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Cheshire East Health and Wellbeing Board

Agenda

Date:	**Tuesday, 26th September, 2023**
Time:	**2.00 pm**
Venue:	**Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ**

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

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

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

1. **Apologies for Absence**

2. **Declarations of Interest**

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

3. **Minutes of Previous meeting** (Pages 3 - 10)

   To approve the minutes of the meeting held on 27 June 2023.

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

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

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

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

5. **Appointment of Vice Chair**

6. **Joint Strategic Needs Assessment Update** (Pages 11 - 304)

To receive an update of the Joint Strategic Needs Assessment (JSNA) programme.

7. **Cheshire East Self Harm and Suicide Prevention Action Plan 2023 - 2025** (Pages 305 - 328)

To receive an update about the Cheshire East Suicide Prevention Action Plan.

8. **Cheshire East Falls Prevention Strategy** (Pages 329 - 378)

To consider the new Cheshire East Falls Prevention Strategy.

9. **Age Restricted Products and Young Persons Survey** (Pages 379 - 408)

To consider the findings of the Young Persons Survey.

10. **Increasing Equalities Commission Update** (Pages 409 - 412)

To receive an update on the work of the Commission and proposals for a re-naming and a future work programme.

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, 27th June, 2023 in the Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Voting Members
Councillor Sam Corcoran (Chair), Cheshire East Council
Councillor Carol Bulman, Cheshire East Council
Councillor Jill Rhodes, Cheshire East Council
Jenny Lloyd, Healthwatch Cheshire
Rich Burgess, Interim Associate Director of Transformation & Partnerships, NHS Cheshire & Merseyside Integrated Care Board
Dr Matt Tyrer, Director of Public Health
Isla Wilson, Health and Care Partnership Board Chair

Associate Non-Voting Members
Councillor Janet Clowes, Cheshire East Council
Kathryn Sullivan, CVS Cheshire East
Charlotte Wright, Cheshire Fire and Rescue

Cheshire East Officers and Others
Dr Andrew Davies, Chair of the Youth Justice Health Subgroup
Tom Dooks, Senior Manager, Youth Justice Services
Neil Evans, Associate Director of Strategy and Collaboration, NHS Cheshire and Merseyside ICB
Guy Kilminster, Corporate Manager Health Improvement
Dan McCabe, Team Manager, Adults Commissioning
Patrick Rhoden, Business Finance Lead
Dr Susie Roberts, Public Health Consultant
Karen Shuker, Democratic Services Officer

1 **APPOINTMENT OF CHAIR**

It was moved and seconded that Councillor Sam Corcoran be appointed the Chair.

RESOLVED:

That Councillor Sam Corcoran be appointed as Chair.

2 **APPOINTMENT OF VICE CHAIR**

It was proposed and seconded that the appointment of Vice Chair would be deferred to the September meeting.

This was voted on and was carried unanimously.

RESOLVED:

That the appointment of vice chair would be deferred to the September meeting.

3 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Louise Barry, Helen Charlesworth-May, Denise Frodsham, Dr Patrick Kearns, Dr Lorraine O'Donnell, Superintendent Claire Jesson, Jayne Traverse, Mark Wilkinson and Claire Williamson.

Jenny Lloyd attended as a substitute for Louise Barry.
Rich Burgess attended as a substitute for Mark Wilkinson.

The Chair thanked the following members who would no longer be Board members following approval of the revised terms of reference which was due to be considered at Council on the 19 July 2023.

- Chris Hart
- Dr Lorraine O'Donnell
- Dr Patrick Kearns
- Denise Frodsham

4 **DECLARATIONS OF INTEREST**

There were no declarations of interest.

5 **MINUTES OF PREVIOUS MEETING**

RESOLVED:

That the minutes of the meeting held on 27 March 2023 be confirmed as a correct record.

6 **PUBLIC SPEAKING TIME/OPEN SESSION**

There were no members of the public present.

7 **ASSOCIATE MEMBER NOMINATIONS 2023-2024**

RESOLVED:

That the following individuals be appointed Voting Associate Members of the Cheshire East Health and Wellbeing Board for the next 12 months:

Councillor Janet Clowes – Opposition Group representative
Peter Skates – representing the Executive Director of Place
Superintendent Claire Jesson – representing the Police and Crime

Commissioner
Victoria Elliott - representing the Chief Fire Officer
Kathryn Sullivan - representing the community, voluntary and social enterprise sector
Claire Wilkinson – an additional representative for Children and Families

A representative of housing providers – to be nominated
A Business representative – to be nominated

8 **CHESHIRE YOUTH JUSTICE SERVICES HEALTH NEEDS ASSESSMENT**

The Board received a presentation on the Cheshire Youth Justice services Health Needs Assessment from Dr Andrew Davies, Chair of the Youth Justice Health Subgroup and Tom Dooks, Senior Manager, Youth Justice Services.

The presentation included the aims and key findings of the assessment as well as identifying the needs and assets, the health offer and recommendations.

The Board agreed that education was the biggest prevention factor and the earlier this happened then the more benefits communities as well as individuals would see.

RESOLVED:

That the presentation be noted.

9 **CHESHIRE AND MERSEYSIDE INTEGRATED CARE BOARD DRAFT JOINT FORWARD PLAN**

The Board considered a report which shared details in relation to the requirement for Integrated Care Boards, and NHS provider partners to produce a Joint Forward Plan by June 2023. The report contained the draft content of the Cheshire and Merseyside Joint Forward Plan in advance of the final document being presented to the Integrated Care Board for approval on 29th June.

The aspirations set out within the draft Joint Forward Plan aligned closely with the priorities set out within the Cheshire East Joint Local Health and Wellbeing Strategy. The Joint Forward Plan included a summary describing the priorities for Cheshire East Place in delivering the Joint Local Health and Wellbeing Strategy.

The Board members provided feedback and asked questions in respect of:

- Welcomed the reference to the Marmot Principles

- Welcomed the statement which indicated that there would be a more reactive rather than proactive approach to health care
- There was a need to make use of systems already in place where there was a requirement for more strategic data and links into strategic outcomes.
- there were some synergies with, and due to the need to review it in 2024, how would it be measured against the nine JSNA's.
- There was a need for consistency when sharing data

There was a statutory requirement for the Cheshire East Health and Wellbeing Board to provide a statement which would advise the Integrated Care Board to what extent it agreed on the plan content and alignment with the existing Health and Wellbeing Board Strategies and Place Plans from across the nine Places.

RESOLVED: (Unanimously)

That the Cheshire East Health and Wellbeing Board:

1. Noted the approach being taken in developing the Cheshire and Merseyside Joint Forward Plan
2. Provided feedback as to key areas of content and highlighted any additions, or revisions the Board would like to see in this plan, or which needs to be recognised in the next version of the plan.
3. Would provide a statement outlining whether the plan includes the relevant local priorities contained within the Joint Local Health and Wellbeing Strategy

10 **OUTCOMES FRAMEWORK FIRST QUARTER MONITORING REPORT**

The Board received an update in respect of the development of the Joint Outcomes Framework and plans for next steps, including publication of the fourteen key outcome Phase One indicators and commencement of Phase Two.

Phase two would include:

- Development of a Microsoft Power BI Dashboard to present the Joint Outcomes Framework indicators
- Improving the ability to understand variation in the indicators by ward or care community level
- Consider including further indicators to the Phase One set
- Developing a further second set of indicators to monitor against the Cheshire East Health and Wellbeing Board's Five Year Delivery Plan 2023 – 2028 that would sit along side the Joint Local Health and Wellbeing Strategy/ Place Plan.

RESOLVED:

That the Cheshire East Health and Wellbeing Board:-

1. Note the finalised Phase One Joint Outcomes Framework, and the consensus building process undertaken to agree this.
2. Note the plans for Phase Two.

11 **JOINT STRATEGIC NEEDS ASSESSMENT UPDATE: THE 2023/24 WORK PROGRAMME**

The Board considered a report which outlined the 2023/2024 Joint strategic Needs Assessment (JSNA) work programme. The five priorities that had been identified were:

- A special educational needs and disabilities (SEND) deep dive review
- An Isolation deep dive review
- Care for older people deep dive review
- Macclesfield light touch review
- A lifestyle survey

A plan to evaluate the JSNA programme over the course of 2023/2024 would seek to understand how the new JSNA had been received and how partners found the new approach to collaborative working.

RESOLVED:-

That the Health and Wellbeing Board approve the 2023/2024 JSNA work programme.

12 **BETTER CARE FUND END OF YEAR REPORT 2022-2023**

The Board received a report which highlighted the performance of the Better Care Fund including the Improved Better Care Fund in Cheshire East in 2022/2023.

The key priorities noted for the 2022/2023 period included

• Implementing the Home first programme
• Stabilising the care at home market
• Reducing the impact of the Cost-of-living crisis
• Having joined up winter planning

RESOLVED:

That the Better Care Fund programme performance in 2022/2023 be noted.

13 **BETTER CARE FUND 2023-2024**

The Board considered a report which described the areas of activity and the proposed expenditure for the Better Care Fund covering Cheshire East in 2023/2024. A number of schemes had been identified and an outline of the rationale of how they would meet the needs and demands of the local care and health economy in Cheshire East was provided.

The Board sought assurance that as a result of changes to support the provider market last year that officers were confident that proposals for 2023/2024 were robust.

RESOLVED (Unanimously)

That the Health and Wellbeing Board noted and endorsed the Better Care Fund plan for 2023/2024.

14 **CHESHIRE EAST HEALTH AND WELLBEING BOARD DRAFT REVISED TERMS OF REFERENCE**

The Board considered a report on the draft revised terms of reference for the Cheshire East Health and Wellbeing Board.

Changes had been made to the current terms of reference to reflect the change from the cabinet to the committee system along with changes within the constitution.

The main change would be the removal of the two-tier membership to create a single tier so that every member of the board would have a vote.

The changes would go to Corporate Policy Committee and then Full Council and if approved these would go live in September.

RESOLVED: (Unanimously)

That Cheshire East Health and Wellbeing Board recommend that the Corporate Policy Committee and full Council adopt the revised terms of reference for the Cheshire East Health and Wellbeing Board.

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

The Board received an update on the progress with the development of an integrated care system for Cheshire and Merseyside and more specifically Cheshire East.

The Board heard that good progress had been made in delivering improved performance in urgent and emergency care, returning the full range of maternity services to Macclesfield District General Hospital, and with the inclusion of Leighton hospital for Cheshire East in the NHS new hospitals programme.

RESOLVED:

That the update be noted.

The meeting commenced at 2.00 pm and concluded at 3.40 pm

Councillor S Corcoran (Chair)

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Title of Report:	Joint Strategic Needs Assessment update
Date of meeting:	26 September 2023
Written by:	Jack Chedotal and Susan Roberts
Contact details:	Jack.chedotal@cheshireeast.gov.uk 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 is to note the findings and recommendations of the Crewe, smoking, falls and substance misuse Joint Strategic Needs Assessment (JSNA) reviews and the updated Tartan Rug.		
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 key findings and recommendations from: • Crewe JSNA • Smoking JSNA • Substance Misuse JSNA • Falls JSNA • 2022 update of the Cheshire East Tartan Rug		
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 Council Adults, Health and Integration Directorate Management Team, and the Cheshire East Council Corporate Leadership Team.		
Has public, service user, patient feedback/consultation informed the recommendations of this report?	Public engagement took place during the development of the Crewe JSNA and the falls 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 This purpose of this report is to provide an update of the Joint Strategic Needs Assessment (JSNA) 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 The recommendations and key findings from the JSNA reviews and Tartan Rug can be found in Appendix A.

2 Recommendations

2.1 The Health and Wellbeing Board is asked to note and consider the key findings and recommendations within the JSNA reviews presented (Appendix A) and the updated Cheshire East Tartan Rug.

3 Reasons for Recommendations

3.1 The JSNA recommendations are based on the triangulation and interpretation of data from wide and varied sources through multi-partner collaboration.

3.2 Publishing updated JSNAs allow partners and commissioners to use up to date information, evidence and research when designing services in Cheshire East.

4 Impact on Health and Wellbeing Strategy Priorities

4.1 The production of the JSNA supports the four outcomes from the Health and Wellbeing Strategy 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.

5 Background and Options

5.1 Health and Wellbeing Boards have a duty to produce Joint Strategic Needs Assessments (JSNA) for their area.

5.2 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.

The priorities for the 2022/23 JSNA work programme were agreed by the multi-agency, multi-partner JSNA Steering Group. As part of this, reviews on substance misuse, smoking, and falls have been completed. In addition, a Crewe JSNA deep dive has taken place which is the first place based JSNA to be completed. In time, it is planned for each Care Community to have its own JSNA chapter. Key messages and the recommendations of these JSNA chapters can be found in Appendix A.

5.3 There has been a new approach to the development of a JSNA chapter since the 2022/23 work programme which is to create three separate products designed for different audiences. They are as follows:

- A resident summary produced to be accessible for all audiences
- An executive summary which contains the key findings
- A full report which contains all the findings, linked to the website location. The full report acts as a reference manual for informing strategic developments.

The executive summary and the full report are produced for planning and commissioning purposes.

5.4 The substance misuse, and falls JSNA reviews are attached at Appendix B and will be published imminently. In addition, the Crewe and Smoking JSNAs have now been published on the JSNA website:

Crewe:
https://www.cheshireeast.gov.uk/council_and_democracy/council_information/jsna/healthier-places/crewe.aspx

Smoking:
https://www.cheshireeast.gov.uk/council_and_democracy/council_information/jsna/starting-well/smoking.aspx

5.5 The Tartan Rug is also a part of the Joint Strategic Needs Assessment and is a visual representation of health and wellbeing data by ward, and across Cheshire East as a whole to highlight inequalities across communities. It was originally developed in 2015 and has since received periodic updates as new data updates

become available. The data for the Tartan Rug comes from the Office for Health Improvement and Disparities (OHID) Fingertips website.

5.6 Previously the Tartan Rug was a static document that was produced by the Public Health Intelligence Team. As part of the 2022/23 JSNA work programme a project has been in place to automate the production of the Tartan Rug into a digital dashboard. This will allow for more regular and timely updates to be able to take place. It is envisaged that the Tartan Rug dashboard would be updated on an annual basis. The updated Tartan Rug pdf can be found at: https://www.cheshireeast.gov.uk/council_and_democracy/council_information/jsna/overviews-of-health-and-wellbeing.aspx

The Tartan Rug dashboard will also be published in the near future, alongside a user guide.

5.7 Automating the Tartan Rug has also allowed for additional enhancements to be produced. These include the ability to filter data to select a relevant care community or topic area of interest. Additionally, it now allows for comparison between the Cheshire and Merseyside local authorities, bordering local authorities and our Chartered Institute of Public Finance and Accountancy (CIPFA) neighbours. The updated tartan rug also allows for comparison between the current and previous version by allowing users to see if a Care Community has improved or worsened over time. A future development of the Tartan Rug will be to explore the inclusion of all the previous versions since its inception.

5.8 In addition, to the Tartan Rug pdf document and dashboard, additional information will be published to demonstrate how to navigate the dashboard.

5.9 The JSNA programme is planned to be evaluated which will seek to understand how the new JSNA is received and how partners found the new approach to collaborative working. Evaluation will initially involve a survey. In addition, the JSNA website will be analysed to understand how many people are viewing the JSNA and which chapters are viewed the most. This will be used to inform the future development of the JSNA.

Access to Information

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

Name: Jack Chedotal
Designation: Public Health Information Analyst
Email: jack.chedotal@cheshireeast.gov.uk

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

Appendix A – Key findings and recommendations from the Crewe and Smoking JSNA

A1- Crewe JSNA

Key findings:

- When examining the Tartan Rug, overall health and wellbeing in the Crewe locality has declined compared to other areas between 2017 and 2021.
- 13 of our 18 most deprived small areas (LSOAs) in Cheshire East are within the Crewe Care Community.
- For both males and females, life expectancy in the 'Crewe 6' wards is lower than England.
- Crewe has a younger population compared to Cheshire East, with fewer people in older age groups than Cheshire East overall.
- The 2021 Census shows Crewe as the most ethnically diverse area in Cheshire East with 18.4% of residents with ethnicities other than white British.
- Children living in the ‘Crewe 6’ wards have lower rates of good level of development at the end of reception at 50% compared to Cheshire East at 66%. Crewe wards outside of the 'Crewe 6' have similar rates to the Cheshire East average.
- 87% of ‘Crewe 6’ and 83% of ‘Crewe Other’ primary pupils in Crewe attend a school which is rated good or outstanding. This compares to 94% in Cheshire East and 89% in England.
- Only 69% of pupils attend a secondary school in the Crewe 6 area that is rated good or outstanding. This compares to 100% of children attending a Crewe Other school. In Cheshire East, the overall figure is 94% and England it is 82%.
- A third (34%) of all those who are not in education, employment or training (NEET) in Cheshire East live in Crewe – higher than the overall percentage of 16 to 17-year-olds that live in Crewe (25%).
- 'Crewe 6' (58) has the highest overall number of 16 and 17-year-olds not in education, employment or training (NEETs) in Cheshire East while 'Crewe Other' (9) has the lowest.
- Preventable mortality shows the number of deaths that could be avoided by public health and primary prevention interventions. The ‘Crewe 6’ wards have some of the highest rates of preventable mortality in Cheshire East. All the Crewe 6 wards fall within the worst 10 wards in Cheshire East. Crewe Central is an outlier, with a rate almost double the next highest.
- Treatable mortality shows the number of deaths that could be avoided through effective and timely healthcare interventions, including secondary prevention and treatment. The ‘Crewe 6’ wards have some of the highest rates of treatable mortality in Cheshire East. 5 out of the Crewe 6 wards fall within the worst 10 wards in Cheshire East, with Crewe South at number 11.
- Circulatory disease, cancers and respiratory diseases account for nearly 70% of avoidable deaths in the Crewe 6 wards.
- There are significantly higher rates of alcohol-related admissions in residents (both adults and under 18s) of the ‘Crewe 6’ compared to the England average.

- The incidence of all cancers is worse than the England average in the Crewe North and Crewe East wards.
- The incidence rates of lung cancer in Crewe St Barnabas, Crewe Central, Crewe North and Crewe West wards are worse than the England average.
- Adults in the 'Crewe 6' area are less likely to be physically active. In some areas over 4 in 10 adults are inactive. Some parts of Wistaston also have high levels of inactivity.
- More people in Crewe cycle to work than other parts of Cheshire East and England (2011 Census).

Recommendations:

- Follow the plans set out within the **Live Well in Crewe** document, which can be found here: Living Well in Crewe AHC 1.0.pdf (cheshireeast.gov.uk)
- Continue with the development of green spaces to ensure they are attractive and accessible to those in our most deprived areas.
- Review health, care, and other local services to ensure they meet the changing needs of Crewe's residents and that our offers reflect the increasing ethnic diversity of Crewe.
- Continue to support first time young mums in Crewe.
- Target engagement activities and use Family Hubs to improve uptake of 2-year-old free childcare places, especially in and around Crewe East.
- Continue to work with schools, parents, and Family Hubs to improve diet and increase exercise to reduce childhood overweight and obesity in central Crewe.
- Examine childhood development data at small area level to understand inequalities in early years provision and outcomes and continue coordinated efforts to improve educational attainment for those educated in Crewe secondary schools, especially in Maths and English.
- Understand uptake in adult learning across Cheshire East and ensure that it is targeted towards the most deprived groups.
- Examine causes of avoidable mortality and address biggest contributors and continue work to reduce smoking rates and alcohol-related harm in central Crewe and explore inequalities in screening uptake to develop targeted action plans for Crewe.
- Ensure GP practices in our most deprived areas are appropriately resourced to meet the needs of local people. Facilitate networking with GPs in other deprived areas to share best practice.
- Link the findings of this JSNA to other current and future JSNAs, the Tartan Rug and the Joint Outcomes Framework.

Many of the recommendations included in the Crewe JSNA will need to be implemented, and sustained in the medium and longer term, however, the following shorter term recommendations have been identified (see table below).

Recommendation	Action
Healthy place	
Embrace proportionate universalism - creating an offer for all but with the greatest investment given to the areas with the greatest need.	All new commissions must consider population need and equality impact covering geographic inequalities as well as protected characteristics.
Maximise wellbeing gains to local residents in our capital projects and regeneration programmes - Engage residents to ensure regeneration plans meet their needs	Short and medium term.
Continue with the development of green spaces to ensure they are attractive and accessible to those in our most deprived areas	Short and medium term – pocket parks development. Explore use of school playing fields. Use engagement findings to drive designs and continuously engage as the work progresses.
Strong communities	
Address poverty and the cost-of-living crises	Make use of poverty JSNA findings and recommendations, continue to monitor trends and impacts on our residents. Proactive planning for winter 23/24. Make sure support is accessible to all.
Review health, care and other local services to ensure they meet the changing needs of Crewe's residents and that our offers reflect the increasing ethnic diversity of Crewe.	Short term – raise awareness across CE Place of Census 2021 findings and of learning from community engagement work since 2020 and build upon this.
Ongoing engagement with all communities in Crewe to better understand their needs and co-design services to meet them.	Short and medium term – raise awareness across Cheshire East Place of population and their needs.
Best start in life	
Develop a clear and ambitious plan for supporting the vital First 1000 days of life	Short-term review Children's Plan and ensure there is sufficient focus on first 1000 days.
Undertake a Joint Strategic Needs Assessment deep-dive review into Emotional and Mental Wellbeing in Children and Young People	Short-term – with the goal of publishing in 2023.
Target evidence-based support to help pregnant women become smoke free.	Short-term, promote and evaluate the smoking cessation incentives pilot. Further explore patterns of smoking in pregnant women.
Ensure early years staff are trained in special educational needs and early recognition of neurodevelopmental conditions	Short-medium term. Complete a SEND JSNA, act on its findings and continue work on the Delivering Better Value Programme.
Ensure support for infant nutrition and breastfeeding is accessible and sufficient	Continue engagement and strategic development in short and medium term to increase rates of initiation of breastfeeding, whilst optimising both maternal and child wellbeing.
Invest in training for early years workforce, ensure expenditure proportionate across the social gradient.	Short and medium term. Ensure increased uptake in most deprived areas of Crewe through targeted engagement activity.

A2-Smoking JSNA

Key findings:

- The proportion of the population that are smoking has not changed significantly in recent years but varies across Cheshire East.
- Smoking is associated with a significant number of hospital admissions and deaths across Cheshire East. There were 1036 smoking-attributable hospital admissions per 100,000 people. This is significantly lower than England.
- Smoking in pregnancy is a particular issue in Cheshire East. Cheshire East would need to help a further 118 pregnant women to successfully quit during their pregnancy to achieve the national target of 6%.
- Smoking in children and young people remains a concern. Fewer young people in the North West are smoking - the percentage claiming to smoke has decreased by two thirds in the last ten years. However, there has been a slight increase in the number of young people claiming to have tried e-cigarettes. An increasing percentage of young people are trying e-cigarettes before real cigarettes. Two thirds have tried an e-cigarette before or instead of a real cigarette.
- People with long term mental health conditions are more likely to smoke. The prevalence of smoking in people with a long-term mental health condition in Cheshire East has remained similar over time and consistently the similar to the England average.
- Stopping smoking is an important part of long-term condition treatment. There is a significant proportion of patients who have COPD and are current smokers. 27.7% of patients across Cheshire East and 30%+ in Crewe and Macclesfield Care Communities.
- Stop smoking support is provided by One You Cheshire East and through the CURE service. 799 people were supported in Cheshire East by the One You Cheshire East smoking cessation programme in 2021/22. This resulted in 204 quits.
- Cheshire East Smoking Cessation Incentives Scheme Pilot. In July 2022, the Adults and Health Committee approved the implementation of a pilot scheme that will be open to pregnant women and members of their household who also smoke. Vouchers worth up to £400 (for pregnant women) and £200 (for household members) will be provided as incentives for successful completion of this Scheme. Participants will be required to attend a series of meetings which will be offered face-to-face or online.

Recommendations:

- Provide intensified support in Crewe and Macclesfield and for residents in manual occupations. Behavioural insights work in these areas could potentially result in improved rates of intervention and people stopping smoking. Learning from the poverty JSNA could also be relevant in terms of making every contact count in relation to addressing wider determinants of health.
- Provide an intensified response for people with long term conditions, including Chronic Obstructive Pulmonary disease (COPD) and long-term mental health conditions, improving numbers receiving brief advice, interventions and ultimately stopping smoking.

- Undertake further focused work into smoking in pregnancy, including learning from the smoking cessation incentives pilot evaluation.
- Undertake further work to raise awareness of concerns regarding e-cigarette usage in children and young people.
- Embrace the long-term plan model to maximise the opportunity it brings to identify and treat smokers more easily. This should deliver significantly more quits in the longer term and thus reduce the long-term negative health impacts of smoking.
- Address higher smoking prevalence among groups with certain protected characteristics, which is evidenced by national data, for example, people who identify as LGBTQ+ and males. Further work needs to be done to understand why this is.

A3-Substance Misuse JSNA

Key findings

- Risk factors of misusing drugs or alcohol
    - People's risk of misusing drugs varies by who they are, where they live, what they do for a living, friends, family and wider community.
    - People who struggle with debt, poverty, unemployment, housing problems and mental and physical illness, are more at risk.
    - Children are affected by their parents' drugs misuse and some people suffer with other issues linked to substance misuse, such as crime.
    - The earlier someone first tries alcohol, the more likely they are to misuse it as an adult.
    - Children can be affected by their parents' alcohol misuse and are more likely to develop alcohol problems themselves.
    - Young people are more likely to binge drink, but people in middle age are more likely to drink at harmful levels.
    - Males, people with mental health problems, people on low incomes or who are unemployed, and people who are homeless or live in poor housing are more likely to have problems with alcohol.
    - Drinking large volumes of alcohol is linked to availability, pricing and regulation, and also if it is normal for friends and family.
- Estimated numbers of people with alcohol or drug problems across Cheshire East
    - We know very little about people in Cheshire East who misuse alcohol and drugs unless they have to go to hospital because of them or ask for help to stop using them.
    - Some residents in Cheshire East drink alcohol at levels that affect their health; some of them are dependent on alcohol.
    - We think that 3 in 4 of those who are dependent on alcohol are NOT getting treatment.
    - Of residents who have a problem with heroin or crack cocaine, we think that just over half are getting treatment.
- Ill Health
    - Both adults and young people in Cheshire East have higher rates of hospital admission for problems caused directly by alcohol and drugs than in other areas of the country.
    - Many people in Cheshire East who struggle with substance misuse also have problems with their mental health.
- Death
    - Death rates from substance misuse have increased since 2001-03. In Cheshire East, they are lower than in other places, but we may be storing up problems for the future.
- Crime
    - Some people in Cheshire East commit crime to pay for drugs and alcohol. They often do not get the help they need for their substance misuse when they are in prison or when they are released.

    - Vulnerable children and adults, and wider communities in Cheshire East have been harmed by county lines and organized crime groups.
- Treatment for substance misuse
    - About half of service users are unemployed when they start treatment
    - Around 1 in 20 have a housing problem, which is better than nationally
    - People in drug treatment who have other issues such as homelessness and unemployment are less likely to complete treatment successfully.
    - National data shows that people in treatment are more likely to have a disability; often these are mental or behavioural disabilities.
    - People in treatment are more likely to smoke, but few are offered help to quit smoking.
    - People who enter substance misuse treatment in Cheshire East are more likely to complete the treatment than in other parts of the country.

<u>Recommendations:</u>

We are seeing worsening rates of alcohol-specific admissions across Cheshire East. To address this, we need to:

- Reach children and families to promote protective factors and address risk factors early (before age 15) through universal and targeted services, ensuring that they can access the support they need.
- Work on breaking down the stigma in seeking help for alcohol and synergise with regional Cheshire and Merseyside Public Health Collaborative (CHaMPs) campaigns.
- Continue to support people who are in treatment back into employment.
- Consider more intensive prevention approaches in parts of Crewe, Macclesfield, Nantwich and Rural, and SMASH (Sandbach, Middlewich, Alsager, Scholar Green and Haslington) Care Communities.
- Understand more about overall levels of alcohol consumption and variation across Cheshire East (in addition to those residents we already know about who have reached services).
- Provide tailored outreach treatment options for our homeless population.
- Regularly monitor a small group of indicators in the longer term.

In terms of addressing drug misuse, across Cheshire East we need to:

- Understand more about overall levels of use and variation across the area, including the distribution of risk factors.
- Reach our young people in appropriate settings with timely advice regarding substance misuse, protective factors, support with wider social issues, and support with treatment where needed.
- Raise awareness of county lines activity and how to stay safe or seek advice, with particular focus on our vulnerable children and adults.
- Better understand our rates of drug-related crime and develop a suitable approach to reduce them in ‘hot spot’ locations.

- We need to provide holistic support to their families for those in treatment and support them back into employment.
- Improve response to misuse of emerging types of drugs and help people addicted to prescription medicines.
- Regularly monitor a small group of indicators in the longer term.

A4- Falls JSNA

Key findings

- Cheshire East has an older population compared to England.
- We don't know the true number of falls as many go unreported with no medical treatment required. It is estimated that there are around 24,000 falls in Cheshire East in people aged 65 and over every year.
- The number of falls is projected to increase in the future.
- Ambulance data shows that falls are more common in the morning
- In 2020/21, falls admissions in Cheshire East cost £24m. This has been increasing over time.
- Cheshire East has more hospital admissions for falls compared to England even when taking into account Cheshire East's older population.
- The average length of time someone stays in hospital after a fall is 10 days.
- Two out of three hospital admissions for falls were in adults aged 80 and over.
- Hip fractures, followed by head injuries were the most common type of injury following a fall. These can have long lasting impacts for the individual.
- Cheshire East has higher numbers of hospital admissions caused by alcohol.

Recommendations

Across Cheshire East, we need to:

- To explore ways to engage communities around falls and to promote falls prevention activity – including both commissioned services and through other preventative routes.
- To optimise risk factor identification and management such as sight registration, excess alcohol and osteoporosis. This includes by increased use of multifactorial risk assessments (an assessment that aims to identify an individual's risk factors for falling).
- To explore how to reduce the stigma around falls.
- To make sure all partners are involved and connected.
- To link with other Joint Strategic Needs Assessments where relevant such as Substance Misuse, which identified an unmet need in harmful alcohol consumption.
- To ensure that the new Cheshire East Falls Prevention Strategy takes account of these findings.
- To promote appropriate physical activity amongst older people as a means of reducing falls risk.
- To explore ways to engage communities around falls and to promote falls prevention activity – including both commissioned services and through other preventative routes.
- To optimise risk factor identification and management such as sight registration, excess alcohol and osteoporosis. This includes by increased use of multifactorial risk assessments (an assessment that aims to identify an individual's risk factors for falling).
- To explore how to reduce the stigma around falls.
- To make sure all partners are involved and connected.
- To link with other Joint Strategic Needs Assessments where relevant such as Substance Misuse, which identified an unmet need in harmful alcohol consumption.

- To ensure that the new Cheshire East Falls Prevention Strategy takes account of these findings.
- To promote appropriate physical activity amongst older people as a means of reducing falls risk.

A5- The Tartan Rug Dashboard 2022

Key findings

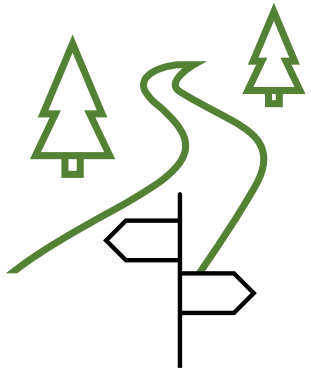
- Overall, for many residents across Cheshire East, health and wellbeing is similar to or better than the England average, other local authorities across Cheshire and Merseyside, and geographically neighbouring local authorities.
- However, stark health inequalities remain across Cheshire East with some wards in Crewe and Macclesfield experiencing significantly worse health and wellbeing compared to the England average and other areas of Cheshire East.
- The extent of difference is particularly highlighted by selecting Crewe Central, and Macclesfield Gawsworth within the Tartan Rug dashboard.
- Also, the Cheshire East average is significantly worse than the England average for:
    - Emergency admissions aged 0-4 years (2017/18-2019/20)
    - Admissions for injury aged 0-4 years
    - Emergency admissions all causes
    - Emergency admissions for hip fractures
    - Hospital stays for self harm
    - Whilst only very old data exists, during 2006-2008 Cheshire East was also significantly worse than the England average for binge drinking alcohol. Furthermore, it continues to be significantly worse than the England average with regards to hospital admissions for alcohol-specific conditions.[1]
- Overall, Crewe Care Care Community is the only Care Community to experience significantly worse health and wellbeing than the England average.
- Monitoring of changes in the number of indicators that are better or worse than the national average can be achieved through the new Tartan Rug dashboard. However, currently only a one-year comparison is possible (comparing 2022 to 2021). Making longer term comparisons will be feasible in future years. These will be more meaningful and reduce the risk of chance variation.
- Compared to 2021, overall, the health and wellbeing picture has worsened for:
    - Nantwich and Rural
    - Congleton and Holmes Chapel (CHOC)
    - Knutsford
- Compared to 2021, overall, the health and wellbeing picture has improved for:
    - Chelford, Handforth, Alderley Edge and Wilmslow (CHAW)
    - Bollington, Disley and Poynton (BDP)
- Compared to 2021, changes in the health and wellbeing picture was mixed in
    - Crewe
    - Macclesfield
    - Sandbach, Middlewich, Alsager, Scholar Green and Haslington (SMASH)

[1] Office for Health Improvement & Disparities. Public Health Profiles. [1 August 2023] https://fingertips.phe.org.uk © Crown copyright [2023]

Recommendations

- The latest Tartan Rug should be shared widely with key stakeholders across Cheshire East, Care Communities and at smaller area levels.
- The Tartan Rug should be promoted more amongst less familiar audiences, for examples our school and libraries.
- There remains a need for sustained and long-term focus on
    - Early intervention and community interventions to prevent injuries and admissions in our children and young people
    - Self harm and mental health and self-harm
    - Alcohol
    - Hip fractures, frailty and healthy ageing
    - Crewe
- The Health and Wellbeing Board and Cheshire East Place need to consider this Tartan Rug in combination with the more in-depth JSNA reviews, for example, our Crewe JSNA, and reviews of smoking, substance misuse, falls, and emotional and mental wellbeing in children and young people.
- The Tartan Rug dashboard should be refreshed annually and comparisons should be made over longer time scales once feasible.
- It is important to note that reducing inequalities will take many years and that sustained attention is required to achieve this.

Drugs and Alcohol in Cheshire East



Substance Misuse JSNA

Short Summary

A Review of Substance Misuse Across Cheshire East

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

What is a Substance Misuse JSNA?

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

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

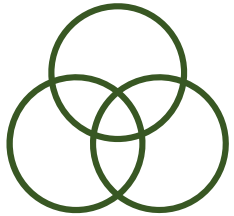
What does it tell us?

1 What substance misuse is

2 The number of people experiencing substance misuse in Cheshire East

3 What services there are to support people experiencing substance misuse

4 What support services are needed but not yet provided



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

What is Substance Misuse?

Substance misuse means the misuse of alcohol or drugs.

Misusing alcohol means drinking at a level which is harmful to you or other people. Drinking is harmful when it leads to health problems, like injury, liver disease or depression. Drinking a lot can also cause relationship problems[1].

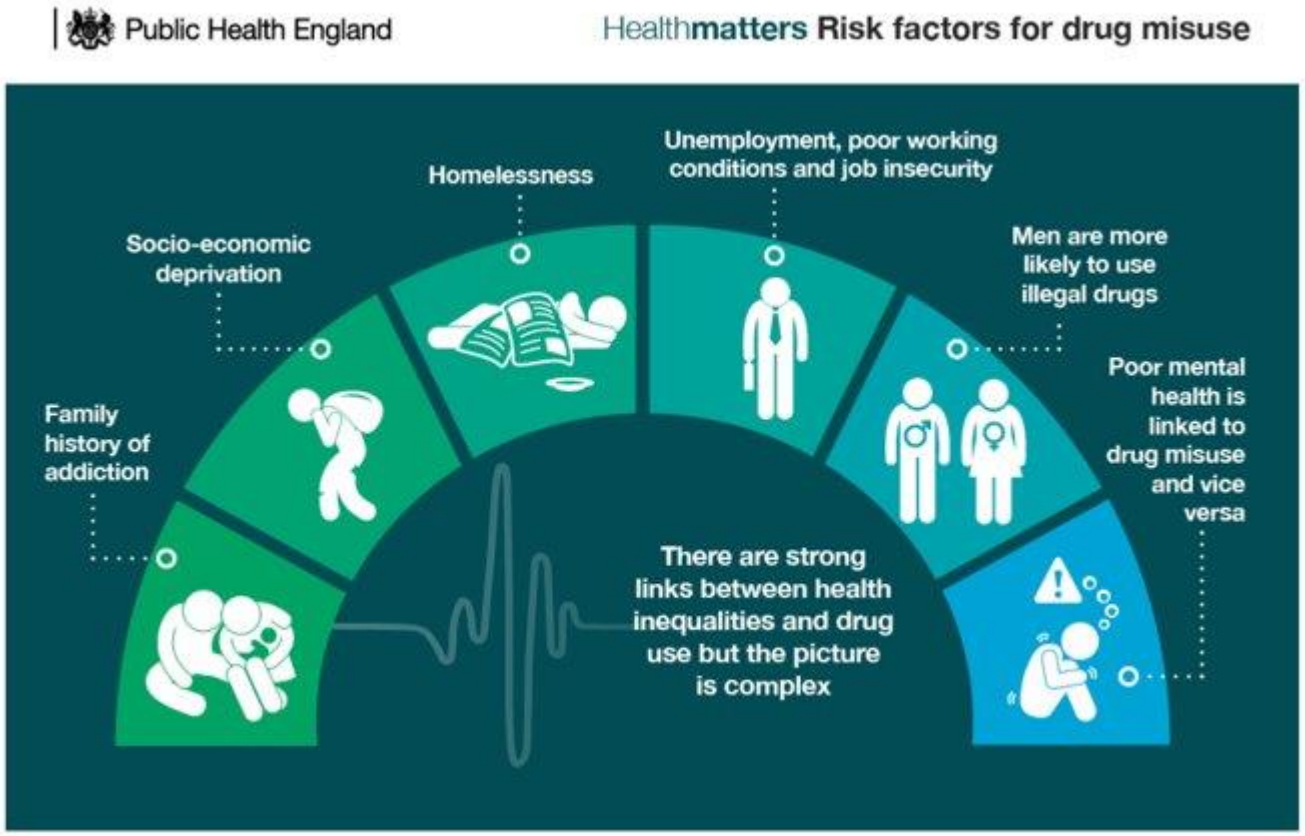
Misuse of drugs involves legal and illegal drugs, including performance enhancing drugs (like steroids), opiates (like heroin), non-opiates and prescription drugs (like sleeping tablets or pain killers) when taken in a way not recommended by a doctor or the company that made them.

Substance misuse can affect anyone, but some people are more at risk than others.

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

1. NICE (2011) Clinical Guideline 115, Alcohol-use disorders, diagnosis, assessment and management of harmful drinking (high risk drinking) and alcohol dependence, Harmful drinking (high-risk drinking) and alcohol dependence | Information for the public | Alcohol-use disorders: diagnosis, assessment and management of harmful drinking (high-risk drinking) and alcohol dependence | Guidance | NICE [accessed 3rd August 2023]

What we know about risk factors for drugs



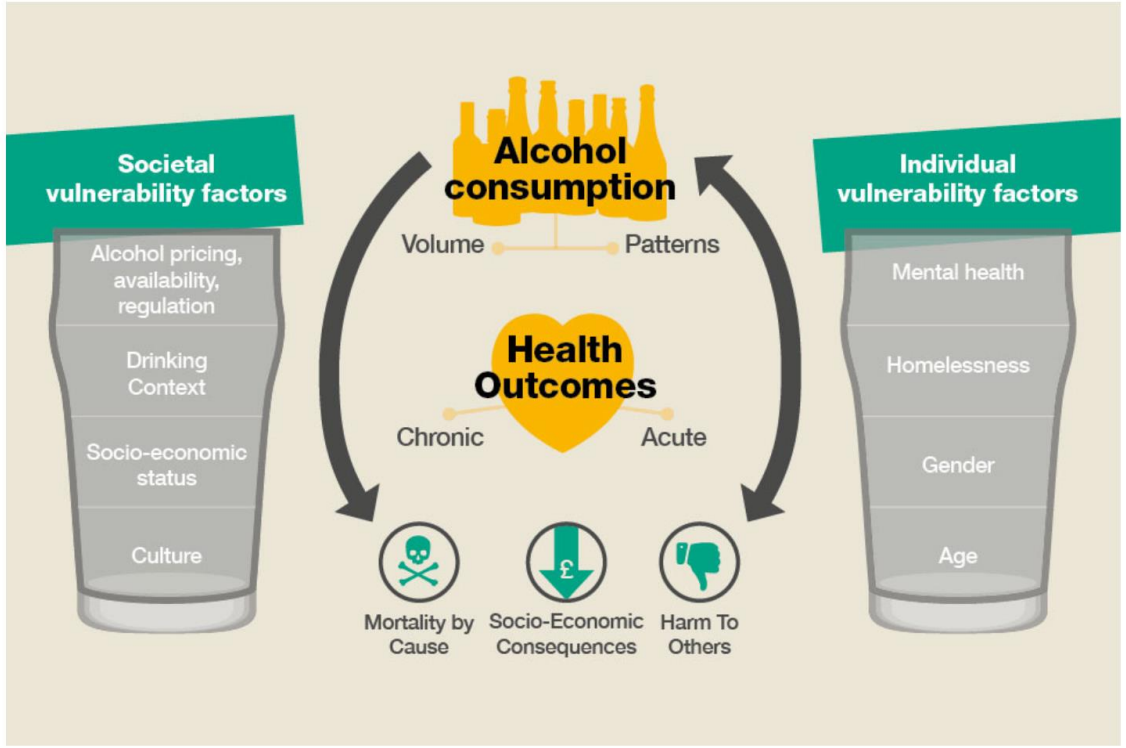
People's risk of misusing drugs varies by who they are, where they live, what they do for a living, friends, family and wider community.

People who struggle with debt, poverty, unemployment, housing problems and mental and physical illness, are more at risk.

Children are affected by their parents' drugs misuse and some people suffer with other issues linked to substance misuse, such as crime.

PHE Health matters: preventing drug misuse deaths, Sept 2017 https://www.gov.uk/government/publications/health-matters-preventing-drug-misuse-deaths/health-matters-preventing-drug-misuse-deaths

What we know about risk factors for alcohol



PHE Health Matters, 2016, Harmful drinking and alcohol dependence, Health matters: harmful drinking and alcohol dependence - GOV.UK (www.gov.uk) [accessed 27th June 2023]

The earlier someone first tries alcohol, the more likely they are to misuse it as an adult.

Children can be affected by their parents' alcohol misuse and are more likely to develop alcohol problems themselves.

Young people are more likely to binge drink, but people in middle age are more likely to drink at harmful levels.

Males, people with mental health problems, people on low incomes or who are unemployed, and people who are homeless or live in poor housing are more likely to have problems with alcohol.

Drinking large volumes of alcohol is linked to availability, pricing and regulation, and also if it is normal for friends and family.

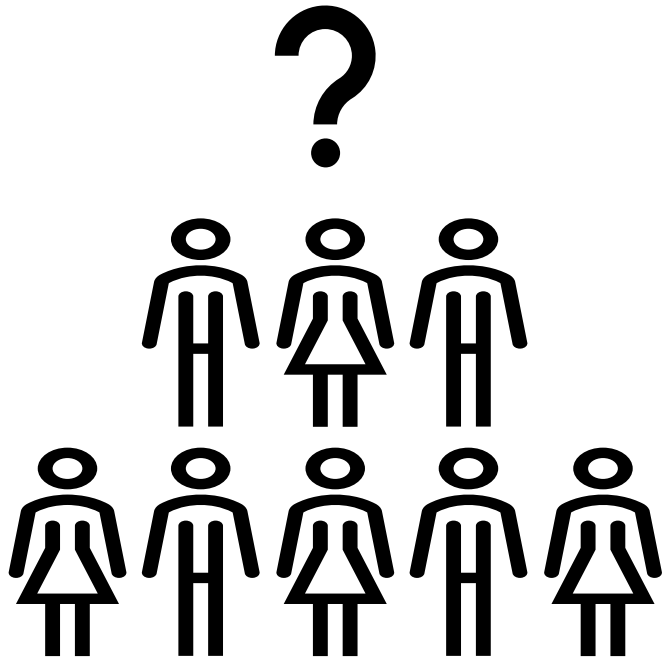
How many people do we think might have drug or alcohol problems across Cheshire East?

We know very little about people in Cheshire East who misuse alcohol and drugs unless they have to go to hospital because of them or ask for help to stop using them.

Some people in Cheshire East drink alcohol at levels that harm their health; some of them are dependent on alcohol.

We think that 3 in 4 of those who are dependent on alcohol are NOT getting treatment.

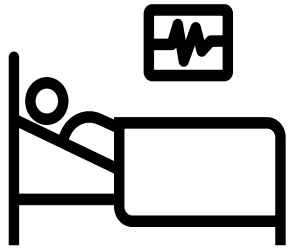
Of residents who have a problem with heroin or crack cocaine, we think that just over half are getting treatment.



What does substance misuse mean for Cheshire East?

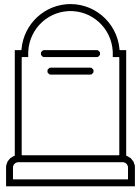
Ill Health

- Both adults and young people in Cheshire East have higher rates of hospital admission for problems caused directly by alcohol and drugs than in other areas of the country.
- Also, when considering hospital admissions for problems caused directly and indirectly by alcohol and drugs, there are higher rates in some areas of Crewe, Macclesfield, Nantwich, and also Alsager and Middlewich.
- Many people in Cheshire East who struggle with substance misuse also have problems with their mental health.



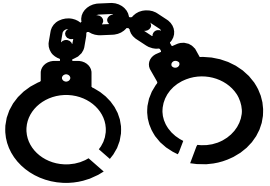
Death

- Death rates from substance misuse have increased since 2001-03. In Cheshire East, they are lower than in other places, but we may be storing up problems for the future.

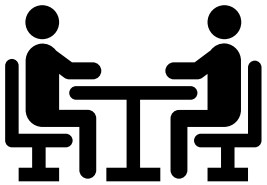


Crime

- Some people in Cheshire East commit crime to pay for drugs and alcohol. They often do not get the help they need for their substance misuse when they are in prison or when they are released.
- Vulnerable children and adults, and wider communities in Cheshire East have been harmed by county lines and organised crime groups.



What we know about people who are getting treatment in Cheshire East



- About half of service users are unemployed when they start treatment.
- Around 1 in 20 have a housing problem, which is better than nationally.
- People in drug treatment who have other issues such as homelessness and unemployment are less likely to complete treatment successfully.
- National data shows that people in treatment are more likely to have a disability; often these are mental or behavioural disabilities.
- People in treatment are more likely to smoke, but few are offered help to quit smoking.
- People who enter substance misuse treatment in Cheshire East are more likely to complete the treatment than in other parts of the country.

What support is currently available?

Residents with drug or alcohol problems are not alone.

There is a range of support across Cheshire East which we want more of our residents to reach out to:

- On-line support via NHS UK and the local Live Well offer.
- Change Grow Live (CGL) offers services for anyone affected by drugs or alcohol.
- Reach Out and Recover (ROAR), based in Macclesfield, provides 24-month residential support for people struggling with addiction and other issues.
- Residents can also seek support through their doctor's surgery if the above services have not helped or if they have a related health issue.

What are the gaps and who needs more support?

- We need to make sure that people who have problems with drug and alcohol misuse as well as mental health problems can access services.
- We need to identify and support people who drink alcohol at harmful levels.
- We need to make sure that people who commit crime and go to prison because of drugs can access the support they need.
- We need to help people who have been using drugs and alcohol for a long time and have not been successful in treatment.
- We need to help people who have chaotic lifestyles and problems with alcohol and drugs to access treatment.
- We need to help people who have substance misuse issues and smoke to quit smoking.
- Where funding cuts have created a deficit in support, we need to find ways to provide services for the right people in the right places.

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

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

- Help children and young people and their families to make the right choices about drugs and alcohol.
- Identify people in Cheshire East who are drinking alcohol at harmful levels and require support.
- Identify people in Cheshire East who are misusing drugs and require support.
- Understand why some people are more likely to misuse substances and offer them tailored support.
- Ensure that appropriate services are available for people who misuse alcohol and drugs, and have mental health problems.
- Support areas where drug related crime is harming residents.
- Identify people in prison and probation services who need more support to stop misusing alcohol and drugs.

Additional Resources

Here are some links to help you or someone you know

For information about local services and support, try

- Live Well Cheshire East Live Well Cheshire East

For advice and support, try

- Change Grow Live (CGL) Change Grow Live | Charity | We can help you change your life

For general information, try

- The NHS website - NHS (www.nhs.uk)

Or if the above do not help, or you have a related health issue as well, you can seek support through your doctor's surgery.

JSNA Light Touch Review:

Substance Misuse

Executive summary

June 2023

Please see the full report for more details and references

Open Fair Green

Cheshire East Council

Introduction

- Substance misuse in this Joint Strategic Needs Assessment (JSNA) refers to the misuse of alcohol and drugs.
- Misuse of drugs encompasses legal and illegal drugs, including performance enhancing drugs, opiates, non-opiates and prescription drugs when taken in a way not recommended by a GP or the manufacturer.
- The JSNA does not consider nicotine (refer to the Smoking JSNA) or other substance misuse, for example, solvent abuse.
- The review was identified to be a priority by the Cheshire East JSNA steering group. It was undertaken as part of the 2022/23 work programme.
- This review considers changes in patterns of need and provision over recent years and for the first time covers changes since the Covid-19 pandemic.
- The review builds upon the previous drugs and alcohol JSNA published in 2018.
- The content of this review has also been shaped by the creation of the Cheshire East Combating Drugs Partnership (see next slide).

Cheshire East Combating Drugs Partnership

The Cheshire East Combating Drugs Partnership has been convened as a multi-agency response to the Government's drugs strategy, *From harm to hope: A 10-year drugs plan to cut crime and save lives*[1].

The strategy relies on co-ordinated action across a range of local partners including enforcement, treatment, recovery and prevention and requires a partnership approach to deliver the following strategic priorities:

- Break drug supply chains
- Deliver a world-class treatment and recovery system
- Achieve a shift in demand for drugs

Highlighted functions of the Cheshire East Combating Drugs Partnership relevant to this review include:

- To provide oversight of the Substance Misuse Joint Strategic Needs Assessment (JSNA) and its recommendations
- To ensure that the action plan and JSNA are used as the basis for strategic decisions and the identification of priorities for the commissioning and delivery of services relating to substance misuse

A further local priority will be to understand and explicitly address the co-occurrence of substance misuse with mental illness and other complex issues.

1. HM Government (2021) From harm to hope: a 10 year drugs plan to cut crime and save lives. From harm to hope: a 10-year drugs plan to cut crime and save lives (publishing.service.gov.uk) [accessed 20 February 2023]

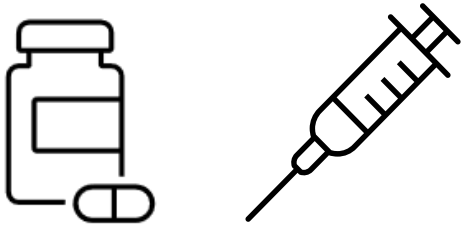
What were our recommendations following this review?

Recommendations – alcohol misuse

We are seeing worsening rates of alcohol-specific admissions across Cheshire East. To address this, we need to:

- Understand the distribution of risk factors, alcohol consumption, accessibility and pricing across Cheshire East to identify more susceptible groups and geographies.
- Reach children and families to promote protective factors and address risk factors early (before age 15) through universal and targeted services:
  - Ensure they can reach support on both wider issues through schools/family hubs/ GPs/social prescribers and other family settings.
  - Ensure those that have disclosed a problem receive prompt, holistic advice through a variety of media.
- Consider more intensive prevention approaches in parts of Crewe, Macclesfield, Nantwich and Rural, and SMASH (Sandbach, Middlewich, Alsager, Scholar Green and Haslington) Care Communities. Alcohol attributable hospital admissions data suggests that the Crewe 6 wards are of particular concern (also identified in the Crewe JSNA).
- Understand the barriers to seeking and accepting treatment. Explore learning from people with lived experience to improve treatment pathways and support.
- Work on breaking down the stigma in seeking help for alcohol. Synergise with regional Cheshire and Merseyside Public Health Collaborative (CHaMPs) campaigns.
- Ensure that clear pathways are in place and signposted to optimise the services available, including brief intervention and discharge from hospital.
- For those in treatment, we need to continue to support people back into employment, housing and to quit smoking.
- Provide tailored outreach treatment options for our homeless population.
- Further explore the impact of alcohol attributable hospital admissions on the NHS and wider community including economic impact.
- Regularly monitor a small group of indicators in the longer term.

Recommendations – drug misuse



Across Cheshire East we need to:

- Understand the distribution of risk factors and use across Cheshire East to identify more susceptible groups and geographies.
- Understand the barriers to seeking and accepting treatment. Explore learning from people with lived experience to improve treatment pathways and support.
- Provide tailored outreach treatment options for our homeless population.
- Ensure that clear pathways are in place to optimise the services available.
- Reach our young people in appropriate settings with timely advice regarding substance misuse, protective factors, support with wider social issues, and support with treatment where needed. Advice on drugs should include highlighting the dangers of nitrous oxide.
- Raise awareness of county lines activity and how to stay safe or seek advice with concerns is particularly important amongst our vulnerable children and adults.
- Better understand our rates of drug-related crimes and in those areas with the highest rates, develop a comprehensive evidence-based approach to reduce rates.
- For those in treatment:
  - We need to provide holistic support to their families where children live within their households
  - We need to continue to support people back into employment, housing and to quit smoking.
- Improve response to misuse of emerging types of drugs and help people addicted to prescription medicines.
- Regularly monitor a small group of indicators in the longer term.

A wide range of support is available but there are gaps

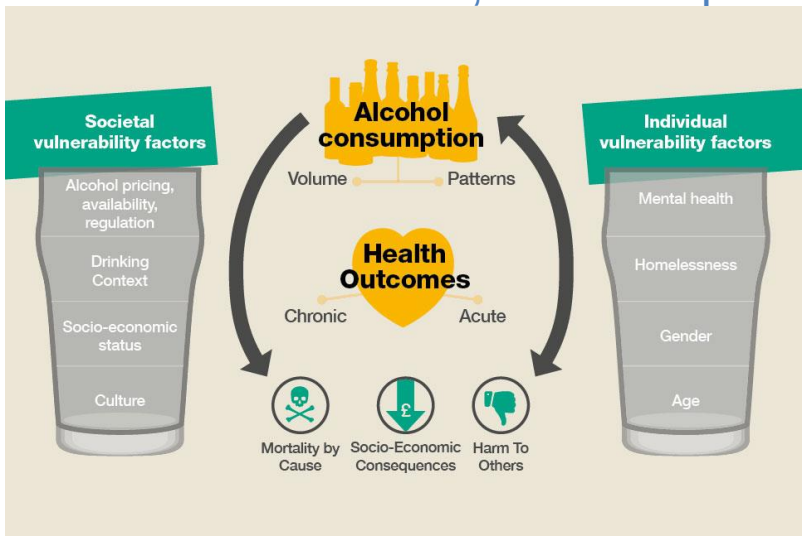
- People who have co-existing substance misuse and mental health issues can fall between services and struggle to access support.
- Improvements need to be made in identifying and supporting those who drink at harmful levels but are not dependent on alcohol.
- There is a lack of ongoing support for some of those involved with the criminal justice system. Those with shorter sentences may not be getting sufficient access to treatment and ongoing access to community treatment following release.
- There needs to be more support for long-term users who have not responded to or not been successful with initial treatment.
- People with multiple risk factors or chaotic lifestyles may have additional difficulties accessing treatment.
- Funding cuts over the last few years have created an overall deficit in support.

What were the findings that led to these recommendations?

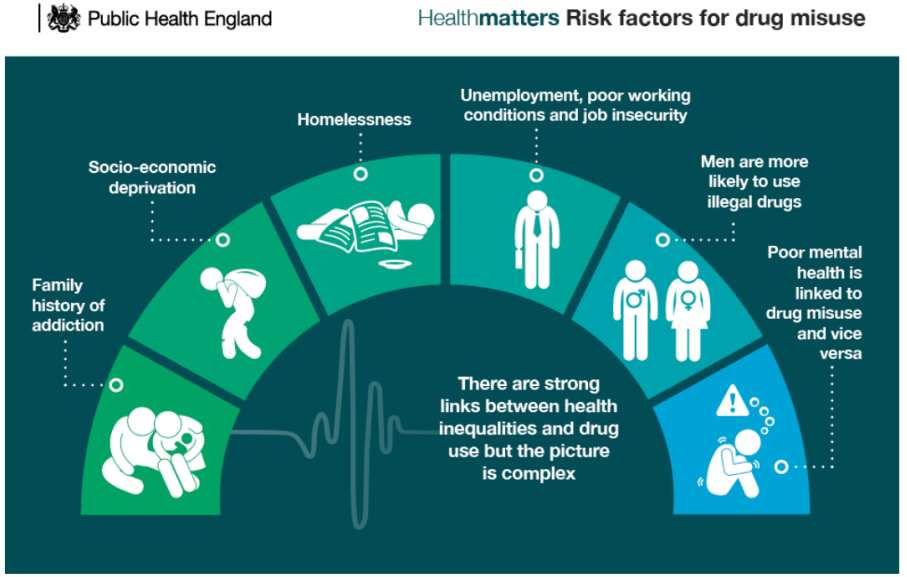
Risk factors - What makes some people more susceptible?

Substance use is a source of health inequality, and some research suggest that this is greater than the impact of socioeconomic inequality [1]

All people who misuse substances, whether alcohol or drugs, risk acute substance-related harms. However, the factors that lead to longer-term problems such as substance use disorders are complex. These include: who you are; where you live; what you do for a living; how you see yourself; your relationships; how you interact with the world; laws and policies.



Many of the risk factors are the same for alcohol and drugs. These factors are complex and interact with each other to benefit or disadvantage a person or groups of people.
People may become more susceptible to risk factors at transition stages in their lives.



National data indicates that age affects the type of product you use; whereas availability and pricing of products may increase the likelihood of moving into harmful and dependent use.

1. Advisory Council on the Misuse of Drugs report - What are the risk factors that make people susceptible to substance misuse problems and harms?, Dec 2018 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/761123/Vulnerability_and_Drug_Use_Report_04_Dec_.pdf
2. PHE Health matters: preventing drug misuse deaths, Sept 2017 https://www.gov.uk/government/publications/health-matters-preventing-drug-misuse-deaths/health-matters-preventing-drug-misuse-deaths

Risk factors for substance misuse in Cheshire East

We only know about the people who have sought and accepted treatment. Understanding the pattern of use in the wider community, particularly in the vulnerable groups, and the barriers to seeking and accepting treatment will help minimise future treatment need.

who you are

- **Gender**: Alcohol admissions and deaths are always significantly higher for males than for females[1]. Service users in Cheshire East were more
- likely to be male[2,3].
- **Ethnicity:** New presentations to treatment services in Cheshire East were more likely to be white British, white Irish or other white[2,3].

National data indicates that being Black makes you more susceptible for non-opiate (cannabis) misuse.

where you live; what you do for a living

- **Housing and homelessness**: Service data shows that a smaller percentage of clients have a housing need

at the start of treatment in Cheshire East compared to the national average[2,3].

- **Deprivation and household income**: Cheshire East is relatively affluent, but this conceals pockets of deprivation[5].
- Approximately half of all service users are unemployed or economically inactive when they start treatment[2,3].

"Homelessness and substance use are mutually reinforcing problems, often occurring with and exacerbated by mental ill health and physical health needs"7.

how you see yourself; your relationships; how you interact with the world

- **Social networks**: Social connections may influence a person's risk of alcohol dependency, and their ability to respond to treatment[6].

Survey data indicated that our adults have a high level of satisfaction with their lives; only 4.5% reported low satisfaction[1].

- **Mental wellbeing**: 79% of service users entering drug treatment were identified as having a mental health need, 82% of those received treatment; higher than for England[3]. Many with co-existing mental health, fall between services, unable to access NHS mental health services due to alcohol or drug use and excluded from local authority substance misuse services due to severe mental illness[7].

1. Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2023. Local Alcohol Profiles for England - Data - OHID (phe.org.uk) [accessed 16th June 2023]
2. OHID/NDTMS Adult Drug Commissioning Support Pack, 2023-24, Cheshire East
3. OHID/NDTMS Adult Alcohol Commissioning Support Pack, 2023-24, Cheshire East
4. Adult substance misuse treatment statistics 2021-2022 https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2021-to-2022
5. English indices of deprivation 2019 (IMD2019) ttps://www.gov.uk/government/statistics/english-indices-of-deprivation-2019
6. Understanding local needs for wellbeing: data measures and indicators scoping report co-commissioned by the ONS and Public Health England (PHE), Nov 2017 https://whatworkswellbeing.org/resources/understanding-local-needs-for-wellbeing-data/
7. Black, C. 2020 Evidence relating to drug use, supply and effects, including current supply and future risks, p.90 PowerPoint Presentation (drugsandalcohol.ie) [accessed 9th June 2023]

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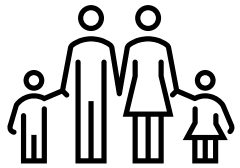
Risk factors for substance misuse in children and young people in Cheshire East



Early life experiences and influences greatly affect a child/young person's ability to deal with stress, affect their mental wellbeing, how well they socialise and their susceptibility to risk-taking behaviours such as drug and alcohol use.

- **Addiction within the family**: Service data indicates that 24.1% of alcohol users and 8.5% of opiate users new to treatment were living with children. Those in non-opiate treatment are more likely to be living with children (36.6%) compared to the national average (25.7%)[1].
- Almost a third of new presentations to treatment were parents who did not live with children[2].
- A high proportion of parents with substance misuse issues are not known to services[2].
- **Age at initiation** of substance use: All young people who accessed the Cheshire East Substance Misuse Service began using their main substance under the age of 15 years[3].
- **Adverse Childhood Experiences (ACEs):** A child's economic status, family history, and the kind of community they grow up in all come into play. ACEs impact on a young person's self-worth and mental health resilience and ultimately lead to risk taking behaviours including substance misuse. Cheshire East is performing better or similar to England on factors that make a child more likely to experience an ACE.[5]

1. Domes Q4 2021/2022 Report, NDTMS
2. Public Health England/NDTMS, Parents with problem alcohol and drug use: Data for England and Cheshire East, 2019 to 2020
3. Young People Substance Misuse JSNA Support Pack 2017/18
4. Office for Health Improvement & Disparities. Public Health Profiles. Available from: https://fingertips.phe.org.uk © Crown copyright 2022. Local Alcohol Profiles for England - Data - OHID (phe.org.uk) [accessed 23rd June 2023]

Significant numbers of Cheshire East residents misuse drugs or alcohol, many of whom are not in treatment

An estimated 14,000 residents across Cheshire East are higher risk drinkers and 3,500 are alcohol dependent, yet only 815 (23.5%) of these are engaged in treatment[1,2,3].

- **This means that nearly 77% of those who are thought to be alcohol dependent are not receiving an intervention**[3]

An estimated 1,400 residents are thought to have a substance misuse issue involving opiates or crack cocaine (OCU), with 860 (62%) engaged in treatment[4,5].

- **This means that there is unmet need of 38% for OCU**[5]

An estimated 21,000 16-74-year-olds across Cheshire East may have used drugs in the past year, with cannabis being the most commonly used drug in 16-59-year-olds[6].

1. Local Alcohol Profiles, Topography of drinking behaviours, Liverpool John Moores University, 2011, applied to mid-2020 population aged 16+
2. Estimates of the number of adults in England with an alcohol dependency potentially in need of specialist treatment, University of Sheffield
3. OHID/NDTMS Adult Alcohol Commissioning Support Pack, 2023-24, Cheshire East
4. Estimates of Opiate and Crack Cocaine Prevalence, Liverpool John Moores University, PHE, September 20172018/19
5. OHID/NDTMS Adult Drug Commissioning Support Pack, 2023-24, Cheshire East
6. National Crime Survey for England and Wales, Drug misuse in England and Wales - Office for National Statistics (ons.gov.uk) [accessed 20 March 2023]

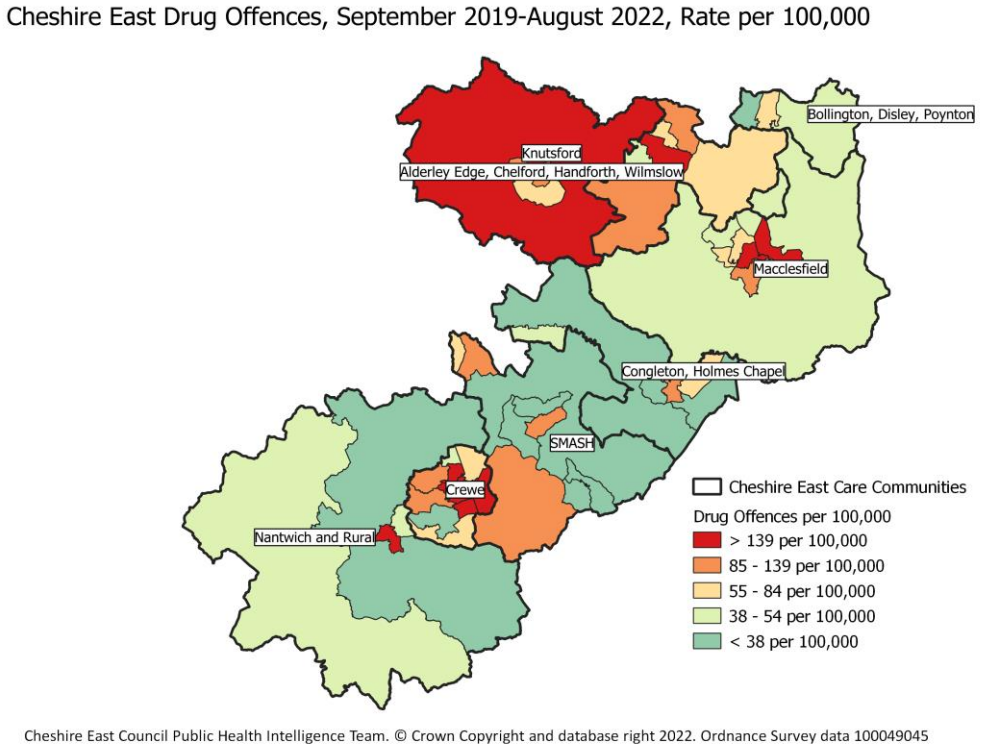
Estimated prevalence of substance misuse in children and young people

- Estimates suggest that **approximately 1,100 boys and 1,200 girls aged 11-15 may have taken drugs** in the past year across Cheshire East[1].
- **Up to 7,000 16–24-year-olds in Cheshire East are estimated to have taken drugs in the past year,** with cannabis the main drug of choice, followed by nitrous oxide and ketamine[2].
- In Cheshire East, all **young people known to substance misuse services started using their main substance before the age of 15**[3].
- **Cheshire East was significantly worse than England for the proportion of 15 year olds who had ever drunk alcohol and the proportion who had been drunk in the previous week[4].**
- According to a recent survey of 14–17-year-olds in Cheshire East by Trading Standards[5]:
  - **around half viewed drinking alcohol as normal and fun and did not perceive any health risks**
  - **6% drank alcohol once a week and a further 6% drank alcohol twice or more per week; 7% claimed to binge drink,** a figure that has remained stable for some time
  - **young people drank alcohol predominantly at home**
  - **there has been an increase in the percentage of young people buying alcohol for themselves since 2020**
- A recent health needs assessment for Cheshire Youth Justice Services (YJS) found that the prevalence of substance misuse was higher among young people entering the criminal justice system and that earlier support might have prevented them from offending in the first place[6].

1. Smoking, Drinking and Drug Use among Young People in England, 2021, Smoking, Drinking and Drug Use among Young People in England,
2. Crime Survey for England and Wales, Drug misuse in England and Wales - Office for National Statistics (ons.gov.uk) [accessed 20 March 2023]
3. NDTMS, Young People Substance Misuse JSNA Support Pack 2017/18
4. Office for Health Improvement & Disparities. Public Health Profiles. Available from: https://fingertips.phe.org.uk © Crown copyright 2023. Child and Maternal Health - Data - OHID (phe.org.uk) [accessed 20th February 2023]
5. Trading Standards North West Young Persons Survey 2023 – Cheshire East Report.
6. Public Health Institute, Liverpool John Moores University. Cheshire Youth Justice Services Health Needs Assessment – full technical report (March 2023)

Substance misuse and crime can be linked and rates of drug-related crime vary across Cheshire East

- The highest rates of drug offences between September 2019 and August 2022 were seen in parts of **Crewe, Nantwich, Macclesfield, Wilmslow and Knutsford Rural[1],** but it is important to note that drug offences are only a small proportion of drug-related crime.
- **Drug use is a factor in half of all homicides nationally[2].**
- As of March 2022, Cheshire Constabulary believed that nine organised crime groups (OCGs) and 17 county lines gangs were having an impact on Cheshire East, with 9 of these having links to child criminal exploitation (CCE)[3].
- Probation services have prioritised substance misuse and mental health need[4].



1. data.police.uk (Police API Documentation | data.police.uk)
2. HM Government (2021) From Harm to Hope: a 10 year drugs plan to cut crime and save lives. From harm to hope: a 10-year drugs plan to cut crime and save lives (publishing.service.gov.uk) [accessed 21 March 2023]
3. Cheshire Constabulary, Serious and Organised Crime Local Profile 2021/11, Cheshire East
4. Information received from David Teese, HM Prisons and Probation, 28th April 2023

Certain protected characteristics are more prevalent among the service user population

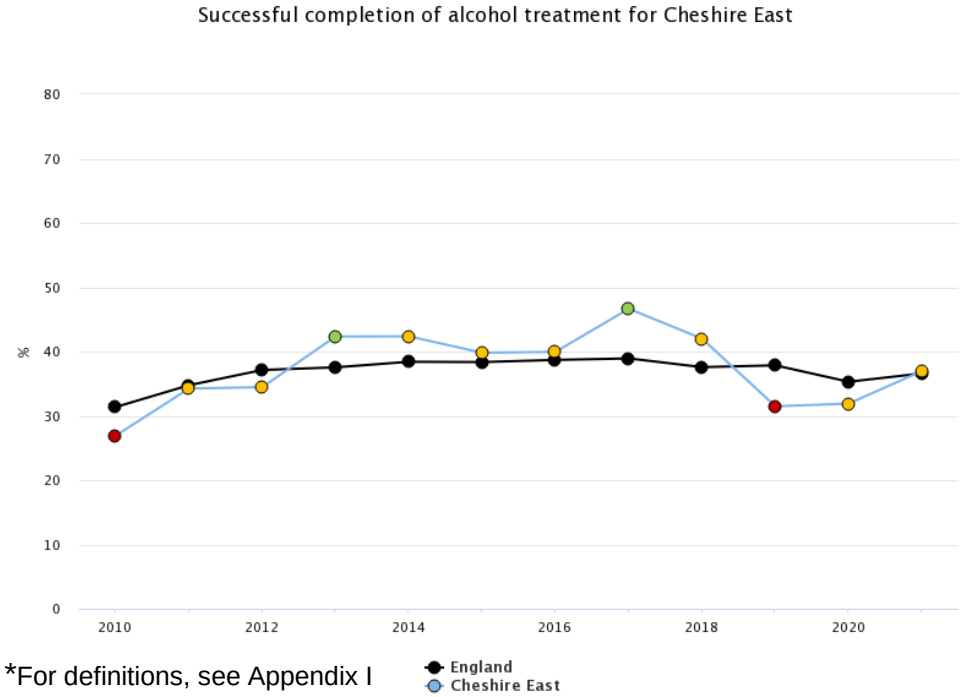
- **Service users in England reported a higher level of disability than the general population; behaviour and emotional (15.5%) was the most reported disability**, followed by mobility and gross motor problems (5.9%), progressive conditions and physical health (5.3%) and learning disability (3.1%)[1,2].
- In Cheshire East in 2021/22 79% of new presentations to drug treatment and 83% of new presentations to alcohol treatment had an identified mental health need[3]. A higher proportion of service users in Cheshire East had their identified mental health needs addressed than the England average[3,4].
- New presentations to drug treatment in Cheshire East were predominantly white British (87%), 3% gave their ethnicity as 'other white' and 1% as 'white and black Caribbean', but ethnicity was unknown or not given for 7%[3]. New presentations to alcohol treatment were more likely to be white British (89%), with 6% giving their ethnicity as 'other white' and 1% as 'white Irish'; 3% was 'unknown'[4]. In England as a whole, 82.6% of all people in treatment were white British and 4.3% 'other white'[1].
- **Service users in Cheshire East were more likely to be male,** with males making up 69% (61% for alcohol and non-opiate, 69% for non-opiate and 71% for opiate) of the drug treatment population and 55% of the alcohol treatment population[3,4]. This is similar to the England average.

Unfortunately, whilst we have a reasonable understanding of protected characteristics in relation to substance misuse treatment services, we know much less about people who misuse alcohol and/or drugs and are not in treatment. This is particularly important for alcohol, where most people who drink at harmful levels or are alcohol dependent are not in treatment.

1. Adult substance misuse treatment statistics 2021-2022 https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2021-to-2022
2. 2021 Census. Disability in England and Wales, 2021 - Office for National Statistics (ons.gov.uk)
3. OHID/NDTMS Adult Drug Commissioning Support Pack, 2023-24, Cheshire East
4. OHID/NDTMS Adult Alcohol Commissioning Support Pack, 2023-24, Cheshire East

Successful completion rates for drug and alcohol treatment in Cheshire East are better than or similar to the England average

- The graph opposite shows that alcohol treatment completions have been increasing since 2010, despite a dip in 2019[1].
- Also, more complex* service users were less likely to complete treatment successfully. In 2020/21, Cheshire East had a higher proportion of successful completions by complex service users than England[2].
- Opiate service users remain in treatment longer than non-opiate service users and alcohol service users. A typical treatment journey for an alcohol or non-opiate service user is less than 12 months, whereas opiate service users may remain in treatment for a number of years[2].
- In Cheshire East in 2020/21, 11% of opiate service users returned to treatment within 6 months of completing a previous course of treatment (re-presentation rate); this was 4% for non-opiate clients and 6% for alcohol clients[2].



*For definitions, see Appendix I

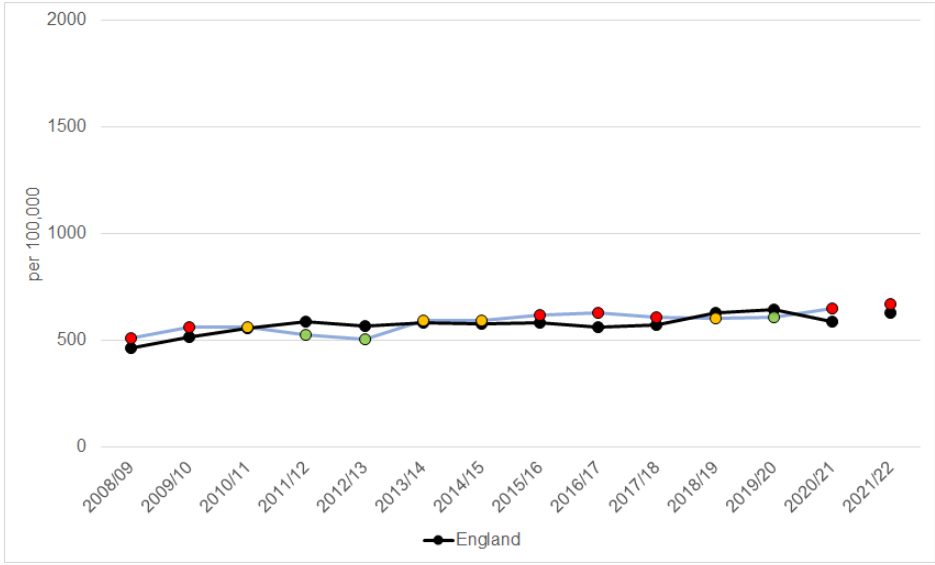
- In Cheshire East, high proportions of drug and alcohol service users require smoking cessation support. High risk drinkers are more likely to smoke and their attempts to quit smoking are less likely to be successful[3]. However, smoking cessation support has generally not been offered.
- Reach Out and Recover (ROAR) is a not-for-profit organisation based in Macclesfield that provides inpatient rehabilitation for those with addictions and other issues in. The number of people in Cheshire East who access inpatient provision is low[4,5]

1. Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2023. Public health profiles - OHID (phe.org.uk) [accessed 21 March 2023]
2. NDTMS, Recovery Diagnostic Toolkit 2021.
3. Office for Health Improvement and Disparities, Tobacco Control Dashboard. © Crown Copyright 2022 [accessed 17th February 2023]
4. OHID/NDTMS Adult Drug Commissioning Support Pack, 2023-24, Cheshire East
5. OHID/NDTMS Adult Alcohol Commissioning Support Pack, 2023-24, Cheshire East

There are several worrying trends for substance misuse related morbidity in Cheshire East:

- Cheshire East has **higher rates of alcohol-specific hospital admissions** than the England average and this rate has been steadily increasing since 2008/9[1] (see graph opposite)*.
- Alcohol-specific hospital admissions in under-18-year-olds are also significantly worse than the national average[2].
- **Rates of alcohol-related admissions** vary across Cheshire East with higher rates seen in the **"Crewe Six"** wards and other wards in Middlewich, Nantwich and Macclesfield[3].
- The **rate of hospital admissions due to substance misuse in children and young people aged 15-24 has been increasing** and is significantly worse than the England average[4].
- Hospital admissions for drug poisoning are significantly worse than the national average. This is an important predictor of future fatal overdose[5].
- There has been a slight upward trend in the percentage of eligible service users who receive a Hepatitis C test in Cheshire East, but this remains significantly below the England average[6]. **This means that service users in Cheshire East are potentially missing out on interventions to prevent future liver disease.**

Rate of hospital admissions for alcohol specific conditions in Cheshire East[1]



* Note: Rates for 2021/22 cannot currently be compared with earlier data as 2021 Census population data has been used. Rates for earlier years will be re-calculated once re-based ONS population figures are published. Local Alcohol Profiles for England - Data - OHID (phe.org.uk)

1. Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2023. Local Alcohol Profiles for England - Data - OHID (phe.org.uk) [accessed 19th May 2023]
2. Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2023. Local Alcohol Profiles for England - Data - OHID (phe.org.uk) [accessed 23rd January 2023]
3. Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2023. Local Alcohol Profiles for England - Data - OHID (phe.org.uk); Local Health - Small Area Public Health Data - Data - OHID (phe.org.uk) [accessed 21 March 2023]
4. Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2023. Public health profiles - OHID (phe.org.uk) [accessed 23rd January 2023]
5. Adult Drug Commissioning Support Pack: 2023-24: Key Data (NDTMS)
6. OHID, Fingertips, Public health profiles - OHID (phe.org.uk),[accessed 2 February 2023]

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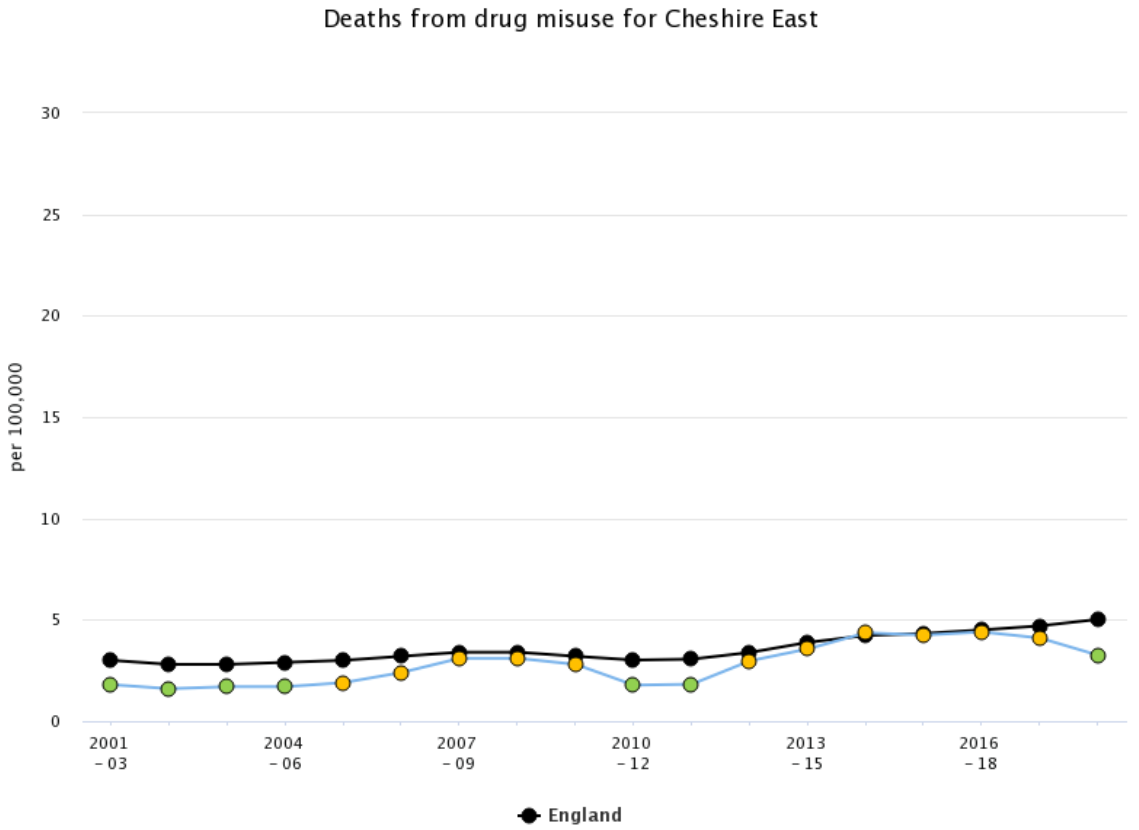
Substance misuse related mortality in Cheshire East is generally better than the national average but this conceals local differences

- **Nationally, mortality rates due to drug use have increased** since 2001-3. This has also been the case in Cheshire East, although rates are significantly below the England average (see graph opposite[1]).
- Between April 2019 and March 2022, Cheshire East experienced 38 deaths in drug treatment which is the same as the number expected[2].
- Whilst alcohol-specific mortality has not increased and is similar to the England average, higher rates are seen in **Nantwich and Rural, SMASH and Crewe**. However, these rates are not statistically significantly different[3,4].
- Parental substance misuse has also contributed to the deaths of infants and children in Cheshire East[5].
- **Further analysis of admissions data would help to determine the likelihood of increased treatment need and deaths in the future.**



1. Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2023. Public health profiles - OHID (phe.org.uk) [accessed 23rd January 2023]
2. Alcohol and drug misuse and treatment statistics - GOV.UK (www.gov.uk) [accessed 26th May 2023]
3. Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2023. Public health profiles - OHID (phe.org.uk) [accessed 23rd January 2023]
4. Cheshire East Public Health Intelligence Team. Directly standardised mortality rates calculated from the Primary Care Mortality Database (PCMD), ONS mid year population estimates.
5. Pan-Cheshire Child Death Overview Panel. Annual Report.1st April 2021 – 31st March 2022

There are a variety of sources of support for people experiencing substance misuse use across Cheshire East

- There is a **comprehensive service offer from CGL for both drugs and alcohol[1].** The service supports a much higher proportion of those predicted to misuse opiates and crack cocaine than those predicted to misuse alcohol[2,3].
- There is a range of **digital support** via NHS UK and the local Live Well offer[4].
- Residents can also seek **support with wider social challenges**, and life issues via social prescribers and through core medical services.
- Reach Out and Recover (ROAR) is a not-for-profit organisation based in Macclesfield that provides inpatient rehabilitation for those with addictions and other issues. The number of people in Cheshire East who access inpatient provision is low[2,3].

1. Change, Grow, Live (CGL), https://www.changegrowlive.org/
2. Adult Drug Commissioning Support Pack: 2023-24: Key Data (NDTMS)
3. Adults Alcohol Commissioning Support Pack: 2023-24: Key Data (NDTMS)
4. https://www.cheshireeast.gov.uk/livewell/livewell.aspx

The impact of the COVID-19 pandemic on alcohol use has been variable

National research has found:

- Lockdown restrictions led to some changes in people's drinking behaviour[1]. Increases in off-trade sales were largely off-set by decreases in on-trade sales (due to closures in hospitality), but many people were drinking more units on more occasions[2,3].
- Higher risk and dependent drinking increased during periods of Covid-19 lockdown compared with pre-pandemic[4,5,6]. There is also evidence that lockdown led to a polarisation of drinking behaviours, with similar numbers of people drinking more as cutting down or abstaining altogether[7]. Since those considered to be the heaviest drinkers pre-pandemic were more likely to have increased their drinking during periods of lockdown, this is likely to have increased their risk of developing alcohol related health problems in the future[7,8,9].
- Some people's drinking behaviour may have been disproportionately affected by the pandemic, including women, people of white ethnicity, those living in deprived communities, and people with co-existing mental health conditions[4,10,11,12,13].

1.Hardie I, Stevely AK, Sasso A, Meier PS, Holmes J. (2022) **The impact of changes in COVID-19 lockdown restrictions on alcohol consumption and drinking occasion characteristics in Scotland and England in 2020: an interrupted time-series analysis.** Addiction. 2.117:1622–39. https://doi.org/10.1111/add.15794

Anderson P, O'Donnell A, Jane Llopis, E, Kaner, E (2022). **The COVID-19 alcohol paradox: British household purchases during 2020 compared with 2015-2019**. *PLoS ONE [Electronic Resource]* 17(1) e0261609. 10.1371/journal.pone.0261609

3.Richardson E, Mackay D, Giles L, Lewsey J, Beeston C. (2021) **The impact of COVID-19 and related restrictions on population-level alcohol sales in Scotland and England & Wales, March–July 2020. Edinburgh, UK**: Public Health Scotland

4.Jackson SE, Garnett C, Shahab L, Oldham M, Brown J. (2021). **Association of the COVID-19 lockdown with smoking, drinking and attempts to quit in England: an analysis of 2019-20 data**. *Addiction* 116(5) 1233-1244. 10.1111/add.15295

5. Oldham M, Garnett C, Brown J, Kale D, Shahab L, Herbec A. (2021). **Characterising the patterns of and factors associated with increased alcohol consumption since COVID-19 in a UK sample**. *Drug & Alcohol Review* 40(6) 890-899. 10.1111/dar.13256

6. Daly, M & Robinson, E. (2021). **High-Risk Drinking in Midlife Before Versus During the COVID-19 Crisis: Longitudinal Evidence From the United Kingdom**. American Journal of Preventive Medicine 60(2) 294-297. 10.1016/j.amepre.2020.09.004

7. Public Health England (2021). **Monitoring alcohol consumption and harm during the COVID-19 pandemic**. Monitoring alcohol consumption and harm during the COVID-19 pandemic (publishing.service.gov.uk)

8. Alcohol Change UK. (2020). **Research: drinking in the UK during lockdown and beyond.** Available at https://alcoholchange.org.uk/blog/2020/drinking-in-the-uk-during-lockdown-and-beyond (accessed 20th February 2023)

9. Irizar P, Jones A, Christiansen P, Goodwin L, et al. (2021). **Longitudinal associations with alcohol consumption during the first COVID-19 lockdown: Associations with mood, drinking motives, context of drinking, and mental health**. *Drug & Alcohol Dependence 226 108913*. https://dx.doi.org/10.1016/j.drugalcdep.2021.108913

10. Jackson SE, Beard E, Angus C, Field M, Brown J.(2022) **Moderators of changes in smoking, drinking and quitting behaviour associated with the first COVID-19 lockdown in England**. Addiction.117:772–783. https://doi.org/10.1111/add.15656

11. Garnett C, Jackson S, Oldham M, Brown J, Steptoe A, Fancourt D. (2021). **Factors associated with drinking behaviour during COVID-19 social distancing and lockdown among adults in the UK**. Drug & Alcohol Dependence 219 108461. 10.1016/j.drugalcdep.2020.108461

12. Rao, R., Mueller C, Broadbent M.(2022). **Risky alcohol consumption in older people before and during the COVID-19 pandemic in the United Kingdom**. *Journal of Substance Use* 27(2) 212-217. https://dx.doi.org/10.1080/14659891.2021.1916851

13. Sallie SN, Ritou V, Bowden-Jones H, Voon V. (2020). **Assessing international alcohol consumption patterns during isolation from the COVID-19 pandemic using an online survey: highlighting negative emotionality mechanisms**. *BMJ Open* 10:e044276. doi:10.1136/bmjopen-2020-044276

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How we went about this review

We reviewed the previous JSNA and identified what required updating. We then established what additional data was required from a Combating Drugs Partnership perspective.

The working group consisted predominantly of the Public Health Intelligence team, in collaboration with the wider Public Health Team and Commissioning.

There were also contributions from:

- Change Grow Live (CGL)
- Cheshire Constabulary
- HM Prisons & Probation
- Safer Cheshire East Partnership

What questions did this review aim to answer?

1. What is the extent and distribution of alcohol and drug-related harm in Cheshire East, including among those not already known to services as far as possible?
2. What are the patterns of supply and consumption of alcohol and drugs in Cheshire East?
3. What was the impact of the Covid-19 pandemic on alcohol consumption?
4. What are the key challenges in addressing substance misuse across Cheshire East?
5. What assets do we have to address these challenges, including people, groups, physical geography, communities, and services?
6. Are we providing the right services in the right places? Are there any gaps?
7. How can we address these gaps?

What did this review cover?

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

- Risks and protective factors
- Estimated prevalence
- Substance misuse related crime
- Services to support people with substance misuse issues and wider challenges
- Treatment / service delivery
- Substance misuse related ill health and deaths
- The impact of the COVID-19 pandemic

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JSNA Light Touch Review:

Substance Misuse

Full report

June 2023

Open Fair Green

Cheshire East Council

Contents

Introduction

- For the purposes of this JSNA, substance misuse refers to the misuse of alcohol and drugs. Misuse of drugs encompasses legal and illegal drugs, including performance enhancing drugs, opiates, non-opiates and prescription drugs when taken in a way not recommended by a GP or the manufacturer.
- The JSNA will not consider nicotine, which is addressed in the Smoking JSNA, or other substance misuse, for example, solvent abuse.
- The last JSNA review of drugs and alcohol was published in February 2018
- The Cheshire East Joint Strategic Needs Assessment (JSNA) Steering Group has agreed substance misuse to be a priority for a light touch review as part of the 2022/23 work programme.

The context of this JSNA review

- This review considers changes in patterns of need and provision over recent years and for the first time covers changes since the Covid-19 pandemic.
- Another important development has been the formation of the Cheshire East Combating Drugs Partnership. Wherever indicators within this JSNA relate to the National Combating Drugs Outcome Framework[1], this is highlighted at the top of the page.

1. HM Government (2022), Guidance for local delivery partners. From Harm to Hope: a 10 year drugs plan to cut crime and save lives. Appendix 2 National Combating Drugs Outcome Framework Guidance for local delivery partners - appendix 2 (publishing.service.gov.uk) [accessed 20 March 2023]

Contents

Cheshire East Combating Drugs Partnership

Drug misuse costs society almost £20 billion a year, drives crime, damages people's health, puts children and families at risk and reduces productivity.

The Cheshire East Combating Drugs Partnership has been convened in response to the Government's drugs strategy, *From harm to hope: A 10-year drugs plan to cut crime and save lives*[1].

The strategy relies on co-ordinated action across a range of local partners including enforcement, treatment, recovery and prevention and requires a partnership approach to deliver the following strategic priorities:

- Break drug supply chains
- Deliver a world-class treatment and recovery system
- Achieve a shift in demand for drugs

A further local priority will be to understand and explicitly address the co-occurrence of substance misuse with mental illness and other complex issues.

Combating Drugs Partnerships provide a single setting for understanding and addressing shared challenges linked to drug-related harm, based on local context and need. The functions of the Cheshire East Combating Drugs Partnership include:

- To bring together the NHS and Local Authority leaders across the Cheshire East area.
- To bring together and co-ordinate other major agencies, organisations, sectors and interested parties that can contribute towards improving the strategic priorities.
- To provide oversight of the action plan of the Combating Drugs Partnership and additional actions associated with the developing Cheshire East Substance Misuse Strategy.
- To provide oversight of the Substance Misuse Joint Strategic Needs Assessment (JSNA) and its recommendations.
- To ensure that the action plan and JSNA are used as the basis for strategic decisions and the identification of priorities for the commissioning and delivery of services relating to substance misuse.
- To ensure a common approach to the effective communication and the provision of information about drugs is developed across the partnership.

1. HM Government (2021) From harm to hope: a 10 year drugs plan to cut crime and save lives. From harm to hope: a 10-year drugs plan to cut crime and save lives (publishing.service.gov.uk) [accessed 20 February 2023]

Contents

Overview of need

For more detailed information please click on the title on the overview page, which is a hyperlink to the relevant appendix.

Risk factors overview - What makes some people more susceptible?

All people who misuse substances, whether alcohol or drugs, risk acute substance-related harms. However, the factors that lead to longer-term problems such as substance use disorders are complex. These include:

- sociodemographic factors;
- age of initiation;
- the substance used, experiences of use, and polysubstance use;
- exposure to preventive interventions and environments; and
- the influence of the risk and protective factors

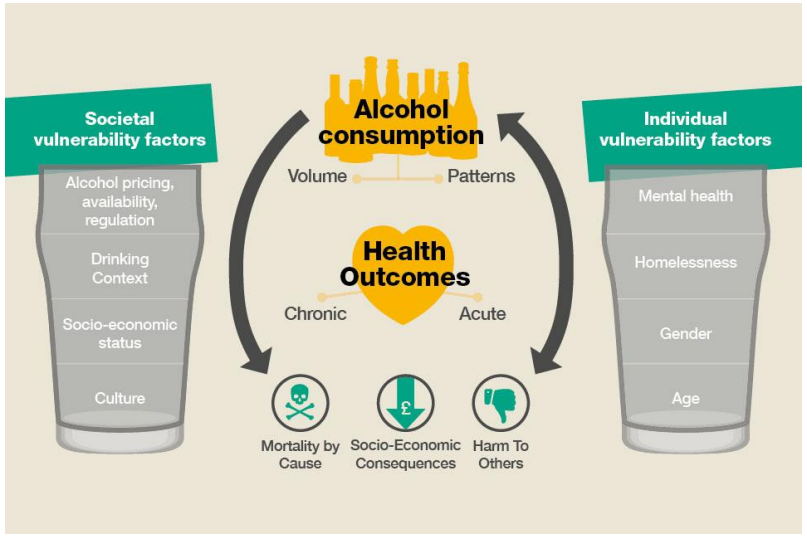
There are different models and ways of classifying these risk factors, but they are essentially: who you are; where you live; what you do for a living; how you see yourself; your relationships; how you interact with the world; laws and policies.

Understanding local risk and protective factors at a population level, help us to identify geographies and groups of of more susceptible individuals. On an individual level, treatment services need to know more about a person's life and experiences as these factors can impact on treatment outcomes.

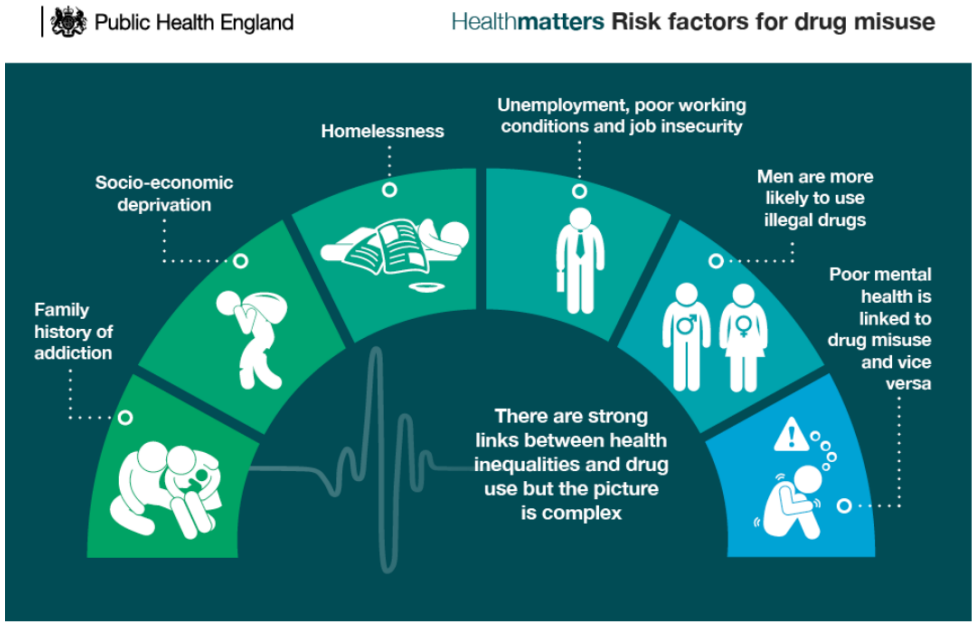
Substance use is a source of health inequality, and some research suggest that this is greater than the impact of socioeconomic inequality [1]

1. Advisory Council on the Misuse of Drugs report - What are the risk factors that make people susceptible to substance misuse problems and harms?, Dec 2018 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/761123/Vulnerability_and_Drug_Use_Report_04_Dec_.pdf
2. PHE Health matters: preventing drug misuse deaths, Sept 2017 https://www.gov.uk/government/publications/health-matters-preventing-drug-misuse-deaths/health-matters-preventing-drug-misuse-deaths

Risk factors



These factors are complex and interact with each other to benefit or disadvantage a person or groups of people. There is a high prevalence of co-morbidity in those attending mental health services, and both drug and alcohol treatment services.



Many of the risk factors are the same for alcohol and drugs.

Availability is a bigger consideration with alcohol. Adults can legally purchase alcohol; this accessibility leads to social normalisation. Drinking behaviours are not fixed or unchanging but shift in response to changes in social attitudes, marketing and legislation. These changes may also vary across different groups, age groups may have different attitudes towards alcohol, or average consumption in one region may differ substantially from another, or abstinence for religious reasons

People may become more susceptible to risk factors at transition stages in their lives.

1. Advisory Council on the Misuse of Drugs report - What are the risk factors that make people susceptible to substance misuse problems and harms?, Dec 2018 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/761123/Vulnerability_and_Drug_Use_Report_04_Dec_.pdf
2. PHE Health matters: preventing drug misuse deaths, Sept 2017 https://www.gov.uk/government/publications/health-matters-preventing-drug-misuse-deaths/health-matters-preventing-drug-misuse-deaths

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Risk factors for substance misuse in Cheshire East

Risk factors at Cheshire East or lower geographies is limited. Local data would help identify geographies or groups who are potentially more susceptible to substance misuse.

who you are

- **Gender**: Alcohol admissions and deaths, regardless whether specific- or related- or narrow or broad definitions, show a gradient by gender; data for males is always significantly higher than for females[1].
- Service users in Cheshire East were more likely to be male, with males making up 69% (61% for alcohol and non-opiate, 69% for non-opiate and 71% for opiate) of the drug treatment population and 55% of the alcohol treatment population[2,3]
- **Ethnicity:** In Cheshire East in 2021-22, new presentations to treatment for drug and alcohol services were more likely to be white British, White Irish or Other White[2,3]. This is similar to nationally. For non-opiates, national data suggests that service users were slightly less likely to be white British[4].

where you live; what you do for a living

- **Housing and homelessness**: Current service data shows that a smaller percentage of clients have a housing need at the start of treatment in Cheshire East compared to the national average[2,3].
- **Deprivation and household income**: Cheshire East is relatively affluent, but this conceals pockets of deprivation. There are four LSOAs in Cheshire East are in the most deprived 10% nationally; three of these are in Crewe and one in Macclesfield. Approximately half of all service users are unemployed or economically inactive when they start treatment[2,3].

1. Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2023. Local Alcohol Profiles for England - Data - OHID (phe.org.uk) [accessed 16th June 2023]
2. OHID/NDTMS Adult Drug Commissioning Support Pack, 2023-24, Cheshire East
3. OHID/NDTMS Adult Alcohol Commissioning Support Pack, 2023-24, Cheshire East
4. Adult substance misuse treatment statistics 2021-2022 https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2021-to-2022
5. English indices of deprivation 2019 (IMD2019) ttps://www.gov.uk/government/statistics/english-indices-of-deprivation-2019

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Risk factors for substance misuse in Cheshire East (2)

how you see yourself; your relationships; how you interact with the world

- **Social networks**: In Cheshire East, adult residents who were surveyed, expressed a high level of satisfaction with their lives; in the Annual Population Survey (APS) 2021/22 survey, 81% of respondents scored life satisfaction as 'high' or 'very high' and only 4.5% reported low satisfaction[1].
- **Mental wellbeing**: In 2021/22, 79% of service users entering drug treatment in Cheshire East were identified as having a mental health need; the equivalent proportion for England was 70%. In Cheshire East, 82% of those identified, received treatment compared with 75% in England as a whole[2]. For those entering alcohol treatment, the figures were 83% and 70% respectively, with 93% of these receiving treatment in Cheshire East and 83% in England[3].

- National data also indicates that being Black or homeless makes you more susceptible; age affects the type of product you use; whereas availability and pricing of products may increase the likelihood of moving into harmful and dependent use.
- We only know about the people who have sought and accepted treatment. Understanding the pattern of use in the wider community, particularly in the vulnerable groups, and the barriers to seeking and accepting treatment will help minimise future treatment need.

1. Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2023. Local Alcohol Profiles for England - Data - OHID (phe.org.uk) [accessed 23rd June 2023]
2. OHID/NDTMS Adult Drug Commissioning Support Pack, 2023-24, Cheshire East
3. OHID/NDTMS Adult Alcohol Commissioning Support Pack, 2023-24, Cheshire East
4. Adult substance misuse treatment statistics 2021-2022 https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2021-to-2022
5. IMD2019

Risk factors for substance misuse in Cheshire East (3)

Early life experiences and influences greatly affect a child/young person's ability to deal with stress, affect their mental wellbeing, how well they socialise and their susceptibility to risk-taking behaviours such as drug and alcohol use.

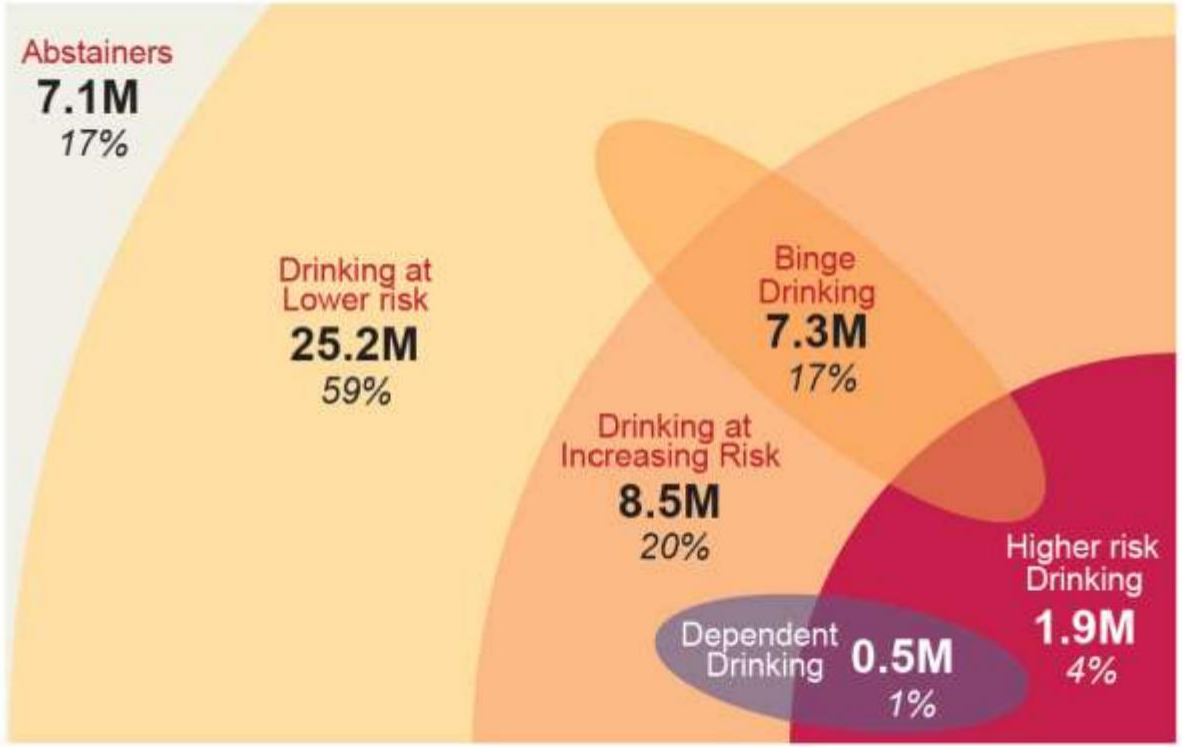
- **Addiction within the family**: National Drug Treatment Monitoring System (NDTMS) data indicates that 24.1% (103/427) of alcohol users and 8.5% (16/188) of opiate users new to treatment in Cheshire East were living with children. Those in non-opiate treatment are more likely to be living with children (36.6%) compared to the national average (25.7%)[1].
- Additionally, in 2019/20, 30% of new presentations to treatment were parents who did not live with children[2].
- A high proportion of parents with substance misuse issues are not known to services – it is estimated that of the 743 parents in Cheshire East predicted to be alcohol dependent, 81% are not known to services[3]. It is not possible to produce a similar estimate for opiate use locally, but nationally unmet need for parents is thought to be about 58%[2].
- **Age at initiation** of substance use: In 2017/18 100% of young people who accessed the Cheshire East Substance Misuse Service began using their main substance under the age of 15 years, compared to 92% nationally[3].
- **Adverse Childhood Experiences (ACEs):**Below are some of the factors that make a child more likely to experience an ACE[4]

Indicator	Period	Chesh East			Region England	England			
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
School readiness: percentage of children achieving a good level of development at the end of Reception (Persons, 5 yrs)	2021/22	→	-	66.1%	61.7%	65.2%	53.1%		80.0%
16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known (Persons, 16-17 yrs)	2021	→	-	2.0%	4.9%	4.7%	14.7%		0.0%
Mean score of the 14 WEMWBS statements at age 15 (Persons, 15 yrs)	2014/15	–	-	48.0	47.8	47.6	45.4		48.9
Percentage with 3 or more risky behaviours at age 15 (Persons, 15 yrs)	2014/15	–	-	15.2%	16.9%	15.9%	23.8%		3.2%
Looked after children aged 10-15 (Persons, 10-15 yrs)	2021	→	223	82.5	112.2	76.9*	243.3		21.6
Percentage of looked after children whose emotional wellbeing is a cause for concern (Persons, 5-16 yrs)	2021/22	→	60	36.0%	33.0%	37.0%	64.0%		16.0%
Children leaving care: rate per 10,000 children aged under 18 (Persons, <18 yrs)	2017/18	→	146	19.3	29.9	25.2	9.3		160.6
Children entering the youth justice system (10-17 yrs) (Persons, 10-17 yrs)	2020/21	↓	161	1.6*	2.4	2.8	5.7		1.1
Domestic abuse related incidents and crimes (Persons, 16+ yrs)	2021/22	–	-	24.1*	32.5	30.8	12.3		45.2

1. Domes Q4 2021/2022 Report, NDTMS
2. Public Health England/NDTMS, Parents with problem alcohol and drug use: Data for England and Cheshire East, 2019 to 2020
3. Public Health England (2016), Data Intelligence Summary: alcohol consumption and harm among under 18-year-olds, Factsheet (publishing.service.gov.uk), [accessed 23rd June 2023]
4. Office for Health Improvement & Disparities. Public Health Profiles. Available from: https://fingertips.phe.org.uk © Crown copyright 2022. Local Alcohol Profiles for England - Data - OHID (phe.org.uk) [accessed 23rd June 2023]

Estimated prevalence of substance misuse in adults

- **An estimated 14,000 residents across Cheshire East are higher risk drinkers and 3,500 are alcohol dependent, yet only 815 (23.5%) of these are engaged in treatment[1,2,3]. This means that nearly 77% of those who are thought to be alcohol dependent are not receiving an intervention[3].**
- **An estimated 1,400 residents are thought to have a substance misuse issue** involving opiates or crack cocaine (OCU)**, with 860 (62%) engaged in treatment[4,5]. This means that there is unmet need of 38% for OCU[5].**
- **An estimated 21,000 16–74-year-olds in Cheshire East may have used drugs in the past year,** with cannabis the most commonly used drug in 16–59-year olds[6].



Distribution of drinkers in England, 2014[7]

1. Local Alcohol Profiles, Topography of drinking behaviours, Liverpool John Moores University, 2011, applied to mid-2020 population aged 16+
2. Estimates of the number of adults in England with an alcohol dependency potentially in need of specialist treatment, University of Sheffield
3. OHID/NDTMS Adult Alcohol Commissioning Support Pack, 2023-24, Cheshire East
4. Estimates of Opiate and Crack Cocaine Prevalence, Liverpool John Moores University, PHE, 2016-17
5. OHID/NDTMS Adult Drug Commissioning Support Pack, 2023-24, Cheshire East
6. National Crime Survey for England and Wales, Drug misuse in England and Wales - Office for National Statistics (ons.gov.uk) [accessed 20 March 2023]
7. Public Health England (2016), The public health burden of alcohol and the effectiveness and cost-effectiveness of alcohol control policies: and evidence review. Alcohol public health burden evidence review 2016 (publishing.service.gov.uk) [accessed 23rd June 2023]

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Estimated prevalence of substance misuse in children and young people

There is no definite data for substance misuse in children and young people. Instead, we rely on the combined intelligence from several surveys.

- Estimates suggest that **approximately 1100 boys and 1200 girls aged 11-15 may have taken drugs** in the past year across Cheshire East[1].
- **Up to 7,000 16–24-year-olds in Cheshire East are estimated to have taken drugs in the past year,** with cannabis the main drug of choice, followed by nitrous oxide and ketamine.[2]
- In Cheshire East, all **young people known to substance misuse services started using their main substance before the age of 15[3].**
- **Cheshire East was significantly worse than England for the proportion of 15-year-olds who had ever drunk alcohol and the proportion who had been drunk in the previous week[4].**
- According to a recent survey of 14–17-year-olds in Cheshire East by Trading Standards[5]:
  - **around half viewed drinking alcohol as normal and fun and did not perceive any health risks.**
  - **6% drank alcohol once a week and a further 6% drank alcohol twice or more per week; 7% claimed to binge drink,** a figure that has remained stable for some time.
  - **young people drank alcohol predominantly at home**
  - **there has been an increase in the percentage of young people buying alcohol for themselves since 2020.**
- A recent Health Needs Assessment for Cheshire Youth Justice Services (YJS) found that the prevalence of substance misuse was higher among young people entering the criminal justice system and that earlier support might have prevented them offending in the first place.[6]

1. Smoking, Drinking and Drug Use among Young People in England, 2021, Smoking, Drinking and Drug Use among Young People in England,
2. Crime Survey for England and Wales, Drug misuse in England and Wales - Office for National Statistics (ons.gov.uk) [accessed 20 March 2023]
3. NDTMS, Young People Substance Misuse JSNA Support Pack 2017/18
4. Office for Health Improvement & Disparities. Public Health Profiles. Available from: https://fingertips.phe.org.uk © Crown copyright 2023. Child and Maternal Health - Data - OHID (phe.org.uk) [accessed 20th February 2023]
5. Trading Standards North West Young Persons Survey 2023 – Cheshire East Report.
6. Public Health Institute, Liverpool John Moores University. Cheshire Youth Justice Services Health Needs Assessment – full technical report (March 2023)

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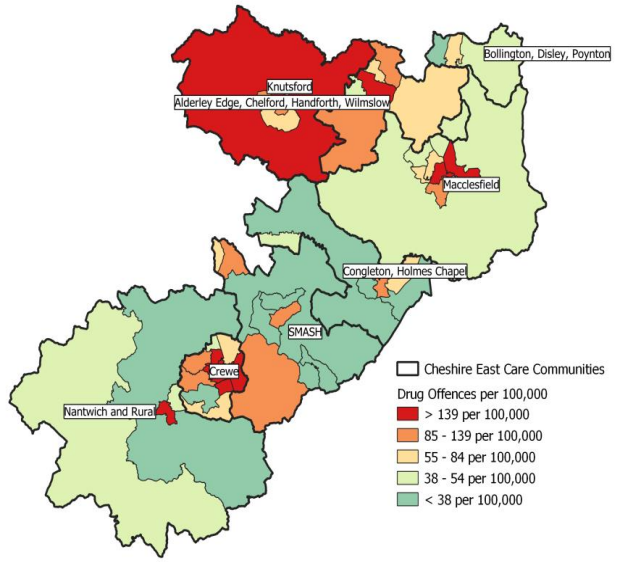
Substance misuse related crime

Substance misuse is often linked to crime:

- The highest rates of drug offences between September 2019 and August 2022 were seen in parts of **Crewe, Macclesfield, Wilmslow and Knutsford Rural**[1], but it is important to note that drug offences are only a small proportion of drug-related crime.
- **Drug use is a factor in half of all homicides nationally**[2]
- As of March 2022, Cheshire Constabulary:
  - believed that nine Organised Crime Groups (OCGs) were having an impact on Cheshire East[3]
  - had mapped 66 county lines gangs; **17 of these were seen to be having an impact on Cheshire East**[3]
  - **was aware that nine of the county lines gangs believed to be operating in Cheshire East** had links to child criminal exploitation (CCE) [3].

Cheshire East Drug Offences, September 2019-August 2022, Rate per 100,000



- During 2021/24, 34 (35.8%) adults identified as having a substance misuse problem had successfully engaged with treatment on release from prison[4]. Of service users in contact with the criminal justice system, 13% successfully completed treatment in 2021/22[5].
- Probation services have prioritised substance misuse and mental health need and are currently working with 179 individuals with an index offence relating to alcohol or drugs (15.4% of total caseload)[6].

1. data.police.uk (Police API Documentation | data.police.uk)
2. HM Government (2021) From Harm to Hope: a 10 year drugs plan to cut crime and save lives. From harm to hope: a 10-year drugs plan to cut crime and save lives (publishing.service.gov.uk) [accessed 21 March 2023]
3. Cheshire Constabulary, Serious and Organised Crime Local Profile 2021/22, Cheshire East
4. OHID, Fingertips, Public Health Outcomes Framework - Data - OHID (phe.org.uk) [accessed 12 May 2023]
5. NDTMS DOMES Executive Summary Q4 2021-2022
6. Information received from David Teese, HM Prisons and Probation, 28th April 2023

Substance misuse treatment and protected characteristics

Some protected characteristics are more prevalent among the service user population.

- **Service users in England reported a higher level of disability than the general population; behaviour and emotional (15.5%) was the most reported disability**, followed by mobility and gross motor problems (5.9%), progressive conditions and physical health (5.3%) and learning disability (3.1%)[1,2].
- In Cheshire East in 2021/22 79% of new presentations to drug treatment and 83% of new presentations to alcohol treatment had an identified mental health need[3,4]. A higher proportion of service users in Cheshire East had their identified mental health needs addressed than the England average[3,4].
- New presentations to drug treatment in Cheshire East were predominantly white British (87%), 3% gave their ethnicity as 'other white' and 1% as 'white and black Caribbean', but ethnicity was unknown or not given for 7%[3]. New presentations to alcohol treatment were more likely to be white British (89%), with 6% giving their ethnicity as 'other white' and 1% as 'white Irish'; 3% was 'unknown'[4]. In England as a whole, 82.6% of all people in treatment were white British and 4.3% 'other white'[1].
- **Service users in Cheshire East were more likely to be male,** with males making up 69% (61% for alcohol and non-opiate, 69% for non-opiate and 71% for opiate) of the drug treatment population and 55% of the alcohol treatment population[3,4]. In England, the proportions were 67% for all substances, 72% for opiates, 70% for non-opiates and 58% for alcohol[1].

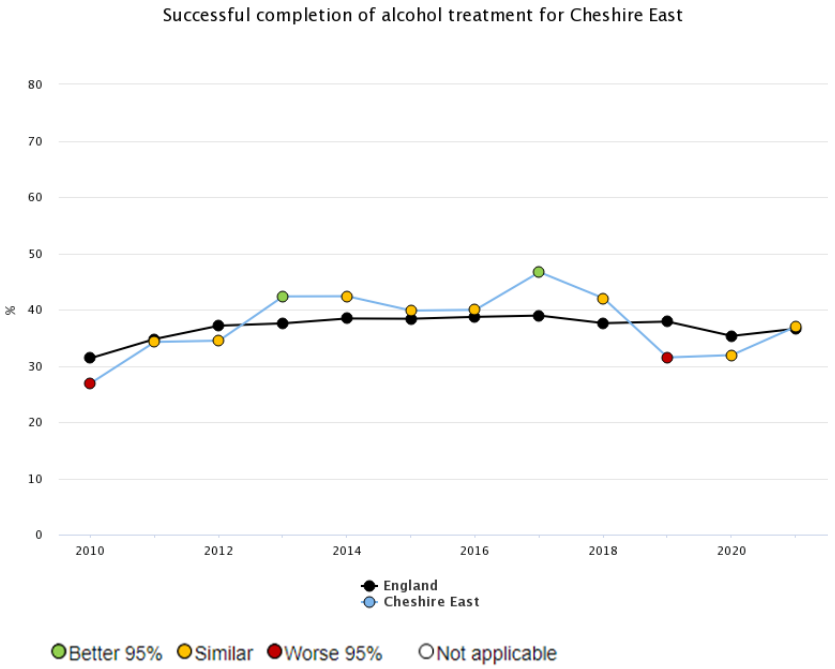
Unfortunately, whilst we have a reasonable understanding of protected characteristics in relation to substance misuse treatment services, we know much less about people who misuse alcohol and/or drugs and are not in treatment. This is particularly important for alcohol, where most people who drink at harmful levels or are alcohol dependent are not in treatment.

1. Adult substance misuse treatment statistics 2021-2022 https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2021-to-2022
2. 2021 Census. Disability in England and Wales, 2021 - Office for National Statistics (ons.gov.uk)
3. OHID/NDTMS Adult Drug Commissioning Support Pack, 2023-24, Cheshire East
4. OHID/NDTMS Adult Alcohol Commissioning Support Pack, 2023-24, Cheshire East

Substance misuse treatment and service delivery

Within the treatment services commissioned by Cheshire East, there is a higher success rate for both drug and alcohol treatment, even with the more complex service users*. Length of treatment and whether a client re-presents* is dependent on substance(s) used.

- Successful completion rates for drug and alcohol treatment in Cheshire East are better than or similar to the England average. The graph opposite shows that alcohol completions have been increasing since 2010, despite a dip in 2019[1].
- More complex* service users were less likely to complete treatment successfully. In 2020/21, Cheshire East had a higher proportion of successful completions by complex service users than England[2].
- Opiate service users remain in treatment longer than non-opiate service users and alcohol service users. A typical treatment journey for an alcohol or non-opiate service user is less than 12 months, whereas opiate service users may remain in treatment for a number of years[2].
- In Cheshire East in 2020/21, there was a re-presentation rate* of 11% for opiate service users, compared with 4% for non-opiate service users and 6% for alcohol service users[2].
- In Cheshire East, high proportions of drug and alcohol service users require smoking cessation support. High risk drinkers are more likely to smoke and their attempts to quit smoking are less likely to be successful[3]. However, smoking cessation support has generally not been offered.



- Reach Out and Recover (ROAR) is a not-for-profit organisation based in Macclesfield that provides inpatient rehabilitation for those with addictions and other issues. The number of people in Cheshire East who access inpatient provision is low[4,5].

*For definitions, see Appendix I

1. Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2023. Public health profiles - OHID (phe.org.uk) [accessed 21 March 2023]
2. NDTMS, Recovery Diagnostic Toolkit 2021.
3. Office for Health Improvement and Disparities, Tobacco Control Dashboard. © Crown Copyright 2022 [accessed 17th February 2023]
4. OHID/NDTMS Adult Drug Commissioning Support Pack, 2023-24, Cheshire East
5. OHID/NDTMS Adult Alcohol Commissioning Support Pack, 2023-24, Cheshire East

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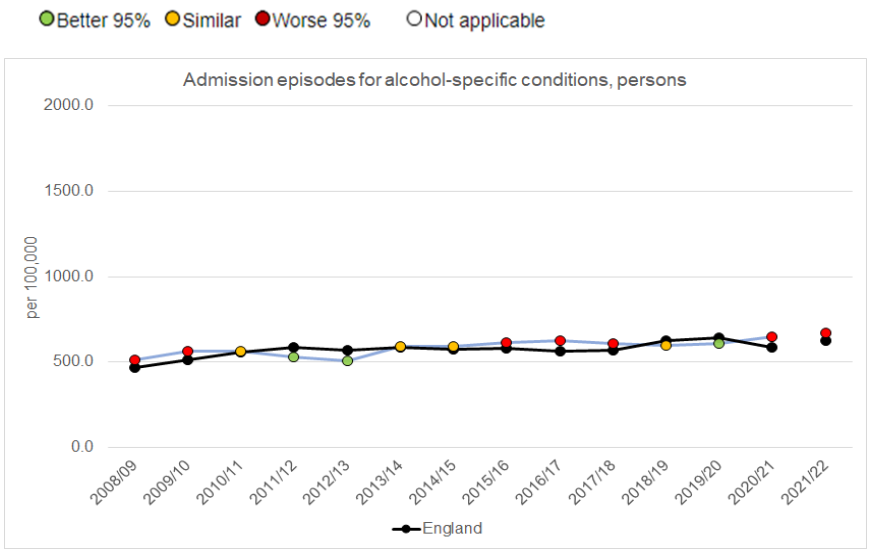
Substance misuse related ill health

There are several worrying trends for substance misuse related morbidity in Cheshire East:

- Cheshire East has **higher rates of alcohol-specific hospital admissions** than the England average and this rate has been steadily increasing since 2008/09[1]. This is shown in the graph opposite.
- Alcohol-specific hospital admissions in under-18-year-olds are also significantly worse than the national average[2].
- **Rates of alcohol-related admission** vary across Cheshire East with higher rates seen in the more deprived **"Crewe Six"** wards and other wards in Middlewich, Nantwich and Macclesfield[3].
- The **rate of hospital admission due to substance misuse in children and young people aged 15-24 has been increasing** and is significantly worse than the England average[4].



Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2023. Local Alcohol Profiles for England - Data - OHID (phe.org.uk) [accessed 19th May 2023]

* Note: Rates for 2021/22 cannot currently be compared with earlier data as 2021 Census population data has been used. Rates for earlier years will be re-calculated once re-based ONS population figures are published. Local Alcohol Profiles for England - Data - OHID (phe.org.uk)

- Hospital admissions for drug poisoning are significantly worse than the national average. This is an important predictor of future fatal overdose[5].
- There has been a slight upward trend in the percentage of eligible service users who receive a Hepatitis C test in Cheshire East, but Cheshire East remains significantly below the England average [6]. This means that service users in Cheshire East are potentially missing out on interventions to prevent future liver disease.

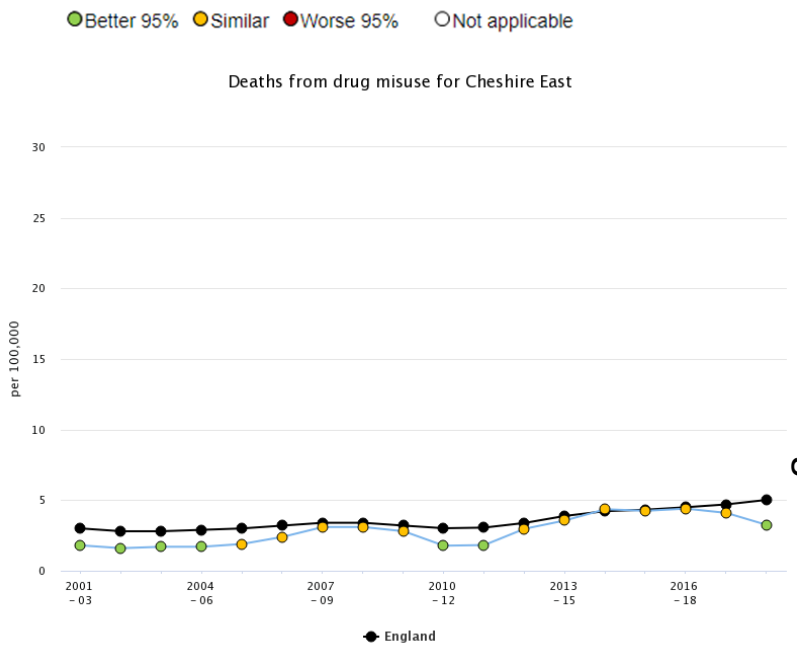
1. Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2023. Local Alcohol Profiles for England - Data - OHID (phe.org.uk) [accessed 19th May 2023]
2. Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2023. Local Alcohol Profiles for England - Data - OHID (phe.org.uk) [accessed 23rd January 2023]
3. Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2023. Local Alcohol Profiles for England - Data - OHID (phe.org.uk); Local Health - Small Area Public Health Data - Data - OHID (phe.org.uk) [accessed 21 March 2023]
4. Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2023. Public health profiles - OHID (phe.org.uk) [accessed 23rd January 2023]
5. Adult Drug Commissioning Support Pack: 2023-24: Key Data (NDTMS)
6. OHID, Fingertips, Public health profiles - OHID (phe.org.uk),[accessed 2 February 2023]

Contents

Substance misuse related mortality

Substance misuse related mortality in Cheshire East is generally better than the national average for drugs and similar for alcohol, this conceals local internal differences. Also, it appears low in relation to the admissions data.

- **Nationally, mortality rates due to drug use have increased** since 2001-3[1]. This has also been the case in Cheshire East, although rates are significantly below the England average.
- Due to changes in the definition used it is harder to replicate death rates for drug misuse locally.
- Between April 2019 and March 2022, Cheshire East experienced 38 deaths in drug treatment. This is the same as the number expected (Substance Misuse Treatment for Adults: statistics 2021 to 2022)[2].
- Whilst alcohol-specific mortality has not increased in Cheshire East and has remained similar to the England average, higher rates are seen in **Nantwich and Rural, SMASH and Crewe care communities**. However, these rates are not statistically significantly different.[3,4]
- Parental substance misuse has also contributed to the deaths of infants and children in Cheshire East[5]
- Future analysis of the age distribution of admissions data. This would help our understanding of whether the high admission rates relate to binge drinking and club drugs in our younger population. Or whether it indicates a potential future increase in treatment need and deaths.



Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2023. Public health profiles - OHID (phe.org.uk) [accessed 23rd January 2023]

1. Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2023. Public health profiles - OHID (phe.org.uk) [accessed 23rd January 2023]
2. Alcohol and drug misuse and treatment statistics - GOV.UK (www.gov.uk) [accessed 26th May 2023]
3. Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2023. Public health profiles - OHID (phe.org.uk) [accessed 23rd January 2023]
4. Cheshire East Public Health Intelligence Team. Directly standardised mortality rates calculated from the Primary Care Mortality Database (PCMD), ONS mid year population estimates.
5. Pan-Cheshire Child Death Overview Panel. Annual Report.1st April 2021 – 31st March 2022

Services to support people affected by substance misuse and wider challenges

- There is a **comprehensive service offer from Change Grow Live (CGL) for both drugs and alcohol**[1]**.**
- The service supports a much higher proportion of those predicted to misuse opiates and crack cocaine than those predicted to misuse alcohol[2,3].
- There is a range of **digital support** via NHS UK and the local Live Well offer[4].
- Residents can also seek **support with wider social challenges**, and life issues via social prescribers and through core medical services.
- Reach Out and Recover (ROAR) is a not-for-profit organisation based in Macclesfield that provides inpatient rehabilitation for those with addictions and other issues. The number of people in Cheshire East who access inpatient provision is low[2,3].

1. Change, Grow, Live (CGL), https://www.changegrowlive.org/
2. Adult Drug Commissioning Support Pack: 2023-24: Key Data (NDTMS)
3. Adults Alcohol Commissioning Support Pack: 2023-24: Key Data (NDTMS)
4. https://www.cheshireeast.gov.uk/livewell/livewell.aspx

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The impact of COVID-19 pandemic on alcohol use has been variable

National research has found:

- Lockdown restrictions led to some changes in people's drinking behaviour[1]. Increases in off-trade sales were largely off-set by decreases in on-trade sales (due to closures in hospitality), but many people were drinking more units on more occasions[2,3].
- Higher risk and dependent drinking increased during periods of Covid-19 lockdown compared with pre-pandemic[4,5,6]. There is also evidence that lockdown led to a polarisation of drinking behaviours, with similar numbers of people drinking more as cutting down or abstaining altogether[7]. Since those considered to be the heaviest drinkers pre-pandemic were more likely to have increased their drinking during periods of lockdown, this is likely to have increased their risk of developing alcohol related health problems in the future[7,8,9].
- Some people's drinking behaviour may have been disproportionately affected by the pandemic, including women, people of white ethnicity, those living in deprived communities, and people with co-existing mental health conditions[4,10,11,12,13].

1.Hardie I, Stevely AK, Sasso A, Meier PS, Holmes J. (2022) **The impact of changes in COVID-19 lockdown restrictions on alcohol consumption and drinking occasion characteristics in Scotland and England in 2020: an interrupted time-series analysis.** Addiction. 2.117:1622–39. https://doi.org/10.1111/add.15794

Anderson P, O'Donnell A, Jane Llopis, E, Kaner, E (2022). **The COVID-19 alcohol paradox: British household purchases during 2020 compared with 2015-2019**. *PLoS ONE [Electronic Resource]* 17(1) e0261609. 10.1371/journal.pone.0261609

3.Richardson E, Mackay D, Giles L, Lewsey J, Beeston C. (2021) **The impact of COVID-19 and related restrictions on population-level alcohol sales in Scotland and England & Wales, March–July 2020. Edinburgh, UK**: Public Health Scotland

4.Jackson SE, Garnett C, Shahab L, Oldham M, Brown J. (2021). **Association of the COVID-19 lockdown with smoking, drinking and attempts to quit in England: an analysis of 2019-20 data**. *Addiction* 116(5) 1233-1244. 10.1111/add.15295

5. Oldham M, Garnett C, Brown J, Kale D, Shahab L, Herbec A. (2021). **Characterising the patterns of and factors associated with increased alcohol consumption since COVID-19 in a UK sample**. *Drug & Alcohol Review* 40(6) 890-899. 10.1111/dar.13256

6. Daly, M & Robinson, E. (2021). **High-Risk Drinking in Midlife Before Versus During the COVID-19 Crisis: Longitudinal Evidence From the United Kingdom**. American Journal of Preventive Medicine 60(2) 294-297. 10.1016/j.amepre.2020.09.004

7. Public Health England (2021). **Monitoring alcohol consumption and harm during the COVID-19 pandemic**. Monitoring alcohol consumption and harm during the COVID-19 pandemic (publishing.service.gov.uk)

8. Alcohol Change UK. (2020). **Research: drinking in the UK during lockdown and beyond.** Available at https://alcoholchange.org.uk/blog/2020/drinking-in-the-uk-during-lockdown-and-beyond (accessed 20th February 2023)

9. Irizar P, Jones A, Christiansen P, Goodwin L, et al. (2021). **Longitudinal associations with alcohol consumption during the first COVID-19 lockdown: Associations with mood, drinking motives, context of drinking, and mental health**. *Drug & Alcohol Dependence 226 108913*. https://dx.doi.org/10.1016/j.drugalcdep.2021.108913

10. Jackson SE, Beard E, Angus C, Field M, Brown J.(2022) **Moderators of changes in smoking, drinking and quitting behaviour associated with the first COVID-19 lockdown in England**. Addiction.117:772–783. https://doi.org/10.1111/add.15656

11. Garnett C, Jackson S, Oldham M, Brown J, Steptoe A, Fancourt D. (2021). **Factors associated with drinking behaviour during COVID-19 social distancing and lockdown among adults in the UK**. Drug & Alcohol Dependence 219 108461. 10.1016/j.drugalcdep.2020.108461

12. Rao, R., Mueller C, Broadbent M.(2022). **Risky alcohol consumption in older people before and during the COVID-19 pandemic in the United Kingdom**. *Journal of Substance Use* 27(2) 212-217. https://dx.doi.org/10.1080/14659891.2021.1916851

13. Sallie SN, Ritou V, Bowden-Jones H, Voon V. (2020). **Assessing international alcohol consumption patterns during isolation from the COVID-19 pandemic using an online survey: highlighting negative emotionality mechanisms**. *BMJ Open* 10:e044276. doi:10.1136/bmjopen-2020-044276

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Limitations

- Most data is not available at small area level; further JSNA work on lifestyles may facilitate this.
- There is a time lag in terms of the data available and this JSNA provides a snapshot of a single point in time. However, the Joint Outcomes Framework enables us to regularly monitor alcohol-specific admissions and further metrics for regular monitoring could be identified.
- There are gaps in understanding in relation to protected characteristics, particularly in terms of ethnicity, disability and pregnancy and maternity. Some of this is due to data not being recorded locally.
- There has been only limited coverage of HM Prison and Probation Service. We need to engage more with prisons on this issue.
- This review has not covered the service user perspective, which will be addressed as a separate piece of work.

Opportunities for development / further improvement

- Better links to criminal justice services – prisons and probation.
- Better understanding of the specific issues for pregnancy and maternity and how these could be addressed.
- More interrogation of the data at small area level.
- More data may be made available as enhancements are made to the Combating Drugs Partnership Outcomes Framework.

National recommendations

What needs to be done (UK Health Security Agency)

Alcohol

Drugs

Source: Public Health England (2013), Alcohol and drugs, prevention, treatment and recovery: why invest? PHE publications gateway no: 2013-190 Alcohol and drug prevention, treatment and recovery: why invest? - GOV.UK (www.gov.uk) [accessed 9th May 2023]

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Local recommendations in relation to alcohol misuse

We are seeing worsening rates of alcohol-specific admissions across Cheshire East. To address this, we need to:

- Understand the distribution of risk factors, alcohol consumption, accessibility and pricing across Cheshire East to identify more susceptible groups and geographies.
- Reach children and families to promote protective factors and address risk factors early (before age 15) through universal and targeted services:
  - Ensure they can reach support on both wider issues through schools/family hubs/ GPs/social prescribers and other family settings
  - Ensure those that have disclosed a problem receive prompt, holistic advice through a variety of media.
- Consider more intensive prevention approaches in parts of Crewe, Macclesfield, Nantwich and Rural, and SMASH (Sandbach, Middlewich, Alsager, Scholar Green and Haslington) Care Communities. Alcohol attributable hospital admissions data suggests that the Crewe 6 wards are of particular concern (also identified in the Crewe JSNA).
- Understand the barriers to seeking and accepting treatment. Explore learning from people with lived experience to improve treatment pathways and support.
- Work on breaking down the stigma in seeking help for alcohol. Synergise with regional Cheshire and Merseyside Public Health Collaborative (CHaMPs) campaigns.
- Ensure that clear pathways are in place and signposted to optimise the services available, including brief intervention and discharge from hospital.
- For those in treatment, we need to continue to support people back into employment, housing and to quit smoking.
- Provide tailored outreach treatment options for our homeless population.
- Further explore the impact of alcohol attributable hospital admissions on the NHS and wider community including economic impact.
- Regularly monitor a small group of indicators in the longer term

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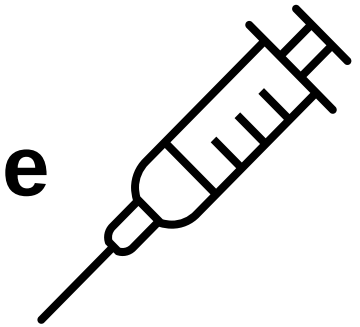
Local recommendations in relation to drug use



Across Cheshire East we need to:

- Understand the distribution of risk factors and use across Cheshire East to identify more susceptible groups and geographies.
- Understand the barriers to seeking and accepting treatment. Explore learning from people with lived experience to improve treatment pathways and support.
- Provide tailored outreach treatment options for our homeless population.
- Ensure that clear pathways are in place to optimise the services available.
- Reach our young people in appropriate settings with timely advice regarding substance misuse, protective factors, support with wider social issues, and support with treatment where needed. Advice on drugs should include highlighting the dangers of nitrous oxide.
- Raise awareness of county lines activity and how to stay safe or seek advice with concerns is particularly important amongst our vulnerable children and adults.
- Better understand our rates of drug-related crimes and in those areas with the highest rates, develop a comprehensive evidence-based approach to reduce rates.
- For those in treatment:
  - We need to provide holistic support to their families where children live within their households
  - We need to continue to support people back into employment, housing and to quit smoking.
- Improve response to misuse of emerging types of drugs and help people addicted to prescription medicines.
- Regularly monitor a small group of indicators in the longer term.

Appendices

Appendix A-Risks and protective factors

OFFICIAL

What makes some people more susceptible?

- All people who misuse substances, whether alcohol or drugs, risk acute substance-related harms. However, the factors that lead to longer-term problems such as substance use disorders are complex. These include:
  - sociodemographic factors;
  - age of initiation;
  - the substance used, experiences of use, and polysubstance use;
  - exposure to preventive interventions and environments; and
  - the influence of the risk and protective factors

Substance use is a source of health inequality, and some research suggest that this is greater than the impact of socioeconomic inequality [1]

- Whether someone is **vulnerable or resilient** depends on the **balance of exposure to risk factors** (those things that predict or increase the likelihood of the use of substances or experiencing harm) **and protective factors** (things that influence the effects of exposure to risk factors and lead to differences in outcomes among those exposed to the risk factors).
- Many of these factors influence treatment outcomes as well.

- There are different models and ways of classifying these factors, but they are essentially: who you are; where you live; what you do for a living; how you see yourself; your relationships; how you interact with the world; laws and policies.

1. Advisory Council on the Misuse of Drugs report - What are the risk factors that make people susceptible to substance misuse problems and harms?, Dec 2018 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/761123/Vulnerability_and_Drug_Use_Report_04_Dec_.pdf

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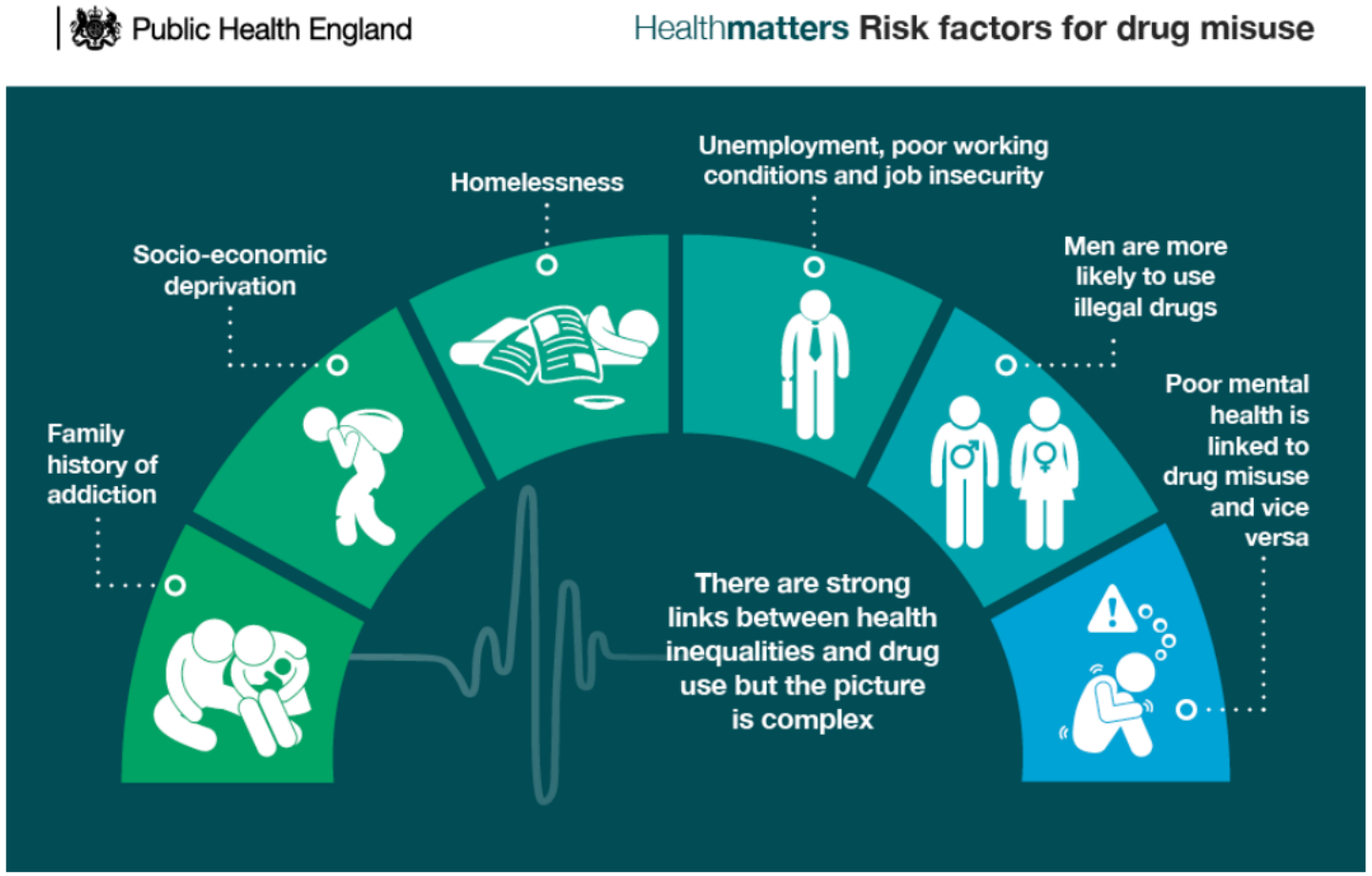
Risk factors for drug misuse

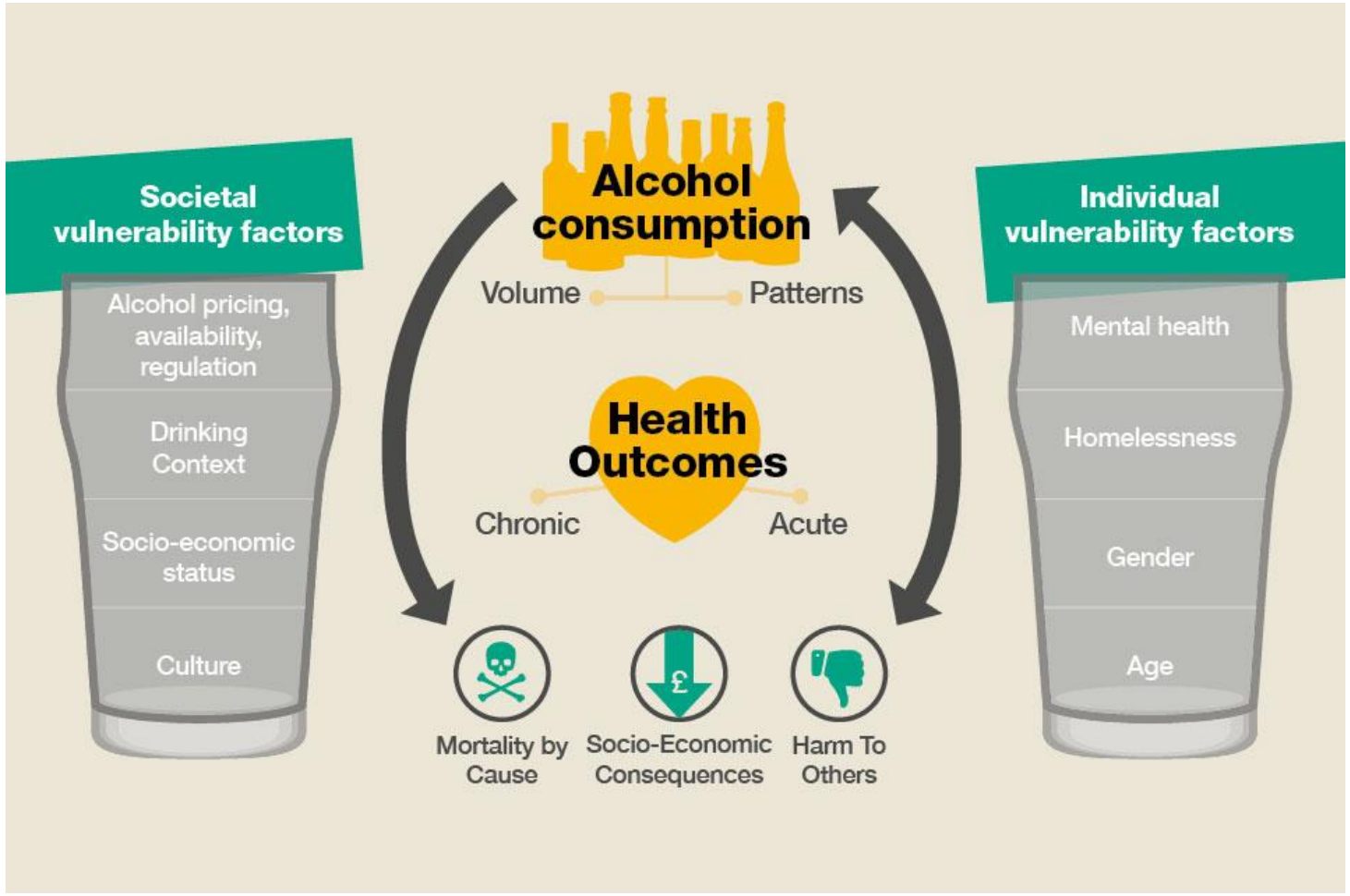


Vulnerability is not a fixed characteristic. People may become more susceptible to risk factors at transition stages in their lives: either key developmental stages, such as in infancy and early childhood and at the transition from childhood to adolescence or during certain transitions or life events such as moving in /out of local authority care, prisons or secure settings, becoming homeless, moving between educational levels (i.e., from primary to secondary school, from secondary school to university) moving from the parental home, ending a relationship /divorce and becoming unemployed.

UNODC & WHO (2018) 'International Standards on Drug Use Prevention' (2nd updated edition). United Nations Office on Drugs and Crime and the World Health Organization https://www.unodc.org/documents/prevention/UNODC-WHO_2018_prevention_standards_E.pdf

PHE Health matters: preventing drug misuse deaths, Sept 2017
https://www.gov.uk/government/publications/health-matters-preventing-drug-misuse-deaths/health-matters-preventing-drug-misuse-deaths

Risk factors for alcohol



Many of the risk factors are the same for both alcohol and substance misuse. Risk factors are complex and interact with each other to benefit or disadvantage a person or groups of people.

However, because alcohol can be legally purchased by adults, more individuals are exposed to drinking, and for many it is a social norm. Drinking behaviours are not fixed or unchanging but shift in response to changes in social attitudes, marketing and legislation. These changes may also vary across different groups: age groups may have different attitudes towards alcohol, or average consumption in one region may differ substantially from another or abstinence for religious reasons.

Understanding local risk and protective factors at a population level, help us to identify geographies and groups of more susceptible individuals. On an individual level, treatment services need to know more about a person's life and experiences as these factors can impact on treatment outcomes.

1. PHE Health matters: Harmful drinking and alcohol dependence – Jan 2016 https://www.gov.uk/government/publications/health-matters-harmful-drinking-and-alcohol-dependence/health-matters-harmful-drinking-and-alcohol-dependence

Wider determinants of health – deprivation (1)

People who misuse substances are more likely to live in areas of high socio-economic deprivation and to experience a range of other risk factors, including adverse childhood experiences (ACEs), housing problems and homelessness, unemployment and crime[1]. Drug misuse is highest among groups with a household income of less than £10,000 or more than £50,000, but the substances of choice are very different[2].

Both deaths from drug misuse and treatment success are dependent on deprivation; areas in the most deprived 10% nationally have significantly worse outcomes (red colouration in the table on the right) than those in the least deprived[3].

Key Indicators	Year	England	Most deprived decile (IMD2019)	Least deprived decile (IMD2019)
Successful completion of drug treatment: opiate users %	2021	5.0	3.8	6.5
Successful completion of drug treatment: non opiate users %	2021	34.3	33.4	40.8
Deaths from drug misuse (DSR per 100,000)	2018 - 20	5.0	8.4	3.2

DSR = Directly Standardised Rate

Since affordability is a key driver of alcohol consumption, generally people on low incomes drink less than people on higher incomes. However, people living in deprived areas are more likely to experience an alcohol-related hospital admission or die of an alcohol-related cause. This 'harm paradox' is in part explained by the fact that although there are higher levels of non-drinking in more deprived areas, there are also higher levels of very heavy drinking.
The Local Alcohol Profiles allow you to look at several key alcohol indicators by deprivation. They show that alcohol admissions and deaths, regardless whether specific- or related- or narrow or broad definitions, show a gradient with deprivation (County & UA deprivation deciles in England, IMD 2019, 4/21 geography)[4].

Key Indicators - DSR per 100,000 population	Year	England	Most deprived decile (IMD2019)	Least deprived decile (IMD2019)
Admission episodes for alcohol-related conditions (Broad)	2021/22	1734.5	2141.5	1466.4
Admission episodes for alcohol-related conditions (Narrow)	2021/22	494.0	565.9	399.2
Admission episodes for alcohol-specific conditions	2021/22	626.1	848.5	487.6
Alcohol-related mortality	2021	38.5	50.5	30.4
Alcohol-specific mortality	2006 - 08	10.9	18.5	7.7

1. Advisory Council on the Misuse of Drugs (ACMD), Drug misuse prevention review, May 22 https://www.gov.uk/government/publications/drug-misuse-prevention-review/acmd-drug-misuse-prevention-review-accessible#vulnerability
2. National Crime Survey for England and Wales, Drug misuse in England and Wales - Office for National Statistics (ons.gov.uk) [accessed 20 March 2023]
3. Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2023. Public Health Profiles accessed on 16/06/23
4. Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2023.
   Local Alcohol Profiles for England - Data - OHID (phe.org.uk) [accessed 16th June 2023]

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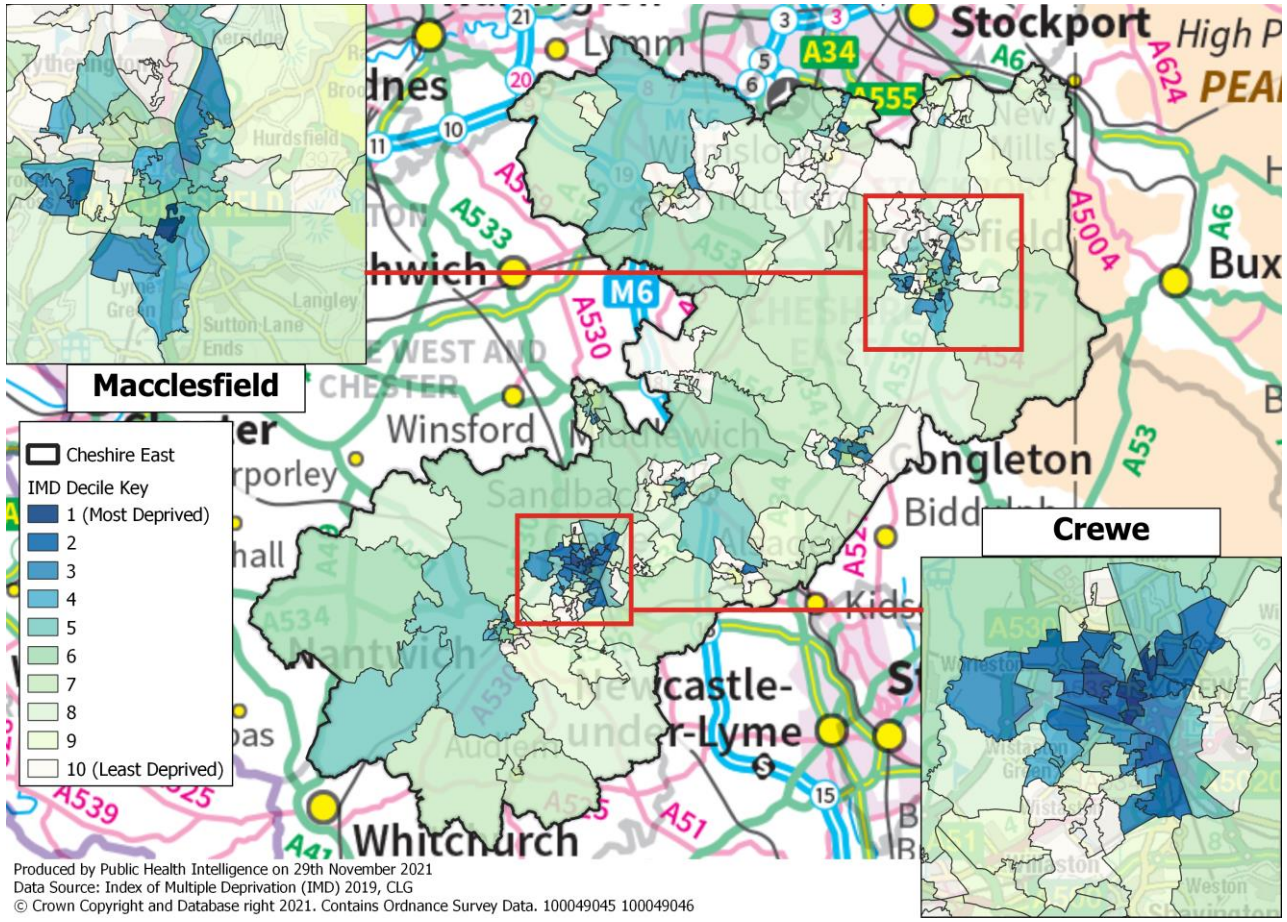
Wider determinants of health – deprivation (2)

Cheshire East Deprivation Map IMD 2019[1] - National Decile



The type of area you live and work in can affect your lifestyle choices and can be both a risk and a protective factor.

The index of Multiple Deprivation (IMD) combines information relating to income, employment, socioeconomic status or class (often based on job type), education, housing and ownership of specific goods or items to produce an overall relative measure of deprivation[1].

As a local authority, Cheshire East is relatively affluent, but this conceals pockets of deprivation. Four LSOAs in Cheshire East are in the most deprived 10% nationally; three of these are in Crewe and one in Macclesfield. Eighteen LSOAs are in the most deprived 20% nationally; thirteen of these are in Crewe with the other five spread across Macclesfield, Congleton, Handforth and Alsager.

The map on the left highlights these areas in dark blue.

1. Available from: - https://cheshireeast.maps.arcgis.com/apps/MapSeries/index.html?appid=531d13bb1eb24f918c71259138dc000c
2. Map taken from the 2022 Pharmacy Needs Assessment (page 69). https://www.cheshireeast.gov.uk/pdf/council-and-democracy/health-and-wellbeing-board/cheshire-east-pna-2022-final-report-27-september-2022.pdf

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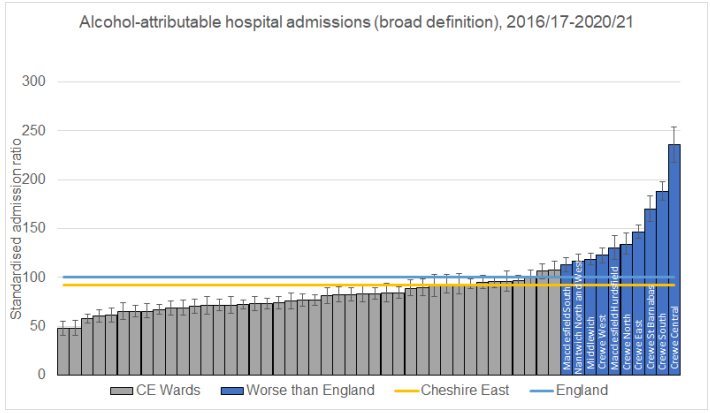
Wider determinants of health – deprivation (3)

We can see an internal relationship between income deprivation & alcohol admissions.

Despite Cheshire East alcohol-attributable admission rates being significantly lower than the England average since 2016/17, internally, rates vary[1].
The following wards had rates significantly higher than the England average, ranked from worst :

Worst performing wards	deprivation relating to low income (IMD2019)	
	% proportion of the population	Rank (1=most deprived)
Crewe Central	22%	2
Crewe South	16%	5
Crewe St Barnabas	25%	1
Crewe East	14%	8
Crewe North	16%	4
Macclesfield Hurdsfield	17%	3
Crewe West	13%	10
Middlewich	9%	18
Nantwich North and West	12%	11
Macclesfield South	14%	7



See slides for Alcohol-attributable hospital admissions (Narrow) and Alcohol-attributable hospital admissions (Broad)

Unemployment - Studies from both Europe and the US conclude that alcohol misuse is more likely to start or escalate after unemployment begins[2].
Harmful drinking and the associated increased risk of mental health problems can make it harder for people with alcohol dependence issues to find work again[2].

1. Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2023. Local Alcohol Profiles for England - Data - OHID (phe.org.uk); Local Health - Small Area Public Health Data - Data - OHID (phe.org.uk) [accessed 21 March 2023]
2. PHE Health matters: Harmful drinking and alcohol dependence – Jan 2016 https://www.gov.uk/government/publications/health-matters-harmful-drinking-and-alcohol-dependence/health-matters-harmful-drinking-and-alcohol-dependence

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Gender as a risk factor

The Local Alcohol Profiles allow you to look at several key alcohol indicators by gender for Cheshire East. These show that alcohol admissions and deaths, regardless whether specific- or related- or narrow or broad definitions, show a gradient by gender; data for males is always significantly higher than for females[1].

Key Indicators - DSR per 100,000 population	Year	Cheshire East - Males	Cheshire East - Females
Admission episodes for alcohol-related conditions (Broad)	2021/22	2374.6	849.5
Admission episodes for alcohol-related conditions (Narrow)	2021/22	622.6	289.9
Admission episodes for alcohol-specific conditions	2021/22	868.1	480.7
Alcohol-related mortality	2021	54.5	21.5
Alcohol-specific mortality	2006 - 08	12.2	5.8

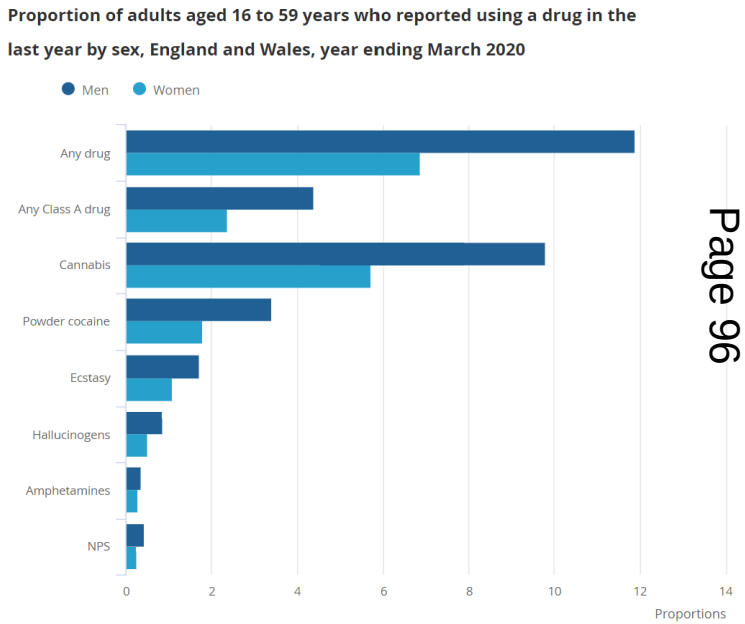
Nationally, men were nearly twice as likely as women to have taken any drug in the last 12 months.

Nearly 12% (1 in 8) of men aged 16 to 59 years reported having taken any drug in 2019/20 compared to women of the same age (6.9%).

A similar pattern is seen when data by individual drug types is analysed[2].

The only drug indicator available by gender for Cheshire East, is deaths from drug misuse. The male rate is higher, but not significantly.

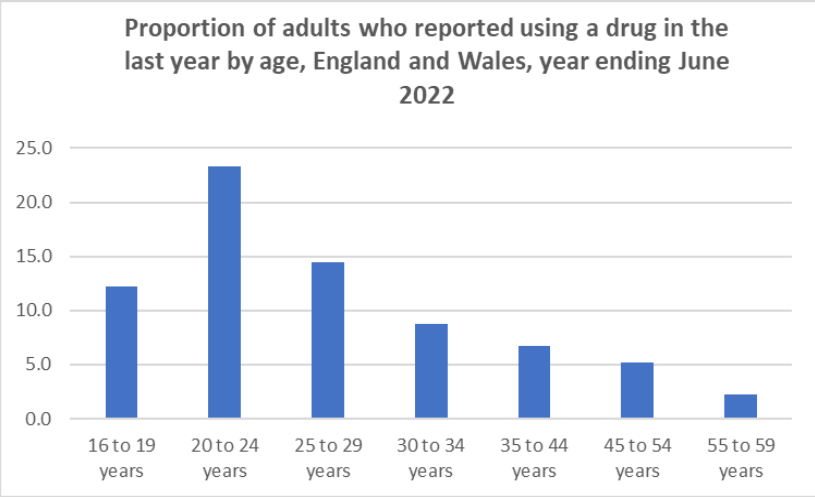
Service users in Cheshire East were more likely to be male: with males making up 69% (61% for alcohol and non-opiate, 69% for non-opiate and 71% for opiate) of the drug treatment population and 55% of the alcohol treatment population[4,5]. In England, the proportions were 67% for all substances, 72% for opiates, 70% for non-opiates and 58% for alcohol[3].



Source: Office for National Statistics - Crime Survey for England and Wales

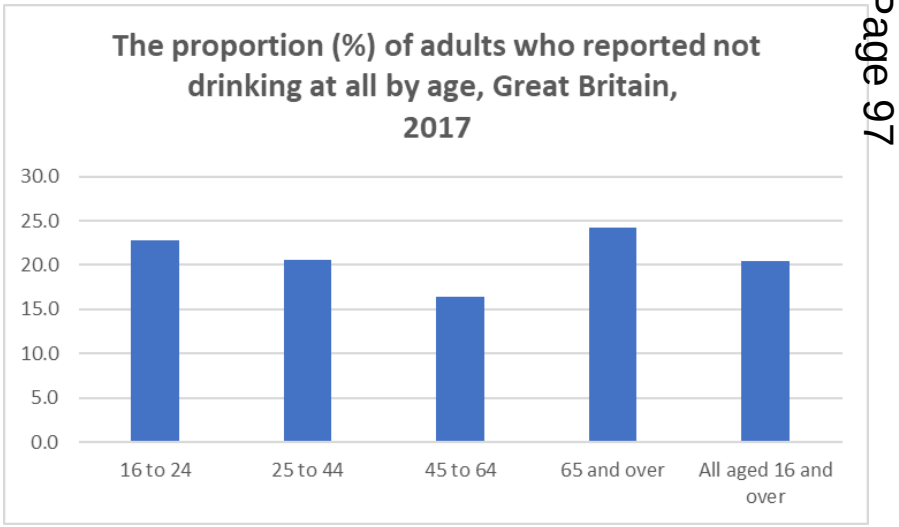
1. Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2023. Local Alcohol Profiles for England - Data - OHID (phe.org.uk) [accessed 16th June 2023]
2. Office for National Statistics – Crime Survey for England and Wales 2020
3. Adult substance misuse treatment statistics 2021-2022 https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2021-to-2022
4. OHID/NDTMS Adult Drug Commissioning Support Pack, 2023-24, Cheshire East
5. OHID/NDTMS Adult Alcohol Commissioning Support Pack, 2023-24, Cheshire East

Age as a risk factor



Illicit drug use is more prominent among the under 30s than older age groups, peaking in 20–24-year-olds for Class A and all drugs[1].
Drug use is also linked to the night-time economy and particularly to night club use. This may not, however, be an independent association, since younger people are more likely to frequent night clubs[1]. Most people who use drugs use them only occasionally – in the case of ecstasy and powder cocaine typically only once or twice per year – and most have ceased to use them once they enter their thirties[2].

There is not such a clear differential by age for alcohol as the type of drinking can be different within different age groups. Young people are more likely to binge, drinking excessively on Friday or Saturday nights. The most harmful drinking tends to be among middle-aged drinkers. Teetotalism has generally increased among those aged 16 to 64 years, while decreasing in those over 65. This decrease is largely explained by a significant reduction in self-reported teetotalism among women over 65[3].



1.Office for National Statistics (2022), Crime survey for England and Wales (CSEW)
Drug misuse in England and Wales - Office for National Statistics (ons.gov.uk)
2. Black, C. (2020), Review of drugs – evidence relating to drug use, supply and effects, including current trends and future risks, https://www.drugsandalcohol.ie/31655/2/Review__of__Drugs__Evidence__Pack__UK.pdf.
3. ONS Adult drinking habits in Great Britain:
2017, https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/bulletins/opinionsandlifestylesurveyadultdrinkinghabitsingreatbritain/2017
Opinions and Lifestyle Survey and General Household Survey 2017; Office for National Statistics

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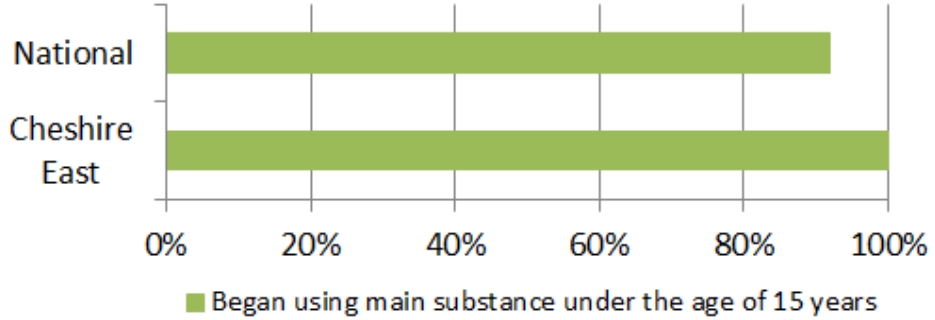
Age at initiation of substance use

Evidence suggests that age at initiation is a strong predictor of future substance misuse, particularly for alcohol[1,2]. However, this rarely occurs in isolation, with many of those who start using substances in late childhood or early adolescence having co-existing risk factors, such as parental substance misuse[3].

In 2017/18 **100% of young people who accessed the Cheshire East Substance Misuse Service began using their main substance under the age of 15 years**, compared to 92% nationally[4].



Source: Young People Substance Misuse JSNA Support Pack 2017/18

Nationally, the proportion of young people who say they have ever had an alcoholic drink has been declining since 2003[2,5]. Yet this does not seem to be the case locally. Data from 2014/15 indicated that 15-year-olds in Cheshire East had rates of regular drinking and being drunk within the past 4 weeks that were significantly worse than the national average[6]. Rates of alcohol-specific hospital admissions are also higher[7].

1. Robins, L.N., Przybeck, (1985) Age of onset of drug use as a factor in drug and other disorders, NIDA Research Monologue 56: 178-92 AEtiology of Drug Abuse: Implications for Prevention, 56 (psu.edu) [accessed 23rd June 2023]
2. Public Health England (2016), Data Intelligence Summary: alcohol consumption and harm among under 18-year-olds, Factsheet (publishing.service.gov.uk), [accessed 23rd June 2023]
3. Dube, R *et al*, (2006), Adverse childhood experiences and the association with ever using alcohol and initiating alcohol use during adolescence, Journal of Adolescent Health 38(4);444e1-10, Adverse childhood experiences and the association with ever using alcohol and initiating alcohol use during adolescence - PubMed (nih.gov) [accessed 23rd June 2023]
4. Young People Substance Misuse JSNA Support Pack 2017/18
5. Smoking, drinking and drug use among young people 2021, Smoking, Drinking and Drug Use among Young People in England, 2021: Data tables - NHS Digital [accessed 26th May 2023]
6. About YOUth (WAY) survey 2014/15 Health and Wellbeing of 15 year olds in England: Smoking Prevalence - Findings from the What About YOUth? Survey 2014 - NHS Digital
7. Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2023. Local Alcohol Profiles for England - Data - OHID (phe.org.uk) [accessed 16th June 2023]

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Ethnicity as a risk factor

Findings from the Adult Psychiatric Morbidity Survey 2014 showed that nationally[1,2] :-

- White British adults 30.8% and Black adults were more likely to have used illicit drugs in the year before being surveyed than Asian adults.
- Drug dependency in Black men aged 16 and over (11.5%) is almost triple that in White British males (4%). This is due to cannabis use amongst this group.
- White British men were more likely to have used illicit drugs compared with white British women.
- Black women, white British women and women from the White Other group were more likely to have used illicit drugs, compared with Asian women.
- White British people were more likely to drink alcohol at levels classed as 'hazardous, harmful or dependent' than all other ethnic groups, among both men and women.
- a higher percentage of men than women drank alcohol at 'harmful or dependent' levels in all ethnic groups, however sample sizes were small, and any generalisations are unreliable.

Survey data for 2017 showed that the level of teetotalism was lower amongst those who are White (15.8%) compared with all other ethnicity groups (50.6%)[3].

In Cheshire East in 2021-22, new presentations to treatment for drug and alcohol services were more likely to be white British, White Irish or Other White[4,5]. This is similar to nationally. For non-opiates, national data suggests that service users were slightly less likely to be white British[6].

1. https://www.ethnicity-facts-figures.service.gov.uk/health/alcohol-smoking-and-drug-use/harmful-and-probable-dependent-drinking-in-adults/latest
2. Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014
3. ONS Adult drinking habits in Great Britain: 2017 https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/bulletins/opinionsandlifestylesurveyadultdrinkinghabitsingreatbritain/2017
4. OHID/NDTMS Adult Drug Commissioning Support Pack, 2022-23, Cheshire East
5. OHID/NDTMS Adult Alcohol Commissioning Support Pack, 2022-23, Cheshire East
6. Adult substance misuse treatment statistics 2021-2022 https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2021-to-2022

Housing and homelessness a risk factor

A safe, stable home environment enables people to sustain their recovery; insecure housing or homelessness threatens it. Addiction and homelessness do not exist in isolation. People who are homeless and who have drug use issues are likely to have a range of needs cutting across health and social care, substance use and criminal justice.

"Homelessness and substance use are mutually reinforcing problems, often occurring with and exacerbated by mental ill health and physical health needs"[3].

The Advisory Council on the Misuse of Drugs (ACMD) published a report in 2019, which looked specifically at Drug-related harms in homeless populations[1]. Some of the key conclusions were:-

- It is difficult to estimate the number of drug users among homeless populations, however, there is evidence that suggests a strong reciprocal association between being homeless and having an increased risk of problematic drug use.
- There is a higher rate of drug-related deaths among homeless populations compared with the general population.
  - Drug poisonings now contribute to two-fifths of deaths among the homeless population[3]
- Alcohol and drug abuse are particularly common causes of death amongst the homeless population, accounting for just over a third of all deaths[2].
- There is strong evidence of high rates of multiple morbidities, i.e., severe mental illness and long-term physical health conditions among homeless people who use drugs and alcohol.
- A high proportion of people who are homeless and who have drug use issues have experienced multiple adverse childhood experiences (ACEs).

Current service data shows that a smaller percentage of clients have a housing need at the start of treatment in Cheshire East compared to the national average. (see slide on Service user housing status)

1. ACMD (2019) Drug-related harms in homeless populations and how they can be reduced. London, Home Office, Advisory Council on the Misuse of Drugs. Available from: https://www.gov.uk/government/publications/acmd-report-drug-related-harms-in-homeless-populations
2. PHE Health matters: Harmful drinking and alcohol dependence – Jan 2016 https://www.gov.uk/government/publications/health-matters-harmful-drinking-and-alcohol-dependence/health-matters-harmful-drinking-and-alcohol-dependence
3. Black, C. 2020 Evidence relating to drug use, supply and effects, including current supply and future risks, PowerPoint Presentation (drugsandalcohol.ie) [accessed 9th June 2023] , p.92

Social networks as a protective factor

There is a high prevalence of co-morbidity in those attending mental health services and both drug and alcohol treatment services.

An estimated 44% of community mental health patients have reported problem drug use or harmful alcohol use in the previous year[1].

Positive social networks and support are crucial for mental wellbeing. Mental illness can affect recovery outcomes. It seems reasonable to connect social capital with substance misuse.

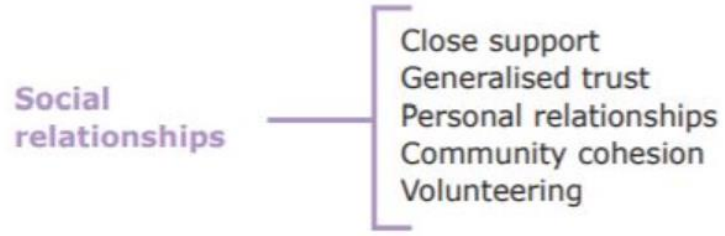
Social connections may influence a person's risk of alcohol dependency, and their ability to respond to treatment[2].

Many qualitative studies have shown the positive impacts of close relatives or friends on motivating clients to quit substance use.

In Cheshire East, 81% of adult residents surveyed in the Annual Population Survey (APS) 2021/22 survey, expressed a high level of satisfaction with their lives, scoring life satisfaction as 'high' or 'very high' and only 4.5% reported low satisfaction[3].

These estimates are based on a small sample of residents, interviewed with a mix of both face-to-face and telephone interviews*, so may not reflect the views of all residents.

*It was also found that the collection method affected the response: Higher than average ratings for the life satisfaction question were provided by respondents interviewed via the telephone compared to those who were asked face-to-face.



1. PHE Health matters: harmful drinking and alcohol dependence, Jan 2016 https://www.gov.uk/government/publications/health-matters-harmful-drinking-and-alcohol-dependence/health-matters-harmful-drinking-and-alcohol-dependence#Summary

2. Understanding local needs for wellbeing: data measures and indicators scoping report co-commissioned by the ONS and Public Health England (PHE), Nov 2017
https://whatworkswellbeing.org/resources/understanding-local-needs-for-wellbeing-data/

3. Office for Health Improvement & Disparities. Public Health Profiles. Available from: https://fingertips.phe.org.uk © Crown copyright 2022. Local Alcohol Profiles for England - Data - OHID (phe.org.uk) [accessed 23rd June 2023]

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Mental wellbeing

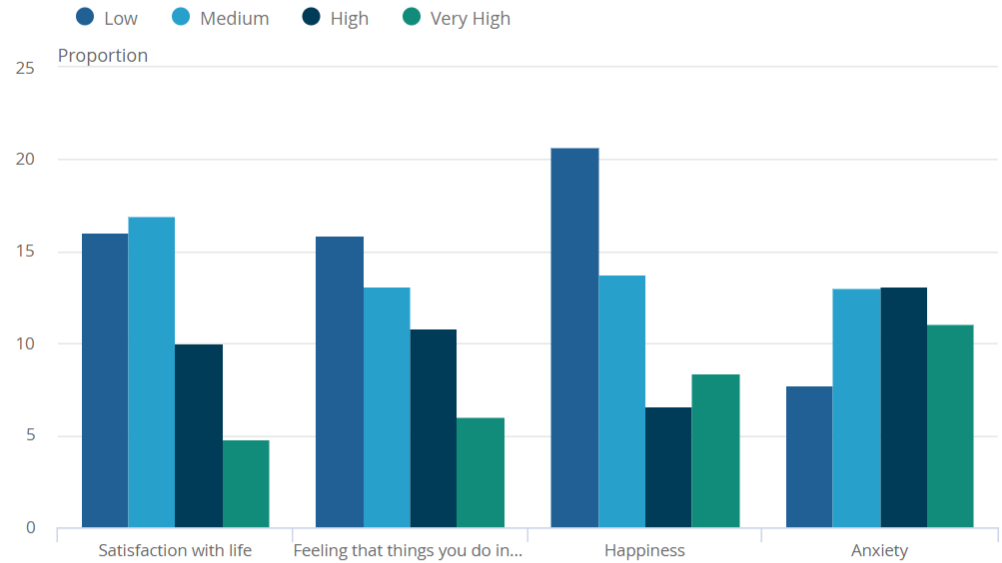
Poor mental health is a risk factor for substance misuse. People with co-existing mental health problems and substance misuse issues often also have physical health problems, social issues, such as debt, unemployment or homelessness, and are at greater risk of hospitalisation, self-harm and suicide. In addition, they may fall between services, unable to access NHS mental health services due to alcohol or drug use and excluded from local authority substance misuse services due to severe mental illness[1].

The Crime Survey for England and Wales showed that drug misuse varied across several measures of personal well-being such as satisfaction with life, feeling that things you do in your life are worthwhile and happiness[2].

Those individuals who reported lower personal well-being across these measures were more likely to have used an illicit drug in the last year.

A quarter of those people in England who are dependent on alcohol are likely to be receiving mental health medication; mostly for anxiety and depression, but also for sleep problems, psychosis and bipolar disorder.[3]

Proportion of adults aged 16 to 59 years who reported using a drug in the last year by personal well-being, England and Wales, year ending June 2022



Source: Office for National Statistics – Crime Survey for England and Wales (CSEW)

1. Black, C. 2020 Evidence relating to drug use, supply and effects, including current supply and future risks, p.90 PowerPoint Presentation (drugsandalcohol.ie) [accessed 9th June 2023]
2.Office for National Statistics (2022), Crime survey for England and Wales (CSEW)
Drug misuse in England and Wales - Office for National Statistics (ons.gov.uk)
3. Adult Psychiatric Morbidity Survey (APMS) : Survey of Mental Health and Wellbeing, England, 2014
Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014. - NHS Digital

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Alcohol Sales – a proxy for consumption

Indicator	Period	Chesh East			Neighbrs average	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Volume of pure alcohol sold through the off-trade: all alcohol sales	2014	–	1,813,106	6.1	6.0*	5.5	9.4		2.9
Volume of pure alcohol sold through the off-trade: beer sales	2014	–	526,557	1.76	1.65*	1.49	2.79		0.68
Volume of pure alcohol sold through the off-trade: wine sales	2014	–	643,245	2.15	2.25*	2.16	3.96		1.30
Volume of pure alcohol sold through the off-trade: spirit sales	2014	–	474,900	1.59	1.49*	1.38	2.46		0.70

The overall volume of alcohol sales average was similar to England and the nearest neighbouring boroughs* average in 2014. However, the beer and spirit sales were significantly higher than the England average[1]. Surveys are known to underestimate alcohol consumption, with tax and sales data representing a better proxy, albeit with some caveats, including no account taken of underage consumption, illegal alcohol or alcohol which is purchased but not consumed[1]. Studies have demonstrated a positive association between off-trade sales and alcohol-specific hospital admissions[1].

Minimum Unit Pricing (MUP) for alcohol was introduced in Scotland in 2019, at a rate of 50p per unit of pure alcohol. Early studies have shown significant improvement in alcohol-specific hospital admissions and deaths and, to a lesser extent, alcohol-related hospital admissions and deaths. Furthermore, the greatest improvements have been seen in the areas of highest socio-economic deprivation[2].

* CIPFA Nearest Neighbours Model used for comparative purposes: Nearest Neighbour Model (cipfa.org)

1. Office for Health Improvement & Disparities. Public Health Profiles. Available from: https://fingertips.phe.org.uk © Crown copyright 2022. Local Alcohol Profiles for England - Data - OHID (phe.org.uk) [accessed 20th February 2023]
2. Public Health Scotland, 2023, Evaluating the impact of alcohol minimum unit pricing (MUP) on alcohol-attributable deaths and hospital admissions in Scotland: Briefing paper, Evaluating the impact of alcohol minimum unit pricing (MUP) on alcohol-attributable deaths and hospital admissions in Scotland: Briefing paper (publichealthscotland.scot) [accessed 5th June 2023]

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Parental substance misuse

The National Association for Children of Alcoholics has identified evidence of the **risks of parental substance misuse on children**, with most of the research focusing on the **increased risk of children developing drinking problems themselves[1].** One study indicates that there is a 2-10 fold increased risk compared to children who do not have a parent with an alcohol problem[2]. **Other risks identified include premature death, suicide attempts, drug addiction, mental illness and teenage motherhood, parental violence and family separation.** Parental substance use can also impact on the age of initiation.

Proportion of new presentations to treatment who live with children (2021-22)

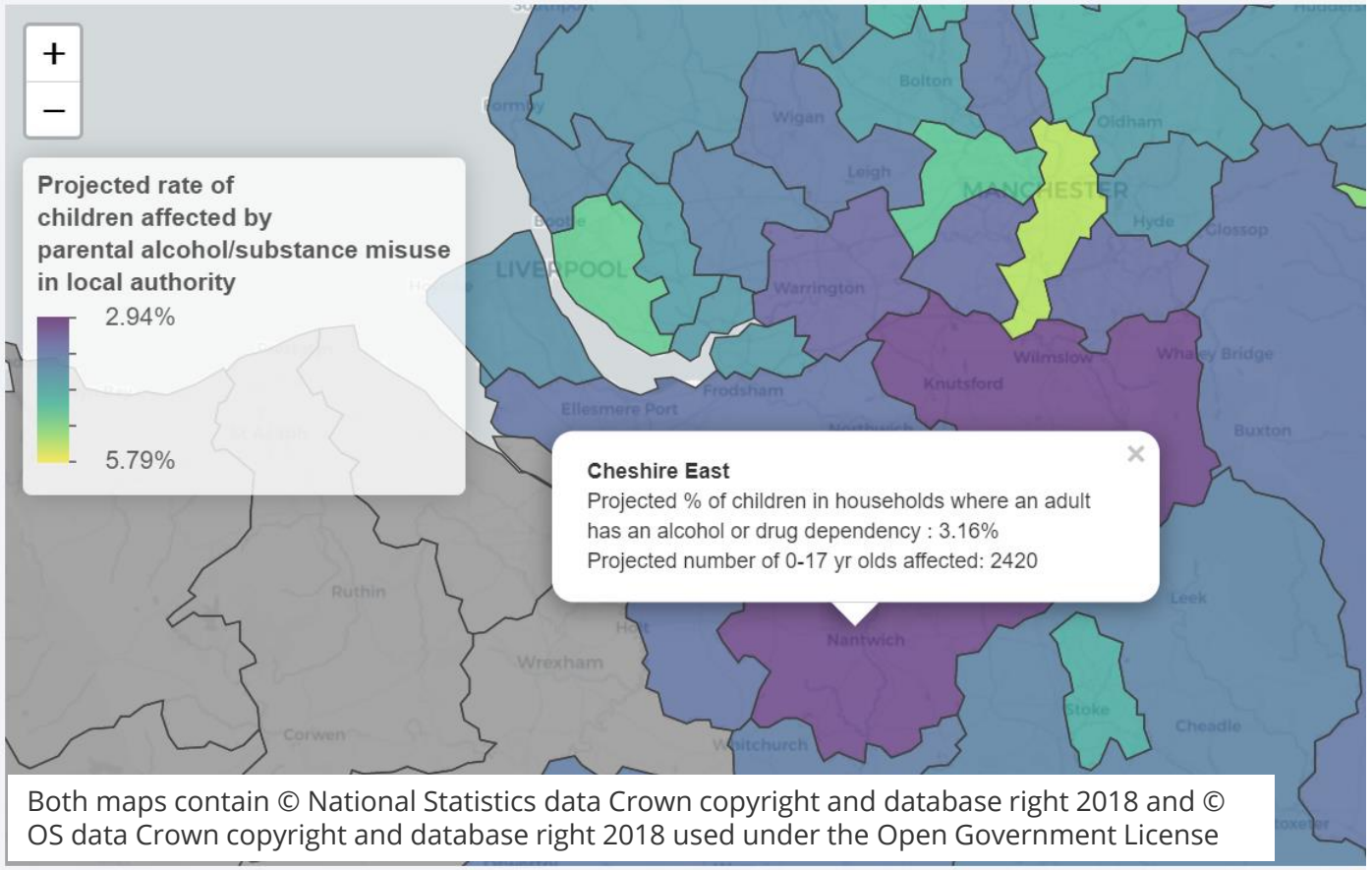
Treatment Type	Cheshire East		National Average
	(%)	(n)	(%)
Opiate	8.5%	16/188	10.4%
Non Opiate	36.6%	30/82	25.7%
Alcohol	24.1%	103/427	23.2%
Alcohol & Non Opiate	20.0%	23/115	20.2%

Source: Domes Q4 2021/2022 Report, NDTMS

- National Drug Treatment Monitoring System (NDTMS) data indicates that 24.1% (103/427) of alcohol users and 8.5% (16/188) of opiate users new to treatment in Cheshire East were **living with children – see table above**. Those in non-opiate treatment are more likely to be living with children (36.6%) compared to the national average (25.7%).
- Additionally, in 2019/20, 30% of new presentations to treatment were parents who did not live with children[3].
- A high proportion of parents with substance misuse issues are not known to services – it is estimated that of the 743 parents in Cheshire East predicted to be alcohol dependent, 81% are not known to services[3]. It is not possible to produce a similar estimate for opiate use locally, but nationally unmet need for parents is thought to be about 58%[3].

1. Research – Nacoa
2. Lieberman, D.Z. (2000). Children of alcoholics: An update. Current Opinion in Pediatrics, 12, 336-340
3. Public Health England/NDTMS, Parents with problem alcohol and drug use: Data for England and Cheshire East, 2019 to 2020

Estimates of total numbers of children affected by parental substance misuse



- Whilst overall across Cheshire East the numbers of parents having treatment for substance misuse is low[1], the estimated number of children affected by parental substance misuse is thought to be much higher[2].
- An estimated 2,420 under 18-year-olds are affected across Cheshire East.
- In 2019/20, 21.8% (499) of children in need referrals in Cheshire East identified alcohol misuse by a parent or another adult living with the child; 19% (435) of assessments identified drug misuse of a parent or another adult in the household as a factor. Both of these figures were above the national average[3].

1. Domes Q4 2021/22 Report, NDTMS
2. Children's Commissioner. Children in families at risk – Local area maps. Available from: Children in families at risk - Local area maps | Children's Commissioner for England (childrenscommissioner.gov.uk) (CHLDRN - Local and national data on childhood vulnerability | Children's Commissioner for England (childrenscommissioner.gov.uk) [Accessed 22 December 2022].
3. Public Health England. NDTMS. Parents with problem alcohol and drug use: Data for England and Cheshire East, 2019 to 2020. [Accessed 26 May 2023]

Open Fair Green

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Risk factors for substance misuse in young people

Adverse Childhood Experiences (ACEs) are highly stressful events or situations that occur during childhood and/or adolescence. A child's economic status, family history, and the kind of community they grow up in all come into play. ACEs can affect a child's ability to recognise and manage emotions; make it difficult to make and keep healthy friendships and relationships; manage their behaviour in school settings, This can thus impact on a young person's self-worth and mental health resilience and ultimately lead to risk taking behaviours including substance misuse.

Below are some of the factors that make a child more likely to experience an ACE taken from Office for Health Improvement & Disparities. Public Health Profiles:-

Indicator	Period	Chesh East			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
School readiness: percentage of children achieving a good level of development at the end of Reception (Persons, 5 yrs)	2021/22	→	-	66.1%	61.7%	65.2%	53.1%		80.0%
16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known (Persons, 16-17 yrs)	2021	→	-	2.0%	4.9%	4.7%	14.7%		0.0%
Mean score of the 14 WEMWBS statements at age 15 (Persons, 15 yrs)	2014/15	–	-	48.0	47.8	47.6	45.4		48.9
Percentage with 3 or more risky behaviours at age 15 (Persons, 15 yrs)	2014/15	–	-	15.2%	16.9%	15.9%	23.8%		3.2%
Looked after children aged 10-15 (Persons, 10-15 yrs)	2021	→	223	82.5	112.2	76.9*	243.3		21.6
Percentage of looked after children whose emotional wellbeing is a cause for concern (Persons, 5-16 yrs)	2021/22	→	60	36.0%	33.0%	37.0%	64.0%		16.0%
Children leaving care: rate per 10,000 children aged under 18 (Persons, <18 yrs)	2017/18	→	146	19.3	29.9	25.2	9.3		160.6
Children entering the youth justice system (10-17 yrs) (Persons, 10-17 yrs)	2020/21	↓	161	1.6*	2.4	2.8	5.7		1.1
Domestic abuse related incidents and crimes (Persons, 16+ yrs)	2021/22	–	-	24.1*	32.5	30.8	12.3		45.2

For more detailed information on these factors, please look at other JSNA chapters: Poverty; Children and Young People's Mental Health; Cared for Children and care leavers, Child maltreatment and Domestic abuse.

Office for Health Improvement & Disparities. Public Health Profiles. Available from: https://fingertips.phe.org.uk © Crown copyright 2022. Local Alcohol Profiles for England - Data - OHID (phe.org.uk) [accessed 23rd June 2023]

Appendix B - Estimated prevalence

Estimated prevalence of alcohol misuse and opiate or crack cocaine use - adults

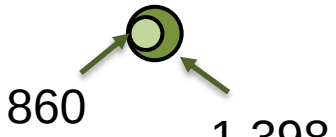
From Harm to Hope: a 10 year drugs plan to cut crime and save lives
National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Reducing drug use
Definition: Estimated total number and prevalence rate of opiate and/or crack cocaine use at local authority, regional and **England only**.
Definition: The estimated number of adults with an alcohol dependency. Monitored by local authority, England only. [additional OHID supporting measure]

Cheshire East Opiate and Crack Use (OCU)

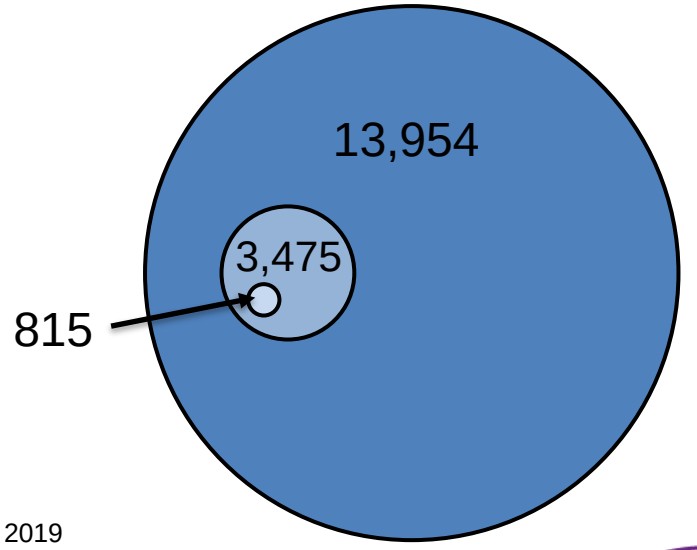
Numbers engaged in Treatment (2021/22)[1]	**860 (62%)**
Estimated OCU use[3]	**1,398**

The infographic indicates that a high proportion of those expected to have a substance misuse issue involving opiates or crack cocaine (OCU) are engaged with treatment services. This is not, however, the case for alcohol.



Cheshire East Dependent and Harmful Drinkers

Numbers engaged in Treatment (2021/22)[2]	**815* (23.5%)**
Estimated number of 'Dependent' drinkers[4]	**3,475**
Estimated number of 'Higher Risk' drinkers[5]	**13,954**



For definitions of harmful and dependent drinking, see Appendix I

There are estimated to be 743 parents in Cheshire East who are dependent drinkers (493 males and 250 females)[6].

Note: * includes alcohol and alcohol and non-opiate service users.

1. OHID, Adult Drug Commissioning Support Pack: 2023-24: Key Data
2. OHID, Adult Alcohol Commissioning Support Pack: 2023-24: Key Data
3. 2016/17, Estimates of Opiate and Crack Cocaine Prevalence, Liverpool John Moores University, PHE, 2019
4. 2018/19, Estimates of the number of adults in England with an alcohol dependency potentially in need of specialist treatment, University of Sheffield
5. Local Alcohol Profiles, Topography of drinking behaviours, Liverpool John Moores University, 2011, applied to mid-2020 population aged 16+
6. Public Health England/NDTMS, Parents with problem alcohol and drug use: Data for England and Cheshire East, 2019 to 2020

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Unmet need – alcohol and opiate and crack cocaine (OCU) treatment

From Harm to Hope: a 10 year drugs plan to cut crime and save lives
National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Reducing drug use
Definition: Unmet need for OCU treatment, based on a comparison of the opiate and crack use prevalence and numbers in treatment measures. **England only.**
Definition: Unmet need for alcohol treatment, based on a comparison of the alcohol prevalence and numbers in treatment measures. **England only.**

- Unmet need for OCU is estimated at 38% and unmet need for alcohol as 77%.[1,2]
- Unmet need for parents with an alcohol issue in Cheshire East is estimated to be 81%. It is not possible to produce a local estimate for parents who are OCU, but national estimates suggest that it is 2 per 1000 population[3].

1. OHID, Adult Drug Commissioning Support Pack: 2023-24: Key Data
2. OHID, Adult Alcohol Commissioning Support Pack: 2023-24: Key Data
3. Public Health England/NDTMS, Parents with problem alcohol and drug use: Data for England and Cheshire East, 2019 to 2020

Contents

Estimated drug use in children aged 11-15 years old

From Harm to Hope: a 10-year drugs plan to cut crime and save lives
National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Reducing drug use
Definition: Proportion of pupils aged 11-15 who took drugs in the last year. Monitored by drug type, personal characteristics (gender, ethnicity)

- **In 2021, 18% of young people aged 11-15 reported that they had ever taken drugs**[1]. The figure was 17% for boys and 19% for girls. Prevalence increased with age so that 9% of 11-year-old boys and 5% of 11-year-old girls said that they had ever taken drugs; rising to 30% and 34% respectively for 15-year-olds.
- 12% (11% of boys and 13% of girls) had taken drugs in the last year and 6% had taken drugs in the last month - this was the same for both boys and girls.
- Of young people who had taken drugs in the last year, 5.6% had taken cannabis, 1.9% had taken stimulants, 1.6% psychedelics, 3.2% had taken psychoactive substances (made up of 1.8% Nitrous Oxide and 1.7% of drugs formerly known as legal highs and 2.4% had taken Class A drugs*).
- If these figures are applied to the population of Cheshire East, then this would mean that approximately 1100 boys and approximately 1233 girls had taken drugs in the past year.

*See Appendix I

1. Smoking, Drinking and Drug Use among Young People in England, 2021, Smoking, Drinking and Drug Use among Young People in England, 2021 - NDRS (digital.nhs.uk) [accessed 24 January 2023]

Contents

Estimated prevalence of alcohol misuse - young people

Trading Standards Northwest survey – Cheshire East findings

Every 2 years since 2005 Trading Standards in the Northwest have conducted a survey of 14- to 17- year-olds. The most recent survey was undertaken between November 2022 and the end of February 2023. In total there were 13,981 responses, with 841 from Cheshire East. The survey asked questions in relation to attitudes towards alcohol, smoking, vaping, shisha, knife crime and ID/legislation.

The key findings in relation to attitudes towards alcohol in Cheshire East are:

- More than half of the young people questioned view drinking alcohol as normal and fun, and more than 2 in 5 are not worried about the long-term health effects of drinking.
- The percentage of young people in Cheshire East who claim to drink alcohol at least once a week has remained at similar levels for the last 7-8 years. 6% drink alcohol once a week and a further 6% drink twice a week or more.
- Binge drinking in those who consume alcohol remains low at 7%.
- The prevalence of drinking alcohol is lower among the youngest respondents and those whose ethnicity is not white British.
- Young people were asked where they mostly drink alcohol (multiple responses allowed). The top 3 responses are at home with parents (73%), functions/special occasions (45%) and at a friend's house with parents in (37%). One in five drink outside (streets, parks, etc.).
- There has been a large increase in the percentage of under-age drinkers claiming to buy alcohol for themselves at 27%, compared to 16% in the previous survey in 2020. Young people get alcohol from parents/guardians (76%) followed by shops (18%).
- There is generally a good understanding of the law around alcohol among young people in Cheshire East, but 35% still did not believe that it was an offence for people under the age of 18 to attempt to buy alcohol.

Source: Mustard 2023, Evaluating the changing attitudes and behaviour towards drinking, smoking, vaping and knives amongst 14-17 year olds in the North West of England – Cheshire East Report.

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What about youth (WAY) survey 2014/15

Indicator	Period	Chesh East			Your area list	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Percentage who have been drunk in the last 4 weeks at age 15 (Persons, 15 yrs)	2014/15	–	-	19.1%	-	14.6%	27.0%		
Percentage who have ever had an alcoholic drink at age 15 (Persons, 15 yrs)	2014/15	–	-	73.3%	-	62.4%	77.6%		
Percentage who have taken drugs (excluding cannabis) in the last month at age 15 (Persons, 15 yrs)	2014/15	–	-	0.2%	-	0.9%	4.2%		0.1%
Percentage who have ever tried cannabis at age 15 (Persons, 15 yrs)	2014/15	–	-	9.9%	-	10.7%	24.2%		4.9%
Percentage who have taken cannabis in the last month at age 15 (Persons, 15 yrs)	2014/15	–	-	3.1%	-	4.6%	14.4%		1.6%

The WAY survey still provides useful information about young people's use of substances. Cheshire East performed particularly badly in the alcohol indicators, with the proportion of 15-year-olds who had ever had an alcoholic drink or been drunk in the past 4 weeks both significantly higher than the England average. The fact that Cheshire East continues to have high admission rates for alcohol-specific conditions among under 18-year-olds suggests that these issues persist.

Source: Office for Health Improvement & Disparities. Public Health Profiles. Available from: https://fingertips.phe.org.uk © Crown copyright 2023.
Child and Maternal Health - Data - OHID (phe.org.uk) [accessed 20th February 2023]

Contents

Estimated drug use by type of drug

From Harm to Hope: a 10 year drugs plan to cut crime and save lives
National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Reducing drug use
Definition: Proportion of individuals reporting use of drugs in the last year; 16-24 years, 16-59 years. Monitored by drug type (all, cannabis, cocaine), personal characteristics (gender, ethnicity, others as required)

According to the National Crime Survey for England and Wales[1], 7.6% of 16–74-year-olds have used drugs in the past year (April 2019 to March 2020).

- This equates to nearly 21,000 people living in Cheshire East (ONS mid-2020 population estimates). Nearly 7,000 of these were aged 16-24.
- **Cannabis was the most used drug** among 16–59-year-olds, followed by **powder cocaine, ecstasy and ketamine**.
- **The pattern for 16–24-year-olds was similar, but with nitrous oxide the most popular choice after cannabis.**
- The dangers of nitrous oxide were recently highlighted in a joint letter from the National Police Chiefs Council and the Office for Health Inequalities and Disparities (OHID). There is particular concern that the availability of larger canisters is causing greater harm, particularly due to effects on the nervous system, which can be permanent[2]. The government has since announced plans to make possession of nitrous oxide a criminal offence[3].

1. National Crime Survey for England and Wales, Drug misuse in England and Wales - Office for National Statistics (ons.gov.uk) [accessed 20 March 2023]
2. Office for Health Improvement and Disparities (OHID) and National Police Chiefs Council (NPCC), December 2022, joint letter to Police and Crime Commissioners, Chief Constables and Directors of Public Health
3. Nitrous oxide: Possession of laughing gas to be criminal offence - BBC News [accessed 23 May 2023]

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Appendix C - Substance misuse and crime

Drug related crime

From Harm to Hope: a 10-year drugs plan to cut crime and save lives
National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Reducing drug-related crime:
Homicides that involve drug users or dealers or have been related to drugs in any way. An offence is 'drug-related' if any of the following variables are positive: victim illegal drug user; victim illegal drug dealer; suspect illegal drug user; suspect illegal drug dealer; victim has taken a drug; suspect has taken a drug; suspect had motive to obtain drugs; suspect had motive to steal drug proceeds; drug related. England and Wales.

Drug-related homicide

Drug use is a factor in half of all homicides[1]. However, Holland *et al* (2022) point out that this "implies causation" yet, "in most cases, the victim or perpetrator was known to use or deal drugs, sometimes recently" [2]. For the year April 2021 to March 2022, 2 homicides were recorded in Cheshire Constabulary area. An equivalent figure for Cheshire East cannot be provided [3]. In England and Wales, 52% of homicides involved drug users or dealers or were related to drugs in some way.

1. HM Government (2021) From harm to hope: a 10 year drugs plan to cut crime and save lives. From harm to hope: a 10-year drugs plan to cut crime and save lives (publishing.service.gov.uk) [accessed 20 February 2023]
2. Holland, A. *et al (2022)*, Analysis of the UK government's 10 year drugs strategy – a resource for practitioners and policy makers, Journal of Public Health, pp. 1-10, Analysis of the UK Government's 10-Year Drugs Strategy—a resource for practitioners and policymakers (silverchair.com) [accessed 19 January 2023]
3. Homicide in England and Wales year ending March 2022. Appendix tables: homicide in England and Wales - Office for National Statistics (ons.gov.uk) [accessed 20 February 2023]

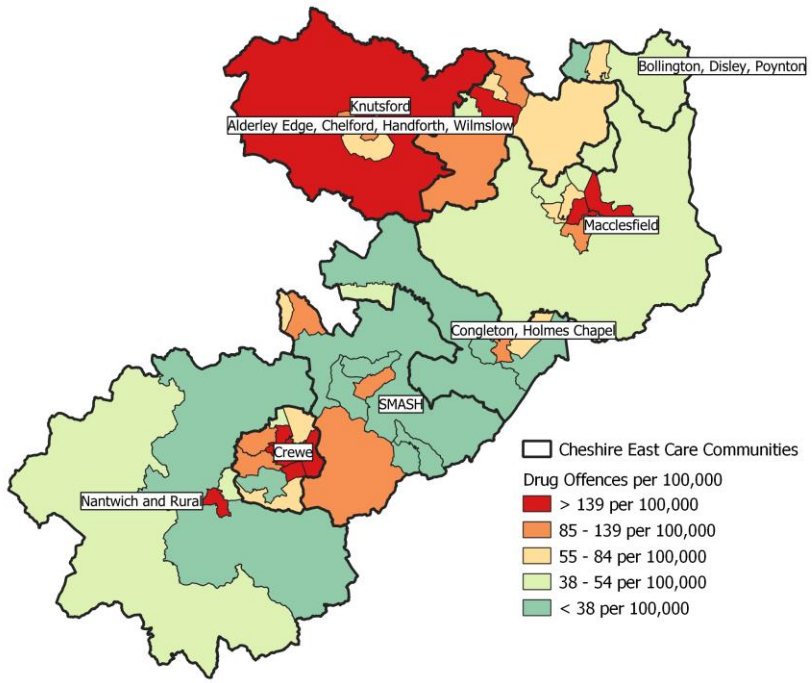
Contents

Drug related crime in Cheshire East

From Harm to Hope: a 10-year drugs plan to cut crime and save lives
National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Reducing drug-related crime
Definition: Neighbourhood crime, made up of domestic burglary, personal robbery, vehicle offences and theft from the person
Definition: Police recorded trafficking of drugs and possession of drugs offences. Monitored by adult/juvenile national and police force area. **England and Wales**.

Cheshire East Drug Offences, September 2019-August 2022, Rate per 100,000



Whilst it is possible to map neighbourhood crime, it is not possible to identify which crimes are drug related.

Instead, we have mapped drug offences per 100,000 population from data.police.uk (Police API Documentation | data.police.uk), but this is only a small proportion of drug related crime as described above. A drug offence is a recorded crime for possession or trafficking of an illegal drug.

In 2021/22 451 drug offence incidents were recorded in Cheshire East. The majority (77%) involved cannabis. 19% of incidents were classed as trafficking in controlled drugs and 81% as possession[1].

1. Cheshire Constabulary, Serious and Organised Crime Local Profile 2021/22, Cheshire East

Contents

Organised Crime Groups (OCGs)

From Harm to Hope: a 10 year drugs plan to cut crime and save lives
National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Reducing drug supply
Definition: Number of moderate and major drug disruptions against organised criminals. Major: Significant disruptive impact on an OCG, individual or vulnerability, with significant or long-term impact on the threat. Moderate: As above but with noticeable and/or medium-term impact on the threat.

- An organised crime group (OCG) is defined as "individuals, normally working with others, with the capacity and capability to commit serious crime on a continuing basis". A serious crime is defined by Section 93(4) of the Police Act 1997 as "crime that involves the use of violence, results in substantial financial gain or is conducted by a large number of persons in pursuit of a common purpose"[1].
- This type of crime would normally carry a sentence of at least three years for an adult.
- As of March 2022, **Cheshire Constabulary was managing 54 active OCGs, nine of these were believed to be having an impact on Cheshire East**. Drugs are central to a number of these OCGs, with heroin and crack cocaine being the main focus. OCGs involved in drug crime control the operation of county lines.
- **Ten businesses in Cheshire East were known to be linked to the operation of OCGs**.

1 Cheshire Constabulary, Serious and Organised Crime Profile 2021/22, Cheshire East

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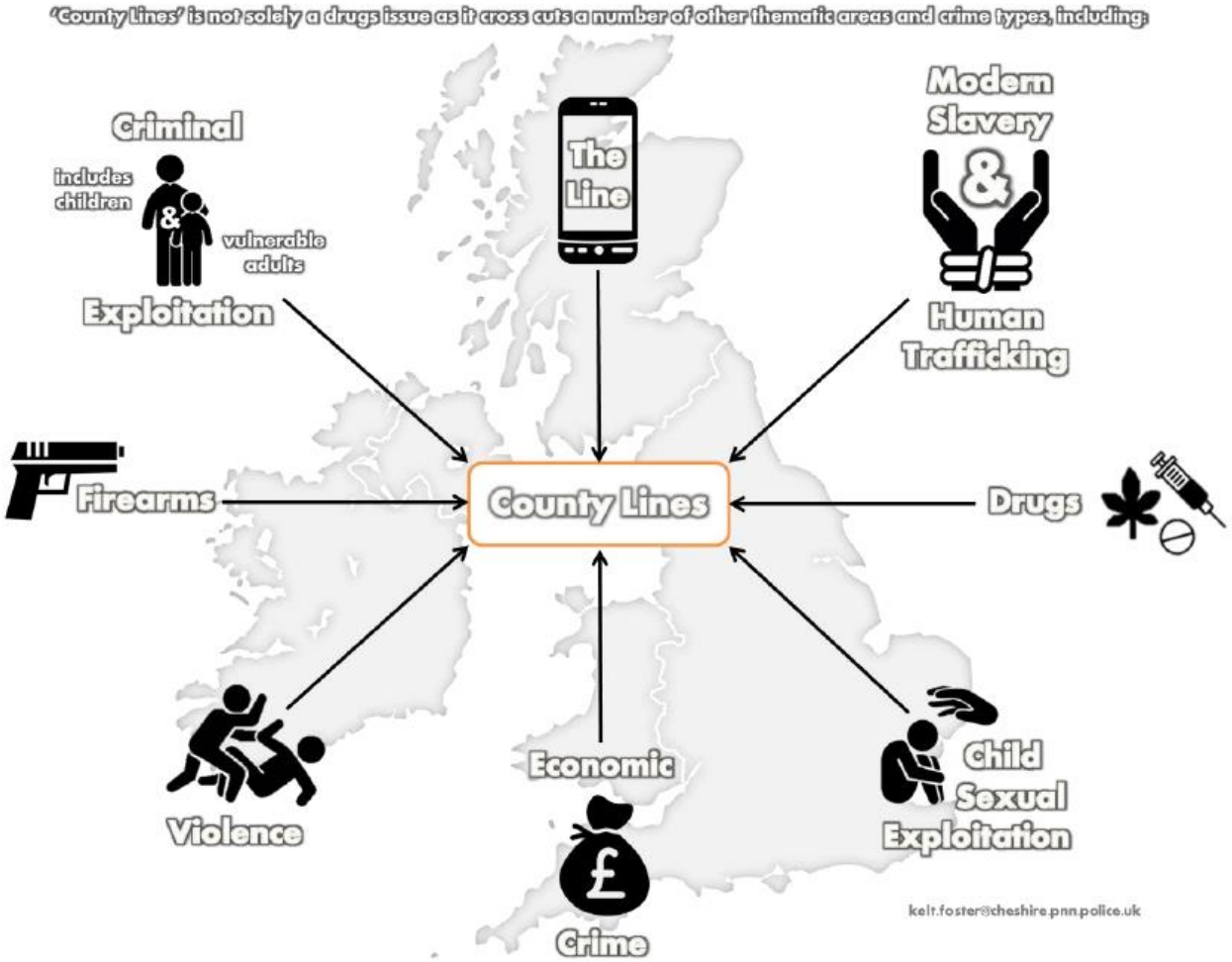
County Lines



"County Lines is a term used to describe **gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas [within the UK],** using dedicated mobile phone lines or other form of 'deal line'. A line is defined as a branded team using **a specific telephone number to arrange the sale of drugs.** The controller of this phone will generally sit remotely away from the force area it is operating in." [1]

1. Cheshire Constabulary, Serious and Organised Crime Local Profile 2021/22, Cheshire East. Diagram reproduced with the kind permission of Cheshire Constabulary.

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County Lines in Cheshire East

From Harm to Hope: a 10 year drugs plan to cut crime and save lives
National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Reducing supply
Definition: Number of county lines closed through the County Lines Programme. **England only.**

- **As of March 2022, Cheshire had mapped 66 county lines teams. 17 of these were seen to be having an impact on Cheshire East.**
- Cheshire is seen as an "importer" of county lines, with most of the lines originating in Manchester and Merseyside. The county lines mainly deal in heroin and crack cocaine and would expect to earn £1000-£2000 per day.
- County lines gangs exploit vulnerable adults and children.
- Four of the county lines gangs mapped by Cheshire and operating in Cheshire East had links to child criminal exploitation (CCE), as well as an additional five mapped by other forces.
- In 2021/2022, Cheshire Constabulary made 33 referrals of vulnerable adults exploited by county lines – so called "cuckooing" - to other agencies.

Source: Cheshire Constabulary, Serious and Organised Crime Local Profile 2021/22, Cheshire East

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Cheshire Youth Justice Services (YJS)

- In a recent health needs assessment[1] (completed March 2023), Cheshire Youth Justice Services (YJS) found that higher proportions of young people they engaged with had ever used or were currently using drugs and/or alcohol when compared to national averages. For example, 70.4% of 11–15-year-olds in a sample of statutory cases had ever used drugs compared to a national prevalence of 24.0% for this age group.

- Among statutory cases in young people aged 10-18 years it was also found that they were more likely to have ever used (79.0%) or currently used (58.0%) drugs when compared with alcohol (45.4% & 30.3% respectively). Of those who currently used drugs, mixed drug use* (56.5%) and cannabis alone (43.5%) were found to be the most prevalent.

- Additionally, their qualitative research involving engagement with stakeholders supported these conclusions. Concerns were raised about the increased prevalence of cannabis use among young people entering the criminal justice system and the associated negative impact on their physical health, mental health, communication and relationships. Also highlighted was their increased risk of criminal exploitation (including county lines involvement).

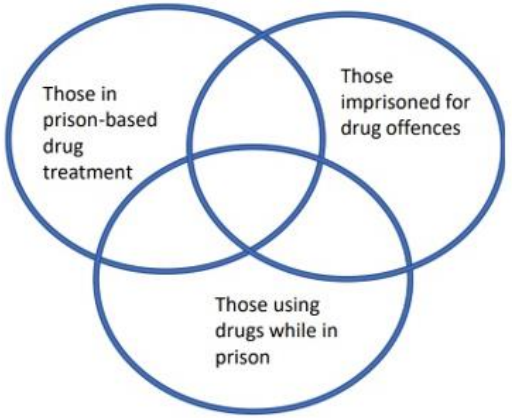
- The assessment highlights that some young people are not getting the support they need (including with substance misuse) until they have offended and entered the criminal justice system. Earlier interventions could have prevented them from getting to the point of offending in the first place and so improved their life chances.

*See Appendix I

Note: The health needs assessment referred to covered Cheshire East, Cheshire West & Chester, Halton, and Warrington.

1. Public Health Institute, Liverpool John Moores University. Cheshire Youth Justice Services Health Needs Assessment – full technical report (March 2023)

Substance misuse and prisons



There are three overlapping prison cohorts – those imprisoned for drug offences, those using drugs while in prison and those in prison-based drug treatment (see diagram left)[1]. Not all of those imprisoned for drug offences are drug users.

Many of those in prison-based drug treatment are serving sentences of less than six months. These shorter sentences are typically given for offences such as shoplifting and burglary, which are commonly committed to fund a drug habit. Many of these people become locked into a cycle of crime and intermittent prison-based drug treatment and then fail to engage with or are not eligible for structured treatment on release[1].

According to the Black Report, there was a fall in positive drugs tests in prisons between 1999 and 2015, but positive tests have increased again since 2015 with approximately 10% of prisoners testing positive for drugs. The most commonly detected drugs are cannabinoids and opioids[1]. A 2017/18 prison drug survey found that 42% of men and 28% of women entering prison had a drug problem. In addition, 13% of men and 8% of women developed a drug problem while in prison, although there is no detail about the nature of the problem or whether the respondents had a previous history of drug use[1].

1.Black, C. 2020 Evidence relating to drug use, supply and effects, including current supply and future risks, PowerPoint Presentation (drugsandalcohol.ie) [accessed 9th June 2023]

HM Prison and Probation Service

Health and Justice Partnership Coordinators (HJPCs) work strategically to support access to appropriate support and treatment once someone is released from prison. The HJPCs build connections between commissioners and providers across substance misuse and mental health services in the community to ensure clear pathways into treatment are in place for all offenders leaving prison. This includes those with coexisting needs.[1]

Substance misuse related priorities from the Health & Justice Partnership Coordinators/Managers Strategic Framework 2023/24[2]:

- We will increase the percentage of prison leavers who have an ongoing substance misuse treatment need to access community services within 3 weeks of release.
- We will work with probation colleagues and substance misuse partners to increase the number of Drug Rehabilitation Requirements (DRRs).
- We will proactively engage with Combatting Drugs Partnerships (CDP) to support the delivery of the 10-Year Drugs Strategy at a local level.
- We will support people on probation to access and engage with substance misuse and health services in the community to reduce health inequalities.

National targets[2]:

- Improve the percentage of prison leavers who have an ongoing substance misuse treatment need to engage with community treatment providers within 3 weeks of release. Ambition 75%.
- Increase the number of people who are sentenced to a DRR, reaching the volume targets set in each region.

Probation services have prioritised substance misuse and mental health need and as of March 2023 were working with 179 individuals in Cheshire East with an index offence relating to alcohol or drugs (15.4% of total caseload).[1] It is important to note, however, that substance misuse may be a feature of other offences, such as violence, some offences (e.g. burglary) may be committed to fund substance misuse, and individuals with index offences unrelated to drugs or alcohol may have a substance misuse need.

[1] Information received from David Teese, HM Prisons and Probation, 28th April 2023
[2] Health & Justice Partnership Coordinators/Managers Strategic Framework 2023/24. HM Prison & Probation Service

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Appendix D - Services to support people affected by substance misuse and wider challenges

Contents

Cheshire East services and advice for people experiencing substance misuse

Substance misuse service asset mapping

Substance misuse specific ‘assets’ such as specialist treatment services should be seen in conjunction with wider community assets including libraries, faith organisations, sports groups and parks etc. Participation in positive social networks or relationships enhance and improve recovery outcomes. These relationships can come from the workplace, volunteering, leisure-time groups, peer support, mutual aid, mentors, friends and families.

Livewell Cheshire East brings together information about service offer and location in an online mapping tool: https://www.cheshireeast.gov.uk/livewell/livewell.aspx

Residents and service providers can search the directory to find information by topic or location. In addition, it is possible to search the directory for wider community assets in a particular community/neighbourhood. We are encouraging providers to continue to add and amend to their listings to build a complete picture of the assets within communities.

Alcohol misuse specific assets: Alcohol (cheshireeast.gov.uk)

Signposts to NHS alcohol support pages.

Drug and substance misuse specific assets: Drug and substance misuse (cheshireeast.gov.uk)

Current drug and alcohol misuse services are provided by Change Grow Live (CGL) which is a health and social care charity that works with individuals who want to change their lives for the better and achieve positive and life affirming goals.

Reach Out and Recover (ROAR), based in Macclesfield, provides 24-month residential support for people struggling with addiction and other issues.

Cheshire and Merseyside (CHaMPS) activity to support people experiencing substance misuse

Alcohol harm reduction is a priority for Cheshire and Merseyside Health Care Partnership and for every Health and Wellbeing Board in Cheshire and Merseyside. The work is led by the Cheshire and Merseyside Alcohol Prevention Board and their priorities are:

1. **Implementation of the national pathway for alcohol care and the standards** for Alcohol Care Teams (ACTs) across Cheshire and Merseyside, to reduce unwarranted variation and drive-up standards in alcohol care.
2. Establishment of a common **Acute Alcohol Competency Programme** to improve workforce alcohol-prevention capabilities, within Alcohol Care Teams and beyond.
3. Creation of a Cheshire & Merseyside **alcohol harm-reduction dashboard** to identify variation in key metrics across the area and enable the targeting of activities to reduce unwarranted variation.
4. **Strengthening alcohol IBA (Identification and Brief Advice)** activities to promote early detection of harmful drinking levels and Alcohol Related Liver Disease, enabling early treatment and prevention of cirrhosis.
5. Building on recent NIHR-funded modelling research to advocate for the introduction of **alcohol minimum unit pricing** (MUP) across Cheshire and Merseyside.

Source: CHaMPS, Reduction of Harm From Alcohol | Champs Public Health Collaborative [accessed 6 March 2023]

Services provided by Change Grow Live (CGL) in Cheshire East

- Integrated Adult and Young Peoples Drug and Alcohol Service
- Criminal justice teams
- Lift Project - assists males leaving Altcourse prison to access services and supported accommodation in Cheshire East (subject to criteria being met)
- Psychosocial interventions
- Medical interventions, including community and inpatient detox
- Access to rehab
- Group work
- Volunteering / service user forum / building communities
- Employment / training work (including referrals to the New Leaf Program)
- Recovery support
- Liaise with supported housing
- Harm reduction
- Needle exchange
- Blood borne virus (BBV) screening and treatment
- Naloxone distribution (Naloxone reverses the effects of opioid overdose)

Data Source: information provided by Change Grow Live (CGL), https://www.changegrowlive.org/

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Services provided for young people by Change Grow Live (CGL) in Cheshire East

- Offer a **detailed training course to teachers and school staff** and other professionals working with children and young people, including Child and Adolescent Mental Health Services (CAMHS), Social Care, Youth Offending Team, hospitals, youth services and organisations such as the Scouts. This has enabled children and young people who are affected by substance use to be **identified and signposted to the Young Persons (YP) service**. This has also increased awareness of children affected by someone else's substance use leading to referral to CGL's **Hidden Harm Service**.
  - Work with **schools to deliver age-appropriate education and awareness sessions** which include drug and alcohol awareness, the effects of substances on the body, the risks associated with substances and the law, including drug categories.
  - Have developed **drug and alcohol awareness sessions suitable for primary school children** in years 5 and 6 (10-11- year-olds)
  - Provide **parents awareness sessions** to inform parents about the education provided to support their children.
  - Have **training sessions to support secondary schools with Personal, Social, Health and Economic (PSHE) lessons.**
  - Have developed **shorter focused group work** to support schools with smaller groups of young people. These sessions are developed to the needs of the individuals, typically focusing on a specific drug each session. Sessions have looked at vaping, ketamine, cocaine, heroin, cannabis and alcohol and explore substances in a greater detail, supporting young people to access the YP service when required.
  - Have a **Child Exploitation Worker**, who may also attend these sessions to raise awareness and identify anyone who requires individual focused support in relation to exploitation.
  - Work within **Crewe, Macclesfield and Reaseheath College (Nantwich)**, providing drug and alcohol awareness training sessions and regular drop-in sessions for staff and young people.
  - Provide focused work to school **6th forms** around keeping safe at festivals.
  - Attend **community events, summer festivals and Pride events** to provide awareness and support.

Data Source: information provided by Helen Richards, Quality Lead, Change Grow Live (CGL)

Appendix E - Substance misuse treatment and service delivery

Cost of substance misuse and funding of services

- During the 2000s national funding for substance misuse treatment increased substantially, from around £50 million to around £500 million. However, in 2015 substance misuse services were transferred from the NHS to local authorities, with funding coming from the Public Health ring-fenced grant. This was linked to a large reduction in funding[1].
- The cost of substance misuse treatment has remained relatively constant against a backdrop of increasing opiate and crack cocaine use. This means that whilst prevalence is increasing, fewer people can access treatment, leading to an increase in unmet need[1].
- New government funding – as part of the 'From harm to hope' combating drugs programme - is designed to redress the balance but it remains to be seen whether this will be adequate[2].

1. Black, C. 2020 Evidence relating to drug use, supply and effects, including current supply and future risks, PowerPoint Presentation (drugsandalcohol.ie) [accessed 9th June 2023]
2. HM Government (2021) From harm to hope: a 10 year drugs plan to cut crime and save lives. From harm to hope: a 10-year drugs plan to cut crime and save lives (publishing.service.gov.uk) [accessed 20 February 2023]

Misuse of prescription drugs and club drug use by residents presenting for treatment

Prescription and over the counter medication

The table below shows the proportion of new presentations to drug treatment services who misuse prescription only medication (POM) or over the counter (OTC) medications.

No illicit use indicates that these are the only drugs they misuse whereas illicit use indicates that they use them alongside other drugs.

16% of people presenting to drug services misused OTC or POM medication during 2021-22.

Table 8.19.1 Number of adults in drug treatment citing POM/OTC use, for **Cheshire East** and **England, 2021-22.**

POM/OTC Use	Local (n)	Proportion of treatment population	Male (n)	Female (n)	England (n)	Proportion of treatment population
Illicit use	104	10%	66	38	18,814	9%
No illicit use	59	6%	34	25	8,081	4%

Club drug use

Very few new presentations to treatment services cite club drugs as their main substance. Of those who do, the main drugs of choice are ketamine and ecstasy. Most club drug users use these substances intermittently and do not require drug treatment services[1]. Club drug use is also more prominent in the under 30 age group. This does not mean, however, that these drugs do not cause harm.

Data Source: OHID/NDTMS Adult Drug Commissioning Support Pack, 2023-24, Cheshire East

1. Black, C. 2020 Evidence relating to drug use, supply and effects, including current supply and future risks, PowerPoint Presentation (drugsandalcohol.ie) [accessed 9th June 2023]

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Variation by protected characteristic – age and sex

From Harm to Hope: a 10 year drugs plan to cut crime and save lives
National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Increase Engagement in Treatment
Definition: Numbers in treatment for adults and young people. Monitored by: Protected characteristics, opiate and/or crack cocaine users (OCUs) and non-OCUs, and alcohol, **England only**.

- During 2021-2022, there were 730 opiate service users, 319 non-opiate service users and 217 alcohol service users in treatment in Cheshire East[1].
- 47 of these were under the age of 18 and an additional 33 were adults engaged with young people's services[2].
- In Cheshire East in 2021/22, the highest proportion of people in drug treatment (36%) were aged 40-49, followed by 30–39-year-olds (32%). A higher proportion (36%) of the female treatment population was in this age bracket. A much smaller proportion was aged 60 and over (2%)[3]. Nationally, the highest proportion (17.2%) of the treatment population was aged 40-44, followed by 35-39 (15.9%)[4].
- There is no local information by age and substance group, but nationally non-opiate and non-opiate and alcohol service users are, in general, younger, with 71.6% of non-opiate and 62.9% of non-opiate and alcohol service users aged 20-39[4].
- In Cheshire East, the highest proportion (31%) of the alcohol treatment population was aged 40-49. Proportions by age are similar for males and females and the pattern by age is similar to England[5].
- In 2021/22 55% of the alcohol treatment population and 69% of the drug treatment population in Cheshire East was male - 61% for alcohol and non-opiate, 69% for non-opiate and 71% for opiate[5,3]. In England, 58% of alcohol service users, 72% of opiate service users and 70% of non-opiate and alcohol service users were male[4,5].

1. NDTMS Cheshire East DOMES Executive Summary Q2 2022-23
2. NDTMS YP Executive Summary 2022-23 Q2
3. OHID/NDTMS Adult Drug Commissioning Support Pack, 2023-24, Cheshire East
4. Adult substance misuse treatment statistics 2021-2022 https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2021-to-2022
5. OHID/NDTMS Adult Alcohol Commissioning Support Pack, 2023-24, Cheshire East

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Variation by protected characteristic - ethnicity

From Harm to Hope: a 10 year drugs plan to cut crime and save lives
National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Increase Engagement in Treatment
Definition: Numbers in treatment for adults and young people. Monitored by: Protected characteristics, opiate and/or crack cocaine users (OCUs) and non-OCUs, and alcohol, **England only**.

- In Cheshire East in 2021-22, 87% of new presentations to treatment were white British, 3% were white (other) and 1% white and black Caribbean. However, 2% did not give their ethnicity and for a further 5% it was unknown[1].
- New presentations to alcohol treatment in Cheshire East were more likely to be white British (89%), with 6% giving their ethnicity as 'other white' and 1% as 'white Irish'; 3% was 'unknown'[2].
- Nationally, 82.6% of people in treatment were white British. 4.3% gave their ethnicity as 'other white', 1.3% as 'Indian', 1.2% as 'white Irish', 1.1% as 'white and black Caribbean' and another 1.1% as Caribbean. The ethnicity profile was similar across all drug types except non-opiates, where service users were slightly less likely (78%) to be white British. Here, the ethnicities of 'other white' (4%), 'white and black Caribbean' (1.9%), 'Caribbean' (2.1%), 'Pakistani' (1.3%), African (1.5%), 'other mixed' (1.4%) and 'other black' (1.3%) were all greater than 1%[3]. Nationally, 82% of those presenting to alcohol treatment were 'white British', 5% were 'other white' and 2% were 'Indian'[2].

1. OHID (2023), Adult Drug Commissioning Support pack: 2023-24: Key Data
2. OHID (2023), Adult Alcohol Commissioning Support pack: 2023-24: Key Data
3. Adult substance misuse treatment statistics 2021-2022 https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2021-to-2022
3. 2021 Census. Disability in England and Wales, 2021 - Office for National Statistics (ons.gov.uk)

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Variation by protected characteristic - religion

From Harm to Hope: a 10 year drugs plan to cut crime and save lives
National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Increase Engagement in Treatment
Definition: Numbers in treatment for adults and young people. Monitored by: Protected characteristics, opiate and/or crack cocaine users (OCUs) and non-OCUs, and alcohol, **England only**.

- In Cheshire East in 2021/22, 59% of new presentations to drug treatment had no religion, 10% were Christian and 2% were other. There was a high proportion (28%) of missing or unknown/inconsistent responses. For new presentations to drug treatment nationally, 60% stated that they had no religion, 19% were Christian, 3% other and 1% Sikh; 11% of responses were missing or 'unknown/inconsistent'[1].
- Nationally, 60% of all drug treatment service users had no religion, 21.9% gave their religion as Christian and 2.5% as Muslim. A slightly higher proportion of opiate and non-opiate users were Muslim (3.9% in both cases), and a slightly higher proportion of alcohol service users (25%) were Christian[2].
- In Cheshire East in 2021/22, 60% of new presentations to alcohol treatment said that they had no religion; 15% were Christian and 1% 'other' but 23% of responses were unknown or missing. Nationally, 57% had no religion, 25% were Christian, 3% 'other', 1% Muslim and 1% Sikh and 9% of responses were unknown or missing[3].

1. OHID (2023), Adult Drug Commissioning Support pack: 2023-24: Key Data
2. Adult substance misuse treatment statistics 2021-2022 https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2021-to-2022
3. OHID (2023), Adult Alcohol Commissioning Support pack: 2023-24: Key Data

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Variation by protected characteristic - disability

From Harm to Hope: a 10 year drugs plan to cut crime and save lives
National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Increase Engagement in Treatment
Definition: Numbers in treatment for adults and young people. Monitored by: Protected characteristics, opiate and/or crack cocaine users (OCUs) and non-OCUs, and alcohol, **England only**.

- In Cheshire East in 2021/22, 19% of new presentations to drug treatment stated that they had a disability; this compares to 29% nationally. However, for 17% of Cheshire East responses it was either not stated or missing[1]. In Cheshire East in 2021/22, 21% of new presentations to alcohol treatment stated that they had a disability, compared to 29% nationally. The response was not stated or missing for 10%[2].
- Nationally, 28.8% of service users stated that they had a disability, which is higher than the 17.7% who classed themselves as disabled at the 2021 Census[3,4]. For service users, behaviour and emotional (15.5%) was the most reported disability, followed by mobility and gross motor (5.9%), progressive conditions and physical health (5.3%) and learning disability (3.1%). These proportions were similar across substance groups, with a slightly higher proportion (17.8%) of the non-opiate and alcohol group reporting behavioural and emotional problems[3].

1. OHID (2023), Adult Drug Commissioning Support pack: 2023-24: Key Data
2. OHID (2023), Adult Alcohol Commissioning Support pack: 2023-24: Key Data
3. Adult substance misuse treatment statistics 2021-2022 https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2021-to-2022
2021 Census. Disability in England and Wales, 2021 - Office for National Statistics (ons.gov.uk)

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Variation by protected characteristic - sexuality

From Harm to Hope: a 10 year drugs plan to cut crime and save lives
National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Increase Engagement in Treatment
Definition: Numbers in treatment for adults and young people. Monitored by: Protected characteristics, opiate and/or crack cocaine users (OCUs) and non-OCUs, and alcohol, **England only**.

- In Cheshire East in 2021/22, 74% of new presentations to drug treatment stated that they were 'heterosexual', 2% were gay or lesbian and a further 2% bisexual; 21% of responses were not stated or missing/inconsistent. Nationally, 85% were heterosexual, 3% gay or lesbian and 3% bisexual but there was a smaller percentage of missing responses[1].
- Nationally, 90.5% of all those in drug treatment gave their sexual orientation as heterosexual, 2.9% as gay or lesbian and 2.3% as bisexual. Lower proportions of non-opiate and non-opiate and alcohol service users stated that they were heterosexual – 87.6% and 89% respectively[2].
- In Cheshire East in 2021/22, 82% of new presentations to alcohol treatment gave their sexuality as heterosexual, 3% were gay or lesbian and 1% bisexual. 13% of responses were not stated or missing/inconsistent. Nationally, 88% of new presentations to alcohol treatment were heterosexual, 3% were gay or lesbian and 2% bisexual. 6% of responses were not stated or missing/inconsistent[3].
- There is no information about substance misuse and gender reassignment.

1. OHID (2023), Adult Drug Commissioning Support pack: 2023-24: Key Data
2. Adult substance misuse treatment statistics 2021-2022 https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2021-to-2022
3. OHID (2023), Adult Alcohol Commissioning Support pack: 2023-24: Key Data

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Variation by protected characteristic – pregnancy and maternity

From Harm to Hope: a 10 year drugs plan to cut crime and save lives
National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Increase Engagement in Treatment
Definition: Numbers in treatment for adults and young people. Monitored by: Protected characteristics, opiate and/or crack cocaine users (OCUs) and non-OCUs, and alcohol, **England only**.

- In Cheshire East in 2021/22, 7% of new female presentations to drug treatment and a small proportion of new presentations to alcohol treatment were pregnant[1,2].
- Change Grow Live (CGL) provide services for pregnant people, but there are no services targeted specifically at those who are pregnant[3].
- In Cheshire East in 2021/22, for new presentations to drug treatment living with children, 5% were in receipt of early help, 6% child in need, 14% had a child protection plan in place and 8% had a looked after child, but children can be in more than one category; 74% had no early help[1]. For new presentations to alcohol treatment living with children in Cheshire East in 2021/22, 6% were open to early help, 9% to child in need, 10% had a child protection plan in place and 4% had a looked after child; 78% had no early help[2].

1. OHID (2023), Adult Drug Commissioning Support pack: 2023-24: Key Data
2. OHID (2023), Adult Alcohol Commissioning Support pack: 2023-24: Key Data
3. Information received from Gary Marshall, Service Manager, Change Grow Live (CGL)

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Service user employment status

Drugs Alcohol

Self-reported employment status at the start of drug and alcohol treatment (2021-22) - adults[1&2]

	Proportion of New Presentations to Treatment							
Employment status at the start of treatment	**Drugs (Cheshire East)**		**Drugs (National)**		**Alcohol (Cheshire East)**		**Alcohol (National)**	
Regular employment	26%	106	24%	18,770	43%	182	37%	21,267
Unemployed/Economically inactive	54%	216	48%	36,723	46%	199	40%	22,690
Unpaid voluntary work	0%	0	0%	154	0%	0	0%	173
Long term sick or disabled	11%	45	20%	15,437	9%	38	18%	10,280
In education	0%	0	1%	747	0%	0	1%	365
Other	<5%	s	1%	722	<5%	s	1%	522
Missing / Incomplete	7%	30	5%	4,156	2%	7	3%	1,698

Evidence suggests that improving employment outcomes for drug and alcohol users is key to sustaining recovery. This requires improved multi-agency responses for example with Jobcentre Plus and Work Programme providers.

Data from the National Drug Treatment Monitoring System (NDTMS)[1&2] indicates that more people in Cheshire East are in employment when they start treatment compared to the national average. The situation has changed slightly since 2015-16 data was presented on the previous JSNA when people starting treatment in Cheshire East were less likely to be in employment compared to the national average.

[1] Adult Drug Commissioning Support Pack: 2023-24: Key Data (NDTMS)
[2] Adults Alcohol Commissioning Support Pack: 2023-24: Key Data (NDTMS)

Note: s = suppression

Contents

Service user housing status

Drugs Alcohol

Housing and homelessness – accommodation status at the start of drug and alcohol treatment (2021-22) – adults[1&2]

	Proportion of New Presentations to Treatment							
Accommodation status at the start of treatment	**Drugs (Cheshire East)**		**Drugs (National)**		**Alcohol (Cheshire East)**		**Alcohol (National)**	
Urgent problem (NFA)	5%	21	7%	5,621	2%	10	2%	1,112
Housing problem	10%	39	13%	10,160	4%	15	7%	3,919
No housing problem	83%	333	76%	58,196	93%	396	87%	49,869
Other	0%	0	0%	38	0%	0	0%	2
Missing / Incomplete	2%	8	4%	2,694	2%	7	4%	2,093

NDTMS data shows that a smaller percentage have a housing need at the start of treatment in Cheshire East compared to the national average. Again, this is a change from the 2015-16 data presented in the previous JSNA when those in Cheshire East were more likely to have a housing need compared to the national figures.

In 2021/22, 6 service users used inpatient residential rehabilitation placements[1,2]. Reach Out and Recover (ROAR) is a not-for-profit organisation based in Macclesfield that provides inpatient rehabilitation for those with addictions and other issues.

1 Adult Drug Commissioning Support Pack: 2023-24: Key Data (NDTMS)
2 Adults Alcohol Commissioning Support Pack: 2023-24: Key Data (NDTMS)

Note: NFA = no fixed abode

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Mental Health

From Harm to Hope: a 10 year drugs plan to cut crime and save lives
National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Improving drug recovery outcomes
Definition: Adults: the percentage of adults in treatment who reported a mental health need and received mental health treatment or interventions.

Adults in treatment identified as having a mental health need and receiving treatment for their mental health, for Cheshire East, 2021/22[2,3]

Treatment type	% of new presentations - drugs	% of new presentations - alcohol
Already engaged*	17%	11%
GP	68%	85%
Health-based space**	1%	0%
NICE***	1%	1%
Engaged with IAPT****	2%	2%
Total	**82%**	**93%**

In 2021/22, 79% of service users entering drug treatment in Cheshire East were identified as having a mental health need; the equivalent proportion for England was 70%. In Cheshire East, 82% of those identified received treatment compared with 75% in England as a whole[2]. For those entering alcohol treatment, the figures were 83% and 70% respectively, with 93% of these receiving treatment in Cheshire East and 83% in England[3].

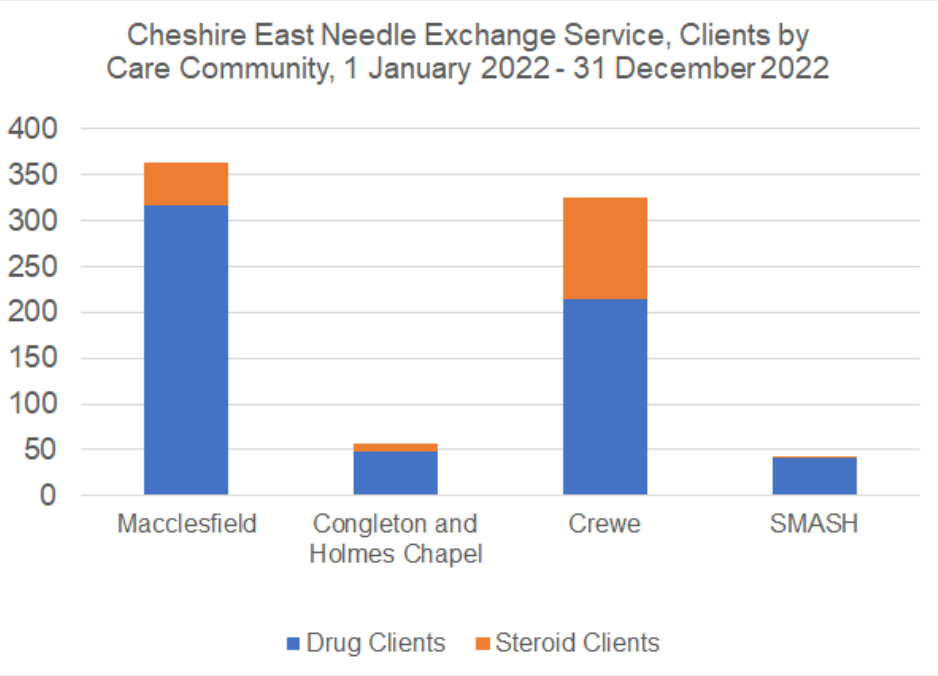
Most people receiving structured treatment who also have a mental health need accessed support via their GP.

Notes: some service users may be receiving more than one type of treatment.
*Already engaged with community mental health team or other service
** has an identified place in a health-based place of safety for mental health crises
*** receiving any NICE-recommended psychosocial or pharmacological intervention provided for the treatment of a mental health condition
****IAPT – Improving Access to Psychological Therapies Program

1. Black, C. 2020 Evidence relating to drug use, supply and effects, including current supply and future risks, p.90 PowerPoint Presentation (drugsandalcohol.ie) [accessed 9th June 2023]
2. OHID/NDTMS Adult Drug Commissioning Support Pack, 2023-24, Cheshire East
3. OHID/NDTMS Adult Alcohol Commissioning Support Pack, 2023-24, Cheshire East

Needle and syringe (NSP) exchange

Cheshire East's Needle and Syringe Exchange Programme (NSP) is delivered through pharmacies and CGL, with CGL providing services in Macclesfield and Crewe and pharmacy provision in all Care Communities except Bollington, Disley and Poynton.



Service	All NSP Clients
CHE30386 Crewe Drug & Alcohol Service: CGL	179
CHE30387 Macclesfield Drug & Alcohol Service: CGL	12
CHE50022 Boots (2017) - Nantwich Swine Mkt	s*
CHE50175 Clear Pharmacy - Crewe	147
CHE50340 Andrews Pharmacy - Macclesfield	18
CHE50405 CGL Cheshire East NSPdirect	36
CHE50632 Rowlands (1534) - Oaklands, Middlewich	5
CHE50803 Boots (2039) - Sandbach High St	10
CHE50805 Mannings Chemist, Knutsford	s*
CHE50816 Well (224193) - Park Lane, Macclesfield	26
CHE50840 Assura (706) - Cohens Macclesfield	272
CHE50849 Peak Pharmacy, Macclesfield	s*
CHE50874 Alsager Pharmacy, Lawton Road, Stoke	27
CHE50876 Lloyds - Wilmslow (Branch: 7374)	s*
CHE50883 AJ Hodgson T/A London Road Pharmacy, Mac	33
CHE57006 Salus Pharmacy - Congleton	56
Grand Total	**827**

Notes: *s = suppressed. Only Care Communities with>5 service users are included in the graph

Data Source: IMS Needle and Syringe Programme Activity Workbook, PHI Monitoring Team, Public Health Institute, Liverpool John Moores University

Young people in treatment

- In the year to September 2022, there were 58 young people in treatment in Cheshire East. Between April and September 2022, there were 24 new presentations. The majority were referred from Youth Justice Services (9) and Children and Family Services (7)[1].

- Of these, 84% had a planned exit from services, which is similar to the England average. Of the new presentations, 32% of service users were female and 68% were male. The majority were aged 15-17[1].

- 89% of service users had used cannabis, 38% alcohol, 13% cocaine and 15% other substances[1].

Note: Suppression may be applied where numbers are low

1. NDTMS Young People Executive Summary Q2 2022-2023

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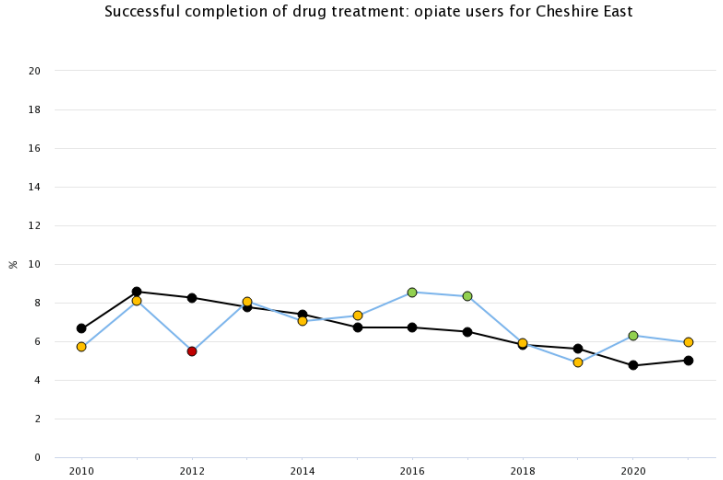
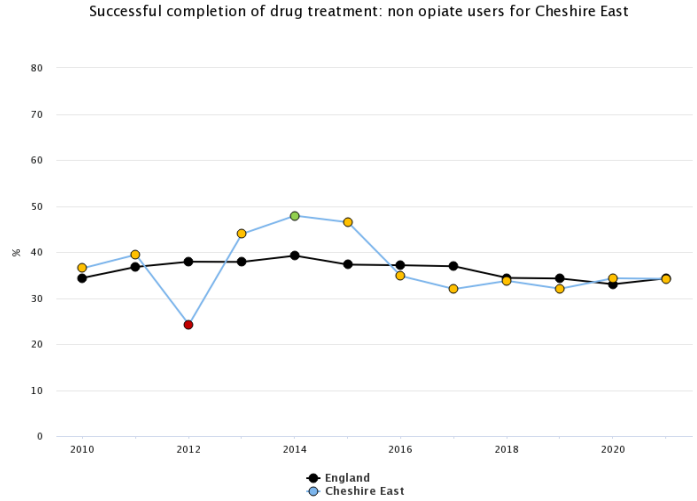
Appendix F- Recovery outcomes

Contents

Successful completion of drug treatment

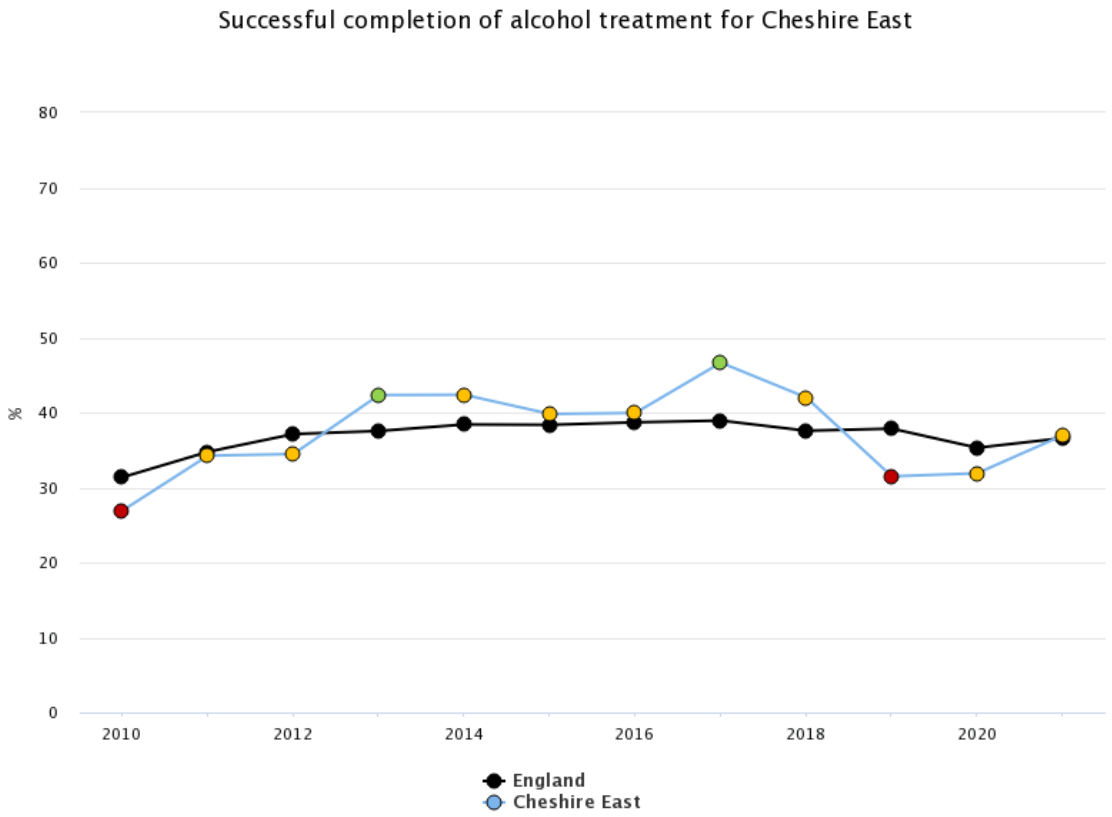




- In 2021, 43 (5.9%) opiate users successfully completed drug treatment. This is similar to the England and North West averages[1].
- In 2021, 109 (34.2%) non-opiate users successfully completed drug treatment. This is similar to the England and North West averages[2].

1. Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2023. Public health profiles - OHID (phe.org.uk) [accessed 21 March 2023]
2. Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2023. Public health profiles - OHID (phe.org.uk) [accessed 21 March 2023]

Successful completion of alcohol treatment



In 2021, 228 (37.0%) alcohol service users successfully completed treatment. This is similar to the England average of 36.6% but lower than the North West (40%)[1]. Successful completions of alcohol treatment in Cheshire East have seen an increasing trend since 2010. The rate fell significantly below the England average in 2019, possibly representing the transition to a new provider but has since increased again.

1. Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2023. Public health profiles - OHID (phe.org.uk) [accessed 21 March 2023]

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Recovery outcomes at planned exit from treatment (2021-22) – adults

Accommodation status[1&2]

	Proportion who no longer report a housing need	
	Drugs	Alcohol (n)
Cheshire East	67% (s)	67% (s)
National	83% (2,223)	81% (1,231)

Drugs Alcohol

Employment outcomes – alcohol[1&2]

Employment	Cheshire East		England	
	Start	Planned exit	Start	Planned exit
Irregular (1-7 days)	2% (5)	<5% (s)	2% (581)	2% (496)
Part-time (8-15 days)	9% (18)	9% (19)	5% (1,571)	5% (1,460)
Full time (16+ days)	25% (52)	32% (66)	27% (7,679)	30% (8,691)
Not working	64% (131)	57% (118)	66% (18,890)	63% (18,074)

Employment outcomes – drugs[1&2]

Employment	Cheshire East		England	
	Start	Planned exit	Start	Planned exit
Irregular (1-7 days)	<5% (s)	<5% (s)	2% (581)	2% (430)
Part-time (8-15 days)	7% (7)	7% (7)	5% (1,187)	5% (1,165)
Full time (16+ days)	27% (26)	36% (35)	24% (6,028)	29% (7,425)
Not working	64% (62)	54% (52)	69% (17,390)	64% (16,166)

[1] Adult Drug Commissioning Support Pack: 2023-24: Key Data (NDTMS)
[2] Adults Alcohol Commissioning Support Pack: 2023-24: Key Data (NDTMS)

Note: Suppression may be applied where numbers are low

The data shows that housing outcomes improve at planned exit from treatment, although for those in treatment in Cheshire East there is less improvement when compared to the national average.

Employment outcomes in Cheshire East are also shown to improve over the period of treatment. The data indicates that these improvements are above the national average for those in full-time work at planned exit for both alcohol and drug treatment.

This shows that individuals are building their recovery capital / assets while in treatment.

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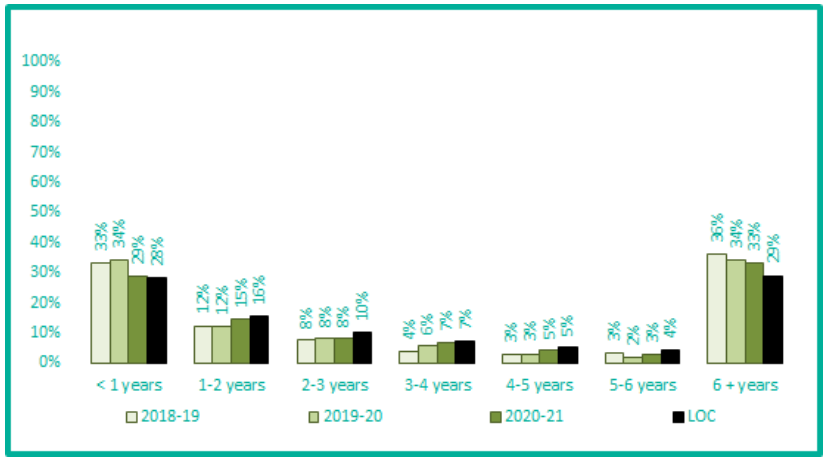
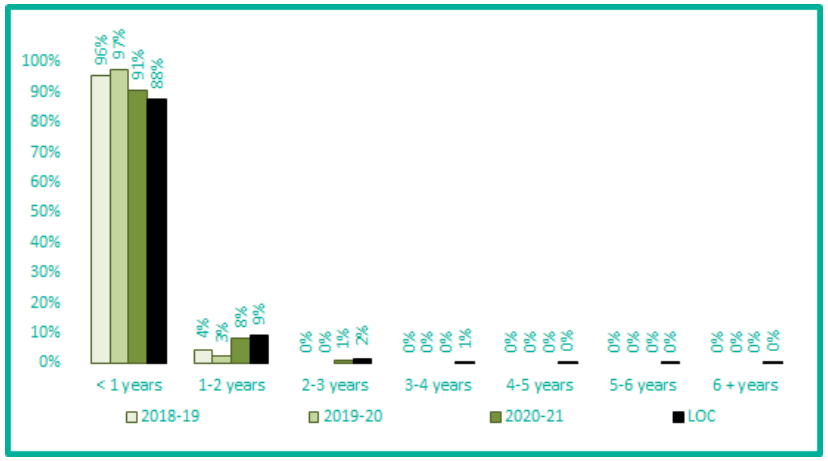
Length of time in treatment

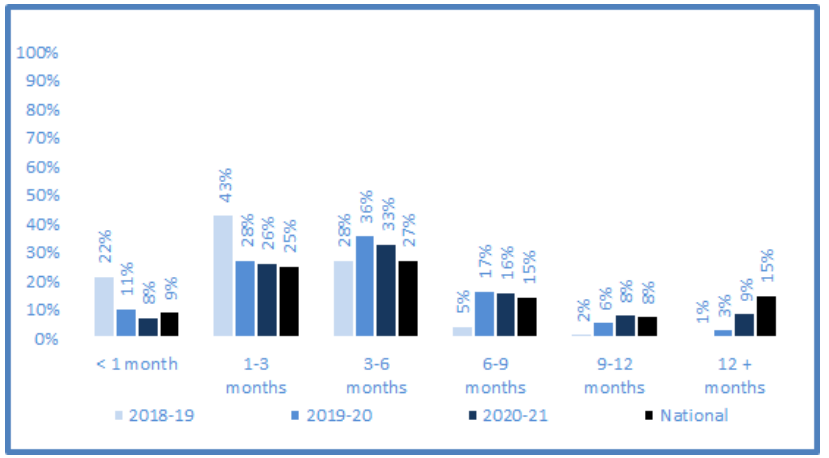
Opiate service users



Non-opiate service users



Alcohol service users



Notes: LOC = Local Outcome Comparator. Each area will be compared to the 32 areas deemed most similar to them in terms of complexity.
Non-opiate includes non-opiate and alcohol service users

Data Source: NDTMS, Recovery Diagnostic Toolkit 2021.

Service users who have been in treatment continuously for four years or more or who have long drug or treatment histories are more likely to remain in treatment. Sometimes, this is appropriate, for example, where the client has concurrent physical health problems (although these might be better met by primary care). Other service users may have started treatment with low levels of recovery capital or not have been challenged enough or received a sufficiently personal package of care.

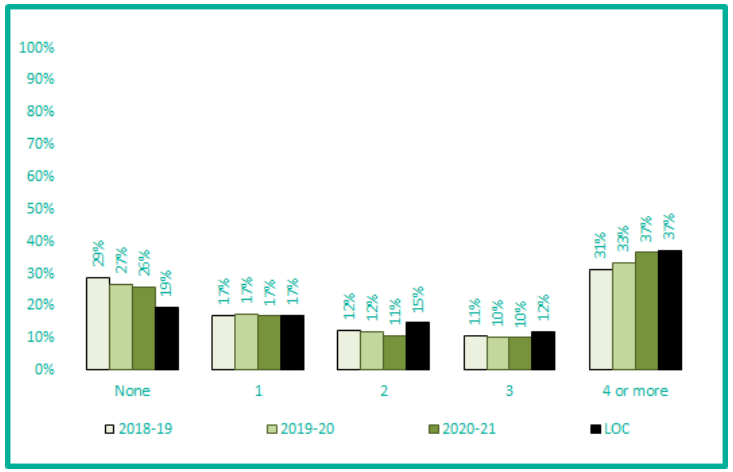
In general, opiate service users remain in treatment longer than non-opiate service users and alcohol service users.

A typical treatment journey for an alcohol or non-opiate service user is less than 12 months, whereas opiate service users may remain in treatment for many years.

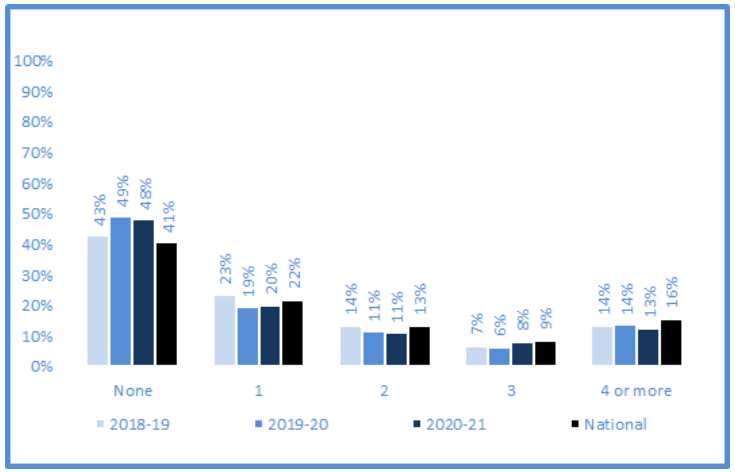
However, the proportion of service users with a length of time in treatment of 6 or more years has reduced over time.

Treatment journeys

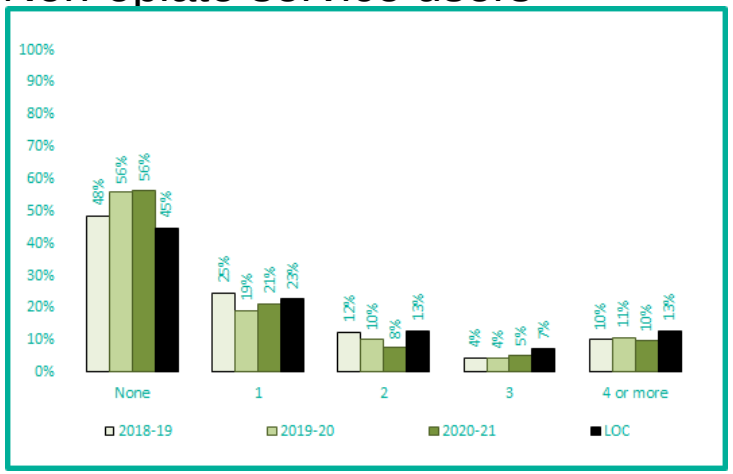
Opiate service users



Alcohol service users



Non-opiate service users



Service users who re-present* to treatment are less likely to successfully complete treatment, especially if they have previous unsuccessful treatment journeys. This can happen when service users are more complex, when they believe that treatment will not work for them or become demoralised by previous failures. Opiate service users are more likely to re-present to treatment, with 37% being re-presentations in the most recent year.

In 2020/21, there was a re-presentation rate (the number of re-presentations as a proportion of completions) of 11% for opiate service users, compared with 4% of non-opiate service users and 6% of alcohol service users.

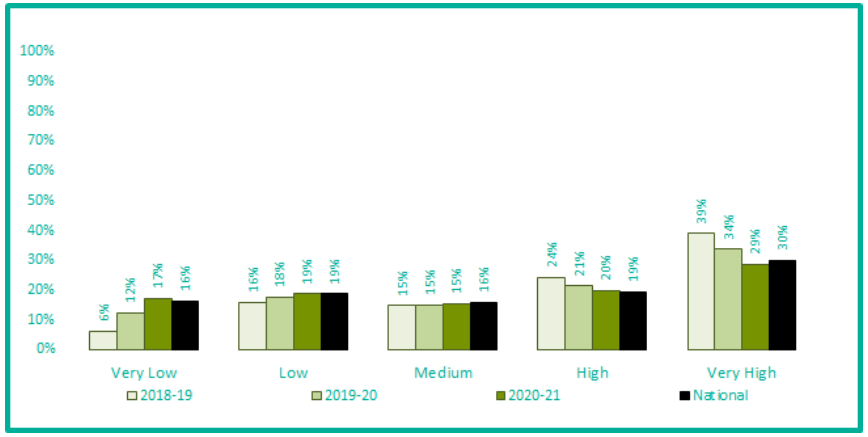
Over the same time period, 25% of opiate service users were treatment naïve, compared with 56% of non-opiate service users and 47% of alcohol service users.

*See Appendix I

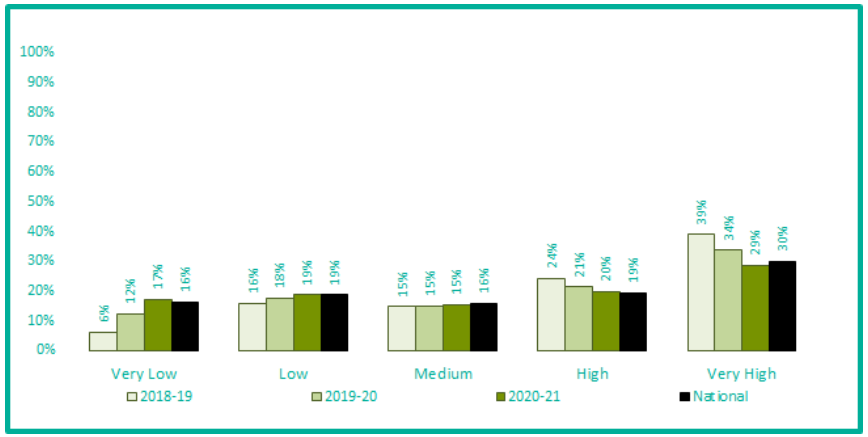
Data Source: NDTMS, Recovery Diagnostic Toolkit 2021.

Complexity

Opiate service users



Non-opiate service users



More complex service users are less likely to complete treatment successfully. The complexity index for drugs takes into account housing status, education, employment, life scores, social support, and physical and mental health issues. These service users struggle as they potentially have low levels of recovery capital, low expectations of success or may have a history of failure and re-presentation. It may also be that the local system has been unable to meet their needs.

There is currently no complexity index for alcohol, although this is under consideration.

Data Source: NDTMS, Recovery Diagnostic Toolkit 2021.

Contents

Smoking

High risk drinkers are more likely to smoke and their attempts to quit smoking are less likely to be successful.

39.4	69.4	76.2	76.7
(%) adults admitted to treatment for alcohol misuse are smokers (2019/20)	(%) adults admitted to treatment for alcohol and non-opiate misuse are smokers (2019/20)	(%) adults admitted to treatment for all opiate misuse are smokers (2019/20)	(%) adults admitted to treatment for non-opiate misuse are smokers (2019/20)
England: 43.9%	England: 64.6%	England: 70.2%	England: 62.0%

89	34	109	23
(number) adults admitted to treatment for alcohol misuse are smokers (2019/20)	(number) adults admitted to treatment for alcohol and non-opiate misuse are smok…	(number) adults admitted to treatment for all opiate misuse are smokers (2019/20)	(number) adults admitted to treatment for non-opiate misuse are smokers (2019/20)

Despite high levels of smoking, nationally only 3% of service users were offered a stop smoking intervention. In the year to September 2022, no service users identified as smokers in Cheshire East received a stop smoking intervention[1] (NDTMS, DOMES Executive Summary Q2 2022-2023). CGL is working with One You, our local provider of lifestyle services to improve uptake.

Data Source: Office for Health Improvement and Disparities, Tobacco Control Dashboard. © Crown Copyright 2022 [accessed 17th February 2023]

1. NDTMS, DOMES Executive Summary Q2 2022-2023

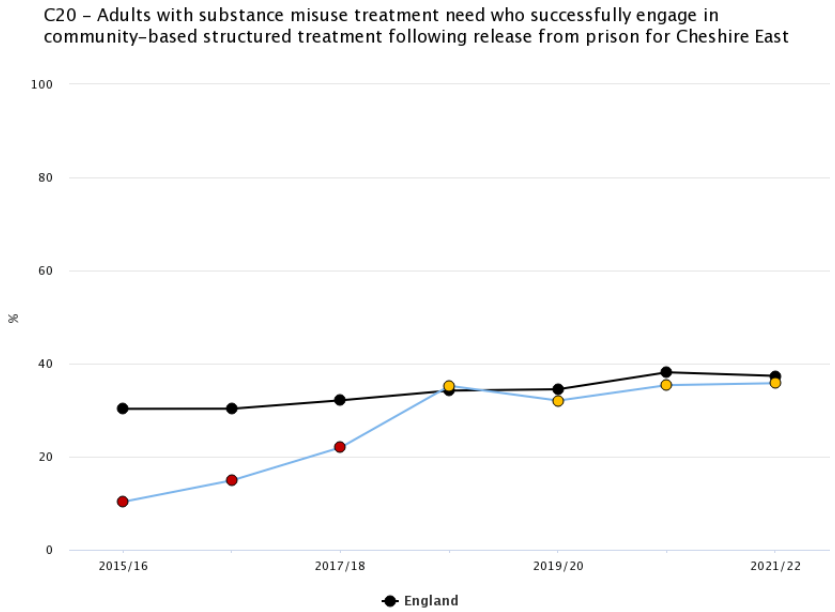
Link to Smoking JSNA

Transfers to community providers

From Harm to Hope: a 10 year drugs plan to cut crime and save lives
National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Increase Engagement in Treatment

Definition: Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison. **England only**.



34 (35.8%) adults with a substance misuse need had successfully engaged with community-based structured treatment following release from prison in 2021/22. This is similar to the England average of 37.4%[1]

Successful engagement varied by substance, with 41% of opiate service users engaged, but much lower proportions for non-opiate, non-opiate and alcohol and alcohol only[2,3]. Of service users in contact with the criminal justice system, 13% successfully completed treatment in 2021/22[4]. Low transfer and success rates may be linked to the types of offences committed and subsequent length of the sentences received[5].

1. OHID, Fingertips, Public Health Outcomes Framework - Data - OHID (phe.org.uk) [accessed 12 May 2023]
2. OHID/NDTMS Adult Drug Commissioning Support Pack, 2022-23, Cheshire East
3. OHID/NDTMS Adult Alcohol Commissioning Support Pack, 2022-23, Cheshire East
4. NDTMS DOMES Executive Summary Q4 2021-2022
5. Black, C. 2020 Evidence relating to drug use, supply and effects, including current supply and future risks, PowerPoint Presentation (drugsandalcohol.ie) [accessed 9th June 2023]

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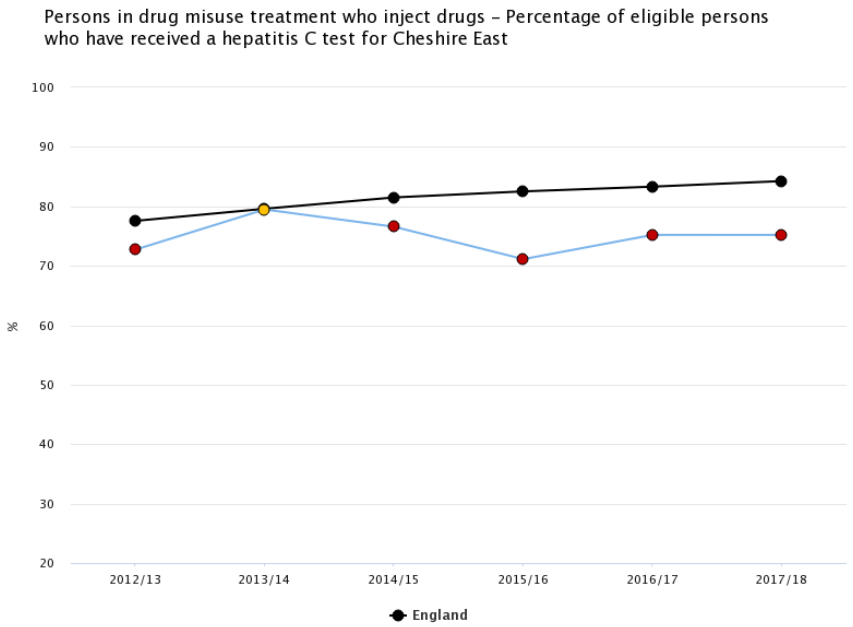
Appendix G - Substance misuse related ill health and deaths

Hepatitis C infection

From Harm to Hope: a 10 year drugs plan to cut crime and save lives
National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Reducing drug related deaths and harm
Definition: Hepatitis C prevalence (chronic infection) in people who inject drugs: England only.



- In 2017 (the most recent year for which data is available), Cheshire East had a Hepatitis C detection rate of 8.6 per 100,000, which is similar to the England average of 8.4 per 100,000. This represents 29 cases of Hepatitis C[1].
- There has been a slight upward trend in the percentage of eligible service users who receive a Hepatitis C test in Cheshire East, but Cheshire East remains significantly below the England average (see graph)[2]. This means that people in Cheshire East may be missing out on interventions to prevent future liver disease.
- In 2021/22, 97 (27%) of those eligible for a HCV test accepted one; 23 (18%) had a positive antibody test and 10 (8%) tested positive for Hepatitis C[3].

1. OHID, Fingertips, Public health profiles - OHID (phe.org.uk) [accessed 23 May 2023]
2. OHID, Fingertips, Public health profiles - OHID (phe.org.uk),[accessed 2 February 2023]
3. OHID/NDTMS Adult Drug Commissioning Support Pack, 2023-24, Cheshire East

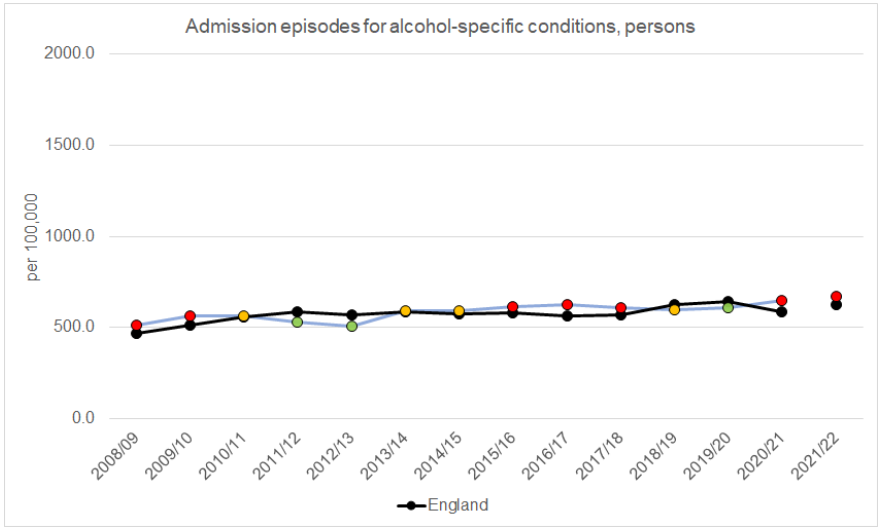
Admission episodes for alcohol-specific conditions

From Harm to Hope: a 10 year drugs plan to cut crime and save lives
National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Reducing drug related deaths and harm
Definition: Admissions to hospital where the primary reason for admission was attributable to alcohol, and admissions to hospital where the primary reason for hospital admission or a secondary diagnosis was linked to alcohol. Monitored by local authority. **England only.**

Admission episodes for alcohol-specific conditions (persons) for Cheshire East

	Cheshire East					
Time period	Count	Value	95% Lower CI	95% Upper CI	North West	England
2008/09	1901	510.3	487.4	533.9	739.7	465.2
2009/10	2078	562.0	538.0	586.9	831.3	515.4
2010/11	2090	562.9	538.9	587.7	879.7	555.4
2011/12	1964	527.2	503.9	551.2	907.0	586.7
2012/13	1897	505.0	482.4	528.4	873.6	567.7
2013/14	2221	591.3	566.7	616.6	907.5	584.2
2014/15	2245	592.8	568.4	618.1	906.8	575.6
2015/16	2327	615.7	590.8	641.5	891.2	583.2
2016/17	2380	627.8	602.6	653.8	841.9	563.3
2017/18	2315	606.2	581.5	631.6	818.4	570.0
2018/19	2295	600.1	575.5	625.5	883.4	626.3
2019/20	2365	609.3	584.7	634.7	890.6	644.1
2020/21	2540	650.2	624.8	676.3	794.9	586.6
2021/22	2745	668.3	643.3	694.0	814.9	626.1



- There has been an upward trend in admissions for alcohol-specific conditions in Cheshire East*.
- In 2021/22, the directly standardised admission rate for Cheshire East was significantly worse than the England average, at 668 per 100,000, compared with 626 for England.
- Alcohol-specific conditions are caused directly by alcohol. See Appendix J for a list of alcohol-specific conditions.

Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2023. Local Alcohol Profiles for England - Data - OHID (phe.org.uk) [accessed 19th May 2023]

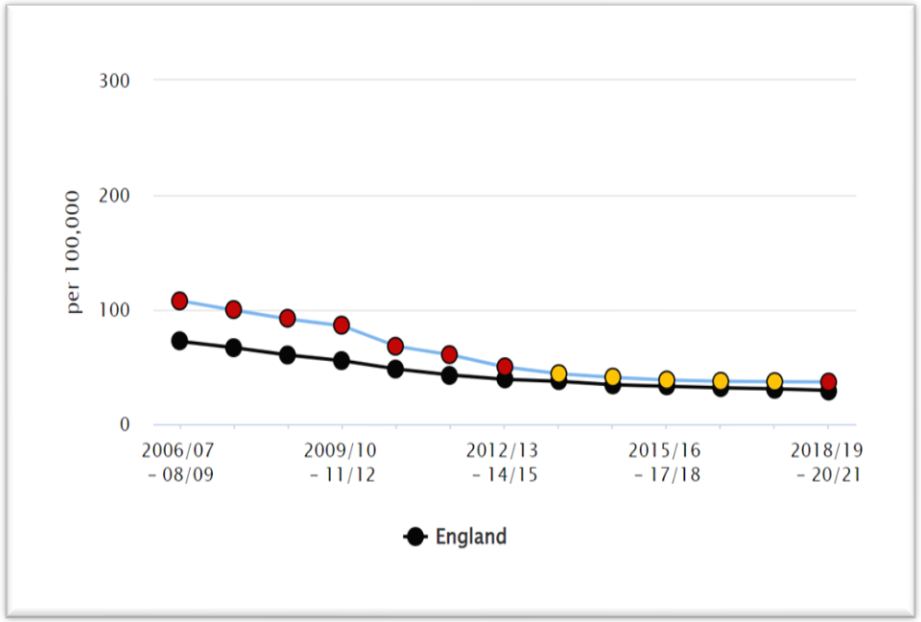
* Note: Rates for 2021/22 cannot currently be compared with earlier data as 2021 Census population data has been used. Rates for earlier years will be re-calculated once re-based ONS population figures are published. Local Alcohol Profiles for England - Data - OHID (phe.org.uk)

Admission episodes for alcohol-specific conditions (Under 18s)

Recent trend: Could not be calculated

Period		Cheshire East Count	Value	95% Lower CI	95% Upper CI	North West	England
2006/07 - 08/09	●	248	107.7	94.7	121.9	125.5	72.1
2007/08 - 09/10	●	228	99.4	86.9	113.1	112.6	66.7
2008/09 - 10/11	●	209	91.7	79.7	105.0	103.2	60.3
2009/10 - 11/12	●	194	85.8	74.1	98.7	92.7	55.4
2010/11 - 12/13	●	153	67.9	57.6	79.6	78.6	48.0
2011/12 - 13/14	●	136	60.5	50.7	71.5	65.5	42.8
2012/13 - 14/15	●	112	49.8	41.0	59.9	57.9	39.0
2013/14 - 15/16	●	99	44.0	35.8	53.6	54.1	37.4
2014/15 - 16/17	●	92	40.8	32.9	50.0	49.5	34.2
2015/16 - 17/18	●	87	38.4	30.8	47.4	47.6	32.9
2016/17 - 18/19	●	85	37.3	29.8	46.1	45.9	31.5
2017/18 - 19/20	●	85	37.0	30.3	46.7	43.6	30.6
2018/19 - 20/21	●	85	36.7	30.1	46.3	40.1	29.3

Source: Calculated by OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

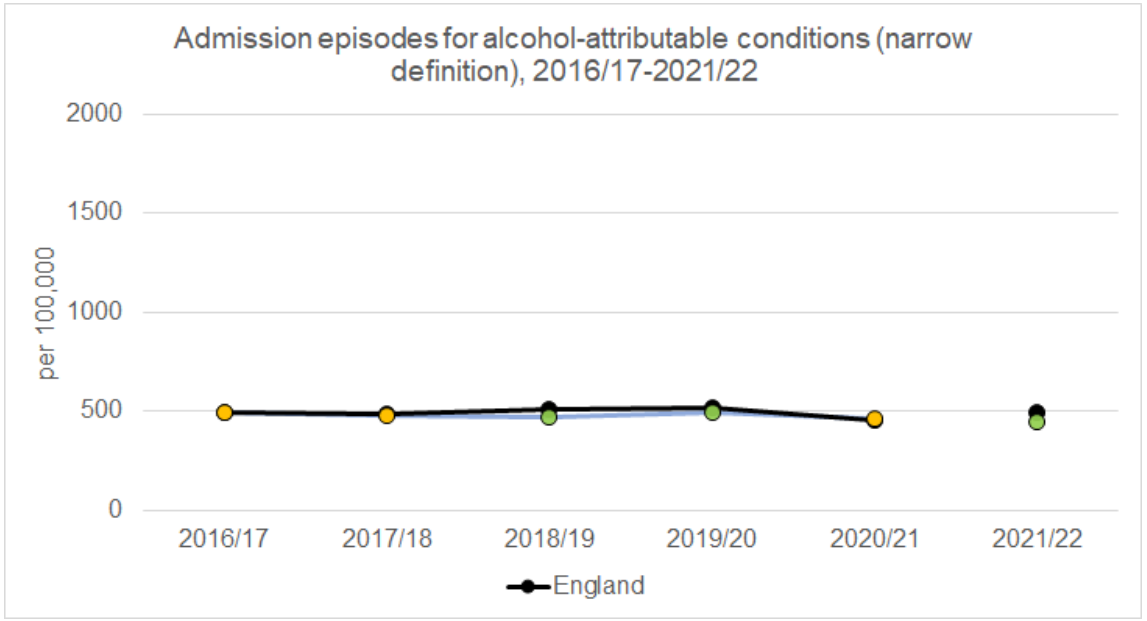


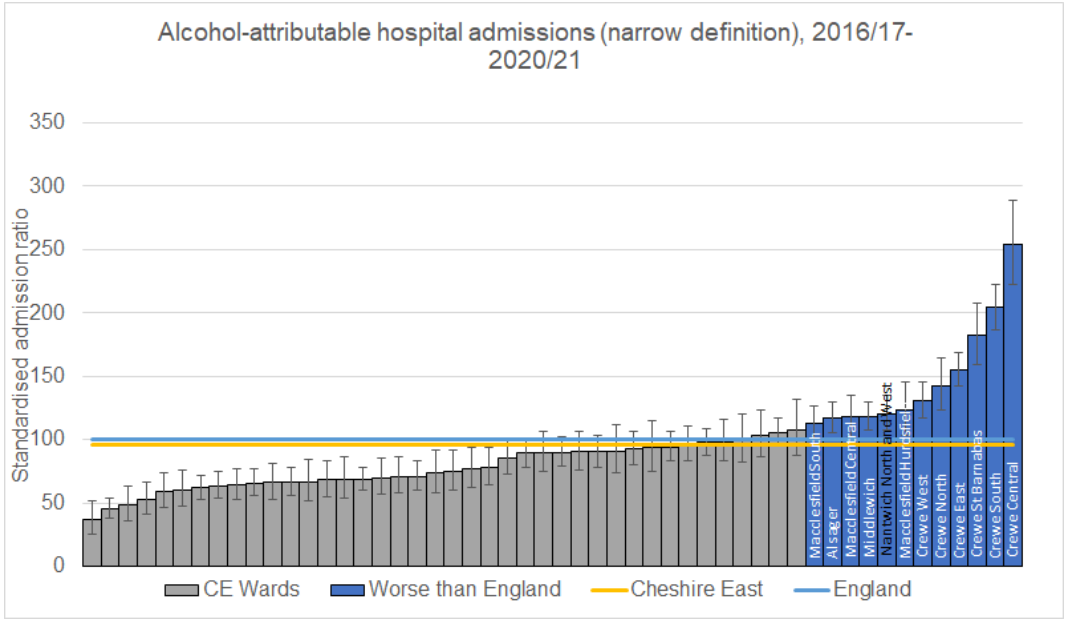
- The rate of hospital admissions for alcohol-specific conditions in children and young people has decreased since 2006/07 - 08/09 in both Cheshire East and England.
- However, the trend has plateaued since 2014/15-2016/17 and the admission rate in the latest period (2018/19 - 20/21) is 36.7 per 100,000 population, which is significantly higher than the England average.

Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2023. Local Alcohol Profiles for England - Data - OHID (phe.org.uk) [accessed 23rd January 2023]

Contents

Alcohol-attributable hospital admissions (Narrow)





- Alcohol-attributable hospital admissions (also referred to as alcohol-related hospital admissions) are defined as admissions due to an alcohol-attributable condition (denoted by the alcohol fraction rate*). The narrow definition includes only the primary diagnosis so is less sensitive to coding practices but may under-represent the volume of alcohol-related admissions.
- In Cheshire East during 2021/22 there were 449 admissions per 100,000, compared to an England rate of 494, using this definition.**
- This rate is significantly better than the England average and has been quite stable since 2016/17.
- Rates of alcohol-attributable admission vary across Cheshire East, but the following wards had rates significantly higher than the England average: Macclesfield South, Macclesfield Central, Macclesfield Hurdsfield, Alsager, Middlewich, Nantwich North and West, Crewe West, Crewe North, Crewe East, Crewe St Barnabas, Crewe South and Crewe Central.

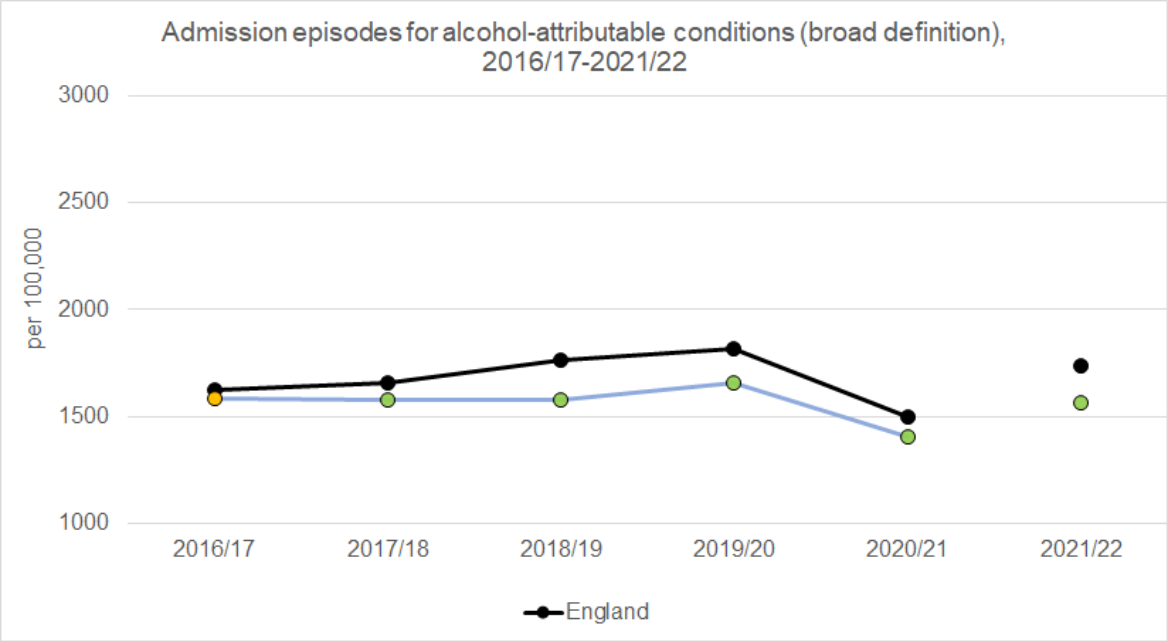
* See Appendix J

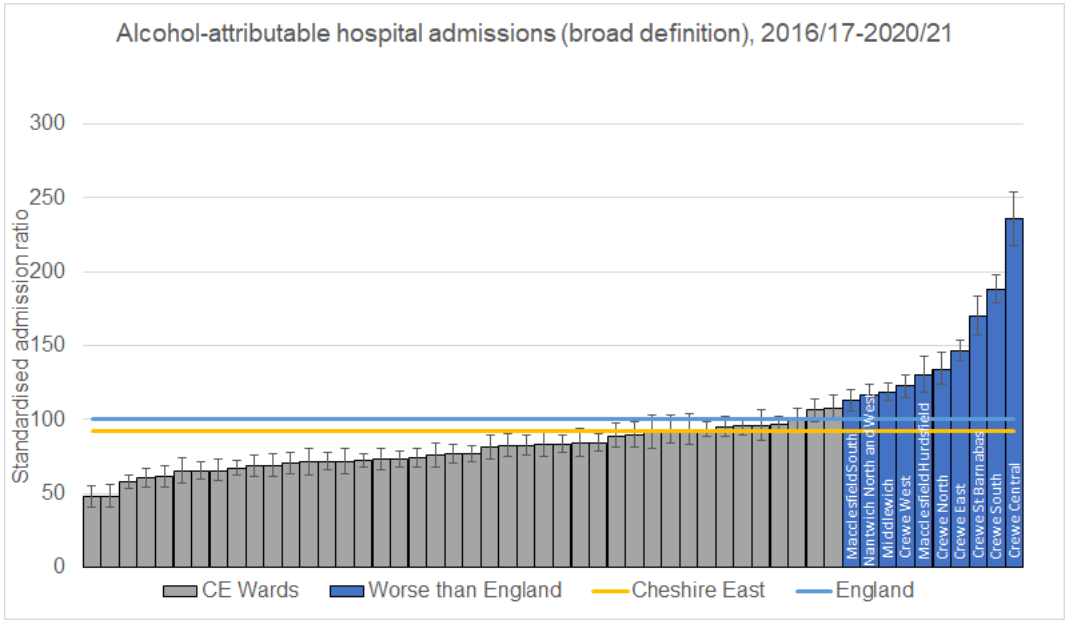
** Note: Rates for 2021/22 cannot currently be compared with earlier data as 2021 Census population data has been used. Rates for earlier years will be re-calculated once re-based ONS population figures are published. Local Alcohol Profiles for England - Data - OHID (phe.org.uk)

Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2023. Local Alcohol Profiles for England - Data - OHID (phe.org.uk); Local Health - Small Area Public Health Data - Data - OHID (phe.org.uk) [accessed 21 March 2023]

Contents

Alcohol-attributable hospital admissions (broad)





- Alcohol-attributable hospital admissions (also called alcohol-related admissions) are defined as admissions due to an alcohol-attributable condition (denoted by the alcohol fraction rate*). The narrow definition includes only the primary diagnosis so is less sensitive to coding practices but may under-represent the volume of alcohol-related admissions.
- In Cheshire East in 2021/22 Cheshire East had a rate of 1,564 admissions per 100,000, using the broad definition**.
- Cheshire East has seen rates which are significantly lower than the England average since 2016/17.
- However, rates of alcohol-attributable admission vary across Cheshire East and the following wards had rates significantly higher than the England average: Macclesfield South, Macclesfield Hurdsfield, Middlewich, Nantwich North and West, Crewe West, Crewe North, Crewe East, Crewe St Barnabas, Crewe South and Crewe Central.

* See Appendix J

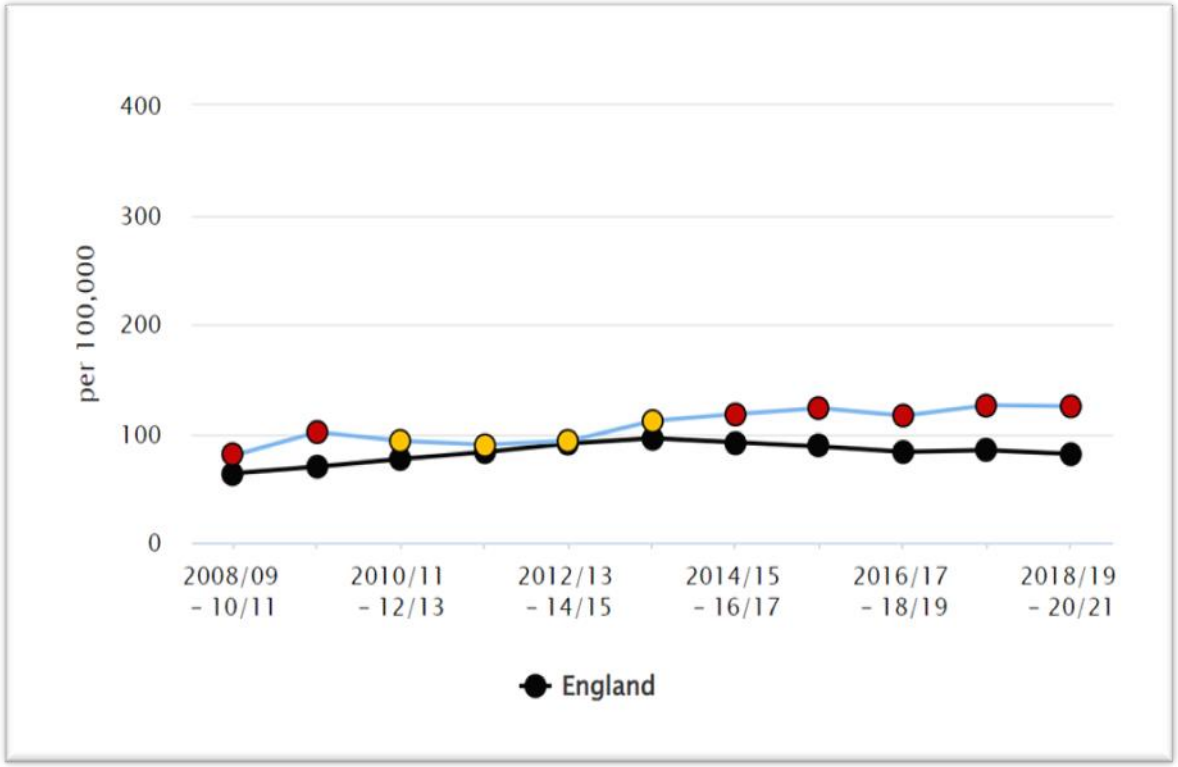
** Note: Rates for 2021/22 cannot currently be compared with earlier data as 2021 Census population data has been used. Rates for earlier years will be re-calculated once re-based ONS population figures are published. Local Alcohol Profiles for England - Data - OHID (phe.org.uk)

Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2023. Local Alcohol Profiles for England - Data - OHID (phe.org.uk); Local Health - Small Area Public Health Data - Data - OHID (phe.org.uk) [accessed 21 March 2023]

Hospital admission due to substance misuse (15-24yrs)

From Harm to Hope: a 10 year drugs plan to cut crime and save lives
National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Reduce drug-related deaths and harm
Definition: Admissions to hospital where the primary or secondary reason was due to substance misuse in those aged 15 to 24. Monitored by local authority. **England only.**

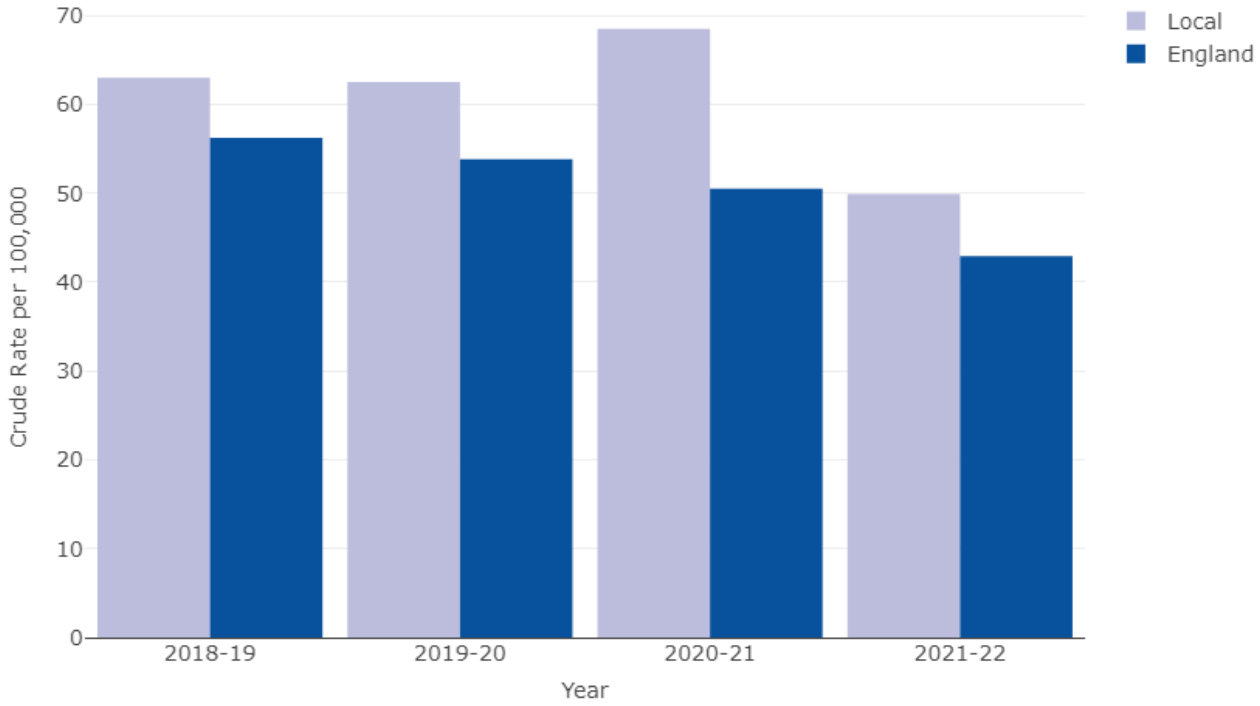


- The rate of young people being admitted to hospital as a result of substance misuse in Cheshire East is 124.6 (per 100,000 population).
- The admission rate in the latest period is significantly worse than the England average (81.2) and the North West region (106.0).
- The gap between Cheshire East and the England average has been widening since 2014-15/16 - 17.

Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2023. Public health profiles - OHID (phe.org.uk) [accessed 23/01/2023]

Hospital admissions due to drug poisoning

Hospital admissions*	Local				England			
	Number of admissions	Rate	LCL	UCL	Number of admissions	Rate	LCL	UCL
Hospital admissions for drug poisoning**	200	49.9	43.7	57.9	24,266	42.9	42.4	43.5



Hospital admissions for drug poisoning are an important predictor of future fatal overdose. Non-fatal overdoses are at an all-time high among people who inject drugs[1]. The rate of admissions for drug poisoning in Cheshire East has consistently been above the England average and the most recent time period is significantly higher.

1. OHID/NDTMS Adult Drug Commissioning Support Pack, 2022-23, Cheshire East

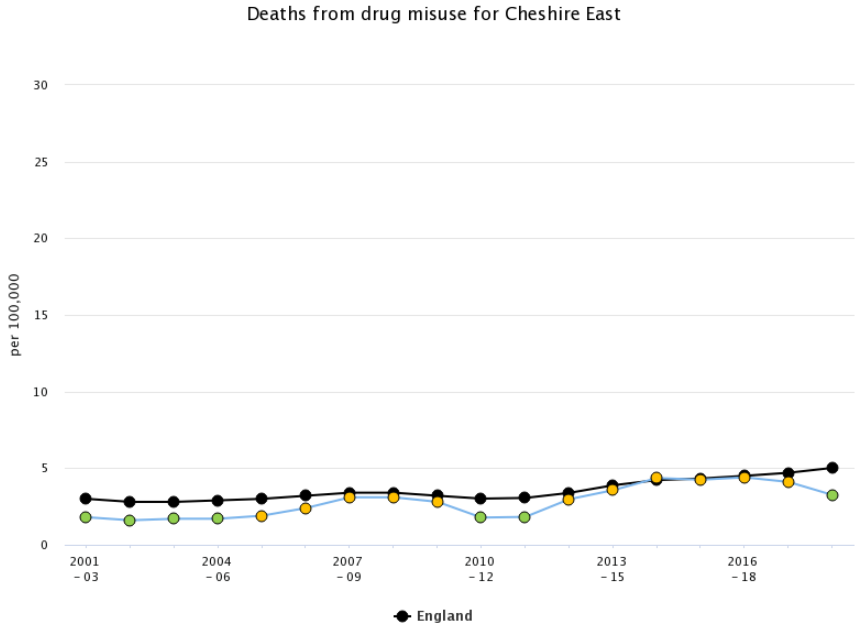
Contents

Mortality due to drug misuse (1)

From Harm to Hope: a 10 year drugs plan to cut crime and save lives
National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Reduce drug-related deaths and harm
Definition: Deaths related to drug misuse in **England only.** Monitored by English region, date of death and date of registration.

- There is an upward trend in mortality rates from drug misuse.
- The directly standardised mortality rates in Cheshire East have remained lower than the England average, but have still risen since 2001-03, although there was a sharp drop in 2018-20, the most recent time period.
- In 2018-20, the directly standardised mortality rate for deaths from drug misuse was 3.3 per 100,000, significantly lower than the England average of 5 per 100,000.
- It is often argued that increases in deaths from drug misuse are due to an ageing cohort of drug users. Two recent studies have suggested that the reality is more complex[1], citing:
  - increases in poly drug use
  - rising rates of homelessness and incarceration among drug users, bringing with them increased transmission of Hepatitis C and HIV
  - and changing patterns of socio-economic deprivation.



Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2023. Public health profiles - OHID (phe.org.uk) [accessed 23/01/2023]

1. Holland, A. *et al (2022)*, Analysis of the UK government's 10 year drugs strategy – a resource for practitioners and policy makers, Journal of Public Health, pp. 1-10, Analysis of the UK Government's 10-Year Drugs Strategy—a resource for practitioners and policymakers (silverchair.com) [accessed 19 January 2023]

Contents

Mortality due to drug misuse (2)

From Harm to Hope: a 10 year drugs plan to cut crime and save lives
National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Reduce drug-related deaths and harm
Definition: The number and percentage of people in treatment who have died during their time in contact with the treatment system. Monitored by local authority. **England only.**

- Nationally, there was a 'surge' in drug related deaths, following the Covid-19 pandemic. This was most likely due to problems accessing treatment during this time[1].
- Due to changes in the definition used it is harder to replicate death rates for drug misuse locally.
- Between April 2019 and March 2022, Cheshire East experienced 38 deaths in drug treatment, which is the same as the number expected (Substance Misuse Treatment for Adults: statistics 2021 to 2022)[2].

1. OHID, Adult Drug Commissioning Support Pack: 2023-24: Key Data
2. Alcohol and drug misuse and treatment statistics - GOV.UK (www.gov.uk)

Contents

Alcohol-specific Mortality

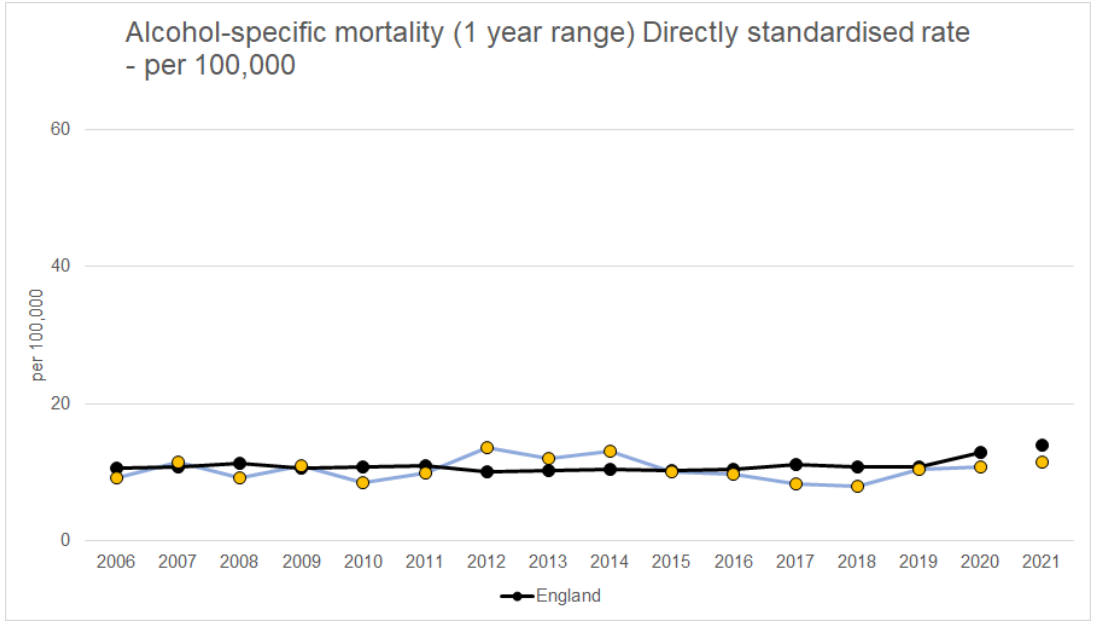
From Harm to Hope: a 10 year drugs plan to cut crime and save lives
National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Reduce drug-related deaths and harm
Definition: The rate per population of registered deaths where alcohol is the primary cause. Monitored by local authority. **England only.**

- In 2021, Cheshire East had an alcohol-specific mortality rate of 11.5 per 100,000, which is similar to the England average of 13.9 per 100,000 and lower than the North West Region (18.7 per 100,000).
- Alcohol-specific conditions are caused directly by alcohol and have an alcohol-attributable fraction (AAF) rate of 1. See Appendix J for a list of alcohol-specific conditions.

Alcohol-specific mortality (1 year range) Directly standardised rate - per 100,000

	Cheshire East					
Time period	Count	Value	95% Lower CI	95% Upper CI	North West	England
2006	35	9.2	6.4	12.9	14.8	10.7
2007	43	11.4	8.3	15.4	16.3	10.8
2008	35	9.3	6.4	13.0	16.2	11.3
2009	42	11.0	7.9	14.8	15.6	10.6
2010	33	8.6	5.9	12.1	15.2	10.8
2011	37	9.9	6.9	13.6	15.5	10.9
2012	51	13.6	10.1	17.9	15.2	10.0
2013	46	12.0	8.8	16.1	14.4	10.2
2014	52	13.0	9.7	17.1	15.4	10.5
2015	41	10.2	7.3	13.8	14.5	10.3
2016	39	9.8	6.9	13.4	14.8	10.5
2017	34	8.3	5.8	11.7	15.1	11.1
2018	32	8.0	5.5	11.3	14.2	10.7
2019	42	10.4	7.5	14.1	14.4	10.9
2020	42	10.8	7.7	14.6	17.2	13.0
2021	48	11.5	8.5	15.3	18.7	13.9



Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2023. Public health profiles - OHID (phe.org.uk) [accessed 23/01/2023]

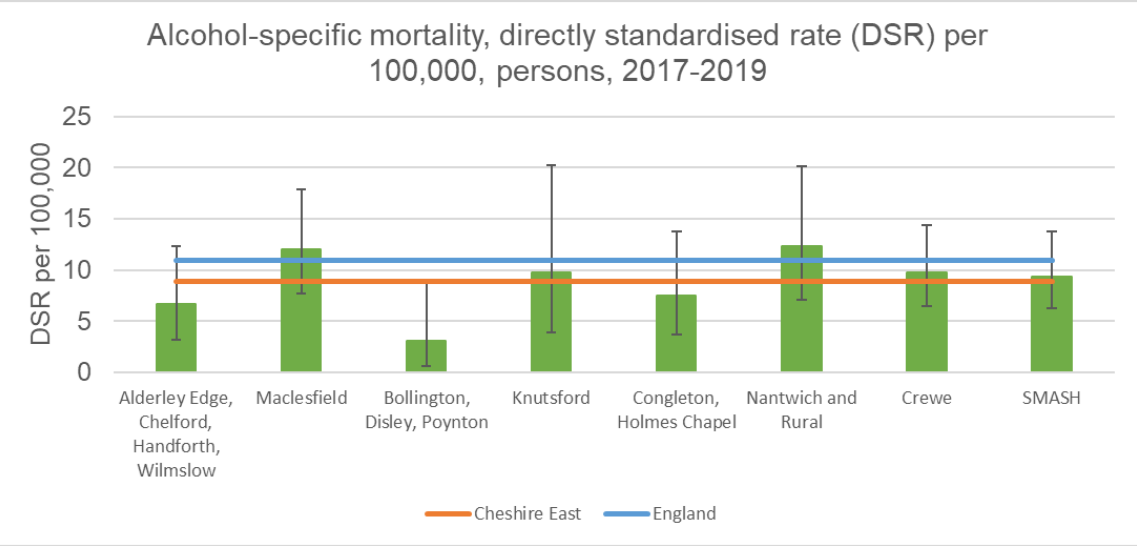
** Note: Rates for 2021/22 cannot currently be compared with earlier data as 2021 Census population data has been used. Rates for earlier years will be re-calculated once re-based ONS population figures are published. Local Alcohol Profiles for England - Data - OHID (phe.org.uk)

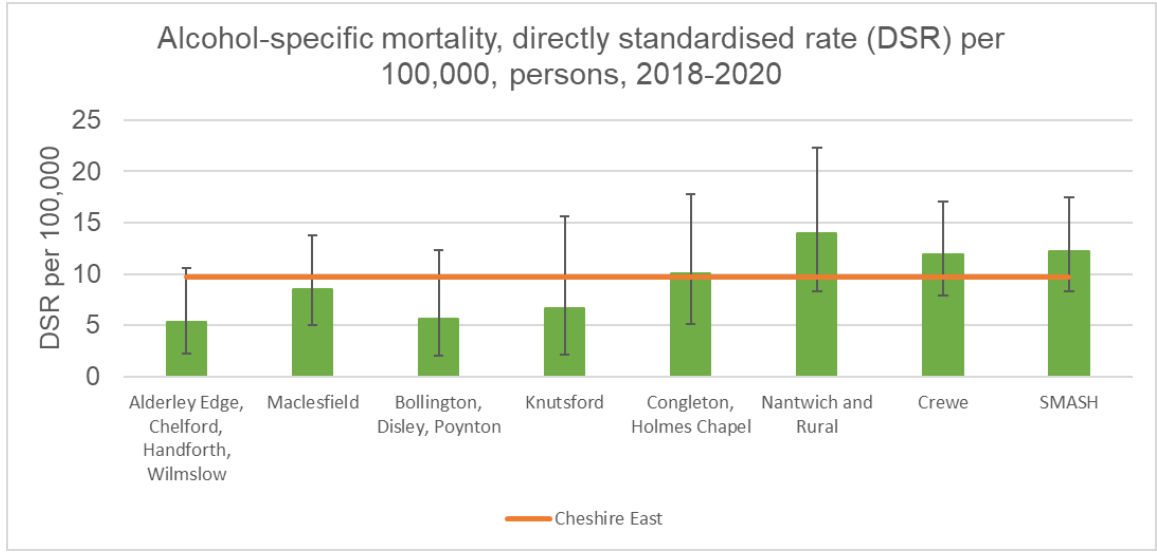
Contents

Alcohol-specific mortality in Cheshire East

From Harm to Hope: a 10 year drugs plan to cut crime and save lives
National Combating Drugs Partnership: Drugs Outcomes Framework, May 2023

Reduce drug-related deaths and harm
Definition: The rate per population of registered deaths where alcohol is the primary cause. Monitored by local authority. **England only.**





Alcohol-specific mortality in Cheshire East is significantly lower than the England average for the most recent time periods (2016-2018 and 2017-2019), but this masks differences across the authority. Although no Care Community is statistically different from the Cheshire East or England average, the mortality rate from alcohol-specific conditions is higher in the South of the borough – in Nantwich and Rural, Crewe and SMASH – particularly for the 2018-2020 time period. Smaller area analysis shows that the directly standardised mortality rate for the most deprived area – the Crewe 6 group of wards – is even higher at 17.0 per 100,000 in 2018-2020. This represents a 41% increase from 12.1 per 100,000 in 2017-2019.

The latest available data from OHID is 2017-2019 so it is not yet possible to make comparisons with national data for the 2018-2020 time period.

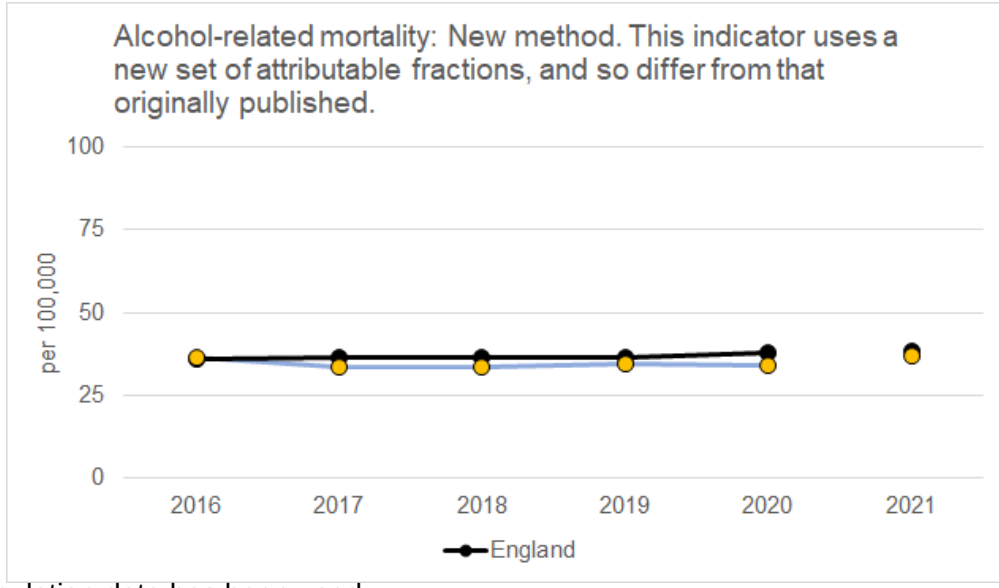
Source: Cheshire East Public Health Intelligence Team. Directly standardised mortality rates calculated from the Primary Care Mortality Database (PCMD), ONS mid year population estimates.

Alcohol - related mortality

- Mortality from alcohol-related conditions is calculated using the alcohol-attributable fraction (AAF) rate. Alcohol-specific conditions, caused directly by alcohol have a fraction rate of 1 and all other conditions a fraction rate of between 0 and 1. See Appendix J.
- The directly standardised alcohol-related mortality rate has been similar to the England average since 2016. The most recent rate of 36.8 per 100,000 population is lower than the England average of 38.5 per 100,000, but not significantly so.

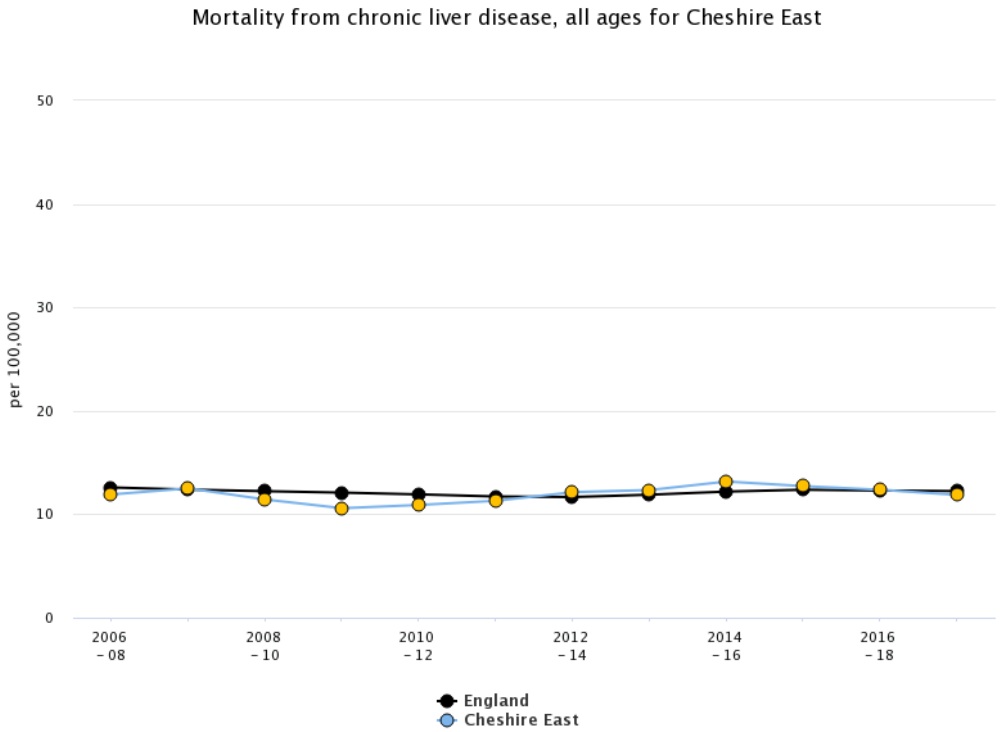
Alcohol-related mortality: New method. This indicator uses a new set of attributable fractions, and so differ from that originally published.

	Cheshire East					
Time period	Count	Value	95% Lower CI	95% Upper CI	North West	England
2016	149	36.5	30.9	42.9	44.0	36.2
2017	139	33.8	28.4	40.0	44.4	36.5
2018	141	33.7	28.3	39.8	43.8	36.5
2019	148	34.7	29.3	40.8	44.1	36.4
2020	146	34.1	28.7	40.1	45.7	37.8
2021	161	36.8	31.3	43.0	47.8	38.5



** Note: Rates for 2021/22 cannot currently be compared with earlier data as 2021 Census population data has been used. Rates for earlier years will be re-calculated once re-based ONS population figures are published. Local Alcohol Profiles for England - Data - OHID (phe.org.uk)

Chronic liver disease mortality



- Chronic liver disease is largely preventable and is driven by alcohol consumption and obesity, which are both amenable to public health intervention[1].
- The trend in the mortality rate from chronic liver disease has been similar to that for England.
- Between 2017-2019, the directly standardised mortality rate was 11.9 per 100,000, compared with 12.2 for England and 16.8 the North West.

1. Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2023.Local Alcohol Profiles for England - Data - OHID (phe.org.uk) [accessed 10 March 2023]

Child deaths associated with substance misuse across Cheshire, Warrington and Halton

There is a statutory requirement for the statutory partners to make arrangements to carry out child death reviews. For the deaths of all infants and children aged up to 18 years old in Cheshire East, Cheshire West and Chester, Halton and Warrington, this is undertaken by the Cheshire Child Death Overview Panel.

During 2021/22, for 12 children (40% of deaths reviewed), modifiable factors were identified which may have contributed to the death of the child and which, by means of locally or nationally achievable interventions, could be modified to reduce the risk of future child deaths (this compares to 37% nationally).

Although numbers are very small, the following factors were most frequently identified:

- Mental health issues (parent or child).
- Smoking by the mother / parent / or carer during pregnancy or in the first few years of a child's life.
- **Alcohol / substance misuse (13.3% compared to 12.5% during 2020/21).**
- High maternal body mass index (BMI).
- Unsafe sleeping.

Source: Pan-Cheshire Child Death Overview Panel. Annual Report.1st April 2021 – 31st March 2022

Contents

Appendix H - Impact of Covid-19

The impact of COVID-19 pandemic lockdown on alcohol sales (1)

- Research[1,2] has found that whilst there was **no overall increase in the volume of alcohol** sold during periods of Covid-19 lockdown compared with what would have been expected based on pre Covid-19 trends; off-trade sales of alcohol increased by 29% following the closure of on-trade premises.
- When focusing on the increase in off-trade sales, the UK Health Security Agency (UKHSA) reported[3] that **the heaviest buying quintile pre-pandemic increased their buying the most (14.3%) following the implementation of covid restrictions**. This accounted for 42% of the total increase in off-trade sales. When looking at the top two quintiles together, this proportion rose to 68.3% of the total increase.
- Other research[1] has also found that **excess purchases of alcohol varied by region of Great Britain**, with the highest being found in the north of England and the lowest in Scotland and Wales. It was also found that excess purchases were greater in the most deprived households when compared to the least deprived.

[1] Anderson P, O'Donnell A, Jane Llopis, E, Kaner, E (2022). **The COVID-19 alcohol paradox: British household purchases during 2020 compared with 2015-2019**. *PLoS ONE [Electronic Resource]* 17(1) e0261609. 10.1371/journal.pone.0261609

[2] Richardson E, Mackay D, Giles L, Lewsey J, Beeston C. (2021) **The impact of COVID-19 and related restrictions on population-level alcohol sales in Scotland and England & Wales, March–July 2020. Edinburgh, UK**: Public Health Scotland

[3] Public Health England (2021). **Monitoring alcohol consumption and harm during the COVID-19 pandemic**. Monitoring alcohol consumption and harm during the COVID-19 pandemic (publishing.service.gov.uk) [accessed 23 March 2023]

The impact of the COVID-19 pandemic lockdown on alcohol sales (2)

- Further studies have found a shift in the types of alcohol sold. One study[1] found that 19% less pure alcohol was sold as beer and 8% less was sold as wine in England and Wales. Sales of pure alcohol as spirits were found not to have changed significantly.
- UKHSA reported[2] that duty-paid wine increased by 8.9% and spirits increased by 7.3% in 2020-21 compared with the previous year (pre-pandemic). Duty paid beer and cider was seen to decrease over the same period (-14.0% and -16.7% respectively). This is likely to be because beer and cider are more often bought in on-trade settings, so were probably more affected by the closure of pubs and other hospitality venues during Covid-19 lockdowns. The increases for duty-paid wine and spirits could be due to people switching from buying beer or cider to wine or spirits. It could also be that those who buy wine and spirits have bought more of them. It is likely that both reasons are related to the increase.

[1] Richardson E, Mackay D, Giles L, Lewsey J, Beeston C. **The impact of COVID-19 and related restrictions on population-level alcohol sales in Scotland and England & Wales, March–July 2020. Edinburgh, UK**: Public Health Scotland; 2021.

[2] Public Health England. 2021. **Monitoring alcohol consumption and harm during the COVID-19 pandemic**. Monitoring alcohol consumption and harm during the COVID-19 pandemic (publishing.service.gov.uk)

Has alcohol consumption increased since Covid-19? (1)

- There is some evidence from market research data[1] that the periods of lockdown restriction led to changes in average weekly alcohol consumption (including the number of units consumed) with a proportion exceeding the recommended limit of 14 units, number of heavy drinking occasions and number of drinking days.
- There is also some suggestion[2,3,4] that higher risk and dependent drinking increased during periods of Covid-19 lockdown compared with pre-pandemic.
- It has also been observed[5,6,7] that those considered to be the heaviest drinkers pre-pandemic were more likely to have increased their drinking during periods of lockdown, therefore increasing their risk of developing alcohol related health problems in the future. In general, there appears to have been a polarisation in drinking behaviour, with roughly equal numbers reporting increased and decreased drinking[6].

[1] Hardie I, Stevely AK, Sasso A, Meier PS, Holmes J. (2022) **The impact of changes in COVID-19 lockdown restrictions on alcohol consumption and drinking occasion characteristics in Scotland and England in 2020: an interrupted time-series analysis.** Addiction. 117:1622–39. https://doi.org/10.1111/add.15794

[2] Jackson SE, Garnett C, Shahab L, Oldham M, Brown J. (2021). **Association of the COVID-19 lockdown with smoking, drinking and attempts to quit in England: an analysis of 2019-20 data**. *Addiction* 116(5) 1233-1244. 10.1111/add.15295

[3] Oldham M, Garnett C, Brown J, Kale D, Shahab L, Herbec A. (2021). **Characterising the patterns of and factors associated with increased alcohol consumption since COVID-19 in a UK sample**. *Drug & Alcohol Review* 40(6) 890-899. 10.1111/dar.13256

[4] Daly, M & Robinson, E. (2021). **High-Risk Drinking in Midlife Before Versus During the COVID-19 Crisis: Longitudinal Evidence From the United Kingdom**. American Journal of Preventive Medicine 60(2) 294-297. 10.1016/j.amepre.2020.09.004

[5] Alcohol Change UK. (2020). **Research: drinking in the UK during lockdown and beyond.** Available at https://alcoholchange.org.uk/blog/2020/drinking-in-the-uk-during-lockdown-and-beyond (accessed 20th February 2023)

[6] Public Health England (2021). **Monitoring alcohol consumption and harm during the COVID-19 pandemic**. Monitoring alcohol consumption and harm during the COVID-19 pandemic (publishing.service.gov.uk)

[7] Irizar P, Jones A, Christiansen P, Goodwin L, et al. (2021). **Longitudinal associations with alcohol consumption during the first COVID-19 lockdown: Associations with mood, drinking motives, context of drinking, and mental health**. *Drug & Alcohol Dependence 226 108913*. https://dx.doi.org/10.1016/j.drugalcdep.2021.108913

Has alcohol consumption increased since Covid-19? (2)

- It is possible that Covid restrictions reinforced pre-lockdown alcohol consumption tendencies in higher risk drinkers, with them more likely to use alcohol as a coping mechanism due to the increased stressors associated with the imposed lockdowns. [1]

- Therefore, consideration should be given to the specific origins of these stressors which have been found to be associated with the increased prevalence of higher risk and dependent drinking. These include the following:
  - Employment situation (i.e. becoming unemployed, furloughed or working from home). [2,3]
  - Worsened financial situation. [1,3]
  - Changes to home environment / caring responsibilities (i.e. children at home more due to school closures). [3,4]
  - Deterioration of living conditions. [3]
  - Deterioration in physical health. [3]
  - Deterioration in psychological wellbeing. [3,4]
  - Covid-19 specific concerns (i.e. becoming seriously ill from catching the virus). [1,4]

- Those living in the most deprived households may have been disproportionately affected by these stressors and therefore more likely to increase their drinking. [5]

[1] Garnett C, Jackson S, Oldham M, Brown J, Steptoe A, Fancourt D. (2021). **Factors associated with drinking behaviour during COVID-19 social distancing and lockdown among adults in the UK**. *Drug & Alcohol Dependence* 219 108461. 10.1016/j.drugalcdep.2020.108461

[2] Drinkaware. (2020). **Furloughed workers drinking more on lockdown**. Available at: https://www.drinkaware.co.uk/professionals/press/employers-urged-to-support-staff-well-being-as-research-reveals-furloughed-workersdrinking-more-on-lockdown (accessed 28 February 2023)

[3] Oldham M, Garnett C, Brown J, Kale D, Shahab L, Herbec A. (2021). **Characterising the patterns of and factors associated with increased alcohol consumption since COVID-19 in a UK sample**. *Drug & Alcohol Review* 40(6) 890-899. 10.1111/dar.13256

[4] Sallie SN, Ritou V, Bowden-Jones H, Voon V. (2020). **Assessing international alcohol consumption patterns during isolation from the COVID-19 pandemic using an online survey: highlighting negative emotionality mechanisms**. *BMJ Open* 2020;10:e044276. doi:10.1136/bmjopen-2020-044276

[5] Jackson SE, Beard E, Angus C, Field M, Brown J. (2022). **Moderators of changes in smoking, drinking and quitting behaviour associated with the first COVID-19 lockdown in England**. *Addiction*. (2022);117:772–783. https://doi.org/10.1111/add.15656

Open Fair Green

Has alcohol consumption increased since Covid-19? (3)

- Some studies[1,2,3] have found that high-risk drinking increased more in women than in men as a result of the covid restrictions. It has been suggested[1,2] that this could be related to additional stress which women experienced during the pandemic due to higher rates of job loss and taking on a disproportionate share of childcare and home-schooling.

- People of white ethnicity were more likely to increase their drinking during lockdown.[1,5]

- Additionally, it has been reported that those with a diagnosed anxiety disorder or depression may have been more susceptible to increased drinking in terms of using it as a coping mechanism.[2,4]

- Whilst there was an increase in high-risk drinkers attempting to reduce their intake or quit following the initial lockdown, there was a reduction in access to face-to-face support. The uptake of remote methods of support (via telephone, websites and apps) did not compensate for this.[5]

- Research[1] has also found that the increased rate of drinkers trying to reduce or quit their drinking was only observed among more advanced social grades. This suggests that those from a more deprived background were less likely to try and reduce their drinking following the initial lockdown.

[1] Jackson SE, Beard E, Angus C, Field M, Brown J.(2022) **Moderators of changes in smoking, drinking and quitting behaviour associated with the first COVID-19 lockdown in England**. Addiction.117:772–783. https://doi.org/10.1111/add.15656

[2] Garnett C, Jackson S, Oldham M, Brown J, Steptoe A, Fancourt D. (2021). **Factors associated with drinking behaviour during COVID-19 social distancing and lockdown among adults in the UK**. Drug & Alcohol Dependence 219 108461. 10.1016/j.drugalcdep.2020.108461

[3] Rao R, Mueller C, Broadbent M.(2022). **Risky alcohol consumption in older people before and during the COVID-19 pandemic in the United Kingdom**. *Journal of Substance Use* 27(2) 212-217. https://dx.doi.org/10.1080/14659891.2021.1916851

[4] Sallie SN, Ritou V, Bowden-Jones H, Voon V. (2020). **Assessing international alcohol consumption patterns during isolation from the COVID-19 pandemic using an online survey: highlighting negative emotionality mechanisms**. *BMJ Open* 10:e044276. doi:10.1136/bmjopen-2020-044276

[5] Jackson SE, Garnett C, Shahab L, Oldham M, Brown J. (2021). **Association of the COVID-19 lockdown with smoking, drinking and attempts to quit in England: an analysis of 2019-20 data**. *Addiction* 116(5) 1233-1244. 10.1111/add.15295

Has alcohol consumption increased since Covid-19? (4)

Long-term effects on Public Health

- The institute of Alcohol Studies (IAS) carried out a modelling study[1] using a range of surveys, including the Alcohol Toolkit Study (ATS) and healthcare data in conjunction with a microsimulation model. They modelled how changes in alcohol consumption during the Covid-19 pandemic restrictions might impact on future alcohol related harm up to the year 2035.

- The study looked at how increased consumption of alcohol would affect the rates of nine of the main alcohol related diseases (high blood pressure, stroke, liver disease, and six forms of cancer).

- To account for uncertainty regarding future trends in alcohol consumption, the researchers created three different scenarios and separate results were provided for each one:
  - Short-term scenario – alcohol consumption returns to 2019 levels after 2022.
  - Medium-term scenario – alcohol consumption returns to 2019 levels after 2024.
  - Long-term scenario – alcohol consumption does not return to 2019 levels.

[1] Institute of Alcohol Studies & Health Lumen (2022) **The COVID Hangover: addressing long-term health impacts of changes in alcohol consumption during the pandemic.** Available at: The-COVID-Hangover-report-July-2022.pdf (ias.org.uk)

Has alcohol consumption increased since Covid-19? (5)

Long-term effects on Public Health (continued)

- The study[1] projected that by 2035 for the nine alcohol related diseases there could be:
  - Short-term scenario: 2,860 additional cases and 2,431 additional premature (before age 75) deaths. Additional cumulative healthcare costs of £363 million.
  - Medium-term scenario: 24,706 additional cases and 3,725 additional premature deaths. Additional cumulative healthcare costs of £568 million.
  - Long-term scenario: 147,892 additional cases and 9,914 additional premature deaths. Additional cumulative healthcare costs of £1.2 billion.

- It was also found that the projected rate of additional premature deaths was higher in lower occupational social grade groups than higher occupational social grade groups. This suggests that populations living in more deprived areas will continue to be at more risk of alcohol harm in the future.

[1] Institute of Alcohol Studies & HealthLumen (2022). **The COVID Hangover: addressing long-term health impacts of changes in alcohol consumption during the pandemic.** Available at: The-COVID-Hangover-report-July-2022.pdf (ias.org.uk)

Contents

Appendix I - Glossary of terms

- **Alcohol-attributable fraction**: the proportion of disease attributable to alcohol is calculated using a relative risk (a fraction between 0 and 1) specific to each disease, age group and sex combined with the prevalence of alcohol consumption in the population. Updated alcohol attributable fractions, based on new relative risks from 'Alcohol-attributable fractions for England: an update' were published by PHE in 2020.
- **Class A drugs:** The Misuse of Drugs Act (1971) defined three categories of illegal drug – A, B, and C, with Class A seen as the most likely to cause serious harm. Class A drugs include cocaine (powder and crack cocaine), ecstasy (MDMA), heroin, magic mushrooms, methadone and LSD.
- **Crack cocaine**: the smokeable version of the drug, which comes as crystals, known as rocks or stones.
- **Complexity**: a score calculated for individuals in drug treatment. It is not calculated separately for opiate and non-opiate service users as opiate use is one of the key indicators. The higher the score, the more complex the needs of the service user. Individuals defined as 'complex' may struggle to complete treatment and remain in treatment for many years with a pattern of relapse and 're-presentation'.
- **Dependent drinking:** "Alcohol dependence involves a range of symptoms that do not all necessarily happen at the same time. A person who is dependent on alcohol may feel a strong desire to drink and may have difficulty in controlling how much they drink. They may keep drinking despite knowing about or experiencing harmful effects. The body may become more tolerant to the effects of alcohol over time, which can lead to a person needing to drink more to feel an effect. If a person becomes dependent on alcohol, they can develop withdrawal symptoms if they stop or reduce their drinking suddenly".(NICE (2011) Clinical Guideline 115 Alcohol-use disorders: diagnosis, assessment and management of harmful drinking (high-risk drinking) and alcohol dependence)
- **Harmful drinking: "**Drinking is considered harmful when it leads to physical or mental health problems such as alcohol-related injury, inflammation of the liver or pancreas, or depression. In the longer term the person may develop high blood pressure, cirrhosis of the liver, heart disease, some types of cancer or brain damage because of their drinking. Heavy drinking can also lead to relationship problems, problems at work, college or school, or violence" (NICE (2011) Clinical Guideline 115 Alcohol-use disorders: diagnosis, assessment and management of harmful drinking (high-risk drinking) and alcohol dependence)
- **Morbidity**: to be suffering from a disease or medical condition.
- **Mortality**: deaths, e.g. deaths from a disease or medical condition.
- **Opiate**: an opiate is a substance derived from opium, found in the opium poppy plant (*papaver somniferum*). Modern usage includes all natural and synthetic substances that bind to the opium receptors in the brain. Heroin, codeine, morphine, methadone and fentanyl are all opiates.
- **Planned/unplanned exit**: a planned exit is when a service user leaves the service at the end of a treatment journey. An unplanned exit is when a service user leaves before the treatment journey is complete.
- **Polydrug use/ mixed drug use:** using more than one type of drug concurrently or sequentially. Polydrug use can involve combinations of legal and illegal substances, including prescription medicines and alcohol.
- **Recovery capital**: resources needed to start and maintain recovery from substance misuse.
- **Re-presentation**: a service user who starts a new treatment journey within six months of having completed a previous journey.
- **Treatment naïve**: a service user who has not been in treatment before.

Appendix J- List of Alcohol-Specific Conditions

Condition	ICD10 code(s)
Alcohol-induced pseudo-Cushing's syndrome	E24.4
Mental and behavioural disorders due to use of alcohol	F10
Degeneration of nervous system due to alcohol	G31.2
Alcoholic polyneuropathy	G62.1
Alcoholic myopathy	G72.1
Alcoholic cardiomyopathy	I42.6
Alcoholic gastritis	K29.2
Alcoholic liver disease	K70
Alcohol-induced chronic pancreatitis	K86.0
Ethanol poisoning	T51.0
Methanol poisoning	T51.1
Toxic effect of alcohol, unspecified	T51.9
Accidental poisoning by and exposure to alcohol	X45
Intentional self-poisoning by and exposure to alcohol	X65

Condition	ICD10 code(s)
Poisoning by and exposure to alcohol, undetermined intent	Y15
Alcohol-induced acute pancreatitis	K85.2
Fetal alcohol syndrome (dysmorphic)	Q86.0
Excess alcohol blood levels	R78.0
Evidence of alcohol involvement determined by blood alcohol level	Y90
Evidence of alcohol involvement determined by level of intoxication	Y91

Data Source: Public Health England, Alcohol-attributable fractions for England: an update. © Crown Copyright 2020. Alcohol-attributable fractions for England: An update (publishing.service.gov.uk) [accessed 13 February 2023]

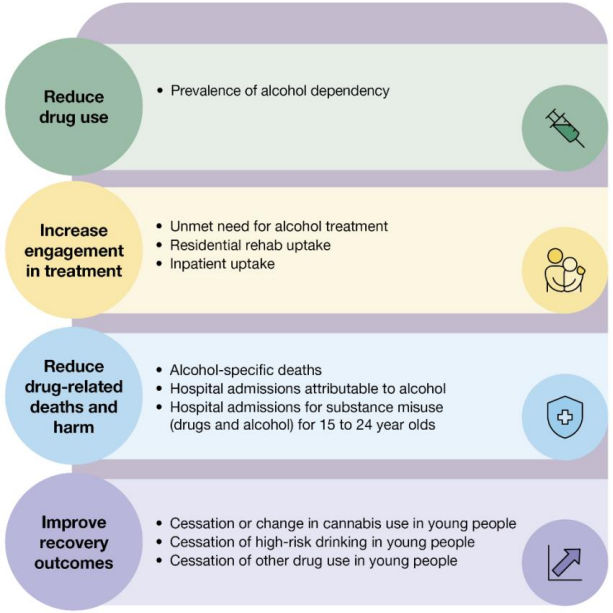
Contents

Appendix K - National Combating Drugs Outcomes Framework

Outcomes Framework, May 2023

Strategic outcomes and metrics			Intermediate outcomes and metrics		
Reduce drug use	Reduce drug-related crime	Reduce drug-related deaths and harm	Reduce drug supply	Increase engagement in treatment	Improve recovery outcomes
Headline metrics	**Headline metrics**	**Headline metrics**	**Headline metrics**	**Headline metrics**	**Headline metrics**
• Proportion of individuals reporting use of drugs in the last year • Estimated prevalence of opiate and/or crack cocaine use (OCU)	• The number of neighbourhood crimes; domestic burglary, personal robbery, vehicle offences and theft from the person • The number of homicides that involve drug users or dealers, or have been related to drugs in any way	• Deaths related to drug misuse • Hospital admissions for drug poisoning and drug-related mental health and behavioural disorders (primary diagnosis of selected drug)	• Number of county lines closed • Number of major and moderate disruptions against organised criminal groups	• Continuity of care: engagement in community-based structured treatment within three weeks of leaving prison (adults) • The numbers in treatment for adults and young people	• Showing substantial progress by completing the treatment programme (free of dependent drug use and without an acute housing need) or still in treatment and either not using or having substantially reduced use of their problem substances measured over the preceding 12 months
Supporting metrics	**Supporting metrics**	**Supporting metrics**	**Supporting metrics**	**Supporting metrics**	**Supporting metrics**
• Number and proportion of households owed a homelessness duty with a drug dependency need • Rate per population of children of referral and assessments by social services with drugs as a factor • Number of permanent exclusions and suspensions and the proportion that are drug and alcohol related • Proportion of 11 to 15 year olds who think it is OK to take drugs to see what it is like, and think it is OK to take drugs once a week	• Proven reoffending within 12 months • Police recorded trafficking of drugs and possession of drugs offences • Hospital admissions for assault by a sharp object	• Hepatitis C prevalence (chronic infection) in people who inject drugs • Number and percentage of people in treatment that have died during their time in contact with the treatment system	• Volume and number of drugs seizures • Number and proportion of National Referral Mechanism referrals with a county lines flag	• Number of individuals in treatment in prisons and secure settings • Number of community or suspended sentence orders with drug treatment requirements • Number and proportion of adults starting treatment in the establishment within three weeks of arrival (from community or other custodial setting) • Unmet need for OCU treatment	• Proportion of people in treatment that have reported no housing problems in the last 28 days • Proportion of people in treatment that have reported at least one day of paid work, voluntary work, or training and education in the last 28 days • Proportion of people in treatment reporting a mental health need who received treatment or interventions • Proportion of parents that have received specific family or parental interventions

Additional OHID indicators, May 2023



[National Combating Drugs Outcomes Framework: supporting metrics and technical guidance (publishing.service.gov.uk)]

Contributors

Rhonwen Ashcroft, Public Health Information Analyst, Cheshire East Council
Andy Moss, Public Health Information Analyst, Cheshire East Council
Sara Deakin, Head of Public Health Intelligence, Cheshire East Council
Trevor Smith, Commissioning Officer, Cheshire East Council
Katy Ellison, Commissioning Manager, Cheshire East Council
Susie Roberts, Consultant in Public Health, Cheshire East Council
Siva Chandrasekaran, Public Health Information Analyst, Cheshire East Council
Rachael Nicholls, Public Health Project Worker
Otito Egegbara, GP Specialty Registrar
Gary Marshall, Services Manager, Change Grow Live (CGL)
Ste Hewitt, Deputy Services Lead, Change Grow Live (CGL)
Helen Richards, Quality Lead, Change Grow Live (CGL)
Richard Christopherson, Locality Manager-Community Safety, Cheshire East Council

Drafts have been reviewed by the Cheshire East Combating Drugs Partnership, which includes representation from:

- Cheshire East Council
  - Public Health
  - Cheshire Police
  - Housing
  - Education
  - Community Safety
  - Early Help and Prevention
  - Adult Safeguarding
  - Commissioning
- Change Grow Live-drug and alcohol services
- Healthwatch Cheshire East
- Cheshire Fire and Rescue
- Cheshire and Merseyside Integrated Care Board
- Cheshire East/West Drug Related Deaths Panel
- Cheshire Youth Justice Service
- Cheshire Probation Service

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Falls JSNA

(Joint Strategic Needs Assessment)

A review of falls across Cheshire East

Led by Cheshire East Council and the NHS

August 2023

What is a ‘Falls JSNA’?

It is **an in-depth look into a topic area** which helps us to understand the issue in more detail – in this case, falls in older adults.

By looking into falls we can see where there are gaps in services and **make better decisions to meet the needs of our residents**.

What does it tell us?

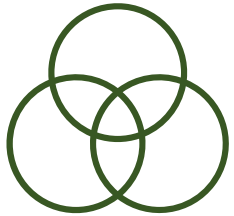
1 Who is at risk of falling

2 Who and how many people might be at risk of falling in the future

3 What support services are in place to help stop people falling

4 What support services are needed but not yet provided.

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



What is a fall?

A fall is defined as

“An event which causes a person to, unintentionally, rest on the ground or other lower level.” *(NICE Quality Standard 86, 2015)*

A fall is not the same as a collapse which is caused by a sudden or severe medical problem. For example, a stroke or vertigo.

Did you know?

One in three people aged 65 and over are estimated to fall each year, and this increases to **one in two for those aged 85 and over**.

Strength and balance exercises can reduce your chances of a fall

There are many factors that can increase your risk of falling including:

- **Age** – Older adults are more likely to fall
- **Sex** – Falls are more common in women than in men
- **Certain long-term health conditions** such as dementia or heart disease
- **Sight loss or blindness**
- **Trip hazards**– for example if rugs or carpets aren't secured properly
- **Alcohol and some medicines**

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

There is help and support available if you or someone you know has fallen. There are things you can do to prevent falling in the future.

Doing the things that help stop falls may also improve other health conditions and improve your mental wellbeing.

Falls in Cheshire East

Cheshire East has an older population compared to England.

We don't know the true number of falls as many go unreported with no medical treatment required. It is estimated that there are around 24,000 falls in Cheshire East in people aged 65 and over every year.

The number of falls is projected to increase in the future.

Ambulance data shows that falls are more common in the morning

In 2020/21, falls admissions in Cheshire East cost £24m. This has been increasing over time.

The average length of time someone stays in hospital after a fall is 10 days.

Cheshire East has more hospital admissions for falls compared to England even when taking into account Cheshire East's older population.

Two out of three hospital admissions for falls were in adults aged 80 and over.

Hip fractures, followed by head injuries were the most common serious type of injury following a fall. These can have long lasting impacts for the individual.

Cheshire East has higher numbers of hospital admissions caused by alcohol.

What support is currently available?

- **One You Cheshire East – Stand Strong** classes for anyone looking to improve their strength, balance and mobility (https://oneyoucheshireeast.org/stand-strong/)
- **Medication reviews** – To check that you are prescribed the most appropriate medicine
- **Home hazard assessments –** Undertaken by occupational therapists who check for hazards in the home
- **Free NHS eye tests –** Available to all adults aged 60 and over
- **Assistive technology –** These include a range of electronic gadgets to help you live independently in your own home such as a pendant alarm
- **Fire service safe and well checks –** The fire service also provide advice on slips, trips and falls as part of wider health and fire safety checks. Must be referred to by a partner organisation and are available to all adults aged 65 and over
- Other NHS services (such as podiatry)

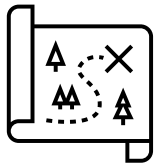
For further information about these services see 'Additional resources' slide

What are the gaps

We want to get a better understanding of who is falling in Cheshire East. Many **people who have a fall do not attend a falls prevention service.**

There are gaps **between Cheshire East and the national average** for the number of hospital admissions for falls.

We want to understand more about falls from our Ambulance and Fire Services.



There is a **variation in need** across Cheshire East.

Read on for an outline of what we plan to do to tackle these issues.

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

- To improve the **identification and management of individuals who are at risk of falling**
- **Reduce the stigma** surrounding falls
- Explore ways of **working with communities** on the issue of falls
- To **improve the way we work together on the prevention and management of falls**
- **Link with other reviews** where appropriate
- To **continue growing our understanding of falls** in Cheshire East, using more intelligence
- To promote the benefits of **addressing falls risk factors and overall wellbeing**

Additional resources

Here are some links to help you or someone you know

Strength and balance classes are available for people who are aged 65 or over and at risk of falling. Contact 0808 1643 202 or go to https://oneyoucheshireeast.org/

Cheshire East Live Well site on falls contains handy tips and support available in Cheshire East - https://www.cheshireeast.gov.uk/livewell/health-matters/keeping-well/falls-prevention/falls-prevention.aspx

Further information from the NHS on falls is available - https://www.nhs.uk/conditions/falls/

Falls JSNA

A review of falls across Cheshire East
August 2023

Executive summary

Please see the full report for more details and references

Open Fair Green

Cheshire East Council

What is a fall?

A fall can be defined as:

“An event which causes a person to, unintentionally, rest on the ground or lower level, and is not a result of a major intrinsic event (such as a stroke) or overwhelming hazard. ”[1]

1. Office for Health Improvement and Disparities (OHID). (2022a). Falls: applying All Our Health. Retrieved 01 November, 2022, from https://www.gov.uk/government/publications/falls-applying-all-our-health/falls-applying-all-our-health

Introduction

- The Cheshire East Joint Strategic Needs Assessment (JSNA) Steering Group has agreed for Falls to be a priority for a light touch review as part of the 2022/23 work programme. It builds upon an unpublished JSNA draft that was in progress prior to the Covid-19 pandemic.
- One in three people aged over 65, and over half of people aged 80+, experience at least one fall each year.[1] Falls have also been cited as the most common cause of death from injury in people aged 65+.[2]
- As such, preventing falls is an important challenge both for local authorities and the NHS.

1. Office for Health Improvement and Disparities (OHID). (2022). Falls: applying All Our Health. Retrieved 01 November, 2022, from https://www.gov.uk/government/publications/falls-applying-all-our-health/falls-applying-all-our-health.
2. Todd, C., & Skelton, DA. (2004). What are the main risk factors for falls amongst older people and what are the most effective interventions to prevent these falls? How should interventions to prevent falls be implemented? (WHO/HEN Report). World Health Organization.

What were our recommendations following this review?

Summary of gaps

This JSNA has highlighted a number of gaps in relation to falls. These include:

- Gaps in knowledge – due to not knowing the true number of falls that occur which often go unreported if no medical treatment is required.
- Gaps in evidence – There is currently not enough evidence to suggest that untargeted physical activity is effective in falls prevention with more research required. Similarly, more evidence is required on the effectiveness of exergames (which combine video games and exercise such as Wii Fit) on falls prevention.
- Lack of up to date data – Due to the Quality and Outcomes Framework (QOF) removing the Osteoporosis treatment indicator, the latest available data is from 2018/19. Therefore, in time this data will become less representative of the current picture.
- Service provision – There are a higher number of people falling than people accessing services.
- Geographic variation – There are areas in Cheshire East with higher hospital admissions for falls and higher hip fractures.

Recommendations

Across Cheshire East we need to:

- To explore ways to engage communities around falls and to promote falls prevention activity – including both commissioned services and through other preventative routes.
- To optimise risk factor identification and management such as sight registration, excess alcohol and osteoporosis. This includes by increased use of multifactorial risk assessments (an assessment that aims to identify an individuals risk factors for falling).
- To explore how to reduce the stigma around falls.
- To strengthen the partnership working on falls prevention and management. For example, the multi-agency falls prevention group.
- To link with other Joint Strategic Needs Assessments where relevant such as Substance Misuse, which identified an unmet need in harmful alcohol consumption.
- To ensure that the new Cheshire East Falls Prevention Strategy takes account of these findings.
- To promote appropriate physical activity amongst older people as a means of reducing falls risk.

Recommendations (continued)

- To conduct health promotion at a population wide level around active ageing and the benefits of addressing falls risk factors.
- To investigate effective risk profiling of those aged 65+ for falls, including via use of the frailty index.
- To investigate the cost effectiveness of increased detection and management of osteoporosis to improve bone health.
- Explore whether analysing local Hospital Episode Statistics data regarding falls admissions would add new insight.
- To include data from the Cheshire Fire Service 'Safe and Well' checks, home adaptions, and to update the North West Ambulance Service (NWAS) data.
- To explore the trend in hospital admission in detail to identify what is causing falls admissions to be higher in Cheshire East.
- To evaluate the effects of the falls pilot which is conducting multifactorial assessments on community dwelling adults.

It is important to note

It is **difficult to measure the true number of falls** that occur due to those that go unreported which have not required any medical treatment.

Whilst this review did not highlight any differences in experience in relation to marriage and civil partnership, gender reassignment, sexual orientation, pregnancy and maternity, race, and religion, the review did not specifically investigate these issues in detail. Local and national data in relation to these protected characteristics was not available to understand how falls are affected by the different protected characteristics.

Data **has been included for both age and gender**.

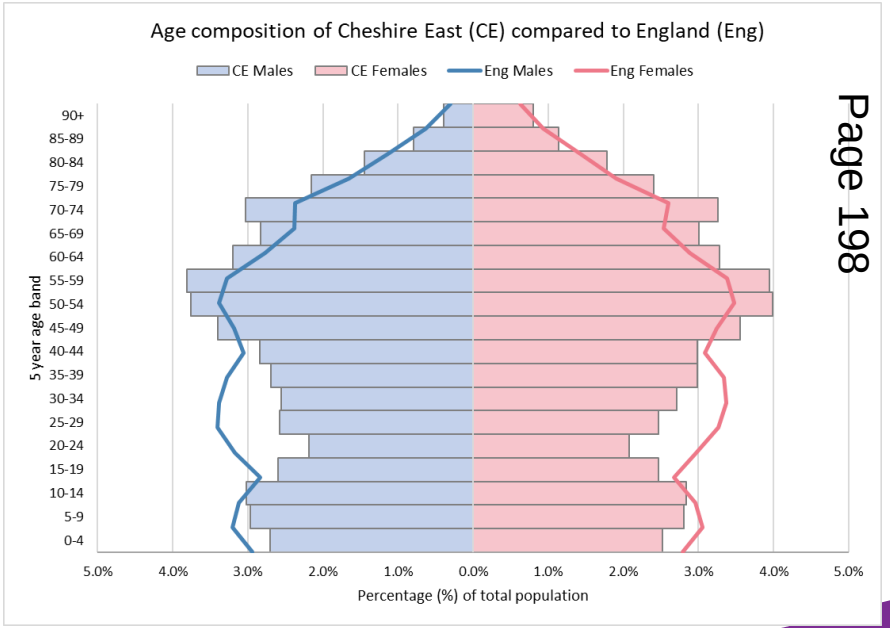
Further work may be required in the future if insights or new evidence emerges that suggests challenges relating to these characteristics.

What were the findings that led to these recommendations?

Cheshire East has an older population and the number of falls are estimated to increase in the future

- **Cheshire East has an older population compared to England.**[1] Mid-2020 populations estimated that there are 89,148 (23.1%) people aged 65 and over in Cheshire East.
- It was estimated that in 2020 there were **24,050 falls in Cheshire East** (equating to approximately one fall for every four people aged 65 years and older) and the numbers could **increase to nearly 35,000 by 2040**.[2]
- People aged 85 and over are estimated to have the highest percentage increase from 2020 to 2040, with an increase of 81%, +4,300.[2]
- When data by gender is considered, males aged 80 and over are projected to increase the most at 80% in this same time period.[2]

Cheshire East Population Pyramid by 5-year age-band (ONS)

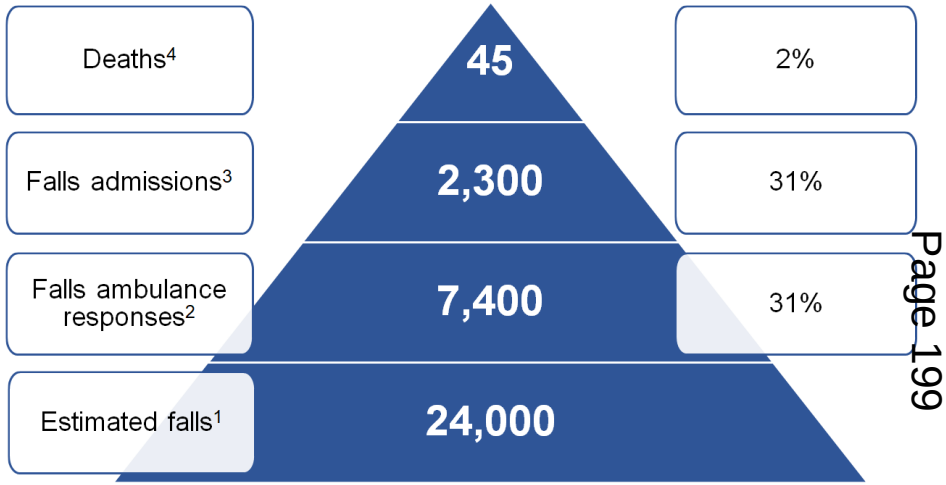


1. Office for National Statistics. Mid-2020 Population estimates. (Accessed 03 November 2022).
2. Institute of Public Care, Projecting Older People Population Information (POPPI) Service – 2020 Estimates. 2022. (Accessed 22 November 2022).

The impacts of falling

Falls can have serious implications for continued health and wellbeing, with significant impacts on health and social care services (see figure to the right).

In addition, there is a higher risk of death following a fractured neck of femur, with sadly one in every three people dying within 12 months of the fracture[5].



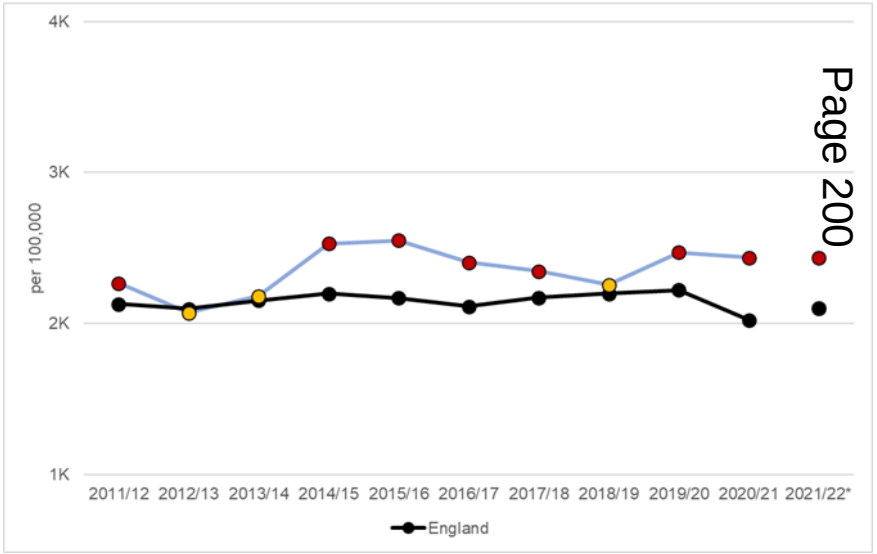
1. Institute of Public Care, Projecting Older People Population Information (POPPI) Service – 2020 Estimates. 2022. (Accessed 22 November 2022).
2. North West Ambulance Service – 2018/19 Data, sent to Senior Commissioning Manager, Cheshire East Council.
3. Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2022. Emergency hospital admissions due to falls – people aged 65 and over. (Accessed 19 April 2023).
4. Produced by Cheshire East Public Health Intelligence from Office for National Statistics: Annual Mortality Extracts 2016-2021.
5. National Institute for Health and Care Excellence (NICE). (2013). Falls in older people: assessing risk and prevention. CG161. https://www.nice.org.uk/Guidance/CG161. (Accessed 9 December 2022).

Falls are associated with a significant number of hospital admissions across Cheshire East

Falls have major impacts on our health care services across Cheshire East:

- Overall, **Cheshire East has higher rates of hospital admissions for falls** in older people than the England average[1].
  - The number of hospital admissions for falls increased by nearly 600 between 2011/12 and 2021/22.
  - Around two-thirds (67%) of falls hospital admissions are in adults aged 80 and over.
  - Falls hospital admissions are higher in females than males. In 2021/22 there were 1,490 falls in females and 785 in males.
- This is a **persistent but not worsening trend**, however, the absolute number of falls admissions is expected to increase over the coming years in view of the ageing population[2].

Emergency hospital admissions for falls injuries in persons aged 65 and over, directly age standardised rate per 100,000



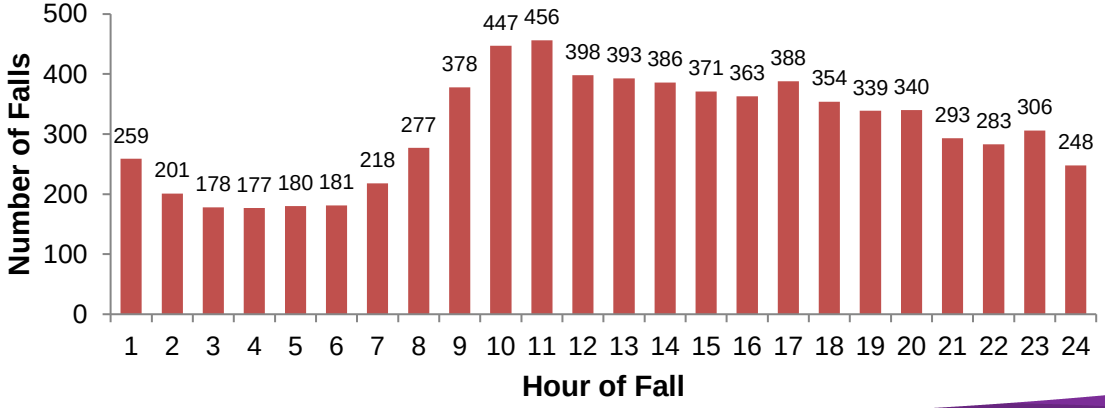
1. Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2022. Emergency hospital admissions due to falls in persons 65 years and over. (Accessed 19 April 2023).
2. Institute of Public Care, Projecting Older People Population Information (POPPI) Service – 2020 Estimates. 2022. (Accessed 13 May 2023).

Ambulance data suggests falls more likely in the morning and the summer

- North West Ambulance Service responded to 7,414 calls relating to falls in a 12 month period (from Oct 2018 to Sept 2019) in Cheshire East.
- There was no obvious trend for the days that falls occur on. Saturday is the most common day; Tuesday is the least common day.
- Over the course of a day, **the number of falls starts to rise from 8am and peaks between 10am and 12pm, before slowing declining up until 1am***.

*Note: a time lag applies to this data on when the falls are actually reported.

Time of Fall in Cheshire East (Oct 18-Sept 19)



1. North West Ambulance Service – Data extract. Provided to Senior Commissioning Manager, CEC.

The average length of stay and cost admissions has been rising

- The **average length of stay for a falls related hospital admission is rising** and is currently **10.4 days**. The **highest** average length of stay was in the **over 80 year olds** (12.3 days) followed by probable care home residents* (11.3) and those who had been readmitted** (10.3).
- In 2021/22 the **cost of falls related admissions were around £24m, an increase of £3.5m from 2019/20.**
- Nantwich and Rural (10.5 per 100,000) followed by SMASH*** (10.0 per 100,000) had the highest all-age rates of falls related admissions in Cheshire East. However, it should be noted that these figures are not age-standardised.
- Unspecified head injuries (213), followed by hip fractures such as Petrochaneteric fracture (308) and a fractured neck of the femur are the three most common types of injuries recorded (559) recorded in 2021/22.

1. Cheshire place Business Intelligence teams 'Falls' application within the ICB. Data is hosted in an online Business Intelligence platform called Qliksense and data is taken through a transformation of hospital SUS data. People are identified as having a fall if they experience an emergency admission and there is a relevant diagnosis within the spell indicating a fall had taken place. This is a wider definition than used by the Office for Health Improvement and Disparities.

Notes: *Care home status is not explicitly identified within Hospital SUS submissions, however a care home proxy has been developed by Arden & Gem CSU via their DSCRO service that creates an indicative care home flag based on a persons postcode and age.

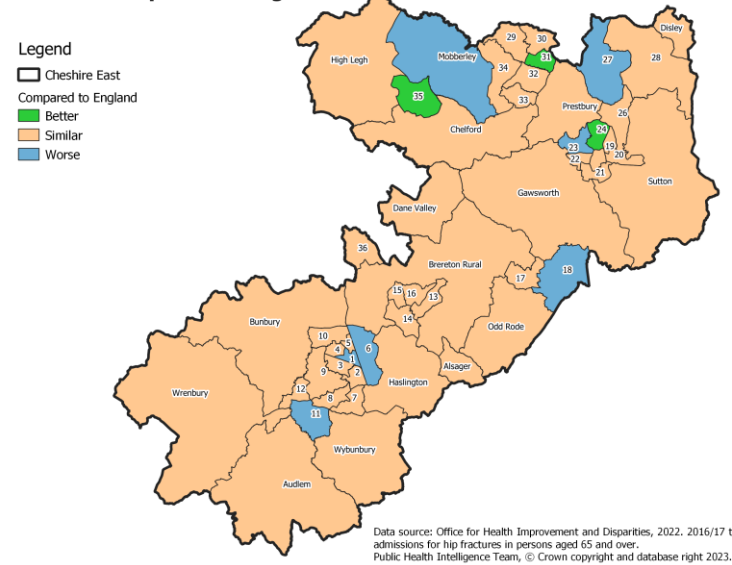
**Readmissions are identified where the spell concerning a fall is a readmission, i.e., the individual experienced an additional admission 30 days prior.

***SMASH – Sandbach, Middlewich, Alsager, Scholar Green, Haslington.

Hip fractures are a severe consequence of a fall[1]

- Cheshire East has a **similar rate of hip fractures compared** to England.
- In 2021/22, there were 555 hip fractures in adults aged 65 and over in Cheshire East. Overall numbers of hip fractures have increased from 446 in 2011/12 to 555 in 2021/22.
- Most hip fractures are in adults aged 80 and over (395) compared with the 65 to 79 year olds (155).
- There are seven wards in Cheshire East that have a statistically higher rate of emergency hospital admissions for hip fractures* (highlighted in blue on the corresponding map). These are: **Broken Cross and Upton**; **Congleton East**; **Crewe Central**; **Crewe East; Mobberley**; **Nantwich South and Stapeley; Poynton West and Adlington**.

Map of emergency hospital admissions for hip fracture by ward in people aged 65 and over compared to England



Data source: Office for Health Improvement and Disparities, 2022. 2016/17 to 2020/21 - Emergency hospital admissions for hip fractures in persons aged 65 and over.
Public Health Intelligence Team, © Crown copyright and database right 2023. Ordnance Survey 100049045

*This type of rate calculation measures the percentage difference between an area and England. Statistically comparisons between wards should not be made.

1. Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2023. Emergency hospital admissions for hip fracture in persons 65 years and over, standardised admission ratio. Accessed 5th May 2023.

Strength and balance classes are delivered by One You Cheshire East

- People **aged 65 and over are eligible for the 'Stand Strong' falls prevention class** if they answer yes to one of the following question:
  - Have you fallen in the last 12 months?
  - Do you feel unsteady when standing or walking?
  - Do you worry about falling?
- The programme runs for 26 weeks and follows the Otago programme developed in New Zealand delivered in group settings. Otago is an evidence-based strength and balance programme. Sessions last for 1 hour each week.
- Around **145 individuals start the programme each quarter** and approximately 93% of individuals who complete the programme have improved strength and balance.[1]
- Attendees noted the positive impact on their strength and balance and are now less fearful of falling. They also found that the classes were helpful in reducing their social isolation.

1. One You Cheshire East Commissioning Data, Stand Strong - https://oneyoucheshireeast.org/stand-strong/. Accessed 23 May 2023.

NICE guidance on assessing risk and prevention of falls and management of hip fractures[1]

Strength and Balance

Older people coming into contact with healthcare professionals should be asked routinely about falling. Those identified as at risk of falling should have their balance and gait observed and considered for a strength and balance intervention (NICE, 2013).

Multifactorial Assessment

Older people who present for medical attention because of a fall or report recurrent falls or who have walking or balance issues should be offered a multifactorial risk assessment. This may include assessment of osteoporosis risk, visual impairment, or urinary incontinence (NICE, 2013).

Multifactorial Interventions

NICE (2013) state that the following interventions are common to successful programmes:

- **strength and balance training**
- **home hazard assessment and intervention**
- **vision assessment and referral**
- **medication review with modification/withdrawal**

Interventions not recommended because of insufficient evidence include: low intensity exercise combined with incontinence programmes; untargeted group exercise, cognitive/behavioural interventions, referral for correction of visual impairment (as an intervention on its own), vitamin D, hip protectors (NICE, 2013).

1. National Institute for Health and Care Excellence. (2013). Falls in older people: assessing risk and prevention. CG161. Available from: https://www.nice.org.uk/Guidance/CG161 (Accessed 9 December 2022).

Insights into older people's perceptions of falling

- One study which looked into the perception of falls in older adults found[1]:
  - Falls as a threat to their personal identity
  - Falls as a threat to independence
  - Falls as a threat to their social interaction
  - They use carefulness as a protective strategy.
- This mirrored findings from local engagement[2] with six older people's groups in Cheshire East who stated that they:
  - Do not see themselves as being at risk of a fall until one has happened.
  - Do not want to be seen as a nuisance and that they do not like asking their children for help. For example, asking a son to change a light bulb.
  - Became more careful once they have had a fall.

1. Gardiner, S., Glogowska, M., Stoddart, C., Pendlebury, S., Lasserson, D., & Jackson, D. (2017). Older people's experiences of falling and perceived risk of falls in the community: A narrative synthesis of qualitative research. International Journal of Older People Nursing, 12(4), e12151. https://doi.org/10.1111/opn.12151.
2. Public Health and Commissioning, local insights gathered via attending 6 older people groups within Cheshire East during early 2023.

Findings from research

There are **some effective evidence-based interventions to prevent falls** – these include Otago and Falls Management Exercise (FaME). Evidence also suggests[1,2]:

- Interventions that last between 6 to 12 months were found to be most effective.[3]
- The effect of a falls intervention last between 12 and 24 months.[3]
- Evidence on the links between sedentary behaviour and falls is limited - further research needed.[4]
- Exergames (which combine video games and exercise such as Wii Fit) were found to have no impact on the risk of falls – recommended further research needed.[5,6]

1. National Institute for Health and Care Excellence. (2013). Falls in older people: assessing risk and prevention. CG161. https://www.nice.org.uk/Guidance/CG161. Accessed 9 December 2022.
2. Iliffe, S. et al (2014). Multicentre cluster randomised trial comparing a community group exercise programme and home-based exercise with usual care for people aged 65 years and over in primary care.
3. Finnegan, S., Seers, K., & Bruce, J. (2018). Long-term follow-up of exercise interventions aimed at preventing falls in older people living in the community: a systematic review and meta-analysis. Physiotherapy, 105(2). https://doi.org/10.1016/j.physio.2018.09.002.
4. Jiang, Y., et al. (2022). The association between sedentary behavior and falls in older adults: A systematic review and meta-analysis. Frontiers in Public Health, 10. https://doi.org/10.3389/fpubh.2022.1019551.
5. Alhasan Hammad. (2022). Exergames as a rehabilitation modality to improve postural control and risk of falls in frail and pre-frail older adults.
6. Alhasan, H., Alshehri, M., Fong, D., & Wheeler, P. (2020). The effect of exergames on balance and falls in frail older adult: a systematic review. Physiotherapy, 107, e132.

There are a range of risk factors relating to falls (1)

- Individuals at risk from falling include those with:
  - **Fear of falling[1,2];**
  - **Gait/muscle strength[3,4,7];**
  - **Poor balance[7];**
  - **Visual impairment[7];**
  - **Long-term health conditions such as dementia or heart disease[8];**
  - **Medication-use of specific medications, or multiple medications (polypharmacy)[7,9,2];**
  - **History of falls[10].**
- Osteoporosis is a health condition that weakens bones meaning that they are more likely to break. It develops slowly over a period of years and is not usually painful until a bone is broken (NHS, 2019).[5] We see a higher prevalence of **osteoporosis** across most of Cheshire East, increasing the chance of fractures from falls.[6]

1. Kim, D., & Portillo, M. (2018). Fall Hazards Within Senior Independent Living: A Case-Control Study. HERD: Health Environments Research & Design Journal, 11(4), 65–81. https://doi.org/10.1177/1937586717754185.
2. World Health Organization. (2007). WHO global report on falls prevention in older age. https://www.who.int/publications/i/item/9789241563536.
3. Clynes et al., (2015). Definitions of Sarcopenia: Associations with Previous Falls and Fracture in a Population Sample. Calcified Tissue International, 97(5), 445–452. https://doi.org/10.1007/s00223-015-0044-z.
4. Callisaya et al., (2010). Ageing and gait variability--a population-based study of older people. Age and Ageing, 39(2), 191–197. https://doi.org/10.1093/ageing/afp250.
5. NHS. 2022. Osteoporosis - Causes - NHS (www.nhs.uk) [Accessed 06/06/2023]
6. Office for Health Improvement & Disparities. QOF Prevalence -50yrs+ crude rate (2021/22) Public Health Profiles. [Accessed: 10 January 2023] https://fingertips.phe.org.uk © Crown copyright 2022.
7. Office for Health Improvement & Disparities. Public Health Profiles. [Accessed: 19 June 2023] https://fingertips.phe.org.uk © Crown copyright 2023
8. National Health Service. (2021). Falls. Retrieved 23 November, 2022, from https://www.nhs.uk/conditions/falls/.
9. Dhalwani et al., (2017). Association between polypharmacy and falls in older adults: a longitudinal study from England. BMJ Open, 7(10), e016358. https://doi.org/10.1136/bmjopen-2017-016358.
10. Deandrea et al., (2010). Risk Factors for Falls in Community-dwelling Older People. Epidemiology, 21(5), 658–668. https://doi.org/10.1097/ede.0b013e3181e89905.

There are a range of risk factors relating to falls (2)

- Environmental hazards also have an impact, for example places with inadequate lighting and wet flooring[1].
- Walking aids[2] and footwear can also increase risks of fall[3].
- **Smoking** is also an important risk factor for hip fracture - please see findings of the Smoking JSNA.
- **Alcohol consumption** is a risk factor for falls and there are higher rates of admission episodes for alcohol-specific conditions in Cheshire East compared to the England average - please see findings of the Substance Misuse JSNA.

1. National Health Service. (2021). Falls. Retrieved 23 November, 2022, from https://www.nhs.uk/conditions/falls/.
2. Roman de Mettelinge & Cambier, (2015). Understanding the relationship between walking aids and falls in older adults: a prospective cohort study. J Geriatr Phys Ther. 2015;38(3):127-32.
3. Menant et al., (2008) Optimizing footwear for older people at risk of falls. J Rehabil Res Dev. 2008;45(8):1167-81.

Prevalence of risk factors

- Cheshire East (7%) has **similar levels of falls hazards in homes** compared to regionally (7%) and England (7%). Some **rural communities** and **Crewe Central, Crewe South and Macclesfield Central ward** have the highest percentage of private sector homes with falls hazards.[1]
- The screenshot below shows the prevalence of various falls risk factors in Cheshire East. Cheshire East is **worse than the England average for admission episodes for alcohol-specific admissions**. Cheshire East also has a **higher prevalence of dementia** in people aged 65 years and older.[2]

Indicator	Period	Chesh East			England			
		Recent Trend	Count	Value	Value	Worst/ Lowest	Range	Best/ Highest
People aged 65-74 registered blind or partially sighted (Persons, 65-74 yrs)	2019/20	–	145	309	536	59		
People aged 75+ registered blind or partially sighted (Persons, 75+ yrs)	2019/20	–	1,115	2,694	3,429	393		
Dementia: Recorded prevalence (aged 65 years and over) (Persons, 65+ yrs)	2020	–	3,820	4.25%	3.97%*	2.91%		
Percentage of physically active adults (Persons, 19+ yrs)	2021/22	–	-	67.3%	67.3%	36.3%		77.3%
Percentage of physically inactive adults (Persons, 19+ yrs)	2020/21	–	-	19.4%	23.4%	43.4%		7%
Smoking Prevalence in adults (18+) - current smokers (APS) (Persons, 18+ yrs)	2021	–	-	13.5%	13.0%	22.0%		
Admission episodes for alcohol-specific conditions (Persons, All ages)	2021/22	–	2,745	668	626	2,514		255
Osteoporosis: QOF prevalence (50+ yrs) (Persons, 50+ yrs)	2021/22	➡	2,214	1.2%	0.8%	0.1%		
Preventable sight loss: sight loss certifications (Persons, All ages)	2021/22	–	-	40.9	39.9	80.3		

1. BRE Integrated Dwelling Level Housing Stock Modelling and Database for Cheshire East Council, April 2019.
2. Office for Health Improvement & Disparities. Public Health Profiles. https://fingertips.phe.org.uk © Crown copyright 2022. Accessed 10 January 2023.

Falls interventions

- Cheshire East Council contracts Millbrook to deliver an Assistive Technology service. As of March 2023, there were 2,295 monitored adult social care users with Assistive Technology. On average 80.4 mobile responses are made each month since the contract started with Millbrook.
- Community equipment can be obtained from the Local Authority via an Occupational Therapy (OT) Assessment. Alternatively, this also takes place via OTs based within Hospitals or Physios to facilitate discharge. In both cases, the service is delivered by Millbrook.
  - Equipment can be obtained privately via local mobility shops.
  - There is limited evidence on the effectiveness of equipment in reducing falls.
  - There were 28,593 separate equipment items issued in 2022/23.
- Physical activity is recommended for older adults and has a number of health benefits.
  - Physical activity has been shown to reduce hip fractures by up to 68% and reduce the risk of other long-term conditions.[1]
  - There is currently no evidence that physical activity prevents falls.
  - Across England, physical activity reduces and inactivity increases substantially after the age of 74.[2]

1. Office for Health Improvement and Disparities. (2022). Physical activity: applying All Our Health. Guidance. Available from: Physical activity: applying All Our Health - Gov.uk (www.gov.uk). (Accessed: 16 May 2023).
2. Sport England. Active Lives Survey. Adult data. Available from: Active Lives | Adult Data (sportengland.org) (Accessed 12 January 2023).

How we went about this review?

- This review is one of our Joint Strategic Needs Assessment (JSNA) light touch reviews.
- The work was completed through a small working group including Public Health and Commissioning representatives.
- The working group used their experiences to agree:
  1. The scope of this JSNA.
  2. The information that should be gathered.
  3. And the key messages and recommendations that should be formed from having looked at the information gathered.

What questions did this review aim to answer?

1. To provide comprehensive analysis on the issue of falls which will consider the wider determinants of health, demographics, deprivation, protected characteristics, and ill-health
2. Identify gaps in service provision
3. Look into present and future need associated with falls
4. Research best practice relating to falls interventions
5. Inform commissioning intentions

What did this review cover?

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

- Current and future estimates of the number of falls
- The current 65 and over population in Cheshire East and how it compares to England
- Ambulance responses for falls
- Emergency hospital admissions for falls and their types of injuries, cost and impact on hospital bed capacity
- Hip fracture admissions and Osteoporosis
- Deaths from the result of a fall
- Commissioned falls prevention services
- Researching the evidence base around falls
- Older adults' perceptions of falls
- Risk factors
- Falls hazards in homes
- Physical activity

Falls JSNA

A review of falls across Cheshire East
August 2023

Full report

Open Fair Green

Cheshire East Council

Contents

Introduction

One in three people aged over 65, and over half of people aged 80+, experience at least one fall each year. Falls have also been cited as the most common cause of death from injury in people aged 65+.[1]

Consequences can involve **fracture, pain, greater fear of falling, social isolation, frailty and increased use of services** such as hospital and social care (including residential care).[2,3]

The UK **cost of fragility fractures was estimated at £4.4bn**. Hip fractures make up circa £2bn of this sum.[2] PHE calculated the estimated mean cost of a serious fall (requiring medical or social care support) to be **£4,174** for their 'Return on Investment Tool'.[4] In addition to falls potentially resulting in the need for social care, if an unpaid carer falls there may be additional social care impacts for those who they are caring for (see carers JSNA).

As such, preventing falls is an important challenge both for local authorities and the NHS.

1. Todd, C., & Skelton, DA. (2004). What are the main risk factors for falls amongst older people and what are the most effective interventions to prevent these falls? How should interventions to prevent falls be implemented? (WHO/HEN Report). World Health Organization.
2. Public Health England. (2017). Falls and Fracture Consensus Statement. https://www.gov.uk/government/publications/falls-and-fractures-consensus-statement
3. Parry S, Finch T, Deary V. (2013) How should we manage fear of falling in older adults living in the community? British Medical Journal. 2013;346(7912):36.
4. Public Health England. (2018). A Return on Investment Tool for the Assessment of Falls Prevention Programmes for Older People Living in the Community. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679856/A_return_on_investment_tool_for_falls_prevention_programmes.pdf

What is a fall?

A fall can be defined as:

“An event which causes a person to, unintentionally, rest on the ground or lower level, and is not a result of a major intrinsic event (such as a stroke) or overwhelming hazard.”[1]

1. Office for Health Improvement and Disparities (OHID). (2022a). Falls: applying All Our Health. Retrieved 01 November, 2022, from https://www.gov.uk/government/publications/falls-applying-all-our-health/falls-applying-all-our-health

Aims and objectives

The aim of this JSNA is to investigate the issue of falls in Cheshire East. It will identify recommendations to be implemented to reduce the number of falls and reduce health inequalities.

Its objectives include:

- To provide comprehensive analysis on the issue of falls which will look into the wider determinants of health, demographics, deprivation, protected characteristics, and ill-health
- Identify gaps in service provision
- Look into present and future need associated with falls
- Research best practice relating to falls interventions
- Inform commissioning intentions

What is a JSNA?

- Joint Strategic Needs Assessments (JSNAs) are assessments of the current and future health and social care needs of the local community. These are needs that could be met by the local authority, the NHS (National Health Service) or the VCFSE (Voluntary, Community, Faith, and Social Enterprise).
- This review was undertaken through joint working between:
  - Cheshire East Council Public Health and Commissioning teams
  - The NHS Integrated Care Board

Who will we focus on in our falls JSNA?

The population that will be assessed are people aged 65 and over who are a Cheshire East resident.

Using Office for National Statistics [ONS] Mid-2020 population estimates, this represents 89,148 people.[1]

This population has been chosen because approximately one third of the over 65's are predicted to fall at least once a year, and this rises to nearly half for the over 80's.[2]

1. Office for National Statistics, Mid-2020 Ward based Population Estimates. Ward-level population estimates (Experimental Statistics) - Office for National Statistics (ons.gov.uk) [accessed 30th June 2023]
2. Office for Health Improvement and Disparities (OHID). (2022a). Falls: applying All Our Health. Retrieved 01 November, 2022, from https://www.gov.uk/government/publications/falls-applying-all-our-health/falls-applying-all-our-health

Overview of need

Overview of falls in the community

Falls are a significant health and wellbeing issue for our residents in Cheshire East:

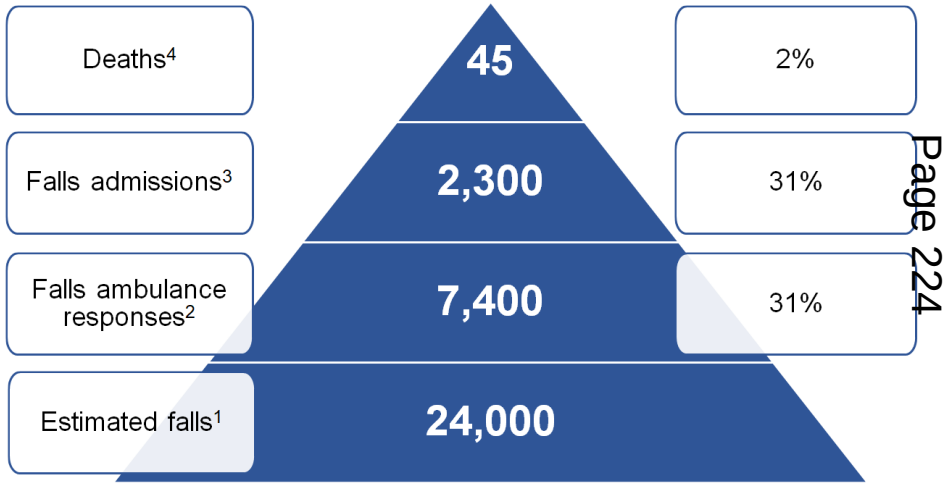
- **Cheshire East has an older population compared to England**, nearly a quarter of our population is 65 and over (23%) with areas in the north of the borough having a higher older population.[1]
- In **2020, there were estimated to be around 24,000 falls in Cheshire East** (equating to approximately one fall for every four people aged 65 years and older) and the numbers could increase to nearly 35,000 by 2040.[2]
  - Falls in males aged 80 and over are projected to increase the most at 80% in this same time period.[2]

1. Office for National Statistics, Mid-2020 Ward based Population Estimates. Ward-level population estimates (Experimental Statistics) - Office for National Statistics (ons.gov.uk) [Accessed 30th June 2023]
2. Institute of Public Care, Projecting Older People Population Information Service (POPPI), 2022. [Accessed 13 May 2023].

The impacts of falling

Falls can have serious implications for continued health and wellbeing, with significant impacts on health and social care services (see figure to the right).

In addition, there is a higher risk of death following a fractured neck of femur, with sadly one in every three people dying within 12 months of the fracture[5].



1. Institute of Public Care, Projecting Older People Population Information (POPPI) Service – 2020 Estimates. 2022. (Accessed 22 November 2022).
2. North West Ambulance Service – 2018/19 Data, sent to Senior Commissioning Manager, Cheshire East Council.
3. Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2022. Emergency hospital admissions due to falls – people aged 65 and over. (Accessed 19 April 2023).
4. Produced by Cheshire East Public Health Intelligence from Office for National Statistics: Annual Mortality Extracts 2016-2021.
5. National Institute for Health and Care Excellence (NICE). (2013). Falls in older people: assessing risk and prevention. CG161. https://www.nice.org.uk/Guidance/CG161. (Accessed 9 December 2022).

Overview of hospital admissions relating to falls

Falls have major impacts on our health care services across Cheshire East

- Overall, **Cheshire East has higher rates of hospital admissions for falls** in older people than the England average.[1]
  - The number of hospital admissions for falls increased by nearly 600 between 2011/12 and 2021/22.
  - Around two-thirds (67%) of falls hospital admissions are in adults aged 80 and over.
  - Falls hospital admissions are higher in females than males.
- This is a **persistent but not worsening trend**, however, the absolute number of falls admissions is expected to increase over the coming years in view of the ageing population.[2]
- Cheshire East has a **similar rate of hip fractures** compared to England.[1]
- The **average length of stay** in hospital admissions for **falls is also getting longer** and is now 10 days in those aged 65 years and older and 12 days in those aged 80 years and over.[3]
- The **cost of falls** related hospital admissions has **increased** by around **£3.5m between 2019/20 and 2021/22.[3]**

1. Office for Health Improvement & Disparities. Public Health Profiles. [Accessed 19 April 2023] https://fingertips.phe.org.uk © Crown copyright 2023
2. Institute of Public Care, Projecting Older People Population Information Service (POPPI), 2022. [Accessed 13 May 2023].
3. Cheshire Place ICB, Business Intelligence Team taken from 'Falls' application utilising hospital SUS data. Received 18th January 2023.

Overview of variation in hospital admissions

Our data suggest that rates of falls vary by time and place:

- Ambulance data suggests that there is a marginal increase in falls in the summer months and that falls rise from 8am and peak between 10am and 12pm (noon), before slowly declining up until 1am.[1]
- There are particular challenges in our 80 and over age group[2,3]
  - Nantwich, SMASH and Middlewood Primary Care Networks (PCNs) in terms of crude rates of falls admissions
  - Crewe East, Crewe Central, Broken Cross and Upton, Congleton East, Mobberley, Nantwich South and Stapeley, and Poynton West and Adlington for hip fracture admissions.[4]

1. North West Ambulance Service – 2018/19 Data, sent to Senior Commissioning Manager, Cheshire East Council
2. Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2022. Emergency hospital admissions due to falls in persons 65 years and over. (Accessed 19 April 2023).
3. Office for National Statistics, Mid-2020 Ward based Population Estimates. Ward-level population estimates (Experimental Statistics) - Office for National Statistics (ons.gov.uk) (Accessed 30th June 2023)
4. Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2022. Emergency hospital admissions for hip fracture in persons 65 years and over. (Accessed 05 May 2023).

Overview of factors that increase residents' risk of falling (1 of 2)

There are a variety of risk factors that can increasing the chance of falling or of having a fracture after a fall. These include:- alcohol consumption; medications; vision problems; osteoporosis; smoking; long term health conditions; gait and muscle strength; balance issues; environmental hazards, such as housing; and fear of falling.

- We see a higher prevalence of osteoporosis across most of Cheshire East, increasing the chance of fractures from falls.[1]
- Alcohol consumption is a risk factor for falls and there are higher rates of admission episodes for alcohol-specific conditions in Cheshire East compared to the England average[2,3] – please see finding of the Substance Misuse JSNA.
- Smoking is also an important risk factor for hip fracture[4] - please see findings of the Smoking JSNA once completed.

1. Office for Health Improvement & Disparities. QOF Prevalence -50yrs+ crude rate (2021/22) Public Health Profiles. [Accessed 10 January 2023] https://fingertips.phe.org.uk/profile/general-practice/data#page/3/gid/2000009/pat/66/par/nE38000233/ati/204/are/U88623/iid/90443/age/239/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1 © Crown copyright 2022
2. Source: Office for Health Improvement & Disparities. Public Health Profiles. [Accessed: 19 June 2023] https://fingertips.phe.org.uk © Crown copyright 2023
3. National Health Service. (2021). Falls. Retrieved 23 November, 2022, from https://www.nhs.uk/conditions/falls/
4. Marks R. (2010). Hip fracture epidemiological trends, outcomes, and risk factors, 1970-2009. International journal of general medicine, 3, 1–17.

Overview of factors that increase residents' risk of falling (2 of 2)

- The estimated numbers of adults aged 65 and over with dementia and those who are unable to manage at least one mobility activity are projected to increase by 61% and 51% by 2040.[1]
- Cheshire East Council contracts Millbrook to deliver an Assistive Technology service.
- Community equipment can be obtained from the Local Authority via an Occupational Therapy (OT) Assessment. Alternatively, this also takes place via OTs based within hospitals or physiotherapists to facilitate discharge. In both cases, the service is delivered by Millbrook.
- Wards with the highest levels of fall hazards in homes are in the more urban locations of Macclesfield Central, Crewe South, and Crewe Central.[2]

1. Institute of Public Care, Projecting Older People Population Information Service. 2022. (Accessed 13 May 2023).
2. BRE Integrated Dwelling Level Housing Stock Modelling and Database for Cheshire East Council, April 2019.

Overview of falls prevention interventions (1 of 2)

There are **some effective evidence-based interventions to prevent falls** – these include Otago and Falls Management Exercise (FaME). Evidence also suggests[1,2]:

- Six to 12 month long interventions were most effective[3].
- Effects of interventions last between 12 to 24 months[3].
- Evidence on the link between sedentary behaviour and falls is limited.
- More research is required into exergames and their effectiveness[4,5].

1. National Institute for Health and Care Excellence. (2013). Falls in older people: assessing risk and prevention. CG161. https://www.nice.org.uk/Guidance/CG161. (Accessed 9 December 2022).
2. Iliffe, S. et al (2014). Multicentre cluster randomised trial comparing a community group exercise programme and home-based exercise with usual care for people aged 65 years and over in primary care.
3. Finnegan, S., Seers, K., & Bruce, J. (2018). Long-term follow-up of exercise interventions aimed at preventing falls in older people living in the community: a systematic review and meta-analysis. Physiotherapy, 105(2). https://doi.org/10.1016/j.physio.2018.09.002
4. Alhasan Hammad. (2022). Exergames as a rehabilitation modality to improve postural control and risk of falls in frail and pre-frail older adults.
5. Alhasan, H., Alshehri, M., Fong, D., & Wheeler, P. (2020). The effect of exergames on balance and falls in frail older adult: a systematic review. Physiotherapy, 107, e132.

Overview of falls prevention interventions (2 of 2)

Physical activity is recommended for older adults and has a number of health benefits:

- Including reductions in hip fractures, as well as depression, cardiovascular disease, diabetes and dementia, for example.[1]
- Nationally, we see that levels of physical activity drop off after the age of 74 years.[2]
- Locally, less than half of adults achieve the Chief Medical Officer (CMO) recommendations for regular muscle strengthening exercise.[2]
- Evidence of physical activities effectiveness in relation to falls prevention is limited. Strength and balance classes are known to be effective.[3]

1. Office for Health Improvement and Disparities. (2022). Physical activity: applying All Our Health. Guidance. Available from: Physical activity: applying All Our Health - Gov.uk (www.gov.uk). (Accessed: 16 May 2023).
2. Sport England. Active Lives Survey. Adult data. Available from: Active Lives | Adult Data (sportengland.org) (Accessed 12 January 2023).

3. Sherrington, C., Fairhall, N., Kwok, W. et al. (2020). Evidence on physical activity and falls prevention for people aged 65+ years: systematic review to inform the WHO guidelines on physical activity and sedentary behaviour. *Int J Behav Nutr Phys Act* 17, 144. (2020). https://doi.org/10.1186/s12966-020-01041-3

Overview of local insights and falls prevention services in Cheshire East

There is support available for those that fall or are at risk of falling across Cheshire East

- **Cheshire East Council commission evidence-based falls prevention classes** through One You Cheshire East.
  - Attendees from three engagement sessions reported a positive impact on their strength and balance, and they are now less fearful of falling[1].
  - Attendees also found that the classes were helpful in reducing their social isolation[1].
- There are **considerably more falls, and therefore opportunities for future falls prevention than there is capacity within formal falls prevention services**.
- **Local insights** and literature suggests that **many people that fall are reluctant to seek help** and they **do not see themselves as being at risk of falling.**[2,3]

1. Public Health and Commissioning, local insights gathered via attending 3 Stand Strong classes in Cheshire East during early 2023
2. Public Health and Commissioning, local insights gathered via attending 6 older people groups (including the three Stand Strong classes above) within Cheshire East during early 2023.
3. Gardiner, S., Glogowska, M., Stoddart, C., Pendlebury, S., Lasserson, D., & Jackson, D. (2017). Older people's experiences of falling and perceived risk of falls in the community: A narrative synthesis of qualitative research. International Journal of Older People Nursing, 12(4), e12151. https://doi.org/10.1111/opn.12151

Summary of key trends in falls by protected characteristic

Characteristic	Description
Age	Falls are more prevalent in adults as they age with estimates that one in three adults aged 65 and over fall each year and one-half of adults aged 80 and over (Office for Health Improvement and Disparities [OHID], 2022a). Adults aged 80 and over account for two-thirds of hospital admissions for falls in Cheshire East (OHID, 2023a). In 2021/22 this correlates to a directly standardised rate of 6,242 per 100,000 for adults aged 80 and over, and 1,125 per 100,000 for adults aged 65 to 79. Individuals with osteoporosis are at an increased risk of a fracture following a fall (NHS, 2019), and this is known to affect people aged 50 and over more. Data in Cheshire East shows the following Primary Care Networks have higher rates of osteoporosis than England: Crewe Grosvenor; Crewe Eaglebridge; Congleton and Holmes Chapel; Chelford, Handforth, Alderley Edge, Wilmslow; Sandbach, Middlewich, Alsager, Scholar Green, Haslington; Nantwich and Rural; and Knutsford.
Race	No local or national level data is available which highlights the differences in the number of falls by ethnicity. One study (Cézard et al., 2020) in Scotland found that the following ethnicities had higher hospital admissions. For males these are white Irish, any mixed background and for females falls admissions are higher in the other white British, white Irish, other white and any other mixed background. This should be interpreted with caution and may not be represent the local picture in Cheshire East.
Religion	No specific evidence on religion in relation to falls was found as part of this review.
Sexual Orientation	No specific evidence on sexual orientation in relation to falls was found as part of this review.
Sex	Falls hospital admissions are higher in females than males. In 2021/22, females had a directly standardised rate of 2,764 per 100,000 compared to males which had a rate of 2,008 per 100,000 (OHID, 2023a). Additionally, it is known that women are more likely to have osteoporosis (BHOF, n.d.). We are unable to conclude whether osteoporosis is more prevalent in women in Cheshire East due to.
Marriage and Civil Partnership	No specific evidence on marriage in relation to falls was found as part of this review.
Disability	Falls are more likely in the following health groups - Fear of falling (Kim & Portillo, 2018; WHO, 2007); Gait/muscle strength (OHID, 2022a; Clynes et al., 2015; Callisaya et al., 2010); Poor balance (OHID, 2022a); Visual impairment (NHS, 2021; OHID, 2022a); Long-term health conditions such as dementia or heart disease (NHS, 2021); Medication-use of specific medications, or multiple medications (polypharmacy) (OHID, 2022a; Dhalwani et al., 2017; WHO, 2007)
Gender Reassignment	No specific evidence on gender reassignment in relation to falls was found as part of this review.
Pregnancy and Maternity	No specific evidence on pregnancy and maternity in relation to falls was found as part of this review.

Recommendations and gaps

Recommendations

Across Cheshire East we need to:

- To explore ways to engage communities around falls and to promote falls prevention activity – including both commissioned services and through other preventative routes.
- To optimise risk factor identification and management such as sight registration, excess alcohol and osteoporosis. This includes by increased use of multifactorial risk assessments (an assessment that aims to identify an individuals risk factors for falling).
- To explore how to reduce the stigma around falls.
- To strengthen the partnership working on falls prevention and management. For example, the multi-agency falls prevention group.
- To link with other Joint Strategic Needs Assessments where relevant such as Substance Misuse, which identified an unmet need in harmful alcohol consumption.
- To ensure that the new Cheshire East Falls Prevention Strategy takes account of these findings.
- To promote appropriate physical activity amongst older people as a means of reducing falls risk.

Recommendations (continued)

- To conduct health promotion at a population wide level around active ageing and the benefits of addressing falls risk factors.
- To investigate effective risk profiling of those aged 65+ for falls, including via use of the frailty index.
- To investigate the cost effectiveness of increased detection and management of osteoporosis to improve bone health.
- Explore whether analysing local Hospital Episode Statistics data regarding falls admissions would add new insight.
- To include data from the Cheshire Fire Service 'Safe and Well' checks, home adaptions, and to update the North West Ambulance Service (NWAS) data.
- To explore the trend in hospital admission in detail to identify what is causing falls admissions to be higher in Cheshire East.
- To evaluate the effects of the falls pilot which is conducting multifactorial assessments on community dwelling adults.

Gaps

This JSNA has highlighted a number of gaps in relation to falls. These include:

- Gaps in knowledge – due to not knowing the true number of falls that occur which often go unreported if no medical treatment is required.
- Gaps in evidence – There is currently not enough evidence to suggest that untargeted physical activity is effective in falls prevention with more research required. Similarly, more evidence is required on the effectiveness of exergames (which combine video games and exercise such as Wii Fit) on falls prevention.
- Lack of up to date data – Due to the Quality and Outcomes Framework (QOF) removing the Osteoporosis treatment indicator, the latest available data is from 2018/19. Therefore, in time this data will become less representative of the current picture.
- Service provision – There are a higher number of people falling than people accessing services.
- Geographic variation – There are areas in Cheshire East with higher hospital admissions for falls and higher hip fractures.

Appendices

Appendix A: What does the data tell us?

The population of Cheshire East

How does the age profile of Cheshire East compare with England as a whole?

The overall population of Cheshire East is 386,667 according to Mid-2020 Office for National Statistics population estimates, with 89,148 people (23.1%) aged 65 and over*. This is higher than England at 18.5%. See the table below for a comparison of Cheshire East to England.

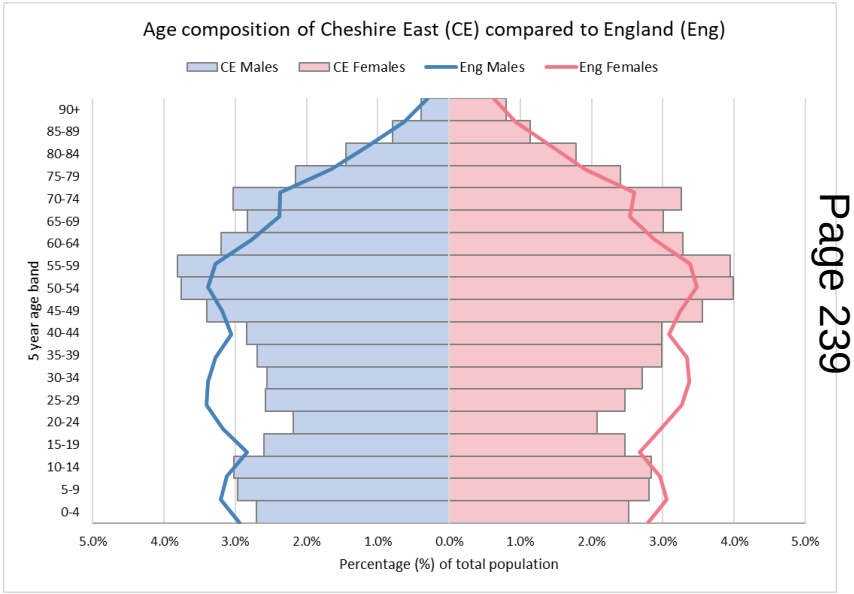
*The 2021 Census suggests that these estimates, which are based on the previous 2011 Census, over-estimated Cheshire East's older population.

Despite this, Cheshire East still has an older population compared to England. See slide 27 for a more detailed explanation.

Cheshire East Population Comparison to England (Mid-2020)

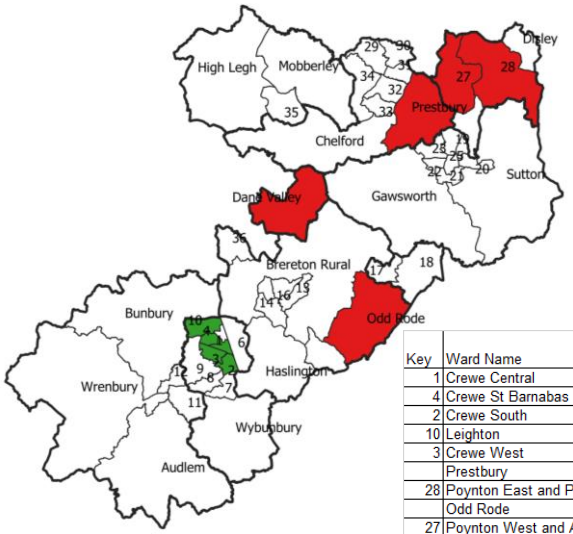
Age group	Cheshire East	Cheshire East %	England %
65 to 79	64,551	16.7%	13.5%
80 and over	24,597	6.4%	5.0%
65 and over	**89,148**	**23.1%**	**18.5%**

Cheshire East Population Pyramid by 5-year age-band (Mid-2020)

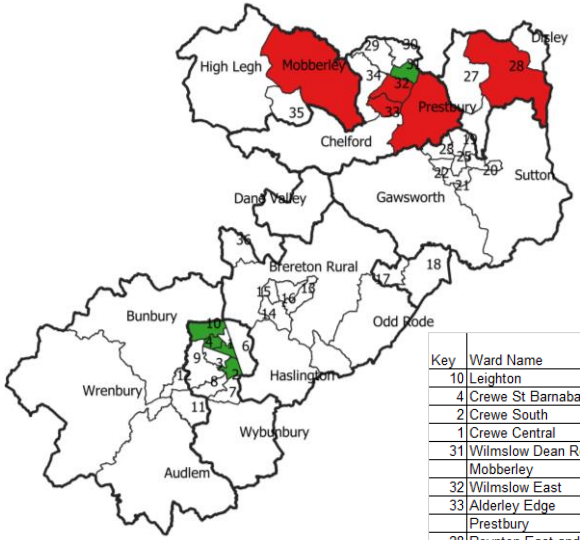


Source: Office for National Statistics, Mid-2020 Ward based Population Estimates. Ward-level population estimates (Experimental Statistics) - Office for National Statistics (ons.gov.uk) [accessed 30th June 2023]

Wards with the highest proportion of older adults as a percentage of their total population



Key	Ward Name	Population aged 65+	% aged 65+
1	Crewe Central	743	10.8%
4	Crewe St Barnabas	647	11.4%
2	Crewe South	1450	11.5%
10	Leighton	590	11.7%
3	Crewe West	1722	15.9%
	Prestbury	1402	32.7%
28	Poynton East and Pott Shrigley	2453	32.6%
	Odd Rode	2577	31.3%
27	Poynton West and Adlington	2493	30.1%
	Dane Valley	2931	30.0%



Key	Ward Name	Population aged 80+	% aged 80+
10	Leighton	90	1.8%
4	Crewe St Barnabas	140	2.5%
2	Crewe South	395	3.1%
1	Crewe Central	216	3.1%
31	Wilmslow Dean Row	188	3.8%
	Mobberley	490	10.3%
32	Wilmslow East	455	10.1%
33	Alderley Edge	501	10.0%
	Prestbury	405	9.4%
28	Poynton East and Pott Shrigley	709	9.4%

There is wide variation in the proportion of the total population of Cheshire East wards made up of older adults.

The Crewe area, in particular, has a younger population (see published JSNA chapter for more details).

It should be noted that some wards in Cheshire East may have a high number of care homes which would impact upon the total numbers of older adults that live in that ward.

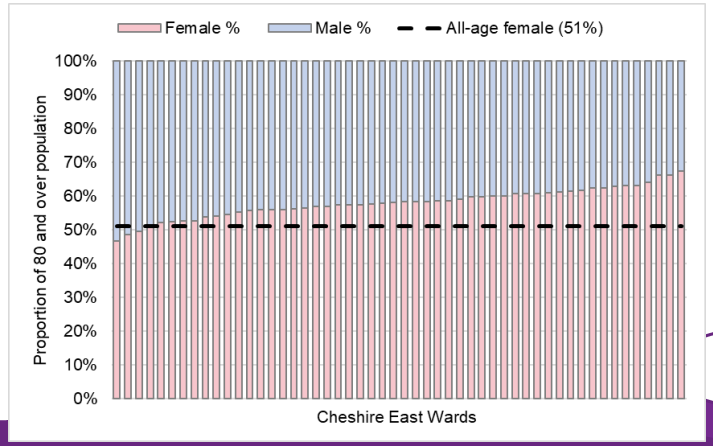
Source: Office for National Statistics, Mid-2020 Ward based Population Estimates. Ward-level population estimates (Experimental Statistics) - Office for National Statistics (ons.gov.uk) [accessed 30th June 2023]

Comparison of gender distribution across Cheshire East by Ward

- Nationally and locally a higher proportion of older adults are female. Overall, **54% of those aged 65 and over in Cheshire East are female and this increases to 58% for females aged 80 and over**. This compares to **51% of the entire Cheshire East population** who are female.
- The two graphs below show the male to female proportion of each ward in Cheshire East. The columns show the gender split by ward for the relevant age band and the dotted line represents the percentage of the whole Cheshire East population who are female. Of note:
  - Sandbach Heath and East (58%) has the highest proportion of females aged 65 and over while Leighton (47%) has the lowest.
  - The **differences between wards becomes even higher when you look at adults aged 80 and over**. Mobberley (67%) has the highest proportion of females aged 80 and over whereas Leighton (47%) remains the ward with the lowest proportion of females aged 80 and over.

Cheshire East, electoral ward percentage by sex – 65 and over

Cheshire East, electoral ward percentage by sex – 80 and over



Source: Office for National Statistics, Mid-2020 Ward based Population Estimates. Ward-level population estimates (Experimental Statistics) - Office for National Statistics (ons.gov.uk) [accessed 30th June 2023]

Why Mid-2020 populations have been used

- Mid-2020 ONS population estimates have been used as they provide the most direct comparison for most of the published data used in this needs assessment.
- The 2021 Census and the mid-2021 population estimates based on it, suggest that estimates for mid-2020, which are based on the previous 2011 Census, over-estimated Cheshire East's older population. Despite this, Cheshire East still has an older population compared to England. Mid-2021 estimates suggest that 22.5% of Cheshire East's population is aged 65 and over, compared with 23.1% estimated for mid-2020 - a difference of 0.6%.
- The Office for National Statistics will soon update population estimates based on the 2011 Census so that they are in line with the findings of the 2021 Census. This will have an impact on published data causing rates (in particular, the Standardised Admission Ratios) to increase slightly due to the population being younger than previously thought.

Source: Office for National Statistics, Mid-2020 & Mid-2021 Ward based Population Estimates.

Appendix B: What does the data tell us?

The current and future needs of falls

Current and future falls estimates

It is **difficult to measure the true number of falls** that occur as many go unreported because they don't require a hospital admission. The Institute of Public Care (2022) estimated in 2020 that there were 24,050 people who were predicted to have had a fall. **By 2040, these are set to rise to 34,818.** People aged 85 and over are projected to increase the most at 81% between 2020 and 2040, a difference of 4,300.

People aged 65 and over projected to have a fall in Cheshire East

Falls - all people Show by gender	**2020**	**2025**	**2030**	**2035**	**2040**
People aged 65-69 predicted to have a fall	4,648	5,122	6,075	6,167	5,711
People aged 70-74 predicted to have a fall	5,789	5,178	5,722	6,797	6,925
People aged 75-79 predicted to have a fall	4,134	5,200	4,713	5,227	6,255
People aged 80-84 predicted to have a fall	4,147	4,828	6,165	5,611	6,295
People aged 85 and over predicted to have a fall	5,332	6,063	7,224	9,116	9,632
Total population aged 65 and over predicted to have a fall	**24,050**	**26,391**	**29,899**	**32,918**	**34,818**

Source: Institute of Public Care, Projecting Older People Population Information Service. 2022. (Accessed 22 November 2022).

Notes: Prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers predicted to be have fallen at least one in the last 12 months, to 2040. Figures may not sum due to rounding. Crown Copyright 2020.

Current and future falls estimates – by sex and age

The table below highlights how the number of falls is estimated to change between 2020 and 2040, split by age and sex:

- In the **65 to 79 age group, females are predicted to have the highest percentage increase** at 32% compared to 27% for males, representing an absolute increase of 2,746 and 1,574 respectively.
- **However, in the 80 and over age group, males** are predicted to have an increase of 80%, compared to 60% for females. This represents an absolute increase of 3,013 and 3,415 respectively.
- For the **85 and over age group, the number of falls in Males are estimated to double** from 2,021 to 4,042 by 2040; the increase in this age group for females is estimated to be 69% (2,279 increase).

	2020	2025	2030	2035	2040	2020 to 2040 % Increase
Males aged 65-79 predicted to have a fall	5,936	6,292	6,700	7,290	7,510	27%
Males aged 80 and over predicted to have a fall	3,788	4,516	5,664	6,276	6,801	80%
Total Males aged 65 and over predicted to have a fall	**9,724**	**10,808**	**12,364**	**13,566**	**14,311**	**47%**
Females aged 65-79 predicted to have a fall	8,635	9,208	9,810	10,901	11,381	32%
Females aged 80 and over predicted to have a fall	5,691	6,375	7,725	8,451	9,126	60%
Total Females aged 65 and over predicted to have a fall	**14,326**	**15,583**	**17,535**	**19,352**	**20,507**	**43%**

Notes: Prevalence rates have been applied to ONS population projections to give numbers predicted to have fallen at least once in the last 12 months, to 2040. It is important to note that increases in the number of falls reflect projected increases in the underlying population. They do not take any other factors into account. Figures may not sum due to rounding.

Source: Institute of Public Care, Projecting Older People Population Information Service. 2022. (Accessed 22 November 2022).

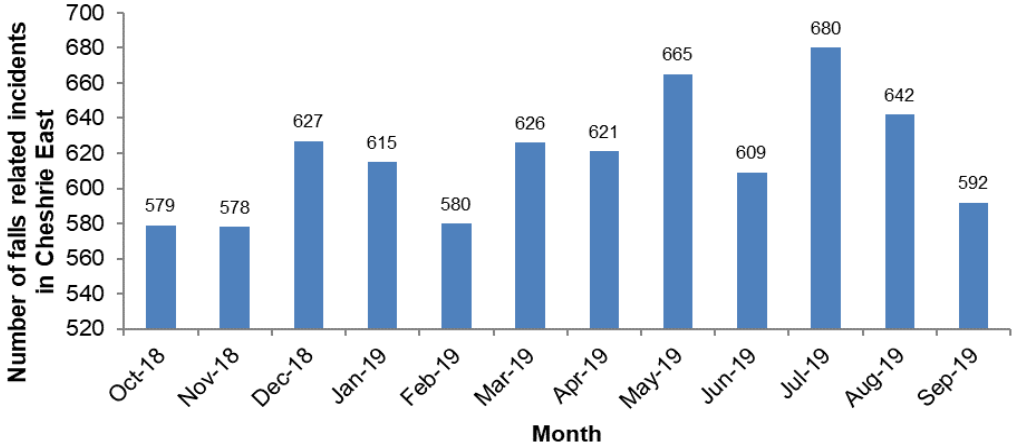
Appendix C: What does the data tell us?

Falls related hospital admissions

North West Ambulance Service – Month of fall

- There were 7,414 falls that NWAS responded to from Oct 2018 to Sept 2019 in Cheshire East.
- There **was no obvious trend for the days that falls occur on**. Saturday is the most common day followed by Thursday; Tuesday is the least common day.
- Monthly statistics for the 2018-19 period **shows marginally increased incidence of falls within the summer months**. This may be a symptom of increased physical activity during this period.

Falls Over Time in Cheshire East (Oct 18-Sept 19)

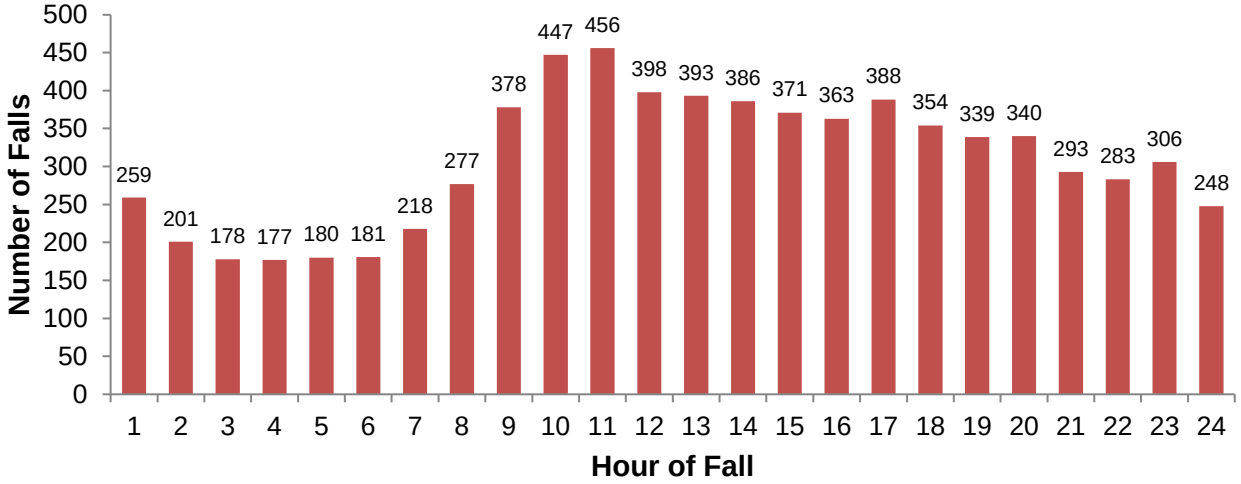


Source: North West Ambulance Service – Data, sent to Senior Commissioning Manager, Cheshire East Council

North West Ambulance Service – Time of fall

- Over the course of a day, in Cheshire East **the number of falls starts to rise from 8am and peaks between 10am and 12pm, before slowing declining up until 1am**. Note: A time lag applies to this data on when the falls are actually reported.

Time of Fall in Cheshire East (Oct 18-Sept 19)



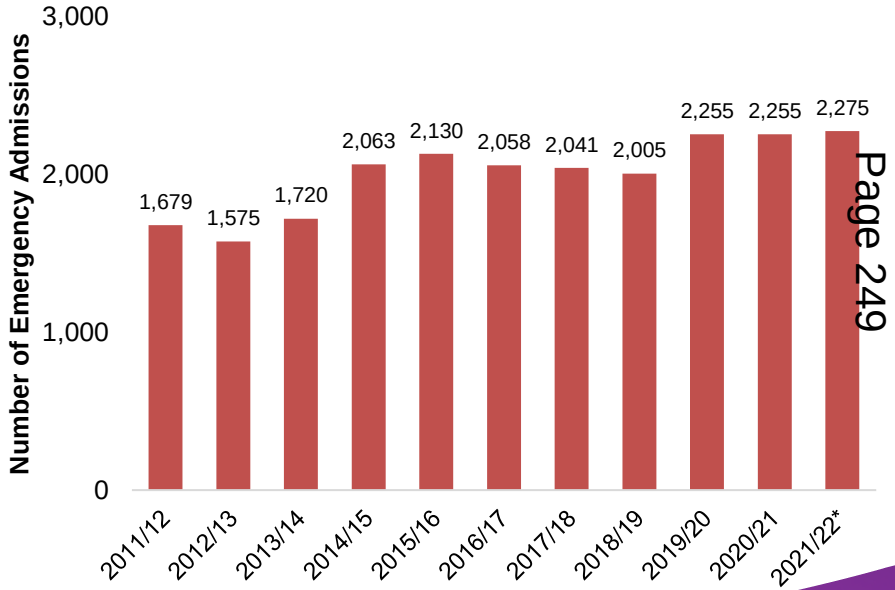
Source: North West Ambulance Service – Data, sent to Senior Commissioning Manager, Cheshire East Council

Emergency hospital admissions for falls in people aged 65 and over – number of falls

- Yearly data over time show that the absolute number of emergency hospital admissions for falls in adults aged 65 and over in Cheshire East has risen from 1,679 in 2011/12 to 2,275 in 2021/22 representing an increase of 596.
- The number of falls admissions has remained flat since the year prior to and following Covid-19.
- Between 2011/12 and 2021/22 the highest percentage increase in absolute terms has been in people aged 65 to 79.

	2011/12	2021/22	Difference	% increase
65 to 79	536	745	209	39.0%
80 and over	1143	1525	382	33.4%
65 and over	**1679**	**2275**	**596**	**35.5%**

Emergency hospital admissions due to falls in persons aged 65 and over, number of admissions over time



Source: Office for Health Improvement and Disparities, Fingertips. Emergency hospital admissions due to falls. (Accessed 19 April 2023).

Emergency hospital admissions for falls in people aged 65 and over - age standardised rates

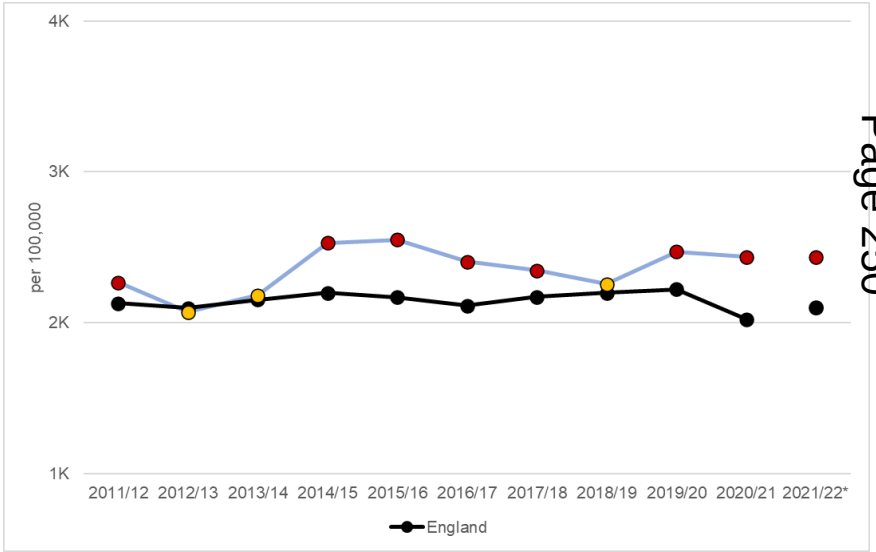
Cheshire East has a **significantly higher age standardised rate of hospital admissions for falls in persons aged 65 and over** compared to England.

Age standardisation takes into consideration both population size and age-structure. It enables comparison across time and geographies. This means that the fact Cheshire East has a high proportion of older people does not account for the higher rates,

In **eight of the past 11 years, Cheshire East has been significantly higher than England.** It ranks 9th out of 23 local authorities in the North West. It has **remained higher throughout Covid-19**.

In 2021/22, Cheshire East had a directly standardised rate (per 100,000) of 2,437 compared to 2,320 in the North West and 2,100 in England.

Emergency hospital admissions due to falls in persons aged 65 and over, directly age standardised rate per 100,000



*Following Census 2021, the Office for National Statistics (ONS) is carrying out reconciliation and rebasing of the mid year population estimates (MYE) it produces. This process happens every 10 years following the census. Previous years data is therefore unable to be compared to 2021/22 data which will be updated once new population estimates are available.

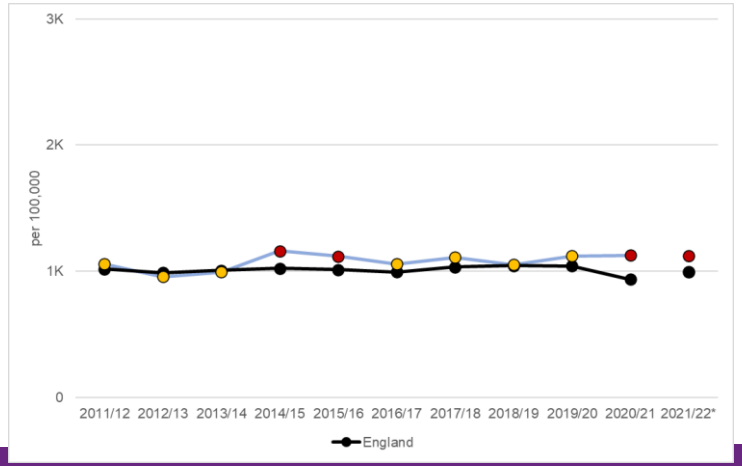
Note: Cheshire East is the blue line. Red circles are significantly worse than England. Orange are similar to England. Green are significantly better than England.
Source: Office for Health Improvement and Disparities, Fingertips. Emergency hospital admissions due to falls. (Accessed 19 April 2023).

Emergency hospital admissions for falls (age-standardised rates) by age

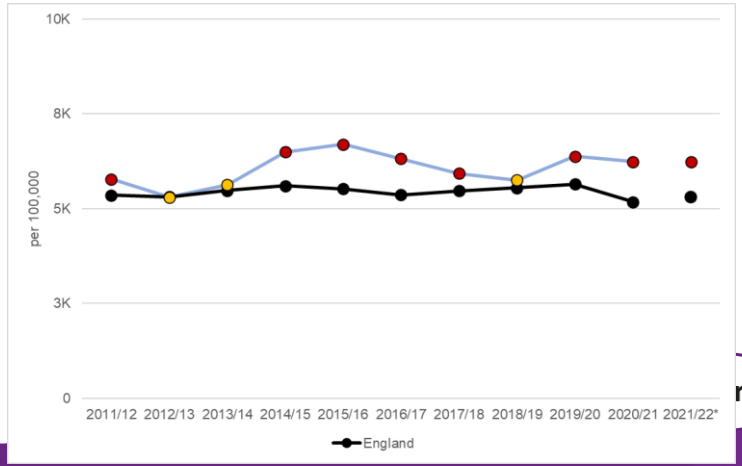
The high over 65s rate is due to **high falls admissions in Cheshire East in people aged 80 and over**, accounting for approximately two thirds (67%) of admissions in 2021/22.

Trends over time show that admissions in the **80+ population are significantly worse than England**. Whereas in the 65-79 year olds the falls admission rates are generally statistically similar compared to England. However, the two most recent years (2020/21 and 2021/22) are significantly higher. This trend will need to be monitored. Rates have remained high the since Covid-19 pandemic.

Emergency hospital admissions due to falls in people aged 65-79, directly age standardised rate per 100,000



Emergency hospital admissions due to falls in people aged 80+, directly age standardised rate per 100,000



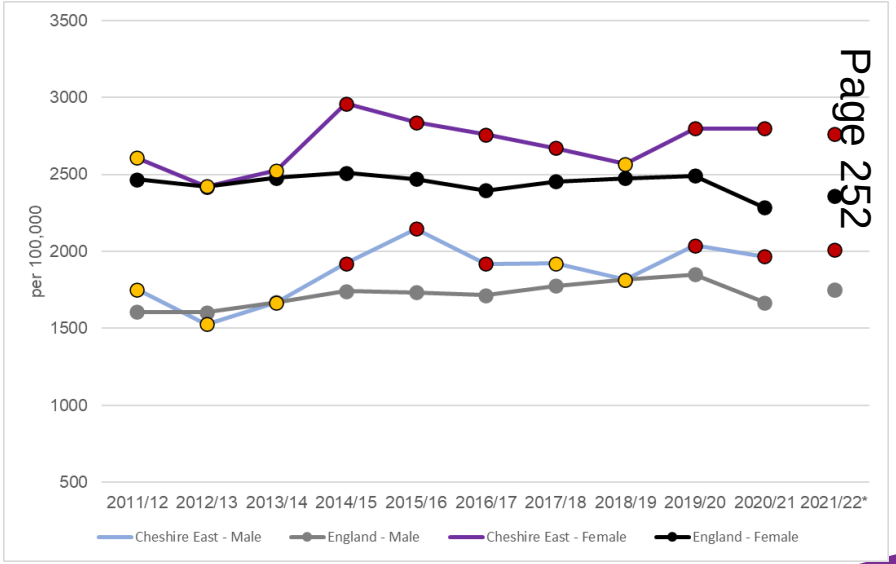
Source: Office for Health Improvement and Disparities, Fingertips. Emergency hospital admissions due to falls. (Accessed 19 April 2023).

*Following Census 2021, the Office for National Statistics (ONS) is carrying out a reconciliation and rebasing of the mid year population estimates (MYE) it produces. This process happens every 10 years following the census. Previous years data is therefore unable to be compared to 2021/22 data which will be updated once new population estimates are available.

Emergency hospital admissions for falls (age-standardised rates) by sex

- Falls admissions are **higher in females than males**.
- In 2021/22, the number of emergency hospital admissions for fall in **females** (1,490) **is almost double that of males** (785).
- When we then look at **the directly age standardised rate then females** (2,764 per 100,000) **are only a third higher than males** (2,008 per 100,000). Both of which are significantly higher than England at 2,360 and 1,750 respectively.
- Proportionally, **females and males tend to follow the same trend over time**. For example, when hospital admissions for females in Cheshire East reduce then so do the males.

Emergency hospital admissions due to falls by sex (aged 65 and over), directly age standardised rate per 100,000

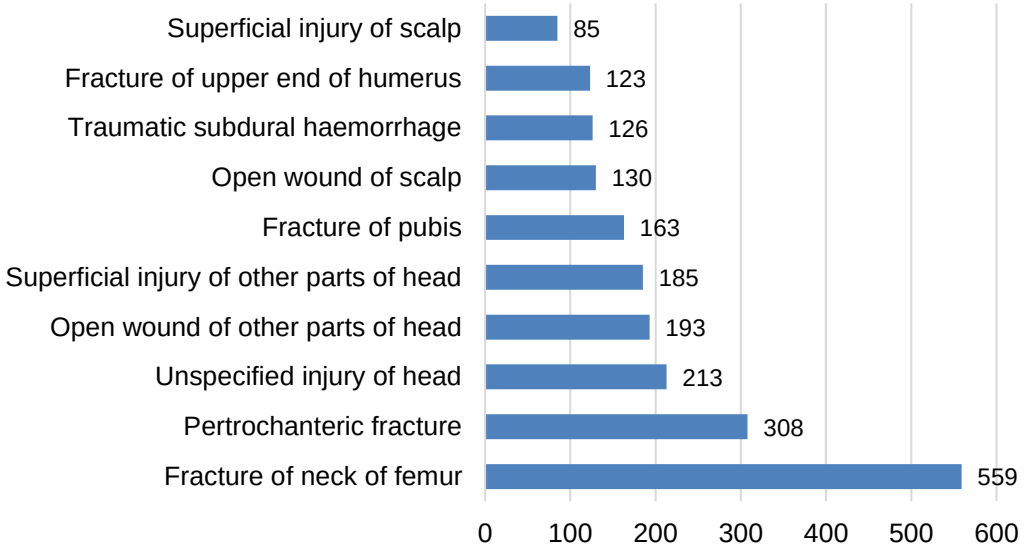


Source: Office for Health Improvement and Disparities, Fingertips. Emergency hospital admissions due to falls. (Accessed 19 April 2023).

*Following Census 2021, the Office for National Statistics (ONS) is carrying out a reconciliation and rebasing of the mid year population estimates (MYE) it produces. This process happens every 10 years following the census. Previous years data is therefore unable to be compared to 2021/22 data which will be updated once new population estimates are available.

Type of injuries in those aged 65 and over

Top 10 primary diagnosis for falls in people aged 65 and over, financial year 2021/22[1]



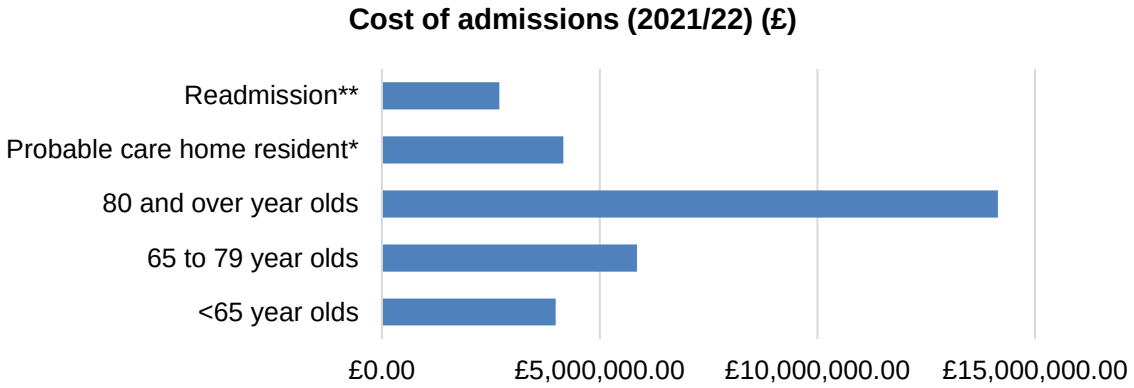
During 2021/22, for those in Cheshire East with an emergency admission for fall[1]:

- the commonest injuries were fractured neck of femur and pertrochanteric fractures - both are forms of hip fracture[1,2]
- head injuries were the next most common.

1. Cheshire place Business Intelligence teams 'Falls' application within the ICB. Data is hosted in an online Business Intelligence platform called Qliksense and data is taken through a transformation of hospital SUS data. People are identified as having a fall if they experience an emergency admission and there is a relevant diagnosis within the spell indicating a fall had taken place. This is a wider definition than used by the Office for Health Improvement and Disparities.
2. NICE. (2023). Management of hip fractures. Clinical Guideline CG124. Originally published on 22 June 2011, updated on 6 January 2023. Available from: Overview | Hip fracture: management | Guidance | NICE (Accessed 20 January 2023).

The cost of falls related admissions across Cheshire East

	2019/20	2020/21	2021/22	2022/23 up to Nov22
Activity	6,861	6,197	6,914	3,875
Cost (£)	20,416,489	19,212,271	23,986,730	14,580,027
Average LOS (days)	7.7	7.8	8.8	10.4

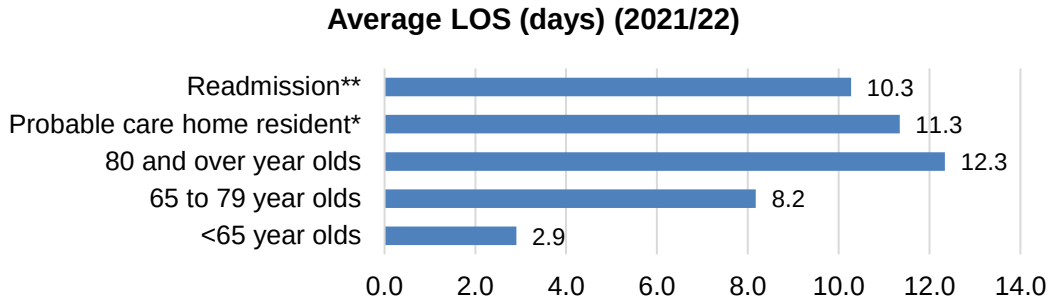


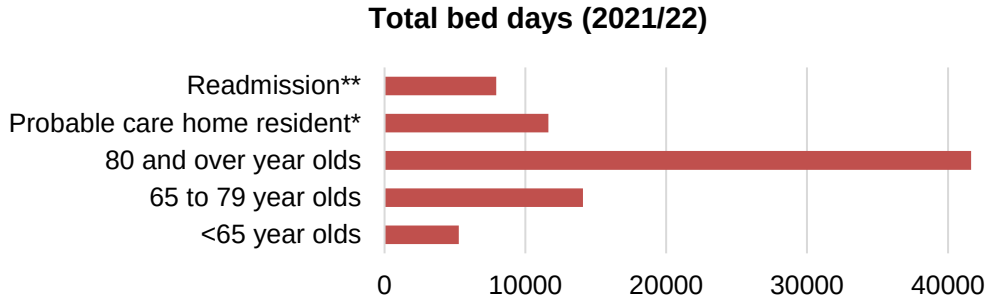
Based on the definition the Integrated Care Board use for falls***:

- **Nearly £24m was spent on falls admissions during 2021/22.**
- The **greatest cost of falls admissions was in those aged 80 and over**.
- Falls admission activity has fluctuated between 2019/20 and 2022.
- The **average length of stay (LOS) in hospital for a fall has steadily increased since 2019/20.**

Source: Cheshire place Business Intelligence teams 'Falls' application within the ICB. Data is hosted in an online Business Intelligence platform called Qliksense and data is taken through a transformation of hospital SUS data.
*Care home status is not explicitly identified within Hospital SUS submissions, however a care home proxy has been developed by Arden & Gem CSU via their DSCRO service that creates an indicative care home flag based on a persons postcode and age.
**Readmissions are identified where the spell concerning a fall is a readmission, i.e. the individual experienced an additional admission 30 days prior.
***People are identified as having a fall if they experience an emergency admission and there is a relevant diagnosis within the spell indicating a fall had taken place. This is a wider definition than used by the Office for Health Improvement and Disparities.

Impact of falls on hospital bed capacity



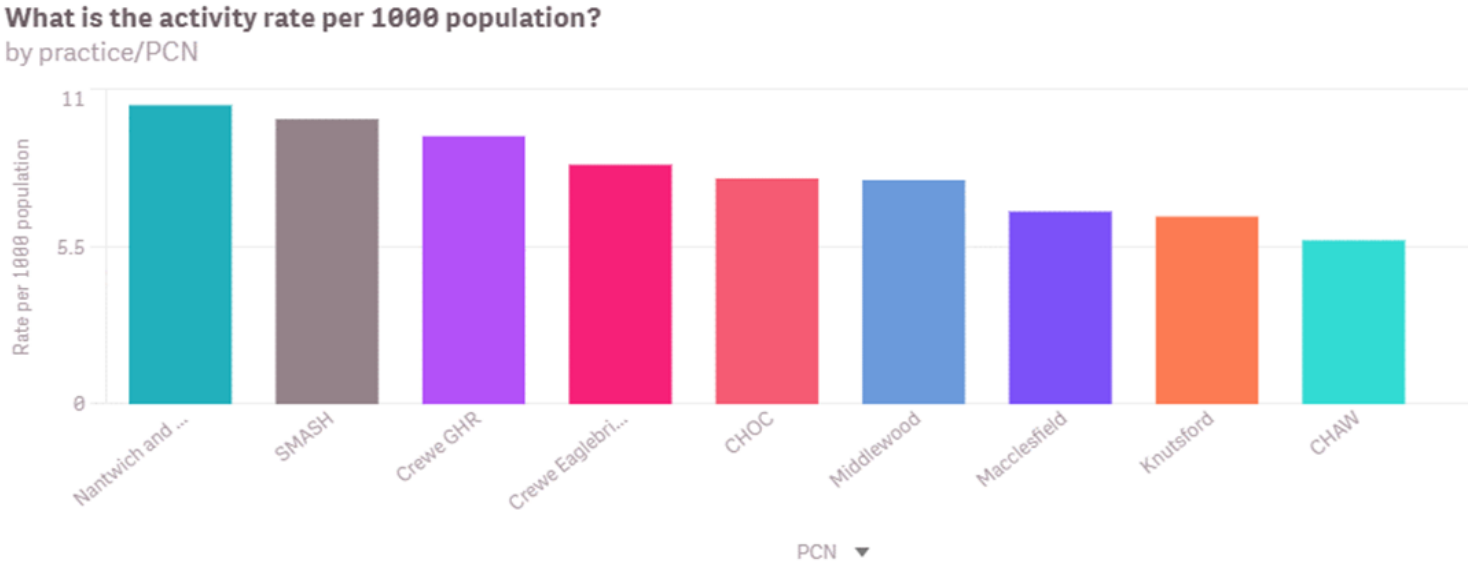


During 2021/22, and based on the definition the Integrated Care Board use for falls***:

- The **average length of stay (LOS) was highest in those aged 80+** (12.3 days).
- Probable care home residents and **patients that had been readmitted with a fall also had longer lengths of stay.**
- Those aged 80 and over had the highest total number of bed days - over twice that of the other age groups combined.

Source: Cheshire place Business Intelligence teams 'Falls' application within the ICB. Data is hosted in an online Business Intelligence platform called Qliksense and data is taken through a transformation of hospital SUS data.
*Care home status is not explicitly identified within Hospital SUS submissions, however a care home proxy has been developed by Arden & Gem CSU via their DSCRO service that creates an indicative care home flag based on a persons postcode and age.
**Readmissions are identified where the spell concerning a fall is a readmission, i.e. the individual experienced an additional admission 30 days prior.
***People are identified as having a fall if they experience an emergency admission and there is a relevant diagnosis within the spell indicating a fall had taken place. This is a wider definition than used by the Office for Health Improvement and Disparities.

Variation in falls admission rates (per 1000 registered patients, all ages) by Primary Care Network (PCN), 2021/22



Highest rates were seen in **Nantwich and Rural, SMASH and Crewe**.

Source: Cheshire place Business Intelligence teams 'Falls' application within the ICB. Data is hosted in an online Business Intelligence platform called Qliksense and data is taken through a transformation of hospital SUS data. People are identified as having a fall if they experience an emergency admission and there is a relevant diagnosis within the spell indicating a fall had taken place. This is a wider definition than used by the Office for Health Improvement and Disparities.
SMASH – Sandbach, Middlewich, Alsager, Scholar Green, Haslington.

Patient-related variation in falls admission rates by Primary Care Network (all-age rate per 1000)

PCN	Total	Under 65	65-79 year olds	80+year olds	Probable care home resident*	Readmission**
Nantwich and Rural	10.5	1.6	2.7	6.1	2.5	1.4
SMASH	10.0	2.2	2.4	5.4	2.0	1.4
Crewe GHR	9.4	2.1	2.9	4.4	1.3	1.3
Crewe Eaglebridge	8.4	2.6	2.6	3.1	1.5	1.1
CHOC	7.9	1.6	1.9	4.4	1.3	0.9
Middlewood	7.8	1.3	1.6	5.0	1.4	0.6
Macclesfield	6.7	1.6	1.8	3.4	1.0	0.4
Knutsford	6.6	1.6	1.6	3.3	1.0	0.5
CHAW	5.7	1.3	1.2	3.2	0.6	0.6

Please note the different definition for falls compared to the Office for Health Improvement and Disparities definition.

- Higher rates of falls admissions in 80+ year olds were seen in **Nantwich and Rural, SMASH, and Middlewood.**
- **The highest rates for probable care home residents were seen in Nantwich and Rural and SMASH.**
- **The highest rates of falls admissions as a readmission were seen in Nantwich and Rural, SMASH and Crewe GHR.**
- The **highest rate of falls in 65-79 year olds were seen in Crewe GHR**

Source: Cheshire place Business Intelligence teams 'Falls' application within the ICB. Data is hosted in an online Business Intelligence platform called Qliksense and data is taken through a transformation of hospital SUS data.

*Care home status is not explicitly identified within Hospital SUS submissions, however a care home proxy has been developed by Arden & Gem CSU via their DSCRO service that creates an indicative care home flag based on a persons postcode and age.

**Readmissions are identified where the spell concerning a fall is a readmission, i.e. the individual experienced an additional admission 30 days prior.

Appendix D: What does the data tell us?

Data relating to injuries from falls

Hip fractures in adults aged 65 and over

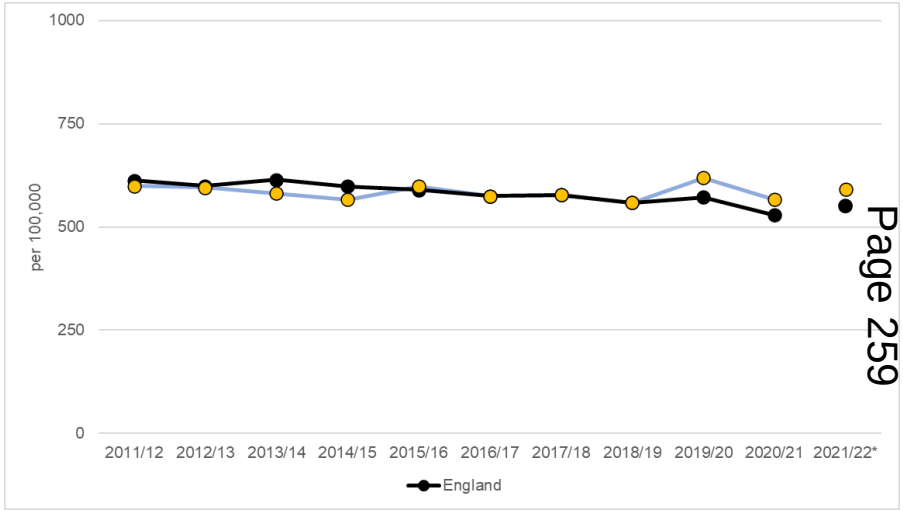
Hip fractures are a severe consequence of a fall and can lead to complex medical and rehabilitation needs.[1] In addition, it is estimated that 10% of people with a hip fracture die within one month and a third within 12 months.[2] This is often due to other associated conditions and not the fracture itself, reflecting the high prevalence of comorbidity.

In 2021/22, there were **555 hip fractures in adults aged 65 and over** resulting in a directly standardised rate of 591 per 100,000 in Cheshire East.[3] This is similar to England. Overall numbers of hip fractures have increased from 446 in 2011/12 to 555 in 2021/22, however the rate has remained stable.[3]

The rate for female residents is significantly higher than the rate for males.

Definition of comorbidity: The presence of more than one disease at the same time, usually these are long-term or chronic conditions (for example, diabetes or arthritis).

Hip fractures in people aged 65 and over, directly standardised rate per 100,000



1. Lisk, R., & Yeong, K. (2014). Reducing mortality from hip fractures: a systematic quality improvement programme. BMJ Quality Improvement Reports, 3(1), u205006.w2103. https://doi.org/10.1136/bmjquality.u205006.w2103
2. NICE. (2023). Management of hip fractures. Clinical Guideline CG124. Originally published on 22 June 2011, updated on 6 January 2023. Available from: Overview | Hip fracture: management | Guidance | NICE (Accessed 20 January 2023).
3. Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2022. Emergency hospital admissions for hip fracture in persons 65 years and over. (Accessed 05 May 2023).

*Following Census 2021, the Office for National Statistics (ONS) is carrying out reconciliation and rebasing of the mid year population estimates (MYE) it produces. This process happens every 10 years following the census. Previous years data is therefore unable to be compared to 2021/22 data which will be updated once new population estimates are available.

Hip fractures – breakdown by age

Similar to the emergency admissions for falls, nearly three quarters (71%) of admissions for hip fractures are found in people aged 80. Cheshire East has a similar rate of hip fractures compared to England for both age groups, 65 to 79 year olds and for people aged 80 and over.

2021/22 - Hip fractures in people aged 65 to 79, directly standardised rate per 100,000

Area	Number of Hip Fractures	Rate
Cheshire East	155	236
North West	2,720	264
England	18,110	236

2021/22 - Hip fractures in people aged 80 and over, directly standardised rate per 100,000

Area	Number of Hip Fractures	Rate
Cheshire East	395	1,621
North West	5,530	1,574
England	40,575	1,466

Source: Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2022. Emergency hospital admissions for hip fracture in persons. (Accessed 05 May 2023).

Ward level emergency hospital admissions for hip fractures in persons aged 65 and over

Data for emergency hospital admissions for hip fractures in people aged 65 and over is available by ward, combined over five years from 2016/17 to 2020/21. A standardised admission ratio (SAR) compares how likely an individual living in one area is to have a hospital admission compared to a standard population (England). It compares the actual number of admissions to the number expected if it had the same age-specific rates as England, multiplied by 100 to produce a ratio. A result of 100 would indicate you have the same number of admissions as England. Higher is worse and lower is better. An admission ratio of 110 would indicate an area that has 10% more admissions than England. Conversely, an admission ratio of 75 would indicate an area with 25% less admissions than England. Statistically these should only be compared with England. It is not possible to compare one ward with another ward.

Seven wards in Cheshire East have a statistically higher number of emergency admissions for hip fractures in people aged 65 and over. These are Crewe East (128), Congleton East (134), Poynton West and Adlington (134), Nantwich South and Stapeley (142), Broken Cross and Upton (149), Mobberley (149), and Crewe Central (172). These are affected by the underlying 65 and over population where areas with a higher proportion of 65 and overs would result in a higher rate.

Three wards have statistically lower number of admissions who are Wilmslow Dean Row (55), Macclesfield Tytherington (70), and Knutsford (78). These are all found in the north of the borough.

The remaining 42 wards in Cheshire East have a similar level of admissions to England.

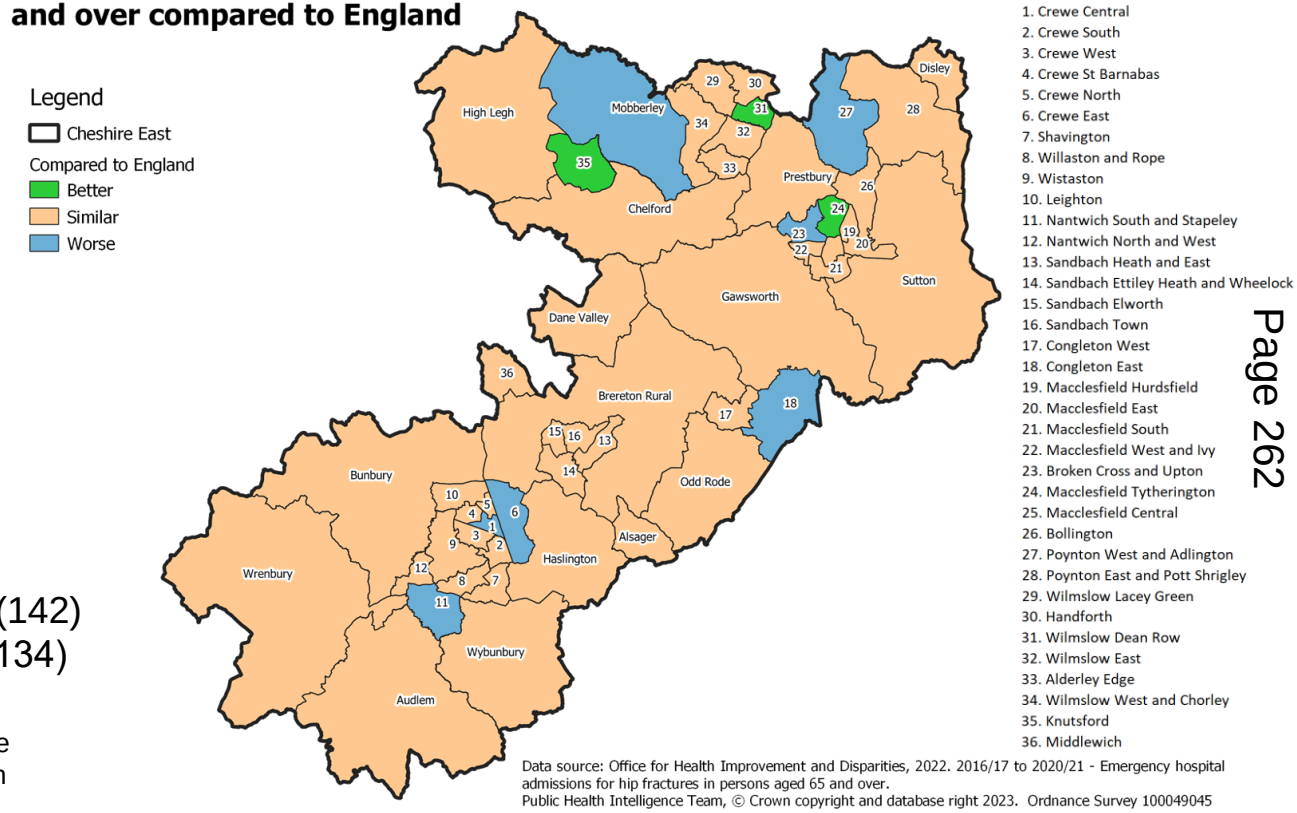
Source: Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2022. Emergency hospital admissions for hip fracture in persons aged 65 years and over. (Accessed 05 May 2023).

This corresponding map shows which areas in Cheshire East have better/worse outcomes than England.
The wards that are worse (highlighted in blue) than the England average include:

Broken Cross and Upton (149)
Congleton East (134)
Crewe Central (172)
Crewe East (128)
Mobberley (149)
Nantwich South and Stapeley (142)
Poynton West and Adlington (134)

Note: The above data is indirectly standardised using a Standardised Admission Ratio. These are affected by the underlying 65 and over population where areas with a higher proportion of 65 and overs would result in a higher rate.

Map of emergency hospital admissions for hip fracture by ward in people aged 65 and over compared to England



Data source: Office for Health Improvement and Disparities, 2022. 2016/17 to 2020/21 - Emergency hospital admissions for hip fractures in persons aged 65 and over.

Source: Office for Health Improvement and Disparities. Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2022. Emergency hospital admissions for hip fracture in persons aged 65 years and over. (Accessed 05 May 2023).

Osteoporosis

Osteoporosis is a health condition that weakens bones meaning that they are more likely to break. It develops slowly over a period of years and is not usually painful until a bone is broken.[1]

There is an increased risk of fracture from falling in patients with osteoporosis[1].

There are a range of risk factors associated with osteoporosis including[2]:

- Unmodifiable risk factors - being aged over 50, being female, having gone through the menopause, a family history, and previous broken bones;
- Modifiable risk factors – low levels of calcium and Vitamin D, excess consumption of protein, sodium and caffeine, alcohol, inactive lifestyle, smoking, and low weight.

Treatment of the condition can include lifestyle changes (e.g. increased physical activity, reducing alcohol intake) and drug treatment (including oral bisphosphonates)[1].

1. National Health Service. 2022. Osteoporosis - Causes - NHS (www.nhs.uk) [Accessed 06 June 2023]
2. Bone Health and Osteoporosis Foundation. 2022. General Facts - Bone Health & Osteoporosis Foundation (bonehealthandosteoporosis.org) [Accessed 06 June 2023]

Osteoporosis in general practice (QOF 2021/22)

Areas: All in your area list | All in England Display: Table | Table and chart

Area	Recent Trend	Count	Value	99.8% Lower CI	99.8% Upper CI
England	↑	192,389	0.8	0.8	0.9
Cheshire East PCN	–	2,207	1.2*	1.1	1.3
Crewe - Ghr PCN	↑	278	1.5*	1.2	1.8
Choc (Congleton & Holmes Chapel) PCN	→	315	1.4*	1.2	1.7
Chaw (Chelford, Handforth, Alderley Edge, Wilmslow) PCN	↑	303	1.4*	1.2	1.7
Smash PCN	→	442	1.4*	1.2	1.6
Knutsford PCN	→	145	1.4*	1.0	1.8
Nantwich & Rural PCN	→	209	1.3*	1.0	1.5
Eagle Bridge PCN	→	170	1.2*	0.9	1.5
Macclesfield PCN	→	256	1.0*	0.8	1.2
Middlewood PCN	↑	89	0.5*	0.4	0.7

Source: Quality and Outcomes Framework (QOF), NHS Digital

- There is a higher prevalence of GP recorded osteoporosis in the majority of primary care networks across Cheshire East.

Source: Office for Health Improvement & Disparities. QOF Prevalence -50yrs+ crude rate (2021/22) Public Health Profiles. [Accessed 10 January 2023] https://fingertips.phe.org.uk/profile/general-practice/data#page/3/gid/2000009/pat/66/par/nE38000233/ati/204/are/U88623/iid/90443/age/239/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

Treatment for osteoporosis (2018/19)

Area	Recent Trend	Count	Value	99.8% Lower CI	99.8% Upper CI
England	↓	72,649	56.0	55.6	56.4
Cheshire East PCN	–	657	47.5*	43.4	51.7
Middlewood PCN	–	5	55.6*	16.9	88.5
Crewe - Ghr PCN	→	73	54.5*	41.3	67.0
Nantwich & Rural PCN	→	66	52.4*	39.0	65.5
Macclesfield PCN	↓	115	51.6*	41.4	61.6
Choc (Congleton & Holmes Chapel) PCN	→	118	49.2*	39.4	59.0
Chaw (Chelford, Handforth, Alderley Edge, Wilmslow) PCN	↓	66	47.8*	35.3	60.7
Smash PCN	→	121	45.0*	35.9	54.4
Knutsford PCN	→	38	40.4*	26.4	56.2
Eagle Bridge PCN	–	55	36.9*	25.8	49.6

Source: Quality and Outcomes Framework (QOF), NHS Digital

Whilst no recent data is available, **a lower percentage of patients (75 years +) were treated with bone sparing agents than the England average across Cheshire East** as a whole and specifically in Eagle Bridge and SMASH Primary Care Networks (PCNS) (although numbers at PCN level were very low overall).

Source: Office for Health Improvement & Disparities. Patients (75+ years) with a fragility fracture treated with a bone-sparing agent (den. incl. exc.) - retired after 2018/19. Public Health Profiles. [Accessed 17 January 2023] https://fingertips.phe.org.uk/profile/generalpractice/data#page/3/gid/2000009/pat/66/par/nE38000233/ati/204/are/U88623/iid/91223/age/162/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

Appendix E: What does the data tell us?

Deaths

Deaths from falls

In Cheshire East, on average over 5 years there were 45 deaths each year with an underlying cause of a fall in the over 65's.

The probability of death increases with age, between 70-80% of the deaths are in the 80+ age group.

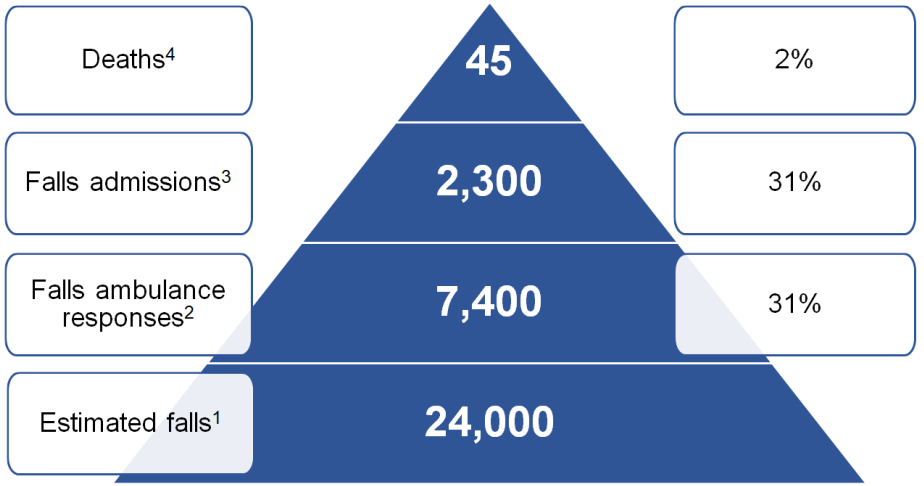
This is likely to be an undercount of the true number of deaths related to a fall as it excludes individuals where a fall contributed to their death.

Source: Produced by Cheshire East Public Health Intelligence from Office for National Statistics: Annual Mortality Extracts 2016-2021. Average over

The relationship between falling and death

The diagram below showcases the relationship between the estimated number of falls[1], that subsequently lead to an ambulance response[2], and then a hospital admission[3] and finally to death[4].

Roughly one third (31%) of the estimated number of falls require a response from an ambulance with a further one third (31%) of these being admitted to hospital. A further 2% of these will result in death where there is an underlying cause of a fall.



1. Institute of Public Care, Projecting Older People Population Information Service – 2020 Estimates. 2022. (Accessed 22 November 2022).
2. North West Ambulance Service – 2018/19 Data, sent to Senior Commissioning Manager, Cheshire East Council
3. Office for Health Improvement and Disparities, Fingertips. Emergency hospital admissions due to falls – 2021/22. (Accessed 19 April 2023)
4. Produced by Cheshire East Public Health Intelligence from Office for National Statistics: Annual Mortality Extracts 2016-2021.

Appendix F: Commissioned falls prevention services in Cheshire East

Background on the commissioned falls prevention classes

- Falls prevention classes are commissioned by Cheshire East Council. During 2019 a procurement process for a new integrated lifestyle service took place.
- Reed Wellbeing were successful in being awarded the contract for Cheshire East's integrated lifestyle services. This includes not only falls prevention classes, but physical activity, weight management (including for families) and smoking cessation services. The services are branded under the local brand 'One You Cheshire East' and follows the national 'One You' brand developed nationally originally by Public Health England. The falls prevention classes are called 'Stand Strong'.
- https://oneyoucheshireeast.org/stand-strong/

Eligibility and about the programme

To be eligible for the 'Stand Strong' falls prevention class you must be aged 65 or over and answer yes to one of the following three questions:

- Have you fallen in the last 12 months?
- Do you feel unsteady when standing or walking?
- Do you worry about falling?

- The programme runs for 26 weeks and follows the Otago programme developed in New Zealand delivered in group settings. Otago is an evidence-based strength and balance programme. Sessions last for 1 hour each week.
- Classes are delivered across 11 venues in 9 towns as of May 2023: Alsager, Congleton, Crewe, Knutsford, Macclesfield, Middlewich, Nantwich, Poynton, Wilmslow.

Source: One You Cheshire East Commissioning Data, Stand Strong - https://oneyoucheshireeast.org/stand-strong/. Accessed 23 May 2023.

Commissioned falls prevention classes - data

During 2022:

- On average 144 individuals started the programme each quarter.
- Of those who completed the programme during quarter 1 and quarter 2, around 94.5% of individuals had improved strength and balance with similar improvements in wellbeing.
- Customer satisfaction from the classes is high.
- 6 month follow up reviews should take place.

Source: One You Cheshire East Commissioning Data, Stand Strong - https://oneyoucheshireeast.org/stand-strong/. Accessed 23 May 2023.

Findings from engagement with 3 Stand Strong Classes

The findings below have come from attendees at three Stand Strong (One You Cheshire East commissioned falls service) classes which were attended during January to March 2023. In total, 59 people were engaged in three classes.

Key findings include:

- Residents who were engaged found the classes have had a positive impact on their strength and balance, and are now less fearful of falling.
- One attendee reported that they were no longer using a walking stick.
- Attendees also found that the classes were helpful in reducing their social isolation.

Source: Public Health and Commissioning, local insights gathered via attending 3 Stand Strong classes in Cheshire East during early 2023.

Falls coordinator pilot

- The aim of the pilot will be to employ two coordinators to conduct multifactorial assessments (MFA) on community dwelling adults to reduce the incidence of falls in adults. This work started in May 2023.
- As part of the work, it has also has conducted scoping to assess current practice in relation to who currently receives a MFA. For instance, it has identified that individuals taken to A&E for a fall but not admitted are not currently receiving an MFA.
- This pilot is planned to be evaluated.
- This has been in partnership with Cheshire East Council and the Integrated Care Board.

Appendix G: What does the evidence tell us about effective falls interventions?

NICE guidance on assessing risk and prevention of falls and management of hip fractures

Strength and Balance

Older people coming into contact with healthcare professionals should be asked routinely about falling. Those identified as at risk of falling should have their balance and gait observed and considered for a strength and balance intervention (NICE, 2013).

Multifactorial Assessment

Older people who present for medical attention because of a fall or report recurrent falls or who have walking or balance issues should be offered a multifactorial risk assessment. This may include assessment of osteoporosis risk, visual impairment, or urinary incontinence (NICE, 2013).

Multifactorial Interventions

NICE (2013) state that the following interventions are common to successful programmes:

- **strength and balance training**
- **home hazard assessment and intervention**
- **vision assessment and referral**
- **medication review with modification/withdrawal**

Interventions not recommended because of insufficient evidence include: low intensity exercise combined with incontinence programmes; untargeted group exercise, cognitive/behavioural interventions, referral for correction of visual impairment (as an intervention on its own), vitamin D, hip protectors (NICE, 2013).

Source: National Institute for Health and Care Excellence. (2013). Falls in older people: assessing risk and prevention. CG161. https://www.nice.org.uk/Guidance/CG161. (Accessed 9 December 2022).

Interventions

A Cochrane systematic review assessed interventions to reduce the incidence of falls.[1] It concluded that exercise programmes and home safety interventions are effective for reducing both the rate and risk of falls. Multifactorial assessments and interventions were also found to reduce the rate of falls, while Tai Chi reduces the risk of falling. Vitamin D supplements were found not to be effective.

Evidence based exercise programmes include:

- **Falls Management Exercise** is a 24-week group based and home-based programme involving muscle strengthening, floor skills and flexibility training. Each week consists of one hour with a postural stability instructor alongside two 30-minute home exercise sessions.[2]
- **Otago Exercise Programme** is a 24-week home-based strength and balance training which is undertaken for 30 minutes three times a week.[2] Home visits and 12 telephone contacts are used.[2]

1. Gillespie, L. D., Robertson, M. C., Gillespie, W. J., Sherrington, C., Gates, S., Clemson, L. M., & Lamb, S. E. (2012). Interventions for preventing falls in older people living in the community. Cochrane Database of Systematic Reviews, 9. https://doi.org/10.1002/14651858.cd007146.pub3
2. Iliffe, S., Kendrick, D., Morris, R., Masud, T., Gage, H., Skelton, D., Dinan, S., Bowling, A., Griffin, M., Haworth, D., Swanwick, G., Carpenter, H., Kumar, A., Stevens, Z., Gawler, S., Barlow, C., Cook, J., & Belcher, C. (2014). Multicentre cluster randomised trial comparing a community group exercise programme

The length of a falls intervention and how long do the effects last

A systematic review found[1]:

- Predominantly international evidence suggests that **six to 12 month long interventions are most effective**. However, interventions trialled were very variable.
- **Effects of interventions last between 12 to 24 months** with a UK specific study[2] estimating potential significant reductions in the number of overall falls and injurious falls during the 12 months after an intervention (FaME) but these stop by 24 months. Those who completed the programme and continued to undertake 150 minutes of moderate to vigorous physical activity were still found to have a lower chance of a fall.

1. Finnegan, S., Seers, K., & Bruce, J. (2018). Long-term follow-up of exercise interventions aimed at preventing falls in older people living in the community: a systematic review and meta-analysis. Physiotherapy, 105(2). https://doi.org/10.1016/j.physio.2018.09.002
2. Gawler, S., Skelton, D. A., Dinan-Young, S., Masud, T., Morris, R. W., Griffin, M., Kendrick, D., & Iliffe, S. (2016). Reducing falls among older people in general
practice: The ProAct65+ exercise intervention trial. *Archives of Gerontology and Geriatrics*, *67*, 46–54. https://doi.org/10.1016/j.archger.2016.06.019

Are exergames an effective intervention?[1, 2]

- Exergames are defined as “a video game that promotes the player’s physical movement (exertion) by using body movement that is generally more than sedentary activity” (OH & Yang, 2010). A systematic review [2] on the effect of exergames showed that there was a positive and significant effect on postural control in frail, older adults.
- However, there was **no significant effect on the risk of falls**.
- These studies compared exergames to traditional methods which include exercises in strengthening, balance, cardiopulmonary activity.
- Some issues surrounding exergames included cost, cultural applicability and staff training.
- The conclusion was that **more rigorous studies were needed** to compare interventions.

1. Alhasan Hammad. (2022). Exergames as a rehabilitation modality to improve postural control and risk of falls in frail and pre-frail older adults.
2. Alhasan, H., Alshehri, M., Fong, D., & Wheeler, P. (2020). The effect of exergames on balance and falls in frail older adult: a systematic review. Physiotherapy, 107, e132.

Perceptions of falls in older people

There is a lack of local evidence surrounding the perceptions older people have around falls. A narrative synthesis of qualitative research identified the following perceptions of falls in older people[1]:

- Falls as a **threat to personal identity**
  - – Acceptance of being at-risk affected an individuals ability to be independent and assumed an acceptance of becoming old and infirm.
  - – Some individuals do not see themselves as at-risk which may affect the uptake of a falls prevention programme.
- Falls as a **threat to independence**
  - – For some individuals accepting help may be seen as a loss of independence.
  - – Individuals want to ensure they keep their independence as long as possible. This is to ensure they do not become frustrated and have a feeling of loss due to not being able to undertake activities they used to do.
- Falls as a **threat to social interaction**
  - – Social interaction may be jeopardised due to the reduced ability to leave home and could lead to isolation.
  - – Informal care and support is as important as formal care and support for those who are at risk of falls or who have fallen.
- **Carefulness as a protective strategy**
  - – This is a common theme that was highlighted throughout. Most individuals recognised the need to be careful. This can be seen in a positive light with carelessness often criticised.

Source: Gardiner, S., Glogowska, M., Stoddart, C., Pendlebury, S., Lasserson, D., & Jackson, D. (2017). Older people's experiences of falling and perceived risk of falls in the community: A narrative synthesis of qualitative research. International Journal of Older People Nursing, 12(4), e12151. https://doi.org/10.1111/opn.12151

Local insights into falls perceptions

Predominantly older residents were asked about their perceptions of falls as part of the engagement for the Cheshire East Falls Strategy. This involved 6 groups (3 stand strong classes, 2 older people groups and a carer group) with approximately 77 people.[1] **Similar findings** were found to the narrative synthesis in the previous slide.[2] They said that they:

- Do not see themselves as being at risk of a fall until one has happened.
- Do not want to be seen as a nuisance and that they do not like asking their children for help. For example, asking a son to change a light bulb.
- One family member reported that they were asked by their grandma to not tell relatives that they had fallen through a fear that it may impact on their independence.
- Some responded that they do not go out at night, or that they will not change a light bulb or use a ladder for a fear of falling.
- Became more careful once they have had a fall.

1. Public Health and Commissioning, local insights gathered via attending 6 older people groups within Cheshire East during early 2023.
2. Gardiner, S., Glogowska, M., Stoddart, C., Pendlebury, S., Lasserson, D., & Jackson, D. (2017). Older people's experiences of falling and perceived risk of falls in the community: A narrative synthesis of qualitative research. International Journal of Older People Nursing, 12(4), e12151. https://doi.org/10.1111/opn.12151

The link between sedentary behaviour and falls

Evidence on the **link between sedentary behaviour and falls is limited**. A systematic review has found that there is a positive association between a sedentary lifestyle and falls and recommends that older adults should be encouraged to reduce their sedentary behaviour (Jiang et al., 2022).

These findings should be interpreted with caution as only 7 studies were included within their review. **Further research is needed in this area**.

Source: Jiang, Y., Wang, M., Liu, S., Ya, X., Duan, G., & Wang, Z. (2022). The association between sedentary behavior and falls in older adults: A systematic review and meta-analysis. Frontiers in Public Health, 10. https://doi.org/10.3389/fpubh.2022.1019551

Appendix H: What are the factors that put people at greater risk of falls and what protects people from falls?

Factors that can increase people's risk of falls (1 of 2)

Falls are **more likely in women** than men[1]

They are also more likely in individuals with:

- **Fear of falling**[2,3]
- **Gait/muscle strength**[4,5,6]
- **Poor balance**[4]
- **Visual impairment**[4,7] see appendix J for adults visual impairment pathway in Cheshire East
- **Long-term health conditions**[7] such as dementia or heart disease
- **Use of specific medications, or multiple medications**[4,7,8] (polypharmacy)
- **Falls history**[9]

1. Stevens, M., Holman, C. D. J., Bennett, N., & De Klerk, N. (2001). Preventing Falls in Older People: Outcome Evaluation of a Randomized Controlled Trial. Journal of the American Geriatrics Society, 49(11), 1448–1455. https://doi.org/10.1046/j.1532-5415.2001.4911236.x
2. Kim, D., & Portillo, M. (2018). Fall Hazards Within Senior Independent Living: A Case-Control Study. HERD: Health Environments Research & Design Journal, 11(4), 65–81. https://doi.org/10.1177/1937586717754185
3. World Health Organization. (2007). WHO global report on falls prevention in older age. https://www.who.int/publications/i/item/9789241563536
4. Office for Health Improvement and Disparities (OHID). (2022a). Falls: applying All Our Health. Retrieved 01 November, 2022, from https://www.gov.uk/government/publications/falls-applying-all-our-health/falls-applying-all-our-health
5. Clynes, M. A., Edwards, M. H., Buehring, B., Dennison, E. M., Binkley, N., & Cooper, C. (2015). Definitions of Sarcopenia: Associations with Previous Falls and Fracture in a Population Sample. Calcified Tissue International, 97(5), 445–452. https://doi.org/10.1007/s00223-015-0044-z
6. Callisaya, M. L., Blizzard, L., Schmidt, M. D., McGinley, J. L., & Srikanth, V. K. (2010). Ageing and gait variability--a population-based study of older people. Age and Ageing, 39(2), 191–197. https://doi.org/10.1093/ageing/afp250
7. National Health Service. (2021). Falls. Retrieved 23 November, 2022, from https://www.nhs.uk/conditions/falls/
8. Dhalwani, N. N., Fahami, R., Sathanapally, H., Seidu, S., Davies, M. J., & Khunti, K. (2017). Association between polypharmacy and falls in older adults: a longitudinal study from England. BMJ Open, 7(10), e016358. https://doi.org/10.1136/bmjopen-2017-016358
9. Deandrea, S., Lucenteforte, E., Bravi, F., Foschi, R., La Vecchia, C., & Negri, E. (2010). Risk Factors for Falls in Community-dwelling Older People. Epidemiology, 21(5), 658–668. https://doi.org/10.1097/ede.0b013e3181e89905

Factors that can increase people's risk of falls (2 of 2)

- Environmental hazards also have an impact, for example places with inadequate lighting and wet flooring.[1]
- Walking aids[2] and footwear can also increase risks of fall[3].
- **Smoking** is also an important risk factor for hip fracture - please see findings of the Smoking JSNA.
- **Alcohol consumption** is a risk factor for falls and there are higher rates of admission episodes for alcohol-specific conditions in Cheshire East compared to the England average - please see findings of the Substance Misuse JSNA.

1. National Health Service. (2021). Falls. Retrieved 23 November, 2022, from https://www.nhs.uk/conditions/falls/
2. Roman de Mettelinge T, Cambier D. (2015). Understanding the relationship between walking aids and falls in older adults: a prospective cohort study. J Geriatr Phys Ther. 2015;38(3):127-32.
3. Menant JC, Steele JR, Menz HB, Munro BJ, Lord SR. (2008) Optimizing footwear for older people at risk of falls. J Rehabil Res Dev. 2008;45(8):1167-81.

Prevalence of falls risk factors across Cheshire East

Indicator	Period	Chesh East			England			
		Recent Trend	Count	Value	Value	Worst/ Lowest	Range	Best/ Highest
People aged 65-74 registered blind or partially sighted (Persons, 65-74 yrs)	2019/20	–	145	309	536	59		
People aged 75+ registered blind or partially sighted (Persons, 75+ yrs)	2019/20	–	1,115	2,694	3,429	393		
Dementia: Recorded prevalence (aged 65 years and over) (Persons, 65+ yrs)	2020	–	3,820	4.25%	3.97%*	2.91%		
Percentage of physically active adults (Persons, 19+ yrs)	2021/22	–	-	67.3%	67.3%	36.3%		77.3%
Percentage of physically inactive adults (Persons, 19+ yrs)	2020/21	–	-	19.4%	23.4%	43.4%		7%
Smoking Prevalence in adults (18+) - current smokers (APS) (Persons, 18+ yrs)	2021	–	-	13.5%	13.0%	22.0%		
Admission episodes for alcohol-specific conditions (Persons, All ages)	2021/22	–	2,745	668	626	2,514		255
Osteoporosis: QOF prevalence (50+ yrs) (Persons, 50+ yrs)	2021/22	→	2,214	1.2%	0.8%	0.1%		

Indicator	Period	Chesh East			England			
		Recent Trend	Count	Value	Value	Worst	Range	Best
Preventable sight loss: sight loss certifications (Persons, All ages)	2021/22	–	-	40.9	39.9	80.3		

- Cheshire East is worse than the England average for admission episodes for alcohol-specific conditions.
- Cheshire East also has a higher prevalence of dementia in people aged 65 years and older.

Source: Office for Health Improvement & Disparities. Public Health Profiles. [Accessed: 19 June 2023]
https://fingertips.phe.org.uk © Crown copyright 2023

Current and future dementia estimates

Dementia is a risk factor for falls [1]. In 2020 there were 3,820 patients aged 65 and over with dementia recorded on Cheshire East GP practice systems[2]. The Projecting Older People Population Information Service (**POPPI) estimates that there are 6,455 people** aged 65 and over with dementia, which means that **around 4 out of 10 people are undiagnosed**.[3] Dementia is **more likely to affect women** and the **prevalence of dementia increases with age**. The table below shows the current estimated numbers of dementia in Cheshire East between 2020 and 2040.

Age	2020	2025	2030	2035	2040	2020 to 2040 % Increase
People aged 65 to 79 predicted to have dementia	2,187	2,421	2,441	2,718	2,961	35%
People aged 80 and over predicted to have dementia	4,268	4,895	5,883	6,658	7,424	74%
People aged 65 and over predicted to have dementia	**6,455**	**7,316**	**8,324**	**9,376**	**10,385**	**61%**

Note: Prevalence rates have been applied to ONS population projections to give numbers predicted to have dementia to 2040. Figures may not sum due to rounding. © Crown Copyright 2020.

1. NHS 2021, Falls - NHS (www.nhs.uk) (Accessed 30th June 2023)
2. Office for Health Improvement & Disparities. Public Health Profiles. https://fingertips.phe.org.uk © Crown copyright 2023 (Accessed 19th June 2023)
3. Institute of Public Care, Projecting Older People Population Information Service. 2022. (Accessed 13th May 2023).

People unable to manage at least one mobility activity on their own

The table below shows the number of people aged 65 and over who are estimated to be unable to manage at least one mobility activity on their own. In Cheshire East, as **of 2020 it is estimated 16,669 people aged 65 and over will be unable to manage at least one mobility issue. Mobility decreases with age** and will affect a higher percentage of older age groups. Nearly **one third (33%) are found in people aged 85 and over**.

Mobility issues are estimated to increase by 51% increase between 2020 and 2040 in adults aged 65 and over. Further age bands can be seen in the table below.

These activities include: going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed.

Age	2020	2025	2030	2035	2040	2020 to 2040 % Increase
People aged 65 to 79 unable to manage at least one mobility issue on their own	8,118	8,744	9,088	10,096	10,726	32%
People aged 80 and over unable to manage at least one mobility issue on their own	8,551	9,754	11,889	13,384	14,408	68%
People aged 65 and over unable to manage at least one mobility issue on their own	**16,669**	**18,498**	**20,977**	**23,480**	**25,134**	**51%**

Note: Prevalence rates have been applied to ONS population projections to give estimated numbers unable to manage at least one mobility activity, to 2040. Figures may not sum due to rounding. © Crown Copyright 2020.
Source: Institute of Public Care, Projecting Older People Population Information Service. 2022. (Accessed 13 May 2023).

Falls hazards in the home

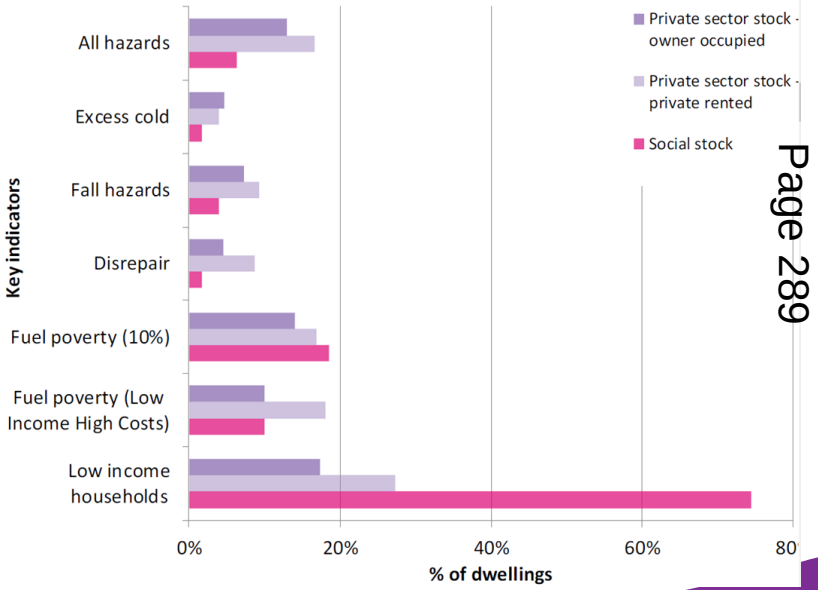
The Housing Health and Safety Rating System (HHSRS) contains 29 different hazards relating to the condition and heat efficiency of the home. Three of these categories are combined to create an overall falls hazard. These are the following hazards:

- Falls associated with baths
- Falling on the level
- Falling on stairs

For falls hazards: **social stock (4%) performs better in Cheshire East than private sector rented (9%), and private sector owner occupied (7%).** However, careful consideration must be taken when comparing social housing data to private tenure due to property ownership. Decisions of individual property owners usually affect a single dwelling, but one landlord can affect a large proportion of social stock.

When compared regionally (7%) and nationally (7%), Cheshire East (7%) has a similar percentage of falls hazards in homes.

Estimates of the percentage of dwellings meetings the key indicator criteria assessed by the Housing Stock Models and Housing Stock Condition Database by tenure for Cheshire East

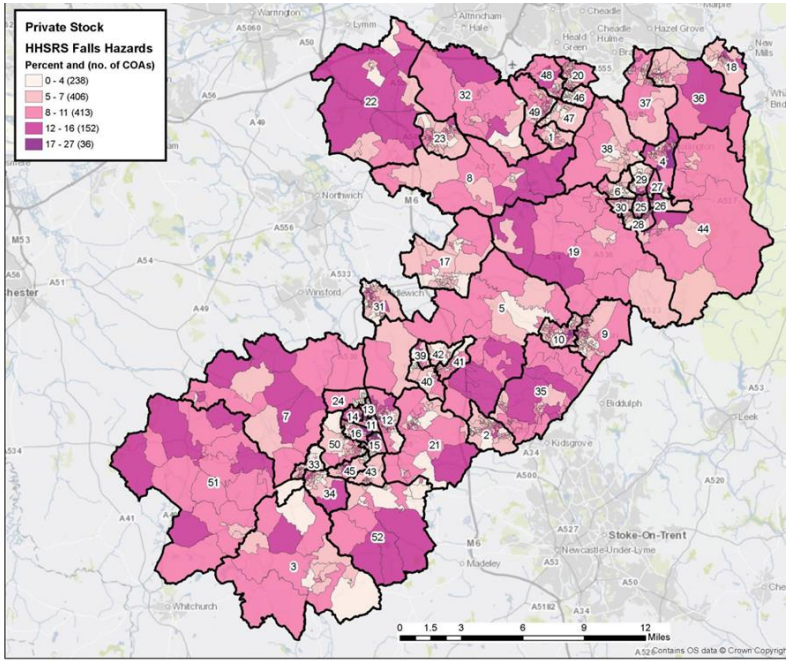


Source: BRE Integrated Dwelling Level Housing Stock Modelling and Database for Cheshire East Council, April 2019.

Private sector housing by percentage of falls hazards

Percentage of private sector dwellings in Cheshire East with the presence of a HHSRS category 1 hazard for falls

No.	Ward name	No.	Ward name
1	Alderley Edge	27	Macclesfield Hurdsfield
2	Alsager	28	Macclesfield South
3	Audlem	29	Macclesfield Tytherington
4	Bollington	30	Macclesfield West & Ivy
5	Brereton Rural	31	Middlewich
6	Broken Cross & Upton	32	Mobberley
7	Bunbury	33	Nantwich North & West
8	Chelford	34	Nantwich South & Stapeley
9	Congleton East	35	Odd Rode
10	Congleton West	36	Poynton East & Pott Shrigley
11	Crewe Central	37	Poynton West & Adlington
12	Crewe East	38	Prestbury
13	Crewe North	39	Sandbach Elworth
14	Crewe St. Barnabas	40	Sandbach Ettiley Heath & Wheelock
15	Crewe South	41	Sandbach Heath & East
16	Crewe West	42	Sandbach Town
17	Dane Valley	43	Shavington
18	Disley	44	Sutton
19	Gawsworth	45	Willaston & Rope
20	Handforth	46	Wilmslow Dean Row
21	Haslington	47	Wilmslow East
22	High Legh	48	Wilmslow Lacey Green
23	Knutsford	49	Wilmslow West & Chorley
24	Leighton	50	Wistaston
25	Macclesfield Central	51	Wrenbury
26	Macclesfield East	52	Wybunbury



For **falls hazards**, wards with highest levels are in more urban locations of Macclesfield Central, Crewe South, and Crewe Central.

Some rural communities have areas with high number of houses with falls hazards.

Source: BRE Integrated Dwelling Level Housing Stock Modelling and Database for Cheshire East Council, April 2019.

Assistive Technology

- Cheshire East Council contracts Millbrook to deliver an Assistive Technology service.
- To access this, service users must have relevant eligible social care needs. The service includes a contact centre and a mobile response service (including falls pick-up). It includes access to devices such as falls detectors and pendant alarms.
- It is also possible to access a more limited range of devices for a 4 week period via referral by the local Acute Trusts.
- As at March 2023, there were 2,295 monitored Adult Social Care users. On average 80.4 mobile response visits have been made each month since the contract started.
- There are also a range of private sector Assistive Technology services which are also available to residents. With the exception of the local Astraline Service, these do not include falls pick-up.

Community Equipment

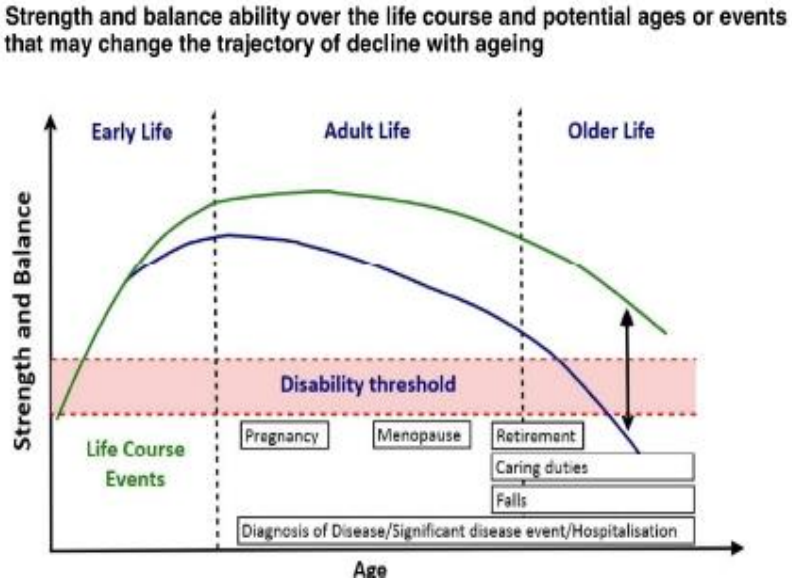
- Community equipment can be obtained from the Local Authority via an Occupational Therapy (OT) Assessment. Alternatively, this also takes place via OTs based within Hospitals or Physios to facilitate discharge. In both cases, the service is delivered by Millbrook.
- A range of devices are available relevant to falls such as wheeled walkers and toilet frames.
- It is also possible to obtain these items privately via a local mobility shop.
- 28,593 separate equipment items were issued to residents in 2022/23.
- Currently, there is limited evidence on the effectiveness of this equipment in reducing falls.
- The Council also commissions a Handyperson Service to conduct minor adaptations to people's homes. For instance, to fit grab rails. This is delivered by Orbitas.

The benefits of bone and muscle strengthening exercise

Evidence suggests that muscle strength, bone strength and balance ability increase in childhood and peak in early adulthood, eventually followed by a decline.

Therefore, muscle and bone strengthening, and balance activities (MBSBA) are important across the life course:

- to develop strength and build healthy bone
- to maintain strength in adulthood
- to delay the natural decline in muscle mass and bone density maintaining function in later life

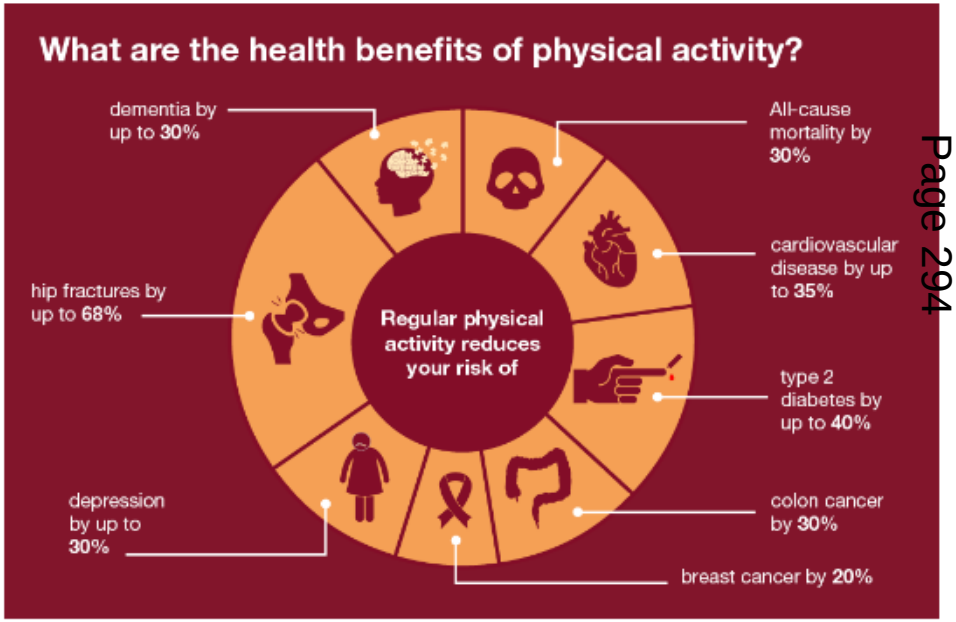


Source: Public Health England. (2020). Health matters: physical activity - prevention and management of long-term conditions. Guidance. Available from: Health matters: physical activity - prevention and management of long-term conditions - Gov.uk (www.gov.uk). (Accessed: 16 May 2023).

The wider benefits of physical activity

Physical activity has been shown to reduce hip fractures by up to 68%.

In addition to this it reduces all-cause mortality by 30% and the risk of a wide range of other long-term conditions.



Source: Office for Health Improvement and Disparities. (2022). Physical activity: applying All Our Health. Guidance. Available from: Physical activity: applying All Our Health - Gov.uk (www.gov.uk). (Accessed: 16 May 2023).

Physical activity and falls prevention in people 65+ years old

International Journal of Behavioural Nutrition and Physical Activity's update of a 2019 Cochrane review, undertaken to inform the World Health Organization guidelines on physical activity and sedentary behaviour, using searches of six databases, found the following results:

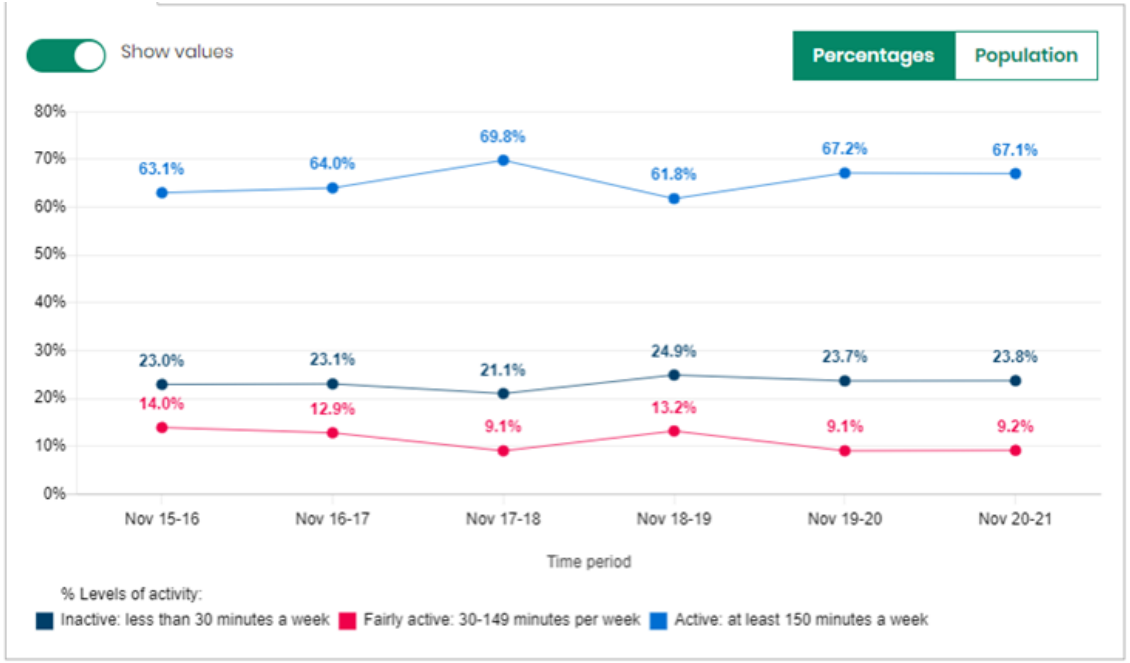
- Exercise reduces the rate of falls by 23% (high certainty evidence)
- Balance and functional exercises reduced the rate of falls by 24% (high certainty evidence)
- Balance and functional exercises plus resistance exercises reduced the rate of falls by 28% (moderate certainty evidence)
- Tai Chi reduced the rate of falls by 23% (moderate certainty evidence)
- Total weekly exercise duration of 3+ hours that included balance and functional exercises were particularly effective with a 42% reduction in rate of falls
- There was no evidence of a difference in the effect on falls based on age over 75 years, individuals with baseline risk of falls, or if the exercise intervention was delivered by a health professional or a trained instructor
- Different forms of exercise had different impacts on falls. The effect on falls of programs that essentially involved dance, walking and resistance training remain uncertain
- Effective exercise programmes should be implemented based on these findings

Source: Sherrington, C., Fairhall, N., Kwok, W. et al. (2020). Evidence on physical activity and falls prevention for people aged 65+ years: systematic review to inform the WHO guidelines on physical activity and sedentary behaviour. *Int J Behav Nutr Phys Act* 17, 144 (2020). https://doi.org/10.1186/s12966-020-01041-3

Physical activity recommendations for older adults

Source: Department of Health and Social Care & Office for Health Improvement and Disparities. (2019). Physical Activity Guidelines Posters. Available from: Physical Activity Guidelines Posters - Gov.uk (www.gov.uk). (Accessed 23 May 2023).

Physical activity rates across Cheshire East



During 2020/21 (according to the Active Lives Survey):

- Just under **1 in 4 adults were estimated to be inactive** in Cheshire East[1]
- This equates to 74,771 adults aged 20 years and older being inactive[2]

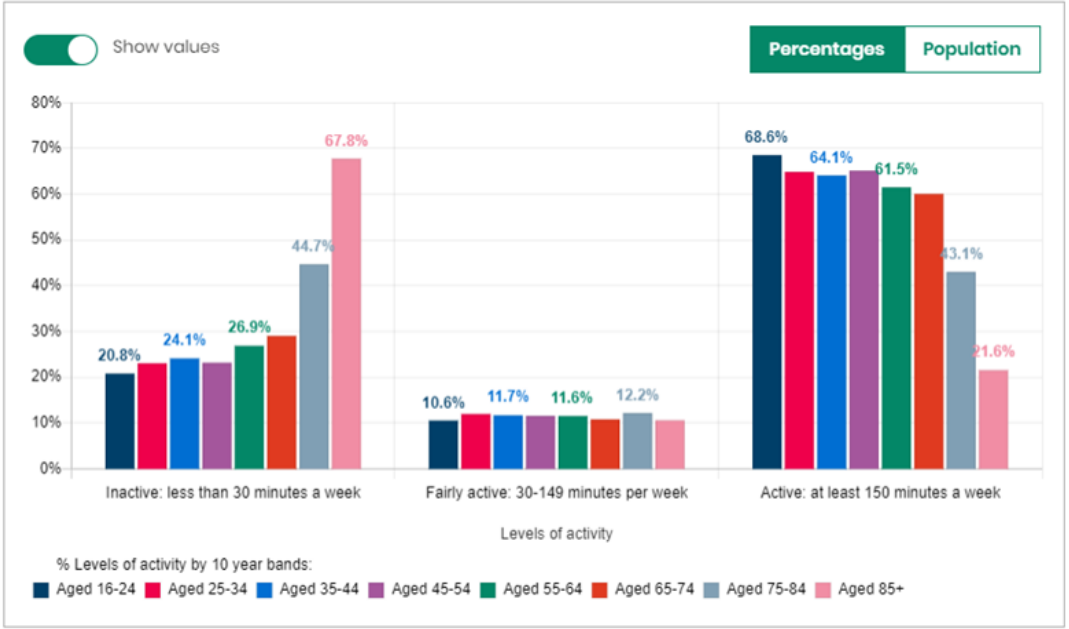
47% of adults were meeting the Chief Medical Officers guidelines of 2+ sessions per week of **muscle strengthening** activity (activities where muscles feel some tension, shake or feel warm)

This equates to just over **166,000 adults aged 20 years and over needing to do more muscle strengthening** exercise across Cheshire East[2]

1. Sport England. Active Lives Survey. Adult data. Available from: Active Lives | Adult Data (sportengland.org) (Accessed 12 January 2023) © **Sport England 2023.**
2. Office for National Statistics(2022) How your area has changed in 10 years: Census 2021. Available from: How your area has changed in 10 years: Census 2021 - Office for National Statistics (ons.gov.uk) (Accessed 12 January 2023). Estimated based on a denominator of 314,165 adults aged 20 years and over living in Cheshire East.

Change in physical activity with age

Physical Activity Status by Age Band (November 2021)



- Across England, physical activity reduces and inactivity increases substantially after the age of 74 years.

Source: Sport England. Active Lives Survey. Adult data. Available from: Active Lives | Adult Data (sportengland.org) (Accessed 12 January 2023). © Sport England 2023

Commissioned physical activity programme

- Cheshire East Council commission a physical activity programme under the 'One You Cheshire East' brand called 'Move More'.
- It is a 12-week programme with classes located in Bollington, Congleton, Crewe, Handforth, Macclesfield, Middlewich, Nantwich and Wilmslow.
- Around 140 people undertake the programme each quarter.
- The ‘Move More’ programme provides 1 to 1 support from a Health coach for a 12 week period. This also includes access to local circuit classes and walking groups.

Source: Data taken from One You Cheshire East Performance Monitoring Returns, 2022

Attitudes and motivations towards physical activity across Cheshire East (Nov 21/22)

	Active (% agreed)	Inactive (% agreed)
I find sport/exercise enjoyable and satisfying	65.0% (84.0% strongly agreed)	21.0%
It's important to me to do sport/exercise regularly	69.0% (79.5% strongly agreed)	18.1%
I feel guilty when I don't do sport/exercise	75.6% (80.4% strongly agreed)	-
I do sport/exercise because I don't want to disappoint other people	-	-
I feel that I have the ability to be physically active	58.4% (81.4% strongly agreed)	25.5%
I exercise to stay fit and healthy	62.7% (85.9% strongly agreed)	21.5%
I exercise to help me relax and worry less about things	74.2% (83.7% strongly agreed)	15.1%
I exercise socially for fun with friends	78.9% (80.2% strongly agreed)	-
I exercise to challenge myself (either against myself or others)	75.6% (96.1% strongly agreed)	-

Source: Sport England. Active Lives Survey. Adult data. Available from: Active Lives | Adult Data (https://activelives.sportengland.org/Result?queryId=84862) (Accessed 24 May 2023). © Sport England 2023

Appendix I: Contributors

Contributors

Public Health Team

Jack Chedotal (Lead Analyst)

Dr Susie Roberts (Lead Consultant)

Sara Deakin (Contributor/ Quality Assurance)

Rhonwen Ashcroft (Contributor/Quality Assurance)

Shirin Abdullaeva (Contributor)

Otito Egebara (Contributor)

Georgia Carsberg (Quality Assurance)

Andrew Moss (Quality Assurance)

Commissioning

Nik Darwin (Contributor)

Sharon Brissett (Contributor)

NHS

David McDwyer (Contributor)

John Grant (Contributor)

Other

Cheshire East Falls Prevention Group

Appendix J: Adult visual impairment pathway (Jan 23)

Patient Identifies eyesight problem

GP/Optician

NHS Ophthalmology

Certificate of Visual Impairment (CVI)

Eye Clinic Liaison Officer (ECLO)

NHS Low Vision Service (Leighton only)

CEC Adult Social Care (ASC) Sensory Team

Assessment and rehabilitation and training (Rehabilitation Officers for Visual Impairment)

Equipment aids e.g. canes, liquid levellers

Proposal (January 2023):

New CEC post: Low Vision Officer (community based)

Low vision assessment/equipment
Practical and emotional support

Self-referrals

Self referrals (and other commissioned services e.g. Carers Hub)

Local organisations:

East Cheshire Eye Society

National/Regional Support RNIB, Guide dogs

Open Fair Green

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Cheshire East Council

NHS Cheshire and Merseyside

CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	Cheshire East Self Harm and Suicide Prevention Action Plan 2023 – 2025
Report Reference Number:	HWB 31
Date of meeting:	26.09.23
Written by:	Rachel Zammit, Health Promotion and Improvement Manager and Lori Hawthorn, Public Health Development Officer
Contact details:	rachel.zammit@cheshireeast.gov.uk lori.hawthorn@cheshireeast.gov.uk
Health & Wellbeing Board Lead:	Dr. Matt Tyrer (Director of Public Health)

Executive Summary

Is this report for:	Information ☐	Discussion ☐	Decision X
Why is the report being brought to the board?	To present and update the Board about the Cheshire East Suicide Prevention Action Plan		
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.	1. To approve the Cheshire East Self Harm and Suicide Prevention Action Plan		

Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	The Plan was drafted following three multi-agency workshops and the draft shared with participants and amended in response to feedback.
Has public, service user, patient feedback/consultation informed the recommendations of this report?	Yes
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	• Prevention and reduction of the number of suicides in Cheshire East • Prevention and reduction of the number of incidents of self-harm in Cheshire East

1 Report Summary

1.1 This Cheshire East Self Harm and Suicide Prevention Action Plan (2023 - 25) has been developed following the publication of the Cheshire and Merseyside Suicide Prevention Strategy in November 2022. It aligns closely with other local plans, including the Cheshire East Joint Local Health and Wellbeing Strategy, and the Cheshire East Place Mental Health Plan (All Age Strategy).

1.2 The action plan is a live document that will be monitored and updated throughout the 2-year period. As part of this ongoing review process, the action plan will be developed and reflect contributions that support people with other protected characteristics.

2 Recommendations

2.1 The Health and Wellbeing Board approve the Cheshire East Self Harm and Suicide Prevention Action Plan.

3 Reasons for Recommendations

3.1 To prevent and reduce the number of suicides in Cheshire East

3.2 To prevent and reduce the number of incidents of self-harm in Cheshire East

4 Impact on Health and Wellbeing Strategic Outcomes

4.1 The Self Harm and Suicide Prevention Action Plan supports all four of the Strategic Outcomes in the Joint Health and Wellbeing Strategy – please see the plan (Appendix 1a) for further details.

5 Background and Options

5.1 It is estimated that for every one suicide there can be up to 135 people affected.

This means that in Cheshire East between 2019 to 2021 there were approximately 13,500 people that experienced loss by suicide (Office for Health Improvement and Disparities, 2022).

5.2 Suicide prevention is everyone's business and therefore, it is important that we work together across Cheshire East to reflect this message.

5.3 This local action plan has been developed following the publication of the Cheshire and Merseyside Suicide Prevention Strategy in November 2022

Suicide Prevention | Champs Public Health Collaborative

It aligns closely with other local plans, including the Cheshire East Joint Local Health and Wellbeing Strategy, and the Cheshire East Place Mental Health Plan (All Age Strategy).

5.4 Three online workshops were undertaken to engage with partner and community representatives and to inform the development of this plan. Each workshop covered a separate component of the priorities in the Cheshire and Merseyside Suicide Prevention Strategy. The first workshop looked at prevention, the second explored the priority of intervention and the third session focussed on postvention (support after a suicide).

5.5 There were over 50 attendees at each workshop, these included representatives from the voluntary sector, health colleagues, town councillors, and representatives of those with lived experience *(see Appendix 1 for full list).* The input from these workshops and further engagement was used to influence the local priorities in this 2-year plan.

6 Access to Information

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

Name: Lori Hawthorn

Designation: Public Health Development Officer

Tel No: 07765 037538

Email: Lori.hawthorn@cheshireeast.gov.uk

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Cheshire East Suicide Prevention Action Plan 2023 – 2025

Introduction

It is estimated that for every one suicide there can be up to 135 people affected.

This means that in Cheshire East between 2019 to 2021 there were approximately 13,500 people that experienced loss by suicide [1].

Suicide prevention is everyone's business and therefore it's important that we work together across Cheshire East to reflect this message.

This local action plan has been developed following the publication of the Cheshire and Merseyside Suicide Prevention Strategy in November 2022. It aligns closely with other local plans, including the Cheshire East Joint Local Health and Wellbeing Strategy, and the Cheshire East Place Mental Health Plan (All Age Strategy).

We have delivered three online workshops to gather consultation and feedback to inform the development of this plan. Each workshop covered a separate component of the priorities in our regional strategy. The first session looked at prevention, followed by intervention and lastly postvention (support after a suicide). There were over 50 attendees at each workshop, these included representatives from the voluntary sector, health colleagues, town councillors, and representatives of those with lived experience ***(see Appendix 1 for full list).*** The input from these workshops and further engagement was used to influence the local priorities in this 2-year plan.

Comments from Matt Tyrer, Director of Public Health and Chair of the Self-Harm Suicide Prevention Board:

We are really pleased with the level of interest and participation in the drafting of this Action Plan, but, of course, creating the Plan is just the beginning. We now need to work together to deliver what we have agreed are the priorities and do our utmost to minimise the number

[1] Office for Health Improvement and Disparities. (2022). Public Health Profiles. https://fingertips.phe.org.uk/ © Crown copyright 2023

of suicides in our area. I shall look forward to working with existing stakeholders and those that join us to help implement the plan in recognition of the importance of the work.

If you or anyone you know is affected by suicide, then please find support and information in the following link: Suicide Prevention, Support, and Information

This is a live document that will be monitored and updated throughout the 2-year period.

The listed projects in the *action plan under 'tailer approaches to improve mental health in specific groups',* are ongoing for this period. We acknowledge that this action plan will be developed and reflect contributions that support people with other protected characteristics.

Cheshire East (CE) Suicide Prevention Action Plan 2023 - 2025

Long Term Outcomes	
Reduced Suicides	**Reduced Self Harm**

Priorities	*What are we doing?*	*Who inputs into this work?*	*Frequency*	*Short term outcomes*
Governance, leadership, and partnership working	Effective and regular meetings with suicide prevention leads and frontline professionals both on a local and regional footprint. Cheshire and Merseyside Suicide Prevention Partnership Board Cheshire and Merseyside Suicide Prevention Group (LASP) Cheshire East (CE) Mental Health Partnership Board CE Self-harm and Suicide Prevention Board (SHSP board)	- Cheshire and Merseyside Public Health (CHAMPS) - Cheshire East Council - Health and Social care - Integrated Care Board (ICB) - Voluntary, Community, Faith, and Social Enterprise organisations (VCFSE) - Cheshire and Wirral Partnership (CWP) - North West Ambulance Service (NWAS) - Criminal Justice System - All Age Carers Reps (CEPCF) - Lived Experienced Networks	Monthly meetings with LASP Quarterly Board Meetings (CE)	Regional strategy renewed every 5 years Local action plan reviewed annually
Data analysis and monitoring (RTS)	Receive and sensitively store real time surveillance (RTS) data notifications. Attend the Cheshire and Merseyside Data Learning panel	- Coroner - CHAMPS - Public Health Intelligence - Public Health Improvement	RTS monitoring and receiving data.	Review and manage (RTS) data to inform response

Priorities	*What are we doing?*	*Who inputs into this work?*	*Frequency*	*Short term outcomes*
	Lead the CE Data Learning group Identify high risk groups using regional and local data. Trends and risk factors. Receive monthly self-harm analysis (CYP) from local hospitals. Identify clusters and if required complete a Community Response Plan (CRP) following the procedures in the CRP document.	- CE data learning group members - CE Hospital Data Analysts - Community Response Plan (CRP) listed professionals	Bi-monthly meetings	Establish enhanced data sharing with Cheshire Coroner and Police Re-establish a date to complete suicide audits. Community Response Planning Group (if required)
Reduce access to means Network Rail → Access to non-prescription pain medication →	Continue to support the work with Network Rail/Samaritans in our train stations – *Rail Industry Suicide Prevention Programme* Campaign to restrict access to non-prescription pain medication (paracetamol, ibuprofen, aspirin) in shops. Collect and analyse data. Develop a project plan to influence all sales to be moved behind the counter and off the shop floor. Explore other access to means and if restrictions can be applied.	- Network Rail - British Transport Police - Public Health Suicide Prevention leads - Cheshire East Council (CEC) - NHS - Integrated Care Board (ICB) - CAMHS (CWP) - Health and Safety - Supermarkets - Local shops - Care Communities	Ongoing 2023 -2025	Continue to engage/support the Cheshire East rail suicide prevention programme, campaigns, and training. Research in other local authorities. Engagement from key stakeholders, including supermarket chains and shops. Project development with key outcomes to move all sales to behind shop counters.
Reduce risk of suicide in high-risk groups	Using the key groups from the national and regional strategy to prioritise locally. The JSNA will provide local information to influence action to recognise groups with multiple ***risk factors to suicide (Appendix 2)***	- Public Health Intelligence - Joint Strategic Needs Assessment (JSNA) steering group - JSNA multi-agency subgroups	2023 -2025	Recognise high risk groups locally. Input into JSNA's For example, CYP Emotional, Health and Wellbeing

Priorities	*What are we doing?*	*Who inputs into this work?*	*Frequency*	*Short term outcomes*
Tailor approaches to improve mental health in specific groups				
Men's Mental Health →	Commissioned providers targeting men in rural farming communities Paint your bar/gym/coffee shop blue campaign in local businesses	Service Providers: - Mentell - Lightworks Project - Andy's Man Club	Commissioned 2023-2024	Increased uptake of support services in farming/rural communities. Increased engagement, awareness of support services specifically for men.
Children and Young People →	Education, social, health care and VCFSE services to have awareness of self-harm and suicide prevention resources and have access to the free training. Develop safety planning bitesize training offer and evaluate. Influence all education settings to utilise the suicide prevention guidance in school's document. Data analysis on patient audit in primary care presenting with self-harm and suicidality	- Emotionally Healthy Children and Young People (EHCYP) services - Integrated Care Board (ICB) - Primary care/NHS - Cheshire and Wirral Partnership (CWP) - Education settings CE - Safeguarding Children in Education Settings (SCiES) - Youth Service and Participation Team - Voluntary, Community, Faith, and Social Enterprise organisations (VCFSE)	2023-2025	Increased uptake of Suicide prevention self-harm awareness and safety planning training from professionals via digital booking platforms. All schools using ***Suicide Prevention Guidance in schools (Appendix 3)*** and embedding into their whole school approach. Patient audit key trends, risk factors and comorbidities to influence targeted support/intervention.

Priorities	***What are we doing?***	***Who inputs into this work?***	***Frequency***	***Short term outcomes***
Gypsy, Roma, and Traveller Community →	Contributing towards the development of the Cheshire East strategy. The group will raise awareness, developing resources and training to improve health outcomes for this specific group. Mental health and suicide prevention will be prioritised, and outcomes will be agreed.	- Gypsy Roma Traveller Community Operational Group members - Primary care/NHS	2023-2025	Increased access to health in primary care. Improved awareness of culture and history. Develop awareness and training, with resources. Engagement from lived experienced networks (LEN)
Domestic Abuse →	Suicide prevention will be added to the strategy and training prioritised for all frontline professionals. Development and delivery of suicide prevention training to Multi-Agency Risk Assessment Conference (MARAC) representatives. Contribute to data and monitoring.	- Cheshire East Domestic Abuse Board members - Domestic Homicide Review Panel - NHS - VCFSE - MyCWA - Domestic Abuse Lead Advisor (CEC)	2023-2025	Increased awareness of suicide prevention and domestic abuse. Increased support to service users and suicide safety planning.
Substance Misuse →	Contribute towards the place substance misuse strategy and delivery plan	- CE Combating Drugs Partnership	2023 -2025	Increased awareness of suicide prevention and substance misuse. Develop support, including safety planning.
All Age Carers →	Contribute towards the place all age carers strategy	- CE All Age Carers Strategic group	2021 -2025	Increased awareness of suicide prevention with professionals supporting carers.

Priorities	***What are we doing?***	***Who inputs into this work?***	***Frequency***	***Short term outcomes***
Cost of Living Information and Support →	A range of information, support and a Crisis phone line is offered to all residents. More is on the website: Cost of living (cheshireeast.gov.uk)	- CE Cost of Living Strategic group - ALL professionals in contact with the general public.	Ongoing	Increased awareness of information and support offered to all residents living in CE Residents confident accessing support initiatives Professionals cascading relevant information and offering support/signposting
Internet safety →	We are raising awareness and encouraging all organisational settings and parent/carers to download a suicide safety software called R;pple. https://www.ripplesuicideprevention.com/	- CE Suicide Prevention Board - Education settings - Health settings - Cheshire East Council - VCFSE CE residents	Ongoing	For all education, voluntary settings to download the software (free cost) For parent/carers to feel confident to install Businesses and organisations using the software and raising awareness.
Awareness in the community and tackling stigma	Support national wellbeing campaigns and awareness days/months. Offer awareness and information. Engage with lived experienced networks/groups to break down stigma.	- Mental Health Groups Wellbeing Networks - Care Communities - Communities Team - CE Communication Team - VCFSE	2023- 2025	A multi-agency approach to recognise national awareness days. Community approach to deliver campaigns. Increased engagement with Lived Experienced Networks (LEN)

Priorities	*What are we doing?*	*Who inputs into this work?*	*Frequency*	*Short term outcomes*
Suicide prevention and self-harm awareness training	Continue to deliver suicide prevention training to frontline professionals (health, social care, VCFSE, education and criminal justice system) Developed learning, using case studies to reflect how to support people with inequalities and/or protected characteristics: For example, supporting and caring for elderly people, people exposed or experiencing domestic abuse or substance abuse. Those who are from a minority ethnicity and people with a severe mental health illness residing in supported living housing. Please see ***risk factors to suicide (Appendix 2)*** Source train the trainer suicide prevention training and secure funding. Source train the trainer with self-harm awareness and secure funding.	- Self-Harm and Suicide Prevention Board members - Commissioned providers - VCFSE	2023-2025	Increased numbers of professionals trained in suicide prevention, meet learning outcomes of the course Develop and deliver a self-harm training offer for professionals. Increase capacity of trainers delivering free courses to frontline staff.
Supporting those bereaved by suicide and monitoring the media	A postvention service is in place to provide specialist bereavement support to those who are exposed to or affected by suicide. Community response framework to respond to any suicide clusters.	- Amparo - Survivors of Bereavement by Suicide (SoBS) - Samaritans (Step by Step) - Self-Harm and Suicide Prevention Board members - Samaritans Media support service	Ongoing	Increased awareness and uptake of the specialist postvention support offer. Increased numbers of professionals attending Amparo training.

Priorities	*What are we doing?*	*Who inputs into this work?*	*Frequency*	*Short term outcomes*
	A specialist support group (SoBS) offered in Crewe and potential group to be introduced in Macclesfield. Explore postvention guidance documents for organisations and schools.	- Cheshire East Council (CEC) Communications Team		Develop a Cheshire East postvention guidance for workplaces and for schools. Data monitoring on engagement of support services. Continued monitoring of the media and training offer to communication professionals.

Strategies/Guidelines/Information

National	Regional/local
National suicide Prevention Strategy (2012) Preventing suicide in England - A cross-government outcomes strategy to save lives (publishing.service.gov.uk) National Confidential Enquiry (2022) NCISH | Annual report 2022: UK patient and general population data 2009-2019, and real-time surveillance data - NCISH (manchester.ac.uk) NICE Guidelines 2018 Recommendations | Preventing suicide in community and custodial settings | Guidance | NICE	Cheshire and Merseyside Suicide Prevention Strategy Suicide-Prevention-Strategy-2022-2027-compressed.pdf (champspublichealth.com) Cheshire East Joint Local Health and Wellbeing Strategy and Five-Year Plan Layout 1 (cheshireeast.gov.uk) Cheshire East Place Mental Health Plan (All Age Strategy). (Link once published 2023) Cheshire East Livewell Information page Suicide Prevention, Support, and Information (cheshireeast.gov.uk)

Appendix 1 – List of organisations who have contributed

We wish to thank all organisations who have contributed to the development of this action plan and look forward to working together to address suicide prevention.

Organisations are listed A-Z.

Organisations

- Active Cheshire
- CE Parent Carer Forum (CEPCF)
- AMPARO
- Big Life Group
- The Bridgend Centre
- Care community representatives
- Change Grow Live (CGL)
- Central Cheshire integrated Care Partnership – Mental Health and Social Prescribing
- Cheshire East Council – Communications
- Cheshire East Council – Communities
- Cheshire East Council – Education Welfare Service
- Cheshire East Council – Youth Work and Participation
- Cheshire East Council – Social Care
- Cheshire East Council – Swab Squad
- Cheshire East Council – Public Health
- Cheshire and Merseyside Integrated Care Board (ICB)– Mental Health
- Cheshire and Merseyside Local Authority Suicide Prevention Group (Chair)
- Cheshire Police
- Cheshire without Abuse (myCWA)
- Cheshire and Wirral Partnership (CWP) - Children Services
- Cheshire and Wirral Partnership (CWP) – Community Mental Health
- Citizens Advice Bureau
- Councillors
- Department of Work and Pensions (DWP)

- Healthwatch
- Holy Trinity Hurdsfield
- Lived Experience Network (LEN) Cheshire and Merseyside Coordinator
- Mid Cheshire Hospital Foundation Trust
- Survivors of Bereavement by suicide (SoBS)
- Social Prescribers (PCN)
- The Samaritans
- Visyon

Appendix 2 – Risk factors to suicide

The following risk factors were highlighted during an online workshop with professionals and people with lived experience that took place on the 20th of January 2023. Responses were collected through Mentimeter (an online tool to collect feedback from attendees). These have subsequently been grouped into the following themes:

Risk factors are sorted A-Z.

Individual and family risk factors

- All forms of addiction (e.g., substance misuse, gambling)
- All forms of abuse (e.g., domestic abuse, sexual abuse)
- Bereavement
- Bullying
- Carers
- Criminal justice system
- Employment problems (e.g., poor quality and conflict)
- Ethnicity and culture
- Gender
- Homelessness
- Individuals with debt and money issues
- Lack of physical exercise

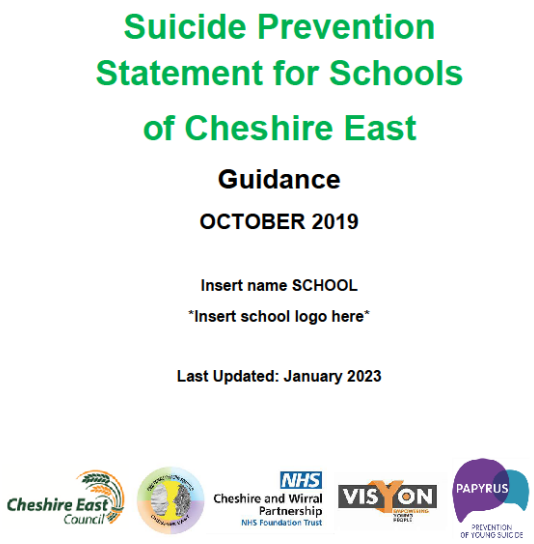
- Living on your own
- Loneliness and social isolation
- Mental health conditions
- Neurodevelopment conditions
- Older people
- Perinatal mental health
- Poor physical health
- Refugee and asylum seekers
- Relationship breakdowns
- Self-harm
- Sexuality
- Side effects of prescription drugs
- Social care involvement with family
- Stigma
- Stress and poor mental health
- Unemployment
- Young people

Environmental risk factors

- Access to means (e.g., readily available access to paracetamol in shops)
- Access to services and the reduction of services (such as libraries closing)
- Cost of living
- Housing (quality and affordability)
- Impact of the Covid-19 pandemic
- Natural disasters and climate change
- Neighbourhoods and where people live
- Transition from child to adult services

Appendix 3 – Schools Guidance Document (2019)

Suicide Prevention Statement for Schools can be downloaded using the link below:



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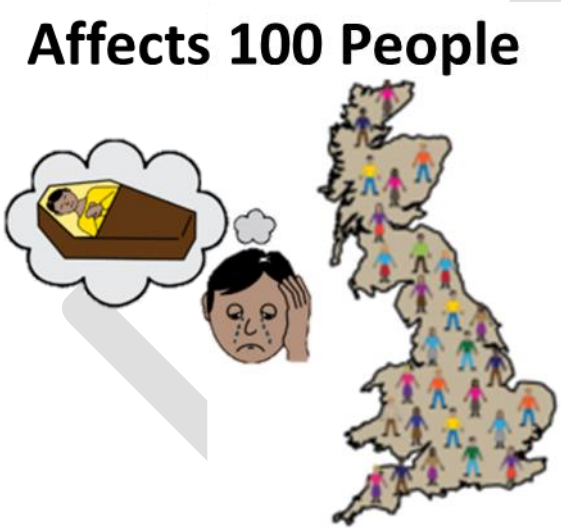
CHESHIRE EAST SUICIDE PREVENTION PLAN 2023 – 2025

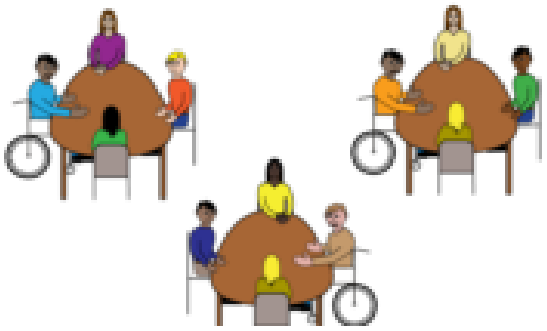
Introduction

Suicide is when someone kills themself on purpose because they are finding life too difficult.



For every 1 suicide, over 100 people are affected.

Suicide prevention is important.

	We must work together.
 Image Source: cheshire and mersey side - Bing images	This plan follows one made by a larger group in Cheshire and Merseyside.
	It works with other plans for Cheshire East.
	We have held 3 workshops to collect opinions.

Prevention 	We looked at Prevention to stop suicide from happening.
	We looked at Intervention to offer care to people who are struggling.
	We looked at Postvention to support those affected by suicide.
	50 people came along to each workshop.

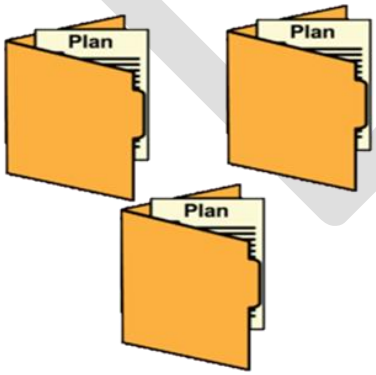
We produced this action plan together.

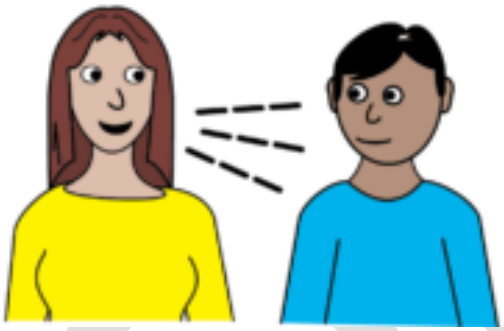
Our Action Plan

What is important for us to do.

1.We must have regular meetings to work together.

2.We must look at data and information.

	3.We must reduce the access to dangers so people cannot hurt themselves.
	4.We must support the wellbeing of those more at risk.
	5.We must help Children and Young People to feel happy and safe.
	6.Suicide prevention must be part of other plans within Cheshire East.
	7.Suicide prevention training must be available to all professionals.

	8.We must provide help and support for people in need.
	9.We must keep people safe online.
	10.We must talk about suicide in our communities.
	11.We must support those who lose someone by suicide.

Images Sourced from : [Image Bank - Learning Disability Service (learningdisabilityservice-leeds.nhs.uk)]

Cheshire East Council

NHS Cheshire and Merseyside

CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	Cheshire East Falls Prevention Strategy
Report Reference Number	
Date of meeting:	26th September 2023
Written by:	Nik Darwin
Contact details:	Nik.darwin@cheshireeast.gov.uk
Health & Wellbeing Board Lead:	Cllr Jill Rhodes

Executive Summary

Is this report for:	Information X	Discussion ☐	Decision ☐
Why is the report being brought to the board?	To communicate the work that is taking place via the Cheshire East Falls Prevention Group to address the issue of falls. This includes the development of a new Cheshire East Falls Prevention Strategy		
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 X 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 X All of the above ☐		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness X Accessibility ☐ Integration X Quality ☐ Sustainability ☐ Safeguarding ☐ All of the above ☐		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.			

Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	Adult and Health Committee
Has public, service user, patient feedback/consultation informed the recommendations of this report?	Yes, public consultation has taken via a variety of methods
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	The strategy aims to reduce the prevalence and seriousness of falls within the Borough for those aged 65 and over.

1 Report Summary

1.1 Falls are a significant public health issue with a substantial proportion of residents aged 65 and over falling each year. A fall can have severe health impacts on the individual such as a fracture, soft tissue damage or even death. Consequently, it can also lead to increased usage of health and social care services including residential care.

1.2 A new falls prevention strategy has been developed to tackle this complex issue. This has the vision of, “preventing and reducing the impact of falls to enable people in Cheshire East to live independently for longer”.

1.3 The strategy aims to build on work conducted to date. This includes; the commissioning of strength and balance classes, recruitment of falls coordinators; and promotion of the issue of falls (such as via an annual falls awareness week).

2 Recommendations

2.1 To endorse the adoption of the new Cheshire East Falls Prevention Strategy

3 Reasons for Recommendations

3.1 Falls can have a damaging impact on the health of individuals. Consequences can include fracture, pain, greater fear of falling, and increased use of services such as hospital and social care (including residential care). The Cheshire East Falls Prevention Strategy’s aims to reduce this impact via implementation of a series of evidenced based preventative actions.

3.2 Substantial work has taken place with partners and residents to ensure the strategy is informed by their experiences and concerns. This includes via face-to-face discussions with groups of older people.

4 Impact on Health and Wellbeing Strategic Outcomes

4.1 This approach supports Health and Wellbeing Outcome 4, "That more people live and age well, remaining independent; and that their lives end with peace and dignity in their chosen place." This is because older people will experience reduced risk of falling through the actions implemented as a result of the strategy.

5 Background and Options

5.1 Falls are a significant problem in Cheshire East with around 2,275 people aged 65 and over undergoing an emergency admission to hospital each year as a result of this issue. On a wider basis, it is estimated that one in three people fall each year [1]. Cheshire East has 89,148 residents within this age group [2].

5.2 The consequences of falling can be significant. These can include fracture, pain, greater fear of falling, social isolation, frailty and increased use of health and social care services (including residential care) [3].

5.3 However, falls are a complex health challenge to tackle with over one hundred risk factors identified as potential causes of falls. These include: age; medication; medical conditions; fear of falling and having a visual impairment [4]. There is also some national and local evidence of a relationship between falls and deprivation [5]. This means a multi-faceted approach Is needed.

5.4 A new falls prevention strategy has been developed to address this challenge. This has the vision of "preventing and reducing the impact of falls to enable people in Cheshire East to live independently for longer". This is accompanied by a series of aims which are: to identify those at risk of falling; help individuals at risk through the provision of evidence-based services and support; and to assist individuals who do fall to reduce the risk of this recurring in the future.

5.5 A number of actions have been implemented to date to address this challenge. For instance, this includes commissioning strength and balance classes; the introduction of two falls coordinators who will review practice in relation to falls and deliver multifactorial falls risk assessments; the commissioning of a falls pick-up service via the Council's Assistive Technology contract.

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[1] NICE. Falls in older people: assessing risk and prevention: NICE; 2013 [Available from: https://www.nice.org.uk/guidance/cg161/chapter/1-Recommendations.]

[2] OSN, Population estimates for the UK, England and Wales, Scotland and Northern Ireland - Office for National Statistics

[3] Institute of Medicine (US) Division of Health Promotion and Disease Prevention; Berg RL, Cassells JS, editors, Washington (DC): National Academies Press (US); 1992., https://www.ncbi.nlm.nih.gov/books/NBK235613/

[4] Epidemiology, Deandrea S, Lucenteforte E, Bravi F, Foschi R, La Vecchia C, Negri E. Risk factors for falls in community-dwelling older people: a systematic review and meta-analysis; 2010 Sep;21(5):658-68. doi: 10.1097/EDE.0b013e3181e89905

[5] WHO, Chris J. Todd and Claire Ballinger and Sarah H. Whitehead, Reviews of socio-demographic factors related to falls and environmental interventions to prevent falls amongst older people living in the community, 2007

5.6 In addition to this, a Cheshire East falls awareness week has been promoted and a Cheshire falls booklet has been distributed to a range of locations such as sheltered housing, care homes and libraries on how falls risk can be reduced.

5.7 The strategy and actions have been steered by the Cheshire East Falls Prevention Group. This has included representation from the Integrated Care Board; East Cheshire Trust and Mid Cheshire Hospital Trust; Cheshire East Council and the Voluntary Sector.

5.8 This group would take forward the action plan which derives from the strategy (see Appendix 3. Note: this document will expand over time). This includes the following tasks: publicising the issue of falls (including a new campaign to promote the falls classes and conducting outreach work with community groups on this topic); further engagement with wider stakeholders inc. housing associations; involving the public in implementation of falls related actions (such as via a falls event which will also include gathering further views on this subject) and monitoring progress against key population health indicators.

5.9 The falls prevention strategy was developed via a range of measures to engage stakeholders and residents. Firstly, the strategy was drafted through co-production work with the Cheshire East falls prevention group. It was then further refined via a formal consultation process which took place from 16 January- 27 March 2023. This included visits to falls prevention classes and older people's groups to discuss the issue of falls with local residents. 77 people were present at these meetings.

5.10 The survey was also circulated to members of the Council's digital influence panel and published on the Council's website. In total, 28 surveys were completed on the strategy and 267 residents completed a survey also encompassing wider falls issues.

5.11 Promotion took place via emails to key stakeholders, use of social media and through the work of third party organisations such as Healthwatch.

5.12 A specific engagement session was held with Cheshire East Council Members in March to brief on the issue of falls and work around the strategy.

5.13 Key findings from the consultation were that: 88% agreed with the strategy vision; 85% agreed with the priorities and 81% agreed with the aims.

5.14 Comments made included: that the strategy needed to encompass those aged less than 65 but at higher risk of falling; the importance of emphasising exercise in general as a way of reducing falls risk; that the issue of pavements also needed to be considered. Please see Appendix 2 for further information.

6 Access to Information

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

Name: Nik Darwin
Designation: Acting Programme Manager, Cheshire East Council
Tel No: 01606 275897
Email: nik.darwin@cheshireeast.gov.uk

Appendix 1

Foreword

Every year older people in Cheshire East fall and injure themselves, sometimes severely. Often the fall results in the person needing to stay in hospital and can permanently reduce their physical and mental health and wellbeing. Sometimes these falls could have been prevented, or the repercussions of the fall reduced with timely intervention.

This strategy aims to reduce the risk and severity of falls for people at risk in Cheshire East. This includes people aged 65+ and those with relevant medical conditions.

This Strategy is endorsed by Members of the Falls Prevention Group who are committed to working to reducing the impact of this health issue. It outlines the system wide approach to falls prevention that will be taken within Cheshire East over the next three years (2023-25).

Introduction

A fall can result in distress, pain and injury for the individual and even death in severe cases. In the longer term, it can also result in both a loss of confidence and loss of independence, for instance, through admission into residential care or due to social isolation.

Falls are also expensive for the health and social care system. This is not least because of the need to treat individuals admitted to hospital, for instance, due to a fracture. The total annual cost of fragility fractures to the UK has been estimated at £4.4 billion.[i]

Prioritising falls

Falls prevention work has been established as a priority in the following local documents:

- The Cheshire East Council Corporate Plan [ii]
- The Health and Wellbeing Strategy [iii]

It also connects with the:

- Living Well for Longer Plan.

Fall - definition

A fall is defined by the World Health Organization as, "an event which results in a person coming to rest inadvertently on the ground or floor or other lower level." A distinction is sometimes made between this and a fall caused by a major medical event, such as a stroke.

Vision

"To prevent and reduce the impact of falls to enable people in Cheshire East to live independently for longer."

This vision provides the borough-wide direction for commissioning, service planning and delivery and will be implemented by the Cheshire East Falls Prevention Group. This Group consists of representatives from relevant local stakeholders such as Health, the Local Authority and the Voluntary and Community Sector. The Falls Prevention Group will report progress to Cheshire East Partnership Board over the next 3 years.

The strategy applies to people aged 65 and over within Cheshire East as well as younger adults whose medical conditions increase falls risk.

Aims

The aims of this strategy are to:

- Identify those at risk of falling
- Help individuals at risk through the provision of evidence-based services and support
- Assist individuals who do fall to reduce the risk of this recurring in the future

No single organisation can tackle these alone, so the intention is to work together as a place to deliver this, thus making best use of local knowledge, expertise and assets.

Background

There were 2,275 hospitals admissions for falls in 2021/22 in those aged 65+. This is worse than the average admission rate in the North West. Around two thirds of these admissions were in people aged over 80, and around a quarter related to hip fractures. The exact numbers of people who fall who do not need hospital treatment is unknown but an estimate based on the Cheshire East population makeup is that there were 23,982 falls locally in 2020.

Priorities for action for the next three years

The following priorities seek to deliver the vision and the aims within this strategy. These build on the achievements in the previous falls strategy (see Appendix 1) and also align with NICE guidance[iv] and the wider evidence base.

1. Involve the public and professionals in the implementation of the strategy, for example:

    a) Through the formal involvement of Healthwatch on the Falls Prevention Group
    b) By all falls prevention services routinely obtaining the views of the people who have used them about their experiences and learning from this feedback
    c) Through engagement with older people including survey work
    d) Through inviting relevant professionals to the falls prevention group

2. Continue to commission and develop borough-wide evidenced based services which reduce the likelihood of falls and their severity

    For example, ensuring those at risk of falling and injuring themselves are able to:

    a) Access a formal risk assessment from an appropriate qualified professional

b) Access falls specific exercise classes that can improve their posture, balance and muscle strength
c) Be provided with a home hazard check to reduce the likelihood of them falling
d) Access assistive technology and a falls response service which can help safeguard them at home
e) Access community equipment which can also reduce their risk of falling
f) provided with additional support to reduce the risk of falls when in a care home setting.

3. Communicate the issue of falls to professionals and the public

a) Produce an updated Communications Plan to improve public awareness of the importance of falls prevention to their general health and wellbeing. This will have an annual falls awareness week as its focus.
b) Use the falls prevention group as a means of promoting falls initiatives
c) Ensure professionals discuss the issue of falls with those at risk and refer onto appropriate services

4. Produce updated intelligence to help inform commissioning/delivery approaches

a) Refresh the JSNA to ensure that it takes account of new data
b) Continuously monitor local progress by use of a falls dashboard

5. Ensure local authority, health and third-party colleagues take account of the importance of falls prevention within their strategic plans, so that:

a) Any new relevant strategy and plan takes account of the issue of falls (e.g. Altogether Active Plan)
b) Work related to the local environment conducted by the Council's Places Directorate takes account of falls related issues (i.e. pavement and road maintenance including gritting).

How will we know and ensure we are making a difference?

An action plan will be developed from the 5 priority areas. Progress on this will be monitored via the Cheshire East falls prevention group.

In addition to this, the following key indicators from the Public Health Outcomes Framework will also be used to help measure success.

Public Health Outcomes Framework

- 2.24 Emergency hospital admissions for injuries due to falls in people aged 65 and over
- 2.24 Emergency hospital admissions for injuries due to falls in people aged 65 and over – aged 80+
- 4.14 Emergency hospital admissions for fractured neck of femur in people aged 65 and over
- 4.14 Emergency hospital admissions for fractured neck of femur in people aged 65 and over – aged 80+

Other indicators may also be utilised where relevant, for instance, the number of multifactorial risk assessments conducted in the community.

Appendix 1: Actions Completed 2019-2023

- Produced a falls Joint Strategic Needs Assessment which captures data and evidence in a single place
- Mapping completed of falls related services
- Commissioned and promoted local strength and balance classes to reduce the risk of falling for Cheshire East residents
- Commissioned a refreshed Assistive Technology service which provides falls pick up support. This includes enhanced support for people discharged from hospital.
- Produced and distributed a falls prevention leaflet and video to advise older people on how they can reduce their risk of falling
- Held a falls prevention weeks within Cheshire East to promote the issue of falls.
- A Cheshire East falls prevention group has met regularly to share knowledge and implement actions.

References

[i] Guidance: Applying All Our Health, OHID, February 2022, www.gov.uk/government/publications/falls-applying-all-our-health/falls-applying-all-our-health#:~:text=unaddressed%20fall%20hazards%20in%20the,2%20billion%20of%20this%20sum

[ii] Cheshire East Council Corporate Plan 2021-25, www.cheshireeast.gov.uk/council_and_democracy/your_council/council_finance_and_governance/corporate-plan.aspx

[iii] Cheshire East Health and Wellbeing Strategy 2023-28, www.cheshireeast.gov.uk/pdf/council-and-democracy/health-and-wellbeing-board/joint-health-wellbeing.pdf

[iv] Nice Guidelines Clinical Guideline 161, www.nice.org.uk/guidance/cg161, 2013

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Appendix 2

A summary of responses to Cheshire East Council's

Falls Prevention Strategy Consultation 2023

Executive Summary

Introduction

Between 16 January and 27 March 2023 Cheshire East Council consulted on an updated version of its Falls Prevention Strategy, with feedback to be used to finalise the strategy prior to its adoption in 2023.

The consultation targeted 2 different stakeholder groups:

- A "Strategy Survey" targeted health practitioners, managers, policy makers, decision makers, and members of the public on the actual draft strategy itself.
- A "Resident Survey" targeted Cheshire East residents who might be at risk of falling, particularly those aged 65 plus.

In total, there were 297 consultation responses, including:

- 28 "Strategy Survey" responses
- 267 "Resident Survey" responses
- 2 email responses

Strategy survey feedback

Almost two-thirds of "Strategy Survey" respondents (63%) were aware of the Falls Prevention Strategy before taking the survey, and large proportions agreed that the vision (88% agree), aims (81% agree) and priorities (85% agree) of the draft strategy were suitable.

Respondents suggested the strategy could be improved by:

- Ensuring it covers those under 65 who also may be at risk of falling
- Ensuring it covers visitors to Cheshire East as well as residents
- Making more reference to exercise classes and community activities to help build fitness to in turn help prevent falls
- Making more reference to improving pavements in Cheshire East to prevent falls

Respondents listed their preferred methods of communicating about falls to professionals and the public as:

- Leaflets handed out to customers / residents, delivered in the post or distributed in libraries, GP surgeries, pharmacies
- Cheshire East Council website / Live Well website
- Email
- Facebook / On social media

Resident survey feedback

A high proportion of “Resident Survey” respondents (69%) were concerned about falling over, with 24% very concerned. In the last 3 years:

- 64% of respondents had experienced a fear of falling
- 40% of respondents had experienced a fall resulting in an injury
- 15% of respondents had experienced a fracture from a fall

In terms of physical exercise, respondents reported doing each of the following at least a few times a week:

- Housework or childcare (79%)
- Walking for pleasure or to commute (68%)
- Gardening or DIY (48%)
- Physical exercise (31%)
- Cycling (5%)

In terms of taking steps to prevent falls:

- 95% are aware of trips and hazards in their home
- 56% are aware that not drinking enough water can lead to a fall

Before taking this survey, 12% of respondents had heard of the “Cheshire Falls Prevention” leaflet, 86% had not, and the most popular ways of finding out falls prevention information in future would be:

- Online (61%)
- At a GP / Pharmacist (19%)

When asked if they had any suggestions as to how falls in Cheshire East could be reduced respondents suggested:

- Maintaining pavements better, and ensuring they are clear (140 comments)
- Improve local infrastructure, by removing street furniture and having more public seating (19 comments)
- Improving the physical health of the elderly and improving health services for the elderly (45 comments)
- Raising awareness of falls prevention (35 comments)

Email feedback

In total 2 emails were received during the consultation, including an email received on behalf of Sandbach Town Council (email response #2).

- Falls Prevention should include a Quick Response Falls Pickup service which has mobile teams that are on call to assist people who have fallen, such a service has been successfully employed in other areas and works well.
- Sandbach Town Council would like to include fall prevention for outside the home within the strategy – It is a concern that this strategy concentrates solely on residents falling within the home. Consideration should be given to linking the strategy with Highways and Planning to help minimise trip hazards.

Conclusions

Positive feedback on the strategy

Although the number of responses to the "Strategy Survey" was quite low (29 responses in total), it is extremely encouraging that feedback on the strategy itself was so positive, with very high proportions of respondents agreeing that its content is appropriate (81% plus) – this gives us a certain amount of confidence that the strategy is fit for purpose.

"Resident Survey" response

The response to the "Resident Survey" was much more significant (267 responses in total), probably because the "Resident Survey" was shorter, more engaging and did not require respondents to read a strategy document before responding.

Residents confirmed that falls are a problem among a certain cohort, with 40% having experienced a fall in the past 3 years.

Improving the Falls Prevention Strategy

Respondents suggested a number of ways the Falls Prevention Strategy could be improved, and these suggestions have been captured in detail within this report.

The main suggestions for improving the strategy seemed to be:

Improving pavements around Cheshire East –The number one suggestion within comments by "Resident Survey" respondents for improving the Falls Prevention Strategy was to improve pavements around Cheshire East to prevent falls. Some were concerned that the strategy only focuses on preventing falls inside the home, with no reference made to preventing falls outside the home. This may be an especially important priority given 68% of "Resident Survey" respondents walk for exercise several times a week, the second most popular form of exercise for those at risk of falls.

Improving physical health of the elderly – 31% of "Resident Survey" respondents do physical exercise at least a few times a week and many respondents suggested improving the physical health of those at risk of falls should be a key priority.

Respondents suggested this could be achieved by improving access to exercise classes and community groups for those with mobility problems.

Raise awareness of falls prevention – The main ways people wanted to be communicated with regarding falls prevention seemed to be online via the CEC website or by email, and through leaflets at GP surgeries. This would seem to be a key priority given just 12% of “Resident Survey” respondents had heard of the “Cheshire Falls Prevention” leaflet prior to the survey.

Not restricting the strategy to only those aged 65 and over, and only to Cheshire East residents – Respondents suggested the strategy could be made more inclusive by including more reference to these groups in it.

Contents

Report produced 12 April 2023 by Ben Buckley of the Research and Consultation Team, Cheshire East Council. Email RandC@cheshireeast.gov.uk for further information.

Introduction

Purpose of the consultation

Between 16 January and 27 March 2023 Cheshire East Council consulted on an updated version of its Falls Prevention Strategy.

The consultation targeted 2 different stakeholder groups:

1. Health practitioners, managers, policy makers, decision makers, and members of the public.

   Feedback was sought from this stakeholder group on the content of the draft strategy itself – this was collected through a "Strategy Survey".

2. Residents of Cheshire East who might be at risk of falling, particularly those aged 65 plus.

   Feedback was sought from this stakeholder group on their experience with falls and what could be done to prevent it in future – this was collected through a "Resident Survey".

Feedback from these surveys would be used to inform the development of the strategy, before it is adopted by the council in 2023.

Consultation methodology

The consultation was widely promoted, most notably though:

- Media releases
- Emails to key stakeholders including all local Town and Parish Councils
- The council's Digital Influence Panel
- Social media

Consultation responses

In total, there were 297 consultation responses, including:

- 28 "Strategy Survey" responses
- 267 "Resident Survey" responses
- 2 email responses (see Appendix 1)

Reading this report

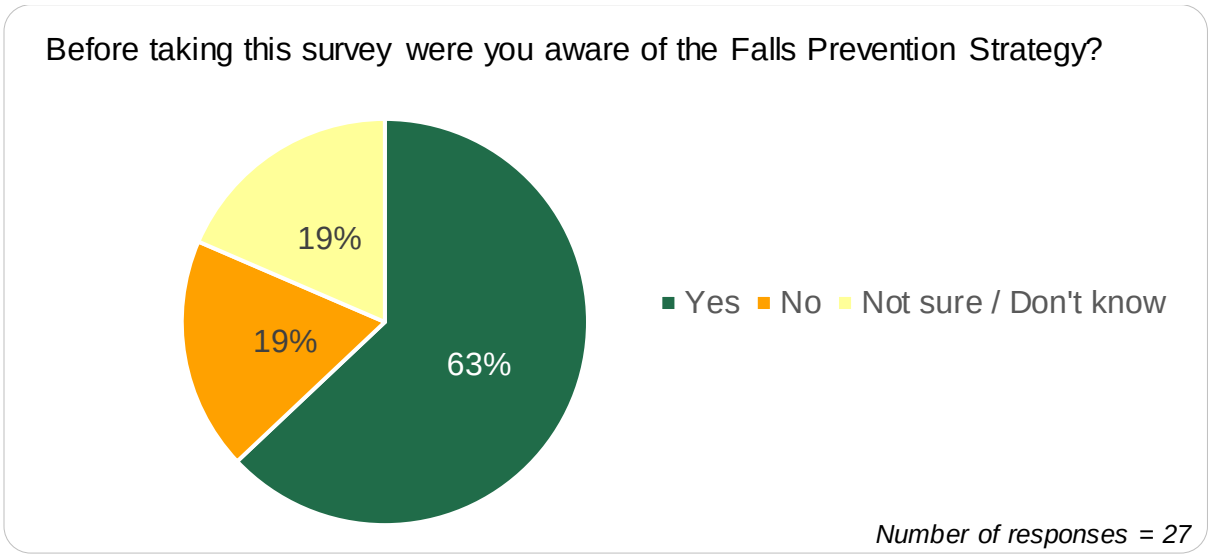
The main sections of the report ("Strategy Survey feedback" and "Resident Survey feedback") summarise responses to the 2 different stakeholder surveys.

Appendix 1 then summarises and publishes the 2 emails received during the consultation.

Strategy Survey feedback

Awareness of the strategy

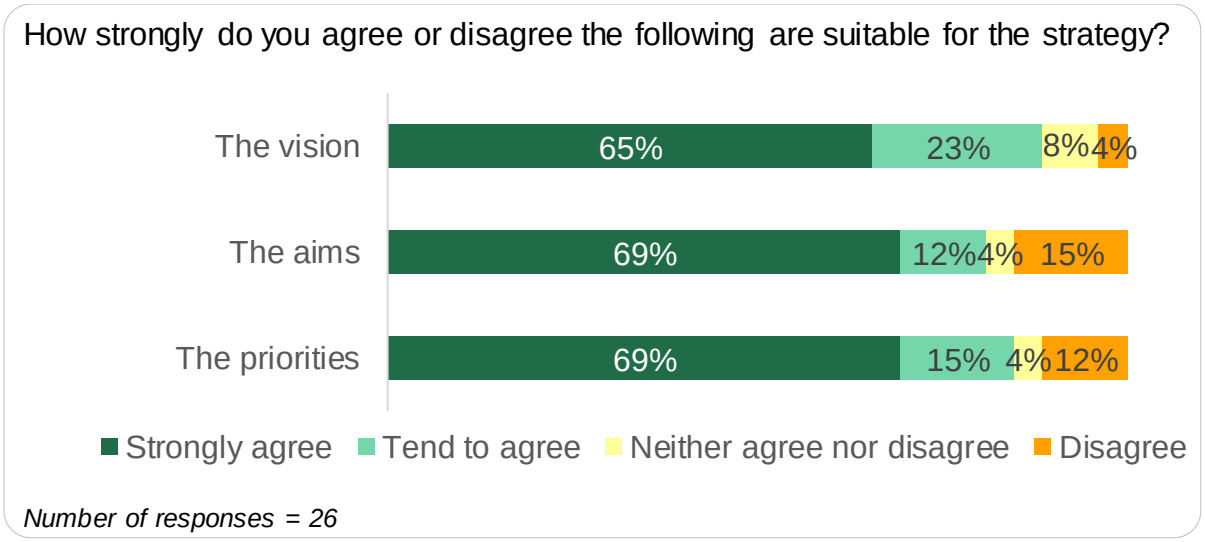
Almost two-thirds of "Strategy Survey" respondents (63%) were aware of the Falls Prevention Strategy before taking the survey.



Suitability of the vision, aims and priorities

Large proportions of "Strategy Survey" respondents agreed that the following are suitable for the strategy:

- The vision (88% agreed it was suitable, 4% disagreed)
- The aims (81% agreed they were suitable, 15% disagreed)
- The priorities (85% agreed they were suitable, 12% disagreed)



Improving the vision and aims

Respondents made 16 comments in reply to the question "How could the vision and aims be improved?" – these comments have been summarised in the table below.

How could the vision and aims be improved?	Count
Include more age groups, I have fallen twice in the last 12 months breaking bones on both occasions and am not yet 65. Could it include those who are not elderly, but who have sight and hearing problems?	3
Suggested vision wording change in italics: "Prevent and reduce the impact of falls to enable people in Cheshire East to live independently for longer *and to provide the opportunity to benefit from engaging in sociable community activities*."	1
Possible addition – Provide a sentence, or information / detail about exercises and classes that can help people build their fitness and how these will be promoted, including for those leaving hospital	4
Possible addition – Shouldn't it include pavements and dropped kerbs? Everybody is at risk of falling if pavements/walkways are not fit for walking on. Kerbsides not kept in good condition or dropped for ease of traverse	2
Possible addition – The strategy needs to also cover visitors to or through Cheshire East e.g. ensure visitors have access to drinks, footpaths and public spaces are safe from trip hazards	1
Possible addition – Joint working between NHS and Social Services	1
Possible addition – Raise awareness of Falls Prevention with all health and care professionals through training programmes and awareness for the general public	1
Possible addition – Equality and diversity inclusion	1
It could be improved by having no strategy. The strategy is very patronising and typical of state interference in people's lives. This must be about the 10th Falls Prevention Strategy I have seen from CEC, what has been delivered? Stop with the strategies – start delivering.	2

Improving the priorities

Respondents made 7 comments in reply to the question "How could the priorities be improved?" – these comments have been summarised in the table below.

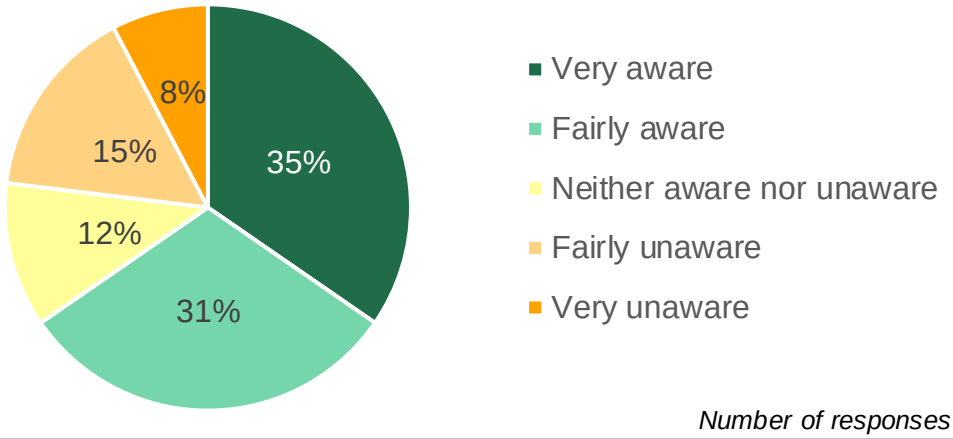
How could the priorities be improved?	Count
Possible addition – Education and information for the public i.e. leaflets at A&E, GP surgeries etc.	1
Possible addition – Joint working between the NHS and Social Services.	1
Possible addition – Smooth referral process for Social care staff to identify and refer those individuals who are identified as being vulnerable to falls.	1
Possible addition – Have medical help available, ambulances do not arrive for fall victims even for compound fractures	1
Possible addition – Not receiving timely medical help exacerbates the problem resulting in trauma and delayed treatment impacts on recovery and mental health	1

Possible addition – Involve the highways team and PROW depots at the start as it would start discussions on how improvements can be made to pavements/kerbs and prow etc to meet your objectives	1
Possible addition – Need to include the risk to those visiting/traveling through Cheshire East, and ensure publicly accessible space is safe and free from trip hazards - would benefit all residents and visitors whatever their ages and physical ability.	1

Awareness of falls prevention services

65% of "Strategy Survey" respondents were aware of the services in Cheshire East that support falls prevention.

How aware are you of the services in Cheshire East that support falls prevention?



Number of responses = 26

Preferred method of communication

Respondents made 30 comments in reply to the question "Which is your preferred method of ensuring communication of the issue of falls to professionals and the public?" – these comments have been summarised in the table below.

Which is your preferred method of ensuring communication of the issue of falls to professionals and the public?	Count
Leaflets handed out to customers / residents, delivered in the post or distributed in libraries, GP surgeries, pharmacies	9
Cheshire East Council website / Live Well website	5
Email	4
Facebook / Social media	3
Posters	2
Public talks / Engagement events	2
Face to face conversations	1
Local newsletters	1
Radio / TV adverts	1
Through Town & Parish Councils	1
Word of mouth	1

Additional intelligence

Respondents made 7 comments in reply to the question “What additional intelligence do you have available that can help to inform commissioning and service development of falls prevention in Cheshire East?” – these comments have been summarised in the table below.

What additional intelligence do you have available that can help to inform commissioning and service development of falls prevention in Cheshire East?	Count
I don't have any data but there should be more intelligence around the causes of falls so you can identify the top reasons for falls and where/when they are most likely to happen.	1
Intelligence??? The NHS has a 10yr plan to get everyone walking. Suggest you work with all CE health workers and their third parties, Cheshire NHS , CE highways to make the roads safer, CE prow team, walking groups, town and Parish councils, schools and other educational establishments. CE departments who are responsible for air quality and environmental to push to reduce carbon emissions and meet targets.	1
Libraries could help to promote the strategy and its services - we have a large client base in the over 65s and we also deliver books to housebound, elderly and frail residents - information could be passed on through this service too. Staff are often asked to signpost people to this sort of service - as we're one of the few places where you can speak to a council employee in person. We also facilitate digital access and assist those who need help using online services.	1
Personal experience of falling, lack of medical provision and hospitalisations as a result of lack of initial medical support, i.e. NO AMBULANCES	1
Reablement staff regularly witness incidents of Falls and the outcomes. We have the potential to capture valuable data about the frequency of falls, types of falls and the impact of falls upon the different Services and resources.	1
The strategy covers falls specific exercise classes but not all people can easily access these or wish to access a group. My service supports therapy exercises in a person`s home but is being impacted by the shortages of physiotherapists and being under utilised. I don`t feel a large investment is needed to make a big impact. Services being more aware of what each other provide would also help in supporting or signposting for falls prevention.	1
There is a need to work closely with the medical community with regards to medicines management for individuals as multiple medications can lead to side effects which cause symptoms which might increase a persons falls risk. Regular BP checks for the at risk population widening the scope of social care staff in daily contact or during care delivery to engage with those at risk of falls, provide advice, support or encourage exercise plans etc improving accessibility of falls exercise groups/reducing charges for high risk groups of patients	1

Final comments

Respondents made 2 comments in reply to the question “Do you have any comments or additions that are not covered in the strategy?” – these comments have been summarised in the table below.

Do you have any comments or additions that are not covered in the strategy?	Count
A lot of elderly people fall within their own homes and do not necessarily require the intervention of a paramedic or hospital. If a task force was employed (of a nurse and a physiotherapist) to respond to incidents of falls, visit the individual in their home, assess the individual's health, and assist them up off the floor where appropriate this would help save Social Care and NHS resources and budgets.	1
Improve ambulance services or even have them available	1

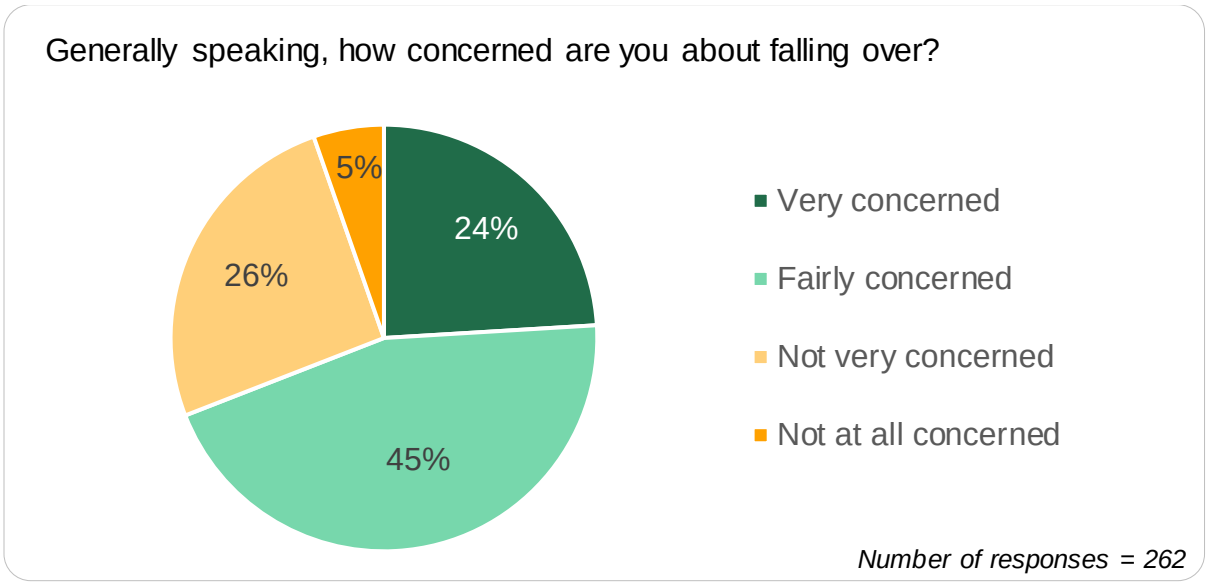
Respondents made 2 comments in reply to the question “Are there any key areas missing or any general amendments you would suggest to the Falls Prevention Strategy?” – these comments have been summarised in the table below.

Are there any key areas missing or any general amendments you would suggest to the Falls Prevention Strategy?	Count
Accidents and falls don't just happen to residents, the strategy needs to relate to residents and visitors/travellers within Cheshire East.	1
Falls prevention needs to be ongoing so greater provision needs to be made for participants to continue with exercise at the end of the referral course even if that requires a monetary contribution per participant.	1

Resident Survey feedback

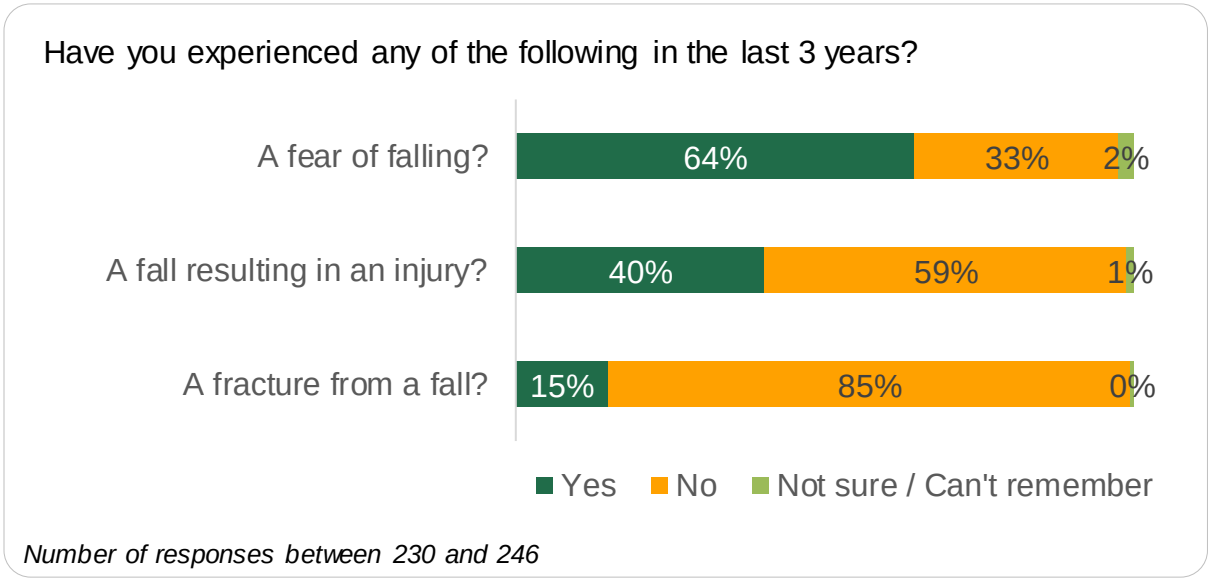
Level of concern about falling

69% of respondents were concerned about falling over, with 24% of respondents very concerned.



In the last 3 years:

- 64% of respondents had experienced a fear of falling
- 40% of respondents had experienced a fall resulting in an injury
- 15% of respondents had experienced a fracture from a fall

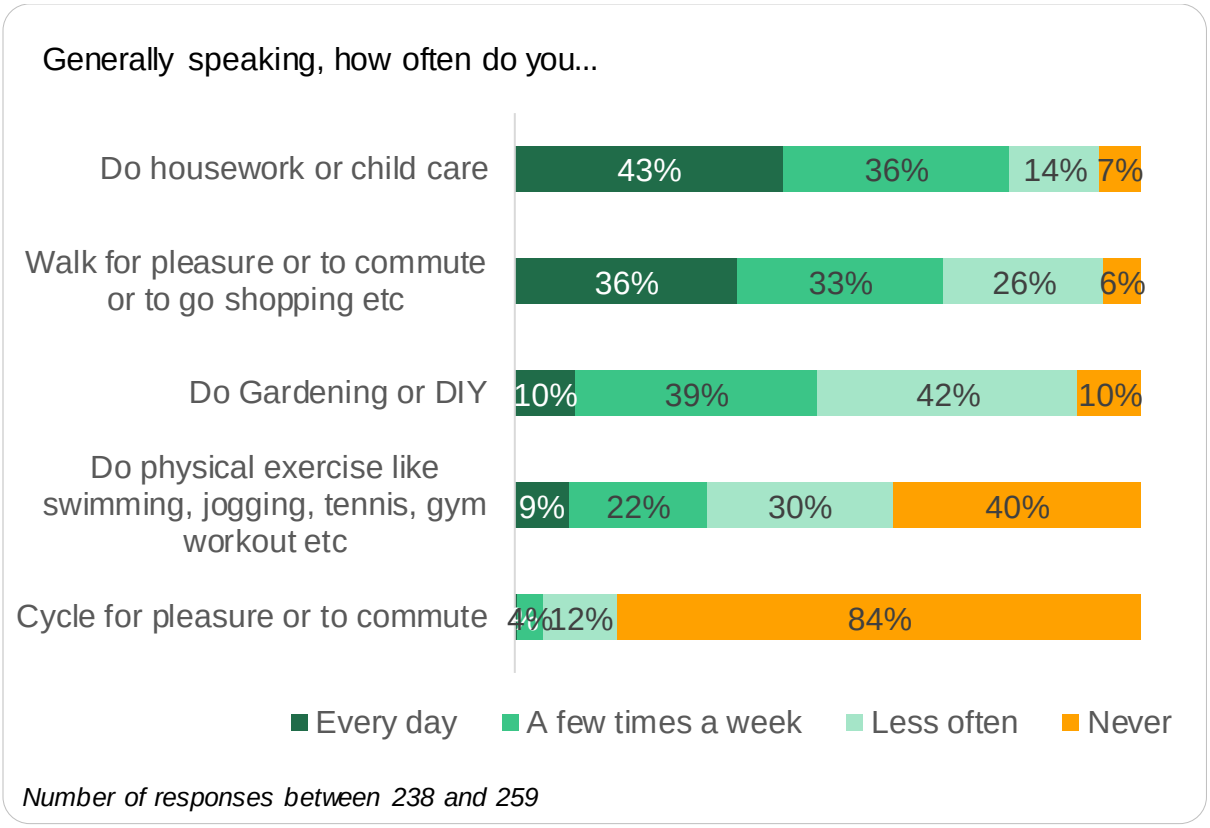


Health and falls prevention

Respondents do the following at least a few times a week:

- 79% do housework or childcare
- 68% walk for pleasure or to commute
- 48% do gardening or DIY
- 31% do physical exercise
- 5% cycle

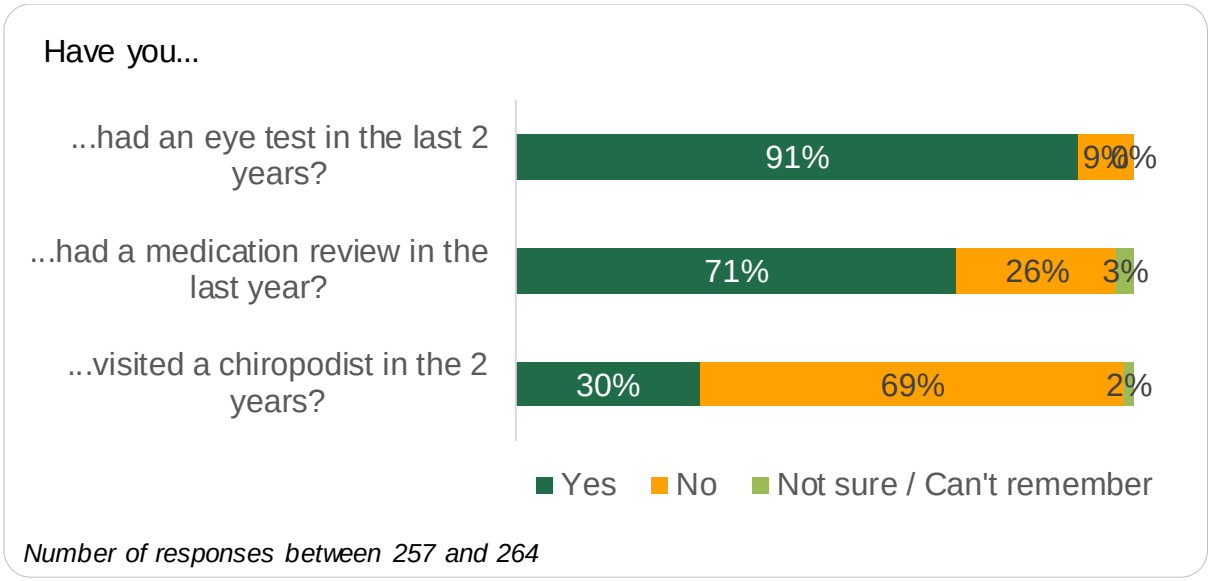
10% of respondents had not done any of these activities at least a few times a week.



Number of responses between 238 and 259

In terms of getting medical assessments to help prevent falls:

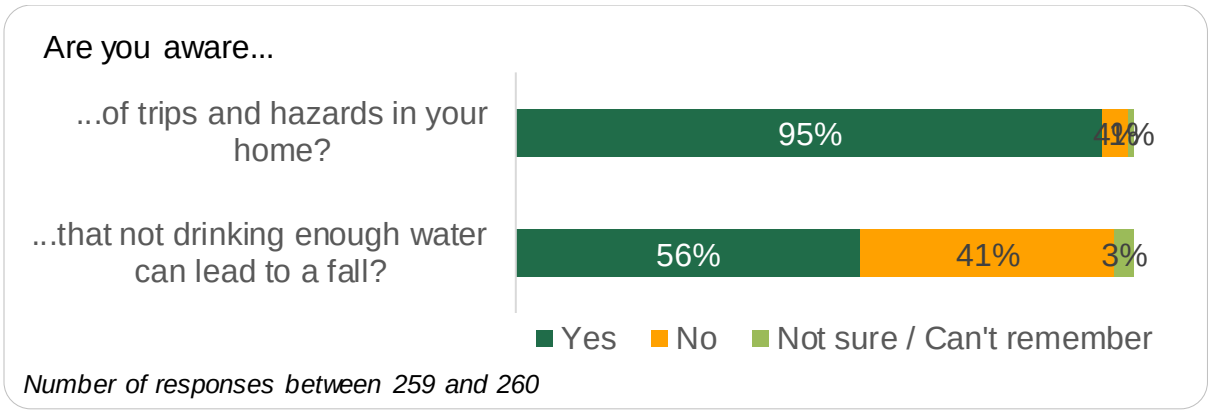
- 91% have had an eye test in the last 2 years
- 71% have had a medication review in the last year
- 30% have visited a chiropodist in the last 2 years



Number of responses between 257 and 264

In terms of taking steps to prevent falls in other ways:

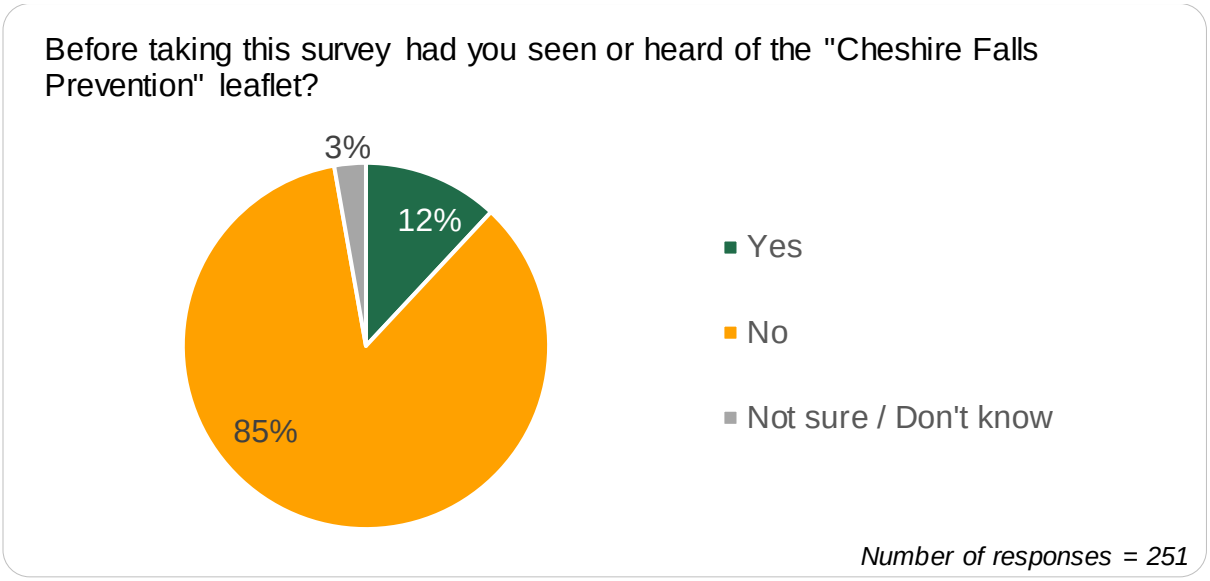
- 95% are aware of trips and hazards in their home
- 56% are aware that not drinking enough water can lead to a fall



Number of responses between 259 and 260

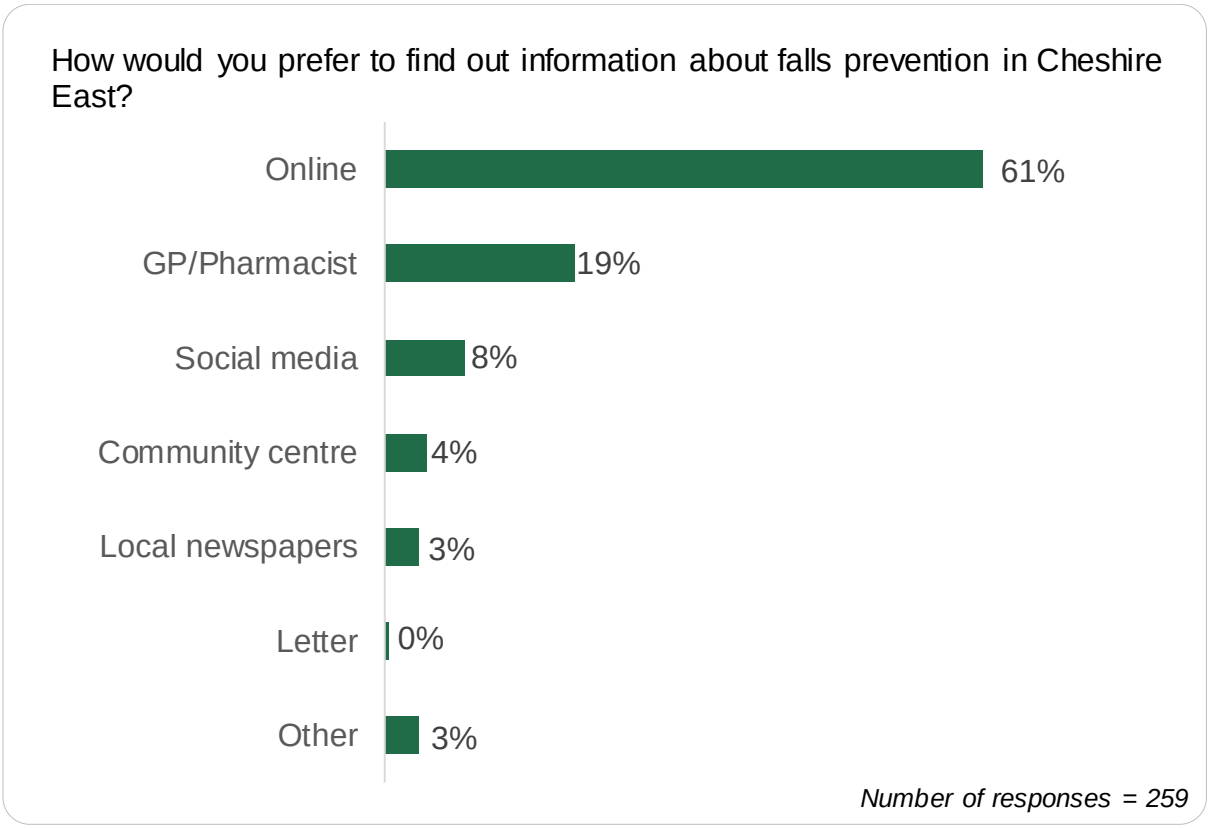
Falls prevention information

Before taking this survey, 12% of respondents had heard of the “Cheshire Falls Prevention” leaflet, 86% had not.



The most popular ways of finding out falls prevention information in future would be:

- Online (61%)
- At a GP / Pharmacist (19%)



Suggestions for reducing falls in Cheshire East

Within the "Resident Survey", respondents were asked if they had any suggestions how Cheshire East Council and partners could help to reduce the likelihood of falls in Cheshire East.

In total respondents made a total of 245 comments in reply between them. These comments have been summarised below.

Maintain pavements better and ensure they are clear

Respondents made 140 comments which suggested improving pavements in Cheshire East to help prevent falls – these comments have been summarised in the table below.

Maintain pavements better and ensure they are clear	140
Maintain pavements and roads better, they are in a poor state. Make sure pavements are level and not uneven or sloping. The main concern for falls is on streets with uneven cobblestones and paving blocks. Tripping on pavements is a major problem. Most elderly people can be seen walking with their heads down and leaning forward so that their backs are not straight and they are unbalanced, but they have to walk like this because the pavements are so bad. People should be able to walk looking in front of them, not down at their feet to avoid the unevenness.	97
Keep pavements clean and clear – Of snow and ice in winter. Make sure they are well salted, have more salting bins around.	26
Keep pavements clean and clear – Of leaves, twigs, overgrown shrubs / bushes / trees, tree roots, of flood water. These are all trip hazards.	8
Keep pavements clean and clear – Of cars which cause obstructions when parked on pavements and make them uneven, enforce no parking laws better. Ban vehicles from pedestrian areas to stop pavements getting ruined.	6
Keep pavements clean and clear – Of dog poo, which if stepped on can cause people to slide and fall.	1
Advertise fixmystreet better in towns, advertise it on lamposts near pavements etc. Act on reports quicker.	2
Make curbs easier to see.	1

Improve local infrastructure

Respondents made 19 comments which suggested improving local infrastructure in Cheshire East to help prevent falls – these comments have been summarised in the table below.

Improve local infrastructure	19
Stop shops from putting signs and street furniture on the street outside shops or using pavements. Shops need to be alert to their surfaces, mats, kerb edges, steps etc that present risk.	6
Have more public seating and benches so people can take rests.	3

Have better / fix public lighting and street lights.	3
Cluttered pavements (street furniture), shared vehicle and pedestrian areas, and in particular electric scooters or bikes ridden too quickly and in the wrong place are risks.	3
Provide more safe street crossings / pedestrian crossings.	2
Ensure new builds advertised on Cheshire Homechoice are safe and have everything they should have.	1
Provide free car parking in town centres for elderly people so they don't have to walk far.	1

Improve the physical health of the elderly and improve health services

Respondents made 45 comments which suggested improving the physical health of the elderly to help prevent falls – these comments have been summarised in the table below.

Improve the physical health of the elderly and improve health services	**45**
Put on more exercise classes for the elderly, help to develop muscle strength / core strength. Have free classes for the over 70s. Exercise classes strengthen muscles, build confidence, improve the knowledge and understanding of falls and of people's body and joints. Don't wait for people to have a fall before needing to be assessed to attend a class. Improve access to the classes – while they look great many people can't get there. Initiate exercise programmes for the elderly in easily reached venues, perhaps run a minibus to pick up those who live a distance from the venue. Have more community gatherings to make people more active. Older people concerned about falling could be given a voucher or publicise a gym such as the one I go to which is specifically for older people where we do particular exercises to prevent falling. Classes could include swimming classes, stand strong exercise classes, body balance classes, the ALIVE project etc.	18
Have better access to physiotherapy sessions, community physiotherapists and occupational therapy for assessments and advise. Current waiting lists for access to these in Cheshire East are far too long.	6
GPs – Have them check the balance of the elderly when they see them and to and communicate risks better.	4
Walking sticks / Shoes – Encourage their use more, especially for those that are afraid of falling. Reduce the stigma of using a stick, elderly people tend to think it's admitting that they're old. Ensure people are wearing proper shoes.	4
Promote the benefits of more light exercise – Standing on one leg for 5 minutes then the other is good exercise, encourage this daily, advise the elderly on what exercises to do. Residential homes should be encouraged to do daily specific exercises with their residents.	3
Have teams visits older people to risk assess their homes, and to follow up hospital admissions to ascertain the causes of falls experienced. People coming out of hospital or whose eyesight is getting poor could request a home visit by the team / an occupational therapist who can advise on hazards and how the risks could be removed or reduced. This should be linked up with existing voluntary groups who will install grab rails, tape rugs securely etc.	3

Balance – Encourage hospitals to promote exercise to aid balance rather than simply issuing walking aids.	2
Glasses – Encourage people not to wear bifocals or varifocals when standing, only when sitting.	1
Medication review – Sometimes falls can be because people take their medication at the wrong time.	1
Advise against loose bathroom mats and general rugs around the house. Provide stick on anti-slip pads for baths and showers.	1
Publicise the dangers of dehydration more widely especially for younger potential 'fallers'.	1
Make falls prevention programmes available to under 65 year olds who need it.	1

Raise awareness of falls prevention

Respondents made 35 comments which suggested raising awareness of falls prevention to help prevent falls – these comments have been summarised in the table below.

Raise awareness of falls prevention	**35**
Provide more information, raise awareness – Make people aware of what can contribute towards a fall and what solutions are available to help avoid them. Provide info in GP surgeries, community halls, churches, libraries, schools etc. Send leaflets of guidance to people's homes, especially those who are older. Do more courses on how to prevent falls. Guidelines and suggestions via social media platforms would be appreciated.	24
Contact older people's groups and U3A to give talks about falls prevention. I found 'stand strong' very helpful but it needs to be advertised more publicly, such as surgeries, libraries, physiotherapy clinics. Give talks at U3A, Inner Wheel, Ladies Circle, Rotary, Probus meetings. Go to the Tuesday Club. Set up "staffed tables" in public area do public can access the info easily.	11

Miscellaneous comments

Respondents made 6 miscellaneous comments about preventing falls – these comments have been summarised in the table below.

Miscellaneous comments	**6**
Data – Create a database of falls documenting what caused each fall then look for common causes which could be eliminated or other action taken. Establish a register of vulnerable people.	3
This should not be a priority for the council, fix the roads instead, stop wasting money on such surveys.	3

Conclusions

Positive feedback on the strategy

Although the number of responses to the "Strategy Survey" was quite low (29 responses in total), it is extremely encouraging that feedback on the strategy itself was so positive, with very high proportions of respondents agreeing that its content is appropriate (81% plus) – this gives us a certain amount of confidence that the strategy is fit for purpose.

"Resident Survey" response

The response to the "Resident Survey" was much more significant (267 responses in total), probably because the "Resident Survey" was shorter, more engaging and did not require respondents to read a strategy document before responding.

Residents confirmed that falls are a problem among a certain cohort, with 40% having experienced a fall in the past 3 years.

Improving the Falls Prevention Strategy

Respondents suggested a number of ways the Falls Prevention Strategy could be improved, and these suggestions have been captured in detail within this report.

The main suggestions for improving the strategy seemed to be:

Improving pavements around Cheshire East –The number one suggestion within comments by "Resident Survey" respondents for improving the Falls Prevention Strategy was to improve pavements around Cheshire East to prevent falls. Some were concerned that the strategy only focuses on preventing falls inside the home, with no reference made to preventing falls outside the home. This may be an especially important priority given 68% of "Resident Survey" respondents walk for exercise several times a week, the second most popular form of exercise for those at risk of falls.

Improving physical health of the elderly – 31% of "Resident Survey" respondents do physical exercise at least a few times a week and many respondents suggested improving the physical health of those at risk of falls should be a key priority. Respondents suggested this could be achieved by improving access to exercise classes and community groups for those with mobility problems.

Raise awareness of falls prevention – The main ways people wanted to be communicated with regarding falls prevention seemed to be online via the CEC website or by email, and through leaflets at GP surgeries. This would seem to be a

key priority given just 12% of “Resident Survey” respondents had heard of the “Cheshire Falls Prevention” leaflet prior to the survey.

Not restricting the strategy to only those aged 65 and over, and only to Cheshire East residents – Respondents suggested the strategy could be made more inclusive by including more reference to these groups in it.

Appendix 1 – Email feedback

In total 2 emails were received during the consultation, including an email received on behalf of Sandbach Town Council (email response #2).

Both emails have been published verbatim below in the date order they were received, and have been anonymised to protect the identity of the individual sending the response. Brief summaries of the content of each email have also been provided.

Email response #1 – A CE resident

Date email received: 20 January 2023

Summary of content:

Falls Prevention should include a Quick Response Falls Pickup service which has mobile teams that are on call to assist people who have fallen, such a service has been successfully employed in other areas and works well.

Full email text:

The local position in the Cheshire East Falls Prevention Strategy 2023-2025 states that there were 23,982 falls locally in Cheshire East in 2020. This led to 2,255 hospitals admissions for falls so therefore 21,727 or about 90% were not admitted.

My proposal is that Falls Prevention should include a Quick Response Falls Pickup service which has mobile teams of two that are on call by phone and able to drive to a fall and use specialist portable blow-up equipment to lift people who have fallen. After picking the person up, they will organise an ambulance for the 10% that require further hospital treatment, complete all visit paperwork and conduct a Home Hazard check or organise a future one (if one hasn't been done before).

This Falls Pickup service has several advantages:

- Reduced 999 calls & ambulance demand - It de-escalates the many falls that are very trivial and do not warrant a 999 call, for example slipping from a seat or bed onto the floor. The vast majority of 999 calls for falls involve a pickup and do not require the faller to be brought to hospital. 23,982 999 calls per year or 66 calls per day could be diverted to the Falls Pickup service to relieve the 999 ambulance service. The pickup service can organise ambulances for the 10% that require further hospital treatment;
- Reduced paramedic manual lifting injuries - Paramedics will not be required to manually lift fallers because specialist portable blow-up equipment will be employed by the Falls Pickup team;

- Reduced paramedic paperwork - Paramedics will not be required to fill out all the paperwork associated with a visit because the Falls Pickup team will do this;
- Reduced hospital treatment - Falls will be attended to more quickly and thus avoid potential hospital treatment because the faller has been on the floor for a lengthy period.

This type of service has been successfully employed on the Wirral where I called them out several times for my father instead of dialling 999. The service was brilliant & free. I have also been in attendance when an ambulance was called instead. Everything about it was slower.

If the Falls Pickup service was seen to be quick & successful, I think people would pay for this service rather than wait for an ambulance. I certainly would.

Regards.

Email response #2 – Sandbach Town Council

Date email received: 24 February 2023

Summary of content:

Sandbach Town Council would like to include fall prevention for outside the home within the strategy – It is a concern that this strategy concentrates solely on residents falling within the home. Consideration should be given to linking the strategy with Highways and Planning to help minimise trip hazards.

Full email text:

Dear Officer,

Members of Planning and Consultation Committee would like to respond to the Falls Prevention Strategy Consultation 2023 after the committee meeting 13 February 2023.

The Members would like to include fall prevention for outside the home within the strategy, including reference to residents and visitors, for provision of safe environment where exercise is encouraged for maintaining condition to minimise risk of falls. It is a concern that this strategy concentrates solely on residents falling within the home. When including prevention of outdoor falls, consideration should be given to linking the draft document with Borough Highways and Planning, to ensure suitability of planting near to footpaths for avoidance of Highway Damage and future trip hazards.

Please find enclosed a copy of the thorough Town Centre public realm condition report as a reference to the response, highlighting accessibility restrictions, risks of fall and incident.

Thank you for you attention.


Cheshire East
Falls Prevention
Strategy
2023-2025
livewell
Cheshire East
Working for a brighter future together
NHS
Cheshire East Council

Appendix 3

Falls Action Plan September 2023

Priority in Strategy	Action	Progress Notes	Progress	When
0) Strategy	Refresh falls prevention strategy	Strategy produced in draft. Approval needed.	Underway	24 September 2023
1) Engagement	Improve engagement with NWAS	Meetings held but NWAS appear to have lack of capacity to engage fully	Ongoing	01 October 2023
1) Engagement	Improve engagement with Housing Associations + Strategic Housing	Work underway	Ongoing	01 November 2023
2) Services	Conduct refresh training on falls with care homes	Trainer identified, discussions taking place	Underway	01 October 2023
2) Services	Increase number of home hazard assessments conducted	Maximise opportunities for HHAs to take place by getting Home Care staff, Talking Books Service, OTs to perform them.	Underway	01 November 2023
2) Services	Increase referrals to commissioned services for users at risk	Services include Tech Enabled Care, One You, Community Equipment. Referrers include Healthwatch, LACs, Communities staff, VCFSE, GPs, SCAs.	Underway	01 October 2023
2) Services	Launch modified strength and balance programme in a care home	Currently being developed	Underway	01 October 2023
2) Services	Reduce falls risk within residential homes via Falls Sensors	Funding being provided for this via ICB	Complete	14 September 2023
2) Services	Explore Stand Strong outreach classes to other locations	Initial discussions held	Ongoing	01 December 2023
3) Comms	Work as a group to develop and implement new comms plan inc. promotion of classes	Comms plan produced for falls awareness week	Complete	23 September 2023

3) Comms	Run a Falls Awareness Week (18-23 Sept 23)	Press release, leaflet distribution etc	Underway	23 September 2023
3) Comms	Promote issue of falls via drop-ins	Drop-in sessions arranged at GP Practices	Ongoing	01 October 2023
4) Data	Update the Falls JSNA	Refresh JSNA where straightforward to bring more up to date. Nearly complete.	Complete	01 June 2023
4) Data	Gather more evidence on why people are falling	Falls coordinators to facilitate via multifactorial risk assessments	Underway	01 December 2023
4) Data	Refresh mapping document on falls service pathways	Falls coordinators	Complete	01 September 2023
5) Strategies	Ensure any new place related strategies consider falls	New Health and Wellbeing Strategy takes account of falls	Ongoing	24 March 2024
5) Strategies	Link with Places over maintenance of pavements/gritting	To be conducted	Ongoing	01 December 2023

Appendix 4

CHESHIRE EAST COUNCIL – EQUALITY IMPACT ASSESSMENT

EQUALITY IMPACT ASSESSMENT

Falls Prevention Strategy Consultation

VERSION CONTROL

Date	Version	Author	Description of Changes
04.01.23	0.1	Sharon Brissett	
06.01.23	0.2	Sharon Brissett	Comments Phil Christian
7.07.23	0.3	Sharon Brissett	

OFFICIAL

CHESHIRE EAST COUNCIL –EQUALITY IMPACT ASSESSMENT

Stage 1 Description: Fact finding (about your policy / service /

Department	People Directorate		**Lead officer responsible for assessment**		Sharon Brissett	
Service	**Commissioning**		**Other members of team undertaking assessment**		Nik Darwin	
Date	06.06.23		**V 0.02**			
Type of document (mark as appropriate)	**Strategy** x	**Plan**	**Function**	**Policy**	**Procedure**	**Service**
Is this a new/ existing/ revision of an existing document (please mark as appropriate)	**New**		**Existing**		**Revision** x	
Title and subject of the impact assessment (include a brief description of the aims, outcomes, operational issues as appropriate and how it fits in with the wider aims of the organisation) **Please attach a copy of the strategy/ plan/ function/ policy/ procedure/ service**	**Falls Prevention Strategy** The Falls Prevention Strategy (2022 – 2025) aims to reduce the risk and severity of falls for people at risk in Cheshire East. This includes people aged 65+ and those with relevant medical conditions. The Strategy has been endorsed by Members of the Falls Prevention Group who are committed to working to reduce the impact of this health issue. The Strategy also outlines the system wide approach to falls prevention that will take place in Cheshire East during the next three year period. The aims of the Falls Prevention Strategy are: • Identify those at risk of falling					

	• Help individuals at risk through the provision of evidence-based services and support • Assist individuals who do fall to reduce the risk of this recurring in the future To note: No single organisation can tackle these alone, so the intention is to work together as a place to deliver this, thus making best use of local knowledge, expertise and assets. *Local context* During 2020/21 there were 2,255 hospital admissions for falls for those aged 65+. Around two thirds of these admissions were people aged over 80, and around a quarter related to hip fractures. The exact numbers of people based on an estimate on the Cheshire East population is that there were 23,982 falls locally in 2020 (source POPPI). Following public consultation and engagement with groups and stakeholders who represent those who share one or more protected characteristics a report and revised Falls Prevention Strategy will be taken to Adults & Health Committee to seek approval to implement the final Falls Prevention Strategy.
The Who are the main stakeholders, and have they been engaged with? (e.g. general public, employees, Councillors, partners, specific audiences, residents)	Initial engagement has taken place with the Cheshire East Falls Prevention Group, whose stakeholders include representatives from health, hospital trusts, commissioning, Healthwatch Cheshire East, and communities' team. The main stakeholders are: • Older people • Older people groups • Healthwatch Cheshire East • Occupational Therapists • Physiotherapists • GP's • Pharmacies via Pharmacy Council

	• Community and Hospitals (Care Communities & Acute Trusts) • Adult Social Care • One You (including stand strong attendees) • Other professionals • Members of the public
Consultation/ involvement carried out	Initial consultation and engagement via the Cheshire East Falls Prevention Group
What consultation method(s) did you use?	A range of consultation methods have been undertaken, these include the following: • Face to face meeting (older people group/stand strong classes) • Cheshire East Falls Prevention Group • Survey – professionals and service users • Adult Social Care Operational • Healthwatch Cheshire East

Stage 2 Initial Screening

Who is affected and what evidence have you considered to arrive at this analysis? **(This may or may not include the stakeholders listed above)**	The Falls Prevention Strategy applies to people aged 65 and over within Cheshire East, as well as younger adults whose medical conditions increase falls risk. This is evidenced in the World Health Organisation (WHO) report global report on falls prevention in older people, and the Cheshire East Joint Strategic Need Assessment (JSNA) falls chapter. Other sources include the Government applying the 'All Our Health' report. Falls: applying All Our Health - GOV.UK (www.gov.uk)
Who is intended to benefit and how	The Falls Prevention Strategy aims to reduce the risk and severity of falls for people at risk in Cheshire East, this includes people aged 65+ and those with relevant medical conditions and/or those who have experienced a fall.

Could there be a different impact or outcome for some groups?	Some groups may experience a higher negative impact than others if there was limited access to prevention initiatives and support available. Differing impacts are detailed in the sections below.
Does it include making decisions based on individual characteristics, needs or circumstances?	As no single organisation can tackle falls prevention alone, the intention is to work together as a place to deliver the Falls Prevention Strategy making best use of local knowledge, expertise and assets, thereby supporting people at risk of falling and/or those who have fallen.
Are relations between different groups or communities likely to be affected? **(eg will it favour one particular group or deny opportunities for others?)**	People aged 65+ and those with relevant medical conditions who are at risk of a fall.
Is there any specific targeted action to promote equality? Is there a history of unequal outcomes (do you have enough evidence to prove otherwise)?	As noted above

Age	**X**			**Marriage & civil partnership**			**Religion & belief**		
Disability	**X**			**Pregnancy & maternity**			**Sex**		
Gender reassignment				**Race**			**Sexual orientation**		

Stage 3 Evidence

What evidence do you have to support your findings? (quantitative and qualitative) Please provide additional information that you wish to include as appendices to this document, i.e., graphs, tables, charts		Level of Risk (High, Medium or Low)
Age	A key risk factor for those who fall is age. This is referenced in the JSNA section on falls. The strategy and accompanying action plan includes specific actions to support people in older age groups.	**Medium / high**
Marriage & civil partnership	No impacts were highlighted during the consultation or in the joint strategic needs assessment for falls on this protected characteristic. As such, the impact of the strategy is deemed neutral on this protected characteristic	**N/A**
Religion	No impacts were highlighted during the consultation or in the joint strategic needs assessment for falls on this protected characteristic. As such, the impact of the strategy is deemed neutral on this protected characteristic	**N/A**
Disability	A person at greater risk of a fall may include those who have a visual impairment, gait and balance difficulties, age related muscle weakness, those who are in receipt of more than 4 medications, including those with hypertension. These are referenced in the Joint Strategic Needs Assessment – Falls chapter. Whilst age is a key risk factor for falls, it was highlighted during the consultation that conditions e.g. dementia and Parkinson's can affect the balance of those who are aged less than 65.	**Medium/high**
Pregnancy & maternity	No impacts were highlighted during the consultation or in the joint strategic needs assessment for falls on this protected characteristic. As such, the impact of the strategy is deemed neutral on this protected characteristic	**N/A**
Sex	No impacts were highlighted during the consultation or in the joint strategic needs assessment for falls on this protected characteristic. As such, the impact of the strategy is deemed neutral on this protected characteristic	**N/A**
Gender Reassignment	No impacts were highlighted during the consultation or in the joint strategic needs assessment for falls on this protected characteristic. As such, the impact of the strategy is deemed neutral on this protected characteristic	**N/A**

Race	No impacts were highlighted during the consultation or in the joint strategic needs assessment for falls on this protected characteristic. As such, the impact of the strategy is deemed neutral on this protected characteristic	**N/A**
Sexual Orientation	No impacts were highlighted during the consultation or in the joint strategic needs assessment for falls on this protected characteristic. As such, the impact of the strategy is deemed neutral on this protected characteristic	**N/A**

Stage 4 Mitigation

Protected characteristics	**Mitigating action** *Once you have assessed the impact of a policy/service, it is important to identify options and alternatives to reduce or eliminate any negative impact. Options considered could be adapting the policy or service, changing the way in which it is implemented or introducing balancing measures to reduce any negative impact. When considering each option you should think about how it will reduce any negative impact, how it might impact on other groups and how it might impact on relationships between groups and overall issues around community cohesion. You should clearly demonstrate how you have considered various options and the impact of these. You must have a detailed rationale behind decisions and a justification for those alternatives that have not been accepted.*	**How will this be monitored?**	**Officer responsible**	**Target date**
Age	People aged 65+ are known to be at greater risk of falling. The falls action plan contains a series of actions to target this cohort. These include: • Commissioning and developing evidence-based services to support falls prevention in Cheshire East which reduce the likelihood and severity of falls amongst people who are older • Communicating the issue of falls to professionals and the public inc. a falls	Falls Prevention Group (includes representatives from key organisations) Commissioning – Nik Darwin / Sharon Brissett	Senior Commissioning Manager / Integrated Commissioning Manager /	

	awareness week. Communication tactics will take account of the needs of older people. • Production of updated intelligence to inform commissioning and delivery approaches including refreshing the Joint Strategic Need Assessment (JSNA) falls chapter.	Health representative – John Grant	Health representative – John Grant	
Marriage & civil partnership	N/A			
Religion	N/A			
Disability	The falls action plan contains a number of actions to target this cohort. These include: • Commission and develop evidence-based services to support falls prevention in Cheshire East which reduce the likelihood and severity of falls. This will include eligibility criteria, promotion of services targeting this cohort. • Communicate the issues of falls to professionals and the public – this will include people with disabilities. • Production of updated intelligence to inform commissioning and delivery approaches including refreshing the Joint Strategic Need Assessment (JSNA) falls specific. This will include producing/reviewing intelligence related to disabilities.	Falls Prevention Group (includes key stakeholders from number of organisations)	Senior Commissioning Manager / Integrated Commissioning Manager /	

Pregnancy & maternity	N/A			
Sex	N/A			
Gender Reassignment	N/A			
Race	N/A			
Sexual Orientation	N/A			

5. Review and Conclusion

Summary: provide a brief overview including impact, changes, improvement, any gaps in evidence and additional data that is needed :

A consultation took place over a falls strategy which has been developed in order to inform the Council's approach. Impacts identified within the Falls Prevention Strategy will be measured via an action plan, 5 key priority areas for this are as follows:

Impact will be measured via an action plan that will measure the 5 key priority areas:

- Public involved in the development of the Falls Prevention Strategy
- Commission and develop evidence-based services to support falls prevention in Cheshire East which reduce the likelihood and severity of falls
- Communicate the issues of falls to professionals and the public – continuing to raise awareness and the profile of falls across Cheshire East
- Production of updated intelligence to inform commissioning and delivery approaches including refreshing the Joint Strategic Need Assessment (JSNA) falls specific
- Ensure local authority, health and third party colleagues take account of the importance of falls prevention within their strategic plans

Specific actions to be taken to reduce, justify or remove any adverse impacts	How will this be monitored?	Officer responsible	Target date
As outlined in section 4	Via the Cheshire East Falls Prevention Group	Senior Commissioning Manager / Integrated Commissioning Manager	Ongoing, key review date Oct 23
Please provide details and link to full action plan for actions	N/A		
When will this assessment be reviewed?	The assessment will be reviewed once the strategy has been discussed by Adult and Health Committee and the Health and Wellbeing Board		
Are there any additional assessments that need to be undertaken in relation to this assessment?	No		
Lead officer sign off	Sharon Brissett	**Date**	06.07.23
Head of service sign off	Shelley Brough	**Date**	07.07.23

Please return to EDI Officer for publication once signed

Cheshire East Council

NHS Cheshire and Merseyside

CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	Age Restricted Products and Young Persons Survey
Report Reference Number	HWB34
Date of meeting:	26th September 2023
Written by:	Rick Hughes – Trading Standards & Community Protection Manager
Contact details:	Rick.hughes@cheshireeast.gov.uk 01270 685953
Health & Wellbeing Board Lead:	Matt Tyrer / Deborah Woodcock

Executive Summary

Is this report for:	Information X	Discussion X	Decision ☐
Why is the report being brought to the board?	Statutory duties via legislation placed upon the Trading Standards Service (Place Directorate) include the engagement, education, encouragement and enforcement of age restricted products offered for sale and sold in Cheshire East. The laws exist to protect the young and vulnerable and safeguard the health of young people, in turn reducing future demand on health and well-being services. They are also in place to prevent incidents of crime such as anti-social behaviour, serious assaults and violent crime including knife crime.		
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 X All of the above ☐		

Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	• A full presentation will be provided at the meeting by the author of the report. • The board is fully informed of the actions and objectives of the service and the collaborative partnership approach. • The board notes the findings of the 2023 Young Persons Survey. • Discussion and collaborative working through feedback and agreed actions.
Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	The presentation has been provided to the Safer Cheshire East Partnership (SCEP – Community Safety Partnership)
Has public, service user, patient feedback/consultation informed the recommendations of this report?	The Young Persons Survey is based on survey results completed by 14 to 17 year olds in Cheshire East.
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	• Reduced access to age restricted products. • Reduce health incidents/risks linked to underage sales, counterfeit and illicit goods and associated costs. • Increase health and safety of consumers, particularly young persons. • Improve the formal economy and protect honest business and the community. • Tackle criminality / organised crime. • Understand the root causes and trends. • Intelligence led service with targeted resources and objectives.

1 Report Summary

1.1 A full presentation will be provided at the Health & Wellbeing Board on 26th September 2023.

1.2 The sale and storage of age restricted goods and in turn underage sales, is a statutory function placed upon Trading Standards through various pieces of legislation.

1.3 Underage sales continue to pose an issue for Trading Standards services as children as young as 12 are still able to buy such products from test purchase operations carried out by our profession. Businesses must ensure they have strict, law-abiding systems in place to stop sales of age-restricted products. The laws exist to protect the young and vulnerable and safeguard the health of young people, in turn reducing future demand on health and well-being services. They are also in place to prevent incidents of anti-social behaviour, serious assaults and violent crime including knife crime.

1.4 Products ranging from alcohol, nicotine products, vapes, knives, corrosive substances, fireworks, petrol, video games, explosives, pets, aerosols and lottery tickets come with age-restrictions designed to protect young consumers from serious potential harm. Businesses that sell age-restricted products must have robust systems in place, including staff training, signage and refusal logs to ensure underage sales do not take place. To ensure their own due diligence they should operate a policy such as ‘Challenge 25’ and have till prompts in place and CCTV.

1.5 As an intelligence led service Trading Standards are always striving to understand recent trends and issues from intelligence, research and surveys so that we can direct our resources to make the most impact, to tackle root causes and those causing the most harm as well as educate young consumers and work with other partners in a collaborative approach.

1.6 For Trading Standards, locally here in Cheshire East as well as regionally and nationally under-age sales are a high priority due to the risks involved. The service also needs to ensure they tackle the unscrupulous illegal sellers of such goods who sherk their responsibilities for profit as well as other known links including payment of age restricted goods in return for 'favours', some of which have been evidenced as sexual exploitation and becoming 'runners' and 'dealers' on the criminal's behalf which is linked to organised criminality.

1.7 The service operates an integrated operating model, known as the IOM, for all the intelligence and information we receive. Through risk-based analysis of data each year we set product priorities in our business planning and set objectives against them. As part of this intelligence collection, we participate in the Young Persons Survey every year.

1.8 For 2023/24 the product priorities are alcohol, tobacco, including illicit tobacco (cigarettes, pouches), vapes, knives and corrosive substances.

1.9 Following the intelligence assessment, the service has a number of objectives and approaches, all of which are in line with Cheshire East Council's published Enforcement Policy and Service Standard Code. These functions are within powers and controls delegated to the service through various statutory legislation. In addition to the range of legislation available to the team they also consider national guidance and Codes of Practice when determining the most appropriate way to remedy a problem such as age restricted sales. In some instances, specific powers contained within legislation are restricted to competent officers who are deemed to have the relevant qualification, skills and experience to enforce them. Our approach also takes into regard the 4 E's approach; Engage, Educate, Encourage and Enforce.

1.10 Throughout and on-going are the services responses to consultations on legislation and codes of practice, only recently we have consulted on raising the penalties for knife sales. Partnership working is key across all areas, to name just a few would be Cheshire Police, Public Health, schools, Communications Team, strategic boards, central government departments and our own enforcement group and intelligence network. We also have regional and national focus groups within our profession solely looking at age restricted products.

1.11 The current landscape and recent actions for age restricted products include:

- 52 test purchases for 2022/23 in Cheshire East.
- Alcohol – 28% failure rate with ongoing investigations.
- Tobacco and vapes – 31% failure rate, currently a case in court following two positive test purchases in one premise.
- Other products – 28% failure rate, recently had our first positive test purchase of a knife, our investigation is ongoing.
- 27 alcohol license reviews during the year.
- Intelligence on alcohol sales has increased in 2022/23.

- Disposable vapes are now 70% of all intelligence/complaints.

1.12 There are ongoing consultations around labelling, marketing and the environmental impact of disposable vapes, with some calling for disposable vapes to be banned outright, including Directors of Public Health in Cheshire and Merseyside. The Office for Health Improvement have led on a call for evidence for vaping to identify opportunities to reduce the number of children and young people (people aged under 18) accessing and using vape products, while ensuring they are still easily available as a quit aid for adult smokers. This consulted ran from 11th April for 8 weeks. They have stated further regulatory actions, powers and capacity will be considered as part of the review.

1.13 As part of our objective to be intelligence led and understand the root causes and trends for young consumers in relation to age restricted goods, we run an annual survey with 14 to 17 year olds named the Young Persons Survey.

1.14 The survey is run from November to February (at the school's request) and produces local and regional results. There are online and paper versions available – mainly the latter are completed and returned. 21 North West Authorities were involved and the results inform intelligence, action and business planning and identifies trends including how products are accessed. Young persons are encouraged to be open and honest, completing the survey by themselves. In 2023 the survey received 13,981 returns in the North West with 841 from Cheshire East. The results have been shared with Public Health, Communications Team, Strategic Boards, Cheshire East Intelligence Networks, Cheshire East Enforcement Group, Safer Cheshire East Partnership and Cheshire Police.

1.15 Key insights from the results for Cheshire East:

Alcohol

- The percentage of 14-17 year olds in Cheshire East who drink alcohol remains low and relatively unchanged.
- There has been an increase in the percentage claiming to buy alcohol themselves, mostly from shops.
- A relatively high percentage of young people are drinking alcohol outside in streets and parks.
- Slight increase in young people not worried about long term health effects.

Tobacco

- Levels of tobacco smoking amongst young people in the local authority area continue to fall.
- They mainly get their cigarettes from friends under 18 and shops.

Vapes

- The percentage of young people in Cheshire East claiming to vape regularly has almost doubled since 2020.
- 12% claim to vape more than once a week, compared to 7% in 2020.
- Increasingly they are trying vapes either before or instead of tobacco cigarettes.
- The flavours are a key factor in tempting young people to vape, and also in what they buy.
- The price being cheaper than cigarettes also a factor.
- More than 3 in 4 who have tried vaping have friends who vape.
- More likely to use e-cigarettes (disposables) 64% then e-liquids (Pod/tank designs).

Knives

- Experiences of knives amongst young people in Cheshire East appear to have decreased.
- 14% claimed to have witnessed an incident involving a knife and 10% have considered carrying a knife.
- Slightly fewer young people in Cheshire East claim to have bought a knife but young people in the area are most likely to buy a knife from shops (e.g., local shops, supermarkets, discount stores, outdoor shops).

Overall

- Understanding of legislation has not changed considerably.
- Young people are less aware that it is illegal for someone over 18 to buy alcohol, tobacco, cigarettes and vapes for under 18s – 'Proxy Sales'.
- Young people in Cheshire East are slightly more likely to be asked for ID when buying alcohol than cigarettes or vapes.

1.16 The survey informs the Trading Standards business planning every year which leads to targeted objectives. These include:

- Provide a response to the aforementioned 'call for evidence' for vaping which has been completed.
- Disseminate findings from the survey to forums and partners to collate feedback and agreed actions.
- Increase intelligence reports especially around anti-social behaviour in public places linked to alcohol and access to knives through knife crime reports.
- Targeted inspections, operations, seizures and test purchases.
- Education piece to retailers and the public on 'proxy sales' and age restricted checks.
- Support teachers and safeguarding leads in developing their knowledge and awareness on vaping.

1.17 The key strategic key aims of the service include;

- Reduce access to age restricted products.
- Reduce health incidents/risks linked to underage sales, counterfeit and illicit goods and associated costs.
- Increase health and safety of consumers, particularly young persons.
- Improve the formal economy and protect honest business and the community.
- Tackle criminality / organised crime.
- Understand the root causes and trends.
- Intelligence led / targeted resources.

2 Recommendations

2.1 The board is informed of the actions and objectives of the service and the collaborative partnership approach.

2.2 The board notes the findings of the Young Persons Survey.

2.3 Collaborative working through feedback and agreed actions.

3 Reasons for Recommendations

3.1 A collaborative approach to age restricted goods to reduce health risks, prevention and detection of crime, tackle the illicit and informal economy and reduce future demand on health and well-being services.

4 Impact on Health and Wellbeing Strategic Outcomes

4.1 The survey's information will be particularly useful in relation to the strategic outcome focussed upon ensuring that 'Our children and young people experience good physical and emotional health and wellbeing' However it also links to the other three outcomes as well.

5 Background and Options

5.1 The Trading Standards & Community Protection Team sit within the Regulatory Services, Place Directorate.

The service has over 263 delegated pieces of legislation the majority of which are statutory duties. Functions and responsibilities include (not exhaustive):

- Consumer and business fraud
- Fair Trading / Pricing / Contracts / Fees and Charges
- Doorstep crime / rogue trading
- Intellectual property / counterfeit goods
- Scams and mass marketing
- Illegal money lending
- Illicit goods including alcohol and tobacco
- Age restricted goods / underage sales
- Food Standards
- Feed Standards
- Petroleum and explosives licensing
- Event safety and safety of sports grounds
- Metrology / Weights and Measures
- Product Safety
- Primary Authority and business consultancy
- Estate Agency
- Consumer advice (protocol for vulnerable)
- Cybercrime and digital forensics
- Financial Investigations and Proceeds of Crime
- Money Laundering

6 Access to Information

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

Name: Rick Hughes
Designation: Trading Standards & Community Protection Manager
Tel No: 01270 685953
Email: rick.hughes@cheshireeast.gov.uk

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Rick Hughes
Trading Standards & Community Protection Manager

Young Persons Survey & Age Restricted Goods

Trading Standards & Community Protection

Functions and responsibilities not exclusive, multi-disciplined Trading Standards Team

Trading Standards (Community Protection and Investigations) Team

- Consumer and business fraud
- Fair Trading
- Doorstep crime / rogue trading and rapid response
- Intellectual Property & Informal Economy
- Copyright, Designs and Patents
- Scams and mass marketing
- Illegal Money Lending
- Illicit goods, tobacco & alcohol
- Age Restricted Goods / Underage Sales
- Priority and prolific offenders
- Digital Forensics

Trading Standards (Business Support and Complaince) Team

- Food and Feed Standards (inc. Food Fraud)
- Petroleum Licensing
- Explosives Licensing
- Event Safety and Safety of Sports Grounds
- Metrology
- Product Safety
- Business Improvement Schemes (Buy with Confidence/ Golden Spanner)
- Primary Authority
- Consumer Advice (as per reduced protocol)
- Business Consultancy
- Fair Trading
- Sunday Trading
- Estate Agency

Financial Investigations

- Financial Investigations
- Proceeds of Crime and Recovery of Criminal Assets
- Money Laundering
- Confiscation and Detained Cash Investigations
- ARIS investments

CCTV

- 24/7 365 monitored service
- Operational and technical Support
- Out of Hours and Emergency Response
- CCTV systems and alarm monitoring / design
- Deployable cameras
- SCOOT shop and pub watch radio links
- Panic Alarms & Lone Workers
- Telecare Systems
- Airwaves Radio
- Road safety
- Specific Point of Contact Code

Team Business Support

- Admin and Operational Support
- Financial processing

- Inspections and market surveillance
- Complaints/Investigations & case management
- Projects, education & awareness and initiatives
- Data and intelligence analysis and support
- Websites, social media, open source and online

Group Manager

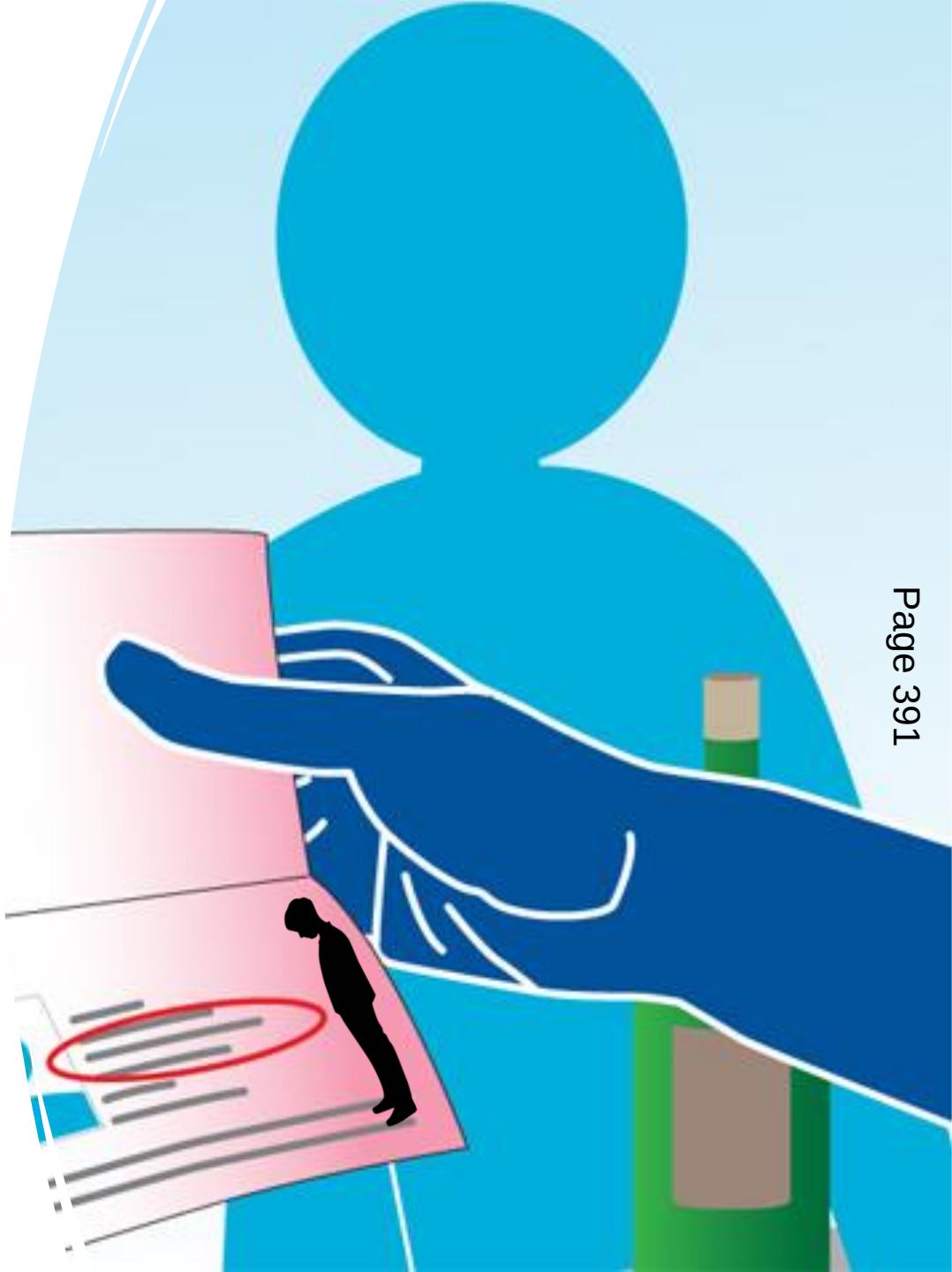
- Deliver efficient, effective and co-ordinated services and best practice through its functions and drive continuous improvement
- Delegation of powers / constitution / administration of cautions / instruct legal proceedings / Authorising Officer etc.
- Statutory responsibilities inc;
- Chief Weights & Measures Inspector (Metrology qualified)
- Senior Authorising Officer (Proceeds of Crime, Financial Investigations and legal instructions/proceedings)
- Senior Responsible Officer – CCTV (PoFA)
- Trading Standards North West Executive
- Association of Chief Trading Standards Officers
- LAEMS/Food Standards Responsible Officer
- RIPA/IPA and surveillance trainer
- Data protection and risk management
- CCTV technology and compliance
- Case Management Systems
- Enforcement policy, regulators code, service policies and procedures
- Manage inspection regimes, operational interventions and enforcement activities
- Tasking and co-ordinating
- National Anti-Fraud Network Authority
- Strategic intelligence and problem profiles
- Strategic planning and priorities (National, Regional and Local)
- Financial processing, scheme of delegation, resources, income and budgets
- Service contracts, memorandum of understandings, contracted and commissioned services, FOI and DPA responses
- Business planning, performance reporting and customer satisfaction
- Leadership & management, recruitment, HR, meetings, service complaints etc.
- Project management
- Workforce development/Apprenticeship
- Stakeholders, members and partner management
- Expert advice and support to senior/corporate management
- Media and press


Let's
PARTY


AGE RESTRICTED

2023/24 Product Priorities

- **Alcohol**
- **Tobacco, including illicit tobacco (cigarettes, pouches)**
- **Vapes**
- **Knives**
- **Corrosive Substances**



- Consultations – legislative changes
- Partnerships
- Focus Groups
- Proceeds of Crime

Current Landscape and Recent Actions

- 52 test purchases 2022/23 in Cheshire East
- Alcohol – 28% failure rate
- Tobacco and Vapes – 31% failure rate
- Other products – 28% failure rate

- Intelligence on alcohol sales increased
- Disposable vapes 70% of intelligence/complaints

Directors of Public Health in Cheshire and Merseyside condemn harmful disposable vapes and "disgraceful" targeting of children by tobacco companies

Disposable vapes should be banned to protect children, UK paediatricians say

Single-use e-cigarettes growing in popularity among young people despite unknown health effects and environmental impact

Urgent call to ban disposable vapes after NHS data reveals one-in-five children smoke e-cigarettes

Vapes – what else?

- Advertising and marketing – ASA

Vapes contaminated with a flesh-eating horse tranquilliser is found in the UK as health chiefs issue warning to clinics

- **The drug, called Xylazine, could kill users and cause skin and tissue necrosis**

- Lithium batteries / copper
- Release metals, battery acid and nicotine
- Can recycle disposable vapes because they're classified as Waste Electrical and Electronic Equipment (WEEE)

Tobacco

Hide and Seek

- False boiler
- Lottery stand
- Under floorboard
- False boarding
- Bird feed
- Freezer
- False walls
- Hoovers
- Ceiling panels

Deadly fake vodka made from anti-f… a…

Macclesfield convenience store handed closure order in a first for Cheshire Constabulary

A convenience shop in Macclesfield which repeatedly served under-age teenagers alcohol and cigarettes without checking ID has been closed down thanks to the work of officers.

On Wednesday 15 July, officers from Macclesfield Local Policing Unit (LPU) were granted a closure order for A2Z Convenience Store on Sunderland Street.

This is the first closure order obtained by Cheshire Constabulary on a convenience store.

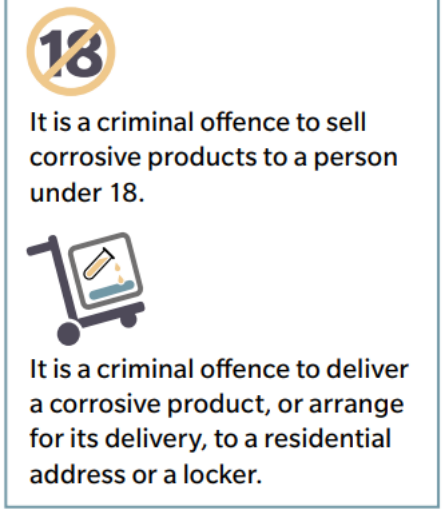
The order was applied for after officers gathered evidence and liaised with Cheshire East Council's Trading Standards service in relation to issues with teenagers being able to purchase alcohol and cigarettes at the site without providing ID.

…warning over fake booze that can cause blindness and death

Knives and Bladed Articles

Corrosive Substances

- Prohibits the sale and delivery of corrosive products to under 18s
- Certain restricted, regulated and reportable products
- Awareness and compliance project
- ‘Acid attacks’
- Same controls as knives – retail and online
- Voluntary commitment for retailers



Young Persons Survey

- Annual Survey led by Trading Standards since 2005
- 14 – 17 year olds
- November to February – schools request
- Local and regional results
- Online and paper versions – mainly the latter
- 21 North West Authorities
- Informs intelligence, action and business planning
- Identifies trends including how products are accessed

Young Persons Survey

- Encouraged to be open and honest
- Completed by themselves
- 13,981 returns in North West this year
- 841 in Cheshire East this year
- Shared with Public Health, Comms Team, Strategic Boards, Intelligence Networks, CE Enforcement Group, SCEP and Police

Key insights – Local Results for Cheshire East

The percentage of 14-17 year olds in Cheshire East who drink alcohol remains low and relatively unchanged

- Levels of binge drinking amongst underage drinkers in the area have also stabilised.
- Young people are increasingly adopting a more sensible approach towards alcohol.
- There has been an increase in the percentage claiming to buy alcohol themselves, mostly from shops.
- A relatively high percentage of young people are drinking alcohol outside in streets and parks.
- Slight increase in young people not worried about long term health effects.
- Young people continue to drink alcohol mostly around their family, either at home or functions / special occasions.

Levels of tobacco smoking amongst young people in the local authority area continue to fall

- 6% of 14-17 year olds claim to smoke, the lowest level recorded.
- Additionally 8 in 10 young people claim to have never tried tobacco smoking.
- The majority claim to try or start smoking between the ages of 13 and 14.
- The mainly get their cigarettes from friends U18 and shops.

The percentage of young people in Cheshire East claiming to vape regularly has almost doubled since 2020

- 12% claim to vape more than once a week, compared to 7% in 2020.
- Increasingly they are trying vapes either before or instead of tobacco cigarettes.
- The flavours are a key factor in tempting young people to vape, and also in what they buy.
- The price being cheaper than cigarettes also a factor.
- More than 3 in 4 who have tried vaping have friends who vape.
- More likely to use e-cigarettes (disposables) 64% then e-liquids (Pod/tank designs)

Key insights – Local Results for Cheshire East

Levels of shisha use have fallen amongst 14-17 year olds in the local authority area

- The percentage claiming to have tried or use shisha has fallen from 20% in 2020 to 6% in 2023.
- Young people are most likely to try shisha when on holiday.
- Use is higher amongst BME groups, who are more exposed to it via family.
- Shisha is generally seen as less harmful and irritating than cigarettes.

Experiences of knives amongst young people in Cheshire East appear to have decreased

- 14% claimed to have witnessed an incident involving a knife, and 10% have considered carrying a knife.
- Although it appears it is becoming harder for young people to buy a knife.
- Slightly fewer young people in Cheshire East claim to have bought a knife but young people in the area are most likely to buy a knife from shops (e.g., local shops, supermarkets, discount stores, outdoor shops).
- The noise around knives generates concern for around 1 in 2 young people in Cheshire East, almost 10% lower than in 2020.

Understanding of legislation has not changed considerably

- Young people are less aware that it is illegal for someone over 18 to buy alcohol, tobacco, cigarettes and vapes for under 18s – 'Proxy Sales'.
- The percentage of young people claiming to have fake ID is relatively low (3%), but appears to be more prevalent amongst BME groups (7%).
- Young people in Cheshire East are slightly more likely to be asked for ID when buying alcohol than cigarettes or vapes.

Actions and Planning

- Informs the Trading Standards business plan
- Disseminate findings to forums and partners
- Targeted education, awareness, enforcement / compliance and lobbying for change
- Further actions collated from these presentations and discussions
- Collaborative working

Recent awareness session with schools

4 Primary schools / 6 Secondary

- Primary schools are reporting that they are seeing children accessing and sharing vapes – this is something they haven't seen before
- Secondary pupils don't see vapes as the same as cigarettes – less reluctant to hand in, and are smuggling in – view as foodstuff or chewing gum
- Schools are having to allocate extra staffing to monitor toilets – smoke alarms regular going off in toilets
- Vape alarms are being installed in toilets
- Schools are buying wands to scan pupils on arrival – pupils are learning how to hide so they are not detected by wands
- Local shops are displaying vapes near the sweets
- Pupils express a need to go out to vape

Key Aims

- Reduce access to age restricted products
- Reduce health incidents/risks linked to under age sales, counterfeit and illicit goods and associated costs
- Increase health and safety of consumers, particularly young persons
- Improve the formal economy and protect honest business and the community
- Tackle criminality / organised crime
- Understand the root causes and trends
- Intelligence led / targeted resources


Trading Standards drives economic growth

Agenda Item 10

Cheshire East Council

NHS Cheshire and Merseyside

CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	Increasing Equalities Commission Update
Report Reference Number	HWB35
Date of meeting:	26th September 2023
Written by:	Guy Kilminster
Contact details:	Guy.kilminster@cheshireeast.gov.uk
Health & Wellbeing Board Lead:	Cllr Jill Rhodes / Matt Tyrer

Executive Summary

Is this report for:	Information ☐	Discussion ☐	Decision X
Why is the report being brought to the board?	To update the Board on the work of the Commission and proposals for a re-naming and a future work programme.		
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 acknowledge the work of the Commission on Crewe and the need for an ongoing focus upon the town which continues to have the worst inequalities in the borough. • To consider the re-naming of the Commission to the 'All Together Fairer Commission' to align its work with the Cheshire and Merseyside 'All Together Fairer' programme to reduce inequalities across C&M. • To agree that the Commission focus its work on the recommendations of the 'All Together Fairer' Report and their implementation (where relevant, applicable and affordable) in Cheshire East.
Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	No
Has public, service user, patient feedback/consultation informed the recommendations of this report?	No
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	Some of our residents continue to have their lives blighted by inequalities and the consequential poorer health outcomes. A sustained and consistent approach to tackling inequality is required over time to create a change that will reduce this inequality. If successful this will improve educational attainment, work skills, individual and household income generation, quality of housing, access to services, and ultimately to better health and wellbeing and longer, better quality lives.

1 Report Summary

1.1 The Increasing Equalities Commission was established by the Health and Wellbeing Board in late 2020. Its first programme of work focussed upon Crewe, culminating in the publication of 'Living Well in Crewe', endorsed by the Board in November 2022 Living Well in Crewe AHC 1.0.pdf

1.2 There has been a pause in the Commission's meetings as the work to get the Joint Local Health and Wellbeing Strategy drafted and approved took place in the first part of 2023 followed by the local elections. During that time thought has been given to the future work of the Commission and this is set out below.

2 Recommendations

2.1 To acknowledge the work of the Commission on Crewe and the need for an ongoing focus upon the town which continues to have the worst inequalities in the borough.

2.2 To consider the re-naming of the Commission to the 'All Together Fairer Commission' to align its work with the Cheshire and Merseyside 'All Together Fairer' programme to reduce inequalities across C&M.

2.3 To agree that the Commission focus its next work programme on the recommendations of the 'All Together Fairer: Health equity and social determinants of health in Cheshire and

Merseyside' Report and their implementation (where relevant, applicable and affordable) in Cheshire East.

2 Reasons for Recommendations

3.1 To create capacity within Cheshire East to fully embrace the findings of the 'All Together Fairer: Health equity and social determinants of health in Cheshire and Merseyside' report and make progress against the report's recommendations.

4 Impact on Health and Wellbeing Strategic Outcomes

4.1 The 'All Together Fairer' report was taken into consideration when the Joint Local Health and Wellbeing Strategy and Five Year Plan 2023-2028 was drafted and consulted upon. There is thus a strong alignment between the two documents.

5 Background

5.1 In September 2020, in the light of emerging evidence that the impact of COVID 19 was greater upon those facing inequalities, the Cheshire East Health and Wellbeing Board agreed to the establishment of the Increasing Equalities Commission. The Commission's work began in early 2021 and the first work programme (that had focussed upon inequality in Crewe) culminated in the publication of 'Living well in Crewe' in 2022 (endorsed by the Board in November 2022)

5.2 Further work over the last six months has led to the preparation of the Crewe Joint Strategic Needs Assessment that incorporates and builds upon the recommendations within 'Living Well in Crewe'.

5.3 Similarly in 2021 the Institute of Health Equity (IHE) was commissioned by the Population Health Board of the Cheshire and Merseyside Health and Care Partnership (HCP) to support work to reduce health inequalities in the region through action on the social determinants of health and to build back fairer from COVID-19. The Institute's report, 'All Together Fairer: Health equity and social determinants of health in Cheshire and Merseyside' Cheshire-and-Merseyside_Executive-Summary-FINAL.pdf (champspublichealth.com) was published and launched in May 2022 with a series of recommendations (short and long term) intended to reduce inequalities within Cheshire and Merseyside. The Cheshire East Health and Wellbeing Board endorsed the 'All Together Fairer' report in September 2022.

5.4 The recommendations of 'All Together Fairer' have been taken into account in the drafting of the Cheshire East Joint Local Health and Wellbeing Strategy and Five-Year Plan 2023-2028.

5.5 After consideration as to how best to progress work within Cheshire East to achieve the outcomes within the 'All Together Fairer' report, and at the same time oversee the implementation of the deliverables within the Joint Local Health and Wellbeing Strategy, it is proposed that the Commission takes on the oversight and co-ordination of this work on behalf of the Board. This will require a refresh of the Commission's membership (current membership has evolved with a focus upon Crewe). It is also suggested that we rename the Commission as the 'All Together Fairer Commission' to clearly align it with the Cheshire

and Merseyside report and ensure there is system clarity as to where the responsibility to progress the report's recommendations is sitting.

5.6 Initially the Commission will review the suite of recommendations and determine which to focus upon during the lifetime of the current Strategy. It is acknowledged that we will not have the capacity to make progress on or achieve all of the recommendations, so it will be necessary to identify those that we feel should be priorities within Cheshire East, and that, given capacity, budgets and other factors have a realistic likelihood of being achievable.

6 Access to Information

6.1 The full 'All Together Fairer: Health equity and social determinants of health in Cheshire and Merseyside' report can be found here:
Cheshire-and-Merseyside-report_interactive-v6.pdf (champspublichealth.com)

Background papers relating to this report can be inspected by contacting the report writer:
Name: Guy Kilminster
Designation: Corporate Manager Health Improvement
Tel No: 07795 617363
Email: guy.kilminster@cheshireeast.gov.uk