

Cheshire West and Chester
Health Improvement Strategy 2022-2024

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Chapter Title

Sexual and Reproductive Health

Introduction

We are delighted to present Cheshire West and Chester's Sexual Health and Wellbeing Strategy, which covers the years 2022-2024. In it we recognise the significance of a life course approach in preventing, diagnosing, living and ageing well for sexual health and wellbeing.

Sexual health is an important area of public health. Most of the adult population of England are sexually active and access to quality sexual health services improves the health and wellbeing of both individuals and populations. The government has set out its ambitions for improving sexual health in its publication, A Framework for Sexual Health Improvement in England (1). We recognise that for good sexual health we need relationships based on equality, sexual fulfilment and reproductive choice. Part of our work in ensuring there is choice for people is to break down barriers so everybody can access the support and services they need at each stage of their lives.

This strategy provides a framework to guide and plan local services and preventative interventions across the life course, whilst also recognising the huge challenges and pressures as a result of the COVID-19 pandemic on our services which have impacted sexual health delivery.

Background

Sexual health is about wellbeing, not just services: education, personal capacity and resilience, good relationships and preventative actions are as important as the provision of high quality sexual and reproductive health services.

It is important that our resident population have knowledge, access to information and services, and choice, in relation to their sexual health needs. These needs will be different for everyone, influenced by an individual's age, sexual orientation, gender identity, culture, experiences and personal circumstances across the life course

We will ensure that this strategy and its action plans are closely linked to other strategies and plans that also impact sexual health and wellbeing, for example the Cheshire West and Chester Substance Misuse Strategy. In addition, in July 2022 the government published the first Women's Health Strategy for England (2) which seeks to address inequalities in delivery of women's health services, which will impact on the future delivery of sexual health services.

Where are we now?

The impact of COVID-19

There have been dramatic changes in how sexual and reproductive health services have been delivered due to the COVID-19 response. Partners across the sector have worked, and are continuing to work hard, to understand the impact of these changes to inform recovery and renewal plans.

The impact of COVID-19 restrictions, including attendances at sexual health clinics and wider health services in relation to sexual health, is reflected in the figures for 2020 below where stated, though new figures for 2021, generally show an upturn in relation to accessibility of services and diagnosis (3). We know that the pandemic necessitated and accelerated the use of phone and video consultations and the increase in postal kits for sexually transmitted infection (STI) testing. We also recognise how important face to face services are in order to facilitate identification of issues such as reinforcing behavioural messages, and reducing health inequalities for people who do not have access to digital services:

Local data relating to sexual health in Cheshire West and Chester

- There has been a gradual increase in the number of women using Long Acting Reversible Contraception (LARC) since 2015. In 2019 62.6 women per 1000 were using LARC, trending above the North West and England average. However, the impact of COVID-19 meant that in 2020 this had dropped to 39 per 1000
- The rate of new Sexually Transmitted Infection (STIs) diagnoses (excluding chlamydia in 15- to 24-year-olds, for which there is a national screening programme) has fluctuated, reaching a peak in 2018. There was a significant reduction in 2020, most likely caused by the impact of the pandemic. However, data for 2021 shows STIs to be on the rise, at 300 per 100,000 in Cheshire West and Chester, though still below the North West (322 per 100,000) and England (394 per 100,000)
- The most common sexually transmitted infections diagnosed in Cheshire West and Chester are chlamydia and gonorrhoea, though the number of gonorrhoea infections in Cheshire West and Chester (41 per 100,000) is still significantly lower than the North West (67 per 100,000) and England averages (90 per 100,000).
- The chlamydia diagnostic rate in Cheshire West and Chester has seen an increase in 2021 to 293 per 100,000, above the North West rate of 265 per 100,000 and England 282 per 100,000. This is the same as the pre pandemic 2019 rate for Cheshire West and Chester.
- The number of those aged 15-24 screened for chlamydia in 2021 is 17,6 percent, above the 2019 figure and above the 2021 rates for the North West and England.
- The prevalence of HIV (Human Immunodeficiency Virus) has remained similar over the past five years with the most recent diagnosed prevalence rate at 1.28 per 1,000 aged 15-59 years in 2021. This meets the national target of less than two per 1,000.
- Of those who do receive a diagnosis of HIV in Cheshire West and Chester (2019-2021) 50 percent are diagnosed at a late stage of infection which is higher than England (43.4 percent).
- Since 1998, national and local conception rates in females aged under 18 have reduced. The latest data (2020) records a rate of 12.7 conceptions per 1,000 females under the age of 18.
- Emergency Hormonal Contraception is available free of charge to all women from accredited Pharmacists in Cheshire West and Chester. Between April 2016 and March 2017 2,995 consultations were carried out, of which 53 per cent were with women aged under 25.

Our vision

To improve the sexual and reproductive health and wellbeing of people living in Cheshire West and Chester by adopting a whole system approach and continually improving education, prevention, testing, treatment and support services.

Our aim

Our aim is for Cheshire West and Chester to be a place where everyone can lead a healthy and fulfilling life. We want our residents to know that their borough is a place where people can make positive and informed choices that result in sexually fulfilled lives, are treated with dignity and respect in a manner that is non-judgemental to ensure they get the help, support and information they need.

Our principles

- **Outcomes-focused**
- **Emphasis on local action**
- **Innovation**
- **Advocate for change**
- **Equity**
- **Building stronger links**

Our principles

Outcomes focused

We want to put people at the heart of our strategy. We believe this will help to improve their sexual health and wellbeing outcomes, and ensure there is autonomy and accountability.

Emphasis on local action

Local solutions resulting in local action will require strong relationships and dialogue with others as well as a commitment to base decisions on assessed need, service user involvement and national guidance.

Innovation

We will find new ways of working that will serve people better. We will develop new models of support and service delivery through best practice, being creative and working across the health and social care system.

Advocate for change

We will commit to challenging attitudes, behaviours, terminology and how we deliver services whenever possible. Ensuring we continually progress our ambition to improve the sexual and reproductive health and wellbeing of people living in the borough.

Equity

The strategy will endorse and present a borough-wide approach whilst simultaneously appreciating the need for targeted working to address the specific issues that are areas of concern.

Building stronger links

We understand that poor sexual and reproductive health, including risky sexual behaviour, can go hand in hand with issues such as poor mental health, alcohol or substance misuse. We will create stronger ties with services that can offer support with these underlying issues.

Our approach

- **Reducing inequalities**
- **Prevention**
- **Partnership working**
- **Evidence based**
- **Personal responsibility and empowerment**

Our approach

Sexual health should be seen in its widest context, taking into account the person's environment, the geography within which they live and the life stage they are at.

Reducing Inequalities

This strategy will seek to reduce any inequalities in delivery of sexual health services, whilst ensuring the continued delivery of outreach and community services to our underserved communities.

Prevention

The strategy seeks to influence the ability for adults and young people to lead healthy lifestyles, including good sexual health, and minimise risk. This includes the provision of information and advice, promotion of key sexual health messages, distribution of safer sex materials and outreach work.

Partnership working

Ensuring prevention is high on the agenda and in order to meet the many sexual health challenges, effective partnership working will be key as is the involvement of the public through consultation and community engagement.

Evidence based

Decisions about services and programmes should be based upon the best available information and our strategy is based on our knowledge of local need as shown in the Joint Strategic Needs Assessment (2018).

Personal responsibility and empowerment

Empowerment is about individuals and communities increasing control over their lives and their health (in this case, their sexual and reproductive health).

Our priorities

- **Why is this a priority?**
- **What are the outcomes we want to see?**
- **What are the key actions we will take?**
- **How will we measure progress? (Key indicators/ potential indicators)**

We have identified 4 key priorities

1. Education and Awareness

Why is this a priority?

Improving sexual health and wellbeing requires a holistic approach that takes into account the physical, mental, social and economic factors that all influence sexual behaviour. We know the importance of ensuring people have the information, knowledge, skills and accessible services that allow them to make healthy choices about their sexual lives.

- Following the introduction of compulsory delivery of Relationships and Sex Education (RSE) in September 2020 (4), statutory, high-quality relationship education in primary schools and relationships and sex education in secondary schools equips young people with the skills to improve their sexual and reproductive health and overall wellbeing. We will provide support to schools to ensure continued implementation of the new national guidance for RSE. We will also support schools around the delivery of education linked to overlapping riskier behaviours which also impact on sexual health, such as drugs and alcohol use.
- Engage with the wider partners in relation to young people's sexual health education (such as youth clubs and sports clubs), to spread messages and information, whilst also utilising social media channels in a positive way.
- Ensure that sexual health specific information is widely accessible across the life course, in particular in relation to contraception and sexually transmitted infections, including the promotion and accessibility of emergency hormonal contraception (EHC), and pre-exposure prophylaxis (PReP), used in the prevention of contracting HIV.
- Ensure the accessibility of information in relation to wider issues such as perimenopause, menopause and post-reproductive health, psychosexual health, emotional wellbeing, communication skills and managing relationships.
- Ensure sexual health information is embedded into existing training for professionals, adopting Making Every Contact Count (MECC) principles to enable the workforce to opportunistically promote sexual health and wellbeing in all conversations.

2. Early Identification and Intervention

Why is this a priority?

In Cheshire West and Chester we want to see more people being diagnosed early, particularly important in HIV, and STI infections such as chlamydia. We know that the earlier someone with HIV starts medication, the more beneficial the medications are in helping them to live well (5). We also know that chlamydia infections can be asymptomatic in the early stages, and, if left untreated in young women increases their risk of ill health and infertility. (6)

- As diagnosis is the first step, it is important to ensure there is information and advice to help people access services and support easily in a timely manner. This includes making the best use of digital technologies, building on the more agile and flexible approach to service delivery and design seen during the COVID-19 pandemic such as postal testing.

- We need to recognise that contact with clinicians is not to be restricted to General Practitioners (GPs) and sexual health clinics. There are a range of other professionals, for example Pharmacists, who can also provide some sexual health services.
- Working with our local primary care providers, secondary care providers and the third sector is essential to ensure that our residents have local access to support, advice, support and treatment at times and places that are convenient for them.
- Ensure health professionals have the necessary training to enable them to provide a range of sexual health services and be a source of information. We also want to increase education and training to enable more opportunistic screening and diagnosis.

3. Comprehensive Sexual Health and Wellbeing

Why is this a priority?

Enabling people to consider their sexual health and wellbeing in the context of their whole life, by ensuring services are joined up and address the wider determinants, is a key priority. For example, lifestyle choices such as using drugs and/or alcohol can affect people's inhibitions and judgement, leading to risky sexual behaviour for example, unprotected sex.

- Strengthen and embed sexual health knowledge and support into inter-linked services, those experiencing poor mental health or dealing with alcohol or drug misuse, including providing stakeholder sexual health awareness training.
- Improve sexual wellbeing for our most underserved communities and those where sexual health inequalities are greatest through strengthening conversations and reducing stigma in respect of sexual health and HIV.
- Ensure that sexual health services are well linked with other health partners such as GPs and pharmacies, to provide a joined up approach to delivering good sexual health services.
- Ensure that the accessibility of services is considered, taking into account our more vulnerable communities, or those who feel less heard. For example through the positioning of services and their hubs, or through engagement with service users to understand how to make their experience of accessing services feel more equitable.

4. Ageing Well and Sexual Health

Why is this a priority?

Many people remain sexually active beyond their reproductive years. We know that in Cheshire West and Chester in 2021, 75,900 people were aged 65+ (21 percent), above the England average (7). We recognise that adults who start relationships in later life need access to inclusive services and targeted information, support and advice. We will work to:

- Ensure that information relating to STIs is communicated, recognising that STIs do not only effect young people
- Raise awareness to support adults in this age group seeking help for problems related to sexual activity and function, which may have important impacts on quality of life. The known

sexual health problems in this age group may well be underestimated because of a possible reluctance to seek help, due to embarrassment or stigma.

- Understand the demographic profile of our service users and use health promotion techniques to target sexual health messages aimed at specifically at older men and women

Measuring the Impact – what will success look like?

1. People have safe sexual health lives without the risk of adverse experiences, unplanned conception or sexually transmitted infection
2. There is good quality support and information available to people from the pre-diagnosis stage and throughout the diagnosis journey and people know where to access this.
3. Service access is supported using a range of technology and digital opportunities (online, social media, mobile apps, postal testing).
4. Cheshire West and Chester residents are supported appropriately across the lifecourse to establish and maintain good sexual health practices and understand the effects of behaviours on their sexual health.
5. Older people are able to find and access sexual health advice, support and services to help them meet their needs and enjoy healthy sexual lives.

Potential Indicators

- Rate of new sexually transmitted infection diagnoses (all ages)
- Under 18s conception rate
- Under 25s repeat abortions rate
- Uptake of condom distribution scheme (C-card).
- Number of people accessing Sexual Health services year on year.
- Number of people accessing Sexual Health services year on year.
- Number of young people accessing sexual health services
- Chlamydia detection rate aged 15 to 24
- New HIV diagnosis rate
- HIV late diagnosis rate
- Total prescribed Long Acting Reversible Contraception (LARC), excluding injections.
- Number of young people choosing LARC as their main method of contraception

Strategy Delivery

Progress monitoring and feedback will be achieved through the following:

Health and wellbeing partnership updates

Updates will form part of a report that is presented to the Health and Wellbeing Board when required.

The voices of local people, service users, carers and wider partnership

There will be a process established to ensure there are opportunities for service user groups and communities to feedback their own views and experiences.

Conclusion

This strategy sets out our ambition to create a place where people have easy access to educational and health services that prepare and help them to make responsible decisions about their

relationships and sexual health. People have the right to be listened to and to participate in the decisions that affect them, this includes being given the necessary information to make choices.

References

1. **Health, Department of.** *A Framework for Sexual Health Improvement in England.* s.l. : Department of Health, 2013.
2. **Care, Department Of Health and Social.** *Women's Health Strategy for England.* s.l. : Department of Health and Social Care, 2022.
3. **Disparities, Office for Health Improvement and.** Sexual and Reproductive Health Profiles. *Fingertips Public Health Data.* [Online] 2022.
<https://fingertips.phe.org.uk/profile/SEXUALHEALTH>.
4. **Education, Department for.** *Relationships and Sex Education (RSE) and Health Education.* s.l. : Department for Education, 2020.
5. **Care, Department of Health and Social.** *Towards Zero - an action plan towards ending HIV transmission, Aids and HIV related deaths in England, 2022-25.* s.l. : Department of Health and Social Care, 2021.
6. **NHS.** Chlamydia complications. *NHS.* [Online] 2022.
<https://www.nhs.uk/conditions/chlamydia/complications/>.
7. **Council, Cheshire West and Chester.** State of the Borough: Population. *Cheshire West and Chester.* [Online] 2022.
<https://www.cheshirewestandchester.gov.uk/your-council/key-statistics-and-data/state-of-the-borough/population>.

Chapter Title

Tobacco Control – Towards a smoke free generation

Introduction

Fewer people in Cheshire West and Chester (CW&C) smoke than ever before, but sadly, smoking remains a leading cause of preventable ill-health for far too many. That is why reducing smoking continues to be a key objective within our Health and Wellbeing Strategy for the period 2022-2024.

In 2020 around 80,000 people died prematurely in the UK due to COVID-19. Smoking kills on the same scale every year and will keep on doing so for many years unless we make smoking obsolete (1).

Smoking is the single largest killer in England and the largest driver of health inequalities. There is also a significant financial cost associated with long-term care for people who smoke both in acute and community settings. Social care interventions are needed approximately 10 years earlier for those people who smoke.

The good news is that our understanding of local tobacco control priorities and the evidence around high impact changes, such as banning smoking in restaurants and pubs, has never been better. These in turn will help us achieve our long-term ambition for a smokefree generation (where 5 percent or less of the population smoke).

Background

In Summer 2017, the government published its new national strategy, Towards a Smokefree Generation: Tobacco Control Plan for England (2).

More recently, in 2021, the All Party Parliamentary Group on Smoking and Health proposed recommendations for the review of the Tobacco Control Plan (3). Following this, the Secretary of State for Health and Social Care commissioned an independent review into the government's current tobacco control policies.

The Khan Review: Making Smoking Obsolete (2022) put forward 15 recommendations for the government. Both of these reviews will be considered as part of the updated national Tobacco Control Plan due in the Autumn 2022 (4).

Our local strategy reflects the key ambitions and targets outlined in the plan to deliver a SmokeFree 2030.

The national strategy focuses on four main areas:

1. The first smoke free generation
2. A smoke free pregnancy for all
3. Parity of esteem for those with mental health conditions
4. Backing evidence-based innovations to support quitting

Achieving a smoke free generation will serve to significantly reduce health inequalities and improve health outcomes from birth and beyond.

Where are we now?

Compared to other council areas in the North West, Cheshire West and Chester performs well on key smoking indicators. Overall adult smoking rates are one of the lowest in the region at 11.34 per cent, approximately 31,125 adults. However, this rate is not uniform across Cheshire West and Chester. For example:

- Smoking prevalence is highest in Blacon, Ellesmere Port and Winsford amongst people living on low incomes
- More than 11.6 per cent of women smoke throughout pregnancy (2021/2022 figures)
- 5 per cent of 15 year olds are already regular smokers (2018 figures)
- Smoking prevalence in adults within routine and manual occupation (18-64) (current smokers) is 22.9 per cent (2020 figures) (5) (6)

With these figures in mind, it is clear that strategic action on tobacco dependence is necessary to advance the aims of Cheshire West and Chester's Place Plan and Health and Wellbeing Strategy. More widely smoking cessation is seen as a key tool within the Core20PLUS5 programme and the NHS Long Term Plan.

Costs (7)

Smoking is harmful and costly. There is the human cost of illness, fires, premature death and poverty, the cost to our health and social care services and the environmental costs from littering. The headlines below clearly illustrate the economic consequences of local smoking within Cheshire West and Chester.

- Smokers in CW&C spend roughly £60.55 million on tobacco products each year
- Each year there are approximately 2,500 hospital admissions for smoking related conditions
- The total annual cost of smoking to the NHS across CW&C is about £16.39 million
- 60.88 million of potential wealth is lost from the local economy in CW&C each year as a result of lost productivity due to smoking
- Many current/formers smokers require care in later life as a result of smoking-related illnesses. Each year this costs society in CW&C an additional £8.4 million
- 15 tonnes of waste produced mainly in the form of cigarette stubs each year
- It is estimated that Cheshire Combined Fire and Rescue Authority will attend approximately 12 smoking relate house fires each year in CW&C costing an estimated £1.51 million

What are we currently doing

- Brio Leisure CIC operate the smoking cessation service on behalf of the council. The service is open to all residents aged 12 and over either living or registered with a GP within Cheshire West and Chester. Residents can either self-refer into the service or be referred via their GP or health care professional
- The Tobacco Control Forum – The Cheshire and Merseyside partners, including Public Health teams, NHS trusts, pharmacies and the Intergrated Care Board (ICB) are working to share best practice across the region supporting the implementation of the NHS Long Term Plan
- Smoking in Pregnancy – Cheshire and Merseyside Integrated Care Partnership are working with the acute hospital trusts, local authorities and local smoking cessation services to implement the maternity pathway contained within the NHS Long Term Plan. It is hoped that an in-house smoking cessation service for pregnant women will be developed providing consistent support throughout and beyond their pregnancy

- Smoking in Pregnancy – maternity services are screening all pregnant women for carbon monoxide via CO monitors at all antenatal appointments. Delivering advice and making referrals into the smoking cessation service at every opportunity
- Cheshire Smoke Free Working Group – focussing on local problems and local solutions, such as working with trading standards around illicit sales

Climate Change

A recent review into Tobacco and the Environment by Action on Smoking and Health (ASH) looked at the global picture with regards to tobacco production and its impact on our climate as well as our health. It concluded that tobacco cultivation was not sustainable due to its harmful impacts including; pollution, soil degradation and deforestation. These all contribute to adverse climate change and biodiversity losses.

Studies have also shown that high levels of natural resources are required in the cultivation, drying, manufacturing, packaging and transportation of tobacco based products.

The research into the adverse effects of the tobacco industry both locally, nationally and globally show the importance of strategies aimed at dissuading the uptake of smoking and reducing tobacco consumption levels. (8)

Our vision

By 2030, cigarette smoking will be a much rarer sight on our streets and in our homes. Hundreds more young people will be protected from starting to smoke and breathing in second hand smoke. Thousands of our most vulnerable and dependent smokers will have accessed advice and support to quit smoking for good. Our aspiration is to achieve a smokefree generation by 2030.

Our aims

The aims we want to achieve are to,

1. Prevent even more children and young people from taking up smoking and vaping
2. Reduce the number of residents who smoke, particularly those who have the strongest dependence and face the most challenges in quitting successfully
3. Create an environment that supports people to stop smoking for good

Our principles

- **Outcomes-focused**
- **Emphasis on local action**
- **Innovation**
- **Advocate for change**
- **Equity**
- **Building stronger links**

We want to put people at the heart of our strategy. We believe this will help to reduce the uptake of smoking in young people and ensure the current smokers take the lead in their quit pathway.

The strategy will endorse and present a borough-wide approach whilst simultaneously appreciating the need for targeted working to address the specific issues that are areas of concern.

We will look at new ways of working, being creative and working across the health and social care system to deliver on our aims in the tobacco control strategy. It is important to challenge attitudes, behaviours, terminology and how we deliver services as part of this process.

We understand that smoking, can go hand in hand with issues such as poor mental health, alcohol or substance misuse, or living with other major stresses in life. We will create stronger ties with services that can offer support with these underlying issues.

Our approach

- **Reducing inequalities**
- **Prevention**
- **Partnership working**
- **Evidence base**
- **Personal responsibility and empowerment**

Achieving the aims of the tobacco control strategy cannot be done in isolation, rather a collaborative approach across agencies will be required. This will include public, private, and voluntary partner organisations working together, and the involvement of the public through consultation and community engagement.

Decisions about services and programmes should be based upon the best available information and our strategy is based on our knowledge of local need as shown in the Joint Strategic Needs Assessment, (2017). This ensures we make best use of resources, providing the best possible services and support.

Tobacco control should not be seen as a life-style choice, smoking is an addiction and should be treated as such. In preventing the uptake of smoking and supporting people to quit, it must be seen in its widest context, considering the person's environment, the geography within which they live and the life stage they are at.

Inequalities in smoking prevalence highlight the need to focus on smoking in order to address health inequalities, but also reinforces the need for targeting resources equitably. This will contribute to the fall in smoking prevalence for the whole population but would ensure a higher quit rate in deprived areas, those on low incomes and vulnerable groups.

Our priorities

- **Why is this a priority?**
- **What are the outcomes we want to see?**
- **What are the key actions we will take?**
- **How will we measure progress? (Key indicators/ potential indicators)**

A Smokefree Pregnancy For All

One child a day in Cheshire West and Chester is born to a mum who has smoked throughout pregnancy. Smoking during pregnancy can lead to serious short and long-term health issues, including complications at birth, premature birth, low birth weight, certain birth defects, and sudden infant death.

Pregnant women who smoke are more likely to be under 20, un-employed and live in more deprived communities with high rates of smoking, this can make it much more difficult to quit long-term.

Objectives

Reduce smoking throughout pregnancy in line with national targets

Key Actions

Continue to support the Smoking in Pregnancy task and finish group which brings partners such as the hospital trusts, local maternity services, local authorities and commissioned smoking cessation services together. This group will align work with the NHS Long Term Plan objectives for smoking in pregnancy and be implemented by 2023/24

Investigate the options for financial incentive schemes to quit in addition to smoking cessation support. Produce a report with recommendations by the end of the financial year 2022/2023

Consider changes in policy in relation to vaping products as a harm reduction measure in pregnancy within the context of existing guidance on nicotine replacement. Produce a report with recommendations by the end of the financial year 2022/2023

A Smokefree Generation

Children who grow up around adult smokers are more likely to take up smoking and most adults start smoking during their childhood, this cycle needs to be broken. Smoking rates are highest amongst children who have other vulnerabilities and health-risking behaviours in their lives.

Our smoking JSNA has also shown that certain groups have smoking rates that are at least twice as high as those in the general population these include: people who are unemployed or in manual occupations, people with mental health conditions, people who identify as LBGT+, hospital inpatients and people who are homeless.

Objectives

Reduce smoking amongst adults(18+) in line with national targets

Key Actions

Embed high quality brief advice training in services that work with young people, for example within the 0-19 service, with particular emphasis on the needs of those who work with the most vulnerable individuals. This should include continuing advice on smokefree homes, cars and vaping products
Support the implementation of the Khan Review recommendations into the national tobacco control plan review

Continue to enforce the full range of regulations covering the sale and promotion of tobacco and vaping products. This should also include advice on how to report the distribution of illicit tobacco or vaping products, or illegal sales to under 18s

Monitor the Universal Smoking Cessation service (Go Smokefree Cheshire) through key performance indicators (KPIs) and contract monitoring

Work closely with health services associated with higher and further education settings to enable more students to successfully quit smoking with a level of support appropriate to individual needs

Continue to develop a range of support to reflect the varying needs of all smokers, including those in priority groups

Support smoke free workplaces, mental health units, hospital sites and prisons

Backing evidence based innovations to support quitting

New technologies such as vaping products are now viewed as an acceptable part of harm reduction approaches at a national policy level (9). Vaping products are the nation's most popular quit method and can protect against returning to the known health harms from cigarettes. However, public and professional opinions and beliefs about the acceptability of this stance vary. There has been a lack of clear information to help the public reach an informed decision and many people continue to smoke as well as vape (dual use).

Current best evidence suggests that regular use of vaping products amongst 11-17 year olds

remains low but is rising (10). The likelihood of trying or currently using vaping products increases with age and smoking status.

Objectives

Open a dialogue on novel tobacco and vaping products, such as e-cigarettes and shisha pens, and their place within the tobacco control strategy

Key Actions

Respond to new guidance from the Office for Health Improvement and Disparities (OHID) and the National Institute for Health and Care Excellence (NICE) as it is published. Work closely with partners across Cheshire and Merseyside to develop approaches to vaping products and new forms of tobacco that are based on local risk assessment, harm reduction principles, and the most up to date evidence

Set up data collection to help improve our understanding of vaping products use locally

Closely monitor the Medicines and Healthcare products Regulatory Agency (MHRA) latest guidance which paves the way towards medicinally licenced vaping products becoming available on prescription.

Consider engaging with vaping shops to ensure compliance with relevant legislation

High level outcome indicators

Details of the public health outcomes can be found in the table below.

Public Health Outcomes Framework – top level indicators (11)	
C03c	Smoking at booking (child and mental health services dataset)
C06	Smoking Status at time of delivery (Public Health Profiles)
C13a	Smoking prevalence at age 15 years – regular smokers (Smoking, Drinking and Drug use survey among young people in England (SDD) survey)
C13b	Smoking prevalence at age 15 years – occasional smokers (SDD survey)
C18	Smoking prevalence in adults (18+) – current smokers (Annual Population Survey (APS))
	Smoking prevalence in adults in routine and manual occupations – current smokers (Public Health Profiles)
	Smoking prevalence in adults (18+) with serious mental illness (SMI) – (Public health Profiles)

Strategy Delivery

This strategy will be implemented by partner organisations through local sub-groups. Membership, terms of reference and governance arrangements will be regularly reviewed to ensure effectiveness. Progress will be reported to and overseen by the Health and Wellbeing Board. Membership currently includes the following organisations:

- Cheshire West and Chester Council teams
- Brio Leisure
- Cheshire Fire and Rescue
- The University of Chester
- Cancer Research UK

- Integrated Care System (ICS) and Integrated Care Board (ICB)
- Countess of Chester NHS Foundation Trust
- Cheshire and Wirral Partnership NHS Foundation Trust

Conclusion

It is clear that the work carried out to date nationally, regionally and locally has helped to significantly reduce the number of people who smoke in our borough. However, to meet the ambition of a smoke free generation by 2030 more is required.

By focussing our efforts on preventing the uptake of smoking in young people, and prioritising those people most at risk we can continue to reduce the prevalence of smoking and reduce inequalities. This can only be achieved through partnership working across the health and social care network and by engaging and developing seamless pathways of support for our residents.

References

References

1. **ONS**. Adult Smoking habits in the UK 2019. *Office for National Statistics* . [Online] 2020. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2019>.
2. **DH**. Towards a Smokefree Generation - A tobacco control plan for England. *Department for Health* . [Online] 2017. <https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england>.
3. **APPG**. Delivering a Smokefree 2030: The All Party Parliamentary Group on Smoking and Health Recommendations for the TC Plan 2021. [Online] 2021. <https://ash.org.uk/uploads/APPGTCP2021.pdf?v=1652361624>.
4. **Khan, Dr Javed**. The Khan Review: Making smoking obsolete. [Online] 2022. <https://www.gov.uk/government/publications/the-khan-review-making-smoking-obsolete>.
5. **PHE**. Public health England: Tobacco Control Profiles. [Online] 2021. <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/1/ati/402/are/E06000050>.
6. **CW&C**. Cheshire West and Chester Joint Strategic Needs Assessment: Smoking. [Online] 2017. https://inside.cheshirewestandchester.gov.uk/find_out_more/datasets_and_statistics/statistics/living_well_.
7. **ASH**. The Local Costs of Tobacco ASH "Ready Reckoner". [Online] 2022. <https://ash.org.uk/resources/view/ash-ready-reckoner>.
8. —. ASH: Tobacco and the Environment. [Online] 2021. <https://ash.org.uk/resources/view/tobacco-and-the-environment>.
9. **PHE**. PHE Vaping in England: an evidence update including vaping for smoking cessation. [Online] 2021. <https://www.gov.uk/government/publications/vaping-in-england-evidence-update-february-2021/vaping-in-england-2021-evidence-update-summary>.
10. **ASH**. Use of e-cigarettes among young people in Great Britain. [Online] 2022. <https://ash.org.uk/resources/view/use-of-e-cigarettes-among-young-people-in-great-britain>.
11. **GOV.UK**. Public Health Outcome Framework. [Online] 2019. <https://www.gov.uk/government/statistics/public-health-outcomes-framework-november-2019-data-update>.

Chapter Title

Falls Prevention

Introduction

We want to provide the residents of our borough with all the support they need to live a long, healthy, independent life. Falls and fractures in older people are often preventable, however, every year people in Cheshire West and Chester fall and injure themselves, sometimes severely. In addition, many people who fall have to be admitted to hospital. The human cost of falling includes, distress, pain, injury, loss of confidence, loss of independence and even death.

In response to this, reducing the number of older people who fall and need to be admitted to hospital has been identified as a key outcome within the Cheshire West Place Plan 2022-2024. The Place Plan, developed by the Council and the local NHS, sets out a vision for the health and wellbeing of our residents.

This strategy also has a clear relationship with other strategic and operational plans across the borough. These include the :

- Cheshire West and Chester Council Plan (2020-24) - building greener, fairer and stronger communities that tackle inequalities and to have healthier communities, living longer more independent lives.
- All Age Carers' Strategy (2021-26) – joint strategy by the Council and Cheshire Clinical Commissioning Group that focuses on carers's of all ages and backgrounds to feel valued, empowered and have access to the right support at the right time.
- Cheshire West and Chester Ageing Well Accommodation and Support Strategy (2022-2026) – focuses on helping our residents to stay independent for longer and enabling them to make informed decisions on the care and support services they may need.
- Cheshire West and Chester Climate Emergency Response Plan – how we can all as residents, and organisations, individually and collectively act to reduce the detrimental effects of climate change in the way we deliver services and live our lives.
- Strategies within the Health Improvement Strategy 2022-24– healthy eating and being active; smoking; alcohol and drugs misuse –all focus on reducing health inequalities and improving the health and wellbeing of people in the borough. In turn, enabling our residents to live more fulfilling, independent and healthy lives.

This strategy focuses on the next two years, strengthening our priorities in light of the impact of COVID-19, whilst building upon the falls prevention work that has taken place since 2017.

Background

Falls and fractures in older people are often preventable . Reducing falls and fractures is therefore important in maintaining health, wellbeing and independence.

Although everyone is at risk of falling, evidence shows that those over the age of 65 have the greatest risk. Falls can have a significant impact on physical, psychological and social health and wellbeing. A fall can result in a loss of confidence, social isolation, pain and distress, hospital admissions and increased risk of death. Falls are also costly to individuals and their families and to our health and social care system too.

Fear of falling can lead to general loss of confidence, which may, in turn, impact on the person's willingness to leave their home and a decrease in their level of independence. This can result in

social isolation and increased frailty as the result of reduced physical activity and a decrease in the level of independence.

Reducing risk factors for falls, for example, supporting older adults to stay physically active and increasing their strength and balance, can support them to feel more confident and reduce their fear of falling. Similarly, addressing environmental hazards in the home/wider environment, can also increase confidence and reduce the fear of falling.

What is a fall?

A fall is defined as an event which causes a person to, unintentionally, rest on the ground or lower level, and is not a result of a major intrinsic event (such as a stroke), or overwhelming hazard (1).

There are many factors that may result in a person falling such as poor health or frailty, or environmental factors, such as trip hazards within the home or within the community.

The causes of a fall are multifactorial. A fall occurs as a result of the interaction of multiple risk factors, these include:

- Muscle weakness
- Poor balance
- Visual impairment
- Polypharmacy(many medications) – and the use of certain medicines
- Environmental hazards
- Some specific medical conditions, which may make a person more likely to fall

The likelihood and severity of the injury after a fall is associated with a number of other factors including risk of falls, bone health, low weight and frailty (1).

Where are we now?

National position

Falls and fall-related injuries are a common and serious problem for older people, particularly those who have underlying conditions. People aged 65 and older have the highest risk of falling; around a third of people aged 65 and over, and around half of people aged 80 and over, fall at least once a year (1).

In 2017 to 2018, there were around 220,160 emergency hospital admissions related to falls in people aged 65 and over in England, around 146,665 (66.6 percent) of these were in people age 80 and over (1).

Short and long-term outlooks for people are generally poor following a hip fracture, with an increased one-year mortality of between 18 percent and 33 percent and negative effects on daily living activities such as shopping and walking. A review of long-term disability found that around 20 percent of hip fracture patients entered long-term care in the first year after fracture(1).

Falls in hospitals are the most commonly reported patient safety incident with more than 240,000 reported in acute hospitals and mental health trusts in England and Wales(2).

A recent survey by Age UK found that for 4.3 million older people the fear of falling was top of their list of concerns. Of this number, older women were more concerned about falling than men (45 percent vs 26 percent) . Older people who lived on their own were the most worried about falling(2).

Local position

The number of people aged 65 or above will increase by 44 percent from 72,900 in 2018, to almost 105,000 in 2038. By 2038, 28 percent of Cheshire West and Chester residents will be aged 65 or older (21 percent in 2018)(3).

The number of people in Cheshire West and Chester aged 85 or above will more than double, increasing from 9,400 in 2018, to around 19,400 in 2038(3).

In Cheshire West and Chester, the rate for emergency hospital admissions due to falls in people aged 65 and over has been significantly higher than England for much of the last decade, with the trend showing no significant change in recent years(4).

In 2021/22, 1,710 Cheshire West and Chester residents were admitted to hospital as an emergency as a result of a fall. Over two thirds of these admissions (68 percent), were people aged 80 years and over(4).

Local analysis of 2017/18 data shows that the rates of emergency admissions were highest in the east area of the borough in Northwich and Winsford. The lowest rates were seen in the rural locality.

In 2021/22, hip fractures accounted for 20 percent of the falls related emergency hospital admissions for people aged 65 and over. Over two thirds, (70 percent) of the 325 hip fracture admissions were in people aged 80 years and over.

Why are people falling in Cheshire West and Chester?

Geography and social deprivation

There is variation in admission rates across Cheshire West and Chester. Out of the two hospital trusts, the Vale Royal area of the borough has a higher number of hospital admissions for falls than those living in the west Cheshire area. Vale Royal residents are more likely to attend Leighton Hospital in Crewe, whilst west Cheshire residents will primarily attend the Countess of Chester Hospital .

There is also a clear social gradient affecting fall admission rates. As highlighted previously, people living in the more deprived areas of Cheshire West and Chester have higher rates of fall related admissions than people living in less deprived areas.

Gender and bone health

Evidence suggests that that in Cheshire West and Chester, two thirds more women are admitted to hospital than men. One of the factors contributing to these admissions may be in relation to bone health. Women are more likely to experience osteoporosis (a disease that weakens bones to the point that they break easily), than men. People with osteoporosis are at much greater risk of fragility fractures (a fracture that occurs in a bone weakened by the disease). The risk of osteoporosis starts to increase in women after the menopause. There are other increased risks of osteoporosis including a genetic link and the side effects of some medications such as steroids.

The impact of COVID-19

Levels of physical activity fell during COVID-19, in particular a reduction in strength and balance activity in people aged 65 and over, resulting in an increase in deconditioning. Deconditioning, a change of physical fitness due to inactivity, can occur rapidly in older adults and has a range of negative health impacts, including falls, depression, and cardiovascular disease(5).

The most immediate outcome of deconditioning is likely to present as an increase in falls. Evidence suggests that this increase in deconditioning may result in an additional 250,000 falls per year. This in turn leading to costs in the health and social care system of £210 million incurred over a two-and-a-half-year period(5). Assumptions based on the usual health pathway for falls suggest that in England(5):

- nearly 26,000 of these additional falls will require a GP visit
- 30,000 will require an ambulance call out
- over 14,000 will require an inpatient stay
- over 12,000 will require a care home package

Our Response

There are key interventions which can help reduce an individual's risk of falls, for example, regularly completing strength and balance exercises can help to improve an individual's strength and balance, and therefore reduce their risk of falling. Guidance from the National Institute of Health Care Excellence (NICE), recommends that people who are at risk of falls have access to strength and balance exercise as part of the local falls prevention pathway(6).

Developing a shared understanding regarding which risk factors are driving falls in the population of Cheshire West and Chester can determine what types of interventions might be most effective at preventing falls and hospitalisation in the population as a whole. By reviewing local data and current service provision, we can better understand why people are falling. For example, recent research findings highlight the concern raised by older residents regarding their fear of falling when outside of the home; the maintenance of pavements was of particular concern (7).

Our vision

To prevent and reduce the number of falls and their negative impact by providing a whole system approach that encompasses a borough-wide direction for commissioning, service planning and delivery.

By working together, we want to improve quality of life and reduce the fear of falling. We want to achieve a decline in the number of falls and reduce the need for hospital admission. Enabling those who are at risk of falling, or have fallen, to have access to standardised assessments, evidence based preventative services, high quality treatment, and support, from a wide range of service providers.

Our aim

To reduce the numbers of people aged 65 and older who fall and need to be admitted to hospital through the commissioning and delivery of an integrated, evidenced based, falls prevention pathway across Cheshire West and Chester.

Our principles

- **Outcomes-focused**
- **Emphasis on local action**
- **Innovation**
- **Advocate for change**
- **Equity**
- **Building stronger links**

PRINCIPLE 1: Outcomes-focused

Our overall goal is to reduce the number of people aged 65 and over who are admitted to hospital as a result of a fall.

PRINCIPLE 2: Emphasis on local action

To understand the health inequalities, and wider social determinants across our communities that impact the number of falls, and those at risk of falling, so that we can work together with residents and our partners to close these gaps.

PRINCIPLE 3: Innovation

Providing new ways of working by developing new models of support and service delivery, as well as looking to best practice, to serve our residents better in the right locations, based upon community need and ensuring a person-centred approach.

PRINCIPLE 4: Advocate for change

Committing to challenge how we deliver services across the borough, with a place based approach that is inclusive for all our residents.

PRINCIPLE 5: Equity

Ensuring we have a borough-wide approach that allows all of our residents the same timely access and level of care to prevent and reduce falls.

PRINCIPLE 6: Building stronger links

Working together with our communities and partners to ensure the best outcomes are achieved for those at risk and affected by falls.

Our approach

- Reducing inequalities
- Prevention
- Partnership working
- Evidence based
- Personal responsibility and empowerment

Our approach**Reducing Inequalities**

This strategy will seek to reduce any inequalities in the delivery of falls services, ensuring an equitable offer is available across the borough.

Prevention

A key area of focus within this strategy is to raise the awareness of falls prevention across Cheshire West and Chester.

Partnership working

Effective partnership working is key to the delivery of this strategy as is the involvement of the public through consultation and community engagement.

Evidence based

Decisions about services and programmes should be based upon the best available information and evidence. Our strategy is also based on our knowledge of local need.

Personal responsibility and empowerment

Empowerment is about individuals and communities increasing control over their lives and their health.

Our priorities

- **Why is this a priority?**
- **What are the outcomes we want to see?**
- **What are the key actions we will take?**
- **How will we measure progress? (Key indicators/ potential indicators)**

Our Priorities

Priority 1: Produce an updated Falls Joint Strategic Needs Assessment (JSNA)

A Joint Strategic Needs Assessment (JSNA) can help inform current and future health, care and wellbeing needs of our local community to support local decision making. The information from the JSNA can guide an evidenced based falls prevention pathway and our joint commissioning intentions in relation to the development of a system wide response to falls.

Outcome:

The publication of an evidenced evidence-based Falls Joint Strategic Needs Assessment.

What will we do:

Work collaboratively to produce an updated Falls JSNA to inform our falls prevention pathway and future commissioning intentions.

Priority 2: Prevention - Action Planning

Often falls can be prevented, or repercussions of the fall reduced with timely intervention. As the number of emergency hospital admissions because of a fall in people aged 65 and over has not declined over the past decade, it is important that there is a real drive on raising awareness of falls and contributing factors, with cross sector collaboration at the heart of this. By producing a robust, but realistic action plan, with clear goals, and by working in partnership with key stakeholders, such as the fire and rescue service, care homes, voluntary sector, domiciliary care providers, health, and social care, we can look to raising awareness of falls prevention across the borough. Focusing too on how we can enable our residents to remain independent for longer as they age.

Outcome:

A clear, concise, and realistic action plan that is co-produced by key stakeholders, based on the needs and experience of service users and those with lived experience.

What we will do:

Bring together key partners and organisations to co-produce a detailed falls prevention action plan for the whole borough that considers:

- A person-centred approach that incorporates service user feedback and experiences
- Review progress to date, evaluate practice and service provision against the current evidence base

- Review current commissioning arrangements in respect of falls prevention services and make recommendations for future service provision
- Ensure a borough wide approach that tackles health inequalities, and raises awareness of falls prevention
- Agree realistic timescales and ensure robust sustainability of recommended actions
- Consider the impact of COVID-19 on our ageing population and how it has affected both those at risk of fall, those who have fallen, and service provision
- Ensure synergy with other strategies and plans where relevant

Priority 3: Delivery, governance, and accountability

To ensure the implementation of the action plan, and to monitor and review progress, there is the need to develop a group of key stakeholders to take on this accountability. The group will ensure that we are actively improving falls prevention in Cheshire West and Chester, and that this improvement will continue sustainably. We also need to continually assess that the action-plan continues to reflect and develop in line with public and stakeholder needs and wishes, that sees improved falls prevention across the borough.

Outcomes:

To drive forward our strategy and action plan that actively sees continuous improvement in falls prevention across Cheshire West and Chester.

What will we do:

- Review and redesign existing delivery and governance structures
- Establish group key membership to take ownership and drive forward the action plan, with agreed clear lines of accountability for delivery and monitoring
- Assess and reflect on progress to date to ensure our actions are up to date and in line with service user needs

Priority 4: Develop a boroughwide falls prevention pathway

We will use the information from the updated Falls JSNA to develop a boroughwide integrated falls prevention pathway. With a pathway in place, we will aim to reduce the risk and occurrence of falls and their impacts such as pain, injury, loss of confidence and loss of independence. A pathway will also provide an integrated, streamlined response for intervention and treatment to achieve better outcomes and better use of resources, ensuring that we intervene at the right times and in the right way to prevent, treat and mitigate the impact of falls.

Outcome:

A collaborative approach between organisations, utilising existing resources in a system that places service users at the heart of the service and improves their experience and outcomes.

What will we do:

- Work collaboratively to produce an updated Falls JSNA to inform our pathway and future action planning
- Develop a single pathway which is deliverable boroughwide so that it is inclusive for all our residents
- Design a pathway that supports an integrated approach to prevent, intervene, and treat falls

- Ensure the pathway focuses on the timeliness of the response to provide fallers, or potential fallers, with the support they need
- Continue to assess and review the pathway to ensure it continues to meet the needs of our residents

Measuring our success

Based upon the Public Health Outcomes Framework (PHOF) success will focus on:

1. A reduction of the number of emergency hospital admissions due to falls in people aged 65 and over. At a minimum, to be in line with the England average.
2. A reduction in the number of emergency hospital admissions due to falls in people aged 80+. At a minimum, to be in line with the England average.

As these high level indicators from the PHOF are national statistics, we already have a baseline for these. This will enable us to track trends over time and compare our performance with regional and statistical neighbours. However, given that we also want to tackle inequalities in our approach to Falls Prevention, and to reflect our strengths based and preventative approach in Cheshire West and Chester, additional local outcomes will also be developed and agreed by the Strategic Falls Group.

Strategy Delivery

Working collaboratively detailed action plans will be developed, signed off and delivered by all partners and organisations involved. High level indicators to measure our success have been selected in order to monitor progress towards each of our outcomes. Regular updates on progress will be presented to the Health and Wellbeing Board.

Conclusion

By working together and focussing on the priorities identified within this strategy, we aim to reduce the number of residents who fall and require hospital admission. In turn improving both their quality of life and independence.

References

1. GOV.UK. (2022). *Falls: applying All Our Health*. [online] Available at: <https://www.gov.uk/government/publications/falls-applying-all-our-health/falls-applying-all-our-health>
2. AGE UK. (2019). Falls later in life. [Falls later in life \(ageuk.org.uk\)](https://www.ageuk.org.uk)
3. Cheshire West and Chester. (2022). Population Forecasts 2018. [Inside Cheshire West and Chester - Home](#)
4. Office for Health Improvement and Disparities. (2022). Public Health Profiles falls. <https://fingertips.phe.org.uk/search/falls>
5. Public Health England. (2021). Wider impacts of COVID-19 on physical activity deconditioning and falls in older adults. [Wider impacts of COVID-19 on physical activity, deconditioning and falls in older adults \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk)
6. National Institute for Clinical Excellence. (2013). Falls in older people: assessing risk and prevention Clinical Guidance (CG161) National Institute for Clinical Excellence (NICE). <https://www.nice.org.uk/guidance/cg161>
7. University of Chester. (2022). Age-friendly Cheshire West Baseline Survey 2022. (Unpublished).

Chapter Title

Dementia

Introduction

In Cheshire West and Chester the number of people aged 65 or above has increased from 61,100 in 2011 to 75,900 in 2021. We recognise that there may also be an increase in people living with dementia. The strategy looks to the next two years by defining our principles and shaping our priorities. Building upon the dementia work that has taken place since 2017, and considering the impact of COVID-19 on our ageing population. Our priorities focus on the planning, commissioning, delivery and review of local services so that people living with dementia and their families are better supported. The strategy highlights the measures we can take to prevent and delay the onset of dementia so that our residents have the support they need to live a long, healthy, independent life.

The strategy also has a clear relationship with other strategic and operational plans across the borough:

- Cheshire West Place Plan (2020-24) - developed by the Council and local NHS, that sets out a vision for the health and well being of our residents.
- Cheshire West and Chester Council Plan (2020-24) - building greener, fairer and stronger communities that tackles inequalities and to have healthier communities, living longer more independent lives.
- All Age Carers' Strategy (2021-26) – joint strategy by the Council and Cheshire Clinical Commissioning Group that focuses on carers's of all ages and backgrounds to feel valued, empowered and have access to the right support at the right time.
- Cheshire West and Chester Ageing Well Accommodation and Support Strategy (2022-2026) – focuses on helping our residents to stay independent for longer and enabling them to make an informed decision on the care and support services they may need.
- Cheshire West and Chester Climate Emergency Response Plan – how we can all as residents, and organisations, individually and collectively act to reduce the detrimental effects of climate change in the way we deliver services and live our lives.
- Strategies within the Health Improvement Strategy – healthy eating and being active, smoking, alcohol and drugs misuse, and falls prevention – that all focus on reducing health inequalities and improving the health and wellbeing of people in the borough, enabling our residents to live more fulfilling, independent and healthy lives.

Background

More than 850,000 people in the UK live with dementia, and one in three people born today will develop dementia in the future. Evidence shows that dementia is most common in those aged 65 or over and with an ageing population this is likely to grow significantly, the Alzheimer's Society estimates there will be over one million people living with dementia in 2022.

What do we mean by 'dementia'?

'Dementia' is a term that describes a set of symptoms that result from a variety of diseases or injuries that affect the brain. People with dementia may experience memory loss, difficulties with communication and reasoning, changes in mood, falls, difficulties managing their own health and carrying out day-to-day activities.

There are many diseases that result in dementia, Alzheimer's disease is the most common form of dementia, followed by vascular dementia. Over 17 percent of people who are diagnosed with dementia will have vascular dementia (1). Vascular dementia has the same risk factors as heart disease and stroke.

Causes and cure

There is no single cause of dementia, but evidence shows that 35 percent of dementia cases could be delayed or prevented if 12 potentially modifiable risk factors are targeted (2). These include a change in lifestyle factors such as being more physically active, stopping smoking and reducing alcohol consumption. Other risk factors include hearing impairment, social isolation and exposure to air pollution. Good dementia care and support is also important to live a healthy, and independent life for as long as possible. The Prime Minister's Challenge on Dementia 2012 provides a number of objectives that can contribute to the prevention, intervention and dementia care and support.

Dementia does not just affect the person with the diagnosis but also friends, families and carers. In 2020, 670,000 people were the primary carer for those with dementia (3) it is vital that we provide these groups with the support they need.

Where are we now?

There are currently around 900,000 people living with dementia in the UK (4) in Cheshire West and Chester this stands at 4,600. With our ageing population profile this number is likely to increase. Latest population data predicts that those aged 65 years and over in Cheshire West and Chester will form 28 percent of our population in 2038, a change from 21 percent in 2018 (5). The number of people aged 85 or above will more than double over the same period, increasing from 9,400 in 2018 to around 19,400 in 2038 (5). Therefore preventing dementia, and providing support for those living with dementia and their carers is an important challenge for both the local authority and local health partners.

Preventing Well

There are several actions we can take to prevent and delay the onset of dementia. Key lifestyle issues which we know to have an impact on dementia include smoking, unhealthy weight, unhealthy diet, physical activity, and excessive alcohol consumption:

Smoking is associated with increasing the risk of vascular issues, we know that some dementias are linked to problems with the vascular system. By giving up smoking we can prevent these vascular problems and their link to dementia. Smoking levels have fallen markedly in recent decades and although our smoking rates are lower than the England average, they still remain a cause for concern. Data shows that 11.3 percent of adults in Cheshire West and Chester currently smoke.

A **sedentary lifestyle and poor diet** can cause issues later in life. We want more people to be more active, to eat well and maintain a healthy weight. Exercise in older people is associated with a slower rate of decline in memory and some thinking skills that occur with ageing. Being overweight and unfit can cause a number of cardiovascular diseases that increase the risk of a person developing dementia. Data for Cheshire West and Chester residents shows that:

- Around half of Cheshire West and Chester's adults do not eat the recommended amount of fruit and vegetables (5 a day) daily.
- Currently 60.2 percent of adults within the borough are overweight or living with obesity, this equates to almost 2 in 3 residents over the age of 18.
- 17.7 percent of adults in Cheshire West and Chester are physically inactive

Excessive alcohol consumption can increase the risk of dementia. Nationally, about 10 percent of cases of young onset dementia (people in their 40s and 50s) that are diagnosed, are related to alcohol (1). By reducing our alcohol intake and staying within the recommended limits as advised by the NHS, we can challenge this statistic. Estimates indicate that a higher percentage of residents in Cheshire West and Chester aged 16 and over drink alcohol compared to the England average.

Improving **mental and social activity** can also help to reduce dementia risk by improving mood, relieving stress, reducing the risk of social isolation, depression and loneliness. Keeping the brain active and challenged by learning new skills, joining clubs, connecting with others, and protecting your mental health can all play a part in preventing the onset of dementia. Current data shows that the prevalence of depression in those 18 years old and over is around 13.5 percent in the borough(6).

Diagnosing Well

Early diagnosis of dementia is important in improving quality of life. We want more people across the borough diagnosed earlier, and less people diagnosed at a time of crisis. By receiving an earlier diagnosis and appropriate support we want to reduce the chance of such a crisis occurring. We recognise that some people do not want to know whether they have dementia, this may be as a result of fear and perhaps, for some, the perceived stigma associated with the diagnosis.

We recognise that services may need to be redesigned, so that people living with dementia are diagnosed in a timely manner. Ensuring that they, and their carers, receive the right care and support, enabling them to live as well as possible with dementia. The drive to improve the diagnostic rate must not be an end in itself, improving the support available to people once they have been given the diagnosis is equally as important.

The Dementia Diagnosis Rate (DDR) in Cheshire West and Chester is below the national target of 66.7 percent and has been for some years. Prior to COVID-19, the rate was slowly improving, with a rate of 65.1 percent in 2020. During COVID-19, presentations and referrals for memory assessments dropped across the country. In 2021, the rate in Cheshire West and Chester had dropped to 58.9 percent from 65.1 percent in 2020. In 2022, the rate is slowly increasing again, standing at 60.5 percent in March 2022 (7).

We know that more work needs to be done to increase our local rate. We will therefore work to raise the profile of dementia and the support that is available across the borough, to encourage more people to seek help.

We recognise that dementia does not only affect older people; we will ensure a specific focus is given to younger people living with dementia, in order that we might better understand their needs and how these can best be met.

Living Well

In Cheshire West and Chester we want to support and encourage those who live with dementia to remain as independent as possible, for as long as possible. Continuing to enjoy their usual activities in environments that are well designed and supportive of their needs. We want them to maintain their employment (those that are working at the time of diagnosis) and encourage our communities and workplaces to work together to help people to stay healthier for longer.

Across the borough we are striving to meet the Prime Minister's Challenge on Dementia which was launched in 2012. It focuses on developing communities where people are aware of and understand more about dementia and enable those living with dementia to have a sense of belonging and feeling a valued part of family, community, and everyday life.

Locally, we understand the importance of listening to people living with dementia, their families and carers, to inform and enable changes across all our services to raise awareness, challenge stigma and to inspire and enable dementia inclusive communities.

Supporting Well

Our mental and physical health are important whether we are living with a health condition or caring for someone with a health condition. Evidence tells us that isolation and depression are common amongst those living with dementia and those caring for someone with dementia. It is therefore vital to ensure we provide the right care and support at the right time and in the right manner to those living with dementia or their carers.

Many people are able to live well with dementia and continue to work following their diagnosis. We believe that following a diagnosis, people who are still in employment should be supported to continue to work and engage in their regular activities for as long as possible. We want people within the borough to have the support to build confidence and resilience and be better able to cope with the condition.

It is important that health professionals, and those delivering dementia prevention and intervention services, are aware of the wider issues of minority groups and trained on equality and diversity and that support offered to our residents is equitable and respectful. Some of this may involve understanding language and communication barriers, the reliance on formal care services for support, awareness of the differences in the onset of symptoms, particularly for those with learning difficulties, and overcoming issues of stigma for particular groups.

Dementia also impacts on carers too. We will therefore focus on carers and how their needs can best be met.

Planning Well

Following a diagnosis of dementia, putting legal, financial and end of life plans in place is one of the most important steps to take. Advance Care Planning forms part of the assessment and care planning process, supporting people living with dementia to think about, plan for and make choices about their wishes and preferences for their future care including decisions about end of life. One of the national drivers for end of life care is to support more people to die in their usual place of residence. Creating a plan for the future in the early stage of the disease can be empowering, allowing the person living with dementia to participate in making decisions that help family and friends know their wishes.

We want to raise the standards of care for people with dementia reaching the end of life, and ensure that every person living with dementia, their family and carers, are given the opportunity and support to plan ahead, adopting a person centred approach.

The Impact of COVID-19

Those living with dementia, their carers and dementia health and care support services, were all

impacted by the COVID-19 pandemic. Whether this was in relation to receiving a timely diagnosis, or accessing support for people living with dementia and their carers during lockdowns. Evidence from Carers UK (2020) (8) highlights the loneliness and isolation felt by carers during the pandemic and the negative impact on their mental health. In response to the impact of COVID-19, NHS funding has been received to increase dementia diagnosis rates. This includes providing support to local memory clinics to assess more people who may have dementia.

Our vision

‘To create a borough which enables more adults to live longer, healthier and happier lives and is inclusive of people with dementia, and their carers so they can enjoy the best possible quality of life and remain independent for longer’.

With the collaboration of partner organisations, across all sectors, and the community, we can work together to support our residents to live healthier lives to reduce the risk, or delay the onset of dementia, and for those living with dementia, and their carers to live well and have access to the support they need to live a fulfilled and more independent life.

Our aim

The aim of the Dementia Strategy is to set out our approach to achieve this vision and our principles and outcomes, and what we need to do to achieve this.

Wider determinants and health inequalities are a challenge for our borough and their impact on the prevention of dementia, and its early detection and intervention, and the provision of support services. It is important that we recognise the need to face these challenges at every life stage whether that is starting well, living well and ageing well.

We aim to set out a strategy that addresses a range of issues:

- Ensuring a collaborative approach with partner organisations, focusing on a boroughwide approach to preventing, and reducing the onset of dementia, and providing the right support for people living with dementia and their carers
- Providing a clear vision of the role dementia support services’ have in supporting dementia prevention, early intervention and support
- Providing a transparent and consistent approach to our delivery that involves and supports our residents and communities
- Ensuring that our delivery models are fit for purpose, and have a person centred-approach
- Ensuring support is in the right location, reducing over-provision and ensuring value for money
- Value and understand those living with dementia and their families and carers

Our principles

- **Outcomes-focused**
- **Emphasis on local action**
- **Innovation**
- **Advocate for change**
- **Equity**
- **Building stronger links**

PRINCIPLE 1: Outcomes-focused

Ensuring our residents living with or affected by dementia are at the heart of our strategy to improve their health, wellbeing and social care outcomes.

PRINCIPLE 2: Emphasis on local action

Empowering our residents, those living with, or affected by dementia to develop and shape our strategy and voice the issues that are important to them, whether that is the support they require or what needs to be done to improve services.

PRINCIPLE 3: Innovation

Finding new ways of working that will serve people better. We will develop new models of support and service delivery through best practice, being creative and working across the health and social care system

PRINCIPLE 4: Advocate for change

Striving to become a dementia inclusive borough we will commit to challenging attitudes, behaviours, and terminology whenever possible in our communities, workplaces, and public services. Promoting dementia friendly places and policies.

PRINCIPLE 5: Equity

Supporting equity across the borough, ensuring our approach is all-inclusive and accessible, with the allocation of resources based on need.

PRINCIPLE 6: Building stronger links

Working together, providing multi-agency partnerships with those who have similar visions and outcomes to achieve the best for our residents, and those living with or affected by dementia.

Our approach

- **Reducing inequalities**
- **Prevention**
- **Partnership working**
- **Evidence based**
- **Personal responsibility and empowerment**

To support the delivery of the dementia strategy and to achieve our vision we have developed the following approach:

1. Reducing Inequalities

To reduce health inequalities and to tackle wider health determinants we need to ensure when delivering services to those living with dementia that we have the right resources in the right locations and target groups that need the most support.

2. Prevention

We know that reducing the risk of dementia, or delaying the onset of dementia, is influenced by a wide range of modifiable risk factors. Supporting people to reduce risky behaviours such as smoking, excessive alcohol consumption, poor diet and physical inactivity will reduce their risk of dementia and support them in living longer, healthier and independent lives.

3. Partnership working

Dementia should not be seen as simply the symptoms a person exhibits, but must be seen in its widest context, taking into account the persons' environment, the geography within which they live and the people who support them. Many of the challenges that need to be addressed rely on the combined efforts of a variety of organisations in the public, private and voluntary sectors.

4. Evidence based

Decisions about services and programmes should be based upon the best available information and our strategy is based on our knowledge of local need. This ensures we make best use of resources, providing the best possible services and support.

5. Personal responsibility and empowerment

We want to develop a borough that fosters independence and dignity and ensures people living with dementia are valued. It is equally important to emphasise the benefits - socially, mentally and physically - that a healthy lifestyle has on preventing or delaying the onset of dementia and enabling people with dementia to live well.

Our priorities

- **Why is this a priority?**
- **What are the outcomes we want to see?**
- **What are the key actions we will take?**
- **How will we measure progress? (Key indicators/potential indicators)**

Using the best available information, and knowledge of local need we have set out the following priorities and outcomes, and how we will achieve these:

Priority 1: Action Planning

To build upon the work to date to tackle dementia diagnosis rates, and provision of support we need to review our action plans and ensure they are fit for purpose, they focus on a boroughwide approach, and take on board the impact of COVID-19. Our action plans need to focus on key elements of dementia including:

- Preventing well
- Diagnosing well
- Living well
- Supporting well
- Planning well

Outcomes:

A clear, concise, and realistic action plan that is developed by key partners and organisations and those living with dementia and their carers.

What we will do:

Bring together key partners and organisations to co-produce a detailed dementia action plan for the whole borough that:

- Develops a person-centred approach that incorporates the views and feedback of those living with dementia and their carers
- Reviews progress to date, evaluates best practice and evidence-base
- Ensures a borough wide approach that tackles the health inequalities, and raises awareness of dementia – prevention, diagnosis, support, and how to become a dementia inclusive society
- Maps current and future needs along the NHS England's Well Pathway for Dementia (9)
- Reviews and develops training and education of health professionals and partners
- Agrees realistic timescales and ensure robust sustainability of recommended actions
- Considers the impact of COVID-19 on our ageing population and how it has affected those living with dementia and their carers
- Takes into account other strategic and operational plans across the borough

Priority 2: Delivery, governance, and accountability

To implement our action plan(s), and to monitor and review progress we need to create a group of key stakeholders to take on this accountability. The group will ensure that we are actively focusing on our outcomes, and that our work to tackle dementia will continue sustainably.

Outcome:

Our strategy and action plan(s) focus on the key elements of prevention, raising awareness of dementia (for timely diagnosis, and our society's perceptions), and for support and future planning.

What will we do:

- Review and redesign existing delivery and governance structures
- Establish a group to develop, take ownership and drive forward the action plan, with agreed clear lines of accountability for delivery and monitoring
- Assess and reflect on progress to date to ensure our actions are up to date and in line with prevention services, and the needs of those with dementia and their carers.

Priority 3: Provide an updated Dementia Joint Strategic Needs Assessment (JSNA) and develop a boroughwide dementia care pathway

A Joint Strategic Needs Assessment – undertaken by Council and the Cheshire and Merseyside Integrated Care Board (ICB) - can help inform current and future health, care and wellbeing needs of our local community to support local decision making. The information from the JSNA can guide a dementia care pathway and further action planning to ensure we are tackling inequalities, and wider determinants that impact on health and wellbeing.

We need to ensure that if a person is showing signs of dementia, that they and their carers feel supported to seek a diagnosis. We need then to make sure that any diagnosis is made in a timely manner, and the person receives the right assessments and information. Ensuring the best possible experience of care and support post-diagnosis too.

We also need to ensure that we have the right resources in place to support dementia carers, providing a seamless link with health and carers services to ensure carers are referred at the point of diagnosis.

Outcome:

A collaborative approach between organisations, utilising existing resources in a system that places those with dementia at the heart of the service.

What will we do:

- Work collaboratively to produce an updated Dementia JSNA to inform our pathway and future action planning
- Develop a single pathway which is deliverable boroughwide so that it is inclusive for all our residents, linking in with carers pathways where applicable
- Design a pathway that supports an integrated approach that has step-by-step guidance for locally commissioned services, and providers to ensure sustainable delivery

- Ensure the pathway focuses on timely responses to provide those living with dementia the support they need when it's needed
- Periodically assess and review the pathway to ensure it continues to meet the needs of our residents

Measuring our success:

Suggested indicators include :

1. Preventative indicators:
 - Decrease in the percentage of adults that smoke
 - Increase in the level of physical activity in adults
 - Decrease in the rate of alcohol related admissions to hospital
 - Decrease in excess weight in adults
 - Decrease in the prevalence of depression
2. Increase in the dementia diagnosis rate
3. Proportion of adult carers who have as much social contact as they would like
4. Carer- reported quality of life score
5. Proportion of carers who are satisfied with the services they and the person they care for have received from Adult Social Care in the last 12 months
6. Number of health and social care professionals directly involved in providing dementia care who are trained to at least Tier 2 of the Dementia Training Standards Framework
7. Number of people receiving an annual dementia review
8. Number of Dementia Friends trained across the borough
9. Number of Dementia Friendly Communities

Strategy Delivery

Working collaboratively detailed action plans will be developed, signed off and delivered by partners and organisations involved in dementia work, taking in to account lived experiences, and views of those living with dementia and their carers. High level indicators to measure our success have been selected in order to monitor progress towards each of our outcomes. Regular updates on progress will be presented to the Health and Wellbeing Board and the Carers Partnership Board as appropriate.

Conclusion

The strategy sets out our ambition to create a place where people who are living with or affected by dementia can thrive. We hope that people will be less fearful of dementia and know it is possible to live well with dementia. We know that by adopting a healthy lifestyle we can delay or even prevent the onset of dementia . By including a focus on healthy lifestyles, more people can enjoy more active and fulfilling lives.

References

1. Dementia UK. (2022).Types of Dementia. <https://www.dementiauk.org/about-dementia/types-of-dementia/>
2. Dementia UK. (2020). Strategy 2020-2025 Specialist dementia care – closer to those who need it . [Dementia-UK-2020-2025-strategy.pdf \(dementiauk.org\)](#)
3. Livingston, G., Huntley, J., Sommerlad, A., et al.(2020). Dementia prevention, intervention, and care: 2020 report of the Lancet Commission. *The Lancet*. [TL4300 - Dementia update infog- \(thelancet.com\)](#)
4. Alzheimers Society (2019). Alzheimer's Society's View on demography. [Alzheimer's Society's view on demography | Alzheimer's Society \(alzheimers.org.uk\)](#)

5. Cheshire West and Chester. (2022). Population Forecasts 2018 [Inside Cheshire West and Chester - Home](#)
6. Office for Health Improvement and Disparities. (2022). Public health profiles depression. [Public health profiles - OHID \(phe.org.uk\)](#)
7. Office for Health Improvement and Disparities. (2022). Public health profiles dementia. [Public health profiles - OHID \(phe.org.uk\)](#)
8. UK Carers. (2020). Caring Behind Closed Doors Forgotten families in the coronavirus outbreak https://www.carersuk.org/images/News_and_campaigns/Behind_Closed_Doors_2020/Caring_behind_closed_doors_April20_pages_web_final.pdf
9. NHS England. (2022). The Well Pathway for Dementia. [dementia-well-pathway.pdf \(england.nhs.uk\)](#)

Chapter Title

Substance Misuse Strategy

Introduction

Welcome to our Substance Misuse strategy for Cheshire West and Chester. This strategy will outline plans to reduce alcohol and drug related harm for those who live, work or study in Cheshire West and Chester.

Alcohol and drug misuse impacts on people's lives in many ways. Providing treatment and support to people with alcohol and/or drug problems can have a significant beneficial impact not just for the individual, but for their families and their community. Preventing people from substance misuse problems and reducing their dependency not only improves their individual health and wellbeing but also reduces the burden on health and social care.

Background

Alcohol

Alcohol plays a role in British culture; it is often part of our social and family life. However, more needs to be done to promote safe and sensible drinking, as large sections of the population experience an unacceptable level of alcohol-related harm which has a negative impact on individuals, local families, and communities.

Regular drinking outside of recommended upper limits (14 units a week for men and women) risks a future burdened by illnesses (including cancer, liver disease, high blood pressure and heart disease), increases the risk of falls and fractures and impacts negatively on people's mental health and wellbeing. Excessive regular drinking can all too easily turn into dependence.

Drugs

In 2019, Dame Carol Black was commissioned by the UK Government to carry out a review into drug use in the UK (1). Taking the health harms, costs of crime and wider impacts on society together, it is estimated that the total costs of drugs to society are over £19 billion, which is more than twice the value of the market itself.

We also know that an estimated 1 in 11 adults aged 16-59 years in England and Wales had taken a drug in the last year (2019-20), approximately 3.2 million people (2). The harms caused by drug misuse are far reaching and affect our lives at every level. Harms include health issues, drug dependency, organised crime, violence and exploitation, and irreparable damage and loss to communities.

From Harm to Hope: 10 Year National Drug Strategy

The UK Government's new 10 year drug strategy: From Harm to Hope (3) for England and Wales was published in December 2021 and outlines three main priorities for the next decade:

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

The new strategy will combine greater investment in treatment programmes, both in the health service and the prison service, alongside a tougher crack down on drug supply.

Development of a local Combatting Drugs Partnership

As a response to the publication of the 10 year National Drug Strategy the national Combatting Drugs partnership team have issued local guidance (4) which provides a framework for how local partners can work together to address the priorities above. This includes the formation of a new Cheshire West and Chester Combatting Drugs Partnership, which will replace the local Substance Misuse Partnership Board.

The impact of COVID-19

A survey commissioned by charity Alcohol Change UK in November 2020, showed that almost one in three drinkers (29 percent) had been drinking at increasing or high risk levels over the past six months (over 14 units per week). Over half of drinkers (53 percent) said they had drunk alcohol for a mental health reason – such as feeling anxious, stressed or worried, feeling bored, having trouble sleeping, or feeling sad or low - at least once in the past six months (5).

The COVID-19 pandemic has also had a huge impact on alcohol and drug misuse and has placed a strain on treatment services. Whilst treatment services have worked hard to continue to provide a service, the impact of the pandemic upon our population, including excessive drinking, particularly in the home, and concerns about drug misuse, particularly amongst more vulnerable groups, is stark.

We will ensure that this strategy and its action plans are closely linked to other strategies and plans that also impact upon drug and alcohol misuse, for example the Sexual Health Strategy, the Tobacco Control Strategy, and the Cheshire West Place Plan.

Where are we now?

Alcohol

In 2019 there were over 37 million visitors to Cheshire West and Chester, though this number reduced significantly to 20 million in 2020 as a result of the COVID- 19 pandemic (6) and so, we want to ensure that we promote a diverse and safe night time economy. However, this does bring with it an added layer of complexity, with some aspects of tourism being associated with excessive alcohol consumption. This can be seen clearly in the headline statistics for the local area:

- Across Cheshire West and Chester in 2020/21 there were 2,125 people admitted to hospital with alcohol specific conditions, with men accounting for 60 percent (7)
- In Cheshire West and Chester, although our overall hospital admission rates for alcoholic liver disease in adults have decreased since 2019/20 from 115 per 100,000 to 109 per 100,000 in 2020/21 (below the North West and England rates), our hospital admission rates for alcohol related liver disease in women have seen an annual increase from 83 per 100,000 to 93 per 100,000 women in 2020/21. (7)
- In 2020 there were 132 deaths related to alcohol in Cheshire West and Chester (36 per 100,000, slightly lower than the England figure of 37.8 per 100,000 and the North West at 45.7 per 100,000) (8)
- In 2019, there were 2753 recorded alcohol-related offences in Cheshire West and Chester, with a similar figure reported in 2020 despite the pandemic (9)

Drugs

The harms from drugs are extensive and include health issues, drug dependency, crime committed to fuel drug dependence, organised criminality, violence, and exploitation. Often causing irreparable damage and loss to communities, families, and individuals too. We know that:

- In 2020 an estimated 17,398 adults aged 16-59 years in Cheshire West and Chester have taken an illicit drug. (2)
- In 2019 there were 733 recorded drug offences in Cheshire West and Chester, reducing to 651 in 2020 (9)
- Locally, there were 51 deaths from drug misuse in 2018-20, a rate of 5.4 per 100,000 (10).

In addition, we recognise the role of those in recovery, they are experts by experience and can help shape interventions and services. In Cheshire West and Chester in 2020/21 there were 1,650 people in treatment for drug and alcohol misuse (11).

Our vision

Our vision is to work in partnership, to prevent and reduce the harms caused by alcohol, drugs, and other substance misuse. Seeking to create a culture that supports individuals to make positive choices for the benefit of their health and wellbeing and those around them.

Our aim

People living in Cheshire West and Chester can make informed healthy choices to reduce the harms caused by drug and alcohol abuse and improve their wellbeing. We will ensure that people who require treatment for alcohol and/or drug dependency are given the best chance to make a full recovery.

Our principles

- **Outcomes-focused**
- **Emphasis on local action**
- **Innovation**
- **Advocate for change**
- **Equity**
- **Building stronger links**

Outcomes focused

We want to put people at the heart of our strategy. We believe this will help to improve their health and wellbeing outcomes and ensure there is autonomy and accountability.

Emphasis on local action

Local solutions resulting in local action will require strong relationships and dialogue with counterparts, as well as a commitment to base decisions on assessed need, service user involvement and national guidance.

Innovation

We will find new ways of working that will serve people better. We will develop new models of support and service delivery through best practice, being creative and working across the health and social care system.

Advocate for change

We will commit to challenging attitudes, behaviours, terminology and how we deliver services whenever possible. Ensuring we continually progress our ambition to improve the health and wellbeing of those who live in our borough whose lives have been negatively impacted by drugs and alcohol

Equity

The strategy will endorse and present a borough-wide approach whilst simultaneously appreciating the need for targeted working to address the specific issues that are areas of concern. To address the issue of equity (fairness), it will seek to foster collaboration with the commissioners of other strands of drug and alcohol provision.

Building stronger links

We understand that poor health as a result of drug and/or alcohol abuse, can go hand in hand with issues such as poor mental health, or living with other major stresses in life. We will create stronger ties with services that can offer support with these underlying issues.

Our approach

- **Reducing inequalities**
- **Prevention**
- **Partnership working**
- **Evidence based**
- **Personal responsibility and empowerment**

Prevention

The strategy seeks to influence the ability for adults and young people to lead healthy lifestyles and minimise risk. This includes the provision of information and advice, promotion of key health messages, educational and awareness raising sessions, and outreach work.

Partnership working

Ensuring prevention is high on the agenda and in order to meet the many drug and alcohol related challenges, effective partnership working will be key. This will include public, private and voluntary partner organisations working together, and the involvement of the public through consultation and community engagement.

Evidence based

Decisions about services and programmes should be based upon the best available information and our strategy is based on our knowledge of local need. This ensures we make best use of resources, providing the best possible services and support.

Personal responsibility and empowerment

Individual empowerment is about people having a sense of control over their lives through building people's confidence, boosting their self-esteem, developing their coping mechanisms or enhancing their personal skills. Community empowerment is about allowing people to take control of the decisions that influence their lives and health.

Our priorities

- **Why is this a priority?**
- **What are the outcomes we want to see?**
- **What are the key actions we will take?**
- **How will we measure progress? (Key indicators/ potential indicators)**

Priority Areas

1. Education and Awareness:

A whole system approach to raising awareness and preventing the harms of substance misuse across the life course, particularly for those at greater risk:

Children and Families

Substance misuse has negative consequences on the health and wellbeing of school age children. This harm may occur because children live with a parent/carer (or parents/carers) who misuse drugs and/or alcohol, which may impact upon their parenting ability, and/or, the young person is involved in substance misuse themselves.

We also know that the role of new technology and changing social and cultural norms amongst the 11-18 age group has led to a rise in social media and smartphone use, which has led to a shift in drug type and mode of purchase.

- Promoting an alcohol-free pregnancy. Drinking during pregnancy can lead to long-term harm to the baby, and the greater the amount of alcohol consumed, the higher the risk

- Ensure the early identification and support of parents drinking above recommended guidelines, and increase awareness of the harms caused to babies and children
- Ensure the delivery of high quality Personal, Social, Health and Economic Education (PSHE) to school children, providing education around the dangers of drug and alcohol misuse and increase awareness to high-risk groups of school children (additional to PSHE)

Working Age

As with all drugs, alcohol misuse can lead to a wide variety of problems, ranging from severe dependency and life-threatening health conditions to hangovers or conflict with friends and family. Alcohol harms can affect both individuals and wider society, and alcohol is associated nationally with around half of the violent crime reported each year (12). We need to support a whole population approach to drinking safely, raising awareness of the impacts of unsafe drinking habits on individual health and wellbeing, including raising awareness of drink/drug driving limits and safe drinking limits.

- To develop partnership working in relation to Acquired Brain Injury(ABI) as a result of substance misuse (alcohol or drugs)
- Utilise programmes such as The Cheshire & Merseyside Public Health Collaborative (CHAMPs) Reduction of Harm Through Alcohol programme, working collaboratively across the system to deliver prevention initiatives to help to improve lives.
- Work with employers to ensure they have effective and supportive substance misuse policies
- Further develop a 'Making Every Contact Count' approach for health and social care staff

Older People

Alcohol contributes to key lifestyle risk factors, such as being overweight or obese and contributes to falls and fractures in the older population. Older people may have had a lifelong pattern of problem drinking or may first develop drinking problems in later life.

- Increase awareness of alcohol and drug related harm (including the use of alcohol and prescription drugs) among older adults
- Ensure that staff who have face-to-face contact with older people are trained in alcohol identification and brief advice, using an evidence based conversational tool which has been shown to alter drinking behaviour

2. Early Identification and Intervention:

Develop a coordinated approach to early identification of individuals exposed to the harmful effects of drugs and/or alcohol misuse:

- Where appropriate, undertake targeted interventions with high-risk groups of adults, such as: the lesbian, gay, bisexual and trans (LGBTQ+) community, homeless population and offenders.
- Ensure that staff working in the police, community safety and criminal justice systems, who have face-to-face contact with members of the public, are trained in alcohol identification and brief advice

- Work closely with Primary Care teams to provide training on early identification, and to ensure awareness of clear pathways into treatment services
- Health checks are carried out by GPs every five years for adults over the age of 40 and include lifestyle questions relating to drugs and alcohol. Ensure pathways are in place to support GPs to provide effective support for those identified as having a drug or alcohol problem through their health check.

3. Treatment Services:

Develop an approach to the provision of treatment and recovery services that is responsive to the changing trends in drug and alcohol addiction among residents of Cheshire West and Chester:

- Work closely with NHS mental health services and Primary Care, to provide effective recovery pathways for people with dual diagnoses
- Work in close partnership with other health and non-health organisations and agencies to provide an effective and co-ordinated response to substance related harm
- Ensure effective referral pathways are in place across partner organisations, agencies, and local communities
- Provide a community-based needle exchange scheme and encourage people who are injecting drugs to take tests for tuberculosis and blood infections, e.g., hepatitis, as recommended in National Institute for Clinical Evidence (NICE) guidance
- Provide effective solutions when working with people who have been in long-term treatment
- Support for the development and delivery of Alcohol Care Teams (ACTs) in Primary and Secondary care
- Ensure close working with the East and West Cheshire Drug Related Deaths Panel

4. Safer Communities:

Ensure a partnership approach towards reducing the harm to our local communities caused by the abuse of drugs and alcohol:

- Working with partners to implement the Community Engaging in Licensing Tool developed by CHAMPs, to support communities to engage in challenging new alcohol licenses and the review of existing alcohol licenses in targeted areas
- Consider the suitability of other tools under the Licensing Act and other schemes to help with issues within the night-time economy and help promote Chester as a safe and vibrant city (e.g., the Purple Flag accreditation programme for town and city centres)
- Restricting drug supply - through effective partnership working, all organisations will support the police and other enforcement agencies to restrict the supply of illicit drugs within Cheshire West and Chester
- Development of a local Drug Alert System

In relation to this strategy, we recognise the key role the Community Safety Partnership plays. We also want to join-up further early help services based on a clear understanding of local needs, including emerging national challenges such as child exploitation. Risks to positive emotional health and wellbeing must also be addressed, including parental substance misuse and the impact of

parental conflict and domestic violence. Mental health services need to be more available and accessible with open access and a preventative approach.

Measuring the Impact – What will success look like?

1. People are able to make informed healthy choices to reduce the harms caused by drug and alcohol abuse
2. Local people and communities live without crime and anti-social behaviour caused by drug misuse
3. People who require treatment for alcohol and drug dependency are given the best chance to make a full recovery
4. Promotion of a diverse, vibrant and safe night-time economy

Key Indicators:

- Reductions in alcohol specific hospital admissions (working age 18-64)
- Reductions in alcohol specific admissions (older adults 65+)
- Reductions in alcohol related hospital admissions
- Reductions in alcohol related deaths
- Reductions in drug related deaths
- Reductions in crime related to drugs and/or alcohol
- Adults in substance misuse treatment
- Young People in substance misuse treatment

Strategy Delivery

Through the work of the Cheshire West and Chester Combatting Drugs Partnership, ensuring the sharing local, regional, and national statistics and evidence and updating on any policy changes within both the alcohol and drug agendas.

A detailed set of action plans will be developed, signed off and delivered by all partners. High level indicators have been selected in order to monitor progress towards each of these outcomes. Regular updates on progress will be provided to the Cheshire West and Chester Health and Wellbeing Board, the Combatting Drugs Partnership, and the Community Safety Partnership.

Conclusion

This strategy builds upon a range of excellent work that has been undertaken by partners locally. It outlines actions across the life course (that is, from before birth through to older age), with a particular focus on prevention and protecting children and vulnerable groups from alcohol and drug related harm. We recognise that some people will have established issues with substance misuse and for these people our focus will be on recovery, allowing people to maximise their potential and make a positive contribution to society.

References

1. **Black, Dame Carol.** *Independent Review of Drugs: prevention, treatment and*

- recovery. s.l. : Department of Health and Social Care, 2021.
2. **Statistics, Office for National.** Drug Misuse in England and Wales: Year ending March 2020. *www.ons.gov.uk*. [Online] December 2020.
<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/drug-misuse-in-england-and-wales/year-ending-march-2020>.
 3. **Home Office, Department for Health and Social Care.** *From Harm to Hope: 10 Year Drugs Plan*. s.l. : UK Government, 2021.
 4. **Office, Home.** *10 Year Drugs Strategy: Guidance for Local Partners*. s.l. : UK Government, 2022.
 5. **UK, Alcohol Change.** *Alcohol Change Uk*. [Online] November 2020.
<https://alcoholchange.org.uk/blog/2020/press-release-over-half-of-uk-drinkers-have-turned-to-alcohol-for-mental-health-reasons-during-pandemic>.
 6. **Council, Cheshire West and Chester.** State of the Borough. *Cheshire West and Chester*. [Online] 2020. <https://www.cheshirewestandchester.gov.uk/your-council/key-statistics-and-data/state-of-the-borough/culture-and-tourism>.
 7. **Disparities, Office for Health Improvement and.** Local Alcohol Profiles. *Fingertips Public Health Data*. [Online] 2022.
<https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/1/gid/1938132833/pat/6/par/E12000002/ati/402/are/E06000050/yr/1/cid/4/tbm/1>.
 8. —. Local Area Profiles for England: Mortality. *Fingertips Public Health Data*. [Online] September 2022. <https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/1/gid/1938132832/pat/6/par/E12000002/ati/402/are/E06000050/yr/1/cid/4/tbm/1>.
 9. **Partnership, West Cheshire Community Safety.** *Strategic Assessment of Crime and Disorder*. s.l. : Cheshire Constabulary Corporate Research and Analysis, 2020.
 10. **Disparities, Office for Health Improvement and.** Public Health Profiles. *Fingertips Public Health Data*. [Online] 2022.
<https://fingertips.phe.org.uk/search/drugs#page/3/gid/1/pat/6/par/E12000002/ati/402/are/E06000050/iid/92432/age/1/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>.
 11. **System, Nationals Drug Treatment Monitoring.** All In Treatment. *NDTMS*. [Online] 2022. <https://www.ndtms.net/viewit/Adult/ExecutiveSummary.aspx>.
 12. **England, Public Health.** *The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies*. s.l. : PHE, 2016.

Chapter Title

Eat Well Be Active

Introduction

Eating a healthy balanced diet accompanied by regular physical activity is essential for good health and well-being. Mental health, muscle and bone health, immunity, and healthy pregnancies all benefit from us eating well and being active. In turn minimising our risk of conditions such as heart disease, type 2 diabetes, some types of cancer and dementia. Eating well and being active is also important in helping us to reach and maintain a healthy weight, which itself is associated with many health benefits.

Foods which are healthier for our bodies also tend to be better for the planet too. A move away from heavily processed foods and towards a diet which contains plenty of fresh, minimally processed foods can have a positive impact on our health, weight, and the environment. Taking short trips by foot or bicycle rather than using the car also helps us to increase our physical activity whilst reducing our carbon footprint.

We recognise that it is not always easy for people to eat well and be active. Our behaviours and the lifestyle choices we make are influenced by a variety of factors, including the environments in which we live, work, learn and play, and our access to healthy and affordable food. There is a need to support the individual, communities and across the population to promote eating well and being active, including supporting whole family approaches.

Eat Well Be Active (EWBA) is a framework based on several key Cheshire West and Chester strategies, including the Health and Wellbeing Strategy (2015-20), the Council Plan (2020-24), the Cheshire West Place Plan (2022 - 2026), the Fairer Futures Strategy (2022 - 2032) and the Council's Healthy Weight Declaration (signed in 2019). The framework sets out key aims and objectives to support residents of Cheshire West and Chester to enjoy a better quality of life by enabling them to eat well and be more active. The EWBA framework has been developed through strong local partnership working, recognising that our experiences are shaped by the wider social, economic, and cultural context in which we live.

As we look for innovative ways to tackle inequalities and improve the lives of our residents, this strategy outlines our local strategic approach to supporting residents to eat well and be active throughout life.

Background

Increasingly, a poor diet and low levels of exercise are becoming the norm amongst our population. Seen in both children and adults, this is having a negative impact on our overall health and wellbeing, our life chances and even how long we are living.

Whilst a lot of the time what we choose to eat and how active we are is down to individual choice, we are increasingly aware that the environments in which we spend our time often do not support the healthier options. We are also mindful of the challenges some residents face in making the best choice for their health, particularly those living in poverty.

We know that eating a healthy balanced diet and taking part in regular physical activity has many benefits and that reaching and maintaining a healthy weight is one of these. The reason we focus on healthy weight is due to the fact that overweight and obesity continues to be the most significant contributing factor to both years spent in poor health and reduced life expectancy (1).

Today most adults in England – 68 percent of men and 60 percent of women – are above a healthy weight, and over a quarter are living with obesity (27 percent of men and 29 percent of women).

Combined figures for Cheshire West and Chester show that 60.2 percent of adults (men and women) are above a healthy weight, with the highest rates among the lowest socioeconomic groups (2021/21 data). The number of adults who above a healthy weight has decreased in the borough, with a drop from 69.8 percent in 2019-20 to 60.2 percent in 2020-21 (2). Whilst this is positive, it does still mean that six out of ten of our adult population are classified as overweight or obese.

In children, the most recent data shows that 18.7 percent of our 5-6 years olds start primary school above a healthy weight. This rises to 34.2 percent by the time they leave in year 6 (3).

Eating a nutritionally balanced diet, being more active, and being able to access support when needed is crucial to good health and wellbeing and for reducing levels of overweight and obesity, ensuring everyone has the best chance to live a long and healthy life. We know that overweight and obesity tends to continue throughout the life course, so a child living with obesity is likely to grow up to be an adult living with obesity. Also, children are more likely to be above a healthy weight if their mother was living with obesity in early pregnancy. Overweight and obesity can lead to chronic health conditions such as heart disease, type 2 diabetes, stroke, and some cancers and has been shown to reduce healthy life expectancy (years spent in good health).

To increase the number of Cheshire West and Chester residents at a healthy weight, we need environments which support all residents to eat well and be active. At a minimum this requires access to healthy affordable food and opportunities to be active every day. We need to support residents to manage their own health, to remove barriers and stigma associated with overweight and obesity. To make a difference, we need to work together, and healthy weight needs to be everyone's business.

Eat Well Be Active is Cheshire West and Chester's partnership approach to supporting residents to reach and maintain a healthy weight. In developing the framework, we have taken a life course approach (from conception through to older age) that includes all our residents. Whilst recognising the need to target those groups who are more at risk of becoming overweight or living with obesity. The framework takes a holistic approach, considering the wider determinants to unhealthy weight and the opportunities to influence these. Key to the partnership is strong system leadership and a borough-wide ambition to effect change, demonstrated by the Council's Healthy Weight Declaration which was signed in November 2019. The Healthy Weight Declaration is a commitment to ensure healthy weight is considered in policy and practice across the local authority, making it easier for residents to eat well and be active. The Healthy Weight Declaration is also supported by partners across the borough, with Cheshire West and Chester Council being the first local authority in England to roll out the Healthy Weight Declaration Partner Pledge.

A system-wide approach to healthy weight also links closely with other Council priorities such as: addressing climate change, becoming a sustainable food place, improving mental health, and reducing poverty. In 2020 the Council declared a climate emergency; evidence shows that sustainable diets along with active travel can significantly reduce greenhouse gases. The links between healthy weight, healthier diets, physical activity, and mental health are clear. In terms of poverty, the work being done to reduce health inequalities and improve our environments – helping residents to access healthy food, both in times of crisis, but also at other times – supports the Poverty Emergency which was declared by the Council in 2020.

Where are we now?

Data published nationally (3) tells us that in Cheshire West and Chester there are areas in which are doing well:

- 73.4 percent of adults are physically active, compared to the England average of 65.9 percent
- 50.2 percent of our children and young people are physically active, compared to the England average of 44.6 percent

- The number of adults above a healthy weight (60.2 percent) is lower than the England average (63.5 percent)
- More of our adults meet the recommended 5-a-day on usual day (55 percent) compared to the North West average (51.2 percent)

The data also shows us where we need to work together to make improvements:

- In Cheshire West and Chester, 63.1 percent of babies receive breastmilk as their first feed, compared to the England average of 67.4 percent
- At six to eight weeks after birth, 42 percent of mothers are still breastfeeding compared with the England average of 47.6 percent
- Almost one fifth of our children in their school reception year are either overweight or obese (18.7 percent). With eight percent of our children aged 5-6 years living with obesity.
- A third of our children in school year six are measured as either overweight or obese (34.2 percent), with 20.1 percent of our children aged 10-11 living with obesity.
- 22.7 percent of 5-year-olds have visually obvious tooth decay
- 21.1 percent of women are living with obesity during early pregnancy
- 18.8 per cent of adults are inactive – i.e., do less than 30 minutes of moderate intensity activity per week

Our vision

To improve healthy life expectancy and reduce health inequalities for everyone living in Cheshire West and Chester by supporting residents to eat well and be active every day.

Our aim

The aim of the EWBA framework is to improve the health and wellbeing of people in Cheshire West and Chester, by increasing the number of those who are eating well and being more active. The framework strengthens the existing view that to achieve a change in people’s behaviour we need a whole-system approach to integrating and embedding healthy eating and physical activity into everyday life, in a way which is accessible and inclusive. A whole systems approach links together many of the factors that influence healthy weight and requires co-ordinated action across multiple sectors.

Leadership, collaboration, and partnerships are therefore at the heart of the framework, which seeks to achieve a cultural shift towards a healthy, active, and thriving borough. This collaborative, partnership approach will support people to lead more healthy and active lifestyles in an environment which promotes this as the norm.

Our principles

- **Outcomes-focused**
- **Emphasis on local action**
- **Innovation**
- **Advocate for change**
- **Equity**
- **Building stronger links**

Outcome focused

We will put people at the heart of our strategy, ensuring we focus on clear outcomes for all residents. This strategy and accompanying action plan will be centered around ambitious but achievable outcomes, supported by partners across the borough and accountable to the Health and Wellbeing Board.

Emphasis on local action

What we do together locally as a joined-up system of key partners, residents and with strong leadership is key to improving the health and wellbeing of those residing in our borough. Strong partnerships, local insight and intelligence and community voice are all essential in ensuring we focus our efforts on local action.

Innovation

We will learn from the past and learn from what others do well, whilst making sure that we address our local needs creatively, using those opportunities available to us in new and innovative ways.

Advocate for change

We will support our residents by making it easier for them lead healthier lives, in a way which is accessible and affordable. We will improve the environments in which people live, work, learn and play, supporting partners and residents to make positive change. We will remove stigma and support our residents without discrimination.

Equity

We will support all residents to eat well and be active, with a focus on those who have the greatest need. We will take a lifecourse approach, with fairness and equity at its heart, reducing stigma and inequalities. We will work in collaboration with partners who know their residents well, to help us to reach those less likely to engage.

Building stronger links

The Eat Well Be Active partnership is continually evolving in response to emerging issues and needs. We understand the complexities some of our residents face, and whilst focussing on eating well and being active we will incorporate priorities around mental health, poverty, climate change and ensure synergies with other related work areas.

Our approach

- **Reducing inequalities**
- **Prevention**
- **Partnership working**
- **Evidence based**
- **Personal responsibility and empowerment**

Reducing inequalities

Cheshire West and Chester is often viewed as affluent and prosperous, but there are parts of our borough where our residents face significant inequalities. Our goal is to improve the health and wellbeing of all our residents, but with extra efforts focused where they are needed most.

Prevention

We know that prevention, early detection, and early intervention leads to much better health and wellbeing and healthy weight is no exception. Prevention and early intervention can happen at any time during a person's life and this principle is reflected across the framework.

Partnership working

Eating well and being more active is not the responsibility of one organisation alone. It is therefore important that the framework is developed and implemented by a partnership consisting of a wide variety of individuals and organisations, including the public, private, voluntary and community sectors, working at place level and closely with the Integrated Care Board. Many of our challenges are shared and require shared solutions. The framework draws upon the experience and expertise

of a broad range of stakeholders to deliver a robust and committed approach to eating well and being more active. It promotes a comprehensive method of partnership working to increase levels of healthy weight across the borough.

Evidence base

Decisions about services and programmes will be based upon the best available information. Our strategy is based on our knowledge and evidence of local need. In our work to improve rates of healthy weight in the borough we will focus our efforts on specific groups and geographical areas where the need is greatest. This will allow us to make best use of resources, providing people with the best possible support and where needed, services to help them to reach a healthy weight, improve their diets and/or increase their physical activity.

Personal responsibility and empowerment

The framework emphasises the importance of prevention and health promotion, empowering individuals, families, and communities to take responsibility for making their own healthy choices. By taking a whole systems approach, we want to make the healthy choice the easy choice.

Our priorities

- **Why is this a priority?**
- **What are the outcomes we want to see?**
- **What are the key actions we will take?**
- **How will we measure progress? (Key indicators/ potential indicators)**

Priority 1: Starting Well: Every child in Cheshire West and Chester has the best start in life and is supported to eat healthily and be more active every day

A healthy, balanced diet, plenty of physical activity and being a healthy weight is particularly important in childhood. Children are living with obesity at earlier ages and staying obese for longer. As well as impacting on weight, a poor diet can lead to dental health issues, as well as problems with concentration and behaviour, potentially impacting attainment, and future life chances. We are also conscious of the fact that more children are also presenting as underweight and the impact that this can have on their physical and mental development. Approaching food, physical activity and body image in a stigma free way will support our children and young people to have positive relationships with food, activity, and their bodies, setting them on the right course for good health and wellbeing.

By supporting children and families to eat well and be active from the very early years can support healthy habits and behaviours for the future. Breastfeeding, healthy first foods, balanced meals, and correct portions, coupled with opportunities for active play and active travel can prevent excess weight gain in childhood and give children the best chance of reaching adulthood at a healthy weight. Supporting healthy weight during pregnancy is also important for improving outcomes for both mother and baby and is it important for this support to be available prior to pregnancy.

Priority 2: Living well and ageing well: Promote eating well and being active in adults

For Cheshire West and Chester, 60.2 percent of adults are overweight or living with obesity. Add to this further diet-related ill-health such as cardiovascular disease, type 2 diabetes, and dental decay. Supporting people to eat well is key to improving population health, increasing the number of individuals who are a healthy weight and reducing inequalities.

Most recent estimates suggest that approximately 18.8 percent of adults in Cheshire West and Chester residents are inactive. Being inactive is an issue at any age across all communities. If we spend too much time in positions that do not use energy, for example sitting at our desks, or sitting

in front of the television, for long periods of time, our health can be affected. Increasing physical activity is important at all ages.

As we age, our nutritional and physical activity requirements change but are no less important. Being active in later life has a key role in reducing our risk of falls, and a healthy lifestyle from midlife (45-65) onwards is likely to be particularly important in dementia prevention. Likewise, supporting older adults to eat a nutritious diet will help to prevent malnutrition.

Priority 3: Place and Planning: Planning our environments to promote eating well and being active

We live in an environment which nudges us towards unhealthier behaviours, we are surrounded by an abundance of cheap energy dense food, unhelpful marketing and advertising of less healthy products and places which favour motorised transport and sedentary lifestyles.

Less healthy food and drink (those which are high in fat, salt, and sugar) is easily accessible and affordable to most. There is an association between exposure to fast food consumption and obesity, and with more fast food in areas of higher deprivation this may increase the links between deprivation, obesity, and poor health.

Most of us spend time in several different environments such as school and nursery, work, home, local neighbourhoods, and places we visit for other reasons, including leisure and social activities. The opportunities to eat well and be active within these environments can differ considerably and can often depend on where you live. As part of this strategy we want all our environments to support residents to eat well and be active. Whether that be through initiatives within schools, planning decisions to restrict fast food outlets from opening in deprived areas, or supporting the creation of environments which support people to walk and cycle and to be physically active.

Priority 4: System Leadership

System leadership is important to facilitate joined-up working, drive progress, keep momentum going, and for accountability. Adopting a system leadership approach involves building and managing effective partnerships to ensure that clear and consistent messages and action are delivered across the board with an emphasis on the sharing and learning of data, insight, and best practice.

This needs to be multi-level and multi-organisational, and is key in establishing a joint vision, shared by all partners. Effective leadership allows action to take place on the ground, for priorities to be taken forward and for change to happen.

The Eat Well Be Active partnership is chaired by the Leader of Cheshire West and Chester Council and reports to the Health and Well-Being Board. Adopted in 2019 by the Council's Cabinet, the Local Authority Declaration on Healthy Weight committed the Council to taking clear steps to improving the environments in which we live, making it easier to eat well and be active.

What are the outcomes we want to see?

Starting well

- More mothers who want to are enabled to start breastfeeding and continue breastfeeding their baby in the early weeks and for as long as they are able to/ wish to
- A reduction in the proportion of women in early pregnancy who are living with obesity
- More families accessing healthy start vouchers
- Increase uptake of free school meals by eligible families
- Increase in the number of schools supporting healthy weight initiatives - Give Up Loving Pop (GULP), Milk and Water only, Active Schools, Smile for a Mile, healthy and active school pledge

- Increase in the number of children and young people being weighed and measured through the National Child Measurement Programme at reception and year 6

Living well and ageing well

- Increased consumption of fruit and vegetables (adults)
- Increased levels of physical activity in adults
- Decrease levels of physical inactivity in adults
- More adults taking part in active travel
- An increasingly empowered and informed workforce, supporting adults in a stigma-free way to access support through a healthy weight pathway
- Increased number of workplaces supporting healthy weight initiatives (GULP, Active Workplaces)
- Increase support for older people to eat well and be physically active

Place and planning

- Reduction in the number of less healthy food outlets trading in areas of deprivation / high levels of childhood obesity
- Increased use of active travel for commuting and short trips
- Improved walking and cycling infrastructure
- Joined up working to support residents to access sustainable food

System Leadership

- Joined-up, system-wide working across council departments and partners
- Increased number of organisations signing up to the Healthy Weight Declaration Partner Pledge
- Work towards the commitments set out in the healthy weight declaration

What are the key actions we will take?

1. Work in partnership, taking a system-wide approach to support healthy weight, and to encourage healthy, sustainable food and physical activity
2. Work with schools and early years settings to support implementation of programmes to support healthy weight
3. Work with schools meals provider to improve school meals, support parents/carers to provide healthy lunch boxes
4. Work with Brio Leisure and other providers to increase access to physical activity opportunities
5. Work with employers and workplaces to support healthy weight activities
6. Support individuals and families to access healthy food in times of need
7. Work with schools and early years settings to support them to improve their settings to make them more conducive to healthy weight
8. Support partners to adopt the Healthy Weight Declaration Partner Pledge
9. Train colleagues and partners to acknowledge the wider determinants of health and the importance of taking a stigma free approach to healthy weight
10. Work with council procurement to improve food and drink provision provided in council-operated buildings
11. Work with the planning department to curb the proliferation of fast food takeaways in the borough, particularly in areas of deprivation
12. To report regularly on progress to the Health and Wellbeing Board

How will we measure progress? (Key indicators/ potential indicators)

- Reduce prevalence of obesity in early pregnancy
- Increase breastfeeding initiation
- Increase breastfeeding at 6-8 weeks
- Increase healthy start voucher uptake
- Increase the number of schools taking part in healthy weight programmes (GULP, Milk and Water only, Active Schools, Smile for a Mile, healthy and active school pledge)
- Increase the number of partners signed up to the Healthy Weight Declaration Partner Pledge
- Increase the number of children weighed and measured as part of the National Child Measurement Programme
- Decrease child excess weight in 4-5 year olds
- Decrease child excess weight in 10-11 year olds
- Decrease the percentage of adults (aged 18+) classed as overweight or obese
- Work with increased number of partners to improve nutrition, hydration, and physical activity in older adults
- Increase the number of front line staff taking part in the healthy weight training
- Increase the number of planning refusals based on the potential impact on obesity, inequalities and wider health concerns
- Increase the number of departments and partners driving forwards the healthy weight declaration commitments
- Increase the progress achieved on healthy weight declaration

Strategy Delivery

The framework is a dynamic product which will focus on effective partnership working and meaningful action, based on collaboration with stakeholders. The Eat Well Be Active Reference Group will provide expert oversight and quality assurance to the Eat Well Be Active framework. It will ensure all strands involved in increasing physical activity and promoting healthy eating are pulled together to create a robust, systematic, and broad structure which addresses lifestyle, behaviour change, our physical environments, and issues of access to healthy food and green space. The healthy weight declaration commitments will support the accountability of the strategy.

The group is chaired by the Leader of Cheshire West and Chester Council. Other members include Active Cheshire, Brio Leisure, Cheshire West and Chester Council, Cheshire and Wirral Partnership NHS Foundation Trust, Edsential, Groundwork, Healthbox, Mersey Forest, Integrated Care Board, University of Chester

Progress monitoring and feedback will also be achieved through the following:

1. Joint Scorecard
Key statistical data monitored regularly by the Eat Well Be Active Reference Group and the Health and Wellbeing Board.
2. Exception reporting
Statistical data which is escalated to the Health and Wellbeing Board requiring review or action.
3. Health and wellbeing partnership updates
Updates will form part of a report that is presented to the Health and Wellbeing Board.

4. Themed discussions
The Eat Well Be Active Reference Group will have a rolling programme focusing on key issues which will generate challenge and actions.
5. Peer review
The Eat Well Be Active Reference Group will seek to enhance the performance of the strategy and share learning locally, regionally and nationally.
6. The voices of local people, service users, carers and wider partnerships
There will be regular opportunities for groups and communities to feedback their own views and experiences and to help to shape the support available to them
7. Healthy weight declaration
Accountable to the commitments set out in the healthy weight declaration, supporting policy and practice to support healthy weight across council departments.
8. An evolving framework
This framework and its accompanying action plan will develop as goals are achieved and circumstances change. We will be responsive to the information we gain through the continual involvement of organisations, groups and local people.

Conclusion

Creating environments that remove barriers to healthy eating and moving more will have a significant, positive impact on the borough's public health and help to reduce inequalities. Raising awareness, generating public debate, working with our communities, schools and businesses and using local organisations can all help to make the environment a healthier one for our residents. In creating healthier places we also have the opportunity to build robust partnerships that can achieve meaningful engagement with local communities to reduce health inequalities. We want to develop a culture and environment which proactively fosters active and healthy lives, a borough which is designed to encourage healthy eating and physical activity as the norm.

References

1. [Health matters: obesity and the food environment - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
2. [Public health profiles - OHID \(phe.org.uk\)](http://phe.org.uk)
3. [Public health profiles - OHID \(phe.org.uk\)](http://phe.org.uk)