Welcome to the third Public Health Annual Report since the Public Health Team moved into Cheshire West and Chester Council in 2013.

2015 saw the conclusion of a lot of work to commission Public Health services for the borough with the majority “going live” in the early part of the year – for example the 5-19s wellbeing service, sexual health and substance misuse. The responsibility for 0-5s (health visiting) commissioning moved from the NHS to the Council in October which will create new opportunities for the way that we approach children’s Public Health services.

While this has been happening, the Public Health Team has also been developing the Joint Strategic Needs Assessment with a substantial programme of work on Mental Wellbeing. We’ve also been strengthening our links to areas that aren’t traditionally considered to be part of “Health’s” remit – unemployment and housing for example – and working with different departments and directorates across the Council. The challenge and the opportunity in moving Public Health Teams into Local Authorities was to choose the approach – are we a Council with a Public Health Team or are we a Public Health organisation?

But while the Council has the lead for Public Health, on its own it cannot increase healthy life expectancy and reduce health inequalities. To achieve these outcomes, a range of organisations (from health and social care, within the NHS, within the voluntary sector and more) are working together to create the environment that will improve the public’s health and wellbeing – shaping where we live and developing services we need. The issues that affect our health and wellbeing are diverse which means a variety of approaches are necessary.

So, this year’s annual report is focused on creating a health and wellbeing system with some of the Council’s partners (for example Vale Royal and West Cheshire Clinical Commissioning Groups) and a selection of the types of work being delivered within the community. There isn’t the space in this report to capture everything but the examples chosen have been selected to represent our collective efforts to improve the public’s health where we live, where we work and where we play.

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?” You are a part of this health and wellbeing system too. I hope this report gives you some ideas and useful information to support the changes you would like to make or to support others.

As ever, this report has been drawn together by a number of people – it’s an example of a health and wellbeing system. So I’d like to thank the contributors of all of the reports and especially the members of the Public Health Team who have worked hard to coordinate this – Donald Read, Samantha Sole, Amy Gouldstone, Helen Stott and Neil Boardman.

I hope you enjoy reading this report.

Fiona Reynolds
Director of Public Health (Interim)
Eating a nutritionally balanced diet and being physically active is key to reducing levels of excess weight, and ensures everyone has the best chance to live a long and healthy life. As well as reducing excess weight there are a range of other health benefits related with eating a balanced diet and completing regular moderate physical activity.

Evidence suggests that people who undertake the recommended physical activity levels and eat a nutritionally balanced diet reduce the risk of type 2 diabetes, stroke, some cancers and coronary heart disease.

What is obesity?
Overweight and obesity are terms which describe excess body fat which could negatively affect health. Adults are measured using the Body Mass Index (BMI) where a person’s weight (kg) is divided by their height (m²).

This BMI figure is used as a guide to identify which category a person will be classed in.

<table>
<thead>
<tr>
<th>Classification</th>
<th>BMI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>Less than 18.5</td>
</tr>
<tr>
<td>Healthy weight</td>
<td>18.5 – 24.9</td>
</tr>
<tr>
<td>Overweight</td>
<td>25.0 – 29.9</td>
</tr>
<tr>
<td>Obese I</td>
<td>30.0 – 34.9</td>
</tr>
<tr>
<td>Obese II</td>
<td>35.0 – 39.9</td>
</tr>
<tr>
<td>Obese III (morbidly obese)</td>
<td>40.0 or more</td>
</tr>
</tbody>
</table>

Source: WHO (2014)
Although BMI is the most widely used method to define overweight and obesity in both men and women, it is not a direct measure of fat levels and does not take muscle mass into account. However, measuring a person’s waist circumference in conjunction with their BMI can be a useful indication of whether the individual may be overweight or obese (NICE, 2011).

Case Study
Local Activity
The Eat Well Be Active Framework is Cheshire West and Chester Council’s response to high levels of overweight and obesity.

It aims to promote greater opportunities to make healthier choices and promotes increased levels of healthy eating and physical activity at all stages of life.

The framework aims to reduce the number of overweight and obese adults and children through a multi-agency approach that promotes healthy behaviours to keep people well for longer. The framework consists of three core elements (Starting Well, Living Well, Place and Planning) that are comprised of eight key strands (see diagram on the right). Individual action plans for each of these strands have been developed with a view to address the issues around Starting Well, Living Well and Place and Planning.

Key statistics
Eating a healthy diet will reduce your chances of getting certain cancers
- Many studies have been conducted looking at the association between diet and cancer, and experts agree the food we eat can affect our risk of cancer. Scientists have estimated that less healthy diets cause 9% of cancer cases in the UK.

In Cheshire West and Chester:
- Almost one in four children (23.1%) in their school reception year are either overweight or obese, slightly higher than the England average of 21.9%.

Source: WHO (2014)

Although BMI is the most widely used method to define overweight and obesity in both men and women, it is not a direct measure of fat levels and does not take muscle mass into account. However, measuring a person’s waist circumference in conjunction with their BMI can be a useful indication of whether the individual may be overweight or obese (NICE, 2011).

The Eat Well, Be Active framework will focus on three core elements to promote greater levels of healthy eating and physical activity - these elements will contain specific strands that represent key priority areas.
Good mental health and wellbeing is having a positive state of mind and body while feeling safe and able to cope. It also involves having a sense of connection with other people and the environment around you. People can have good mental wellbeing, even if they have a mental illness. Our mental health and wellbeing affects all aspects of our lives, affecting us as individuals, family members, friends, employers and the wider community.

In the UK:
- It is estimated that 1 in 4 people will experience some kind of mental health problem in the course of a year (The Office for National Statistics Psychiatric Morbidity report, 2001)
- Almost 9 out of 10 people who completed the “Stigma Shout Survey” reported the negative impact of stigma on their lives (Time to change, 2008).

In Cheshire West and Chester:
- In 2013/14 17.1% of over 16 year olds that completed the Annual Population Survey reported high anxiety compared to 20.45% in 2011/12 (Annual Population Survey, 2014)
- 8% of carers surveyed said they felt socially isolated, 45% said they had some social contact and 47% felt they had as much social contact as they need with people they like (Carers Survey, June 2013).
- 43.9 children per 100,000 (aged 0-17 years) were admitted to hospital for mental disorders e.g. mood disorders and schizophrenia in 2012/2013 compared to 87.6 per 100,000 in England (Hospital Episode Statistics, 2014)
- There are over 18,320 people on unemployment benefits in the borough, of which 65% are claiming sickness benefits. Over 40% of these claims are due to mental health and behavioural conditions

In the UK, 1 in 4 people will experience some kind of mental health problem in the course of a year (The Office for National Statistics Psychiatric Morbidity report, 2001). It is therefore important that we have the skills and resources to look after and maintain our mental health and wellbeing.

Raising awareness about mental health and how to improve mental health is key to supporting people to feel mentally well. Raising awareness can also help to reduce stigma and discrimination towards those with mental health problems. Some people say that this discrimination can be a bigger problem than the mental illness itself. Almost 9 out of 10 people who completed the Stigma Shout Survey (2008) reported the negative impact of stigma on their lives (Time to change, 2008).

In 2014, a joint pledge signing event saw West Cheshire CCG and Vale Royal CCG commit to end the stigma and discrimination against people with experience of mental health problems. They join England’s biggest anti-stigma programme run by the charities Mind and Rethink Mental Illness called Time to Change. Public Health are working with Cheshire and Wirral NHS Partnership Trust to offer Connect 5 Mental Health Training for staff who see and speak to the public regularly. This training has been delivered to frontline Fire Service staff, Workzone staff and Health Trainers.

Public Health are also working with the Workforce Development Team and colleagues from Adult Social Care to offer free suicide awareness workshops to frontline staff and volunteers from all organisations across Cheshire West and Chester. These sessions, delivered by PAPYRUS, will contribute to reducing the stigma around suicide and increase our communities confidence to reach out and save lives.

This work is helping Cheshire West and Chester to become a place where suicides are eliminated, preventing needless deaths by suicide and the devastation it can leave behind.

Case Study

Mental health and wellbeing needs assessment
The Public Health team are gathering information to develop a picture of mental health and wellbeing needs across the area. This will help assess current and future needs of local communities; identify gaps in current services; help local services develop their priorities; and plan for future services.

In March 2015 the Council’s Public Health Team ran a Mental Health Needs Assessment Workshop which included a wide range of stakeholders such as our two Clinical Commissioning Groups, Healthwatch, service providers and service users.

This event provided an opportunity to identify the key priority areas to be covered by the needs assessment. Through working together to identify the Mental Health Needs of local residents, we can make better use of resources, ensuring that services are tailored to local communities.
Housing and health

Housing is crucial to health. Poor housing conditions can aggravate health problems whereas a safe, warm and well-designed home can help to protect and improve health and wellbeing and prevent existing conditions from deteriorating.

The ideal home environment can:
- Enable people to manage their health and care needs more effectively
- Prolong independence, delaying the need to move to a long-term care facility
- Prevent hospital admissions
- Enable timely discharge from hospital and prevent re-admissions and
- Promote recovery from ill health or hospital treatment.

The Council work in partnership to help improve health outcomes relating to housing. Extra Care housing is a great example of how accommodation can help to support people to live longer and more healthy lives. Extra Care Housing is where residents live in their own home in a communal setting, with 24-hour care and support services available.

Loneliness and social isolation can have as big a negative impact on health as smoking 15 cigarettes a day, so encouraging people to feel part of a community and socialise with other people is as important to emotional health and wellbeing, as medical care is to physical health.

Case Study

Extra Care housing - Hazelemere

Rob and Janet: Rob's health issues meant he struggled to leave the house and Janet, who also has medical needs, was too worried to leave him alone. Following a move to Hazelemere in Winsford, Rob said, "It's fabulous – just what we were looking for … There's lots to do – too much sometimes! ... I feel safer and enjoy the company" and Janet said, "We were on our own before … now we can go out independently of each other because care is on hand."

Extra Care housing – Deva Point

Jean had lived with her husband and daughter all her life and when her husband passed away over a year ago she couldn't live alone or go out alone. She has since moved into Extra Care accommodation at Deva Point and feels totally safe and secure. She is really proud of what she has achieved since April.

She recently went out by herself and even used the local bus to visit her daughter, even though the bus stop is directly outside the scheme and her daughter met her at the other end this was a massive achievement for Jean. Jean has made lots of new friends within the scheme and is actively involved in scheme activities, she has just volunteered to run a stall with another resident at this year's summer fair.

Population growth:
- Population growth means there will be increasing numbers of older people living in the borough in the future, but the number of older people is expected to grow at a greater rate than the general population. It is anticipated that the number of people aged 65 and over will increase by more than 12% by 2020, whilst the number of those aged 85 and over is expected to increase by almost 25%.

Such a significant increase means there is likely to be a corresponding increase in the number of frail elderly people living in the borough.

- Older people tend to be more at risk of adverse health effects from poor housing conditions and cold weather. Around 180 people per year died from cold-related causes in the borough during 2010-2013, 46% of whom were aged 85 or over

Extra Care housing:
- Last year over 500 applications for help with Extra Care housing were received by the Council
Oral health

Oral health is essential to general health and wellbeing. Poor oral health can affect a person’s ability to eat, speak and socialise normally and oral diseases have been associated with coronary heart disease, diabetes complications, rheumatoid arthritis and premature birth. A healthy mouth not only keeps you healthy, but can help to improve self-esteem, especially amongst young people.

Tooth decay is the most common oral disease affecting children and young people in England, yet it is largely preventable. Whilst over the last 10 years there has been improvement in 12 and 15 year olds, the Children’s Dental Health Survey (2013) for England, Wales and Northern Ireland, indicated that nearly a third of 5 year olds (31%) and nearly half of 8 year olds (46%) showed signs of decay in their milk teeth. The survey also found that tooth decay levels in children tend to be higher amongst those from lower income families. It is therefore important to promote positive dental behaviours from an early age. The Public Health Team have commissioned a range of services to improve oral health.

Case Studies

‘Happy Smiles’ tooth brushing kit
The Public Health Team designed a ‘Happy Smiles’ tooth brushing kit for all school children aged between 4 and 10 years old. The aim of the project was to promote positive dental behaviours in children from an early age. The scheme was delivered to children in primary schools in the 8 wards of highest social deprivation. Three times a year, over 4,700 school children aged between 4 and 10 years old in these wards were given a fluoride toothpaste, a toothbrush and an information leaflet. Happy Smiles packs were also given to children transient populations including travellers and the armed forces. The project has been well received by schools, children and their parents / carers.

Pilot dental project
A pilot dental practice project was developed to improve the uptake of dental services, a key factor in improving oral health. Twice during the year, each child aged between 4 and 6 years old, attending primary schools in the Blacon Ward visited the dental practice based in Blacon. The intention of the project was to alleviate any fears or anxieties in attending the dentist and build in attendance as a healthy habit.

177 children attended the dentist in May and November, with 86 being newly registered.

Key statistics

• Detection and management of tooth decay has evolved towards more preventive approaches to care, rather than just providing treatment for disease. This was reflected in the most recent Children’s Dental Health Survey (2013) for England, Wales and Northern Ireland, which showed a reduction in the number of 12 and 15 year olds with obvious decay in their adult teeth since the survey was last carried out in 2003.

Pilot dental project
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There are a number of mechanisms that we use to achieve this and in this report we’re highlighting the work of the Clinical Senate. The Senate was set up to provide clinical leadership and advice on the development of the Clinical Commissioning Group’s commissioning strategy. It is a multi-disciplinary group of clinical and non-clinical leaders from across the health and care community and the purpose is to discuss complex issues of policy and service redesign. The meeting brings together expert speakers to help us improve the services that we offer to the people living in the Western part of the borough.

This is an example of how we work together with partners from Countess of Chester Hospital NHS Trust, Cheshire and Wirral Partnership NHS Trust and Cheshire West and Chester Council to create a health and wellbeing system.

**Case Study**

**Patients in control**

One of our best attended sessions was “Patients in Control.” Andy Lavender, who is a Patient Representative on the Senate, provided an introduction to the concept of patients being empowered to take control of their care. He has been promoting this for the last 12 months. Andy talked about how the pattern in which the NHS works needs to change. He talked from his own experience that currently the NHS risks working for the convenience of the professionals first, then the NHS and, lastly, the patient. He asked us all to think about how we might change this round to ensure decision making takes place with the patient. Phil Greenham and Chris Lamb introduced the work of Self Management UK, and organisation that provides training and support to people with long-term conditions to enable them to take control of their condition.

In West Cheshire, Self Management UK has been commissioned to provide 6 courses, with a total of 50 participants. Chris was an early participant and has now started to volunteer as a tutor. Chris talked about his experience of being diagnosed with depression and bipolar. It was after this that his GP suggested he attend a self-management course. Chris outlined the value he had got from this work. At every session the group talked about objectives for the week and were encouraged to be very specific, the tutor promoted quality not quantity. Individuals would report back the following week to say what they had done to meet their objectives and if people were not meeting their objectives other group members would offer advice. This ensured ongoing peer accountability. For further information, please visit: www.westcheshireccg.nhs.uk/document_uploads/clinical-senate/Clinical_Senate_Report_April_2015.pdf

**Key statistics**

- NHS West Cheshire Clinical Commissioning Group is made up of our 36 GP Practices from the three localities of Chester City, Ellesmere Port and Neston, and Rural. It supports approximately 257,000 people.
Health Protection seeks to prevent or reduce harm caused by communicable diseases. The move of local public health functions from the NHS into the Local Government has opened up new opportunities for working in partnership to tackle potential threats from infectious diseases and environmental hazards.

This ranges from preparing to respond to national emergencies such as pandemic flu, to helping to prevent and control local outbreaks. Pro-active, preventative work is key to protecting our most vulnerable service users, and for helping to reduce pressure on emergency services, preventing unplanned hospital admissions.

We work in partnership with a range of external organisations including care settings, Infection Prevention and Control Service provided by Cheshire and Wirral Partnership, Public Health England and NHS England. We also work with the Council’s internal services such as the Quality Team, Health and Safety and Regulatory Services to protect local residents from outbreaks of healthcare associated infectious disease, communicable diseases and food borne illness.

Although ultimate responsibility for managing health and safety and infection control risks lies with a business, the Public Health Team have an important role in supporting businesses to effectively manage their risk. We are instrumental in alerting key risk groups of emerging health threats and for ensuring new guidance is cascaded quickly to partners.

Case Studies

Infection prevention and control training

Last year the Public Health Team launched a basic infection prevention control training course for domiciliary care staff in the borough. This supports the provision of safe, clean care for residents who receive domiciliary care in their own home and is available to all health and social care providers as part of the Council’s Workforce Development Training programme.

The course has been highly successful in raising awareness about infection prevention and control methods, cleaning and handwashing techniques, the use of personal protective equipment and the management of outbreaks, and compliments the training to care homes delivered by Cheshire and Wirral Partnership.

Key statistics

- There are over 200 local health and social care providers in the borough, providing a range of public and private services. Over the last year the Council’s Health Protection Team and Cheshire and Wirral Partnership Infection, Prevention and Control Team have delivered infection prevention and control training to over 700 local health and social care workers, helping to prevent many illnesses.
Working West – the importance of a healthy labour force

A number of studies have shown that the health of the population has a bigger impact on economic growth than skill levels yet employment support still focuses on the acquisition of skills and a CV.

We believe that these things are important aspects of increasing employability, but we place a primary focus on increasing positive mental health.

Poor mental health can include an array of conditions ranging from very low confidence, anxiety and low level depression through to more complex conditions e.g. bipolar, schizophrenia and psychosis and all can impact negatively on entry to employment and these conditions are disproportionately represented in unemployment figures.

There is no other health condition that matches mental health in terms of prevalence, persistence and breadth of impact. Within our Work Zones at Cheshire West and Chester Council supporting adults back into employment, our experience shows time and time again that poor mental health is an underlying factor in unemployment, especially enduring unemployment.

Yet accessing support in getting a job and managing health conditions are often seen as separate unrelated issues, however, the two are intrinsically linked.

Case Study

Alan’s Story – Ellesmere Port Work Zone

Alan had previously worked in security, following a harrowing episode at work he was left with depression and on long term sick leave which eventually led to him losing his job.

Alan was referred to our Ellesmere Port Work Zone by his GP. Through the Work Zone, Alan gained a City and Guilds IT qualification and Level 1 qualification in Customer Service and was supported throughout by our Employment Mentor, Lynn. As part of his support package, Alan accessed a computer based CBT package called ‘Beating the Blues.’

He wanted a complete career change and the Work Zone helped him secure a new Bank Carer post within a local care home.

Alan said, “The Work Zone has helped me to be more confident, lift me out of my depression and become more outgoing. The Beating the Blues sessions were helpful and everything has now fallen into place for me I found the support offered all that I needed. I can’t say thanks enough.”

There are Work Zones located in Chester, Ellesmere Port, Winsford and Northwich. Telephone: 0151 356 6767 for further information.
For most healthy people flu can be unpleasant but usually recovered from within a week. However, for some people especially older people, pregnant women and those with long-term health conditions, it can cause serious illness, life-threatening complications, and in some cases, death.

Vaccination is one of the most effective ways to prevent flu. It not only helps to keep you well, but offers protection to your family and people you work with. This is especially important if you work with people who are more vulnerable to the effects of flu. In addition, vaccination helps to prevent outbreaks of illness, unplanned hospital admissions and helps to reduce pressure on Emergency Services.

You are eligible to receive a free flu vaccination each year if you:
- are aged 65 or over
- have a long term health condition
- are pregnant
- are living in a long-stay residential home
- are a carer or live with someone who is immunocompromised
- are very overweight
- work in health and social care, in contact with service users in a clinical risk group (vaccination should be offered by your employer if this is the case)
- children aged 2-6 are also offered free flu vaccination

This winter (2016/17), if you are entitled to a free flu vaccination you don’t have to go to your GP practice to get vaccinated. Around 60% of the community pharmacies in the borough are offering this service too, but this is for adults only as children are vaccinated either at their GP practice or school. If you’re not eligible for a free flu vaccination, there are many pharmacies that provide vaccination for a small fee.

The Public Health Team have been working in partnership with NHS England, Public Health England, Clinical Commissioning Groups and the wider health and social care system to help increase vaccination uptake rates across the area.

**Case Studies**

**New resources developed**

This year the Public Health Team held a stakeholder event to look at ways of reducing outbreaks of flu in care settings in the borough. A resource pack for care homes has been co-produced and our infection prevention and control service have been making extra visits to care homes to help them prepare for winter. In addition we have designed a flu vaccination leaflet for health and social care workers which has been sent to over 200 local health and social care providers.

**Community pharmacy vaccination service**

In 2014/15 the team developed a community pharmacy vaccination service for health and social care workers. The scheme enables Council employees who work with vulnerable people to exchange a voucher for a flu vaccination in local participating pharmacies. This year we have extended the scheme to enable local health and social care providers, such as care homes to access the service on a re-chargeable basis.
Key statistics

- Drug misuse costs the UK £15.4 billion annually
- The overall cost to society of alcohol-related harm is estimated to be £21 billion
- Around one-third of adults have taken drugs at some point during their lifetime. Of 16 to 59 year olds, 35.6% have reported ever using drugs
- The financial impact of alcohol within Cheshire West and Chester is estimated to be £136 million and cuts across all areas of the local economy, including crime and disorder, health and social care, absenteeism etc.

Alcohol and legal highs (novel psychoactive substances)

Over the last 20 years alcohol consumption has increased, with more women and children drinking, and more alcohol being purchased from off-licenses and supermarkets for consumption at home.

A range of projects across Cheshire West and Chester are helping to reduce the negative impact of alcohol misuse on our communities, these include alcohol liaison nurses who help reduce repeat attendances at hospital, the ArcAngel project, which reduces alcohol related crime and the street pastors who provide support in the evening to people on the streets of Chester City. However, around 65,000 local people are regularly drinking at levels that may seriously affect their health and wellbeing.

Reducing the amount of alcohol you drink to within daily recommended limits can reduce your risk of accidents, being involved in an alcohol related crime and reduces your risk of serious health problems such as liver disease, reduced fertility, high blood pressure, cancers, heart disease etc. Advice on alcohol consumption can be found at www.drinkaware.co.uk.

Legal highs, (novel psychoactive substances), contain chemicals which produce similar effects to illegal drugs.

These substances are not yet controlled under the Misuse of Drugs Act but new legislation is being introduced to control their use. Legal highs cannot be sold for human consumption so they are often sold as incense, salts or plant food to get around the law. Locally, the issue of online and retail premises selling these substances has become a serious issue.

The Public Health Team are currently working with a number of groups within our local community (students, street drinkers and those involved in the night time economy) to ensure that information relating to the negative impact of these drugs is available in a user friendly format to local people. Further advice on drugs can be found at: www.talktofrank.com.

If you think you have an issue with drugs or alcohol you can talk to Turning Point, the local Drug and Alcohol Service in confidence on: 0300 123 2679

Case Studies

Aqua House / Turning Point conservation group

The Aqua House / Turning Point conservation group has been working alongside the Council’s Greenspace Rangers for over two years.

During this time we have undertaken projects all around the Chester area, including hedge laying, coppicing, pond clearance, planting, and fencing. The combination of fresh air, exercise, and teamwork has proved very popular with many service users, and is an excellent addition to our recovery toolkit.

For further information visit: www.turning-point.co.uk
NHS Vale Royal Clinical Commissioning Group (CCG) is here to improve health and care. We use the local knowledge of our GPs, their GP practice teams and from listening to you, our residents and patients.

During the year NHS Vale Royal CCG, along with partners from NHS West Cheshire CCG and Cheshire West and Chester Local Authority have worked hard to ensure that during the winter months our residents have access to appropriate, timely and effective health and care when they need it.

During the winter months the NHS can experience higher demand for its services and therefore we make plans to support this as best we can. This year we have jointly funded a number of services to help people through the winter.

Here are some examples:

A ‘safe transfer for community assessment’ model has been developed and implemented across the Vale Royal area. This hospital discharge model has enabled people who no longer required support from a hospital setting, to be discharged to a local care home. Detailed assessments are undertaken whilst in the care home, to understand what support is required to help that person in order to maximise their independence.

Key statistics

From funding additional services during the winter months:

- 25,000 people received additional care and support
- 4000 people were supported to stay at home or were treated locally to where they live
- 1000 people were supported home from emergency departments
- 3500 people went home earlier

Through the winter initiatives it is estimated that approximately 4155 hospital bed days were saved, which means that more patients were seen and treated and able to go home and be supported locally.

Case studies

Safe transfer for community assessment model

In the first 2 months of operation the safe transfer for community assessment model enabled 9 people to be discharged from Leighton Hospital early. Once in the care home a team of specialised staff including occupational therapists, physiotherapists and social care staff supported people in regaining their independence.

Under fives drop in at Winsford

During the winter months GP practices based in Winsford held a pilot drop in clinic for patients who were under five years old.

These clinics were ran by GPs and nurses and were available Monday – Friday between 5.30pm and 7.30pm, enabling parents that work the opportunity to take their children to see a health professional during the evening. This additional clinic supported children to be treated at home rather than them attending A&E unnecessarily.

Red Cross emergency department supported discharge

If you were admitted to an emergency department during winter and were ready to be discharged without any further medical needs, this service provided people with additional emotional support for when they first went back home. The Red Cross service provided people with companionship, and help when settling back in at home, and made sure that people had things such as enough food and drink to hand.
Making sense of it all

In this world of information overload, how do we distil what’s most important?

This is where the Council’s Strategic Intelligence Team comes in! Our job is to provide key information and intelligence about the people who live in Cheshire West and Chester to help the Council and partner organisations plan for the future.

We have a range of information, reports and products that cover a wide range of topics including:

- Characteristics of the local populations such as age, gender, ethnicity, future population forecasts
- Health and wellbeing issues affecting both adults and children such as excess weight, breastfeeding, injuries, falls, suicide, self-harm, mortality
- Lifestyle issues such as smoking, alcohol consumption, sexual health and physical activity
- Education attainment, housing issues, social care
- The local economy such as unemployment, economic activity, occupational changes, local income levels
- Relative deprivation, child poverty and poverty affecting older people
- Residents’ views on their quality of life, experience of using local services and opinions about how to shape future services

Key statistics

A borough of contrast – in Cheshire West and Chester...

- 19% describe their health as ‘not good’. This ranges from 26% in Netherpool to 12% in garden Quarter
- The average household income is £30,357. The highest average income is in Chester Villages - £41,800 and lowest in Grange - £18,942
- 19% of households do not own or have access to a car or van, ranging from 46% in Chester City to 6% in Kingsley
- 63% of pupils achieved 5 GCSEs or more, including Maths and English, with the highest proportion in Kingsley, 89%, and lowest in Rossmore, 36%.

Population forecasts March 2015

In 2012, Cheshire West and Chester was home to around 330,000 people.

Over the next 20 years...

Population aged 65 plus will increase from around 64,000 to 102,000 in 2032. Numbers aged 85 or older will increase from around 8,000 to 20,000. Greatest increase will be in rural locality.

22,000 New homes planned

Population increase to almost 366,000 by

↑ 60% Older people

↑ 6% Labour supply

Decrease in younger workers, increase in older workers, changes in state pension age.

↑ 11% Total population

↑ 6% Children

Most of the increase will be over the next ten years. Around 3,000 extra children aged 5 to 10 over the next 10 years, slowly decreasing numbers after 2022. 2,000 extra children aged 11 to 15 by 2032.

Produced by the Strategic Intelligence Team (Public Health)
When people talk about services that support health and wellbeing, we often think that they are referring to services delivered by the NHS or the Council’s social care support. However, the voluntary sector or third sector has a vital role in supporting communities’ and individuals’ wellbeing and this chapter covers three very different projects that are helping to improve mental wellbeing through very creative and unusual approaches.

Health in our communities

Case studies

Supporting Older People in Cheshire through Brightlife

Brightlife is a Big lottery funded partnership project being led by older people across Cheshire West and Chester. A range of voluntary and public sector organisations in Cheshire West and Chester came together to create Brightlife, which aims to reduce social isolation through an ambitious programme of appealing activities.

With older people at the heart of everything it does, over the next five years Brightlife will develop a wide range of innovative and engaging support networks to help create a better life for older people across the borough.

“Being involved in Brightlife gives me something to look forward to...it helps occupy my days and keeps my mind busy. I’m making friends all the time and am enjoying feeling part of something where my ideas are not just welcomed but really valued.” Margaret (76) Brightlife Volunteer. For more information, visit: www.brightlifecheshire.org.uk or call 01606 884444.

Grozone

Grozone is a flourishing community garden, horticulture and wildlife project in the middle of Northwich, Cheshire. This ‘hidden oasis’ is a fantastic place for mind and body, where you can learn new skills or share and develop existing ones in a welcoming and sociable outdoor environment.

We provide volunteering opportunities for all and social and horticultural therapy for people with mild to moderate depression and anxiety.

For further information, please visit: www.grozone.org.uk or contact us at the Groundwork Cheshire office on 01606 723160.

Dig Blacon – Community Archaeology and Health Project

Throughout September and October 2015 Big Heritage’s team of archaeologists undertook a community archaeology project around Blacon, just outside Chester. This involved all sorts of activities, such as digging trenches, processing and identifying finds, geophysical survey (a bit like an x-ray of the ground) and much, much more. This project is funded by Cheshire West and Chester Council’s Public Health Team, who recognise that archaeological projects are a good source of gentle exercise and a means of helping prevent social isolation amongst members of the community.

The project was a great success with 20 test pits excavated across the north east of Blacon. We excavated in schools and resident’s back gardens amongst many other locations. We worked with over 500 residents, members of local organisations and school pupils, bringing together young and old to find out more about the history of their local area whilst enjoying the gentle exercise of digging and sorting finds.

We had over a thousand finds from many different time periods, which have been washed and sorted by Big Heritage staff and our fab volunteers. We also organised a number of training sessions, exploring the different types of finds from the dig and what they can tell us about life in Blacon in the past.

Here is what people who took part had to say about the project:

“I had more confidence and spending quality time outdoors greatly improved my general wellbeing. Plus the gentle exercise really did give me more energy and helped me to feel uplifted as a result. I really enjoyed meeting new people and socialising with people from a range of backgrounds. This was a fantastic project to be involved in.”

“I have just retired so the project was hopefully a good introduction to an active retirement. Both mental and physical.”

“Just the physical effort of digging... I was keen to get involved with the digging even though it was something I wouldn’t choose to do at home.”

“It is an enjoyable means of spending time out in the fresh air. ‘Test pitting’ (all the anticipation of fishing but none of the cruelty), provides a general focus for people to engage together (community building through joint projects), be sociable (or not, depending how you are feeling at the time), likewise ‘finds’ washing was a nice thing to do sitting round a table, and I have met pleasant people in Blacon I wouldn’t have met with normally.”
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:
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