

Title of Report:	Joint Strategic Needs Assessment update
Date of meeting:	26 September 2023
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Executive Summary

Is this report for:	Information <input type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input checked="" type="checkbox"/>
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 <input type="checkbox"/> Improving the mental health and wellbeing of people living and working in Cheshire East <input type="checkbox"/> Enable more people to live well for longer <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness <input checked="" type="checkbox"/> Accessibility <input checked="" type="checkbox"/> Integration <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input checked="" type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input type="checkbox"/>		
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: <ul style="list-style-type: none"> • 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.		

<p>If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.</p>	<p>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.</p>
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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:

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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.

Recommendations:

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 Gawsforth 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.