Our Vision
To work with communities and partners to improve the health and wellbeing of the population of Cheshire West and Chester.

Public Health Priorities include:
• Supporting people to make healthier lifestyle choices.
• Increase awareness and access to available services which mean people can better help themselves to live healthier lives.
• Promote community spirit, helping to build more supportive relationships.
• Working with a number of departments in the council to help to reduce the gap in life expectancy between the most worst off and the best off in Cheshire West and Chester.
• Help to create opportunities for individuals and families to make positive changes to their own lives using their own strengths and skills to make a difference to themselves and their communities.

Contact us:
Public Health Department, Cheshire West and Chester Council, 2nd Floor HQ Building, 58 Nicholas Street, Chester. CH1 2NP

General enquiries: 01244 977020
Email: PublicHealth@cheshirewestandchester.gov.uk
Follow us on Twitter: @DPHCheshirewest

Accessing Cheshire West and Chester Council Information and services
Council information is also available in Audio, Braille, Large Print or other formats. If you would like a copy in a different format, in another language or require a BSL interpreter, please email us at equalities@cheshirewestandchester.gov.uk

Tel: 0300 123 8 123 Textphone: 18001 01406 867 470
email: equalities@cheshirewestandchester.gov.uk
web: www.cheshirewestandchester.gov.uk

Visit: cheshirewestandchester.gov.uk
The Public Health Team are now in their second year of being based in Cheshire West and Chester Council. It has been a busy and challenging year as we have shaped and began to redevelop the services that we commission in order to improve health and wellbeing for our population. There have been a number of new faces join the team and I am proud of the work that they have undertaken – it's almost as if they have been here forever!

This is my first report as interim Director of Public Health and you will notice some similarities in the presentation of the report. Last year’s “calendar” approach has been very popular with partners and the public saying that they appreciate being able to “dip in and out of it”. It also helps to shape awareness raising and informs when we focus on key public health messages. We’re using the same branding to help make our work and messages more recognisable particularly as we will be soon launching our website.

We’re calling this year’s report “A Picture paints a thousand words” as we felt it was important to show what is happening around Cheshire West and Chester. We also wanted to take the same approach as we did in developing the Health and Wellbeing Strategy. This has been informed and directed through wide consultation with varied and diverse community groups.

So for the report, we held a photography competition to ask local people to submit their photographs that capture the “Five Ways to Wellbeing”. You’ll see many of their pictures in this report. While the Director of Public Health’s Annual Report is my chance to talk about what I think are key issues for Cheshire West and Chester, it’s important that it focuses on matters that are important to local people and I wanted them to have the chance to shape this report.

Once again, the Public Health challenge to you as a reader of this report is to consider “what can I do to improve my own health? How could I support others?” I hope this report gives you some ideas and useful information to support the changes you would like to make and I also hope it encourages you. You are not alone... as shown by some of the personal stories included in this report. I am grateful to the Team who have shaped and planned this report – Emma Couzens, Samantha Sole, Eleanor Spencer and Charlotte Smith – as well as the individual authors of the different sections of this report. This was very much a Public Health Team effort.

I hope you enjoy reading this report and if you have any suggestions for next year’s report, please do get in touch.

Fiona Reynolds
Fiona Reynolds
November 2014
NHS Health Checks

The programme aims to prevent coronary heart disease, stroke, diabetes and kidney disease. It’s not only an opportunity to deal with emerging problems, but to get personalised advice on keeping yourself healthy and well in the future.

Last year, 5,646 Cheshire West and Chester residents attended a NHS Health Check appointment which was a 75% increase on the number from the previous year (the check takes approximately 20 minutes). “The NHS Health Check is free and should not be missed,” says Chief Knowledge Officer for the NHS, Sir Muir Grey “It will give you the knowledge you need to take control of your health” (NHS Choices, 2014).

If you are aged between 40 and 74 and are not already being treated for any of the conditions mentioned, ask your GP about having an NHS Health Check or visit www.healthcheck.nhs.uk for more information.

The risk factors associated with the development of these cardiovascular and other diseases are:

• being overweight
• being physically inactive
• not eating healthily
• smoking
• drinking too much alcohol
• high blood pressure
• high cholesterol

The NHS Health Check programme offers a fantastic opportunity to tackle avoidable deaths, disability and reduce health inequalities in England. Cheshire West and Chester Council pays GPs in the area to deliver free NHS Health Checks to those eligible.

NHS Health Check is a screening programme for those aged 40 to 74 living in England, who are not currently being treated for certain risk factors. For example, if you already have high blood pressure you won’t be invited for a NHS Health Check.

Key statistics

The Department of Health (DH) estimates that the Health Checks programme could prevent **1,600** heart attacks and strokes, at least **650** premature deaths; and identify over **4,000** new cases of diabetes each year in England.

Source: Public Health England:– NHS Health Checks – Current Evidence Summary

The heart pumps blood every second of every day through a **100,000-mile** network of veins and arteries, which, if lined up end to end, would circle the equator four times.

Source: NHS Choices, 2014
Healthy pregnancy

Pregnancy is an exciting time but the amount of information available to new mothers (and fathers!) can be overwhelming. Below are some key tips to help you prepare for a healthy pregnancy and beyond; starting from the beginning once you have had a positive test result. Preparation and the knowledge to be able to make informed and timely decisions is key to the wellbeing of both mother and baby.

1. Review your antenatal options as soon as possible and arrange to see a midwife
As soon as you find out you are pregnant, take the time to look at your options for antenatal care. In Cheshire West and Chester antenatal care is provided by community midwives attached to the Countess of Chester Hospital. Maternity services are also provided at Leighton Hospital. You can book an appointment directly with your midwife as soon as you know that you are pregnant. Your GP surgery or a Children’s Centre (www.cheshirewestandchester.gov.uk) can put you in touch with your nearest community midwifery service. Organising your care early means you will get good advice and support for a healthy pregnancy from the start, that will benefit the wellbeing of both you and your baby.

2. Eat well and keep active
Aim to eat a healthy, balanced diet whenever possible. This means your baby will be eating healthily too. Keeping active, even just walking will provide many benefits to expectant mums. www.nhs.uk/start4life/Pages/pregnancy-health-tips

3. Take a supplement specifically for pregnancy
Taking folic acid reduces the risk of your baby developing conditions such as spina bifida. It’s advised that women start taking this before they are pregnant if they’re planning to have a baby. Most women should take 400 microgrammes of folic acid daily and arrange to see a midwife.

4. Stop smoking
Smoking during pregnancy can cause serious health-related problems, for you and your baby. Smoking can increase the risk of:

- asthma
- stillbirth
- low birth weight
- sudden unexpected death in infancy (cot death)
- attention deficit disorder (ADD)

If you smoke, it is best to stop, for your own health and that of your baby. The sooner you stop smoking, the better, but it is never too late. Once you quit smoking, you and your baby will benefit immediately and the oxygen supply to your baby will quickly return to normal.

Ask your GP or midwife to help you with ways to give up. You can also call the confidential local smoking helpline:

West Cheshire Area - 0800 043 5134
or visit www.quit4good.org
Vale Royal Area - 0800 085 8818
or visit www.kickstartcheshire.co.uk

5. Get the pertussis (whooping cough) vaccine
Pertussis vaccine is offered to pregnant women when they are 28-38 weeks pregnant to help protect their babies when they’re born, until they can get their own pertussis vaccination at two months of age.

Pertussis (whooping cough) is a serious infection particularly in young babies, and can be a prolonged illness with complications. It causes long bouts of coughing and choking, making it hard for the baby to breathe. The “whoop” is caused by gasping for breath after each bout of coughing, though babies don’t always make this noise.

For very young babies, whooping cough is a serious disease that can lead to pneumonia, permanent brain damage and unfortunately can also prove fatal. Young babies are particularly at risk because they can’t get this immunisation until they are two months old.

In England, during 2012, 14 babies died from whooping cough, all of whom were born before the vaccination in pregnancy programme was introduced, and developed whooping cough before they could be vaccinated themselves. The number of infant deaths from whooping cough fell to three in 2013 – all three babies were too young to have been vaccinated themselves and none of their mothers had been vaccinated in pregnancy.

Most women will have been vaccinated or exposed to natural whooping cough in childhood. If they are given pertussis vaccine during late pregnancy this will temporarily boost her antibody levels. This enables mum to give her baby a high level of pertussis antibodies which will give them early protection.

The vaccine is not a live vaccine so it can’t cause whooping cough in those who have the immunisation, or their babies. There is no evidence of harm from immunising pregnant women with this type of vaccine.

For more information on the whooping cough vaccine visit NHS Choices: www.nhs.uk/conditions/pregnancy-and-baby/pages/whooping-cough-vaccination-pregnant

Key statistics

In 2013, 3,530 mothers gave birth in Cheshire West and Chester. Some would have had more than one baby, so this is the number of pregnancies rather than births. (2013)

- 6.2% of live births were low birthweight (less than 2,500g). (2013)
- 96.9% of babies have received the 5-in-1 vaccine (also known as DTaP/IPV/Hib) by age 1. The injection protects them against five serious childhood diseases. These five illnesses are diphtheria, tetanus, whooping cough (pertussis), polio, and Hib (Haemophilus influenzae type b).

- 59% of pregnant women in Cheshire, Warrington and Wirral were vaccinated against pertussis in 2013/14.
Respiratory health

Chronic obstructive pulmonary disease (COPD) is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease. COPD is one of the most common respiratory diseases in the UK. It usually affects people over the age of 35, although most people are not diagnosed until they are in their fifties. This is because many people who develop symptoms of COPD do not get medical help because they often dismiss their symptoms as a ‘smoker’s cough’.

Typical symptoms of COPD include:
- increasing breathlessness when active
- a persistent cough with phlegm
- frequent chest infections

Respiratory diseases represent a major problem in England for patients and the NHS. Chronic respiratory diseases include disorders that affect any part of the respiratory system, not only the lungs but also the upper airway (nose, mouth, windpipe), the chest wall and diaphragm, and the neuromuscular system that provides the power for breathing.

March

Case Study

John smoked 20 to 30 roll up cigarettes a day when he was diagnosed with COPD. After collapsing in his car, being diagnosed with COPD was a shock to him, but he decided that if he didn’t give up smoking he would die.

He’d tried “half-heartedly” to give up smoking before, but it wasn’t until he attended his local NHS stop smoking service Quit4Good, that he was able to finally say goodbye to smoking. He says that the support and treatment he got to help him give up was really effective. He also looked forward to having his carbon monoxide levels checked and this motivated him to get smoke free.

John says its “marvellous” that he has given up smoking, but that it wasn’t easy to do and he still gets some cravings. These can be dealt with and he says, “I just think about that first puff and coughing and that you can’t breathe…it’s not worth it”. John’s breathing has improved since he has given up smoking. He also likes not having to go outside and miss out on the conversation when he’s socialising and enjoys playing in his band.

John is still getting support from the British Lung Foundation, and is currently attending “Why Weight?” his local NHS adult weight management service. He has recently lost weight, which he knows will help with his COPD too.

John said that if he hadn’t stopped smoking his COPD would have got worse and he would now be on “oxygen or dead” – he says that he hopes it will extend his life considerably “…my quality of life will be better”.

Key statistics

Chronic obstructive pulmonary disease (COPD) 3 million people in the UK have chronic obstructive pulmonary disease (COPD) but only about 900,000 have been diagnosed.

During 2010-12 in Cheshire West and Chester, 306 people aged under 75 died from respiratory diseases, an average of 102 each year. Half of these deaths (50%) were caused by chronic obstructive pulmonary disease (COPD).
Walking and cycling

The average time spent walking or cycling per person decreased from 16.8 minutes per day in 1972–73 to 11.8 minutes per day in 2005. If one third of car journeys under five miles were transferred to walking or cycling it would save as many lives as all other heart disease prevention measures put together. However, only 28% of adults in Cheshire West and Chester are physically active based on the guidance that we take 150 minutes of physical activity per week. It is estimated that 55% of people aged 16+ are completely inactive. That’s about 140,000 people here in Cheshire West.

Benefits for retail
Research from a retail street in Australia found that each square metre of space allocated to cars contributed $6 (£3) per hour in expenditure, whereas each square metre of space allocated to bicycles brought in five times as much ($31 (£15.50) per hour). A significant element is that a bicycle takes up 12% of the space used by a car which is to say that one car parking space can be used by eight bikes.

Key statistics

<table>
<thead>
<tr>
<th>Condition</th>
<th>Increasing physical activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart disease</td>
<td>Reduced risk</td>
</tr>
<tr>
<td>Stroke</td>
<td>Reduced risk</td>
</tr>
<tr>
<td>Obesity</td>
<td>Reduced risk</td>
</tr>
<tr>
<td>Type 2 diabetes</td>
<td>Reduced risk</td>
</tr>
<tr>
<td>Colon cancer</td>
<td>Reduced risk</td>
</tr>
<tr>
<td>Breast cancer</td>
<td>Reduced risk</td>
</tr>
<tr>
<td>Musculoskeletal health</td>
<td>Improvement</td>
</tr>
<tr>
<td>Falls in older people</td>
<td>Reduced risk</td>
</tr>
<tr>
<td>Psychological wellbeing</td>
<td>Improvement</td>
</tr>
<tr>
<td>Depression</td>
<td>Reduced risk</td>
</tr>
</tbody>
</table>

Why cycle?

Benefits for employers
Cycling and walking schemes can provide immediate benefits to the economy through reduced absenteeism (as measured by a reduction in sick days) and improved worker productivity levels.

Comparison with car drivers
Travel behaviour choices impact on body weight. Studies from across the world report an association of time spent in cars increasing risk of weight gain in contrast to time spent walking or cycling.

• Countries with the highest levels of active travel generally have the lowest obesity rates.
• Time spent in cars as a passenger or driver is associated with increased obesity.

Pedal power

How do I start cycling?
There are a number of clubs/groups/rides around Cheshire West and Chester:
• Neston Cycling Project
• Winsford Wheeler – Cycle Club
• British Cycling’s Breeze and Sky Ride programmes are offering free guided bike rides around Cheshire to show people how fun and social cycling is. The Breeze rides (www.breezebikerides.com) and the Sky Rides are listed on the Sky Ride website www.goskyride.com/west-cheshire and it’s easy to find out where the rides are taking place and to book your place with the group.
• Cheshire West and Chester Council is also undertaking work to improve cycle paths and to map where they are so it is easier for people to get on their bikes.
Key statistics

• In England, over 27% of 5 year olds have tooth decay.
• Children with decay have on average between 3 and 4 teeth affected by decay, treated or untreated.
• The proportion of children with untreated decay has reduced from 27.5% to 24.5%.
• Levels of decay vary regionally with more children in northern regions with tooth decay than those in the south and eastern regions. Levels of decay ranged from 21.2% of 5 year olds in the South East to 34.8% in the North West.

Brushing

• Brush your child’s teeth on a daily basis as soon as they appear.
• Start with a smear of toothpaste on the brush and increase to a small pea sized amount when the child is three years old.
• Make sure you brush teeth and gums.
• Use a small headed soft toothbrush and replace when bristles become splayed.
• Brushing should be supervised until your child is 6 or 7 years old.
• Spit out excess toothpaste, but don’t rinse out.

Tooth decay is the most common oral disease affecting children and young people in England, yet it is largely preventable.

While children’s oral health has improved over the past 20 years, almost a third (27.9%) of five-year olds in England still had tooth decay in 2012, (when the most recent study was completed).

Tooth decay was the most common reason for hospital admissions in children in 2012-13 for general anaesthetic extractions. Dental treatment is a significant cost for the NHS. In England in 2012, £3.4 billion was spent on dental care.

Poor oral health can affect children and young people’s ability to sleep, eat, speak, play and socialise with other children. Poor oral health also causes pain, infections and impaired nutrition and growth.

When children have toothache or need treatment, this can mean school absence and that families and parents have to take time off work. Oral health is an integral part of overall health. When children are not healthy, this affects their ability to learn, thrive and develop. Good oral health can contribute to school readiness.

Children living in deprived communities consistently have poorer health, including dental health.

Tackling the problem of poor child oral health requires all who live and work with young children to play a part, and promote the simple messages that can make a big difference to keeping teeth healthy.

Establishing good habits can help your child avoid oral health problems, such as tooth decay and gum disease.

Drinks

• Fizzy and pure fruit juices, including smoothies, contain acid and can damage teeth by dissolving the enamel (this is called tooth erosion). Avoid giving your child these drinks.
• If you do give juice or squash to a child, make sure it is very diluted and only consumed with a meal.

Diet

• Look out for hidden sugars (sucrose, fructose, glucose and honey are all types of sugars).
• Avoid giving biscuits or sweets as a treat or a reward.
• Never dip dummies in sweet products such as honey, jam or syrup.
• Although dried fruits count as one of your ‘Five a day’ they can cause tooth decay, so restrict to meal times.
• Yoghurts and fromage frais can contain a lot of sugar.

Good Habits

Establishing good habits can help your child avoid oral health problems, such as tooth decay and gum disease.
Alcohol

The impact of alcohol misuse is wide ranging. It can lead to physical and psychological dependence and can have significant implications for a person’s short and long-term health and wellbeing, as well as impacting on families and the wider local community.

People (adults) who drink in Cheshire West and Chester do so within the recommended limits (lower risk levels). For example, it’s recommended that men do not drink more than 3 or 4 units in a day. That’s equivalent to a pint of strong lager. For women the recommendation is not more than 2 or 3 units a day, that’s a large (250ml) glass of wine.

Most people who regularly drink more than the NHS recommends don’t see any harmful effects at first. Alcohol’s hidden harms usually only emerge after a number of years. By then, serious health problems can have developed. Liver problems, reduced fertility, high blood pressure, increased risk of various cancers and heart attack are some of the numerous harmful effects of regularly drinking more than the recommended levels.

Alcohol can also contribute to conditions such as heart disease, diabetes and liver disease. Remember, there is no absolutely safe level at which to drink alcohol.

More information on the impact of alcohol upon your health is available here: www.nhs.uk/Live_well/alcohol/Pages/Effectsofalcohol.

Take a step to a healthier life by reducing the amount of alcohol you drink. Staying within guidelines reduces the risk to your health.

There are some great tools to assess how much you really drink www.nhs.uk/Change4Life/Pages/alcohol-lower-risk-guidelines-units and find ways to cut down on alcohol. The less you drink the more you are contributing to your own health and wellbeing.

Key statistics

- Around 87% of Cheshire West and Chester residents aged 16+ drink alcohol (236,000 people).
- This is higher than the England percentage of people aged 16+ who drink - 83%.
- 72.5% of the people in Cheshire West and Chester who drink do so at lower risk levels which is good news.

June

Alcohol
Cancer screening

Cancer is a common condition. In 2009, 320,467 new cases of cancer were diagnosed in the UK. More than one in three people will develop some form of cancer during their lifetime.

Many cancers can be prevented by not smoking, eating healthily, maintaining a healthy weight, being more physically active (see our section on walking and cycling) and reducing how much alcohol you drink.

For three types of cancer there are screening programmes:
- Cervical
- Breast
- Bowel

Cervical
Cervical screening is not a test for diagnosing cervical cancer. It is a test to check the health of the cervix. For many women the test results show that everything is fine. For around one in 20 women, the test shows changes in cells that can be caused by many things. Most of these changes will not lead to cervical cancer.

Cervical cancer can often be prevented. The signs that it may develop can be spotted early on so it can be stopped before it even gets started.

Not going for cervical screening is one of the biggest risk factors for developing cervical cancer. The NHS offers the test to all women aged between 25 and 64. You’ll receive an invitation from your GP when your appointment is due.

Breast
Breast screening is a method of detecting breast cancer at a very early stage. The first step involves an x-ray of each breast - a mammogram - which can detect small changes in breast tissue which may indicate cancers which are too small to be felt either by the woman herself or by a doctor.

All women aged 50 to 70 are invited for breast screening every 3 years. Some older and younger women in Cheshire are also being invited as part of a study of screening in different age groups.

Bowel
The NHS Bowel Cancer Screening Programme offers screening every two years to all men and women aged 60 to 69.

Bowel screening is different from the other two programmes in that this can be done at home. Men and women eligible for screening receive an invitation letter explaining the programme, and an information leaflet entitled Bowel Cancer Screening - The Facts. About a week later, a test kit is sent out along with step-by-step instructions for completing the test at home and sending the samples to the laboratory. The test is then processed and the results sent within two weeks.

Bowel cancer screening aims to detect bowel cancer at an early stage (in people with no symptoms), when treatment is more likely to be effective. This screening can also detect polyps. These are not cancers, but may develop into cancers over time. They can easily be removed, reducing the risk of bowel cancer developing.

Key statistics
- Cervical screening uptake in Cheshire West and Chester 2013-14 is just below the national target of 80%, lowest among 25-29 year old women (71%) and 55-64 year old women (75%). This is an improvement on the previous year 2012-13.
- Breast screening uptake is 79% against a target of 80%.
- Bowel screening uptake in Vale Royal is 58% and in Western Cheshire it is 59%, against a local target of 60%.

Cancer is a common condition. In 2009, 320,467 new cases of cancer were diagnosed in the UK. More than one in three people will develop some form of cancer during their lifetime.

Many cancers can be prevented by not smoking, eating healthily, maintaining a healthy weight, being more physically active (see our section on walking and cycling) and reducing how much alcohol you drink.

For three types of cancer there are screening programmes:
- Cervical
- Breast
- Bowel

Cervical screening is not a test for diagnosing cervical cancer. It is a test to check the health of the cervix. For many women the test results show that everything is fine. For around one in 20 women, the test shows changes in cells that can be caused by many things. Most of these changes will not lead to cervical cancer.

Cervical cancer can often be prevented. The signs that it may develop can be spotted early on so it can be stopped before it even gets started.

Not going for cervical screening is one of the biggest risk factors for developing cervical cancer. The NHS offers the test to all women aged between 25 and 64. You’ll receive an invitation from your GP when your appointment is due.

Breast screening is a method of detecting breast cancer at a very early stage. The first step involves an x-ray of each breast - a mammogram - which can detect small changes in breast tissue which may indicate cancers which are too small to be felt either by the woman herself or by a doctor.

All women aged 50 to 70 are invited for breast screening every 3 years. Some older and younger women in Cheshire are also being invited as part of a study of screening in different age groups.

The NHS Bowel Cancer Screening Programme offers screening every two years to all men and women aged 60 to 69.

Bowel screening is different from the other two programmes in that this can be done at home. Men and women eligible for screening receive an invitation letter explaining the programme, and an information leaflet entitled Bowel Cancer Screening - The Facts. About a week later, a test kit is sent out along with step-by-step instructions for completing the test at home and sending the samples to the laboratory. The test is then processed and the results sent within two weeks.

Bowel cancer screening aims to detect bowel cancer at an early stage (in people with no symptoms), when treatment is more likely to be effective. This screening can also detect polyps. These are not cancers, but may develop into cancers over time. They can easily be removed, reducing the risk of bowel cancer developing.

Key statistics
- Cervical screening uptake in Cheshire West and Chester 2013-14 is just below the national target of 80%, lowest among 25-29 year old women (71%) and 55-64 year old women (75%). This is an improvement on the previous year 2012-13.
- Breast screening uptake is 79% against a target of 80%.
- Bowel screening uptake in Vale Royal is 58% and in Western Cheshire it is 59%, against a local target of 60%.
Dementia is one of the greatest challenges that we face as our population ages. Getting a diagnosis can be difficult and living with the disease can become a daily battle. Research shows that people with dementia and their families often feel lonely, isolated and don’t feel part of their communities. They often stop, or find difficulty doing the things they used to enjoy, like socialising, spending time with family and friends and taking part in leisure activities. It is the everyday things we take for granted, like shopping or going to the bank, that become too difficult.

So what is dementia friendly community?

A dementia friendly community is a place where more people have an awareness and understanding of dementia. It is a place where there is less fear and avoidance, where people living with dementia feel included and valued. It is a place where people with dementia are supported to be part of the community to have a better quality of life and to live more independently for longer. Communities that are more inclusive and supportive are not only better for people with dementia but are better for everyone. They enable people in the community to remain connected with their local support network which helps promote wellbeing, improve community resilience and reduce social isolation and loneliness.

Dementia is a national challenge and is everyone’s concern. Everyone has a part to play, not just hospitals, care homes and GPs, but shop workers, bank staff, taxi and bus drivers, schools, faith networks, the list goes on, stretching across communities in our cities, towns and villages. Cheshire West and Chester Council, the Countess of Chester Hospital and the Clinical Commissioning Groups are working in partnership to support the Workforce Development Project Team to raise awareness of dementia and inspire and enable communities to work together to become dementia friendly.

Key statistics

- 800,000 people in the UK are living with dementia, including 17,000 people under the age of 65.
- One in three people over 65 will die with the disease.
- Dementia describes a set of symptoms that may include memory loss, mood changes and difficulties with thinking, problem-solving, communication, reasoning and day-to-day tasks.
- Dementia is not a natural part of growing older, it is caused when the brain is damaged by diseases such as Alzheimer’s disease or by a series of strokes.
- There are currently around 2,100 people registered with Cheshire West and Chester GPs with a diagnosis of dementia.

Focus on... Malpas

In January 2014, Malpas became the first village in the Borough to be recognised as working towards becoming dementia friendly. Over 200 people attended a launch event and 120 attended information sessions and became dementia friends, pledging to make a difference to people living with dementia in the Malpas community. Over 100 sixth formers from Bishop Heber High School have also become dementia friends. Members of the community who are keen to play their part recently attended training at Carden Park to become Dementia Friends Champions. They are now looking forward to delivering information sessions to help others understand what it is like to live with dementia and how to turn that understanding into action.

John Webb, Chairman of Malpas Parish Council and Dementia Friends Champion, said: “Malpas Parish Council recognises the importance of becoming a dementia friendly community and welcomes the strong support from local businesses and the whole community.”

Blacon has followed in Malpas’ footsteps becoming the first urban community working towards becoming dementia friendly. Many other communities across the borough are now following suit.

The newly formed West Cheshire Dementia Action Alliance is bringing together individuals, organisations and businesses, inspiring and enabling communities to work together, offer support, share ideas, and learn from each other. To find out more, contact dementiafriends@cheshirewest andchester.gov.uk
The number of people killed on local (e.g. A and B roads, not motorways) roads is similar to the national average, whilst the rate of hospital admissions because of road traffic accidents in Cheshire West and Chester is around 25% higher than the national average. Accidents involving pedestrians locally are lower than expected, suggesting that the majority of reported accidents involve collisions between vehicles.

In general, it is twice as likely for an accident to occur on an urban road than a rural road per kilometer travelled; with urban roads accounting for two-thirds of all crashes. However, crashes on rural roads tend to be more serious, with over half (59%) of road fatalities occurring on rural roads.

In 2010, the National Institute for Clinical Excellence and the WHO (the World Health Organization) stated that safe road design is vital to the reduction of road injury. The Department for Transport in 2013 asked local authorities to keep their speed limits under review and to consider the introduction of more 20 mph limits and zones, over time, in streets that are primarily residential, and outside schools. Local organisations and partnerships need to be mindful of this guidance. Cheshire West and Chester is exploring this recommendation.

Across Cheshire West and Chester there were 627 people killed or seriously injured in a road traffic accident between 2010 and 2012. This translates to 63 people per 100,000 and is worse than the English average rate of 41 per 100,000.

Across Cheshire West and Chester there were 390 hospital admissions due to transport injury, 2010-2011.

In 2010, there were 93 children under the age of 16 injured on Cheshire West and Chester roads.

The Institute of Advance Motorists reported in August 2014 that our borough was third best performing area in terms of reducing road casualties in 2013: a reduction from 214 to 136.

People living in small or rural areas or facing the limitations of poor health or old age are at risk of social isolation.

These barriers, coupled with stigma and discrimination means that isolation disproportionately affects the lesbian, gay, bisexual and transgender community (LGBT). LGBT activities are typically based in large towns, an issue for those living in rural areas, young people with travel issues and older people in poor health. All older people face isolation as they retire, lose loved ones and experience declining health but LGBT older people are more likely to live alone and be estranged from their family. Poor health hinders travelling to LGBT activities or support networks and there is trepidation in accessing services such as befrienders or local groups due to potential homophobia or transphobia. These fears also make older LGBT people reluctant to have a carer or go into residential care.

Isolation also refers to the withdrawal from social contact. Those who identify as LGBT, or are questioning (LGBTQ) their sexual orientation or gender identity may fear disclosing this to others due to potential homophobia, transphobia, rejection or stigma; young people are particularly at risk. The individual may feel confused, distressed, unable to talk to anyone and feel the pressure of secrecy. The effects on mental health include depression, low self-esteem and self-deprecation. It can also lead to poor coping mechanisms including alcohol abuse, drugs misuse and self-harm. When an LGBTQ person does ‘come out’ or disclose their gender identity, the reaction of those they tell are crucial - rejection will confirm fears of telling others and may lead to further isolation. Those who experience homophobic or transphobic hate crime are at risk of withdrawal and escalating harmful behaviours. Individuals who belong to a Black or ethnic minority community, faith groups or traditional rural communities, such as farmers, are also at greater risk of isolation due to cultural attitudes and traditional family values.

Key statistics

- 99% of gay pupils hear the phrase ‘that’s so gay’ in school when referring to anything broken, defective or unwanted.
- One in four lesbian, gay and bisexual young people don’t have an adult to talk to about being gay at school, home or elsewhere.
- Almost one third of lesbian, gay and bisexual pupils are ignored and isolated by other people.
- 41% of lesbian, gay and bisexual people over the age of 55 live alone compared to 28% of heterosexual older people.
- Less than one quarter of lesbian, gay and bisexual people see their biological family members at least once a week compared to more than half of heterosexual people.


Isolation and LGBT people

‘Utopia is all about acceptance; it doesn’t matter who you are or what you do’

Utopia is a weekly youth group based in Ellesmere Port, for young people aged 13 to 19 who are LGBT or questioning their sexual orientation or gender identity. Utopia supports young LGBTQ people who are at risk of becoming isolated by offering a safe and welcoming environment to make friends, take part in youth activities and speak to youth workers. Here the young people share how Utopia has helped them.

‘Utopia has helped me make friends who are also gay or bisexual. It took me 2 years to understand my sexual orientation and during that time the youth workers and my friends at Utopia gave me support and helped me with what I was going through. The friends I have made at Utopia are my best friends, even those who have left the group now. Utopia has helped me to feel comfortable and safe with other people.’

‘I was having a difficult time at home and I didn’t know where to go. When I came to Utopia, I started to come out of my shell, it gave me confidence. The team who support the young people are amazing and there is a good sense of community here. We are a family.’

‘When I started coming to Utopia I was already out, but I had no gay friends, I had no friends at all really. Utopia is a gateway into the gay community. I use to never leave my room but now I am more confident speaking to people and getting better at this. I would be lost if I didn’t have the group.’

‘Before Utopia, I had no friends at all. I have always been a loner, but being gay, I became even more of a loner. I couldn’t speak to people out there, if you’re not gay you don’t understand what it’s like. At Utopia people understand.’

‘I’m not out and though I go to Utopia my parents don’t know I am gay. I never use to leave the house and I didn’t have any friends in school or a place to go. I heard about Utopia and went to make friends. Utopia is a place I can be myself and gain confidence.’
Case study

Fuel poverty – Neston Affordable Warmth Programme – A targeted programme for residents identified as at risk of being in fuel poverty in the Neston, Parkgate, Little Ness, Burton and Willaston areas. The programme will run on a referral basis from key local partners and will involve a visit by the Groundwork Cheshire Green Doctor who will work with the residents on an action plan to reduce their energy and water bills. These interventions will include analysing the benefits of switching supplier and changing tariff, proposing areas for improving energy efficiency and discussing possible ways that through behaviour change energy bills can be reduced. The target for this project is to support 75 households in reducing their energy bills.

Neston Older People’s Network – Neston Angels
This project is designed to strengthen local partnerships who deliver and support older people and develop local synergies. This programme will also include the production of directory of services for older people in the area and the development of a local snow angels programme of volunteering.

Keeping Well
The ‘Keeping Well in West Cheshire Pilot’ is a co-ordinated approach to providing information, advice and support that enables the older population (over 55) to keep well.

If you would like to get involved in being a volunteer or feel you or somebody you know in your family, friendship group or in the community would benefit from the Keeping Well in West Cheshire Pilot please call Age UK on 01606 884440

Active ageing

Services
Are you worried about growing older and your place in society when you’re 60, 70, 80 or older?
There is a lot to life after 60, and society is beginning to appreciate the contribution older people are making - through voluntary work and with helping their families with childcare or with caring responsibilities.
That’s what active ageing is about getting more out of life as you grow older, not less, whether at work, at home or in the community. The words ‘active ageing’ do not just refer to your ability to have physical hobbies, although it is important to take some regular exercise within your physical capabilities. It is equally necessary to keep mentally active. These two factors are also said to be important in preventing the onset of dementia.
By getting involved in social, community, cultural, spiritual or civic affairs, your quality of life will improve.

Key statistics
- People aged 65 and over in Cheshire West and Chester are significantly more likely to regularly attend a social group (once a month or more) (45%) than younger age groups (30%).
- Involvement in civic participation during the 12 months increases with age - those aged 65 and over are much more likely than younger people to have been a member of a decision making group set up to regenerate a local area.
- People aged 65 and over, along with the 18-34 year olds are also more likely to walk or cycle to places like the shops or to an appointment than those aged 34-65.

Examples of activities happening locally:
- walking football
- swimming sessions for older people
- men-in-sheds
- walking groups
- Zumba groups
- line dancing
- Tai Chi
- gentle exercise groups
- bowling
- yoga

The Older Peoples Network (OPN) is led by a group of seniors who are helping Cheshire West and Chester Council to make the area a better place for older people to live. They are supported by the council to communicate with the older members of the community, to provide information about the council and other services, to listen to people’s needs and possible problems and to report this back to the council.

To join or obtain more information about OPN ring: 01244 972185 or email research@cheshirewestandchester.gov.uk

2,911 of the most vulnerable older people have benefited from home visits from external partners delivering health messages and setting plans to improve the individual’s health. Those who have needed that extra help have benefited from 5 Snow Angels schemes that have a total of 148 volunteers. These volunteers aim to provide assistance to elderly and vulnerable people by providing practical help and advice with day to day tasks, such as shopping, path clearing, help with heating problems and delivery of meals. Furthermore the scheme has helped to address social isolation and loneliness issues through a daily phone call from the staff at Weaver Vale Housing Trust who can then request further assistance through a Snow Angels volunteer.
Key statistics

National Child Measurement Programme (NCMP) data demonstrates that:

- In England 22.2% of Reception children measured in 2012/13 were either obese (9.3%) or overweight.
- In Cheshire West and Chester the proportion is higher with 24% of Reception children either obese (8.9%) or overweight.
- In England 33.3% of Year 6 children measured in 2012/13 were either obese (18.9%) or overweight.
- In Cheshire West and Chester the figure is lower with 31.1% of Year 6 children either obese (17.6%) or overweight.

Focus on excess weight

Excess weight (overweight and obesity) in children often leads to excess weight in adults, and this is recognised as a major cause of premature mortality and avoidable ill health.

In 2012/13 just under a quarter of Cheshire West and Chester’s children in their school reception year were an unhealthy weight. Almost 9% of children in this age group were obese. Just under a quarter of children are overweight or obese. However, these rates are showing an improvement year on year.

In 2012/13 just under one third of Cheshire West and Chester’s children in their final year at junior school were an unhealthy weight. Almost 18% of children in this age group were obese. In Cheshire West and Chester, levels of obesity more than double between the reception year and final year of junior school. These rates are also improving.

The Public Health Team are developing services that support children and young people to be a healthy weight. These include activities and lesson plans for schools and a community ‘Fit 4 Life’ programme this is a 6 week programme that engages both parents and young people the majority of referrals coming from school nurses.

Starting well

One of the four priorities of the Cheshire West and Chester’s Health and Wellbeing Strategy is to ensure that children and young people have a healthy start in life.

This includes a focus on excess weight - particularly in 4-5 and 10-11 year olds - which was an area cited by the Youth Parliament in our consultation with them.

Giving every child the best start in life and supporting children and young people, together with their families and carers, to realise their full potential is key to reducing health inequalitie.
Update on 2013 What have we been doing since last year?

Focus on... The Health and Wellbeing Strategy
The draft Health and Wellbeing Strategy 2014-19 has been published following development by Cheshire West and Chester Council and its partners. We undertook wide-ranging engagement with local residents, patients and a range of organisations together and included evidence from the Integrated Strategic Needs Assessment.

The document sets out a framework for improving health and reducing inequalities across the borough, and provides a basis for the commissioning of health, social care and wellbeing services. It concentrates on areas where joint working across health, local government and other partners can have the greatest positive impact on the health and wellbeing of residents.

The strategy contains four priority areas:
- Starting Well
- Substance misuse
- Mental health and wellbeing
- Ageing well

Focus on... the Integrated Strategic Needs Assessment
The Integrated Strategic Needs Assessment holds data and intelligence needed to use to make decisions and plan work.
1. Important resources have been developed and updated in order to describe local need, including locality and Children’s Centre dashboards and demographic profiles for the two Clinical Commissioning Groups – Vale Royal and West Cheshire.
2. We are also updating our Equality Profiles highlighting the key issues facing particular groups such as the lesbian, gay, bisexual and transgender population.
3. The information we hold on children and young people’s health is being substantially reviewed and updated while we will also be undertaking work to improve the intelligence we have on mental health and wellbeing.

Focus on... Health and Wellbeing for 5-19 year olds
The Public Health Team is commissioning a Health and Wellbeing Service for 5-19 year olds which will create a consistent service across the whole of Cheshire West and Chester. The Service will help us to improve young people’s health and therefore help them to achieve the most from their education.

Focus on... Alcohol
1. The Public Health Team is now a standing member of the Licensing Partnership and it reviews and can comment on all licensing applications. We supported the Review of the Statement of Licensing Policy for Cheshire West and Chester Council, which, as of now, includes a Cumulative Impact Policy for the Chester town centre area.
2. The Ellesmere Port Alcohol Inquiry community participants have been working with peers across the Northwest to share and promote their learning and experiences in tackling alcohol in their communities.
3. The Public Health is working with colleagues across Cheshire and Warrington as part of a community safety initiative to look at various ways of tackling alcohol harm, including what can be done regarding education for children and young people, reducing sales of high strength alcohol and information sharing with hospital emergency departments to help partners target resources effectively.

Focus on... Health Protection
Health Protection is an important function for council to deliver and the Public Health Team has been working to support this.

1. We have commissioned one Infection Control Service that will provide support and advice to GPs, care homes and nurseries across the whole of Cheshire West and Chester.
2. We have established the Health Protection Forum which is the means by which we can ensure that we have safe and effective services (such as immunisation and screening services) to help protect the population’s health.
3. We are also delivering training to care homes and domiciliary care staff to support work to stop infections and outbreaks.
The Northwest Directors of Public Health Manifesto

The North West Directors of Public Health have a top ten of Public Health Priorities to improve the physical and mental health and wellbeing of the population, and reduce health inequalities. Investment and implementation in the ten priorities will not only save countless lives but build a better quality of life for a new generation.

**Priority 1:** Introduce a minimum price of 50p per unit of alcohol sold to tackle alcohol-related harm and improve health and social outcomes.

**Priority 2:** Introduce a sugar sweetened beverage (SSB) duty at 20p per litre to help address poor dental health, obesity and related conditions.

**Priority 3:** Commit to the eradication of childhood poverty to meet targets set by the Child Poverty Act 2010 and improve the health and wellbeing of all children.

**Priority 4:** Work with employers to increase payment of the living wage and introduce a higher minimum wage to improve quality of life, happiness and productivity in work.

**Priority 5:** Ban the marketing on television of foods high in fat, sugar and salt (HFFS) before 9pm to reduce children’s exposure to unhealthy food advertising and improve diet choices.

**Priority 6:** Implement the recommendations contained within the “1001 critical days” cross party report to ensure all babies have the best possible start in life.

**Priority 7:** Implement tougher regulation of payday loan companies to improve the health and wellbeing of people with debts.

**Priority 8:** Require all schools to provide a minimum of one hour of physical activity to all pupils every day in line with UK physical activity guidelines for 5-18 year olds.

**Priority 9:** Introduce policies to encourage active travel and use of public transport to improve the quality of local environments and improve road safety, health and wellbeing.

**Priority 10:** Require compulsory standardised front of pack labelling for all pre-packaged food and beverages (including alcoholic drinks) to encourage informed decision making about food and drink consumption.