

Living well in Crewe

Executive summary

Why Crewe

This is a report of the Cheshire East Increasing Equalities Commission, a multi-partner group who have considered what would help improve the health outcomes and life chances of the people of Crewe and who should consider taking action.

In this report, we see how lives are being cut short in Crewe because the building blocks for a healthy community are weak or missing. Life expectancy in every central Crewe ward is lower than Cheshire East overall with people dying over ten years earlier on average in parts of Crewe compared to the Cheshire East wards with the longest life expectancies.

We look across the life course at how things currently stand and how they could be improved with coordinated and evidence-based action. Crewe will thrive when its residents have good homes, places to exercise, access to good food and are helped to get the skills they need to access secure jobs. A thriving Crewe will benefit the whole of Cheshire East through the provision of quality services and amenities accessible to all and by attracting further investment into the Borough.

We recognise that health and wealth are inextricably linked. Deprivation contributes to poor health outcomes and, conversely, better health and wellbeing leads to increased productivity and economic success.

Why now

There are tremendous opportunities to act in Crewe, leveraging the change we are already seeing through regeneration and capital investment, and the integration of health and social care services at place level. NHS services have new commitments around reducing inequalities and Cheshire East Council has committed to being an organisation that empowers and cares about people and to reducing health inequalities across the borough. The Council's Corporate Plan echoes the themes in this report, from developing a "thriving and sustainable place" and working with "residents and partners to support people and communities to be strong and resilient", to supporting "all children to have the best start in life".

This report

We collaborated through multi-organisation workshops (one for each of the six themes below) to bring together current programmes and projects in the public and the voluntary, community, faith and social enterprise (VCFSE) sectors that are already benefitting Crewe's residents. We explored the gaps in provision to inform our recommendations. We then undertook a programme of community engagement, speaking to over 100 residents as well as reviewing relevant engagement exercises from other recent programmes of work for health services and for children.

Recommendations of the Increasing Equalities Commission to public sector organisations and partners

Important ideas emerged across several workshops and discussions and can have a positive impact across multiple themes.

- Put improving health and wellbeing and the reduction of inequalities at the heart of decision making – a Health in All Policies approach. Use power as employers, as providers, as commissioners of services and as purchasers to generate social value. Embrace proportionate universalism by creating an offer for all but with the greatest investment given to the areas with the greatest need.
- Continue to listen to residents and service users to co-produce solutions.
- Make the best of what we have, through improved information sharing and co-ordination of services.
- Select a small number of key metrics to tell us whether we are making meaningful change to residents' life chances.

OFFICIAL

1. Make Crewe a health-creating environment

Our health is shaped by the environment in which we live, learn and work. Well-designed places promote and support good health by making the healthy choice the easy choice.

- Consider health and wellbeing throughout the Local Plan. Create and make use of local powers to support active travel, provide green spaces and improve the food and drink environment.

2. Support strong communities in Crewe

People are proud of Crewe, whilst also recognising that it could be a better place to live. Our VCFSE sector gives us strong foundations to build on and we can leverage the corporate responsibility agendas of local businesses and organisations to benefit local people.

- Use regeneration opportunities to develop community spaces. Facilitate intergenerational and intercultural engagement.
- Coordinate action to address poverty and the cost-of-living crisis.

3. Give every child in Crewe the best start in life

The inequalities in life chances begin at an early age and often widen throughout a person's life. Parents and children in our most deprived areas, such as those in Crewe, are often those most in need of the help of high-quality ante-natal services, parenting support and early years services.

- Develop a clear and ambitious plan for supporting the vital First 1000 days of life. Use our localities approach to ensure expenditure on early years development is focused proportionately across the social gradient.

4. Boost education and skills development in Crewe

For regeneration and investment to benefit Crewe's residents, we need to support our young people to get the skills they need to take advantage of any new opportunities. On average, students in more deprived areas achieve poorer exam results than their peers and are more likely to experience school exclusion but schools in Crewe are already coming together to make strategic improvements to benefit their young people.

- Use The Pledge and the Institute of Technology programme to boost skills and employability.
- Continue to develop targeted support for those with special educational needs and those at risk of exclusion or involvement in crime.

5. Improve working lives in Crewe

Crewe remains a centre for high-quality manufacturing but also has many important entry-level jobs. Regeneration will bring new opportunities, including in the cultural sector. We should ensure that pay and conditions are adequate to support wellbeing and that Crewe's residents are able to progress and access higher quality jobs.

- Introduce a Fair Employment Charter to improve pay and conditions and ensure that jobs promote health and mental wellbeing.
- Take a multi-agency approach to tackling long-term unemployment.
- Ensure new job opportunities are promoted locally and support local residents to access them.

6. Prevent ill health in Crewe

All themes of the report contribute to a person's health and wellbeing and, consequently, their life expectancy and need for health and social care services. However, preventative and treatment services can also play a key role in narrowing the gaps we see. Further analysis is needed to understand the causes of the avoidable deaths we see and allow us to target our response.

- Establish governance for place-based prevention and the reduction of inequalities and implement evidence-based programmes of ill-health preventive interventions that are effective across the social gradient.
- Ensure primary care services in our most deprived areas are adequately resourced and are able to support prevention and proactive care.

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Introduction

In 2020, Cheshire East Health and Wellbeing Board established the Increasing Equalities Commission to lead and coordinate work across Cheshire East that focuses upon reducing the inequalities experienced by residents of the borough. The Commission quickly recognised that Crewe should be its initial focus.

In this report, we see how lives are being cut short in Crewe because the building blocks for a healthy community are weak or missing. We look across the life course at how things currently stand and how they could be improved with coordinated and evidence-based action. Crewe will thrive when its residents have good homes, places to exercise, access to good food and are helped to get the skills they need to access secure jobs, and a thriving Crewe will help the whole of Cheshire East as an attractive service town which brings investment into the borough.

We present the voices of the people of Crewe and call for co-production of plans to address their concerns and reduce the stark inequalities evident within the town.

Through this report, the Commission asks all public sector partners to use every lever available to improve health and wellbeing outcomes and to consider the reduction of inequalities in all decision making. This report outlines what the Commission believes will work to reduce inequalities in Crewe and across Cheshire East and builds on work already being undertaken. This will be an important source document for the refreshed Health and Wellbeing Strategy and an important next step will be for all partners to work together to identify priority areas for action, focusing on those interventions that will have the greatest impact.

As a system, we must act reduce the inequalities we see, as those in our most deprived areas who are living shorter lives will also spend more years in poor health, relying on our services. The planned update of the Joint Health and Wellbeing Strategy is an excellent opportunity for the local system to implement changes that will benefit the residents of Crewe and all in Cheshire East.

Background

The planned **economic regeneration** of Crewe, the arrival of HS2 and the levels of capital funding allocated to invest in the town, all provide an opportunity to take a much more strategic approach, connecting the residents of Crewe with the opportunities that this investment offers over the coming decade and beyond. Through enhanced economic wellbeing we can create the conditions that allow for better health outcomes as well. Conversely, a healthier Crewe will boost productivity and generate economic success.

The UK Government has published its aspirations for Levelling Up the United Kingdom¹. It recognises that, “While talent is spread equally across our country, opportunity is not.” The paper sets out “12 missions” to rebalance the regions and increase the “6 capitals”. See *Appendix 4 – Levelling Up the United Kingdom – 12 Missions and 6 Capitals*.

“It is equally critical that we improve productivity, boost economic growth, encourage innovation, create good jobs, enhance educational attainment and renovate the social and cultural fabric of those parts of the UK that have stalled and not – so far – shared equally in our nation’s success¹.”

We have referenced these missions and capitals throughout the report and linked them to our priority areas.

The Cheshire and Merseyside Health and Care Partnership have placed the reduction of health inequalities as a key aim for our local system. It gave a commitment for the sub-region to become a “Marmot Community” – one in which the entire system is committed to tackling health inequalities throughout people’s lives, through a determined and joint effort across a number of sectors to achieve common goals.

¹ [Levelling Up the United Kingdom - GOV.UK \(www.gov.uk\)](https://www.gov.uk/levelling-up)

Our **Primary Care Networks** have new responsibilities around reducing health inequalities and NHS bodies must consider the effects of their decisions on inequalities².

Cheshire East Council has established fairness as one of the three core aims of its Corporate Plan (2021–2025)³.

“We aim to reduce inequalities, promote fairness and opportunity for all and support our most vulnerable residents³.”

The Council has committed to being an organisation that empowers and cares about people and one that will reduce health inequalities across the borough. The Corporate Plan echoes the themes in this report, from developing a “thriving and sustainable place” and working with “residents and partners to support people and communities to be strong and resilient”, to supporting “all children to have the best start in life”.

Why Crewe?

“Poverty in Crewe has got worse over the last ten years”

Though Crewe remains a centre for advanced engineering and manufacturing, it has joined other towns in the north of England, where long-term economic decline has been associated with poor health and wellbeing among its residents. But Crewe is changing, with a programme to transform the built environment already well underway. This is a once in a generation opportunity to level-up Crewe and improve the life chances of all its people.

Whilst Cheshire East is a relatively affluent borough overall, Crewe contains some of the most deprived areas in England. People in these areas are not only living shorter lives but are spending more years in poor health. Health and wealth are inextricably linked, with those in so-called ‘Left Behind Neighbourhoods’ in England being nearly 50% more likely to die from COVID-19 and the poor health faced in these communities costing billions of pounds in health and social care costs and lost productivity⁴. These problems start early, and child poverty is a major contributing factor. There has been little improvement in recent decades.

“Areas are obviously deprived”

Crewe’s residents are on average younger than those in Cheshire East as a whole and households are more likely to be made up of single adults or lone parents than Cheshire East overall⁵.

Based on the latest available data (2015-2019), the average life expectancy at birth in Cheshire East was 80.3 for males and 83.9 for females. For both sexes, life expectancy in every central Crewe ward is lower than the Cheshire East average. It is lowest for both in Crewe Central, at 72.7 for males and 76.8 for females. On average, males and females in Crewe Central are dying 11.6 and 12.1 years earlier, respectively, than their neighbours in Wilmslow East⁶.

Crewe Central is in the top two worst wards across the whole of Cheshire and Merseyside for all-cause mortality under 75 and deaths from causes considered preventable⁷.

Crewe has the only ward in Cheshire East designated as a ‘Left Behind Neighbourhood’ by Local Trust – one in which the community suffers from the highest levels of combined social, cultural and economic deprivation⁸. This is associated not just with poorer health and shorter life expectancy, but more challenging working lives and a lack of

² [NHS England » Network Contract DES](#)

³ [Corporate Plan \(cheshireeast.gov.uk\)](#)

⁴ [New report shows almost £30bn health cost of England’s most deprived communities - The NHS](#)

⁵ Analysis of Acorn data for Cheshire East Council 2021

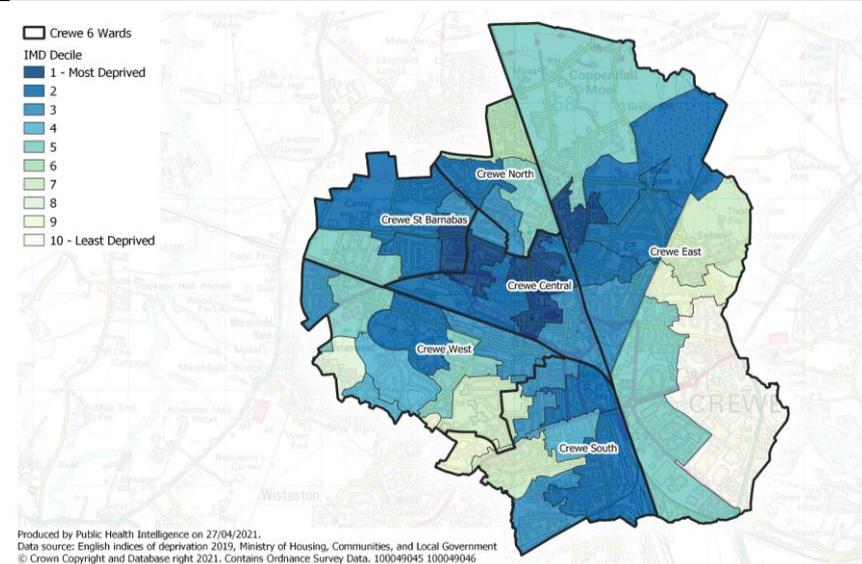
⁶ Note that there is a level of uncertainty when calculating life expectancy using a relatively small number of deaths at ward level.

⁷ [Partnership-Board-Agenda-Papers-Wednesday-28th-April-2021.pdf \(cheshireandmerseysidepartnership.co.uk\) – P.86](#)

⁸ [‘Left behind’ neighbourhoods - Local Trust](#)

social infrastructure (the connections, organisations and spaces to meet that enable communities to make positive changes for themselves)⁹.

The quotations in orange boxes were taken from a programme of resident engagement described in Appendix 3 – Engagement with Crewe residents 2022.



Based on the Index of Multiple Deprivation (IMD), all the wards in central Crewe are amongst the most deprived in Cheshire East with three (Central, South and St Barnabas) being designated “priority wards” by the Cheshire and Merseyside Health and Care Partnership as health outcomes are even worse than might be expected for their level of deprivation⁷.

Figure 1 - Lower super output area (LSOA) deprivation for six central Crewe wards (IMD 2019)

However, the arrival of HS2 by 2033 will be a catalyst for growth and we have already secured a multimillion-pound plan for regeneration of the town centre, incorporating investment via the Future High Street Fund and the Towns Fund¹⁰.

“It’s a doughnut town – lots around the outside and nothing in the middle”

The true wealth of an area is the wellbeing of its people. We must use this moment to ensure that the changes benefit local residents by improving their environment and allowing them to reach their full potential and take advantage of the exciting opportunities incoming. A comprehensive and holistic approach is required that addresses the place and people’s individual circumstances.

⁹ [Overcoming health inequalities in ‘left behind’ neighbourhoods - APPG for Left Behind Neighbourhoods](#)

¹⁰ [Phase 2a: West Midlands to Crewe - High Speed 2 \(hs2.org.uk\)](#)

Cross-cutting themes and recommendations

Work together to reduce the gap between Crewe and the rest of Cheshire East

Halve the gap in **life expectancy** between the six central Crewe wards and the wards with the highest life expectancy in Cheshire East within ten years.

Halve the gap in **healthy life expectancy** between the six central Crewe wards and the wards with the highest life expectancy in Cheshire East within ten years.

Prioritising health and wellbeing

Public sector organisations should **put improving health and wellbeing and the reduction of inequalities at the heart of decision making**. We should **agree wellbeing and inequality indicators** against which progress can be measured. The entire local system shares responsibility for improving these outcomes and we should all work towards **becoming a Marmot Community**.

Public sector partners have tremendous power as employers, as providers, as commissioners of services and as purchasers. To **generate social value**¹¹, we must recognise that spending money locally can generate long-term benefits, and these are more important than short-term savings. Local companies may need support to bid for local work.

To contribute to reducing inequalities, everyone from central government to frontline services should **embrace proportionate universalism** – creating an offer for all but with the greatest investment given to the areas with the greatest need.

Listen to our residents

This strategy highlights issues and makes recommendations to partner organisations for how inequalities can be reduced, but partner organisations should **co-produce solutions to these issues with residents**.

Information and services must be **culturally appropriate and accessible to all, including those who don't have English as a first language**.

Focus on Crewe

Crewe suffers from a mix of historic deprivation and poor health outcomes, but also has a tremendous opportunity for improvement through regeneration and health and care reorganisation. Place-based approaches should be supported, which means that **teams should be created with Crewe as their primary focus**. The Crewe Care Community and two Primary Care Networks provide strong foundations to build upon.

Make the best of what we already have

Many great services already exist in Crewe and beyond. It is vital that information is in the hands of those that need it and that people access or are referred to both commissioned and non-commissioned services that will benefit them.

To do this, we should **review sources of information and referral pathways**, such as the LiveWell site, from the users' perspective and ensure they work for frontline practitioners and residents alike. This links to digital inclusion work to make sure services are accessible to all.

¹¹ [Social-Value-Charter.pdf \(cheshireandmerseysidepartnership.co.uk\)](https://www.cheshireandmerseysidepartnership.co.uk/social-value-charter.pdf)

Measure and track a small number of key metrics

Deprivation is deeply entrenched in the centre of Crewe. While its residents have experienced poorer health outcomes than other local areas for many years, these have fluctuated in response to national policies and economic conditions, local actions, and external factors. We are used to seeing data that shows these inequalities but now must **select a small number of priority measures that will tell us whether we are making meaningful changes to residents' life chances.**

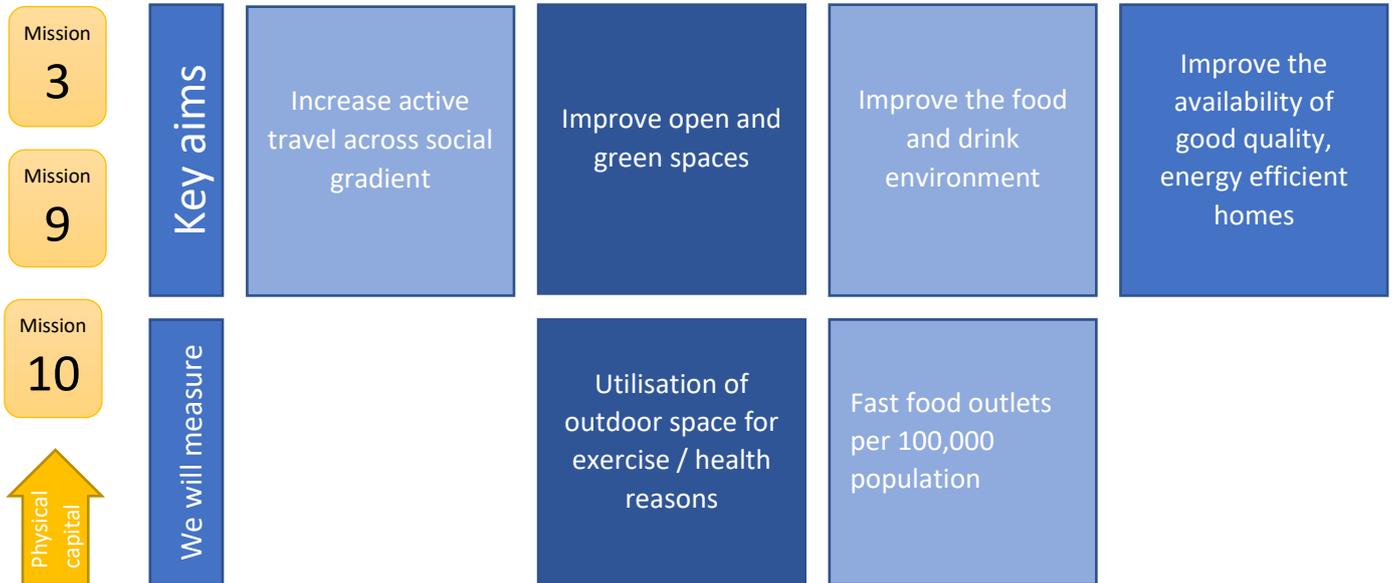
A more detailed breakdown of health indicators for all wards in Cheshire East can be seen in Appendix 5 – with a high-resolution version available online¹².

These metrics must be supplemented by ongoing engagement as, ultimately, the people of Crewe will tell us whether we have done a good job.

¹² [Tartan Rug \(cheshireeast.gov.uk\)](http://cheshireeast.gov.uk)

Increase the proportion of people in central Crewe who are regularly cycling or walking for travel by 50% in ten years.

Priority 1 – Making Crewe a health-creating environment



Background

Our health is shaped by the environment in which we live, learn and work (see *Appendix 6 – The determinants of health and wellbeing in our neighbourhoods*). Well-designed places promote and support good health by making the healthy choice the easy choice.

While services are vital for supporting those in need, their effect on the overall health and wellbeing of a population is limited.

“Too many new houses, not enough infrastructure”

“Pavements are unsuitable for wheelchair users... one young lady has been tipped out three times”

The planning of buildings, homes, and infrastructure to provide attractive and safe

Current projects and services

Active travel

Travel	Strategic developments planned to encourage active travel through improved cycle and footpaths. Development of Crewe Railway Station, HS2 and the addition of a bus interchange.
Regeneration	Improvements to corridor between train station and town centre. Developing Valley Brook Corridor crossing town as a route for active travel with improved outdoor recreation facilities.

Open and green spaces

Cleaner Crewe	Reclaiming and cleaning the alleyways in and around Crewe.
Green infrastructure	Pocket parks programme to improve current play spaces for children and young people and add to the area with more plants and trees.
Leisure & sport	Re-development of parks and green space to make them more attractive to use.

neighbourhoods with access to green space and opportunities to exercise can dramatically influence the wellbeing of Crewe’s people.

“Nature is a sanctuary. If you feel like you can’t relax and your kids are unsafe, it’s not a sanctuary”

Nearly a third of households in central Crewe do not have access to a car and so services and amenities should be convenient and accessible with provision made to support and

encourage active travel.

Consideration should be given to interventions that can improve both health and the environment. For example, shifts from private car use to active travel modes can increase exercise, improve air quality and reduce carbon dioxide emissions.

We invited the **Town and Country Planning Association** to lead a multi-agency workshop around creating compact and complete neighbourhoods that support health. Much of the work of our planning teams and the forthcoming regeneration work in Crewe use similar concepts and ideas and we are using development opportunities to connect and enhance key areas of central Crewe to improve walkability and promote wellbeing. A future challenge is to ensure all of Crewe’s residents can access everything they need within a manageable walk or cycle from their homes.

Retail/commercial development	Use of empty retail space and improvements to the area’s accessibility so that more people want to come and shop in Crewe and businesses want to set up in the town.
Food and drink environment	
Market Hall redevelopment	A social space for local business and residents redeveloped to give it a more welcoming and open feel.
Licensing	Broad programme of inspection and enforcement of food establishments and licensed premises.
Quality homes	
New homes	New housing developments within Crewe to encourage residents to stay in the area and for more people/families to choose Crewe as their home. Housing companies contribute to the New Homes Scheme, which benefits local projects and communities.
Guinness Partnership	Good quality social housing available.
Retrofitting	Planned energy efficiency improvements to existing homes
Planning	Article 4 directions introduced to require planning permission to convert properties to small houses of multiple occupancy (HMOs) in an area surrounding three streets in central Crewe.

<ul style="list-style-type: none">• A diversified town-centre offer for residents and visitors, with retail, commercial and leisure developments supporting 24-hour town-centre use and linked with thoughtful public realm improvements• An enhanced cultural offer around Lyceum Theatre, a History Centre, a youth zone, redevelopment of Flag Lane Baths into a Community Hub• Improvements to existing and new green infrastructure including tree-lined boulevards, children’s play areas – Valley Brook Corridor connecting Queens Park to the Town Centre.• Rationalised and improved car parking, new bus interchange, improved walking and cycling links, improvements in and around Crewe railway station with significant improvements along the Southern Gateway (Mill Street between station and town centre).• Potential leisure and sporting developments• Technology and Digital Innovation Campus• New homes, warm and healthy existing homes	<p>“Rejuvenated completely, no cheap crap shops like pound bakeries”</p> <p>“Lack of toilets limits the time we can spend in parks”</p> <p>“Children need equipment for all ages and abilities”</p> <p>“We want more safe cycling for commuting and leisure”</p> <p>“One time I [a child] fell off my bike and cut my lip on the broken glass”</p>
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¹³ [Crewe Town Centre Regeneration Programme \(cheshireeast.gov.uk\)](http://cheshireeast.gov.uk)

Recommendations

No.	Detail
1	Consider health and wellbeing throughout the Local Plan. Create and make use of local powers to ensure new developments support active travel and provide green environments.
2	Maximise wellbeing gains to local residents in our capital projects and regeneration programmes. Capture Crewe's unique heritage and use signage, plaques or statues to link residents and visitors to places of interest.
3	Improve energy efficiency of housing across the social gradient ¹⁴ (this is to be part of the housing strategy).
4	Engage residents to ensure regeneration plans meet their needs. Involve them in decisions and ensure plans and current progress are communicated through multiple channels with dedicated communications resources for Crewe.
5	Support community-level schemes to introduce low traffic neighbourhoods or play streets.
6	Use all available powers to improve the food and drink environment to make the healthy choice the easy choice. This includes licensing of premises and limits on outdoor advertising of unhealthy products and services ¹⁵ .
7	Consider developing a selective licensing scheme and support increased housing and landlord enforcement to improve private rental housing standards. Monitor the impacts of Article 4 directions.
8	Map services and infrastructure to determine how compact and complete Crewe's neighbourhoods are.
9	Allocate revenue funding to properly maintain current active travel routes and public spaces. Design out crime with appropriate lighting, street furniture and use of CCTV.

¹⁴ SOCIAL GRADIENT – Rather than there being two opposing groups (the 'haves' and 'have-nots'), there is a social gradient in health that runs from top to bottom of the socioeconomic spectrum. Inequalities are experienced by most people and the lower someone's socioeconomic status, the poorer their health is likely to be. PROPORTIONATE UNIVERSALISM – interventions should help those across the social gradient, with most resources invested towards those with greatest need.

¹⁵ [Taking down junk food ads | Sustain \(sustainweb.org\)](#)

Halve the proportion of Crewe's residents who regularly experience loneliness within ten years.

Priority 2 – Supporting strong communities in Crewe



Background

People are proud of Crewe, whilst also recognising that it could be a better place to live. Crewe is increasingly diverse, with the highest proportion of people identifying as non-White British in Cheshire East¹⁶.

Our Crewe community has strong foundations, many of which are led by our VCFSE sector¹⁷. This includes charities that provide a dedicated service, community groups that provide a safe haven for many, and individuals that look out for their fellow Crewe residents.

“I want more group activities or speakers for people my age [20s] as there's only pubs & football”

Current projects and services

Hope Church Asylum Cafe	Hope Church provide a safe space for those who have sought asylum in the UK to interact, learn English, learn how to ride a bike and help to access relevant services such as primary care.
The Haven on North Street Café	A community café offering placements and volunteering options for those with additional needs, as well as providing a wide variety of activities, such as Tai Chi sessions, newbie Tuesdays and games events.
St Paul's Centre	Like many VCFSE organisations, St Paul's offers a broad range of support. They help adults with learning disabilities by providing personalised work opportunities, alongside repairing second-hand bikes, operating a food bank, offering skills workshops, provision of free shoes and selling household furniture at affordable prices.
Senior Forum	The forum based at St Michael's Church Hall provides essential social and community support opportunities for older Crewe residents. This has recently become even more crucial as the local pensioners' group, which provided trips out and

¹⁶ [Ethnicity Cheshire East Summary | Insight Cheshire East \(arcgis.com\)](#)

¹⁷ VCFSE – Third sector organisations comprising voluntary, community, faith and social enterprises

<p>With this strength comes a real opportunity to develop the conditions that help the community to flourish and promote the health and wellbeing of those living and working in Crewe.</p> <p>When we spoke to our residents, they wanted greater opportunities to connect with others like themselves and those from other nationalities and backgrounds. They wanted to retain the sense of history of Crewe and have more reasons to visit the town centre, which is currently missing its community spirit. Above all, they wanted to remove the barriers that stand in the way to community engagement and increase the number of positive activities that help them feel connected to their community.</p>		speaker events, folded in May 2022 due to lack of resource.
	YMCA Crewe	As a Connected Community Centre, the YMCA provides vital accommodation and support to those experiencing homelessness. They offer an academy which offers dedicated sessions to help those wanting to develop their independent living, relationship, gardening and sports skills, to name a few examples.
	Lighthouse Centre	Services and support for people experiencing homelessness, substance misuse, mental health disorders and social isolation.
	Chance. Changing Lives	Community Pantry and Saturday Kitchen to help those struggling to buy healthy food.

If we are to truly support our Crewe community, this support must be ‘done with’ and not ‘done to’ our residents. Co-production opens up the opportunity to find sustainable solutions that truly meet the needs of our residents.

“There’s no integration of different nationalities & religions... if organisations existed that could introduce people, that would be good”

“The lack of buses later on is like a curfew if you don’t have other transport options”

“It needs to be local – for some it can be a choice between heat or spending time in the community”

“The heart's gone from the town all together, we need to get it back”

Recommendations

No.	Detail
10	Use regeneration opportunities to involve residents alongside promoting community and resident wellbeing.
11	Empower local people by engaging them in decision making at every level, from co-producing strategies to the design and delivery of interventions.
12	Facilitate and encourage intergenerational and intercultural engagement to rebuild the sense of community spirit that is inclusive to all.
13	Understand where we can begin to address poverty and the cost-of-living crises, for example through the poverty JSNA, the provision of fuel vouchers and housing improvements.
14	Ensure schools and public places lead through healthy food and beverage offers, and support community food infrastructure such as through urban agriculture.

15	Use all planning and enforcement levers to remove barriers and ensure that we are doing everything we can, in line with behavioural insights, to make the healthy choice the easy choice.
16	Use the purchasing and commissioning power of the Council and its public sector partners to invest in the local economy and prioritise social value.
17	Call on government to repair our social safety net by reforming Universal Credit and lifting statutory sick pay.
18	Support community use of spaces – e.g., open booking of Lyceum Square, schools and playing fields.
19	Engage local businesses to leverage corporate responsibility agendas to benefit local residents
20	Harness Crewe’s heritage - organise events and activities to bring communities together, promote physical activity and aim to attract prestigious sporting events

Halve the gap in the percentage of children achieving a good level of development at the end of Early Years Foundation Stage (Reception) between Crewe and Cheshire East's best performing wards within ten years.

Priority 3 - Giving every child in Crewe the best start in life

Mission

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Levelling up

Key aims

Maximise the health of mothers, babies and young children

Ensure the provision of high quality antenatal and maternity services, parenting programmes, childcare and early years education

Improve school readiness and reduce the inequalities in the early development of physical and emotional health, and cognitive, linguistic and social skills

We will measure

Smoking status at time of delivery

Reception: Prevalence of obesity

Percentage of children achieving a good level of development at 2-2.5 years (in all five areas of development)

School readiness: Percentage of children achieving a good level of development at the end of Reception.

Background

Giving every child the best start in life starts with improving women's health and providing excellent ante-natal and maternity care. Support should be given around nutrition and breastfeeding. Parents should be given the backing they need through paid leave and parenting skills training. High-quality, affordable children's centres, childcare and nursery provision with a skilled and valued workforce can support a child's development, backed up by opportunities to learn and play in parks, libraries and homes.

National situation

Millions of British children live in poverty and fewer than half of those reach expected levels for English and maths by the end of primary school. In England and Wales, the public sector spends billions of pounds each year dealing with problems that start in childhood¹⁸. Looked-after children continue to

Current projects and services

Health of mothers and children

Child Health Hub project	Delivery via children's centre – an approach which is closer to home and accessible for parents.
CATCH App	Common Approach to Children's Health - Free NHS health app for parents and carers of children from pregnancy to age five.
Crewe Autism Inclusive	Support for those with autism (diagnosed or suspected) and other neurodiversity, and families.
Better Health website – Start for Life	Website offering trusted advice for pregnancy, babies and toddlers.
Maternity Voices Group	A group formed of women and their families who work alongside commissioners and providers to develop and improve maternity services.

Development and school readiness

Lifestyle Centre	Sensory room, Parent & baby swim sessions, toddler swimming sessions, play and stay sessions, dance for younger children.
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¹⁸ [The cost of late intervention: EIF analysis 2016 | Early Intervention Foundation](#)

experience poor outcomes that persist throughout their lives.

As child poverty has increased, the funding for Sure Start and Children’s Centres and other children’s services has been cut, particularly in more deprived areas. Low rates of pay and qualifications in the childcare workforce are ongoing issues.

Children in Crewe

The six central Crewe wards have rates of child poverty, hospital admissions for injury (age 0-4), emergency hospital admissions (0-4) and child development at age 5 that are all worse than the England average (See Appendix 7 – “Tartan Rug” – Health profiles for electoral wards 2021). A new Children and Young People’s Plan is in development, co-produced with Cheshire East Youth Council and the Children and Young People’s Trust.

“As a mum of two young children I want parks to be a community space - it can be isolating to be a stay-at-home parent”

Parenting Journey and 12 Stops Sessions	Delivered at Children’s Centres. Starts from pregnancy up until your child begins school. Learn about your child’s development all along the journey.
Library	Story Times, Baby Bounce, Rhyme Times, school visits.
Early Years speech and language therapy	Support of children and young people who struggle with feeding, swallowing, speech & communication, social interaction issues and stammering.
Family support	
South Cheshire CLASP	Support for single parent families.
Wishing Well Project	Children & Families service including parenting programme.
Motherwell Cheshire	Counselling services and mental health support, uniform hub, wellbeing walks.

Recommendations

No.	Detail
21	Develop a clear and ambitious plan for supporting the vital First 1000 days of life, from conception to age two ¹⁹ .
22	Improve outcomes for children we care for utilising the priorities identified within the new Children and Young People’s plan. <i>This recommendation T.B.C.</i>
23	Undertake a Joint Strategic Needs Assessment deep-dive review into Emotional and Mental Wellbeing in Children and Young People and take forward its findings. Ensuring there is clarity with other initiatives on this theme is essential.
24	Continue to develop and actively promote integrated family hubs in communities with the greatest need.
25	Advocate for increased national spending to reduce child poverty and support early years education and ensure allocation of funding is proportionately higher for more deprived areas. Advocate for increased pay and qualification requirements for the childcare workforce.
26	Target evidence-based support to help pregnant women become smoke free including incentivising quitting.

¹⁹ [First 1000 days of life \(parliament.uk\)](http://first1000days.parliament.uk)

27	Ensure early years staff are trained in special educational needs and early recognition of neurodevelopmental conditions.
28	Ensure support for infant nutrition and breastfeeding is accessible and sufficient.
29	Review services to prevent and support where there are Adverse Childhood Experiences. Ensure workforce are appropriately trained.
30	Support and expand parenting programmes.
31	Invest in training for early years workforce – ensure private providers have sufficient resources to attend training sessions provided.
32	Utilise our localities approach to ensure expenditure on early years development is focused proportionately across the social gradient.

“My son had problems with chronic stomach pains and started being anxious about going to the loo. We were quickly referred to Eagle Bridge Health Wellbeing Centre’s Children’s Bowel and continence clinic³³.”

“[The hospital] does not have a good reputation with post-natal care³³.”

“Have a toddler and it’s been hard in lockdown not being able to do the usual activities and meet up with other mums and children. Not sure what activities are taking place now and what is going on in the local area for families. Enjoy the swimming lessons for pre-schoolers at Everybody Leisure³³.”

Halve the gap in exclusions and attendance between Crewe and the best performing areas in Cheshire East within ten years

Halve the gap in the proportion of pupils who achieve a level 2 and level 3 qualification between Crewe and the best performing areas in Cheshire East within ten years

Priority 4 – Boosting education and skills development in Crewe



“We want more for young children to do, free or cheap so that all have a chance to go and keep the kids entertained”

“There is very little offered for teen and school-aged groups”

Background

Nationally, there are persistent gaps at GCSE level between disadvantaged pupils and their peers, with a North-South divide evident. This gap is also experienced among pupils from ethnic minority groups, especially those who speak English as an additional language²⁰. At age 16-18, those eligible for free-school meals are more likely to attend a further education college, rather than a sixth form school or college (where students are more likely to be studying for A levels)²¹. Regardless of institution type and prior attainment, those

Current projects and services

Reduce gaps in educational attainment

Libraries	Provision of support for children and young people: homework help, Summer Reading Challenge, access to IT equipment, advice and support
Cubs, Brownies, Cadets, Duke of Edinburgh Award, Prince’s Trust	Groups such as these give children and young people the chance to build friendships, confidence and skills. The Duke of Edinburgh scheme is internationally recognised allowing challengers to develop themselves through a range of experiences.

²⁰ [Covid-19 and Disadvantage gaps in England 2020 - Education Policy Institute \(epi.org.uk\)](https://www.epi.org.uk/covid-19-and-disadvantage-gaps-in-england-2020)

²¹ [Going Further - Sutton Trust](https://www.sutton-trust.org.uk/going-further)

from more deprived backgrounds in further education are likely to have a lower income at age 28 than their counterparts.

School exclusions have been rising since 2010 and a child from a disadvantaged background is three times as likely to be excluded from school²¹. Youth services have been cut and violent youth crime has been rising. The COVID-19 pandemic disrupted education and home-schooling exacerbated inequalities. One in eight young people in Cheshire and Warrington don't have access to a PC or laptop and 1 in 20 don't have access to suitable Wi-Fi. Many would not have had a quiet place to work or additional support from parents or carers²². Young people have lost vital social interaction with a mental health impact likely.

Several areas of Crewe have high levels of income deprivation affecting children²².

Our primary schools perform well and achieve relatively good Ofsted results. Though some secondary schools perform well, Crewe has a lower proportion of secondary school places at good or outstanding schools as rated by Ofsted than Cheshire East overall. The Crewe and Nantwich constituency has Attainment 8 and Progress 8 scores that are lower than the England average, but this could be due to local deprivation as well as school quality. Over half (55%) of primary pupils in Crewe move to another area for secondary education, though schools and the College are working together to address this. Three Crewe secondary schools are now part of 'The Learning Alliance' (TLA) academy trust and are making strategic improvements to practice. Other primary focused academy trusts are also integrating their work to improve outcomes for younger pupils.

Making a Difference for Disadvantaged Pupils	11 Crewe primary and secondary schools joined the 2020/21 cohort to improve on high-quality teaching, targeted academic support and school-wide approaches and to develop and implement a Pupil Premium strategy fit for their setting.
Before and after schools' clubs	Local schools promote a range of initiatives including national tutoring programmes to secure better outcomes. Work needs to take place to evaluate the effectiveness of such initiatives and share best practice
Support for health and those with special educational needs	
SEND training	SEND Toolkit and evidence of impact of SEN training Offer.
SEND reviews	Several Crewe settings have already completed reviews of whole school practice to target improved outcomes for SEN learners
New SEN provisions	Planned new resource provision at Monks Coppenhall, Wistaston and Shavington High School. Enhanced mainstream provisions also available in local Crewe schools – e.g. Mablins Lane
Better Health – School Zone	Guidance on physical and mental health
Increase aspirations and improve engagement at post-16	
Post-16 education	Broad offer of apprenticeships, vocational qualification and A-levels can be tailored to student's abilities and aspirations e/g Cheshire College South and West; Crewe UTC
Inspiring the Future	Education and employers working together to build the skills needed for work.
Reducing exclusions, offending and harm from substance misuse	
Crewe Youth Zone	Zone to provide sports facilities, arts activities, café and social area for young people in and around Crewe.
CGL	Drug and alcohol services for young people

We are building on Crewe's past to boost civic pride through education. Crewe Town Council's heritage officer has provided local history packs to support the curriculum in primary and secondary schools.

²² Young People, Learning and Skills in Cheshire and Warrington – Presentation to Cheshire and Warrington LEP

Crewe has a popular and varied post-16 offer, though Crewe has rates of progression to higher education that are amongst the worst 20% in England²². This progression to higher education is negatively associated with deprivation nationally²¹. It is important that education and skills training help prepare people for success in their careers, and we can use the successful Cheshire and Warrington Institute of Technology bid to catalyse this²³.

“I used to let my kids go to the park quite happily. Wouldn’t dream of letting my grandkids go now”

“Want youth clubs with more safeguarding against bullying and intimidation”

Recommendations

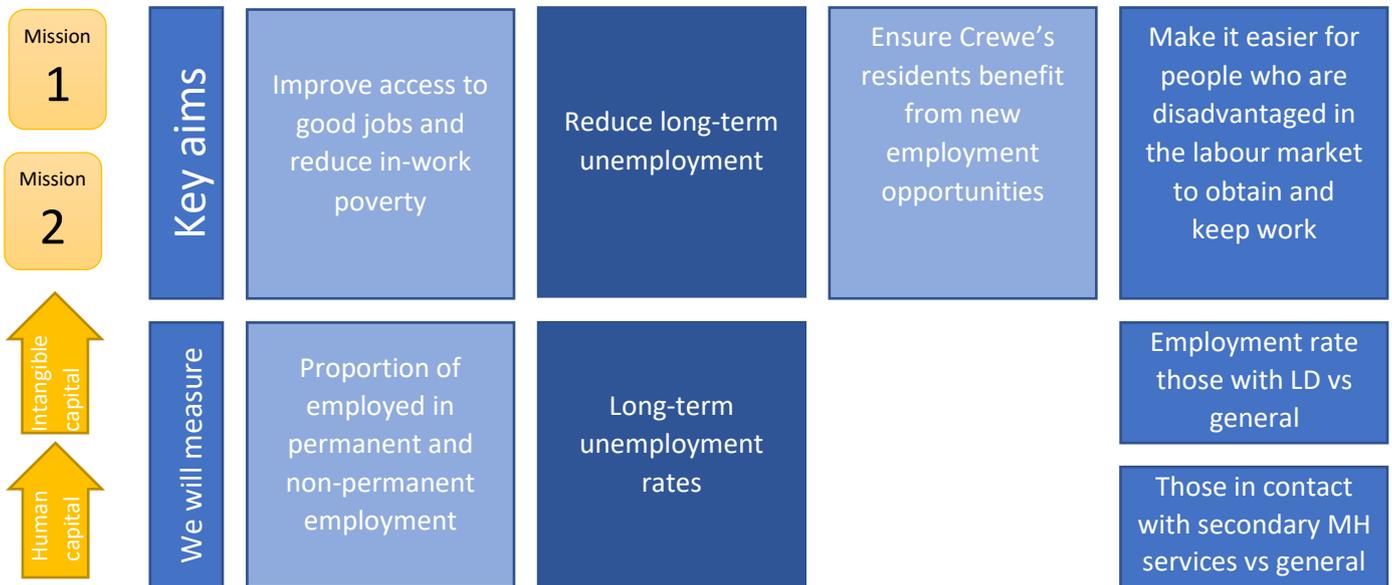
No.	Detail
33	To further implement a skills and employability initiative in Crewe coordinated through ‘The Pledge’ to help schools and colleges achieve the Gatsby Benchmarks
34	Review SEND toolkit and increase awareness in schools to support SEN children and develop a local response to the national SEND green paper ²⁴ . Review uptake in training and compare to needs assessment requests to ensure schools with greatest need are benefitting from a bespoke training offer.
35	Review and clarify pathways for schools and colleges to access wellbeing and mental health support for pupils, students and staff through the DfE’s Wellbeing in Education programme and associated initiatives.
36	Continue support for improving school attendance, specialist support for excluded or at risk of exclusion or being victims or perpetrators of crime including the development of a targeted Youth Support offer.
37	Develop training offer to ensure our young people can benefit from new employment opportunities in Crewe. Use Institute of Technology programme to catalyse change and ensure curriculum offer meets need and maximises the opportunity for young people to access employment.
38	Advocate for equitable funding for primary, secondary and post-16 education, at least in line with 2010 levels, and quality life-long learning opportunities across the social gradient.
39	Develop and promote role models via an alumni programme.

²³ [Cheshire and Warrington are winners in the £120m Institute of Technology Competition – Cheshire College – South & West \(ccsw.ac.uk\)](https://www.ccs.ac.uk)

²⁴ [Summary of the SEND review: right support, right place, right time - GOV.UK \(www.gov.uk\)](https://www.gov.uk) SEND: special educational needs and disabilities

Halve the proportion of employees earning below the real living wage across Crewe within five years.

Priority 5 – Improving working lives in Crewe



Background

Crewe remains an important centre for high-quality manufacturing and engineering, with Bentley, Whitby Morrison and Bombardier Transportation in the area.

While there are high level jobs in Crewe with many skilled workers, many live elsewhere and choose to commute to their workplace. There are important entry-level jobs but these do not always offer the opportunity to progress. Some lower-paid roles, like care work, are vital for society and we should improve pay and conditions to attract and retain staff.

“Opportunities [for asylum seekers] around learning and jobs are targeted at non-educated or low skilled, but we need opportunities relevant to our skills and experience”

Current projects and services

Good jobs

Regeneration	The development and progression of Crewe into an accessible and thriving space for business and life.
Technology & Digital Innovation Campus	Campus within the centre of Crewe – attract new talent and keep young people within the Town.
Rail projects	HS2 will cement Crewe's place as a vital transport hub. Its rich railway history and excellent location makes it the right place for the headquarters of Great British Rail.

Reduce unemployment

ESF Programmes	European Social Fund. To create employment opportunities and support local growth. E.g., Journey First – 12 months of support for those long-term unemployed to support education, training and work.
LEP (Local Enterprise Partnership)	Examining jobs, long-term unemployment, school engagement, strategic careers and enterprise.

Workshop participants described many barriers to entering work and local services are not seen as sufficient to overcome them.

There is a perceived lack of English as a second language classes and frontline services report poor adult literacy amongst those in poverty and undiagnosed learning difficulties may be an issue for some.

“The bus isn’t running when I finish some of my shifts”

Ensure Crewe’s residents benefit	
Apprenticeships	Numerous businesses/services offer apprenticeships to young people as a way to get them started in employment.
Access for disadvantaged people	
IPS (Individual Placement and Support) CWP Access to Work scheme	Supporting people with severe mental ill health into work.
Supported Employment Services	Offering people with learning disabilities support to find and retain employment.

COVID-19 has exacerbated inequalities. Those who were out of work are now further removed from world of work. Some benefitted from homeworking, but this was not an option in public facing roles or in routine and manual occupations, who have been more exposed to COVID-19²⁵. Overall, those in more insecure employment (often women and those from minority ethnic groups) experienced the greatest fall in earnings over the course of the pandemic²⁶.

Many local businesses are small and medium-sized enterprises and have struggled during the pandemic and so are not taking on staff.

“Wage doesn’t correlate with cost rises”

Whilst employment rates have risen over the previous decade, there has been an increase in poor quality or insecure work. Automation is leading to

“Minimum wage is too low, especially with bills, kids and the house to pay for”

job losses, particularly for low-paid, part-time workers and the north of England will be particularly affected²⁷. Though unemployment has fallen, pay has not kept pace with rising living costs²⁸.

Support to individuals and businesses during the COVID-19 pandemic is discussed in Appendix 2 - COVID-19 and Crewe.

Acorn analysis for Cheshire East Council (Figure 2), where income, social grade of work and employment for those resident in the six central Crewe wards was compared for the other wards in Cheshire East, shows that Crewe residents are more likely to be on a low income and much less likely to be on a high income, that they are more likely to be in routine and manual occupations and also more likely to be unemployed (Index of 100 is equal, 50 is half as likely, 200 is twice as likely).

²⁵ [COVID-19 risk by occupation and workplace \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

²⁶ [Unequal impact? Coronavirus and the gendered economic impact - Women and Equalities Committee - House of Commons \(parliament.uk\)](https://parliament.uk)

²⁷ [The rise of the robots could compound Britain’s North/South divide – with 1 in 4 jobs at risk in cities outside the South | Centre for Cities](https://www.centreforcities.org)

²⁸ [UK Labour Market Statistics - House of Commons Library \(parliament.uk\)](https://parliament.uk)

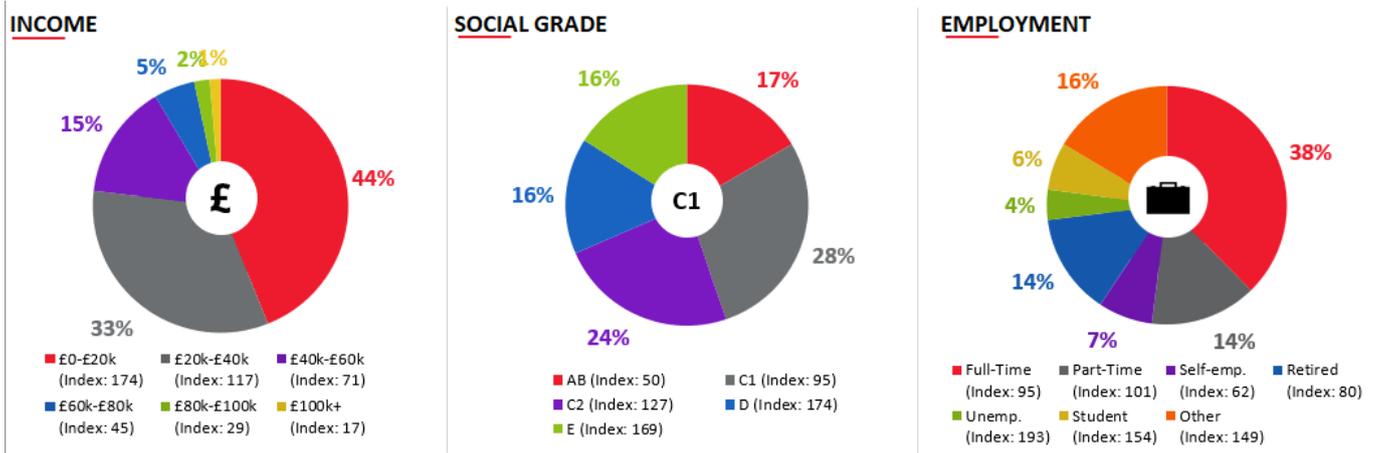


Figure 2 - Six central Crewe wards compared to all other wards in Cheshire East

Existing regeneration developments completed or in progress will deliver a small number of new jobs. More opportunities will be available in construction of major projects and the new infrastructure, and a more attractive, thriving and prosperous town will encourage more employers to invest in the area. Local partners collaborated on an excellent bid for Crewe to host the headquarters of Great British Rail in 2022.

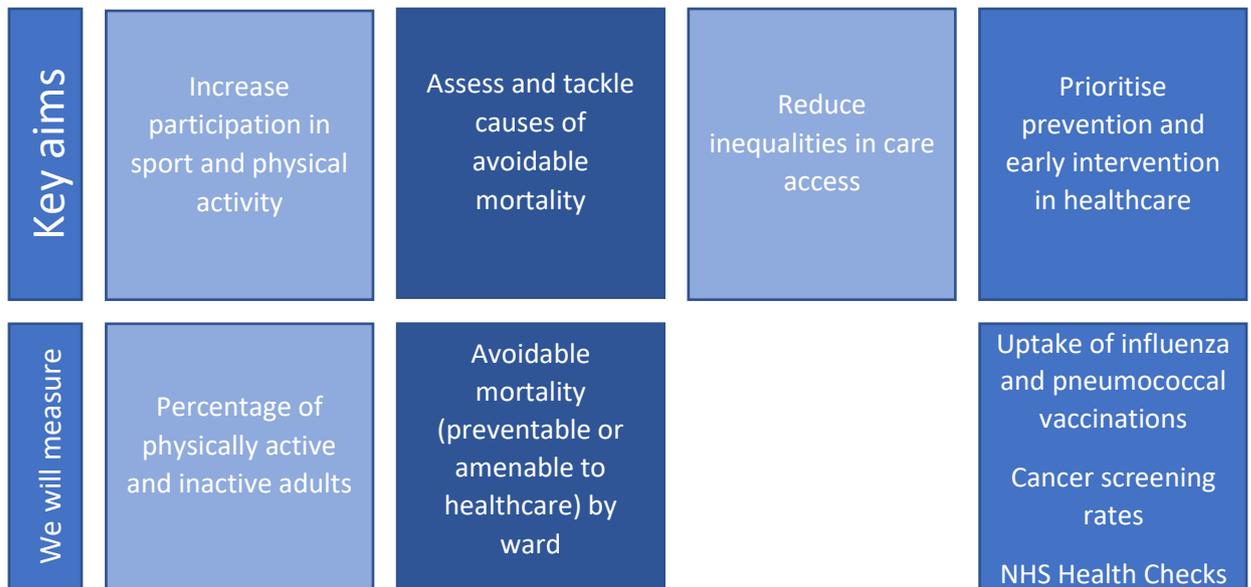
Recommendations

No.	Detail
40	Focus on improving employees' mental health and adapt jobs to make them suitable for those facing barriers to employment.
41	Procure and commission locally so that spending and investment benefits Crewe.
42	Work with partner organisations across Cheshire and Warrington to support good quality employment in the subregion
43	Upskill local people to take advantage of regeneration and HS2 and work with incoming investors to ensure that job opportunities are promoted locally.
44	Work with LEP and local partners to tackle the long-term unemployment which has been exacerbated by COVID. Examine replacement models such as ESF Journey First working alongside the Job Centre to match young people to appropriate jobs.
45	Work with partners such as Citizens Advice to ensure adequate legal advice and support for those with issues around work. Advocate for reduced conditionalities and sanctions in benefit entitlement, particularly for those with children.
46	Support Lyceum powerhouse development to provide career connections. Develop skills, co-create local activities and events (mentoring and skills development). Amplify opportunities for local residents to take up jobs in culture.
47	Create an innovation centre - TADIC (Technology and Digital Innovation Centre) to support (incubate) start-ups and small businesses.

Increase the proportion of physically active adults in Crewe by 50% within ten years.

Halve the gap in avoidable mortality rates between Crewe and Cheshire East's best performing wards within ten years.

Priority 6 – Preventing ill health in Crewe



We come to prevention and treatment services at the end of the report intentionally. “The NHS we all value and rely on was never meant to go it alone. It was supposed to be part of a wider system supporting people from cradle to grave; with decent jobs, pay, homes and education. To make sure the NHS can keep helping us in the way it was intended to, we need a broader system of support that can help all of us to thrive.”²⁹

However, many causes of illness and poor wellbeing can be modified through public health programmes or by proactive and preventative care in health services. We know that the environment shapes people’s choices and behaviours but there is an awareness amongst Crewe’s residents of the role lifestyle plays in health.

“Good health is a lifestyle choice”³³

Mission 8 of the Levelling Up paper references improved wellbeing. Moving beyond physical health to a more holistic concept of health and wellbeing, we should consider the Five Ways to Wellbeing in our work³⁰:

1. Activity – physical and mental improvement due to increased exercise
2. Connectivity – a sense of belonging and purpose
3. Mindfulness – sensory experiences, reduced stress, better mental health
4. Education and learning – health literacy, awareness and increased ownership, new skills
5. Giving back to the community – increased participation and enjoyment

²⁹ [How to talk about the building blocks of health - The Health Foundation](#)

³⁰ [5 steps to mental wellbeing - NHS \(www.nhs.uk\)](#)

GPs in the centre of Crewe are seeing patients with multiple health issues, complex social issues, communication difficulties and people who may not have English as their first language. Nationally, practices in more deprived areas have less funding per patient once the increased need is adjusted for³¹.

“I would like to say that my GP practice has been amazing. I've had long term problems with a shoulder injury and have been very well looked after, being referred for physiotherapy and the musculoskeletal service and eventually surgery³³.”

COVID-19 led to delayed access to non-urgent healthcare, with those who were poorer or had existing health conditions most affected³². According to Healthwatch research in Cheshire East, many in Crewe struggled to access face-to-face GP appointments. Telephone and virtual appointments were accessible and convenient for some, but there is a definite perception that in-person appointments are missing and would be valued. However, others praised the work of GP surgeries, pharmacies, hospitals and care homes during the incredibly difficult and disruptive period³³.

“We want GPs to be seeing people³³”

Further information on the effects of, and response to, COVID-19 can be found in Appendix 2 - COVID-19 and Crewe.

Current projects and services	
Health improvement and community services	
One You Cheshire East	Supports residents to eat well, move more and be smoke free. They also have family wellbeing programmes and falls prevention classes for older residents.
Community Pantry	Free fruit and vegetables available – encourage healthier lifestyle. Members can also receive support on a variety of issues including mental wellbeing.
Reading Well	Book collections within libraries to support a variety of physical and mental health conditions.
Bikeability	Courses ran within schools teaching children bike safety. There are also more inclusive courses for those with mobility issues. All run by Everybody Leisure. Further courses will be available to encourage active travel with improved town infrastructure too – making it safer and more accessible to bike and walk.
Saturday Kitchen	Support for the Homeless Community within Crewe. Food and essentials are available as well as access to services. Further developments to include a dental service.
Water Fluoridation	Fluoride added to the water to improve dental health.
Social Prescribing	Accessible from most GP surgeries the social prescriber deals with the wider determinants of health and will support patients who are struggling with debt, loneliness and social isolation as well as those looking to improve health through weight loss and exercise.
Crewe Lifestyle Centre	A hub within the centre of Crewe to encourage good physical and mental wellbeing through various activities and areas including a gym and pool. A library and café/social space is also located here.

³¹ [Level or not? - The Health Foundation](#)

³² [COVID-19 and disruptions to the health and social care of older people in England - Institute For Fiscal Studies - IFS](#)

³³ [Crewe-Healthwatch-Across-Cheshire-Report-Sep-Nov-2021.pdf \(healthwatchcheshireeast.org.uk\)](#)

Walking for Health	Walks delivered in the local area. Organised by the Canals & Rivers Trust and Everybody Leisure and Wishing Well.
Mental Health Support/Suicide Prevention	Crisis cafés, IAPT service and tailored Mental Health support for Men within Crewe (Twelfth Man Project). Suicide Prevention training offered via Cheshire East Council Health Improvement Team for any frontline service including more recently schools. CHAMPs suicide prevention board and specific services like 24/7 SHOUT and AMPARO
Prevention in health and care services	
Crewe Care Community	A closer look at ill-health prevention through the encouragement of patient self-care. Raising awareness of key conditions such as high blood pressure. Re-development of Patient Participation Groups within Crewe.
CURE Project (Leighton Hospital)	Smoking Cessation therapy offered to inpatients who smoke – prescribing the correct Pharmacotherapy and encouraging abstinence whilst in hospital and upon discharge.
NHS Transformation	A new integrated, place-based system for care.
NHS Health Checks	Offered to residents who are 40 to 74 with no known heart disease. A physical health assessment delivered by the GP surgery with a view to detecting health issues – such as high cholesterol – early.
MECC (Making Every Contact Count)	Training of front-line staff to encourage lifestyle change and refer residents to appropriate services.

Recommendations

No.	Detail
48	Implement evidence-based programmes of ill-health preventive interventions that are effective across the social gradient, e.g., focussing on alcohol reduction and obesity programmes across the social gradient, and taking forward the recommendations in the Khan Review to make smoking obsolete ³⁴ .
49	Establish governance for place-based prevention; build on the localities model and localities JSNA. Ensure primary prevention (tackling risk factors before a disease occurs) is a priority for the Crewe Care Partnership.
50	Primary Care Services to be reviewed and made more easily accessible within the most deprived areas of Crewe.
51	Undertake “deep-dive” on Crewe as part of the JSNA process, this will identify key priority areas for ill health prevention.

³⁴ [Making smoking obsolete: summary - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/674222/making-smoking-obsolete-summary.pdf)

52	Provide MECC training ³⁵ for all frontline services and ensure that culture, leadership and systems are in place to make the interactions meaningful and effective.
53	Support GP practices to become Active Practices using the Active Practice Charter.
54	Focus core efforts of public health departments, and wider commissioned programmes, on interventions to improve the determinants of health.
55	Advocate for increased healthcare funding to deprived areas, especially in primary care.
56	Create neighbourhood hubs to keep care accessible and local.

³⁵ [Training in MECC \(makingeverycontactcount.co.uk\)](https://www.makingeverycontactcount.co.uk)

Appendix 1 – About this report

This report was developed by a subgroup of the Cheshire East Increasing Equalities Commission. It was led by Dr Matthew Atkinson (Specialty Registrar in Public Health at Cheshire East Council) with project support provided by Rebecca Jackson.

The report sections were originally taken from the “Marmot Report”, but these were later adapted to a Crewe context with a greater emphasis on the environment and communities. These changes reflect the importance of place for health and the opportunities we have through the regeneration of Crewe Town Centre.

Workshops were held for each of the six main sections of the report. For each section, one or more co-authors were identified. Their contributions were invaluable in providing key reports and references, sense-checking recommendations and ensuring alignment with other workstreams.

In the report we use data and narrative to create a sense of urgency, engage subject matter experts and the IEC to build a coalition and create and communicate a vision for a Health in All Policies approach.

Workshops method

Across the 6 workshops we have had 67 individual delegates, many of whom attended multiple workshops.

Attendees were invited based on the following criteria:

- Membership of the Increasing Equalities Commission
- All members of Cheshire East Public Health Team
- Third sector Organisations who operate within the Crewe area
- Individual’s job role and its purpose in relation to each workshop
- Membership of Crewe Town Council
- Membership of South Cheshire Chamber of Commerce

(See appendix for details of organisations and Cheshire East Council Teams)

These individuals were identified via the following methods:

- Cheshire East phonebook
- Research into Crewe and active community groups within the area
- Requests to other invitees to pass invitations on to any relevant colleagues

Individuals were invited via email and provided with an overview of the IEC and the themes of the workshop in question.

Workshops were started with an introduction and presentation from Matthew Atkinson (Public Health Senior Trainee), around the current situation within Crewe and included an overview of the work of the Marmot Community.

Following on from the initial presentation the group was split into 2 breakout rooms. This was completed manually to ensure a good mix of individuals, organisations, and job roles.

Within the first breakout room, the group were asked to consider the following:

- What is happening now?
- What’s planned?
- What are the opportunities?
- What are the threats?

After approximately 15 minutes, the group reconvened in the main room and fed back results from discussion.

A short presentation followed, after which the theme for the second breakout room was given prior to going back into the same group as previously.

The group were asked to now consider:

- Are we meeting the needs?
- What are the gaps
- Who needs to be involved?
- What do we wish to be different at a national level?
- What do we wish we could do locally?

Again, the breakout rooms were used for approximately 15 mins, before reconvening and feeding back findings to the wider group.

The chat from both rooms, and Facilitator notes, were captured and saved.

External organisations represented at workshops

Central Cheshire Integrated Care Partnership
[Central Cheshire Integrated Care Partnership: Cheshire and Wirral Partnership NHS Foundation Trust \(cwp.nhs.uk\)](#)

Healthwatch
Cheshire East
[Home - Healthwatch Cheshire East](#)

Chance Changing Lives
11-13 Coronation Crescent
Crewe
CW1 4EJ
[Chance Changing Lives | Homeless Charity | Social Supermarket Crewe](#)

MotherWell Cheshire CIC
156 Nantwich Road
Crewe
CW6 6BG
[Motherwell CIC](#)

Cheshire Halton & Warrington Race & Equality Centre
17 Cuppin Street
Chester
CH1 2BN
[Cheshire Halton & Warrington Race & Equality Centre \(chawrec.org.uk\)](#)

South Cheshire Chamber of Commerce
Couzens Building, Manchester Metropolitan University,
Crewe Green Road, Crewe CW1 5DU
[South Cheshire Chamber of Commerce | SCCCI Community](#)

Child Health Hub
Oak Tree Children's Centre
Newcastle Street
Crewe
CW1 3LF
[Oak Tree Children's Centre \(cheshireeast.gov.uk\)](#)

Standguide Ltd
Cecil House
Samuel Street
Hightown
Crewe
Cheshire
CW1 3BZ
[Homepage - Standguide Group](#)

Crewe Town Board
[Meet the board - We Are All Crewe](#)

Crewe Town Council
1 Chantry Court
Forge Street
Crewe
CW1 2DL
[Crewe Town Council](#)

Wishing Well Project
156 Nantwich Road
Crewe
CW2 6BG
[Home - Wishing Well Project](#)

CVS Crewe
1A Gatefield Street
Crewe
CW1 2JP
[CVS Cheshire East | Supporting Voluntary, Community
and Faith Organisations across Cheshire East
\(cvsce.org.uk\)](#)

Everybody Sport & Leisure
Moss Square
Crewe
CW1 2BB
[Crewe Lifestyle Centre - Everybody Sport & Recreation](#)

Appendix 2 - COVID-19 and Crewe

“People living in more socio-economically disadvantaged neighbourhoods and minority ethnic groups have higher rates of almost all of the known underlying clinical risk factors that increase the severity and mortality of COVID-19, including hypertension, diabetes, asthma, chronic obstructive pulmonary disease (COPD), heart disease, liver disease, renal disease, cancer, cardiovascular disease, obesity and smoking³⁶.”

COVID-19 revealed and exacerbated inequalities. Our multi-agency approach sought to mitigate the harms to the most vulnerable groups and support businesses, and we have learned many lessons which will be useful in future situations.

Cheshire East recorded a high number of cases, with 1,825 daily cases being recorded at the most recent peak in January 2022³⁷. The pandemic has had widespread impacts on Crewe’s residents beyond the direct effects of the disease. Mental health has deteriorated, with increased loneliness and social isolation. Financial hardship has led to worry about the ability to support a family and the Council has worked hard to minimise the economic hit experienced. More than a quarter of our COVID-19 main and discretionary support payments since September 2020 have been to Crewe’s residents.

“COVID is being used as an excuse, when things around Crewe were bad beforehand”

Supporting vaccination uptake:

Some areas of Crewe have the lowest vaccination rates across Cheshire East, with one of the lowest uptakes being in our Eastern European migrant communities. These communities were testing and getting vaccinated at a much lower rate compared to the rest of the Cheshire East population. This therefore puts these communities at a greater risk of contracting and transmitting COVID-19.

Local partners recognised the need for fixed clinics at GP practices, pharmacies, and mass vaccination centres. However, we quickly learnt that we needed a hyperlocal approach in our more hard-to-reach communities.

Cheshire East: Booster Dose Vaccination Percentage (18+) as of 25/03/2022 by MSOA (Ward overlaid)

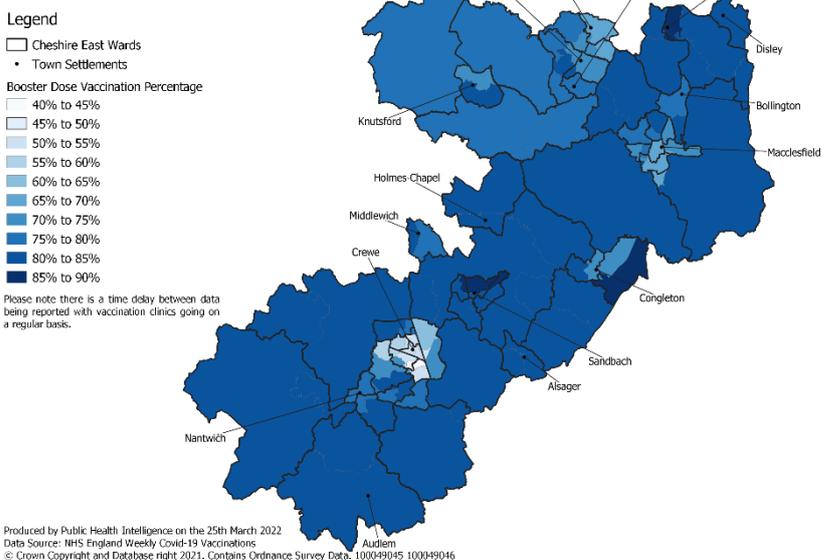


Figure 3 - COVID-19 booster vaccination coverage for Cheshire East (lighter areas in Crewe show poorer uptake of vaccination)

This approach included:

- Engaging with Voluntary Faith Sector Organisations and key local messengers to help encourage uptake.
- Local clinics in accessible locations and a vaccination bus as well as clinics in hotels housing refugees.
- We have worked closely with employers who have Eastern European employees to encourage uptake.
- Plans in development for other communities such as the Gypsy, Roma and Traveller, and boating communities.

³⁶ [Health inequalities: Deprivation and poverty and COVID-19 | Local Government Association](#)

³⁷ [Cases in Cheshire East | Coronavirus in the UK \(data.gov.uk\)](#)

COVID-19 and Schools

Crewe childcare and education settings have reported over 3000 cases of COVID-19, more than 1 in 7 of the cases reported across the whole of Cheshire East. The COVID team gave expert advice when outbreaks and situations occurred and proactively engaged settings with higher numbers of reported cases.

COVID-19 and Businesses:

COVID-19 restrictions had huge impacts on the business community. Requirements were often complex and, in some cases made opening unviable. Crewe's businesses adapted where they could, with hospitality businesses increasing takeaway offers and others moving to online business models.

Cheshire East gave plainly written translations of legislative changes, and businesses were contacted directly, when necessary, backed up by online information and a single point of contact for queries. Working with the Public Health team made it possible to offer onsite testing opportunities and links to vaccination to a number of businesses and these relationships have been maintained beyond the lifting of restrictions.

The pandemic has been particularly tough for small and medium-sized employers who might not have wider organisational support or the financial resilience to cope with huge disruptions to their operations. Over the past two years Cheshire East Council co-ordinated support to many local businesses by distributing 36,924 payments totalling over £166.5m through a number of different grant schemes. More than a quarter of this total went to businesses in Crewe, and this has helped businesses survive through the pandemic, to reopen safely and support growth.

Lessons learnt:

- Understand local people and stakeholders to find key partners and credible messengers
- Generic communications will largely only be effective for the 'engaged majority', and while this is a large and important group, targeted engagement will be more effective for engaging minority groups.
- The Communities' team play an essential role in developing a hyperlocal approach that engages all groups.
- Go where the people are to make services convenient and accessible. Take opportunities to address wider health and wellbeing issues.
- Maintain and strengthen new relationships between Council teams, businesses, services and other settings. We can leverage these to address a wide range of health and wellbeing issues in the future.
- We must consider different ethnicities and languages, as well as considering the cultures in other countries. For example, Eastern European Migrants were more heavily informed and engaged by the media from their own countries than that in the UK.
- The Council is not always the most appropriate messenger, particularly in relation to young people. Work closely with young people and let them influence each other and others such as families and older persons.
- While the Youth Support Service offered online and phone support, detached teams were out weekly to ensure young people who were on the streets were informed and supported. Joint work was undertaken with the police to support the dispersal of groups of young people. This visible presence is vital.
- We must build resilience in Crewe to effectively respond to disruptive events.
- We must be solution focused and not problem focused. A slight shift in mentality makes a huge difference practically

"The pandemic has revealed stark differences in the health of the working age population – those younger than 65 in the poorest 10% of areas in England were almost four times more likely to die from COVID-19 than those in the wealthiest. Recovery needs to prioritise creating opportunities for good health – a vital asset needed to 'level up' and rebuild the UK economy³⁸."

³⁸ [Unequal pandemic, fairer recovery - The Health Foundation](#)

Appendix 3 – Engagement with Crewe residents 2022

Cheshire East Council's Communities Team led a programme of engagement in Spring 2022. Many thanks to the Swab Squad who were out meeting more than 100 people in Crewe to gather the experiences of residents. The team also reviewed relevant consultation and engagement exercises for other projects. Of those engaged specifically for this strategy:

Gender

45% were female

55% were male

Age

Approximately 60 children were engaged with as part of the Crewe Pocket Parks project which feeds into the green spaces section

26% were aged 20-39

38% were aged 40-59

36% were aged 60+

Ethnicity

19% were from ethnic minority groups

81% were white

Healthcare related quotations may reference a separate piece of community engagement undertaken by Healthwatch Cheshire East – these are indicated by numbered footnotes³⁹.

³⁹ [Our Reports - Healthwatch Cheshire East](#)

Appendix 4 – Levelling Up the United Kingdom – 12 Missions and 6 Capitals⁴⁰

12 Missions	
Mission 1	By 2030, pay, employment and productivity will have risen in every area of the UK, with each containing a globally competitive city, with the gap between the top performing and other areas closing.
Mission 2	By 2030, domestic public investment in R&D outside the Greater South East will increase by at least 40%, and over the Spending Review period by at least one third. This additional government funding will seek to leverage at least twice as much private sector investment over the long term to stimulate innovation and productivity growth.
Mission 3	By 2030, local public transport connectivity across the country will be significantly closer to the standards of London, with improved services, simpler fares and integrated ticketing.
Mission 4	By 2030, the UK will have nationwide gigabit-capable broadband and 4G coverage, with 5G coverage for the majority of the population.
Mission 5	By 2030, the number of primary school children achieving the expected standard in reading, writing and maths will have significantly increased. In England, this will mean 90% of children will achieve the expected standard, and the percentage of children meeting the expected standard in the worst performing areas will have increased by over a third.
Mission 6	By 2030, the number of people successfully completing high-quality skills training will have significantly increased in every area of the UK. In England, this will lead to 200,000 more people successfully completing high-quality skills training annually, driven by 80,000 more people completing courses in the lowest-skilled areas.
Mission 7	By 2030, the gap in Healthy Life Expectancy (HLE) between local areas where it is highest and lowest will have narrowed, and by 2035 HLE will rise by five years.
Mission 8	By 2030, well-being will have improved in every area of the UK, with the gap between top performing and other areas closing.
Mission 9	By 2030, pride in place, such as people’s satisfaction with their town centre and engagement in local culture and community, will have risen in every area of the UK, with the gap between top performing and other areas closing.
Mission 10	By 2030, renters will have a secure path to ownership with the number of first-time buyers increasing in all areas; and the government’s ambition is for the number of non-decent rented homes to have fallen by 50%, with the biggest improvements in the lowest-performing areas.
Mission 11	By 2030, homicide, serious violence and neighbourhood crime will have fallen, focused on the worst-affected areas.
Mission 12	By 2030, every part of England that wants one will have a devolution deal with powers at or approaching the highest level of devolution and a simplified, long-term funding settlement.
6 Capitals	
Physical	Buildings (including housing), machinery, equipment
Intangible	Software, databases, R&D, branding, art, training

⁴⁰ [Levelling Up the United Kingdom: missions and metrics Technical Annex \(publishing.service.gov.uk\)](#)

Human	Knowledge, skills, competencies
Financial	Loans and financial mechanisms needed to fund activity
Social	Personal relationships, social network support, civic engagement, trust and co-operative norms
Institutional	Leadership and local governance, autonomy, relationships between organisations

Appendix 5 – Proposed indicators in Cheshire and Merseyside Marmot Community

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

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⁴¹ <https://www.instituteofhealthequity.org/resources-reports/all-together-fairer-health-equity-and-the-social-determinants-of-health-in-cheshire-and-merseyside>

Appendix 6 – The determinants of health and wellbeing in our neighbourhoods

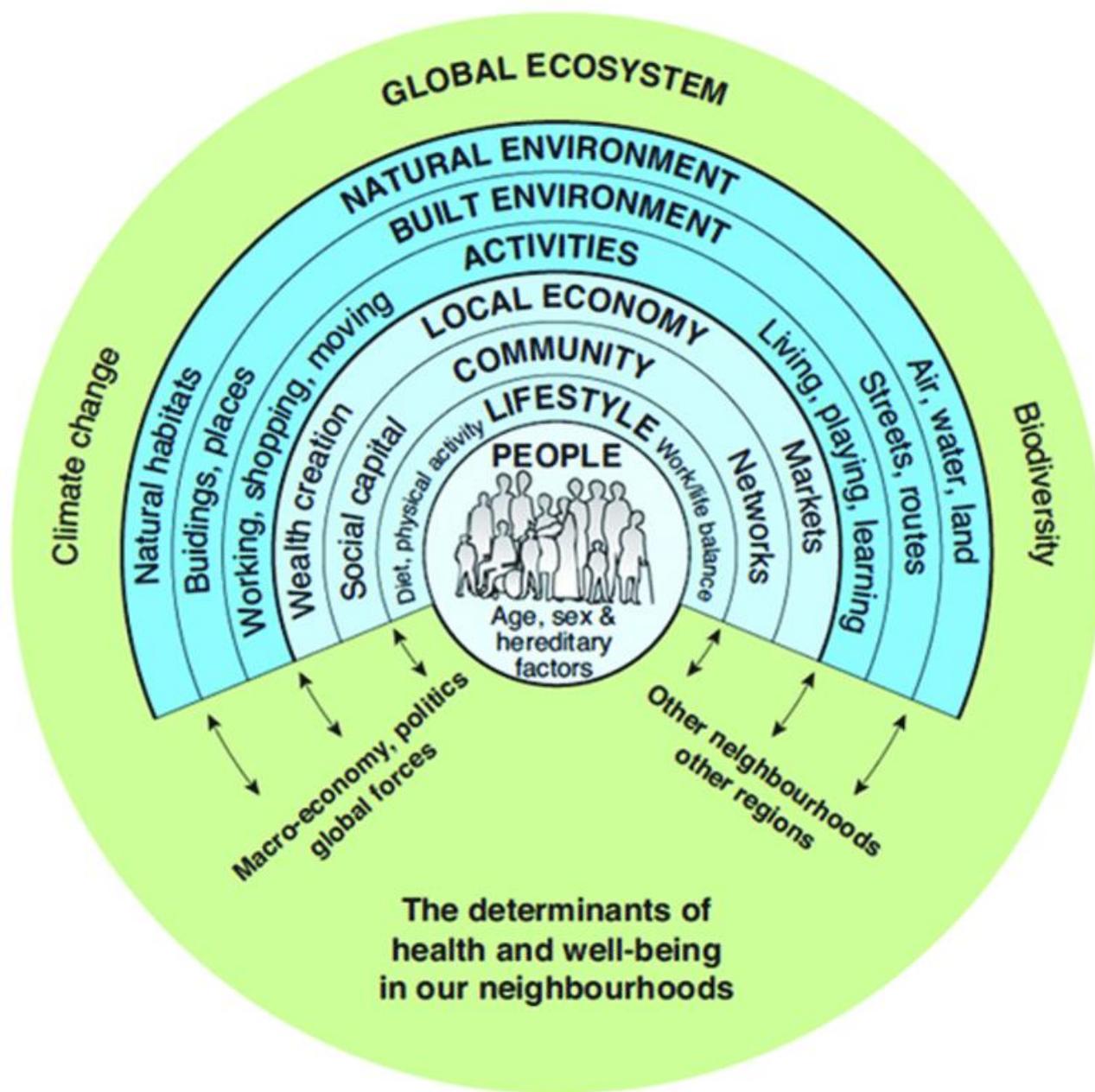


Figure 4 - Neighbourhood determinants of health and well-being⁴²

Appendix 7 – “Tartan Rug” – Health profiles for electoral wards 2021⁴³

See final page

⁴² [Spatial Planning for Health: an evidence resource for planning and designing healthier places \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/90442/spatial-planning-for-health-evidence-resource.pdf)

⁴³ <https://www.cheshireeast.gov.uk/pdf/jsna/ward-profile-tartan-rug/tartan-rug-cec.pdf>

Health Profiles for Electoral Wards plus Primary Health and Social Care Areas February 2021

The chart below shows how the health of people in Cheshire East compares with the rest of England.

Indicator	Unit	2017-2019 Average	Nantwich					Crewe					SMAGH					Congleton					Knutsford					Wilmslow					Macclesfield					Poysdon				
			2017	2018	2019	2020	2021	2017	2018	2019	2020	2021	2017	2018	2019	2020	2021	2017	2018	2019	2020	2021	2017	2018	2019	2020	2021	2017	2018	2019	2020	2021	2017	2018	2019	2020	2021					
1. Total Population	Number	44,207	42,911	43,111	43,311	43,511	43,711	43,911	44,111	44,311	44,511	44,711	44,911	45,111	45,311	45,511	45,711	45,911	46,111	46,311	46,511	46,711	46,911	47,111	47,311	47,511	47,711	47,911	48,111	48,311	48,511	48,711	48,911	49,111	49,311	49,511	49,711	49,911				
2. BMI Population	%	2011	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1					
3. Proficiency in English	%	2011	92.2	92.2	92.2	92.2	92.2	92.2	92.2	92.2	92.2	92.2	92.2	92.2	92.2	92.2	92.2	92.2	92.2	92.2	92.2	92.2	92.2	92.2	92.2	92.2	92.2	92.2	92.2	92.2	92.2	92.2	92.2	92.2	92.2	92.2	92.2					
4. Population aged 16	%	2017	16.8	16.8	16.8	16.8	16.8	16.8	16.8	16.8	16.8	16.8	16.8	16.8	16.8	16.8	16.8	16.8	16.8	16.8	16.8	16.8	16.8	16.8	16.8	16.8	16.8	16.8	16.8	16.8	16.8	16.8	16.8	16.8	16.8	16.8	16.8	16.8				
5. Population aged 65 and over	%	2017	21.2	21.2	21.2	21.2	21.2	21.2	21.2	21.2	21.2	21.2	21.2	21.2	21.2	21.2	21.2	21.2	21.2	21.2	21.2	21.2	21.2	21.2	21.2	21.2	21.2	21.2	21.2	21.2	21.2	21.2	21.2	21.2	21.2	21.2	21.2					
6. Proportion who smoke	%	2017	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1					
7. Older people with low income	%	2018	8.5	8.5	8.5	8.5	8.5	8.5	8.5	8.5	8.5	8.5	8.5	8.5	8.5	8.5	8.5	8.5	8.5	8.5	8.5	8.5	8.5	8.5	8.5	8.5	8.5	8.5	8.5	8.5	8.5	8.5	8.5	8.5	8.5	8.5	8.5					
8. People with low income	%	2018	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8					
9. Children in poverty	%	2018	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8					
10. Long term unemployment	Rate	2017-2019	4.8	4.8	4.8	4.8	4.8	4.8	4.8	4.8	4.8	4.8	4.8	4.8	4.8	4.8	4.8	4.8	4.8	4.8	4.8	4.8	4.8	4.8	4.8	4.8	4.8	4.8	4.8	4.8	4.8	4.8	4.8	4.8	4.8	4.8						
11. Family cars	Rate	2017-2019	46.8	46.8	46.8	46.8	46.8	46.8	46.8	46.8	46.8	46.8	46.8	46.8	46.8	46.8	46.8	46.8	46.8	46.8	46.8	46.8	46.8	46.8	46.8	46.8	46.8	46.8	46.8	46.8	46.8	46.8	46.8	46.8	46.8	46.8	46.8					
12. Low birth weight	%	2017-2019	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6					
13. Deliveries to teenage mothers	%	2017-2019	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2					
14. A&E attendances age 0-4	Rate	2017-2019	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1						
15. Admissions for injury age 0-4	Rate	2017-2019	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1						
16. Emergency admissions age 0-4	Rate	2017-2019	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1						
17. Child development at age 5	%	2017-2019	94.1	94.1	94.1	94.1	94.1	94.1	94.1	94.1	94.1	94.1	94.1	94.1	94.1	94.1	94.1	94.1	94.1	94.1	94.1	94.1	94.1	94.1	94.1	94.1	94.1	94.1	94.1	94.1	94.1	94.1	94.1	94.1	94.1	94.1						
18. GCSE achievement	%	2017-2019	77.1	77.1	77.1	77.1	77.1	77.1	77.1	77.1	77.1	77.1	77.1	77.1	77.1	77.1	77.1	77.1	77.1	77.1	77.1	77.1	77.1	77.1	77.1	77.1	77.1	77.1	77.1	77.1	77.1	77.1	77.1	77.1	77.1	77.1						
19. Excess weight age 4-5	%	2017-2019	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1					
20. Excess weight 10-11	%	2017-2019	22.1	22.1	22.1	22.1	22.1	22.1	22.1	22.1	22.1	22.1	22.1	22.1	22.1	22.1	22.1	22.1	22.1	22.1	22.1	22.1	22.1	22.1	22.1	22.1	22.1	22.1	22.1	22.1	22.1	22.1	22.1	22.1	22.1	22.1	22.1					
21. Smoking age 16-17	%	2017-2019	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1						
22. Smoking age 18-17	%	2017-2019	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1						
23. Healthy eating habits	%	2017-2019	64.1	64.1	64.1	64.1	64.1	64.1	64.1	64.1	64.1	64.1	64.1	64.1	64.1	64.1	64.1	64.1	64.1	64.1	64.1	64.1	64.1	64.1	64.1	64.1	64.1	64.1	64.1	64.1	64.1	64.1	64.1	64.1	64.1	64.1						
24. Cholesterol	%	2017-2019	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1	21.1						
25. Sleep (minutes per night)	%	2017-2019	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1						
26. Admissions for alcohol	Rate	2017-2019	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1	24.1						
27. Self-reported bad health	%	2011	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1						
28. Self-reported poor health	%	2011	14.1	14.1	14.1	14.1	14.1	14.1	14.1	14.1	14.1	14.1	14.1	14.1	14.1	14.1	14.1	14.1	14.1	14.1	14.1	14.1	14.1	14.1	14.1	14.1	14.1	14.1	14.1	14.1	14.1	14.1	14.1	14.1	14.1	14.1						
29. Hospital stays for self-harm	Rate	2017-2019	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1						
30. Emergency admissions heart attack	Rate	2017-2019	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1						
31. Emergency admissions stroke	Rate	2017-2019	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1						
32. Emergency admissions respiratory																																										