 **BETTER CARE FUND 2ND QUARTER 2023-2024**

The Board received a report which provided a summary of Quarter 2 performance for 2023/24 of the Better Care Fund. The report noted that the system was on track to meet its targets in respect of:

- Avoidable admissions – There had been initiatives to support avoidable admissions including carers payments to facilitate discharge and GP out of hours support.
- Discharge to normal place of residence – there had been a 21% increase in the number of hours delivered compared to the same time last year. The number of people waiting had vastly reduced. The challenges faced included the fragility around the care market recruitment and retention and rising costs.
- Falls - recent intervention included the falls pathway within the Urgent Community Response (UCR) service at Mid Cheshire Trust going live taking referrals for falls from North-West Ambulance Service (NWAS). Falls Awareness week held in September 2023.
- Residential admissions – The figure was below the planned rate and there were challenges around demographic changes in Cheshire East that were seeing an increasing older population

compared to the national picture, particularly in the upper age bands who are more likely to require their needs to be met via a permanent placement.
- Reablement – this was on track with performance above the same quarter last year.

In respect of capacity and demand this had generally reduced in the hospital trusts. The additional discharge funded schemes continued to make an impact to facilitated discharge and hospital preventions across the system although there were challenges such as the ongoing RACC issues at MCHFT and the return of Maternity at East Cheshire Trust which had reduced availability of beds.

Board members agreed that better communication was required in respect of virtual wards as uptake in Cheshire East had been slow. It was suggested that circulating the Home First animation that had been produced would help in explaining the concept. It was agreed that there was more work needed around how to evaluate the impact of virtual wards.

RESOLVED: That:

The Cheshire Health and Wellbeing Board

1. notes and approves the performance against the following metrics: avoidable admissions, discharge to normal place of residence, falls, residential admissions, reablement. Alongside the metrics where appropriate the achievements and challenges have been noted.

16 **JOINT STRATEGIC NEEDS ASSESSMENT UPDATE**

The Board received a report which provided an update of progress in the JSNA work programme since September 2023.

The update included the following

- The Children and Young People's Emotional and Mental Wellbeing JSNA had been completed and had been submitted to the Executive Director for Adults, Health and Integration, and the Director of Public Health for approval and onward publication.
- The Tartan Rug dashboard was ready for publication and a video user guide was in the final stages of development to be published alongside it.
- The Special Educational Needs and Disability JSNA data collection was nearing conclusion with draft recommendations being developed and a target approval date of April 2024.

A virtual JSNA conference was planned for the end of February which would cover the following:

- The reviews undertaken during 2022/23
- The experience of working on a JSNA
- How stakeholders could use the JSNA
- Planned next steps in terms of further adaptation of products, topics for review in 2023/24 and 2024/25
- A consensus building conversation event was planned to prioritise recommendations from the 2022/23 JSNAs across partners in Cheshire East Place.

A councillor briefing session was also planned during the first half of 2024 to familiarise councillors with the range of products, and the ways they can be utilised and should be interpreted.

RESOLVED: That:

The Health and Wellbeing Board

1. Note the progress
2. Contribute to the JSNA conference
3. Utilise the JSNA to inform continue challenging decision making in relation to public sector budgets
4. Await further review publications over the first half of 2024.

The meeting commenced at 2.00 pm and concluded at 2.45 pm

Councillor S Corcoran (Chair)

North West
SECURE DATA
ENVIRONMENT

NHS
Cheshire and Merseyside

Cheshire and Merseyside Secure Data Environment

December 2023

North West
SECURE DATA
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NHS
Cheshire and Merseyside

Mandate for change

North West SECURE DATA ENVIRONMENT

NHS Cheshire and Merseyside

Mandate for change

In 2022, the Government announced it would invest up to £200 million to boost NHS healthcare data research.

This is set out in the Data Saves Lives strategy, which was written following the recommendations of the Goldacre review.

Goldacre Review (published April 2022)

Recommendations:

- ✓ adopt data access platforms across the NHS
- ✓ commit to open working practises to increase transparency
- ✓ earn public trust through concrete action.

Data Saves Lives strategy (published June 2022)

Outlines:

- → intention to move away from processes relying on data sharing to a model of data access
- → how a network of Secure Data Environments will facilitate this data access model.

North West SECURE DATA ENVIRONMENT

NHS Cheshire and Merseyside

Mandate for change

73 years of NHS patient records contain all the noise from millions of lifetimes […] They represent deeply buried treasure that can help prevent suffering and death around the planet…

Goldacre Review (2022)

North West SECURE DATA ENVIRONMENT

NHS Cheshire and Merseyside

What is the Cheshire and Merseyside Secure Data Environment (SDE)?

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

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

It is being renamed because of how it will support the new North West SDE, part of the wider NHS SDE Network, which will improve NHS research, delivering faster, higher quality outcomes and findings.

We will need to establish a **new data-sharing agreement** with data controllers to support use of this data for research through the Cheshire and Merseyside SDE

North West
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NHS
Cheshire and Merseyside

Building on past and ongoing successes

Secure Data Environment Roadmap

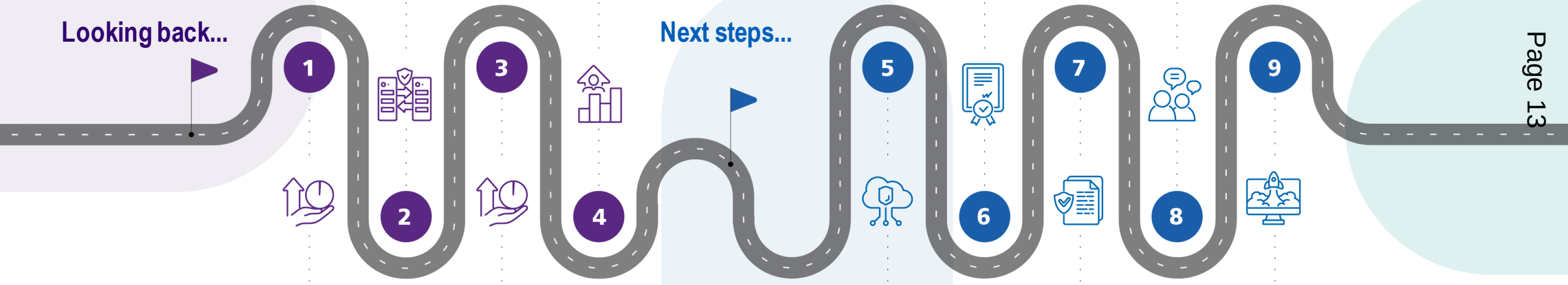
The Combined Intelligence for Population Health Action (CIPHA) programme was established in 2020 and was integral to the region's pandemic response being adaptable and data driven. The Cheshire and Merseyside SDE is the next step for improving the use of data for research and planning. Here is an overview of progress made so far and what comes next:

2. June 2020 – Tier One DSA
Overarching standards agreed for sharing confidential information. 99% sign up achieved across Cheshire and Merseyside

4. September 2021 – Tier Two DSA: Population Health
This DSA was issued to broaden the use of the data for Population Health (supporting epidemiology reporting, research into novel interventions, planning service provision and predicting outcomes for vulnerable populations) and to replace the Control of Patient Information notice (COPI) used during COVID-19.

6. Tier Two DSA: research in academia
Partner organisations will be asked to sign a new data sharing agreement for secured and appropriate data to be shared with researchers in Academia.

8. SDE public engagement
Public engagement will be undertaken to explain SDEs, covering what they are, how they will work and the various ways the public can opt out of their data being used.



1. June 2020 – Tier Zero DSA
This overarching agreement set out partner organisations' agreement to share information responsibly as CIPHA is created. 99% sign up achieved across Cheshire and Merseyside.

3. June 2020 – Tier Two DSA: COVID-19
In response to the COVID-19 pandemic this DSA was issued for data sharing to manage COVID-19 and assist recovery. 99% sign up achieved across Cheshire and Merseyside.

5. Secure Data Environment (SDE) partner engagement
Information about Cheshire and Merseyside SDE and its place in the wider SDE network will be shared with partner organisations.

7. Tier Two DSA: research for commercial organisations
A data sharing agreement to share data for research for commercial organisations will be developed.

9. SDE launch
Approved researchers access appropriate data through SDEs, which will be more efficient and secure than before.

North West SECURE DATA ENVIRONMENT

NHS Cheshire and Merseyside

Population Health Reporting

Waiting List Insights

- Demographic breakdown of waiting list by Provider, Place, PCN & Practice, stratified for risk of an adverse outcome.
- Create bespoke cohort using waiting time, specialty, condition, demographics, protected characteristics and many other variables.

Enhanced Case Finding

- Ability to search GP-registered patients in Cheshire & Mersey ICS (~2.5m)
- Stratify patients by demographics, conditions, service utilisation, risk and other variables.
- Shows a population level view but also has the ability to drill to patient level.

ICS Population Health

- Central hub for CIPHA population health dashboards.
- Provides demographic and geographic breakdown of key population health indicators inc.
- Includes NHS Health checks and All Fairer Together (Marmot), NHS Health checks, CORE20PLUS5, starting/ living/ aging well and more.

Fuel Poverty

- Informs planning for winter re patients potentially affected and interventions required.
- Shows 'cold homes' and enables segmentation by geography, conditions and risk scores.
- Includes LSOA fuel poverty data and household energy performance certificates.

Mental Health Explorer

- Provides levels of prevalence, demographic insights and epidemiological make up of mental health cohorts, including general MH, SMI, suicide, self-harm.
- Visualises demographic breakdown and comorbidity profile of these cohorts.

CVD, Stroke and Respiratory

- Large suite of metrics to support CVD, Stroke & Respiratory prevention.
- View geographic and demographic breakdown of any metric.
- All metrics filterable by standard demographic, geographic and diagnosis data points.

Vaccine Epidemiology

- Covid vaccine epidemiology - JCVI, demographic & geographic breakdown of covid vaccine and boosters including priority groups and pregnancy register vaccination rates.
- Snapshot and trend of flu vaccination rates by demographic influencers, geography & site.

Covid Analytics Hubs

- Covid early warning tool JCVI group breakdown of case rates, deaths, hospitalisations and vaccinations.
- Covid capacity & demand inc case rates, hospital. admissions& staff absences
- Long covid disease profile and referrals.

North West SECURE DATA ENVIRONMENT

NHS Cheshire and Merseyside

Data into Action - Research

System P

- Improving Direct-oral acting anticoagulants (DOACs) medicine reviews
- ✓ ACMI - Anticholinergic Medicines Index – looking at how the application of a multi-facted risk score can help reduce complications and adverse events.
- ✓ District Nursing case management modelling.
- ✓ End of life pathway evaluation

RESTORE

- Complex households segmentation model informing service redesign in Liverpool, Knowsley and Cheshire West
- Predictive modelling of adverse mental health events in adolescents.
- Identifying early risks to prevent children being taken into care

Ways 2 Wellbeing

- Ways to Wellbeing
- Evaluating health impacts of Citizen Advice on prescription in Liverpool
- Assessing the impact of Liverpool city councils welfare scheme on patients outcomes

Networked Data Lab

- Network Data Lab
- Identifying the unmet needs of carers
- Evaluating the impact of Liverpool's COVID-19 shielding programme

Liverpool Combined Authority Transport – the 10A bus route (GroundsWell)

- Introduction of 'green' hydrogen buses in Liverpool with associated greening at bus stops
- We will survey baseline behaviour and wellbeing and link these (consented) data to the population living close to and further away to assess relative health benefits in short and long term, evidencing need for more

Dock Branch Park (GroundsWell)

- Regenerating railway line into green infrastructure (walking & cycling) in Birkenhead, one of the most deprived areas in C&M.
- Survey behaviour, wellbeing and link (consented) data to health use. Assess relative health benefits for people living close Vs not, evidencing need for more investment to prevent illness.

C-GULL (Birth cohort)

- A major new birth cohort that will improve research and health of a new generation in Liverpool
- Multiple opportunities to learn from in depth surveys linked to wider population health utilisation data
- Consented survey linked to health utilisation data and wider environment data.

Groundswell

- Informs planning for green infrastructure (parks and transport) to keep people active, preventing ill health and hospital admissions.
- Reduces NCDs, especially for those who need it the most.
- Removes siloes of data so people and systems all work together for maximum benefit

North West SECURE DATA ENVIRONMENT

NHS Cheshire and Merseyside

COVID-19 Testing

Initiative

- NHS Cheshire and Merseyside data was used in a national pilot of community testing, with rapid lateral flow tests being extended to people without COVID-19 symptoms.
- It was hoped this would reduce or contain transmission and provide a way to reduce COVID-19 restrictions.

Results

- Between 3 December 2020 and 31 July 2021, 668,243 residents in the Liverpool City Region (LCR), from five years old and older, had registered results from testing centres or home testing kits.
- The pilot led to an estimated **21% reduction in cases up to mid-December 2020**.
- More than half (57%) of LCR residents completed rapid lateral flow tests between 6 November 2020 and 30 April 2021.
- More information is on the Government website.

North West SECURE DATA ENVIRONMENT

NHS Cheshire and Merseyside

Events Research Programme (ERP)

Initiative

- NHS Cheshire and Merseyside data was used for research into restarting large-scale events during COVID-19 restrictions.
- The ERP was looking to determine what risk mitigations would allow for larger events to return.

Action

- Between 17 April and 15 May 2021, nine pilots were conducted in the region under the ERP, including a concert in Sefton Park, nightclub events and a business event.
- Across the pilots, there was a variety of indoor and outdoor settings, with various audience sizes and styles, including seated and standing arrangements.

Results

- In Liverpool,13,000 people attended dance and music festivals over a bank holiday weekend, safely at a scale that was not seen anywhere since the pandemic
- Timely access to linked testing and ticketing data was effective in enabling rapid contact tracing around Liverpool events
- More information is on the Government's website.

North West SECURE DATA ENVIRONMENT

NHS Cheshire and Merseyside

Fuel poverty dashboard

Initiative

- NHS Cheshire and Merseyside developed a fuel poverty dashboard to identify people at risk of poor health outcomes due to cold homes and fuel poverty.
- The dashboard draws on health and care information on 2.6 million Cheshire and Merseyside residents.
- It was used to identify people who had a 50% or higher risk of emergency admission in the next 12 months, were not in a care home, and were living in the most deprived and fuel poor areas. That identified 1,317 individuals who would be targeted to improve outcomes.
- Primary care and community care teams could use this information to optimise treatment and deploy warm home initiatives.

Results

- 85 patients were contacted through the St Helens WarmHomes for Lungs project, resulting in 85 referrals to the wellbeing team, 14 referrals to the pulmonary rehabilitation team, and 18 patients being onboarded to the COPD telehealth service.
- 65 patients received £500 payments from household support funds – a total of £32,500 in payments – and all patients received a Winter Warmer Pack, providing vital, life-improving support to the most vulnerable residents.

North West
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How will SDEs make a difference?

North West SECURE DATA ENVIRONMENT

NHS Cheshire and Merseyside

Why health and care data matters

Information collected by health and care organisations helps to improve individual care, speed up diagnosis, plan local services and research new treatments.

We know from the Covid-19 pandemic that data saves lives. It also saves everybody time and NHS and care services money that can be put back into patient care.

North West SECURE DATA ENVIRONMENT

NHS Cheshire and Merseyside

Secure Data Environments (SDE)

The Department of Health and Social Care and the NHS in England are investing to move from processes that rely on data being shared to a system where data is accessed.

This will be done using online platforms known as Secure Data Environments, which are designed to give NHS data more protection.

North West SECURE DATA ENVIRONMENT

NHS Cheshire and Merseyside

What is a Secure Data Environment (SDE) for research?

SDEs are **data and research analysis platforms.**

They store **de-identified health and care data.** Personal information, such as names, addresses or NHS numbers, are replaced with artificial, or ‘pseudo’, information.

Approved researchers will be able to use technical tools to analyse de-identified data on the platform without receiving a copy.

SDEs control:

- who can be a user
- what users can do
- what findings can be removed.

North West SECURE DATA ENVIRONMENT

NHS Cheshire and Merseyside

Why is the NHS making this change?

SDEs will address existing drawbacks of data sharing. They will also standardise research practices.

They have been designed to realise the untapped potential of NHS data by improving:

Patient privacy – SDEs must ensure information remains confidential at all time.

Security – NHS data will only be hosted on systems with high levels of protection.

Efficiency – SDEs enable different sources of data to be linked, giving researchers access to bigger sets of data faster.

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SECURE DATA
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NHS
Cheshire and Merseyside

Keeping data secure

What controls apply to the Cheshire and Merseyside SDE?

The SDE follows the Five Safes Framework to ensure data is accessed and used in a secure and responsible way. All researchers must complete Five Safes training.

Safe data: data is treated to protect any confidentiality concerns.

Safe projects: research projects are approved by data owners for the public good.

Safe people: researchers are trained and authorised to use data safely.

Safe settings: a SecureLab environment prevents unauthorised use.

Safe outputs: screened and approved outputs that are non-disclosive.

North West SECURE DATA ENVIRONMENT

NHS Cheshire and Merseyside

What controls apply to the Cheshire and Merseyside SDE?

- **All data is de-identified and pseudonymised.** Researchers cannot access identifiable data.
- **Organisational sharing agreements** will be established between the research organisation and the data controllers.
- **Individual data sharing contracts** with researchers will be established, with set parameters.
- Approved researchers can **only access the specific data** they have requested – data is minimised.
- An **'airlock' system** will be in place, meaning information can't be removed without approval.
- All organisations accessing data must be **certified** under the Data Security and Protection Toolkit.
- The Data Asset and Access Group (DAAG) must **approve access** against set criteria.

North West SECURE DATA ENVIRONMENT

NHS Cheshire and Merseyside

Data access approval

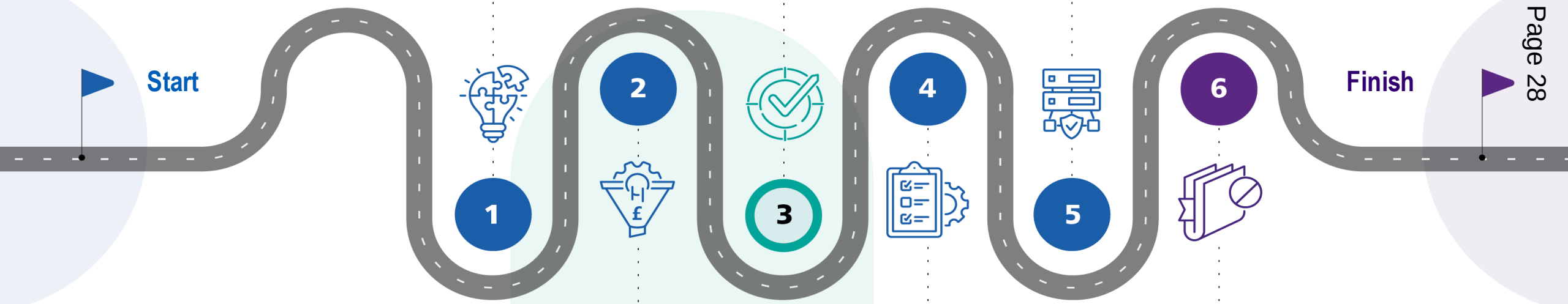
A Data Access and Asset Group (DAAG) for Cheshire and Merseyside will:

- include members from the NHS, local authorities, universities and the public
- provide oversight and approval on all data access requests – including making sure organisations meet required conditions for access
- ensure information governance requirements are met – including adequate patient and public involvement and engagement
- check that this process is developed in line with any changes to national policy and escalate the Information Governance sub-committee when changes need to happen.

North West SECURE DATA ENVIRONMENT

NHS Cheshire and Merseyside

Data access approval process



1. Interest
Researcher has a project idea and registers this interest.

2. Planning
Researcher reviews data catalogue and prepares a funding application.
Work begins to map data flows / sources.

3. Approval
Researcher ensures governance requirements are met, applies for ethics and completes DAAG application.

4. Access granted
Once checks are completed access is granted.

5. Live
Researcher works on the data in the Secure Data Environment with airlock in place to prevent data extraction.

6. Closed
SDE access is closed once study finishes.

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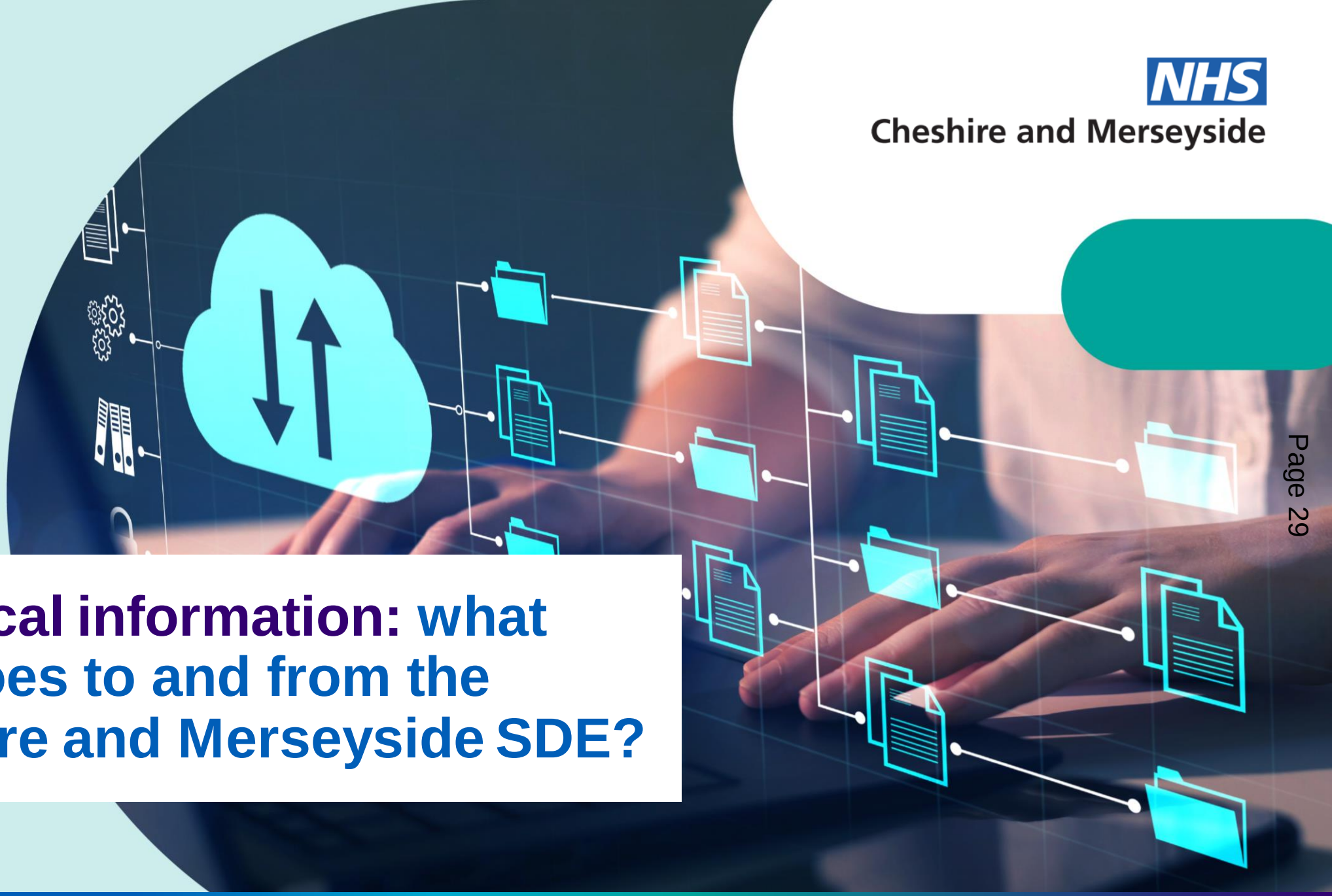
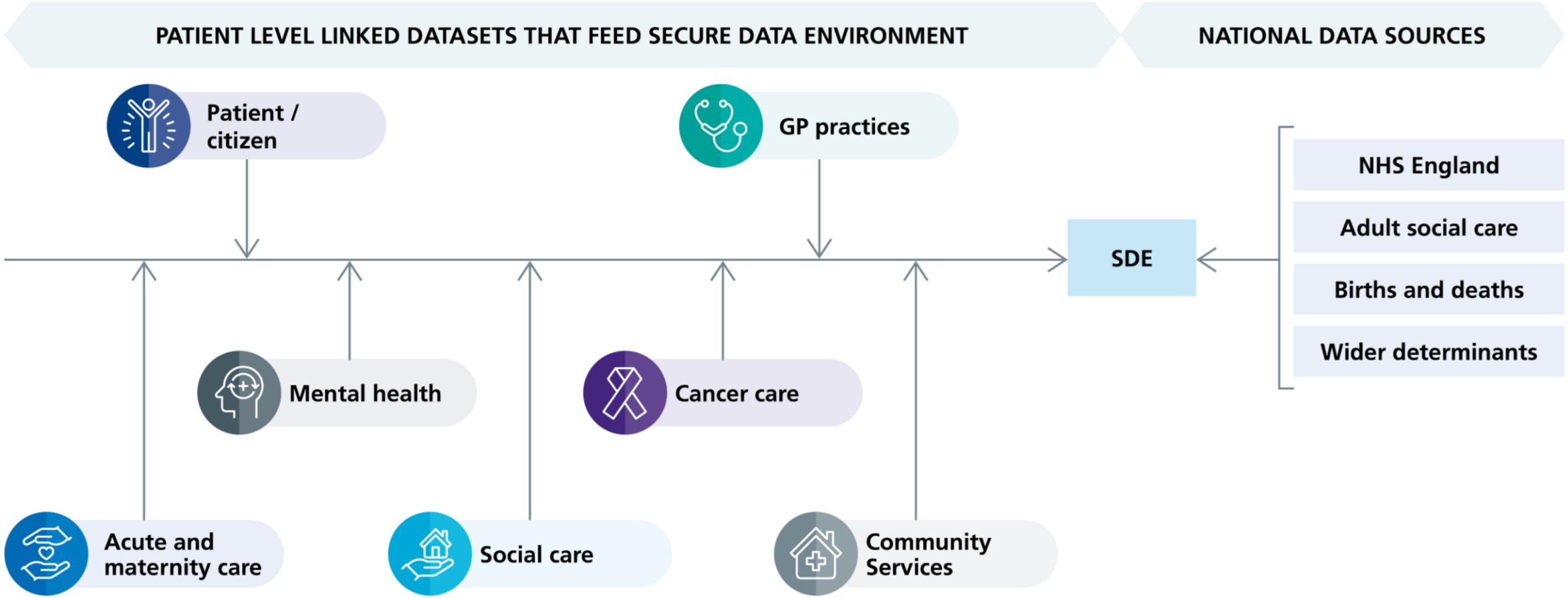
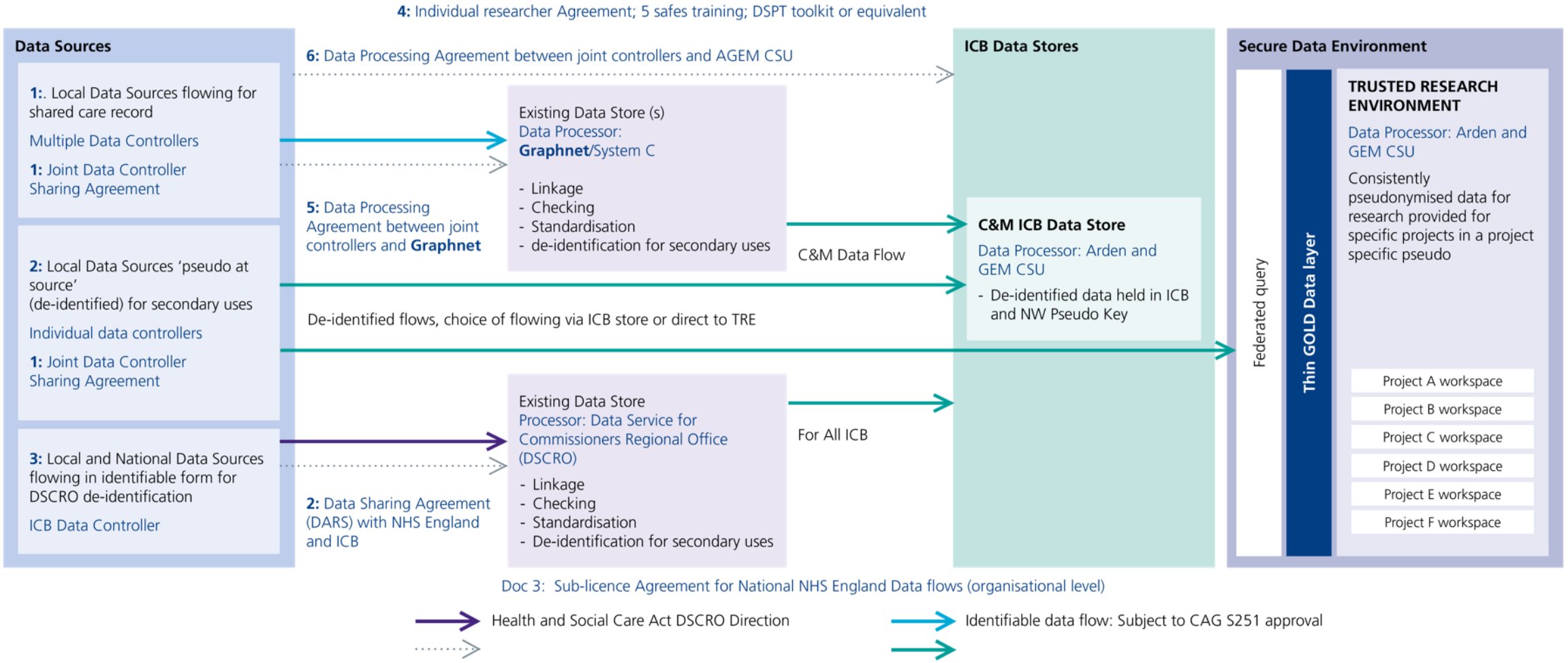


Technical information: what data goes to and from the Cheshire and Merseyside SDE?

Where the data comes from



Cheshire and Mersey Secure Data Environment: Data Flow Diagram



North West SECURE DATA ENVIRONMENT

NHS Cheshire and Merseyside

Local data sharing arrangements for 'Secondary Uses'

Type of Agreement	Between…	Purpose	Data Assets covered
Tier 0: Memorandum of Understanding	Joint Data Controllers in Cheshire and Merseyside ICB	The document sets out an organisation's agreement in principle to share information with the partner organisations in a responsible way	Local data assets flowing from C&M ICB Data Controllers
Tier 1: Data Sharing Standards	Joint Data Controllers in Cheshire and Merseyside ICB	Tier One Data Sharing Agreement Standard These are the overarching standards which outline the agreed procedures for sharing confidential information.	Local data assets flowing from C&M ICB Data Controllers
Tier 2: Data Sharing Agreement	Joint Data Controllers in Cheshire and Merseyside ICB	Population Health inc. Risk Stratification	Local data assets flowing from C&M ICB Data Controllers
Tier 2: Data Sharing Agreement	Joint Data Controllers in Cheshire and Merseyside ICB	Research in Academia	Local data assets flowing from C&M ICB Data Controllers

Local Data Processing Agreements

Type of Agreement	Between...	Purpose	Data Assets covered
Data Processing Agreement	Joint Data Controllers in C&M ICB and Graphnet	Allows Graphnet to process data on behalf of joint data controllers	Local data assets flowing from C&M ICB Data Controllers
Data Processing Agreement	C&M ICB and AGEM CSU	Allows Arden and GEM to process data on behalf of the ICB	Local and National data assets flowing from C&M ICB Data Controllers

North West SECURE DATA ENVIRONMENT

NHS Cheshire and Merseyside

National Data Sharing Agreements

Type of Agreement	Between...	Purpose	Data Assets covered
Data Sharing Agreement	C&M ICB and NHSs England	Commissioning Planning Risk stratification Invoice validation Research	National data assets flowing from NHSE to C&M ICB
Sub-licencing Agreement	Sub-licences providers and other organisations to access the ICB controlled data	Commissioning Planning Risk stratification Invoice validation Research	National data assets flowing from NHSE to C&M ICB

North West SECURE DATA ENVIRONMENT

NHS Cheshire and Merseyside

Opting out

People can opt out of their de-identified data being used for research in several ways:

GDPR – right to object: prevents data sharing for any reason, including between different services.

Type 1 opt-out: prevents your GP practice sharing your data for anything except your care, except when it is required by law.

National data opt-out: prevents your personal and healthcare information being used for research and planning. This can be changed any time.

Cheshire and Merseyside local data opt-out: allows people to opt out of individual studies.

A leaflet with more information on this is available on the NHS Cheshire and Merseyside website.

North West
SECURE DATA
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NHS
Cheshire and Merseyside

Next steps

North West SECURE DATA ENVIRONMENT

NHS Cheshire and Merseyside

What are we asking for?

We will soon ask you to sign a data sharing agreement (DSA) for this work.

Once the new agreement is in place, your organisation will need to update its privacy notice. A template for this, along with other materials, is available at www.cheshireandmerseyside.nhs.uk/sde

Organisations already sharing data with NHS Cheshire and Merseyside for population health management (PHM) and planning will use existing processes.

North West SECURE DATA ENVIRONMENT

NHS Cheshire and Merseyside

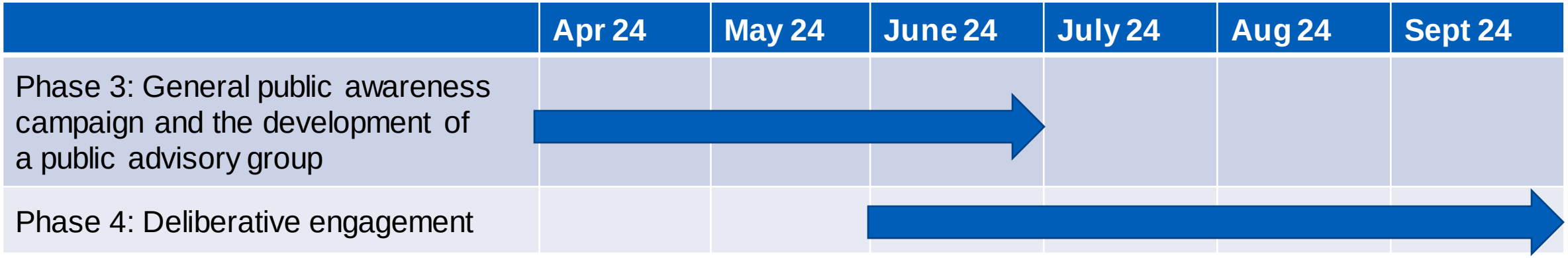
Patient and public involvement

- Public and patient involvement activity will take place from late 2023. It will gather people's views on how their data is used.
- Focus groups will take place across Cheshire and Merseyside and will seek views on the use of de-identified personal data for research and population health support in the context of a secure data environment.
- Feedback from the groups will be used to inform future engagement events and the materials created to inform people of the use of data for research.

	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Phase 1: Equality impact assessment and targeted public engagement.	→	→	→	→	→
Phase 2: Co-production of public facing materials				→	→

Patient and public involvement

- A general public awareness campaign will look to inform the wider public about the Cheshire and Merseyside SDE and using data for research. This will be done through the existing communication and engagement channels of partner organisations, including social media. During this phase we intend to develop a public advisory group that would be central to the programme development.
- The deliberative engagement phase would involve more in-depth engagement across Cheshire and Merseyside. Larger venues will be secured to hold open public events. The deliberative engagement events will give the public an opportunity to deliberate key aspects of using data for research. The content for these events would be designed by subject matter experts and the public advisory group. Feedback from these events will be used in the development of the SDE going forward.

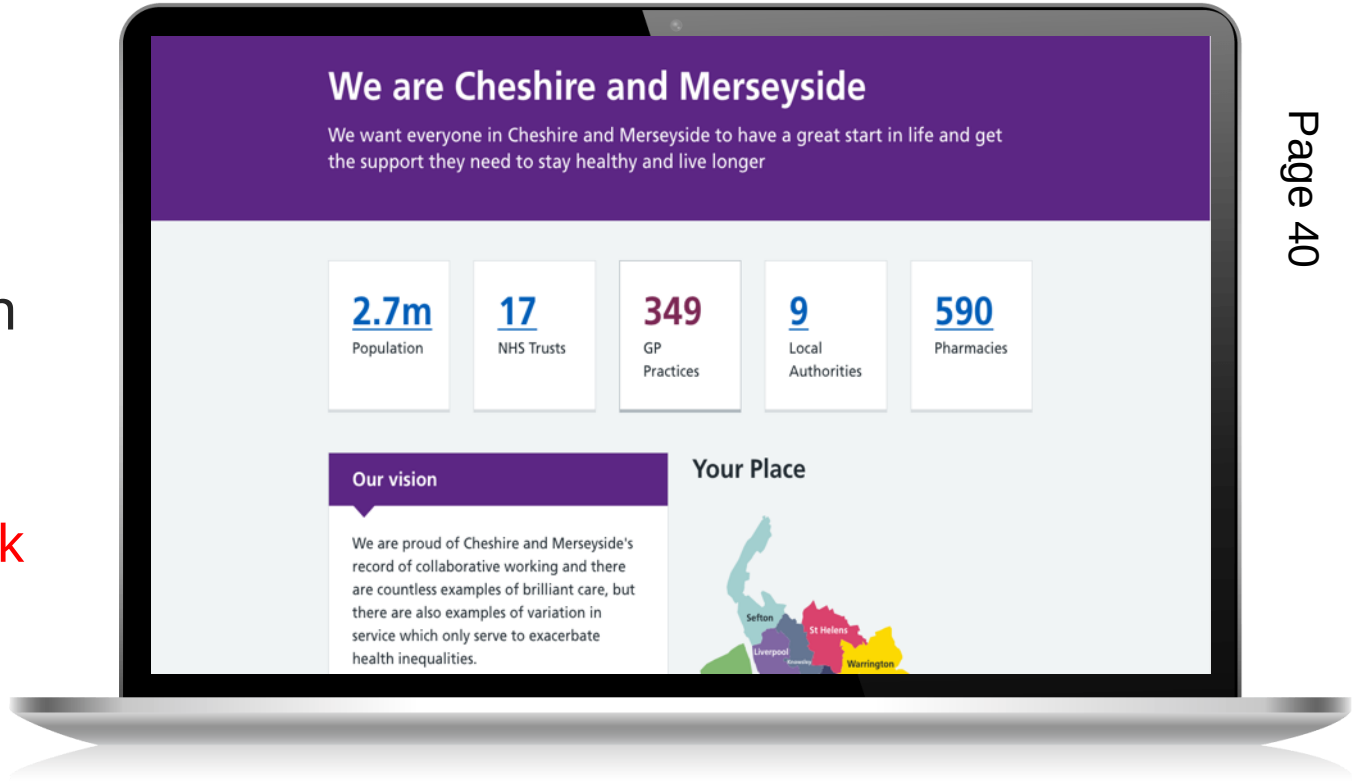


Questions

If you have any questions not covered in this presentation, we have FAQs on the [NHS Cheshire and Merseyside website](#).

If you still have questions that haven't been covered already and aren't in the FAQs, you can contact us by emailing:

dataintoaction@cheshireandmerseyside.nhs.uk



North West SECURE DATA ENVIRONMENT

NHS Cheshire and Merseyside

How we use your data in Cheshire and Merseyside

The Cheshire and Merseyside Secure Data Environment (SDE) is a digital platform that stores health and care data. It allows your health and care information to be analysed for research and planning. This leaflet explains why this is important and the options you have around how your data is used.

The Cheshire and Merseyside SDE will help us to research new treatments and therapies faster than ever before. It can also help with planning local health services. It can improve care for everyone. It can even help save lives.

The Cheshire and Merseyside SDE brings together information from several important areas of health and care within Cheshire and Merseyside, including:

- GP practices
- Social care
- Community services
- Hospital services
- Mental health services
- Ambulance services

Sample - Not for distribution

The data includes:

Details of health conditions

Any medications you may be taking

Any allergies you may have

Recent test results

Vaccinations

Care or treatment plans

Details of any social care or carer support you may receive

You will have records on different electronic systems. GP practices, hospitals, ambulance services and care homes use individual systems to look after their service users. We have developed a secure way to bring this information together. This better supports health and social care workers looking after you.

Health and care data is already used in research. Secure Data Environments will standardise this process to make it more efficient and improve data security.

Sample - not for distribution

NHS Cheshire and Merseyside created the Cheshire and Merseyside SDE with the strongest possible levels of privacy and security. It:

- Uses no information that identifies you (removing your name, address and date of birth).
- Protects your information to ensure confidentiality.
- Uses the highest level of cyber security.
- Strictly reviews researchers and their reasons for using your information.
- Controls access to your de-identified information by preventing data leaving the Cheshire and Merseyside SDE.

You can decide how your data is shared

You can allow your data to be used for all, some or no research and planning purposes. Below are the different options available to you.

- **You are happy for your data to be used for care, research and planning.**
  You do not need to do anything if you want your health and care information to support research and planning through the Cheshire and Merseyside SDE.

- **You don't want your data to be used for research and planning in Cheshire and Merseyside, but you're happy for it to be used nationally.**
  If you do not want your data to be used for local research projects, you can use the **local data opt-out service** by calling **0151 351 8888** or emailing dataintoaction@cheshireandmerseyside.nhs.uk
  You can find out what local research is being carried out at https://dataintoaction.cheshireandmerseyside.nhs.uk/secure-data-environment

- **You want to stop your GP practice sharing your data for research and planning, but you're happy for hospitals and other providers to do this.**
  If you do not want personal, confidential data held by your GP practice to be used for purposes beyond your care, you can register a **'Type 1 opt-out'**. To do this you can download a Type 1 opt-out form and return it to your GP practice. This would not apply to hospitals and other healthcare providers that could still use your information for research and planning. You can find out more on NHS England's website: www.nhs.uk/using-the-nhs/about-the-nhs/opt-out-of-sharing-your-health-records

- **You don't want your data to be used for any research and planning.**
  If you want to stop your data being used for research and planning purposes, you can use the **national data opt-out service**. This opt-out can be viewed or changed at any time through NHS England's website: www.nhs.uk/your-nhs-data-matters

Sample - Not for Distribution

- **You don't want your data to be shared for care, research and planning.**
  If you do not want your data being shared at all, you can raise a **General Data Protection Regulation (GDPR) – Right to Object** with your GP practice. You have a right to object at any time, but please think carefully before doing this. This option would stop healthcare professionals viewing your records from other services. This could delay vital information being available if you need health or social care support – for example, during a visit to an Emergency Department. Your data would still be recorded by services as part of your direct care. Your GP practice has the right not to action your request should they feel it is not in your best interest.

You can find out more about the Cheshire and Merseyside SDE, including further information on how to opt out or opt back in to your data being used, by visiting: https://dataintoaction.cheshireandmerseyside.nhs.uk/secure-data-environment

Alternatively, you can:

Call us on 0151 351 8888

Email us at dataintoaction@cheshireandmerseyside.nhs.uk

Write to us at: The Information Governance Team, NHS Cheshire and Merseyside, No 1 Lakeside, 920 Centre Park, Warrington, WA1 1QY

Sample - not for distribution

If you would like to see this information in other languages or formats, please contact:
dataintoaction@cheshireandmerseyside.nhs.uk

The NHS has a Confidential Advisory Group that assesses applications to use health and care data for purposes other than direct care. For more information about NHS Cheshire and Merseyside's application, please visit www.hra.nhs.uk where you can find a register of approved applications and their supporting documentation.

CAG Reference non-research
24/CAG/0033

CAG Reference Research
23/CAG/0147

Cheshire and Merseyside Secure Data Environment: FAQs

Version control:

Version	Date	Description
1.0	21 December 2023	Initial release

Policy and benefits

What is the Cheshire and Merseyside Secure Data Environment?

The Cheshire and Merseyside Secure Data Environment (SDE) is where NHS Cheshire and Merseyside securely stores data from GP practices and other providers to be used for insight-driven local service management.

The Cheshire and Merseyside SDE is the new name for the data store that has been in place since 2020 as part of the Combined Intelligence for Population Health Action (CIPHA) programme. The reason for this name change is because of how the Cheshire and Merseyside SDE will support the new North West Secure Data Environment (NWSDE) in the NHS Secure Data Environment Network.

A new data sharing agreement is being sought to cover this change, with the NWSDE providing secure access to de-identified data for research purposes.

The Cheshire and Merseyside SDE is also part of a new programme called ‘Data into Action’ that will co-ordinate the use of data across the Cheshire and Merseyside Integrated Care System (ICS) and with academic partners.

The Cheshire and Merseyside SDE, contracted by NHS Cheshire and Merseyside, is hosted by the Data Service for Commissioners Regional Office (DSCRO) and provided by Arden and Greater East Midlands Commissioning Support Unit (Arden & GEM). It is intended to serve NHS Cheshire and Merseyside, commissioner, local authority, provider, voluntary, community and social enterprise (VCSE), and research users.

The SDE is Cheshire and Merseyside’s recognised platform for conducting all forms of analysis, including population health management, risk stratification, planning, and evaluation and research.

The Cheshire and Merseyside SDE is managed by the NHS and it builds on existing research partnerships between health, local authorities and universities. It is supported by academic institutions within the region, including the University of Liverpool and Edge Hill University.

The aim of the Cheshire and Merseyside SDE is to offer near-real time, privacy-protecting access to rich linked data spanning different types of data captured for the purpose of:

- epidemiology reporting
- predicting outcomes and population stratification of vulnerable populations
- planning services and understanding future service provision
- evaluating and understanding causality
- research into novel interventions.

The Cheshire and Merseyside SDE covers a connected population of 2.7 million. The region includes 375 NHS partner organisations (including GP practices and NHS trusts) and nine local authorities situated in urban and rural environments.

The lead organisation for the Cheshire and Merseyside SDE is NHS Cheshire and Merseyside, which will work in collaboration with existing organisations strictly under the condition of the Data Sharing Agreement. These organisations include Health Innovation North West Coast (Academic Health Science Network for the North-West Coast); Clinical Research Network North-West Coast (CRN NWC); National Institute for Health and Care Research Applied Research Collaboration - North-West Coast (NIHR ARC NWC); and Health Data Research UK (HDR UK) North.

What is the North West Secure Data Environment (NWSDE)?

The Cheshire and Merseyside SDE feeds into the NWSDE, which includes data from:

- Cheshire and Merseyside
- Greater Manchester
- Lancashire and South Cumbria.

The NWSDE is one of 11 sub-national SDEs in the national NHS Secure Data Environment Network. The NWSDE covers over 7 million people, whilst preserving connectivity to local communities and clinical teams. Working at scale it will give researchers access to a much richer data environment, with the depth and breadth of data to feed innovation and research.

The data made available to NWSDE is the same data managed at Cheshire and Merseyside level. It is processed and accessed in the same way. Access to the data is governed by the parameters outlined in the Data Sharing Agreement, which includes approval at the Cheshire and Merseyside level Data Asset and Access Group (DAAG). Please see further down in this document for more details on how the data is processed and how access is governed.

What is the national Secure Data Environment programme?

The national Data for Research & Development (R&D) programme is investing up to £200m in data infrastructure to improve secure access to data for research purposes. The programme is making England-wide investments in Secure Data Environments and has established the NHS Research Secure Data Environment Network. The programme vision is that, by March 2025, there will be a world leading, NHS-wide health data research infrastructure that enhances patient care, sustains the NHS, supports innovation and is understood and well supported by the public. More information on the National Programme can be found on the NHS England - Transformation Directorate's website.

What national policy drives the Secure Data Environment investment?

The Goldacre Review

Professor Ben Goldacre was commissioned by the Government in February 2021 to review how to improve safety and security in the use of health data for research and analysis. The report makes recommendations to benefit patients and the healthcare sector. More information and the full Goldacre Review is on the Government's website.

Data Saves Lives strategy

The Data Saves Lives Strategy, published in June 2022, informs the Data for R&D programme. It outlines how data will be used to benefit all parts of health and social care. The strategy commits to investing in improving the quality and accessibility of at-scale data assets that make the most of health and care data, and to act on the findings and recommendations of the Goldacre Review, published in April 2022. It includes making a strategic move away from a system of data sharing for research and analysis using NHS data to one of controlled data access.

How is the Federated Data Platform (FDP) different?

The Federated Data Platform (FDP) is not a national data collection. It is software that will help connect disparate sets of data and allow them to be used more effectively for care. It will sit across NHS trusts and integrated care systems (ICSs) allowing them to connect data they already hold in a secure and safe environment. GP data will not be part of the national platform.

The software will be 'federated' across the NHS. This means every NHS trust and integrated care board (ICB) will have its own version of the platform that can connect and collaborate with other data platforms as a 'federation'. This makes it easier for health and care organisations to work together, compare data, analyse it at different geographic, demographic and organisational levels, and share and spread new effective digital solutions. NHS England is not mandating the use of nationally procured software. NHS England will work with ICBs and NHS trusts to maximise opportunities to improve outcomes for patients.

On 21 November 2023, the contract to provide the software was awarded to a group led by Palantir Technologies UK, with support from Accenture, PwC, NECS and Carnall Farrar. There will be a six-month implementation period where products supported by the current platform will be transitioned across. Additionally, NHS England is expected to begin national public engagement in January 2024, ending in March 2025. Given those timescales, NHS Cheshire and Merseyside will consider how best to interact with the FDP and communicate this in due course. All decisions will be made in the best interest of patients, clinical effectiveness and patient safety.

For up to date information on the Federate Data Platform, visit the NHS England website.

How does the FDP relate to Cheshire and Merseyside SDE?

The way the FDP products are deployed is not uniform across every ICB. NHS Cheshire and Merseyside is already a great example of how leaders and providers of healthcare within integrated care systems (ICSs) have their own data platforms that are successfully supporting local leaders and clinicians to make decisions that improve patient care, staff experience and health outcomes.

NHS Cheshire and Merseyside already has a mature data management system, CIPHA, that is being developed into the Cheshire and Merseyside Secure Data Environment (SDE). This is separate from the FDP. It is owned and driven by the local data controllers, data processors, and patients and the public within Cheshire and Merseyside.

Cheshire and Merseyside SDE is enacting plans with its data controllers – NHS trusts, local authority providers and GPs – to engage them with the use of their asset. In parallel to that, a Cheshire and Merseyside patient engagement and awareness campaign has begun, including a number of public forums to ensure that the public understand how Cheshire and Merseyside uses data and how it securely manages its use.

What are the benefits for patients?

Research is a critical first step for identifying new ways to care for patients. Sharing and using data more effectively across Cheshire and Merseyside is already helping us to provide better services for our population's needs. Extending this to wider research, through ethical frameworks of publication and peer review, has the potential for more patients to benefit from other innovations sooner. Research and evidence gathered now will shape the NHS services that patients access in future.

What are the benefits for service providers, including GPs?

It is hoped that Cheshire and Merseyside SDE research projects will provide learning that can be integrated into routine care and that can improve patient outcomes as well as provide a platform and support for GP practices, primary care networks and community providers to be more involved in research.

Are there examples locally of where data has been used in this way to benefit patients?

During the COVID-19 pandemic and subsequent recovery, some COVID-19 related research has already been undertaken. This was conducted under the governance of the Control of Patient Information (COPI) Notice for COVID-19. Examples of these research use cases include:

1) SMART Testing

On 3 December 2020, "community testing" for SARS-CoV-2 antigen among people without symptoms of COVID-19 was expanded from Liverpool City to the wider Liverpool City Region (LCR). Between 3 December 2020 and 31 July 2021, 668,243 (45%) LCR residents aged five years and older had a registered result from a SARS-CoV-2 rapid antigen lateral flow test (LFT) performed at a testing centre or via a universal access home test kit. The Cheshire and Merseyside data was used to analyse this programme. Details of this research are described in this report on the Government's website.

2) Events Research Programme (ERP)

The ERP was a study that pioneered the return of events in a structured, scientifically and ethically robust manner to enable events to return at a scale not previously trialled. The objectives of the ERP were to build evidence on the risks associated with events-related transmission routes of the COVID-19 virus; the public health characteristics of events and surrounding activities; and the extent to which risk-mitigation measures can be implemented. Between 17 April and 15 May 2021, Phase 1 of the ERP conducted nine pilots, some running across multiple days, in a variety of indoor and outdoor settings, with variations of seated, standing, structured and unstructured audience styles, and a range of participant numbers. Cheshire and Merseyside data underpinned the research in the events in Liverpool, including a concert in Sefton Park, nightclub events and a business event. More information on this research is on the Government's website.

These projects demonstrate not only the research value of this data, but also how that research can positively benefit our population.

Population Health Management

Data has also been used extensively for the purposes of Population Health Management where data controllers (GP practices and NHS trusts) have signed the CIPHA Population Health Data Sharing Agreement. Various intelligence reports are available in the CIPHA system that allow clinicians and health and care workers to identify people who would benefit from direct care interventions, including in the following areas.

1) Fuel poverty

The Fuel Poverty dashboard identifies individuals who are at risk of poor health outcomes due to cold homes and fuel poverty. It is currently deployed into primary and community care teams so that treatment can be optimised, and warm home initiatives can be deployed. As an example, the St Helens Warm Homes for Lungs project has used this dashboard to identify and support 85 patients since launching in February 2023. These patients have been referred for wellbeing and warm home support, with 14 also being seen by the Pulmonary Rehabilitation team and 18 joining the COPD Telehealth Service. A total of 65 patients have received £500 payments from household support funds, with further payments being made in autumn/winter 2023. Similar services and outcomes are being achieved across NHS Cheshire and Merseyside.

2) Waiting list stratification

The waiting list stratification tool links primary, community and mental health data with waiting list data, to enable stratification of the waiting list population for risk of adverse outcome, deprivation and other protected risk factors. It is available to support prioritisation of waiting lists and also inform care providers which patients may benefit from a waiting well initiative.

3) Enhanced case finding

A tool to support the stratification of data is applied to identify and proactively support vulnerable patients who need multi-disciplinary teams to co-ordinate services around them. The tool being used is the Johns Hopkins Adjusted Clinical Groups (ACGs) system, which is widely used globally with many published papers on its effectiveness for risk stratifying health data sets. (Example: Association between Johns Hopkins Adjusted Clinical Groups risk scores and self-reported outcome measures: an observational study among individuals with complex or long-term conditions in Norway | BMJ Open.)

Technical, data and information governance

What, technically, is the Cheshire and Merseyside SDE?

The SDE is an Azure Cloud Data Management Environment. It contains several software components including a cloud warehousing solution, with various analytical and querying tools and also a Power BI front end to visualise data. The technical environment provisions data for projects on a project-by-project basis, ensuring data is minimised for the specific purpose. Data is provisioned in an 'airlock' system meaning any analysis needs to take place within that environment and no data can leave the environment without approval and meeting certain minimisation criteria.

What data is held in the Cheshire and Merseyside SDE?

Building upon recognised routes for the processing of NHS England data into Arden and GEM, the SDE combines standard national commissioning datasets with additional local data flows.

Data will flow from three core data sources:

1. National Commissioning Datasets from NHS England.
2. Local organisational data flows direct from NHS providers of services.
3. Data from the Cheshire and Merseyside Shared Care Record provided by Graphnet as a data processor.

NOTE: Data already flows in this way for the purposes of Population Health. The new Cheshire and Merseyside SDE Data Sharing Agreement will allow this data to be used for research in academia.

Can users see identifiable data in the SDE?

No. All data in the SDE is de-identified, which means that names and addresses are removed. Date of birth is changed to age and the post code is shortened to provide high-level geographical analysis only. Within the project work spaces, patients cannot be identified.

Who will have access to the Cheshire and Merseyside SDE?

There are two user groups that will have access to data provided by the Cheshire and Merseyside SDE:

1. NHS Cheshire and Merseyside analytical teams, including those with honorary contracts.
2. Researchers from academia for approved research projects.

Will industry and charities be able to access the SDE?

Not at this stage. The Data Sharing Agreement SDE 'Research in Academia' only covers researchers from academia to access the SDE. A separate Data Sharing Agreement will be developed for access to the data by commercial partners such as pharmaceutical companies and technology companies. The development of this separate data sharing agreement will be done in conjunction with the public and data controllers.

Will the SDE charge for data access?

National funding is available until March 2025 to set up, develop and run the Secure Data Environment. During this time, we are working with national colleagues on a commercial model to charge for data access. This is a 'cost recovery' model. The money is intended to go towards the running of the SDE for future years, so it is self-sustaining. This is similar to other research data environments available, such as collections through the Health Data Research UK Research Gateway and Clinical Practice Research data link (CPRD)

How is access granted to the Cheshire and Merseyside SDE?

Data Access approval is on a project-by-project basis. Applicants must apply to the Cheshire and Merseyside Data Asset and Access Group (DAAG) that meets every three weeks and includes named members from each of the data controllers, each of the data processors, a data protection officer, Caldicott Guardian, academic partners and the public.

Applicants must complete a comprehensive Data Access Request Form, which has sections on project description, benefits, intended outputs, data specification, legal basis, information governance, and patient and public involvement.

The group ensures requests to use the stored data maintain the integrity and purpose of the specific Data Sharing Agreement. The group will ensure the appropriateness of the Role Based Access Control (RBAC) framework in terms of individuals and groups with access. The group's functions from the terms of reference are below:

- Oversight of the Data Access Request Process, approving data access requests from organisations.
- Ensuring all information governance requirements are met, including UK General Data Protection Regulation (GDPR), the Data Protection Act 2018,Common Law Duty of confidentiality, Caldicott principals, data minimisation and public benefit.
- Ensuring programmes applying have undertaken appropriate patient and public involvement and engagement in their design.
- Ensuring individuals and organisations applying have met the required conditions for data access.
- Ensuring technical specifications of data and technology are accurate and data is minimised to project specific requirements.
- Oversight of the development of the process, ensuring the process is developed in line with any changes to national policy or data sharing arrangements and escalating to the NHS Cheshire and Merseyside Information Governance Committee where changes need to happen.
- Ensuring applications have adequate scientific critique of research proposals.

What information governance controls are in place?

There are two information governance gateways that applicants need to achieve:

1) Organisational Information Governance Gateway

The employing organisation or department within an organisation of the individual researcher applying for the data will be required to demonstrate achievement of one of the following:

- Data Security Protection Toolkit, or
- Cyber Essentials Plus, or
- Equivalent ISO standard.

2) Individual Information Governance Gateway

The individual will be required to undertake the Safer Research Training and sign an individual contract detailing the parameters under which the data is being used: CIPHA SDE Terms & Conditions of Access Agreement. See Become an accredited researcher - Office for National Statistics (ons.gov.uk)

How is this compliant with the General Data Protection Regulation?

Below is the lawful basis for processing under UK GDPR.

Processing Personal Data - Article 6

6(1)(e) processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller.

Processing Sensitive Personal Data – Article 9

9(2)(h) processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services on the basis of domestic law or pursuant to contract with a health professional and subject to the conditions and safeguards referred to in paragraph 3.

9(2)(j) processing is necessary for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes in accordance with Article 89(1) (as supplemented by section 19 of the 2018 Act) based on domestic law which shall be proportionate to the aim pursued, respect the essence of the right to data protection and provide for suitable and specific measures to safeguard the fundamental rights and the interests of the data subject.

How is the Common Law Duty of Confidentiality satisfied?

For research, the Common Law Duty of Confidentiality requires that there should be no use or disclosure of any confidential patient information for any purpose other than the direct clinical care of the patient to whom it relates unless:

- The patient explicitly consents to the use or disclosure.
- The disclosure is required by law.
- The disclosure is permitted under a statutory process that sets aside the duty of confidentiality.

For local flows coming from the Graphnet/System C supplied Shared Care Record, data is de-identified under a Confidentiality Advisory Group (CAG) approved Section 251 for using data for research: Confidentiality Advisory Group - Health Research Authority (hra.nhs.uk)

National data is de-identified within Data Service for Commissioners Regional Office (DSCRO), which operates under an NHS Direction from the Secretary of State Secretary of State Directions (Secretary of State Directions - NHS Digital).

Data is appropriately de-identified and, therefore, at the point of access by planners and researchers, is not owed a duty of confidentiality.

Is there a Data Protection Impact Assessment?

Yes, a full Data Protection Impact Assessment has been completed and can be accessed on the NHS Cheshire and Merseyside website.

What is a Tier Two Data Sharing Agreement?

There are three tiers to the Data Sharing Agreement framework across Cheshire and Merseyside.

- **Tier Zero: memorandum of understanding**. This is an agreement in principle to share information with partner organisations in a responsible way. This is signed by a chief executive (or equivalent) and is required regardless of further agreements.
- **Tier One: Data Sharing Agreement – standards**. This outlines agreed procedures for sharing confidential information, setting the minimum requirements for all participating organisations. This is signed by the designated responsible officer in each partner organisation.
- **Tier Two: Data Sharing Agreement**. This is a template for the safe sharing of personal data. The agreement shows what information should be shared and how, under what circumstances by whom, and is tailored to individual partnerships/programmes/projects. Tier Two agreements are signed by the Senior Information Risk Owner (SIRO) and/or Caldicott Guardian, or alternatively, chief executives (or equivalent) at partner organisations.

What Tier Two Data Sharing Agreements are in place across Cheshire and Merseyside?

There are currently several Tier Two Data Sharing Agreements that have been approved for Cheshire and Merseyside, which include:

- Tier Two for Direct Care
- Tier Two for Population Health
- Tier Two for Research in Academia (approved but data controller sign-up pending)

Who are the data controllers?

The data controllers are:

- NHS Cheshire and Merseyside
- Acute providers within NHS Cheshire and Merseyside
- The local authorities within Cheshire and Merseyside;
- North West Ambulance Service (NWAS)
- GP practices within NHS Cheshire and Merseyside
- GP out of hours services
- The approved research organisations and researchers accessing the data (see above answer to *'How is access granted to the Cheshire and Merseyside SDE?'* for data access approval process)

Who are the data processors and where is data stored?

Data is processed and stored by:

- Graphnet System C who process data for secondary uses via the shared care record;
- Arden and GEM, who process national and local data for secondary uses via the Data Service for Commissioners Regional Office

Data is stored in the UK.

How is the data that leaves the SDE minimised and is there guidance for publishing?

The data used for research is only accessible in the following ways:

- All data is de-identified, so no SDE user could re-identify any individual.
- No individual person's data ever leaves the SDE.
- Only anonymised data, such as diagrams, charts or aggregated tables, is extracted from the SDE for use in research papers or outputs.

Statistical disclosure checks are required to ensure that any data, such as charts, diagrams or tables, are safe to export. This process will be audited and will include anonymisation techniques as suggested by the UK Data Service (Anonymising quantitative data — UK Data Service Anonymising qualitative data — UK Data Service).

This includes a list of primary anonymisation techniques as follows:

- Remove direct identifiers.
- Aggregate or reduce the precision of a variable.
- Generalise the meaning.
- Restrict the upper or lower ranges.
- Anonymise relational data.
- Anonymise geo-referenced data.

Once this aggregated data has egressed from the SDE it will be used for publication in academic papers, and to support other uses, such as determining health and care policy decisions, or the efficacy of new interventions.

Patients and public involvement and engagement (PPIE)

How will patients be informed about Cheshire and Merseyside Secure data Environment?

There will be a full public involvement and engagement campaign to inform people of the benefits of SDEs and the different opt out options available to them. Local events will be held to explain this work with resources, such as leaflets, web pages and social media content, being shared with patients and the public. Alongside this, regional and national engagement campaigns will also be explaining what SDEs are and how they will work. Those regional and national resources will also be available to support patients locally.

If you would like more information, please visit the NHS Cheshire and Merseyside website.

An Equality Impact Assessment is underway for the PPIE work which will ensure that the PPIE is representative of the groups in the population who are vulnerable and most at risk of inequality.

Can patients opt out of their data being in the Cheshire and Merseyside SDE?

Yes. Patients can opt out in the following ways:

- **GDPR right to object** – prevents data sharing for any reason, including between services providing your care.
- **Type 1 Opt-out** – prevents your GP practice sharing your data for anything except your care, except when it is required by law.
- **National data opt-out** – prevents your personal and healthcare information being used for research and planning. This can be viewed or changed at any time.
- **Cheshire and Merseyside local data opt-out** – allows you to opt out of individual studies.

A separate leaflet on the NHS Cheshire and Merseyside website explains these options in more detail.

Do we need a new privacy notice to inform patients?

Each data sharing partner will already have a privacy notice that explains to patients how their data is used. Partners should update their notice to make reference to the sharing of the data in de-identified form for the purposes of research, risk stratification and planning, noting the organisations that data is being shared with. Suggested wording can be found below:

Locally across Cheshire and Merseyside, data is being shared securely with a data processor called Graphnet and with Arden and GEM for the purposes of protecting public health, providing healthcare services to the public, risk stratifying population to target direct care, and planning health care services. No data that identifies a person will be used for purposes other than direct care. Data is also being shared securely via these data processors with academia for the purpose of healthcare research only. All data to support research is de-identified and does not identify individual patients. If you have previously opted out of data sharing, your data will not be used.

Title of Report:	Joint Strategic Needs Assessment update
Date of meeting:	19 March 2024
Written by:	Georgia Carsberg and Dr Susan Roberts
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 September 2023		
Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?	Creating a place that supports health and wellbeing for everyone living in Cheshire East ☐ Improving the mental health and wellbeing of people living and working in Cheshire East ☐ Enable more people to live well for longer ☐ All of the above ☒		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness ☒ Accessibility ☒ Integration ☒ Quality ☐ Sustainability ☒ Safeguarding ☐ All of the above ☐		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	The Health and Wellbeing Board (HWB) is asked to: • Note the progress on the JSNA work programme and to adopt the recommendations that have resulted from this work. • Provide feedback on the JSNA conference. • Utilise the JSNA to inform continue challenging decision making in relation to public sector budgets.		
Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	This report has been considered by the Cheshire East Public Health Senior Management Team, it has also been shared specifically with the Director of Public Health and the Executive Director for Adults, Health and Integration.		
Has public, service user, patient feedback/consultation informed the recommendations of this report?	Public engagement took place during the development of the Children and Young People's Emotional and Mental Wellbeing JSNA.		

If recommendations are 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 JSNA work programme.

1.2. Health and Wellbeing Boards have a duty to produce JSNAs which are an 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.

1.3. Key updates include:

- The Tartan Rug dashboard and video user guide, and the Emotional and Mental Wellbeing in Children and Young People JSNA have been published.
- There has been considerable progress in relation to the lifestyle survey and the Special Educational Needs and Disbility (SEND) JSNA, with provisional completion dates in the spring/summer 2024.
- Social isolation, Macclesfield and Care of Older People JSNAs are in their early stages.
- The JSNA conference took place on the 28 February 2024 and has received considerable positive feedback.
- Evaluation of the JSNA work programme has commenced.
- A councillor briefing session is being planned.

2. Recommendations

2.1. The Health and Wellbeing Board is asked to:

2.1.1. Note the progress on the JSNA work programme and adopt the recommendations that have resulted from this work.

2.1.2. Provide feedback on the JSNA conference.

2.1.3. 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 Joint Strategic Needs Assessments (JSNA) for their area.

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: https://moderngov.cheshireeast.gov.uk/ecminutes/documents/s102045/JSNA%20approval%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. **Progress in relation to the current work programme**

4.5.1. The *Children and Young People's Emotional and Mental Wellbeing JSNA* has been published. A summary of findings is provided at Appendix A. The full range of review documents is available via:

https://www.cheshireeast.gov.uk/council_and_democracy/council_information/jsna/mental-wellbeing/emotional-and-mental-wellbeing.aspx

4.5.2. The *Tartan Rug dashboard* has been published alongside a video user guide to optimise dashboard usage and interpretation. These are available via: https://www.cheshireeast.gov.uk/council_and_democracy/council_information/jsna/overviews-of-health-and-wellbeing.aspx

4.5.3. The *Special Educational Needs and Disability JSNA* data collection is nearing conclusion with draft recommendations being developed. The target approval date has moved from April 2024 to June 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.

4.5.4. The *lifestyle survey* has recently concluded with 2591 responses received resulting in a response rate of 20.8%. Results are now planned to follow in the next Health and Wellbeing Board meeting.

4.5.5. The following reviews are in the early stages of either scope approval or data collection:

- *Care of older people*
- *Social isolation*
- *Macclesfield*

There has been a wide range of interest in these reviews from across the health and care system with a good level of representation at the working groups.

4.6. **Additional activities**

4.6.1. The virtual JSNA conference took place on 28 February 2024. Its purpose was to discuss:

- The reviews undertaken during 2022/23
- The experience of working on a JSNA (guest speakers)
- How stakeholders can use the JSNA
- Plan next steps in terms of further adaptation of products, topics for review in 2023/24 and 2024/25

In the afternoon, consensus building conversations took place to prioritise recommendations from the 2022/23 JSNAs across partners in Cheshire East Place. This enabled a more focused list of recommendations to be produced and provisional owners of the

recommendations to be identified. A full summary of the discussion will be provided at the next Health and Wellbeing Board.

The event was well attended. 104 people dialled in to the morning session from across the Council, NHS, and VCFSE sector. The afternoon session had a more restricted invitation list to facilitate effective consensus building (36 attendees divided into two groups). However, the conclusions from these discussions will be distributed to wider attendees to enable further input and feedback.

4.6.2. A councillor briefing session is planned during the first half of 2024 to familiarise councillors with the range of products, and the ways they can be utilised and should be interpreted.

4.6.3. A process of JSNA evaluation is underway. An online survey has now been circulated. In addition, further feedback was gathered at the JSNA conference and we intend on developing an approach to monitoring where and how the JSNA has been used. Between 6 February 2024 and 4 March 2024, there were 1308 views of the JSNA webpages. There were also 57 views of the Tartan Rug video user guide since its publication date on 27 February 2024.

4.6.4. The “About the JSNA” webpage has been updated to reflect current processes.

4.6.5. Prioritisation of topic areas for 2024/25 is planned to take place over January to March 2024. Suggestions have been gathered throughout the year, and in addition, further topics can be suggested via the phit@cheshireeast.gov.uk address and were suggested during the JSNA conference. A consensus building conversation will take place in March 2024, informed by the results of a poll that has been circulated in advance to JSNA steering group members and VCFSE representatives, insights from steering group members and review of the Tartan Rug and Public Health Outcomes framework. Of note, the capacity to undertake reviews will be reduced during 2024/25 to allow sufficient capacity to be available to undertake the Pharmaceutical Needs Assessment.

Access to Information

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

Name: Dr Susie Roberts

Designation: Consultant in Public Health
Email: phit@cheshireeast.gov.uk

Appendix A – Key findings and recommendations from the Children and Young People's Emotional and Mental Wellbeing JSNA

A1- Children and Young People's Emotional and Mental Wellbeing JSNA

Key findings:

Children and young people's emotional and mental wellbeing in Cheshire East:

- Many children and young people experience good mental wellbeing. However, in England the rates of probable mental health disorder for children and young people aged 7-19 increased from 11.8% in 2017 to 19.8% in 2022. This means that in Cheshire East in 2022, there may have been somewhere between 8,606 to 13,525 children and young people with a probable mental health disorder.
- Across Cheshire East, three separate providers support children and young people through the Emotionally Healthy Children and Young People Service this includes Visyon (Mid & South), South Cheshire CLASP (South), and Just Drop In (JDI) (North). During the Covid-19 pandemic years 2020-22 the services had to adapt to support the unprecedented demand and complexity. Feedback from our school engagement echoes the challenge of increased numbers of young people with mental health difficulties without increased provision of support and identified a gap in services for those not meeting CAMHS threshold.
- Between 2021-2022 poor mental health was the most common reason for children and young people needing one on one tuition in their home or in other settings due to being unable to attend school.
- The prevalence of mild to moderate mental health conditions recorded on GP registers for children and young people varies across the Primary Care Networks in Cheshire East, with between 1.6%-3% in 0-17 year olds and 17.9%-21.3% in 18-24 year olds.
- In Cheshire East during 2021/22 there were 450 admissions for self-harm in children and young people aged between 10 and 24. This is 130 more admissions than the previous year. The admission rate has been consistently higher since 2013/14 in Cheshire East compared with England. There is also variation across the geography of Cheshire East, with pockets of significantly higher rates in the north, central and south of the Borough.

What might be contributing to poor mental health?

- Poverty can be associated with poor mental wellbeing (please see the poverty JSNA for more information) JSNA Food and Fuel Poverty: Spotlight review (cheshireeast.gov.uk).
- Wards in Crewe and Macclesfield have a high proportion of children eligible for free school meals over the past few years. However, there has been an increase in eligibility in wards such as, Wrenbury, Audlem and Handforth over the past 4 years.
- The COVID-19 pandemic has been experienced in varied ways across the country with some evidence of negative impact on early years development and school aged children and young people's mental wellbeing.
- The number of children and young people with Educational Health Care plans has been steadily rising year on year with a growth of 63% in the last three years.
- The rate of young people being admitted to hospital as a result of substance misuse in Cheshire East is higher than the England and North West average.

- The rate of domestic abuse related incidents and crimes increased across Cheshire East more rapidly than across England as a whole.
- It was estimated that between April 2017 and March 2018 that 17% of young people aged between 10 and 15 years old in England in the previous 12 months, were bullied in a way that made them frightened or upset.
- There has also been an increase in the number of adults in Cheshire East reporting a “high anxiety score” with 23.3% of people reporting this. Similarly, the rate of adults being diagnosed with depression is also increasing in Cheshire East, which is important to consider given the number of adults that care for or work with children and young people.

Important factors that can maintain good mental health and wellbeing

- Good education is an important factor for maintaining a positive emotional and mental wellbeing. However, the uptake of free early years education in 3 and 4 year olds is very high, but uptake is lower in our eligible 2 year olds.
- The rate of absences across secondary school aged children was higher than the national average.
- On average, educational attainment across Cheshire East is good, however, educational attainment is worse in children experiencing deprivation.

It is also important to consider the 5 ways to wellbeing:

- Connect- “Connecting with the people around us is a great way to remind ourselves that we’re important and valued by others”.

- Be active- “We know that there’s a link between staying active and positive mental health and wellbeing. By making sure we are regularly moving our bodies, we can look after our mental and physical health at the same time”.

- Take notice- “Taking notice of our thoughts, emotions and surroundings is a great way to stay present and pay attention to our needs”.

- Keep Learning- “Learning new things is a good way to meet new people and boost our self confidence, which in turn improves our mental health and wellbeing”.

- Give-“Research has found a link between doing good things and an increase in wellbeing”.

- Digital media brings with it potential risks and benefits to mental wellbeing.

Support for mental wellbeing:

- There is a wide variety of services and support for individuals’ mental wellbeing.

- There is also additional support for schools to support children and young people with their mental wellbeing. However, the needs assessment suggest that:
- The current offer can be overwhelming.
- There are too many people trying to do too many roles.
- The special educational needs coordination is a very confusing system with extensive paperwork jumping through hoops rather than actually doing the job in hand.
- There are capacity challenges training space, timetable, curriculum pressures.
- There are obstacles referring a young people into CAMHS and them getting swift and immediate support.
- There is inconsistency in the support available across schools dependent upon staff skills/funding etc.
- Schools feel they are increasingly expected to manage support beyond the experience of a school intervention/workshop(s). The review has highlighted that it can be difficult to find the right support at the right time and sometimes there are ways to get children and young people help earlier before things have progressed in the first place.

<u>Recommendations:</u>

The overarching recommendations from the review is the need for:

- **Holistic approaches** that encompass the physical and mental wellbeing needs of the child, their families and professionals that work with them.
- **Early intervention on risk factors for mental health problems and mental health presentations.**
- **Robust approaches to promote protective factors and resilience**
- Consideration of **root causes** as part of mental health presentations.
- **Integrated care** that is **easy to navigate** and that **empowers** children and their families.

- **Care for all with greater support to areas in greatest need.**

More detailed recommendations include:

We need to support and empower children, their families and professionals to…

- Promote wellbeing and resilience and take pride in this rather than waiting to react, (for example: through improving the uptake of the 2-year-old early education; supporting implementing the whole school framework and promoting school attendance)
- Address risk factors at an early stage, (for example: bullying; SEND; LGBT+; trauma; parental mental health; parental substance misuse; and cost of living) We also need to better understand the difference in mental wellbeing in genders.
- Consider and communicate the risks and benefits of digital media.
- Address poor emotional wellbeing early- for example, self care for anxiety.
- Improve navigation to support when there are mental health and wellbeing problems or risk factors for mental health and wellbeing problems.
- Consider mental health when physical health problems and risk factors present, AND to consider physical health and risk factors when mental health problems present.
- Ensure provision of appropriate support for schools to implement evidence-based tools and resources to create an emotionally healthy school environment across all age groups.
- Universally proportionate approach that recognises and supports those areas in greater need with more intensity BUT recognises the need that is everywhere.
- Continue to refer to CAMHS where necessary, referring more than once if needed.
- Continue to feed into the further developments of the CAMHS service as a result of the North West CAMHS review.
- Continue to promote training on suicide and self-harm prevention and online support.
- Continue to promote the Perinatal and Infant Mental Health Training.
- Promote use of the NICE guidance on assessment and management of self-harm and prevention of its recurrence across all key partners.
- Review capacity within the health and social care system, to support the recommendations within this JSNA.
- Expect that these changes will take time.
- Further evaluate our approaches. The continued quality improvement work on CAMHS data will be vital as part of this.
- The Health and Wellbeing Board has agreed to holding a conference on the JSNA in light of the extent and range of recommendations included in this, and other recent JSNA reviews.

The conference will aim to build consensus about the best approach to prioritisation of these recommendations over the short and longer term.

- In addition, to address the above recommendations, we need to identify key forums for action, progress tracking and rationalise conversations and progress across these. This includes the:

    - Education Reference Group
    - Family Hubs Steering Group
    - Emotionally Healthy Children and Young People Recommissioning Steering Group, which will become the Healthy Young Minds Alliance Partnership
    - Cheshire and Merseyside forums including the Beyond Programme and the Gateway Programme.
    - Health and Wellbeing Board
    - Children and Young People's Trust
    - The Youth Council
    - Mental Health Partnership Board and the All Age Mental Health Plan
    - Investing in Children and Young People Partnership
    - The Cheshire East Self Harm and Suicide Prevention Partnership Board

- Learn from other JSNAs including: Crewe; poverty; and substance misuse reviews.
- Identify and monitor some key measures in the longer term including through the Cheshire East Joint Outcomes Framework.
- There are particular opportunities to act on these recommendations through: the recommissioning of the Emotionally Healthy Children and Young People's Service (Healthy Young Minds); the development of family hubs, further roll out of the Mental Health Support Teams; further development of a schools directory and Wellbeing for Education support.

Agenda Item 7

Cheshire East Council

NHS
Cheshire and Merseyside

CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	All Together Active and Healthy Weight Implementation Plans
Report Reference Number	HWB 42
Date of meeting:	19th March 2024
Written by:	Guy Kilminster
Contact details:	Guy.kilminster@cheshireeast.gov.uk
Health & Wellbeing Board Lead:	Dr Matt Tyrer

Executive Summary

Is this report for:	Information ☐	Discussion ☐	Decision X
Why is the report being brought to the board?	To brief the Board on the preparation of these two new implementation plans and seek their approval of those Plans.		
Please detail which, if any, of the Health & Wellbeing Strategic Outcomes this report relates to?	1. Cheshire East is a place that supports good health and wellbeing for everyone ☐ 2. Our children and young people experience good physical and emotional health and wellbeing ☐ 3. The mental health and wellbeing of people living and working in Cheshire East is improved ☐ 4. That more people live and age well, remaining independent; and that their lives end with peace and dignity in their chosen place ☐ All of the above X		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness ☐ Accessibility ☐ Integration ☐ Quality ☐ Sustainability ☐ Safeguarding ☐ All of the above X		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	To consider and approve the All Together Active and Healthy Weight Plans and agree for Officers from across partner organisations to work together to implement the actions.		

Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	N/A
Has public, service user, patient feedback/consultation informed the recommendations of this report?	A multiagency group of professionals and interested parties from across a range of Cheshire East organisations have been involved in the drafting of the Plans.
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	We have a target of an additional 25,000 residents being more active as a result of the implementation of the Plan. Through being more physically active and maintaining a healthy weight, improved health and wellbeing can be achieved.

1 Report Summary

1.1 Over the last year, work has been underway to develop the Cheshire East response to Cheshire and Merseyside's 'All Together Active Strategy' (published in October 2022 https://www.alltogetheractive.org.uk/). Significant research shows that the most effective preventative measure for ill-health and wellbeing is being active. However, the level of physical inactivity in England is continuing. The Cheshire and Merseyside Integrated Care System Population Health Board commissioned the drafting of 'All Together Active' to set a strategy for increasing levels of physical activity across the Cheshire and Merseyside geography.

1.2 Whilst working on the All Together Active Plan for Cheshire East, we considered and agreed to tie in other existing work that was already underway to develop a Healthy Weight Plan. The two have been developed in tandem through a series of multi-agency workshops and are presented to the Health and Wellbeing Board for approval.

1.3 The draft All Together Active Plan is attached as Appendix One. The draft Healthy Weight Plan is attached as Appendix Two. Appendix Three is a list of the Services/organisations involved in the drafting of the Plans.

2 Recommendations

2.1 The Health and Wellbeing Board are asked to approve the All Together Active Plan and the Healthy Weight Plan.

2.2 The Health and Wellbeing Board are asked to agree for Officers from across partner organisations to work together to implement the actions set out in the Plans.

3 Reasons for Recommendations

3.1 To facilitate the delivery of the objectives of the Cheshire and Merseyside All Together Active Strategy in the Cheshire East Place and to connect this work with the delivery of the Cheshire East Healthy Weight Plan.

4 Impact on Health and Wellbeing Strategic Outcomes

4.1 A more physically active population that maintains a healthy weight will significantly improve health and wellbeing outcomes for individuals. The implementation of these Plans will contribute to all four of the strategic outcomes set out in the Joint Local Health and Wellbeing Strategy:

- 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…

5 Background and Options

5.1 In October 2022 the Cheshire and Merseyside Health and Care Partnership published the 'All Together Active Strategy'. This is a system-wide strategy for Physical Activity, commissioned by the C&M Integrated Care System Population Health Board, developed by Mersey Sports Partnership and Active Cheshire in conjunction with place based and regional partners.

5.2 The Local Government Association recently published 'Reaching the less active: A guide for public sport and leisure services'.[1] This sets out clearly the challenges relating to physical and mental health. The nation is facing significant challenges to its physical and mental health and an increasing number of individuals report feelings of loneliness.

- 63.8 per cent of adults aged 18 years and over in England were estimated to be overweight or living with obesity (2021/22)
- 22.7 per cent of year 6 children were classified as obese (2022/23)
- One in 10 adults in the UK could have diabetes by 2030 (Diabetes UK)
- 49 percent of adults in the UK reported feeling lonely (2022)
- 5.2 per cent of children aged 11 to 16 years and 12.6 per cent of young people aged 17 to 22 years report feeling lonely (2022).

5.3 A recent 'Lifestyle Survey' has been conducted locally in Cheshire East. The full results of this are to be brought to the Health and Wellbeing Board in July but a headline indicator is that only 31% of respondents achieve the recommended level of activity a week (150 minutes).

5.4 The collective ambition of 'All Together Active' is to support 150,000 inactive people across Cheshire and Merseyside to be more active by 2026, and to create and embed a whole-system approach to physical activity across the subregion to achieve this prevention at scale. In Cheshire East we hope to get 25,000 people more active more often.

[1] Reaching the less active: A guide for public sport and leisure services | Local Government Association

5.5 Each of the nine local authority areas in Cheshire and Merseyside were asked to prepare local 'Place-based' implementation plans, setting out how they would achieve the aspirations of the Strategy within their locality. In March 2023 an All Together Active multi-agency steering group was established within Cheshire East to lead on the work. A number of workshops were subsequently held to identify current provision, areas for improvement and drafting of the implementation Plan. These workshops attracted representatives from 41 different services and organisations (Appendix Three lists these).

5.6 During these discussions it was agreed to embrace work that was already underway to develop a Healthy Weight Plan. There were clear links between the two and a number of those in the physical activity workshop would have an interest in the healthy weight related work.

5.7 The draft implementation plans were presented to a workshop on 31st January and amendments proposed. These have been incorporated into the draft Plans presented to the Board today. A Cheshire East 'Eat Well, Move More Partnership' group has been established to maintain the momentum created in the preparation of the Plans and the group will co-ordinate and oversee the delivery and implementation of the actions set out in the Plans.

5.8 It should be noted that given the resource and capacity restrictions that we and partners are operating under, our emphasis within the Plans is to join up existing initiatives and make the most of what we already provide and invest in. The prioritisation of actions within the Plans and the timescales are still to be confirmed. These will be worked upon by the 'Eat Well, Move More Partnership' group.

5.9 Given that the All Together Active Strategy is an NHS Cheshire and Merseyside ICB priority, it is suggested that if any health inequalities funding is received by Cheshire East Place, that consideration is given to utilising this to progress this work. In particular, some behaviour change initiatives focussed upon families would be regarded as a priority.

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: 07795617363
Email: guy.kilminster@cheshireeast.gov.uk

Appendix One

Our Physical Activity Action Plan for Cheshire East

A co-produced action plan

DRAFT

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Our Story

Welcome to the Cheshire East, All Together Active action plan for physical activity.

This action plan states how we want to increase physical activity levels in Cheshire East. It is our direct response to the 'All Together Active' strategy for Cheshire and Merseyside.

We know that:

- 36.8% of Cheshire East adults (16+) do not meet the physical activity guidelines
- 54.9% of children and young people (5-16 years), do not meet the physical activity guidelines
- 15.9% of Cheshire East communities (over 63,000 people), live in high levels of deprivation and are statistically more likely to be inactive.

*all data from the Sport England 'Active Lives' survey 2021/22.

This is a really complex problem, and is one that needs a different approach to solving it.

Throughout the autumn of 2023, we started discussions with a range of organisations and services across our area, to discuss physical activity and how we could start to better address this problem. There was a positive response, with organisations wanting to help address physical inactivity and the wider impacts this has on the health and wellbeing of our communities. Thank you to everyone who has taken the time to be involved.

Our response was to create this action plan, to support and enable people to be more active. The action plan will develop and change over time, as we hopefully increase physical activity levels. The most important part at the outset, was to create the interest and energy in the first place.

We want this action plan to be co-owned by everyone in Cheshire East.

Our main objective is to identify and then work where services and people's live meet. It is at these points, that we can bring about change.

This action plan has been developed (and will be delivered) alongside the Supporting Healthy Weight Action Plan for Cheshire East

So what are we going to do?

The data shows that physical activity levels in adults and children and young people have not improved in a long time.

So, it can be said that what we (physical activity services right across the country) are doing, is not enough.

We need to work differently to really enable communities in Cheshire East who are inactive, to become active.

Our main objective is to identify and then work where services and people's live meet. It is at these points, that we can bring about change. We have a target of enabling 25,000 more people in Cheshire East, to be active.

To work to this objective, we adopted the following approach:

- To adopt a life course approach, of: Start Well, Live Well and Age Well. Evidence shows that to tackle inequalities, a life course approach is most needed.
- To create a network of partners and people, around physical activity.
- To build on and strengthen our existing provision / activities / services / assets

Spanning across the life course – some organisations and services work across the life course and change their delivery / service as appropriate.

	Delivered By	Timeframes
Add and advocate for physical activity into strategies and plans, to create links with services: Care Communities, Cheshire East Council's corporate plan, the Local Plan so it is a key aim of planning policy, highways, green spaces and local transport.	Care Community leads. Cheshire East Council – Public Health, Communities Team, Rural and Cultural Economy etc Active Cheshire CWP	
Continuing co-production approach – establishing a Physical Activity Community of Practice for Cheshire East	Initially, Public Health (Cheshire East Council) and Everybody Health & Leisure and CEC Commissiong	
Understand extent of underutilised facilities/services and explore new / expanded delivery to support inactive communities.	Everybody Health & Leisure	
Increase breadth and depth of outreach services for targeted communities in the area.	Everybody Health & Leisure	
Bring Cheshire East data and insight to the table ensuring decision making is informed	To include; Public Health (Cheshire East) Active Cheshire	
Offer training for organisations to deliver within their setting/ to their own communities to support people to be more physically active	To include: Public Health (Cheshire East Council), Active Cheshire	
Design, development and delivery of physical activity projects across Cheshire East	Everybody Health & Leisure, CWP	
Sharing information about physical activity and acting as a conduit e.g. between CWP, CCICP, CEICP and CVS.	Public Health (Cheshire East Council), One You , Active Cheshire	
Proactively signposting people to the green spaces in local area e.g. Parkletics Parkletics programme Targeting Adults 1. Pre-Diabetic &/ High Blood pressure 2. Social Isolation &/ low mood	Social Prescribers/Health watch, CWP CCSM	
Providing access to Grant Finder, crowdfunding platforms, setting up local groups etc	CE Connected Communities Team	
Collaborate to lever funding from national/philanthropist sector. Connected Communities Noticeboard, Social value opportunities for projects	Active Cheshire/CVS	
Sharing stories, case studies and the successes of people who have changed their life as a result of being more active.	All	

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	Delivered By	Timeframes
'Live Well Cheshire East' revamp and further promotion	CEC	
Support Mental Health prevention agenda	CEC	
Support the improvement of active travel infrastructure and work with colleagues to promote active travel to increase physical activity as part of everyday life, for example cycling and walking	CEC	
Utilise CEC Ranger Events to deliver messaging around physical activity.	CEC	
Use of 'lifestyle on Prescription' resource to promote opportunities for getting active	Public Health CEC	
Embed physical activity in talking therapies service.	CWP-CCICP, Active Cheshire, Everybody Health and Leisure	
Ensure the effective borough- wide communication and advertising of the services provided through the 'One You' provider.	One You Provider organisation	

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Start Well - means we will take a whole-family approach to supporting healthy development.

	Delivered by	Timescale
Delivery of the 'HENRY' healthy start programme to be expanded across the borough - showing that physical activity can be a broad range of things.	Cheshire East Council – including Public Health Team, Children's Services, Family Hubs	
Access to Tatton Park parkland and playgrounds for CEC countryside parks and events. Create healthy walks in parks and country parks with signage e.g. 'half a mile walked, xx calories used'	Rural and Cultural Economy, Cheshire East Council	
Start-up pram walks at Children's Centres.	Health Visitor Service Lead	
Start-up baby yoga at children's centres.	Health Visitor Service Lead	
Increase the take up of the One You, 'Healthy Baby & You' maternal health programme. Promoting benefits of physical activity to the group.	Reed Wellbeing	
Increase awareness and take up of the One You, pre and post natal 12 week exercise programme.	Reed Wellbeing	
Care Communities to signpost and promote physical activity and share information regarding physical activity amongst their networks.	Care Community leads	
Establish and maintain active network connections with providers, acute and community services for children and young people	All	
Integration / involvement / inclusion in 'Beyond Children & Young People Transformation Plan'	To Include: Cheshire East Public Health	
Link to connected community centres and include projects from Cheshire East – Healthy Neighbourhoods fund – Need to connect with Care homes and carers	Communities, Public Health	
Support local schools and wider education system to embed healthy lifestyle into their working with children, young people and families.	Active Cheshire	
Sharing physical activity data – Active Cheshire is working with local School Games Organisers	Active Cheshire	

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Live Well - means adults of working age, physical activity can support improved physical and mental wellbeing

	Delivered By	Timeframes
Committing to ensuring that commissioned services, have a Making Every Contact Count (MECC) approach and that they promote physical activity opportunities.	CEC, COMSG Training by Public Health	
Working within workplaces to become champions of physical activity.	All	
Adult Mental Health team to promote physical activity as part of Cardiometabolic screening and signposting and as part of MECC	Adult Mental Health Team	
Working with SMASH Care Community to look specifically at health data at Radway estate in Alsager - look at how we can grow physical activity in this area. Need to consider other 'inactivity hot spots'.	Connected Community Team	
At SMASH physical health meeting - opportunity to discuss what is happening locally and understand need. Add increasing physical activity as a priority link to local groups and organisations across all Care Communities.	Care Community leads.	
Promote Social Prescribing service at GP surgeries.	Social Prescribers	
Support Social Prescribers to share resources and best practise.	Social Prescribing lead / host organisations	
Developing the 'Growing Health Community Garden' to include specific sessions for movement.	Nantwich Town Council	
Increase uptake of the targeted health and wellbeing programmes.	Everybody Health & Leisure/SPLW	
Promote the 'Walking Netball' offer, 'B Netball' and 'Para Netball' opportunities.	England Netball lead.	
Promote the England Netball education programme free to all members. Increased knowledge will develop more resilient females across all life stages with the aim of keeping active.		
Deliver countryside events and courses at Tatton Park. Able to offer some access free of charge. Scope development of e.g. forest bathing self-led tour in gardens.	Rural and Cultural Economy, Cheshire East Council Rural and Cultural Economy, ANSA Town Councils	
Promoting access to Tatton Park parkland, walking trails and playground for access and other green spaces across the borough		
Embedding a healthy lifestyle coach with focus on physical activity in the MH intensive support team (MHiST) working with people with complex MH needs in the community	Cheshire and Wirral NHS Trust	

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Age Well - means supporting people to have good health as they get older.

	Delivered By	Timeframes
Include discussions about exercise and physical activity within luncheon clubs.	Everybody Health & Leisure	
Recommissioning of the One You service to include falls prevention.	CEC	
Signpost voluntary groups to help them include some sort of physical activity and raise awareness of physical activity initiatives and opportunities for older people.	Social Prescribers, CVS, CWPS	
Provide support to people with shortness of breath, due to breathing problems, to be physically active, and help educate them regarding self-management.	Physio Teams	
Within the 'Growing Health Community Garden', seek a partner to help embed falls prevention support and appropriate physical activity.	Nantwich Town Council.	
Care Communities to ensure physical activity is on their radar and promote what is available locally. Promote the free exercise classes and 'Move More' programme which is starting.	Care Community leads.	
Signposting information, guidance and support for patients to become active where appropriate.	Social Prescribers, CWPS	
Work with Cheshire East falls group to promote physical activity and increase opportunities for people to increase their strength and balance.	One You, Everybody Health and Leisure, Wishing Well, SPLW	
Promote the importance of physical activity for decreasing dementia risk, and advocate for involvement in the Dementia Strategy.	Cheshire East, SPLW, HCP, CWP	
Motivate patients in the community and guide them to physical activity programmes, whilst following up on their progress.	Social Prescribers	
Signpost clients and seniors in the local community to activities for the ageing population in the local area	Home Instead South Cheshire	
Explore a virtual physical activity offer for those who are not able to access on-site delivery e.g. they are housebound/deconditioned/live in rural areas	CEC	

What is needed to deliver the action plan

Detailed here is an overview of what is needed, to enable organisations and services to start or increase their involvement in the physical activity problem. It is envisaged that these will form topics of discussion and action, as part of the newly forming **Community of Practice for Physical Activity in Cheshire East.** Essentially, a space for a network to meet, share, develop, and respond together. This new network, will be the lead space for overseeing, co-owning, and co-developing this action plan.

> Easy to explain information for example slides, infographics, data etc for professionals to use with communities.

> Regular forum/communications continue working together after today. Networking. Partnership working. Building connections.

> Training staff to deliver sessions including more physical activity to participants giving them the confidence and knowledge to make sessions as inclusive to all physical abilities as possible.

> Dedicated space to share data and insight, to help shape where activities are needed. Data to help:
>
> - More, easily accessible data and information on where need is at ward level to help create programmes and find funding to help fill gaps in physical activity levels.
> - To inform funding bids and or business cases.
> - To inform decision-making locally.

> Access to evidence-based good practise in terms of interventions so less time is spent in the trial and error stages of small projects.

> Support to discuss and embed changes in employers and companies.

> Data to support and educate on the benefits of physical activity for individuals in communities.

> To be aware of what activities and services are in place, so proactive signposting can happen more easily.

> Need to engage with local people to understand how best to reach and encourage them.

> Fundraising support to work with Tatton Park charitable trust.

> MECC training for my team and service.

> Influence the inclusion of physical activity into health pathways, to ensure patients have access to evidence-based programmes in community settings.

> To understand who sits and represents Cheshire East on the boards/ groups to inform progress of the action plan.

> The physical activity prioritised in the Cheshire East Council's corporate plan.

> Recirculate and review brief intervention advice and training to all staff/ agencies to support activity exercise and conversations.

> Shift to outcomes driven, share strategic priorities and challenges, better utilisation of resources across the physical activity system.

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Longer term challenges to address

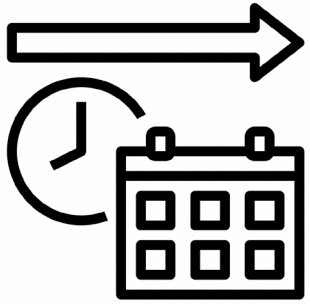
Discussions with partners presented some challenges that need to be addressed, but over a longer time frame. This is because these challenges in particular, will need multiple organisations and services working together to create the needed change.

These include:

Public transport routes and availability, connecting with and servicing leisure and community spaces.

Exploring the possibility of accessing underutilised minibuses, as an option to provide community access to physical activity opportunities.

Capitalising on mass events and activities that happen in Cheshire East. Using them as a catalyst for messaging around the importance and availability of physical activity opportunities.



Having longevity – 5 to 10 years - at the forefront of minds when implementing services, to allow for population changes and improvements in physical activity levels.

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Our Team

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Appendix Two

Supporting healthy weight across Cheshire East

A co-produced action plan

DRAFT

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Welcome to our supporting healthy weight action plan for Cheshire East.

This is the first action plan co-created across Cheshire East, to respond to the challenges associated with being over or under weight. Our focus is on prevention and early intervention.

Evidence indicates that in Cheshire East:

- Child excess weight (measured by the statutory Child Weight Management Programme in reception and year 6) is increasing
- Our communities across SMASH, Nantwich, Congleton, and Crewe, have higher levels of child excess weight
- Adults in SMASH, Nantwich, Congleton, and Crewe, have higher levels of obesity or being overweight

It is important to state that this action plan also includes being underweight, and that is equally as important as being overweight. Being underweight can be as significantly detrimental to a person's health and wellbeing, as being overweight. Data on being underweight is not recorded as the national datasets on excess weight are.

Understanding healthy weight and how people are influenced in different ways, is complex. There is no set solution or single service that can respond to the complexity. The data above demonstrates that although there are many positive and needed services in place, we need to work in a different way to stop the trend of increasing unhealthy weight.

Throughout the autumn of 2023, we started discussions with a range of organisations and services across our area, to discuss healthy weight and how we could start to better support our communities. There was a positive response, with organisations wanting to help address over or under weight, and the wider impacts this has on our community's health and wellbeing.

Thank you to everyone who has taken the time to be involved and have shaped this first action plan.

Complex

We know that many factors influence someone's weight. Many of these factors are what can be called systemic. This means that they are largely out of the person's control, and are things and decisions, determined by other people, that make up the local environment and services e.g. takeaway licencing, leisure centre pricing and locations, public transport routes, supermarket pricing and offers etc.

The Obesity Alliance (2021) in the *'Turning The Tide'* strategy report, Cancer Research UK *'the world around us affects how healthy we are'*, and Cheshire East *'Excess Weight JSNA 2019'*, describe the factors (system) that influence healthy weight:

- Higher calorie, salt and sugar foods
- Higher concentration of fast food outlets in our most deprived wards
- Stigma around weight
- Supermarket checkout deals
- Food prices
- Bigger portion sizes
- Confusing food labelling
- Mental wellbeing
- Fast food on the go, and on every high street
- Unavoidable food advertising
- 2 for 1 unhealthy food promotions
- Financial insecurity
- Access to affordable childcare
- Deprivation
- Access to opportunities to be physically active
- Access to treatment and support

The factors noted above are complex, and we do not know all the answers to tackling healthy weight from a prevention and early intervention perspective; but we do know that we need to do something, and differently.

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So, what are we trying to do?

The data, and this view of the complex system that impact people's weight, have directly influenced the approach within this action plan.

Fundamentally, we are trying to enable a shift towards owning and changing the systemic issues that cause over or under weight in our communities.

To help provide an overarching frame for healthy weight, Cheshire East Council are proposing the adoption of the 'Local Authority Declaration on Healthy Weight', developed by Food Active. This work will be undertaken during 2024, including a proposed timeline for official sign up. The declaration seeks to shape:

- Strategic leadership: creating an opportunity for senior officers and politicians to affirm their commitment to the issue
- Local awareness: shines a light on importance of key activities internally and externally
- Driving activity: a tool for local authority staff to use to create opportunities for local partnership working

Building from this, there is a collective of organisations and services who want to help local people have healthy weight; there is data and evidence; and we know about the factors affecting people's lives - 'the system', we have adopted the following approach in this action plan:

- **To adopt a life course approach**: Start Well, Live Well and Age Well. Evidence shows that to tackle inequalities, a life course approach is most needed.

- **To create a collaborative network** of partners and people, around healthy weight. Our main objective is to identify and then work where services and people's live meet. It is at these points, that we can bring about change.

- To **build on and strengthen** our existing provision, activities and services. There is a great number of services etc that are being delivered, with meaningful impact and outcomes. Yet, levels of unhealthy weight are increasing and inequalities remain stubborn, so we need to do things differently. These services etc. need to be built upon and be shaped by data and insight, lived experience and co-production, and be delivered by trusted organisations within communities.

This action plan has been developed (and will be delivered) alongside the All Together Active Action Plan for Cheshire East

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Spanning across the life course – some organisations and services work across the life course and change their delivery / service as appropriate.

	Delivered By	Timeframes
Influence and identify opportunities for embedding healthy weight in strategies plans and policies, including advocating for the adoption of the Healthy Weight Declaration	CEC Public Health	
Provide data on what the problem is, evidence on what works, whole system thinking, raising obesity as an issue and driver in health meetings around prevention pledge, CVD prevention.	Public Health Team (Cheshire East Council)	
Listening to people's experience of health, care and wellbeing and signpost to a wide range of community groups and services to support well-being	Healthwatch Cheshire	
Work with and support voluntary and community groups across Cheshire East.	CVS Cheshire East	
Junior Exercise Referral, health programmes, holiday clubs providing health meals to children on free school meals over the school holidays, Warm Spaces.	Everybody Health & Leisure	
Tools and campaigns, research, training across the life course.	Food Active	
Engage with services across hospital and care communities, looking from a prevention perspective. Scope an in-hospital social prescribing	East Cheshire NHS Trust/CCSMs (Community Care Support Managers)	
Developing a right to food strategy for Cheshire East Link in with food banks re healthy eating options	CVS	
Signpost to a wide range of community groups and services to support well-being	Social Prescribers, Front line health care providers	
Encourage and offer supported space to discuss options with patients.	Social prescribers/Knutsford Together	
'Food Active' training, support to adopt healthy weight declaration, delivery of GULP campaign and GULP for early years, weight stigma training and resources, collaboration on research projects, support to develop healthy advertising policy for L.A.	Food Active and CEC	
Host health partner activities and events – cooking, budgeting, self-help books, signposting.	Cheshire East Libraries	
Buy balanced stock - books on healthy cooking, nutrition, eating on a budget, getting outdoors. Make sure these are promoted.	Cheshire East Libraries	

	Delivered By	Timeframes
Seek a partnership with Crewe Care Community to help improve the diet of asylum seekers in local Cheshire East hotels.	Communities Team	
Cultural food sharing at women's peace and security group.	Communities, CVS	
Signposting to foodbanks and other food provision opportunities to help those in food poverty.	Communities, CVS, Healthwatch, Social Prescribers, CWP, SPLW, foodbanks	
Rollout and active promotion of the Lifestyle on Prescription Resource	Public Health Cheshire East and Social Prescribers	
All commissioned services to consider healthy weight in service design/delivery, including the adoption of a Making Every Contact Count approach.	CCSM's, CEC Commissioning	
Consider wider system context and implications when commissioning services.	CEC Commissioning	
Make stronger links with key stakeholders e.g. dieticians.	CCSM's	
Family weight management - focus around mental health, options re. additional support. Initiate review to better understand why families don't take part.	Public Health, Reed Wellbeing, Social Prescribers	
Initiate Service transformation - quality improvement, support to services.	CCSM's	
Raise the profile of relevant projects and share and celebrate successes.	CCSM's/Social Prescribing Link Workers	
Continue to maximise the Cheshire East Food Alliance support that provides a platform for addressing a cross - system approach to tackling food responsibilities; the development of the 'Right to Food' strategy platforms measurements and coordination.	All	
Socialisation of Cheshire East Food Alliance and 'Right to Food' strategy across a broader range of council departments, NHS departments and wider group of organisations.	All	

	Delivered By	Timeframes
Physical literacy – explore how this can be exploited to create a framework for lifelong active habits.	Active Cheshire /SPLW	
Explore the adoption of a Healthy Advertising Policy	Public Health CEC	
Ensure that resources are shared and community contacts linked together to maximise working together to improve well-being. Bring together cross sector organisations and address this is in a coordinated way	CCSM's	
Review of licencing applications from Public Health perspective e.g. takeaways	Public Health CEC	
Socialisation of Cheshire East Food Alliance and 'Right to Food' strategy across a broader range of council departments, NHS departments and wider group of organisations.	Cheshire East Food Alliance	
Continue to advocate for lifestyle to be seen as medicinal in the health and social care sector; support the adoption of a common language to safeguard against victim blaming in health literacy.	Social Prescribing Link Workers	
Continuing co-production approach – establishing a Supporting Healthy Weight Community of Practice for Cheshire East	Initially, Public Health (Cheshire East Council) and Everybody Health & Leisure	
Undertake more engagement with the public to understand barriers and consider potential approaches to mitigate these	All	
Further develop and promote the Social Prescribing forum.	Forums run by Lean Isadora and Hayley Cooper	
Further promote and deliver the 'Why weight to talk' training	Public Health Cheshire East and Social Prescribers	
Be confident in developing a system wide approach to improve uptake of schemes like healthy start.	All	
Ensure the effective borough- wide communication and advertising of the services provided through the 'One You' provider.	'One You' Service Provider	

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Start Well - means we will take a whole-family approach to supporting healthy weight.

Actions	Delivered by	Timescale
Provide strategic direction and leadership/connections in relation to tackling childhood obesity and beyond healthy weight and obesity programmes.	All	
Promote and deliver the family weight management service and maternal health service; establish better links with 0-19 service; Provide resources and training support	One You	
Increase referrals to HENRY (supporting behaviour change which helps parents gain the confidence, knowledge and skills they need to help the whole family adopt a healthier, happier lifestyle and to give their children a great start in life).	Public Health (Cheshire East Council)	
Support families and families with children with additional needs attending Family Hubs through HENRY training on healthy lifestyles.	Portage Practitioners (Cheshire East Council)	
Continue delivery (subject to DfE funding) of the Holiday Activity Fund programme throughout the school holidays.	Cheshire East Council	
Healthy Start Vouchers to ensure low-income families have support to purchase fresh fruit and vegetables - Increase Healthy start uptake	Katy.ellison@cheshireeast.gov.uk - Commissioning manger	
Delivery of the physical activities element within the Cheshire Merseyside Children's and Young People healthy weight and obesity transformation programme	Active Cheshire	
Continue the collaborative approach to the National Child Measurement Programme delivered in Cheshire East.	Public Health, School Nursing Team	
Provide more information to CE partners about the Junior Exercise Referral Programme – a commissioned service providing exercise and healthy eating guidance	Everybody Health & Leisure	
Look at supporting people regarding finances to enable healthier choices. - Food bank use/healthy staple food?/food voucher scheme?/link with local stores?		

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Actions	Delivered by	Timescale
Include healthy weight and lifestyle messages in the Cheshire and Merseyside supervised toothbrushing scheme when rolled out	Public Health	
Promote initiatives that encourage physical activity in children and young people.	CCSM's and Social prescribers	
Healthy menu ideas for patients. - Talk about and include healthy meals/recipes as part of cardio-screening	NHS providers	
Co-ordinate and promote campaigns and key messages for example the importance of milk and water, the 'Kind to Teen' campaign etc	All	
Co-ordinate and maximise the resources and training available for early years	All	
Encourage more parents to get up and move more (link to All Together Active).	All	
Integrate healthy weight conversations across all stages of education and work with parents to understand their barriers and facilitators	All	
Promote "Why Weight to Talk" training – promotes confidence in talking about health weight and prevention	CCSM's	

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Live Well - means adults of working age, maintaining a healthy weight can support improved physical and mental wellbeing

Action	Delivered By	Timeframes
Deliver and promote the Adult Exercise Referral programme	Everybody Health & Leisure / Social prescribers - Promote	
Deliver and promote the Adult Weight management programme	One You / Social prescribers - Promote	
Raise awareness of the NHS Digital Weight Management Programme	NHS Digital / Social prescribers - Promote	
Maximise our Social Prescribing service to support people maintain a healthy weight.	Pathways CIC	
Congleton Care Community to scope establishing a weight management programme for women	East Cheshire NHS Trust	
Listen to more residents when completing engagement activities, be better at signposting to local services, be more aware of what is going on locally.	All	
Review the café menus for healthier options.	Everybody Health & Leisure	
Using every visit to a community group as an opportunity to talk about projects being run to encourage healthy eating/physical activity. Use these visits to signpost community group members so they are aware of all options out there around cooking and exercise projects.	All	
On-going support to patients throughout their weight loss and weight gain journey.	NHS providers	
Research and apply for funding for sustainable cookery and nutritional education classes or programmes in centres in more deprived areas for example Crewe and Macclesfield.	Family Hubs	
Prioritise work with community groups in areas of deprivation.	CCSM's	
Work with groups who already have relationships with harder to reach cohorts of the community. Use those relationships productively to inform communities as to how to change their habits little by little. Listen to their voice, their fears and barriers.	Social Prescribers	

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Age Well - means supporting people to have a healthy weight as they get older.

Actions	Delivered By	Timeframes
Social Prescribers supporting patients by offering lifestyle advice, signposting and referring to local services.	Pathways CIC	
Provide care in the community – opportunities to support healthier eating choices. Utilise the toolkit to promote good nutrition, hydration and movement in care settings	Home Instead	
Promote the 'Stand Strong and Move More' physical activity services for older adults.	One You	
Utilise the Luncheon Clubs to promote healthy eating and support participants to maintain a healthy weight	Everybody Health & Leisure	
Be more aware of services and referrals that we can make to our clients regarding staying active in older age.	Social Prescribers	
Following input from people about therapy support, initiate contact with people to assist them in continuing their healthy weight journey.	NHS providers	
Provide counselling about healthy weight and physical activity, and appropriate referrals to community services.	Social Prescribers	
Further promote Parkletics Knutstford, and initiate support to enrol/train more instructors	Knutsford Care Community	

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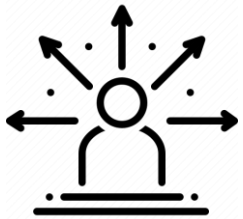
What is needed to deliver the action plan

Outlined below are the five themes that encapsulate what is needed, to enable organisations and services to help deliver this action plan.

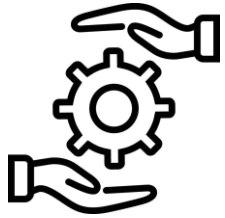
A Network

- Regular connections and networking to embed healthy weight opportunities/thinking/support with partner representatives.
- Engagement with Cheshire and Merseyside colleagues and time to learn and collaborate with other areas.
- Safe space for sharing and seeking support.
- Directory or place that holds up to date service information.
- Support network to feedback regarding services delivered. Would help to build confidence about delivering advice.
- Space to share case studies, examples, whats working and what is not working.



Policy and decision-making

- Prioritisation by ICB & DSPH.
- Engage whole council in the healthy weight agenda
- Need a commitment from Cheshire East Council that health and well-being are top priorities, and that healthy weight is a key component, then we can use every lever we have to reduce obesity.
- Everyone to do the “shaping the future” consultation on the corporate plan.
- Buy in from senior leadership and decision makers especially those who wouldn't typically see healthy weight as their scope/remit.



Practical things

- Proactive signposting into community care therapy.
- Waiting room screen information.
- Training and upskilling support e.g. MECC
- Physical space for delivery of programmes / services.
- Committing to sustainable and long-term programmes and funding.

Language

- Everyone understanding how language and stigma around weight is important.
- Everyone supported with appropriate language and terminology to use.

Time – prioritising and allowing time

- To connect
- Share resources
- Meet community contacts
- Allocate diary space each week/every couple of weeks to research what is available across Cheshire East in terms of services.
- Team talk with my colleagues about raising awareness of programmes in Cheshire East.

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Our Team

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APPENDIX THREE

Organisation in attendance at the All Together Active and Healthy Weight Workshops

Pathways CIC

Public Health Team CEC

ANSA, Green Spaces and Wellbeing

Motherwell

Food Active

Commissioning Team, CEC

CVS Cheshire East

CHOC Primary Care Network

Knutsford Care Community

Community Recycle Cycles

Pathways CIC

Library Services CEC

Active Cheshire

East Cheshire NHS trust

SMASH Care Community

Cheshire and Merseyside ICB

England Netball

Nantwich Town Council

NHS Primary Care Physician

Reed Wellbeing (One You Cheshire East Service Provider)

Cheshire FA

Rural and Cultural Economy Service, CEC

NHS Social Prescriber

Care Community Support Manager

Visyon

Knutsford Medical Practice

Knutsford Together

Cheshire East Healthwatch

Wishing Well Project

Everybody Health and Leisure

APPENDIX THREE

Office of Health Improvement and Disparities, North West

NHS Cheshire and Merseyside ICB

CCICP Care Community Team

Start for Life, CEC

Staff Wellbeing team, Mid Cheshire Hospitals Foundation Trust

CHAW Care Community

Communities Team, CEC

Home Instead South Cheshire

Early Start Team, CEC

Family Hubs Team, CEC

About Mental Health Team, Cheshire and Wirral Foundation NHS Trust CWP

Health and Wellbeing Board

19th March 2024

Agenda Item 8

Open Fair Green

Cheshire East Council

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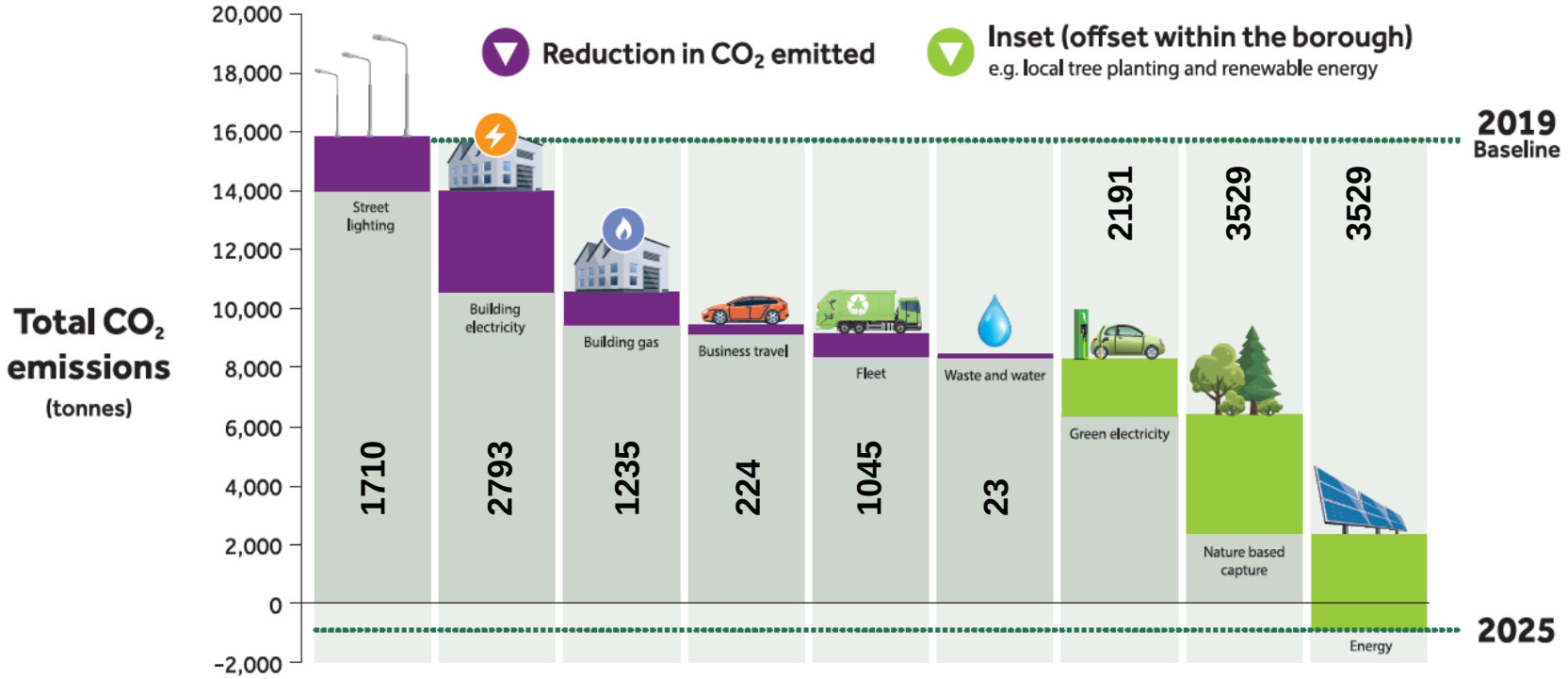
Carbon Programme

- Recognised Climate Emergency in May 2019
- Carbon Neutral as an organisation by 2027 (was 2025)
- UK100 commitment to reach carbon neutrality as a borough by 2045
- Draft Wider Borough Carbon Action Plan 2024-29 approved by committee for consultation through April and May

Cheshire East Council
Working together to
REDUCE CARBON

Council 2025 initial targets

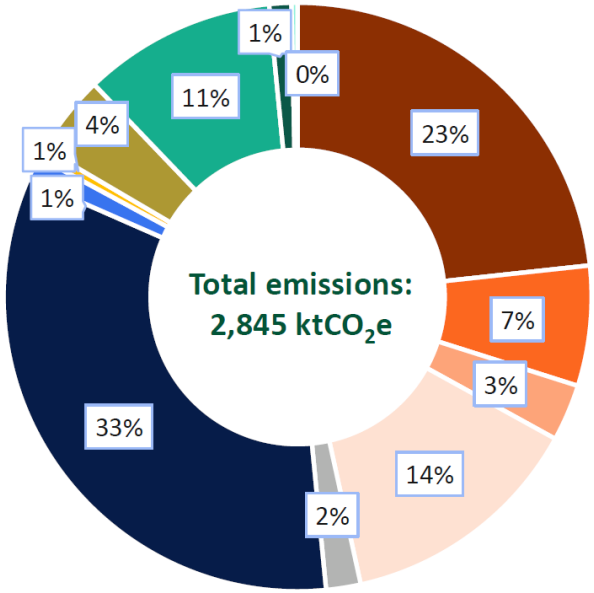


Open Fair Green

Open Fair Green

Wider Borough

- Residential buildings: 23%
- Commercial buildings & facilities: 7%
- Institutional buildings & facilities: 3%
- Industrial buildings & facilities: 14%
- Fugitive emissions: 2%
- On-road transport: 33%
- Other transport: 1%
- Waste treatment and disposal: 1%
- Industrial processes: 4%
- Livestock: 11%
- Agriculture: 1%
- Land use: 0.3%



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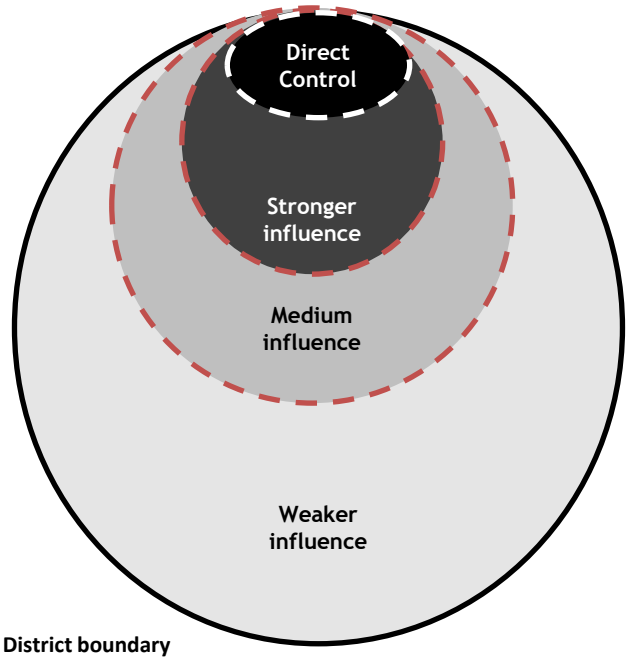
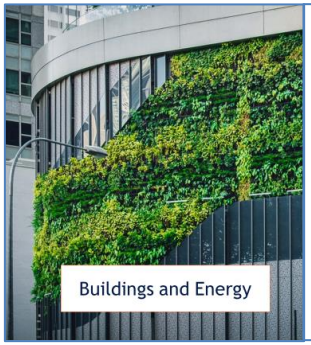
2045 TARGET



Using spheres of influence to view emissions and targets and to understand the types of actions needed

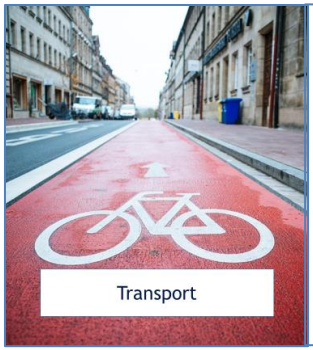
Influence	Target	Emissions
Direct Control	• Target Cheshire East Council to be carbon neutral by 2025 and details of how to meet this commitment are included in the Environmental Strategy.	• Council Scope 1 and 2
Stronger/medium/ weaker influence	• Encourage all businesses, residents and organisations in Cheshire East to reduce their carbon footprint by reducing energy consumptions and promoting healthy lifestyles • We will do everything we can as an authority to help the borough of Cheshire East be carbon neutral by 2045.	• Council Scope 3 • Borough-wide emissions • Town and Parish Council emissions

2045 TARGET: EVIDENCE BASE



- Retrofit residential, commercial and public sector buildings
- Energy efficient new builds
- Low carbon heating
- Energy efficient lighting and appliances

- Increase woodland area and green space
- Tree planting
- Reduce livestock emissions
- Regenerative agriculture



- Travelling less
- Switching from cars to public transport and active travel
- Electrifying vehicles
- Reducing freight emissions and switching fuels

- Reduction in volume of waste produced
- Increased recycling rates
- Improved efficiency of industrial processes

Open Fair Green

Discussions

- How important an issue is climate change to the people you connect with?
- Where do you see synergies with reducing carbon and improving the wider determinants for health?
- Are there organisations or groups we should be co-ordinating with?
- Are there opportunities for carbon reduction across areas you have influence (i.e. commissioned services)?

Questions

Open Fair Green

OFFICIAL

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CHESHIRE EAST SAFEGUADING ADULTS BOARD

STOP ADULT ABUSE
everyone's business

ANNUAL REPORT 2022 – 2023

Independent Chair's Welcome

Welcome to the Annual Report from Cheshire East Safeguarding Adults Board (CESAB)

In January 2023 I was delighted to be offered the role of Independent Chair for CESAB.

Since commencing my role, I have been so impressed with the whole team approach to ensuring people who need care and support receive the appropriate services when required.

The people who I have met and make up the teams that deliver in partnership day in day out never fail to portray a commitment to their roles in safeguarding others. It is an absolute pleasure to witness the dedication of these individuals and teams in ensuring people in Cheshire East are safeguarded.

The CESAB has great support at a strategic level and benefits from Sub-groups that are highly skilled and focused on their work to improve the service of CESAB.

It would be amiss not to specifically mention the support the CESAB has from the Service User Group. This group is pivotal to the CESAB being inclusive and they provide much welcomed advice and guidance to our practice.

The CESAB has recently had a development day which has examined our progress against the board's Strategic Plan and ways in how we can work more efficiently and collaboratively with others. Embracing a culture of learning and seeking ways of improving.

It is evident that the year ahead will bring many challenges due to financial and resource restraints, however it is clear CESAB has a committed partnership to meet these challenges.

Kevin Bennett

Independent Chair

Cheshire East Safeguarding Adults Board

The Partnership

Cheshire East Safeguarding Adults Board (CESAB) is a partnership of statutory and non-statutory organisations, representing health, care and support providers and the people who use those services across the borough. Membership comprises of the senior leaders across these organisations, who under the leadership of the independent Chair, work collaboratively to improve adult safeguarding across the borough.

The partnership includes:

Statutory Partners -

Cheshire East Council (Adult Social Care)

Cheshire and Merseyside NHS Integrated Commissioning Board (ICB)

Cheshire Police

Non-Statutory Partners -

Disability Positive (Service User voice representation)

Mid Cheshire Hospital NHS Trust (Leighton Hospital)

Eastern Cheshire NHS Trust (Macclesfield Hospital)

Cheshire and Wirral NHS Partnership (Mental Health)

North West Ambulance Service

Health Watch Cheshire East

Cheshire Probation Service

Cheshire Fire and Rescue

Faith Sector Representation

Housing

Domestic Abuse Services

Local Councillor

Resources and Funding

The work of the Board, subgroups, training programme and that of the Independent Chair are funded through SAB contributions from the three statutory partners. A well-resourced Board is essential to enable it to deliver its statutory duties. Funding contributions from our partners supports the board to fund Safeguarding Adult Reviews, learning events and other Board activities.

Our principles

Our safeguarding principles mirror those listed in the Care Act 2014 and underpin all adult safeguarding work:

Empowerment: People being supported and encouraged to make their own decisions and informed consent.

"I am asked what outcomes I want from the safeguarding process and this directly informs what happens."

Prevention: It is better to take action before harm occurs.

"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."

Proportionality: The least intrusive response appropriate to the risk presented.

"I am sure that the professionals will work in my interest, as I see them, and they will only get involved as much as needed."

Protection: Support and representation for those in greatest need.

"I get help and support if I need to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent I want."

Partnership: Local solutions through services working with their communities. Communities have a part to play in preventing, detecting, and reporting neglect and abuse.

"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."

Accountability: Accountability and transparency in delivering safeguarding.

"I understand the role of everyone involved in my life and so do they".

**Quotes taken from the Department of Health's Government Guidance 'Revisiting Safeguarding' March 2022*

What is Adult Safeguarding?

Safeguarding adults means protecting adults at risk from abuse or neglect by taking steps to prevent or stop it from happening. The Care Act 2014 and other statutory guidance sets out a clear legal framework for how local authorities and other organisations that form the SAB, should protect adults at risk of abuse or neglect. Safeguarding is about protecting an adult's right to live a life free from abuse and neglect and has put systems in place in accordance to the legislative framework and guidance to keep adults with care and support needs safe.

Who do we help keep safe?

All adults aged 18 and over who:

- Need care and support, even if they are not getting care or support now.
- They are experiencing, or at risk of, abuse or neglect.
- As a result of their care and support needs, is not able to protect themselves from risk of abuse, experience of abuse or neglect.

What is abuse?

Abuse is any action, deliberate or unintentional, or a failure to take action or provide care that results in harm to the adult (this is called neglect).

Abuse can be a single or repeated act or lack of appropriate action, which causes harm or distress and sometimes death.

Abuse can happen anywhere, at any time, such as at home, a day care centre or in a hospital.

There are many different types of abuse such as physical, emotional and neglect; more details about abuse can be found on the Cheshire East Safeguarding Adults webpages www.stopadultabuse.org.uk

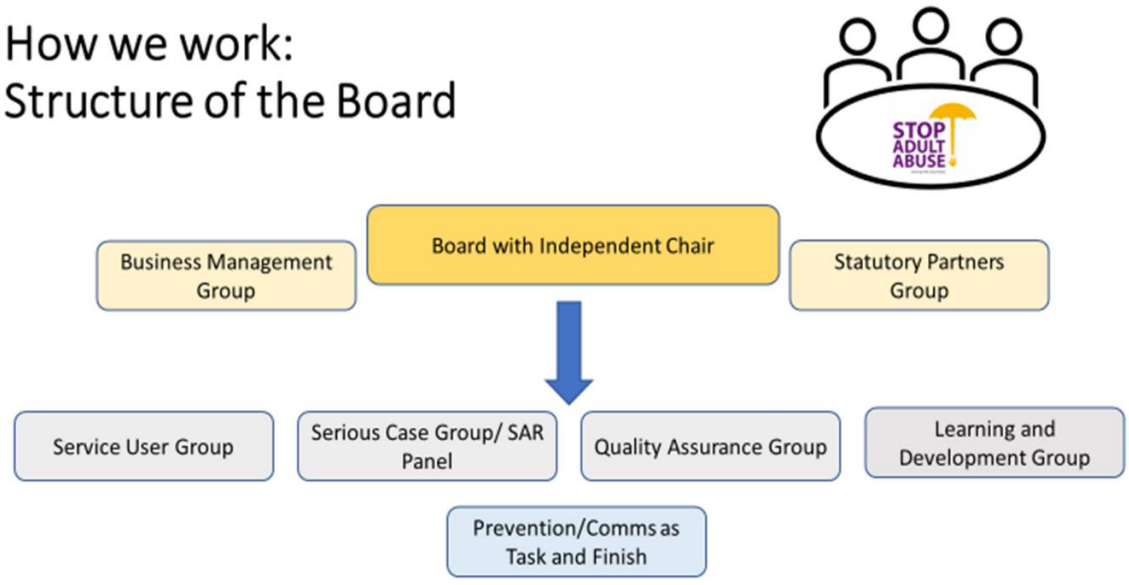
CESAB Service User Group

Governance Arrangements

The Board appoints an Independent Chair whose role it is to lead and direct its work and provide the support to meet the Board's objectives. The SAB has maintained its commitment to strong partnership working with the Cheshire East Safeguarding Children's Partnership and the Safer Cheshire East Partnership with all three partnerships working together on joint priorities and safeguarding issues which impact on young people, adults and community safety. The Board reports regularly to the Health and Wellbeing Board on its progress and on any Safeguarding Adult Reviews.

Safeguarding Adults Board Structure

The Board leads adult safeguarding arrangements across Cheshire East and oversees and coordinates the effectiveness of the safeguarding work of its member and partner agencies. A SAB Business Manager and Business Officer support the board, its Business Management Group and subgroups. The Board also employs a Training Officer to facilitate and deliver adult safeguarding training across the Cheshire East Borough. Subgroups help to deliver the objectives of the Board and take responsibility for four distinct functions: Service User Reference and Voice, Safeguarding Adult Reviews, Quality and Assurance and Learning and Development. In addition, there are also task-and-finish groups to deliver specific Board strategic priorities -



THREE YEAR STRATEGY 2022 – 2025

Under the Care Act 2014, Safeguarding Adults Board must produce a three-year strategy. 2022 saw the launch of our second strategy under the Care Act.

What is a 3-year Strategy?

Our strategy sets out:

- Our Board's vision
- Our aims and objectives for this three-year period
- How we will work towards these objectives

Our full plan can be found on our website www.stopadultabuse.org.uk but a summary is below –

<table>
<tr><td colspan="4">Our Vision: People in Cheshire East have the right to live a life free from abuse and neglect

Our purpose: To stop Adult Abuse, Neglect and Exploitation</td></tr>
<tr><td colspan="2">Our Ambitions</td><td colspan="2">Goals by 2025</td></tr>
<tr><td colspan="4">Proportionate Protection - Support and representation for those in greatest need, with the least intrusive response appropriate to the risk presented.
Enabling staff to respond to complex safeguarding by working in partnership with Key Partners</td></tr>
<tr><td colspan="2">Ensure the safety and wellbeing of people at risk of abuse and neglect in Cheshire East</td><td colspan="2">All professionals will follow Mental Capacity and Best Interest decision making processes and making safeguarding personal principles

People at risk of abuse and neglect get help and support to report abuse.

People at risk of abuse and neglect are supported to take part in the safeguarding process.</td></tr>
<tr><td colspan="4">Empowerment - Personalisation and the presumption of person-led decisions and informed consent.
Embed person centred approaches to adult safeguarding</td></tr>
<tr><td colspan="2">Ensure the voice of people at risk of abuse and neglect, influence safeguarding practices across Cheshire East</td><td colspan="2">People at risk of abuse and neglect are asked for their outcomes from the safeguarding process and these directly inform what happens.</td></tr>
<tr><td colspan="4">Prevention - It is better to take action before harm occurs.
Improve awareness of adult safeguarding across all communities and partner organisations & learn from experience and Safeguarding Adult Reviews to improve how we work</td></tr>
<tr><td colspan="2">Provide information and support in accessible ways to help residents and communities of Cheshire East understand adult abuse and neglect.</td><td colspan="2">Produce clear and simple guidance about what abuse and neglect is, how to recognise the signs and how to seek help.

Identify local solutions through services working within diverse communities across Cheshire East.</td></tr>
<tr><td>Governance:
Ensure our governance is of the highest possible standard & open to challenge, to support the achievement of our strategy and ensure accountability and transparency in delivering safeguarding adults at risk of abuse and neglect.</td><td>Partnership:
Work as a multi-agency board to ensure there is effective partnership working and leadership across all agencies for safeguarding adults at risk of abuse and neglect.</td><td>Impact:
Continually measure and test the effect of our work, improve quality and monitor the implementation of changes, that prevent similar abuse or neglect happening to other people.</td><td>Person Centred Engagement:
Ensure that people are supported in the way that they want, are empowered to make decisions, and can achieve the best outcomes.</td></tr>
</table>

Highlights of our work 2022/23

The Board focused on the following four areas of Adult Safeguarding during 2022/23:

The Continued Impact of Covid-19 on Adult Safeguarding

The pandemic had major implications for health and care services, both nationally and locally. Throughout the crisis, safeguarding adults remained a statutory duty. Consequently, safeguarding adults continued to be the responsibility of local authorities and the SAB partner agencies. CESAB heard research from Prof Laura Pritchard-Jones from Keele University outlining the national impact of the pandemic on adult safeguarding services.

What Next -

CESAB wanted assurance that the multi-agency partnership locally was continuing to work together in the recovery stage of the pandemic. CESAB sought assurance from partners that all SAB agencies in Cheshire East had robust and attainable recovery plans in place.

In line with **the Protection Ambition** of the CESAB three-year strategy*: **Ensure the safety and wellbeing of people at risk of abuse and neglect in Cheshire East***

Adult Safeguarding and asylum seekers & refugees in Cheshire East

The board were briefed on the Asylum Seeker and refugee situation within Cheshire East area. This included hearing the local data and case examples from local Asylum Seekers. The Local Authority's Community Development Team provided assurance of the support systems in place locally and SERCO outlined how they, as a commission provider and the Home Office ensure the safety and wellbeing of those that are accommodated in Cheshire East. Not every supported asylum seeker is an adult at risk to abuse or neglect, however the experience of adjusting to life in the UK and settling into new accommodation and support arrangements is often a period of time when vulnerabilities become most apparent.

What Next?

Asylum seekers are subject to the SAB safeguarding processes and procedures in the same way as others in the community, the Board will ensure that adult safeguarding processes are in place to identify and support asylum seekers including language support if needed.

In line with the **Protection** and the **Prevention Ambition** of the three-year strategy*: **Ensure the safety and wellbeing of people at risk of abuse and neglect in Cheshire East.***
Identify local solutions through services working within diverse communities across Cheshire East

Cost of Living Crisis

The national cost of living crisis has implications for safeguarding adults. Our Service User Group highlighted to the Board how they were struggling and had issues such as anxiety when faced with rising bills, fuel and food costs.

The Board heard from partners how these additional pressures may increase the risk of abuse, homelessness, mental health problems, domestic abuse, neglect, self-neglect, and substance use.

Disability Positive outlined how nearly half the 14 million people living in poverty in the UK are disabled or live with someone who is. The Board also discussed how there are almost 4.5 million informal adult carers in the UK, and nearly a quarter were living in poverty, with working-age female carers particularly at risk. This figure is predicted to increase.

What next?

In Cheshire East, The Cost-of-Living Crisis Team has been launched and are available on 0300 123 5024 between 8.30am to 5pm Monday to Friday. CESAB encouraged partners to share this information so residents can be signposted for support. CESAB also issued advice around Self-Neglect and Professional Curiosity in their briefings to professionals.

In line with the **EMPOWERMENT AMBITION** of the three-year strategy: ***Ensure the voice of people at risk of abuse and neglect, influence safeguarding practices across Cheshire East***

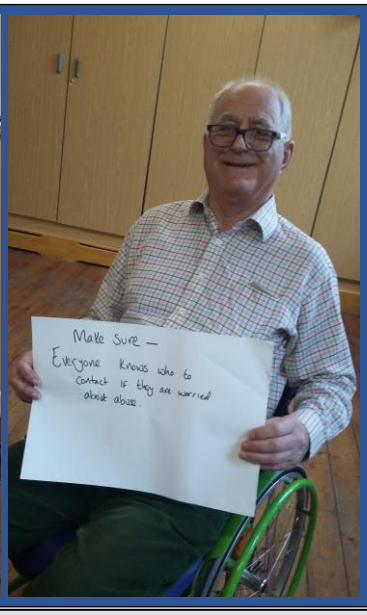
System Pressures on Adult Safeguarding

The Board heard qualitative and quantitative data from partners to better understand the changes in demand for, and provision of, adult safeguarding services. Health and care services continue to be under significant pressure, with challenges including timely discharge of patients impacting on patient flow within hospitals, alongside ongoing pressures in mental health services. The board were provided with an insight into the financial pressures placed on partners and the safeguarding related issues currently being faced. Concerns such as care sector recruitment and retention were highlighted, along with increased numbers of adults experiencing housing issues and poverty.

What next?

The Board will continue to monitor risks on their risk plan and fully supports mitigation plans such as increased integrated working between partners in order to heighten operational resilience and reduce pressures on services. The Board's Training Officer will work with the care sector to provide up to date adult safeguarding training for all care sector workers in the borough.

In line with CESAB Strategy Partnership Ambition - ***Work as a multi-agency board to ensure there is effective partnership working and leadership across all agencies for safeguarding adults at risk of abuse and neglect***



ADULT SAFEGUARDING TRAINING PROGRAMME 2022/23

This report highlights the work undertaken during the boards reporting period of 1st April 2022 to 31st March 2023. A successful bid has been made to retain the funding for the Safeguarding Training Officer through to 31st August 2023

With the continued recognition that the delivery of face-to-face training remains challenging, the funding bid for the Academic year Sept 2022 to Aug 2023 saw a target of delivering training to 600 learners from non-statutory partner organisations. This been set at the same rate as per the previous year.

The training landscape particularly within the care sector both care settings and domiciliary providers, remains extremely challenging for a myriad of reasons, not least due to staff recruitment and retention. However, with the appointment of a new trainer Debbie Waterhouse, her primary focus has been to re-engage with care homes to offer and deliver training, with a particular focus on those that have been highlighted as presenting safeguarding risks to residents.

This appointment has also allowed expansion of the training offer and the programme has delivered level 3 sessions to care home managers covering the investigation process for a Sec 42 enquiry. As well as this, for the first time the programme has delivered a combined Adult and Child Safeguarding training to licensed taxi drivers following a change to their terms and conditions which makes attendance at such training compulsory.

Additional sessions have been offered to statutory partners such as Care4CE and re introducing a Domestic Abuse online workshop in partnership with staff from the Domestic Abuse team.

Whilst this reporting period is out of sync with the academic year funding period, CESAB can report that the Training Programme have met and exceeded the 600 target. In total during the period 1st April 2022 to 31st March 2023, sessions were delivered 1301 individuals.

ADULT SAFEGUARDING WEEK 2022

Cheshire East Safeguarding Adults Board supported National Safeguarding Adults Week 2022 with a range of activities that made people aware of the different types of abuse that some people experience. The National Adult Safeguarding week was an excellent opportunity to promote adult safeguarding and the work that a number of organisations are doing to protect residents across Cheshire East. Safeguarding Adults Week 2022 saw organisations coming together to raise awareness of important safeguarding issues. The aim was to highlight safeguarding key issues, facilitate conversations and to raise awareness of safeguarding best practice. The week enabled more organisations and individuals to feel confident in recognising signs of abuse and neglect and recording and reporting safeguarding concerns. The theme for Safeguarding Adults Week 2022 was 'Responding to Contemporary Safeguarding Challenges'. Each day focussed on a different topic, with a range of events such as webinars, conferences for the Faith Sector, and, using a performing arts group, Odd Arts, to interact with professionals acting out scenarios around exploitation & abuse.

Councillor Laura Jeuda, Cheshire East Council cabinet member for adult social care and health, said***: "It is very sad to say this, but adult abuse is far more common than many of us think. The council sits on a dedicated safeguarding adults board, which is committed to raising the profile of adult safeguarding.***

"If you know someone who is experiencing abuse, please report it. Together we can stamp out all forms of abuse."

"The week was an excellent opportunity to raise awareness of safeguarding adult issues. The planned events throughout the week highlighted how abuse can happen anywhere. It can be committed by anyone, and that abuse can take many forms.

"Whatever the circumstances, abuse is always wrong, and the week demonstrated how agencies in Cheshire East work together to support the person, to bring the abuse to an end".

Performance and activity Information 2022-23

Safeguarding Concerns

5475

*referrals received between April *2022 – March 2023*

Of which **1261** were section 42 enquiries.

An **enquiry** is what needs to be looked at to confirm a person is safe.

Completed enquiries (s.42)

The most prevalent abuse types were Neglect/Acts of Omission (31%) Physical Abuse (18%) and Emotional/Psychological abuse (17%)

Most prominent location of abuse is own home, followed by care home settings

Crewe and Macclesfield had the greatest number of referrals

Ratio of concerns received.

FEMALE	MALE
61%	39%

HIGHEST CONCERNS IN 18-64 AGE BAND

33% LACKED CAPACITY

MSP Outcomes

In 88% of concluded section 42 safeguarding enquiries people had been asked to express their outcomes.

Of those, 56% fully achieved their outcomes. A further 41% partially achieved their outcomes.

Data comparisons to the North West England figures for 2022/23 available on request

SAFEGUARDING ADULT REVIEWS (SARs):

Under the Care Act 2014, the SAB is responsible for the coordination of Safeguarding Adults Reviews (SARs). These independent reviews are commissioned where there has been an incident of serious harm or death involving an adult at risk, and its focus is on capturing learning. They set out to establish what may have gone wrong and to identify where agencies or individuals could have acted differently or worked better together. In 2022-23 CESAB concluded ONE safeguarding adults review –

JANE: *The SAB commissioned a Safeguarding Adults Review following the death of "Jane".*

Jane was 63-years old and had been diagnosed with Dementia in 2018. She lived in her own home and her husband was her main carer. Sadly, she was killed in an accident when she went missing from her home in December 2020

It should be noted that these events occurred during the early stages of the COVID pandemic when national lockdowns were established, placing restrictions on contact from family and professionals.

The Review also highlighted how COVID placed increased strain on carers, especially those caring for someone with a long-term illness such as Dementia. The pandemic also caused anxiety in accessing services particularly hospital or respite care, due to fear of separation or catching Covid. The Review highlighted the importance of Professionals utilising their Professional Curiosity including considering why people may initially be reluctant to accept support and how to strengthen knowledge about Dementia. The full report can be found on our webpages www.stopadultabuse.org.uk

What we learnt from 'Jane' SAR –

The importance of multi-agency working in a timely manner

Improving our understanding of dementia/ long term illness and associated family carer stress /risks

The importance of professional curiosity especially why people may initially be reluctant to accept support.

An understanding on the effect the covid 19 pandemic had on frontline visit practices.

The importance of clearly recording on casework recording systems when an individual has caring responsibilities.

Discretionary Safeguarding Adult Reviews (D-SARs):

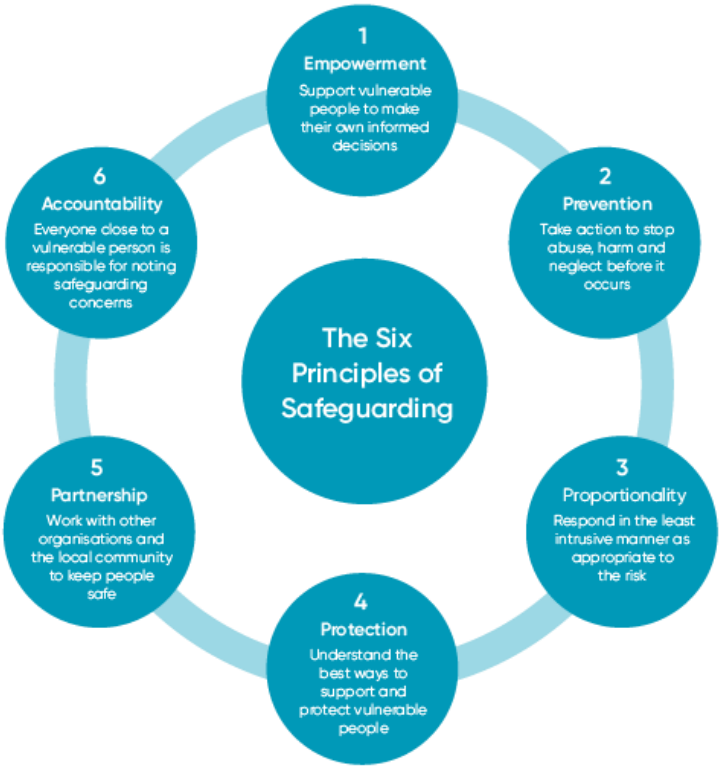
CESAB can also exercise discretion and arrange a Discretionary SAR in any case involving an Adult at risk in its area where it believes that there will be value in doing so. This may include where an agency believes there are lessons to be learned for all involved which will improve multi agency working, practice and information sharing. Each D-SAR results in a 7-minute briefing, this report provides the key themes and recommendations surrounding the review. The expectation is that team leaders across the multi-agency will present these briefings to their staff, on a regular basis. During 2022/23, CESAB conducted three D SARs, briefings can be downloaded from www.stopadultabuse.org.uk

Single Agency Self-Assessment –

CESAB conducted a self-assessment process with its partners in order to reflect on their agency's safeguarding adults activity during 2022/23. This process allowed partners to consider areas such as Making Safeguarding Personal and how their agency has incorporated the recommendations made within the recent Safeguarding Adult Reviews. Below are the main findings from this assessment:

Making Safeguarding Personal (MSP):

Key to Making Safeguarding Personal are the six key principles of adult safeguarding:



These six principles apply to all partners of the SAB, the self-assessment provided assurance to the SAB that all partners are aware of these principles and apply them in their everyday safeguarding practice. Examples included the local authority highlighting how their case work recording system can capture MSP outcomes and whether they have been fully, partially, or not achieved. They also highlighted quarterly case MSP audits identifying areas of good practice and improvement. Housing also evidenced how social landlords ensure that the views, thoughts, and feelings of residents are clearly recorded, and evidence of resident choice is apparent in case management. Housing providers also conduct audits of safeguarding cases regularly, which includes evaluation of making safeguarding personal and the evidencing of the 6 principles of safeguarding being adhered to. Both Health partners and the Police also reported similar auditing processes.

Person in a Position of Trust (PIPOT):

PIPOT is a framework for managing cases where allegations have been made against a person in a position of trust. It provides a process to ensure appropriate actions are taken to manage allegations, regardless of whether they are made in connection with the PIPOT's

employment, in their private life, or any other capacity. All CESAB partners were able to evidence having a PIPOT procedures and robust HR management policies in place regarding managing allegations within their organisations.

Safeguarding Adults Reviews:

The Case of Mervyn and Self Neglect

The self-assessment requested all partners to document what actions their agency put into place following the SAR of Mervyn (*reported in the 2021/22 Annual Report and published on the SAB website*). A key aspect of the Mervyn SAR was understanding the issues surrounding Self-Neglect

A recommendation following the Mervyn SAR was that all settings take steps to raise awareness with staff about socially isolated people who may be at risk of self-neglect. Partners were able to evidence new interventions and developments in place such as –

The development of the Complex Safeguarding Forum to discuss high risk cases.

Updates to partner's Self-Neglect policies

Development of the Hoarding Support Groups

The Mervyn SAR Report has been shared within all Board Partner organisations and frontline staff including Social Work Staff, GPs, nurses, housing officers and frontline criminal justice employees.

The Research in Practice for Adults (RiPfA) Guidance documents on Self-neglect and Professional Curiosity have also been circulated within all settings.

The Case of Jane and Carer Stress

The self-assessment requested all partners to document what actions their agency put into place following the SAR of Jane (*reported on page 12 of this Annual Report (22/23) and published on the SAB website*). A key aspect of the Jane SAR was understanding the issues surrounding carer stress especially in cases involving dementia.

Carer stress is characterised by physical, mental, and emotional exhaustion. It typically results from a person neglecting their own physical and emotional health because they are focused on caring for an individual with care and support needs.

A recommendation following the Jane SAR was that all partners need to ensure staff are aware of the circumstances of when a Carers Assessment is required to be undertaken under the Care Act 2014. Partners were able to evidence this by –

Organisations promoting Dementia Awareness and caring issues within their settings.

Guidance on Dementia, Carers and Domestic Abuse has been produced by a core group of Health and Social Care Staff and circulated to all partners.

Partners were able to document various forms of training from E-learning modules focussing on Care Act Assessments to a bespoke Odd Arts Training session focussed on Dementia, Carers and Domestic Abuse. Training, were possible, has been encouraged to be a multi-agency approach with partners discussing issues from their own perspectives and learning from each other.

All Health leads and GPs in the borough have also been issued with guidance regarding carer stress and Carer Assessments following the Jane SAR

Carer Passports are implemented across our local hospitals with Dementia Lead Nurses in place too.

FUTURE PLANS

Our priorities 2023-24

The Board recognises more can be achieved by working together in partnership and has committed to the following areas for the year ahead, based on feedback, learning and analysis of current strengths.

Training: CESAB are committed to continue to strengthen the Training function of the board. It has secured funding for 2023-24 to extend the training programme further. This includes continuation with Basic Awareness training sessions with the local care sector and local taxi drivers. The programme will also develop a Deprivation of Liberty Safeguards (DoLS) sessions for care staff as well as expending it offer around Domestic Abuse, and Care Concerns.

Strengthening Partnerships: We will continue to strengthen our board by establishing closer working links and structures with the Community Safety Partnership (SCEP), and the Cheshire East Children's Safeguarding Partnership (CESCP) ensuring clear oversight of wider contextual safeguarding issues.

Creating a Culture of Learning: We will promote continuous improvement in safeguarding practice by learning from experience and supporting workforce development. This work will consider how we share learning from SARs and other review processes widely across the partnership, with a clear methodology for reviewing the impact on practice.

CQC Assurance: CQC will now be assessing local authorities in England. They will be looking at how well local authorities meet their duties under the Care Act 2014, this will include partnership working and adult safeguarding. CESAB partners are therefore committed to support the local authority with this process and will continue to take steps as a Board in preparation for the CQC assessment.

This report will be published on our website www.stopadultabuse.org.uk for all partners and members of the public to access. As required by the Care Act, this report will also be shared with the Chief Executive Officer and Lead Member at Cheshire East Council as well as the Police and Crime Commissioner, Healthwatch Cheshire East plus the Cheshire East Health and Wellbeing Board.

Cheshire East Safeguarding Adults Board, First Floor - Macclesfield Town Hall, Market Place, Macclesfield, Cheshire, SK10 1EA. email: lsab@cheshireeast.gov.uk

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www.stopadultabuse.org.uk

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