The Cheshire East Joint Outcomes Framework: Consensus Building Methodology

Background

The Cheshire East Joint Outcomes Framework is being developed to inform and monitor health and care transformation towards closer integration, and to summarise progress in relation to the Joint Health and Wellbeing Strategy/ Place Plan and Place-level Delivery Plan.

The Cheshire East Health and Wellbeing Strategy 2018-2021 has recently been refreshed. This strategy will also act as the Place Plan and will run from 2023-2028.

A Place-level Delivery Plan is also being developed in parallel. This will run from 2023-2028 and focus on implementation of the Strategy and health and care transformation.

The Joint Outcomes Framework is being developed alongside these two documents and through two initial phases.

The work is being led by the Business Intelligence (BI) Enabler Workstream Group which reports to both

- The Cheshire East Strategic Planning and Transformation Group
- The Cheshire East Joint Strategic Needs Assessment Steering Group

The aim of Phase One was to agree up to ten key outcome indicators for Cheshire East across the four outcomes outlined within the Health and Wellbeing Strategy that:

- Require system-level solutions across multiple partners
- Positively impact on system pressures and the extent to which the Place thrives
- Align with Cheshire and Merseyside Integrated Care System-level priorities, where feasible and appropriate.

Approach to Phase One

Phase One focused on indicators within the Office for Health Improvement and Disparities Public Health Fingertips tool.

- This tool was chosen to simplify the process of developing the first phase of the tool by utilising a single data source.

This process was a pragmatic approach that recognised the time frame requirements. Further iterations of the framework will follow in Phase Two.

At the time of the consensus building process, the four outcomes within the draft Health and Wellbeing Strategy were:

The wording of these outcomes has been further refined in the finalised version of the Health and Wellbeing Strategy, however the outcomes are broadly the same.

Consensus building methodology

Consensus building took place at an event on 30 November 2022 via Microsoft Teams and included representatives from:

- Cheshire East Place BI enabler workstream
- Cheshire East Joint Strategic Needs Assessment (JSNA) Steering Group
- Cheshire East Health and Wellbeing Board (HWB)
- Cheshire East Strategic Planning and Transformation Group (SPTG)

17 attended the event including 11 from Cheshire East Council, 5 from the NHS and one from the VCFSE sector:

	Admin	BI**	Commissioning	Communities	Other	Public Health	**Grand Total**
Cheshire East Council	1	1	3	1		5	**11**
NHS		2			3		**5**
VCFSE*					1		**1**

*VCFSE-Voluntary, Community, Faith and Social Enterprises

**BI-business intelligence

In advance of this event, we invited representatives from the above groups to contribute to an online pre-event poll (between 24 November and 29 November 2022) on what they felt were the most important indicators to include (Appendix 1). We asked contributors to select up to 10 key indicators, ideally with an even spread of indicators across each of the four Health and Wellbeing Strategy outcomes. People who were unable to attend the event itself could still contribute to the poll.

All contributors were encouraged to review a series of overviews of health and wellbeing indicators and Cheshire East's performance against these, prior to polling (Appendix 1).

Healthy life expectancy and life expectancy were not included as part of the consensus building as we proposed that they should be included as key overarching indicators.

At the event on 30 November 2022, the pre-event poll results were reviewed (Appendix 2) and considered. Three small group discussions then considered the results of the pre-event poll, particularly the indicators that were frequently selected. The three small groups then each contributed to a second poll, as a group after which, the indicators were agreed through a final discussion.

The agreed indicators were circulated back to the SPTG, HWB and JSNA steering group, and after feedback from the SPTG, an additional indicator was included:

- Smoking at time of delivery

After allowing until 3 January 2023 to feedback, the indicators for Phase One were confirmed.

Indicators selected and reasons for their selection

Indicator	Reason for selection
Life expectancy at birth (upper age band 90 and over) (female)	This indicator was pre-selected by the Place Business Intelligence lead as being a marker of overall health and wellbeing. It is also one of the Marmot Beacon indicators, which the Cheshire and Merseyside Integrated Care System is using to monitor inequalities across the Cheshire and Merseyside area.
Life expectancy at birth (upper age band 90 and over) (male)	This indicator was pre-selected by the Place Business Intelligence lead as being a marker of overall health and wellbeing. It is also one of the Marmot Beacon indicators, which the Cheshire and Merseyside Integrated Care System is using to monitor inequalities across the Cheshire and Merseyside area.
Healthy life expectancy at birth (female)	This indicator was pre-selected by the Place Business Intelligence lead as being a marker of overall health and wellbeing. It is also one of the Marmot Beacon indicators, which the Cheshire and Merseyside Integrated Care System is using to monitor inequalities across the Cheshire and Merseyside area.
Healthy life expectancy at birth (male)	This indicator was pre-selected by the Place Business Intelligence lead as being a marker of overall health and wellbeing. It is also one of the Marmot Beacon indicators, which the Cheshire and Merseysid Integrated Care System is using to monitor inequalities across the Cheshire and Merseyside area.
Long-term unemployment rate/1000 working age population (persons aged 16-64 years)	Employment was the most commonly selected indicator for the “healthy places” outcome in the pre-event poll, and joint top indicator for the post-small group discussion poll. Long-term unemployment was selected due to being highlighted as a key area of challenge by the Poverty deep dive JSNA review. This indicator is also available at ward level, which facilitates the ability to understand inequalities within Care Communities.
Modelled estimates of the proportion of households in fuel poverty (%)	Fuel poverty was in the top three indicators for the “healthy places” outcomes in the pre-event poll and joint top indicator for the post-small group discussion poll. Fuel poverty has been highlighted as a key challenge within the Poverty deep dive JSNA review. This indicator is also available at ward level, which facilitates the ability to understand inequalities within Care Communities. Exercise was also commonly selected within the “healthy places” outcome, nevertheless, this was also selected in relation to the “ageing well” outcome. Fuel poverty was considered to be a helpful metric as it encompassed income and also energy efficiency in housing. It is also one of the Marmot Beacon indicators, which the Cheshire and Merseyside Integrated Care

	System is using to monitor inequalities across the Cheshire and Merseyside area.
Smoking status at time of delivery (female, all ages)	Smoking status at time of delivery was highlighted as one of the leading outcomes in relation to “promoting physical and mental wellbeing in children and young people” outcome. Cheshire East is also significantly worse than the national average in relation to this outcome. Smoking prevalence was highlighted as a key indicator for inclusion in relation to the “ageing well outcome”
Child development: percentage of children achieving a good level of development at 2-2.5 years (Persons, 2-2.5 years)	Child development in our 2-2.5 year olds was considered to be an important early marker of future physical and mental wellbeing in our children and young people. In addition, it is a metric that is collected for the vast majority of children. It is also one of the Marmot Beacon indicators, which the Cheshire and Merseyside Integrated Care System is using to monitor inequalities across the Cheshire and Merseyside area. Social, emotional and mental health was a commonly selected indicator in the polls, nevertheless, there was concern from the consensus building group that this indicator focused on too few children (those with social, emotional and mental health concerns requiring education, health and care plans) and selecting a marker earlier in the life course that covered more children would be more beneficial. Child poverty was also considered, nevertheless, in view of the limited number of indicators to be covered by the framework, the group felt that long term employment and fuel poverty, would need to be sufficient without including an additional marker.
Year 6 prevalence of overweight (including obesity) (Persons, 10-11 years)	Excess weight in children and young people was the leading indicator selected for the “promoting physical and mental wellbeing in children and young people” outcome in the pre-event poll and the top indicator for the post-small group discussion poll. Year 6 prevalence (rather than Reception age) was selected to be able to monitor the impact of early interventions and to complement the earlier marker of development (development at 2-2.5 years).
Social isolation: percentage of adult social care users who have as much social contact as they would like (Persons, 18+years)	Social isolation was frequently selected as a risk factor for poor mental wellbeing through the pre-event poll and joint top indicator for the post-small group discussion poll (with self harm/suicide and self-reported wellbeing). Isolation in adult social care users and adult carers were selected as particularly vulnerable cohorts. Self-reported wellbeing scores were also frequently considered, however, the consensus was that it was important to understand wellbeing in relation to the particularly vulnerable social care cohorts.

Social isolation: percentage of adult carers who have as much social contact as they would like.	Social isolation was frequently selected as a risk factor for poor mental wellbeing through the pre-event poll and joint top indicator for the post-small group discussion poll (with self harm/suicide and self-reported wellbeing). Isolation in adult care users and adult carers were selected as particularly vulnerable cohorts. Self-reported wellbeing scores were also frequently considered, nevertheless, the consensus was that it was important to understand wellbeing in relation to carers.
Emergency hospital admissions for intentional self harm: standardised admission ratio (Persons, all ages)	Suicide and self harm were frequently selected indicators in the pre-event poll and were joint top indicator for the post-small group discussion poll (with social isolation and self-reported wellbeing). Self harm was selected as Cheshire East is significantly worse than the England average in terms of many indicators that relate to this issue. Standardised admission ratios were selected as they encompass all ages and are also available at ward level, allowing for understanding of inequalities within Care Communities. GP diagnosed depression was also considered however, ultimately, the group reflected that it would be difficult to interpret changes in this metric, for example, whether an increase would signify more people were attending with previously unmet need (a positive change), or whether there was more need when there previously was not any (a negative change).
Percentage of physically active adults (Persons, 19 years+)	Physical activity was the second most frequently selected indicator in the pre-event poll and joint top indicator for the post-small group discussion poll. It is also one of the Marmot Beacon indicators, which the Cheshire and Merseyside Integrated Care System is using to monitor inequalities across the Cheshire and Merseyside area.
Admission episodes for alcohol-specific admissions (Persons, All ages)	Alcohol was the fourth most frequently selected indicator in the pre-event poll and “alcohol-related harm” was highlighted as joint top indicator for the post-small group discussion poll. Adult excess weight was the third most frequently selected indicator, however, ultimately, physical activity was felt to be a key contributor to excess weight and there was a recognition that childhood excess weight was already included in the framework.

Appendix 1-

Consensus building: pre-event briefing

Cheshire East Joint Outcomes Framework
Consensus Building Event on:
Key focus areas and outcome measures for the Joint Outcomes Framework

Pre-event briefing 23 November 2022

Prepared by:

Dr Susan Roberts, Consultant in Public Health and Place Lead for the Business Intelligence (BI) Enabler Workstream

Audience

Representatives from:

- Cheshire East Place BI enabler workstream
- Cheshire East Joint Strategic Needs Assessment Steering Group
- Cheshire East Health and Wellbeing Board
- Cheshire East Strategic Planning and Transformation Group

Purpose of the briefing:

- To provide an update regarding the proposed purpose and plans for the Cheshire East Outcomes Framework Consensus Building Event. This event has been provisionally booked for 30 November 2022, pending approval from the Cheshire East Health and Wellbeing Board on 29 November 2022.
- To enable representatives of the above groups to contribute to consensus building in advance of the event, even if they are unable to attend the event itself. Should the consensus building event not be approved by the Health and Wellbeing Board, the information gathered through the initial pre-event polling will still be beneficial in shaping the further development of the Framework.

Background

The Cheshire East Health and Wellbeing Strategy 2018-2021 is currently being refreshed. This strategy will also act as the Place Plan and will run from 2023-2028. There is a requirement from the Cheshire and Merseyside Integrated Care System to have this strategy/plan in place by the end of March 2023. Due to the short time-frame, the Strategy / Place Plan is being updated pragmatically through presentation in a variety of forums, rather than completely rewritten. However, it is recognised that in the longer term, there will be a need for a rewrite of the Strategy / Place Plan over a longer time period. The following overarching outcomes, that were agreed in the existing Place Plan (2019-2024), have been agreed to still appropriate for the Health and Wellbeing Strategy 2023-2028/ Place Plan. These are:

- Outcome 1: **Create a place that supports health and wellbeing for everyone living in Cheshire East**
- Outcome 2: **Ensure that children and young people are happy and experience good physical and mental health and wellbeing**
- Outcome 3: **Improve the mental health and wellbeing of people living and working in Cheshire East**
- Outcome 4: **Enable more people to Live Well for Longer in Cheshire East.**

A Place-level Delivery Plan is also being developed in parallel. This will run from 2023-28 and focus on implementation of the Strategy and health and care transformation.

Alongside these plans, a Joint Outcomes Framework is being developed in two phases. Phase 1 will identify readily available metrics to monitor progress against the Health and Wellbeing Strategy / Place Plan. The intention is that this phase will be completed rapidly through the proposed consensus building process.

Phase 2 of the Joint Outcomes Framework development will incorporate indicators to monitor against the Place-level Delivery Plan and build upon the indicators selected in Phase 1.

Aims of the consensus building process

The aims of the proposed consensus building process is to agree up to ten key indicators for Cheshire East across the four outcomes outlined within the Health and Wellbeing Strategy that:

- Require system-level solutions across multiple partners
- Positively impact on
    - System pressures in the short to medium term (0-5 years)
    - System pressures and extent to which the Place thrives, in the longer-term (5 years +)
    - Align with Cheshire and Merseyside Integrated Care System-level priorities, where feasible and appropriate

This process will inform the development of Phase 1 of the Joint Outcomes Framework, which will incorporate the agreed indicators and will focus on readily available validated indicators available within the Office for Health Improvement and Disparities Public Health Fingertips tool[1]. This tool was chosen to simplify the process of developing the first phase of the Framework by utilising a single data source.

The process is a pragmatic approach that recognises the time frame requirements. Further refinement and iterations of the framework will follow in Phase 2.

[1] Office for Health Improvement & Disparities. Public Health Profiles. [21 November 2022] https://fingertips.phe.org.uk © Crown copyright 2022.

Approach to consensus building

The consensus building event is planned to take place on 30 November 2022 via Microsoft Teams and including representatives from:

- Cheshire East Place BI enabler workstream
- Cheshire East Joint Strategic Needs Assessment (JSNA) Steering Group
- Cheshire East Health and Wellbeing Board
- Cheshire East Strategic Planning and Transformation Group

In advance of this event, we are inviting representatives from the above groups to contribute to a **pre-event poll** (between 24 November and 29 November 2022) on what they feel are the most important indicators to include. We are asking contributors to select up to 10 key indicators, with ideally an even spread of indicators across each of the four Health and Wellbeing Strategy outcomes. People who are unable to attend the event itself can still contribute to the poll. **All contributors are encouraged to review Appendices A-D of this document and consider these in relation to their own insights prior to making their selection- a process which should take approximately 15 minutes in total.** Appendices A-C consider health and wellbeing across a wide range of indicators, whilst Appendix D is a proposal based on the conversations that have taken place so far, which can be considered in conjunction with the wider range of indicators in Appendices A-C.

The pre-event questionnaire can be found at: xxxx **select three indicators per outcome.**

Healthy life expectancy and life expectancy have not been included as part of the consensus building as we propose that they should be included as key overarching indicators.

At the event on 30 November 2022, we propose to follow the agenda below:

1. Introduction and review of pre-event poll results (10 minutes)
2. Small group discussion based on pre-event poll and review of information in the Appendix, concluding in a second polling with a small group selection of 10 indicators (30 minutes)
3. Break (10 minutes)
4. Review of the second poll and final discussion (20 minutes)

Following the event, the agreed indicators will be circulated to the BI Enabler Workstream Group, JSNA Steering Group, Strategic Planning and Transformation Group, and Health and Wellbeing Board prior to finalising the Phase 1 framework as an interim tool. The BI Enabler Workstream Group will then turn their attention to Phase 2, which will consider additional key delivery metrics and refinement of the Phase 1.

Appendix A (of the pre-event briefing):

Health and wellbeing across Cheshire East

This summary considers health and wellbeing indicators presented within the Cheshire East Life Course Statistics (Appendix B), the Tartan Rug (Appendix C), the Public Health Outcomes Framework[2], and in relation to indicators agreed within the Joint Health and Wellbeing Strategy 2018-2021.

Outcome 1: Create a place that supports health and wellbeing for everyone living in Cheshire East

Areas of focus highlighted within the draft Health and Wellbeing Strategy 2023-2028 include:

- Neighbourliness
- Developing life skills and getting the education that will help children to thrive
- Helping people to live independently for as long as possible
- Access to good cultural, leisure and recreational facilities
- Active travel initiatives
- Ensuring people have housing that is not detrimental to their health and wellbeing
- Supporting key employment sectors and local supply chains
- A focus on deprived and rural communities

According to the indicators identified within the Health and Wellbeing Strategy 2018-2021, Cheshire East is statistically similar to or better than the national average for:

- Percentage of people in employment (16-64 yrs)
- Killed and seriously injured (KSI) casualties on England's roads
- Utilisation of outdoor space for exercise/health
- Modelled estimates for the proportion of households experiencing fuel poverty.

Cheshire East has one of the lower rates of utilisation of outdoor space for exercise/health (it is important to note this based on 2015/16 data).

Indicator	Period	Chesh East			Region England	England			
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Percentage of people in employment (Persons, 16-64 yrs)	2020/21	→	162,400	72.3%	73.2%	75.1%	63.2%		100%
Killed and seriously injured (KSI) casualties on England's roads (Persons, All ages)	2020	–	146	59.4*	79.5*	86.1*	456.1		24.1
Utilisation of outdoor space for exercise/health reasons (Persons, 16+ yrs)	Mar 2015 - Feb 2016	–	-	12.4%	17.5%	17.9%	5.1%		36.9%
Modelled estimates of the proportion of households in fuel poverty (%)	2020	–	18,457	10.8%	-	13.2%	22.4%		4.4%

[2] Office for Health Improvement & Disparities. Public Health Profiles. 21 November 2022 https://fingertips.phe.org.uk © Crown copyright 2022

Other relevant indicators (which are also Marmot Beacon Indicators[3]) that could be considered include:

- Households in temporary accommodation
- Percentage unemployed (aged 16-64 years) (Unemployed and claiming benefits, and long term unemployment metrics are available on fingertips)
- Cycling or walking for travel (3-5 times per week)(Two separate metrics available on Public Health fingertips, one for cycling and one for walking).

Outcome 2: Ensure that our children and young people are happy and experience good physical and mental health and wellbeing

Areas of focus within the draft Health and Wellbeing Strategy 2023-2028 include:

- Supporting expectant mothers to have a healthy pregnancy
- Supporting new mothers with breastfeeding
- Prioritising school readiness
- Focusing on childhood obesity and building emotional wellbeing
- Caring for children with a learning disability and reduce waiting times for autism assessments
- Treatments for children with cancer
- Focusing on vulnerable children and young people, looked after children and care leavers

According to the indicators identified within the Health and Wellbeing Strategy 2018-2021, Cheshire East is statistically similar to, or better than the national average for:

- Prevalence of overweight (including obesity) in reception aged and year 6 children (2017/18-19/20)
- % of 15 year olds eating 5 portions of fruit and vegetables a day (2014/15)
- % of children with social, emotional and mental health needs (2021), but this is increasing
- Child poverty (2019)
- 16 or 17 year olds not in education, employment or training (2020).

[3] Marmot Beacon Indicators monitor progress in relation to the Cheshire and Merseyside Marmot Community programme: All Together Fairer.

Indicator	Period	Chesh East			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Children with one or more decayed, missing or filled teeth (Persons, 5 yrs)	2016/17	–	-	*	33.9%	23.3%	47.1%		12.9%
Reception: Prevalence of overweight (including obesity) (Persons, 4-5 yrs)	2019/20	–	-	*	25.2%	23.0%	31.8%		14.9%
Year 6: Prevalence of overweight (including obesity) (Persons, 10-11 yrs)	2019/20	–	-	*	37.4%	35.2%	44.7%		22.0%
Reception: Prevalence of overweight (including obesity), 3-years data combined (Persons, 4-5 yrs)	2017/18 - 19/20	–	1,665	22.2%*	24.4%	22.6%	30.0%		15.3%
Year 6: Prevalence of overweight (including obesity), 3-years data combined (Persons, 10-11 yrs)	2017/18 - 19/20	–	2,325	31.3%*	36.2%	34.6%	44.7%		22.1%
Percentage who eat 5 portions or more of fruit and veg per day at age 15 (Persons, 15 yrs)	2014/15	–	-	57.3%	48.7%	52.4%	39.9%		67.6%
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (Persons, School age)	2021	↑	1,211	2.2%	2.9%	2.8%	4.9%		1.4%
16-17 year olds not in education, employment or training (NEET) or whose activity is not known (Persons, 16-17 yrs)	2020	→	160	2.2%	5.3%	5.5%	13.8%		0.6%
Child Poverty, Income deprivation affecting children index (IDACI) (Persons, <16 yrs)	2019	–	7,070	10.7%	-	17.1%	32.7%		3.2%

Source: Office for Health Improvement & Disparities. Public Health Profiles. [21 November 2022] https://fingertips.phe.org.uk © Crown copyright 2022.

Conversely, according to the Cheshire East Life Course Statistics (Appendix B), Public Health Outcomes Framework and Tartan Rug, Cheshire East is worse than the national average for:

- **Smoking status at time of delivery**
- **Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)**
- **Population vaccination coverage - DTaP/IPV booster (5 years);-Flu (primary school aged children); HPV vaccination coverage for one dose (12-13 year old) (Male); HPV vaccination coverage for two doses (13-14 years old) (Female); Meningococcal ACWY conjugate vaccine (MenACWY) (14-15 years)**
- **Newborn Hearing Screening: Coverage**
- **School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception (2018/19)**
- **Emergency admissions in 0-4 year old and admissions for injury (0-4) (**this could reflect need or practice **)**
- **Admissions for self harm in people aged 10-24 years**
- **Alcohol-specific admissions under 18.**

Other relevant indicators (which are also Marmot Beacon Indicators[4]) that could be considered include:

- Percentage achieving a good level of development at 2-2.5 years or at end of reception (**development at end of reception is only available for 2018/19 as the most recent year**)
- Average Attainment 8 score
- Hospital admissions as a result of self harm (15-19 years).

[4] Marmot Beacon Indicators monitor progress in relation to the Cheshire and Merseyside Marmot Community programme: All Together Fairer.

Outcome 3: Improving the mental health and wellbeing of people living and working in Cheshire East

Areas of focus within the draft Health and Wellbeing Strategy 2023-2028 include:

- Improved emotional wellbeing and mental health through a focus upon prevention and early support
- Access to mental health services
- Reducing isolation and loneliness
- Feeling a part of their 'place'

According to the indicators identified within the Health and Wellbeing Strategy 2018-2021, Cheshire East is statistically similar to, or better than the national average for:

- Self reported wellbeing- low happiness scores in 16+ (2020/21)
- Self reported wellbeing- high anxiety score in 16+ (2020/21)
- Depression prevalence (2020/21)
- Social isolation in adult social care users (2019/20)
- Gap in the employment rate for those who are in contact with mental health services and on the Care Plan Approach
- Suicide rate, age 10+ years (2019-21).

Conversely, Cheshire East is worse than the national average for:

- **Social isolation in adult carers (2018/19)**

Indicator	Period	Chesh East			Region England	England			
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Self-reported wellbeing - people with a low happiness score (Persons, 16+ yrs)	2020/21	–	-	8.6%	10.3%	9.2%	-	*Insufficient number of values for a spine chart*	-
Self-reported wellbeing - people with a high anxiety score (Persons, 16+ yrs)	2020/21	–	-	25.3%	25.7%	24.2%	32.4%		15.9%
Depression: Recorded prevalence (aged 18+) (Persons, 18+ yrs)	2020/21		46,984	14.1%	15.0%*	12.3%	3.1%		19.8%
Social Isolation: percentage of adult social care users who have as much social contact as they would like (Persons, 18+ yrs)	2019/20	–	2,250	54.4%	46.7%	45.9%	34.3%		56.6%
Social Isolation: percentage of adult carers who have as much social contact as they would like (Persons, 18+ yrs)	2018/19	–	80	25.4%	32.4%	32.5%	11.7%		45.7%
Gap in the employment rate for those who are in contact with secondary mental health services (aged 18 to 69) and on the Care Plan Approach, and the overall employment rate (Persons, 18-69 yrs)	2020/21	–	-	59.3	66.2	66.1	76.0		47.7
Suicide rate (Persons, 10+ yrs)	2019 - 21	–	-	10.1	11.4	10.4	19.8		4.8

Source: Office for Health Improvement & Disparities. Public Health Profiles. [21 November 2022] https://fingertips.phe.org.uk © Crown copyright 2022.

From the Public Health Outcomes Framework and Tartan Rug, Cheshire East is also worse than the national average for:

- **Emergency Hospital Admissions for Intentional Self-Harm (2020/21)**
- **Excess under 75 mortality rate in adults with severe mental illness (SMI) (2018-202)**

Other relevant indicators (which are also Marmot Beacon Indicators[5]) that could be considered include:

- Hospital admissions as a result of self harm (15-19 years)
- %loneliness

Outcome 4: Enable more people to live well for longer

Focus areas within the draft Health and Wellbeing Strategy, 2023-2028 include:

Taking action across the life-course, from childhood to older age focusing upon prevention and early intervention to address

- Alcohol and substance misuse
- Smoking
- Physical activity
- Healthy eating

According to the indicators identified within the Health and Wellbeing Strategy 2018-2021, Cheshire East is statistically similar to, or better than the national average for:

- Adult smoking prevalence
- Percentage of physically active adults
- Admissions for alcohol related conditions
- Successful treatment for non-opiate and opiate users
- Percentage of the population eating five portions of fruit and vegetable a day
- Health related quality of life in older people.

Cheshire East is worse than the national average for:

- **Prevalence of adults who are overweight or obese (2020/21)**
- **Admissions for alcohol specific conditions (2020/21)**
- **Cumulative percentage of those offered an NHS health check who received a health check (2017/18-20/21)**
- **Emergency admissions due to falls in people 65 years old and older (2020/21).**

[5] Marmot Beacon Indicators monitor progress in relation to the Cheshire and Merseyside Marmot Community programme: All Together Fairer.

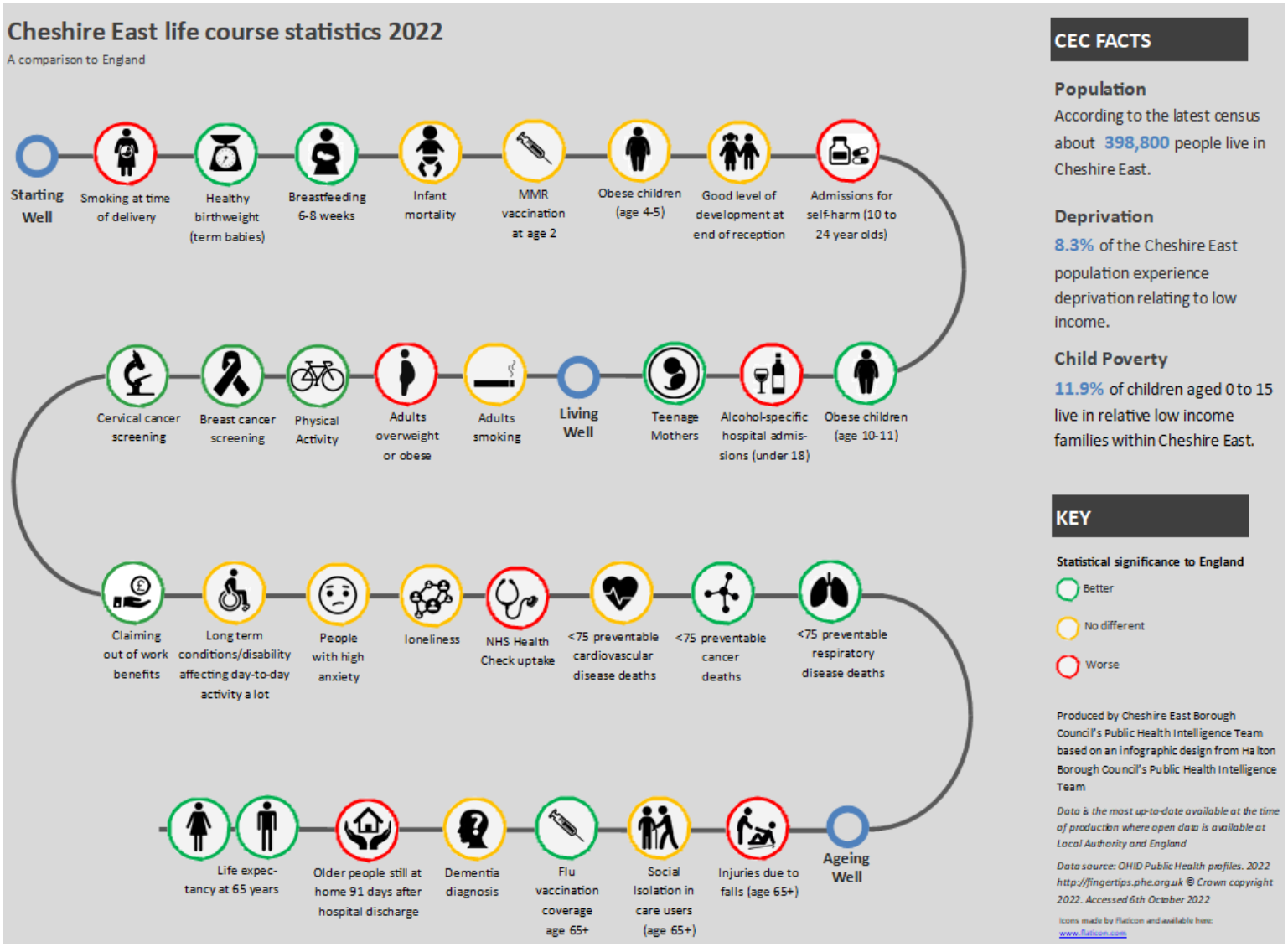
Indicator	Period	Chesh East			Region England	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Breastfeeding prevalence at 6-8 weeks after birth - current method (Persons, 6-8 weeks) New data	2021/22	→	1,925	51.4%	*	49.3%	-	*Insufficient number of values for a spine chart*	-
Smoking Prevalence in adults (18+) - current smokers (APS) (2020 definition) (Persons, 18+ yrs)	2020	–	-	10.5%	13.4%	12.1%	20.8%		5.5%
Percentage of adults (aged 18+) classified as overweight or obese (Persons, 18+ yrs)	2020/21	–	-	68.3%	65.9%	63.5%	76.3%		44.0%
Percentage of physically active adults (Persons, 19+ yrs)	2020/21	–	-	70.6%	64.5%	65.9%	48.8%		83.6%
Admission episodes for alcohol-specific conditions (Persons, All ages)	2020/21	→	2,540	650	795	587	2,276		298
Admission episodes for alcohol-related conditions (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Persons, All ages)	2020/21	→	1,825	463	500	456	805		251
Successful completion of drug treatment - non-opiate users (Persons, 18+ yrs)	2020	→	92	34.3%	36.5%	33.0%	10.7%		61.9%
Successful completion of drug treatment - opiate users (Persons, 18+ yrs)	2020	→	48	6.3%	4.7%	4.7%	0.9%		11.2%
Successful completion of alcohol treatment, treatment ratio (Current method) (Persons, 18+ yrs)	2020	–	179	0.78	-	-	-	-	-
Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults) (Persons, 16+ yrs)	2019/20	–	-	53.5%	51.2%	55.4%	41.4%		66.9%
Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check (Persons, 40-74 yrs)	2017/18 - 21/22	–	35,995	41.4%	41.8%	44.8%	15.6%		100.0%
Health related quality of life for older people (Persons, 65+ yrs)	2016/17	–	-	0.764	0.716	0.735	0.634		0.797
Emergency hospital admissions due to falls in people aged 65 and over (Persons, 65+ yrs)	2020/21	→	2,255	2,438	2,273	2,023	3,234		1,319

Source: Office for Health Improvement & Disparities. Public Health Profiles. [21 November 2022] https://fingertips.phe.org.uk © Crown copyright 2022.

From the Cheshire East Life Course Statistics (Appendix B) Tartan Rug (Appendix C) and Public Health Outcomes Framework, Cheshire East is also worse than the national average for:

- **Binge drinking (**however, this metric is very out of date**)**
- **New cases of bowel and breast cancer (**these are challenging metric in terms of optimising detection and early diagnosis and reducing mortality**)**
- **Emergency admissions all causes**
- **Abdominal Aortic Aneurysm Screening Coverage**
- **Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check**
- **Preventable sight loss-age-related macular degeneration**
- **Preventable sight loss-sight loss certifications**
- **Older people still at home 91 days after discharge.**

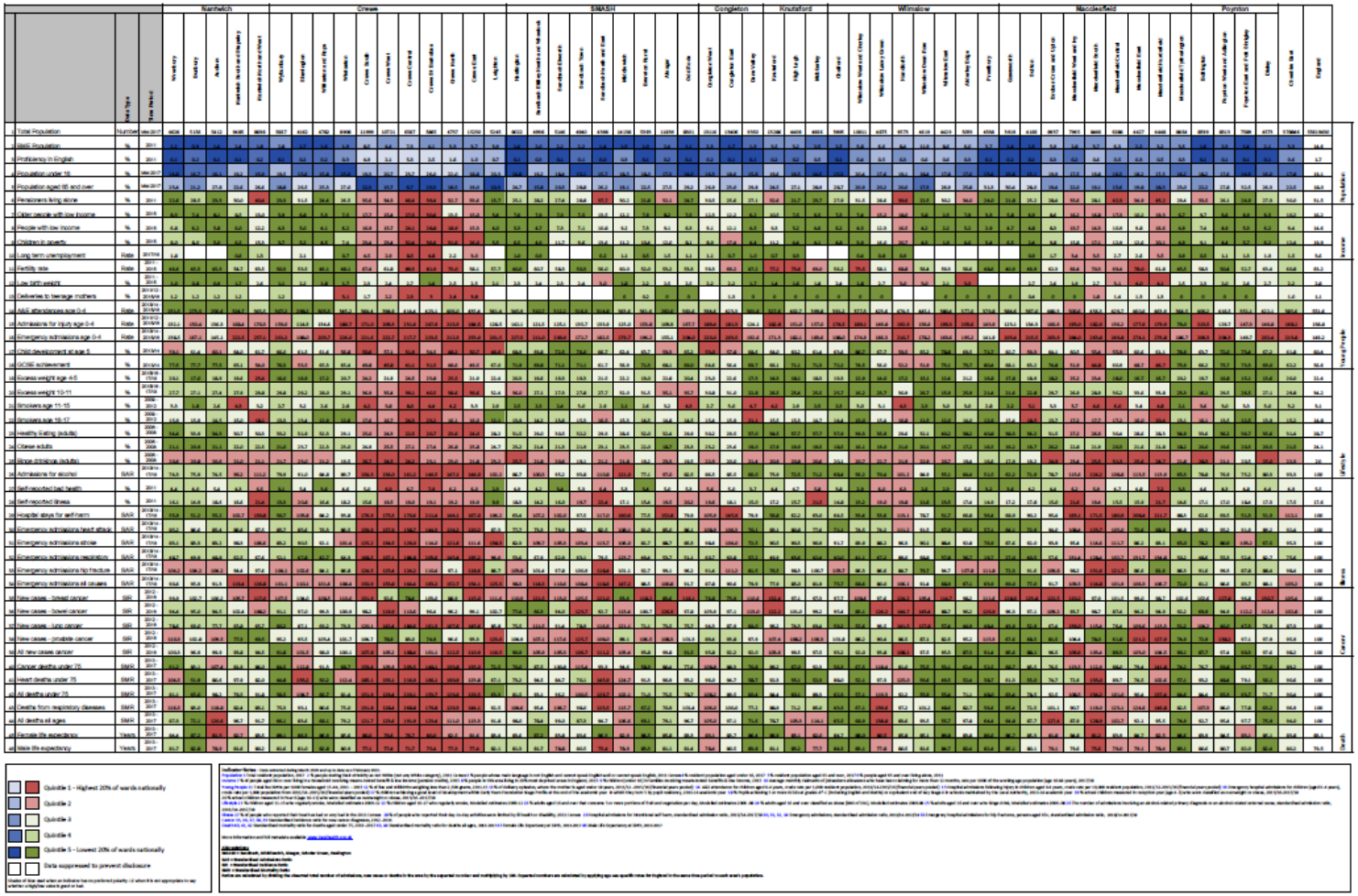
Appendix B (of the pre-event briefing)



Appendix C (of the pre-event briefing):

The Tartan Rug

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



Appendix D (of the pre-event briefing)

Place Business Intelligence Enabler Workstream Lead proposal

The proposal below has been developed by the Place lead for the Business Intelligence Workstream. It is based on feedback from the Business Intelligence Enabler Workstream Group, emergent findings from the Joint Strategic Needs Assessment work programme 2022/23, and feedback from representatives within the Strategic Planning and Transformation Group.

This proposal aims to highlight one example of a balanced range of relevant indicators, which aligns with the draft Health and Wellbeing Strategy, where improvement would be beneficial and where partnership working across Cheshire East Place is vital in achieving progress. However, contributors to the consensus building process are encouraged to review the wider range of indicators outlined in Appendix A when considering the appropriateness of this proposal, and when completing the pre-event online questionnaire.

Create a place that supports health and wellbeing for everyone living in Cheshire East

% Households in fuel poverty
% unemployed and claiming benefits

Ensure that our children and young people are happy and experience good physical and mental health and wellbeing

Smoking at time of delivery
Child development at 2.5 years
Overweight and obesity prevalence year 6

Improving the mental health and wellbeing of people living and working in Cheshire East

Self-reported wellbeing- Low happiness score
Emergency admissions for self harm

Enable more people to live well for longer

Alcohol-specific admissions
Falls in over 65s

Healthy life expectancy
Life expectancy

Appendix 2

Consensus building: pre-event poll results

Pre-event poll results
Based on 21 responses
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Green
Cheshire East Council
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Outcome 1

Create a place that supports health and wellbeing for everyone living in Cheshire East

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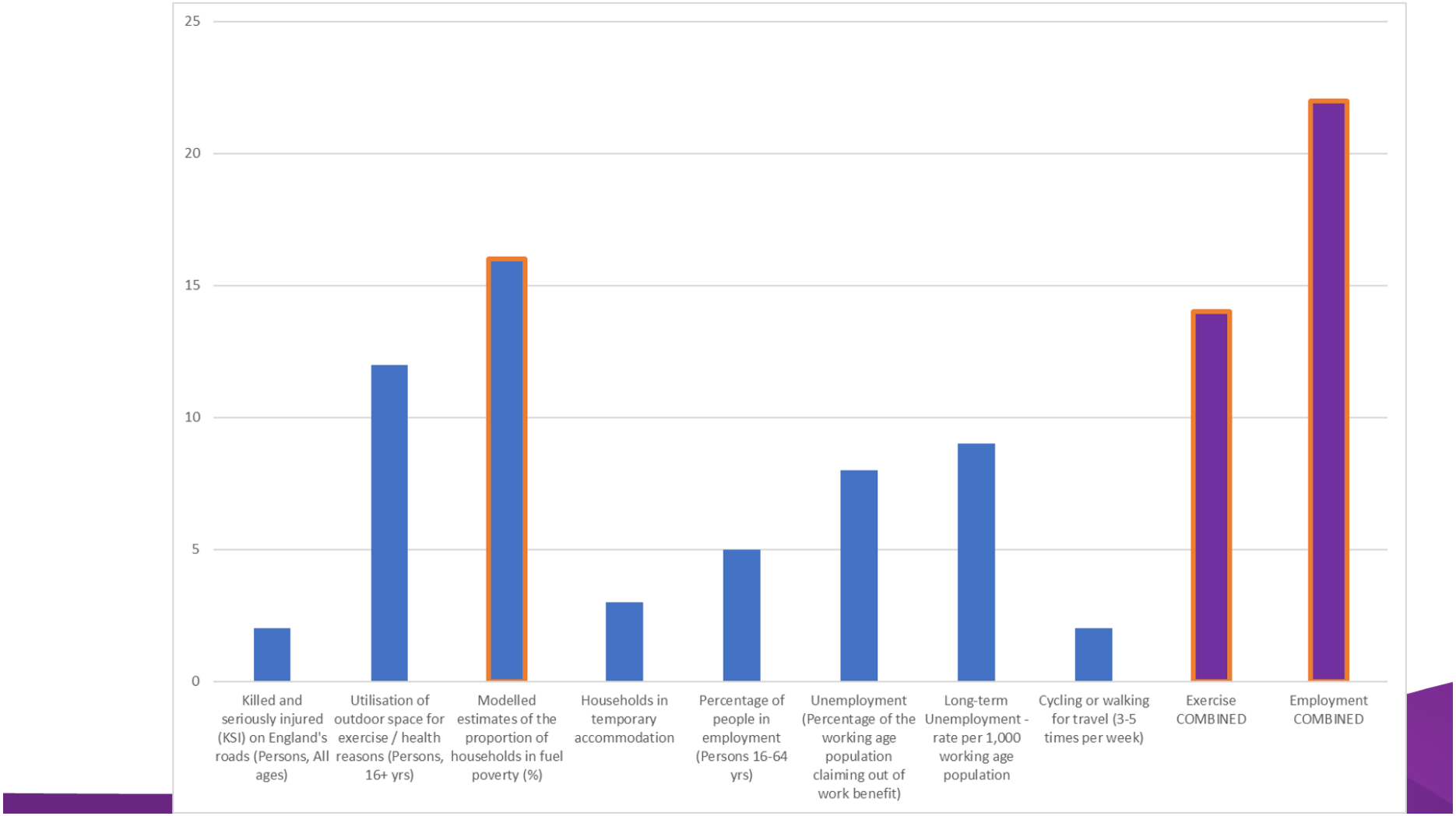
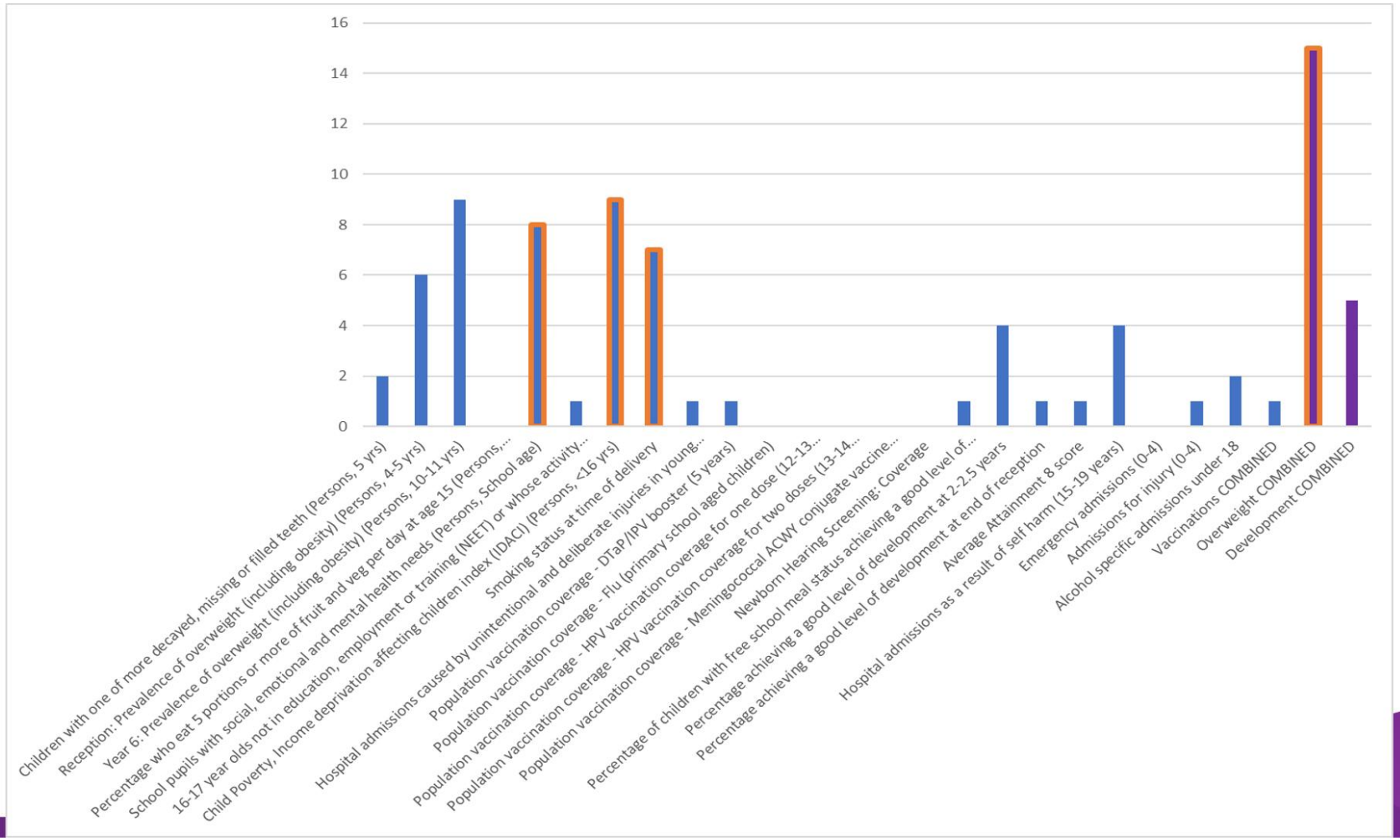

25
20
15
10
5
0
Killed and seriously injured (KSI) on England's roads (Persons, All ages)
Utilisation of outdoor space for exercise / health reasons (Persons, 16+ yrs)
Modelled estimates of the proportion of households in fuel poverty (%)
Households in temporary accommodation
Percentage of people in employment (Persons 16-64 yrs)
Unemployment (Percentage of the working age population claiming out of work benefit)
Long-term Unemployment - rate per 1,000 working age population
Cycling or walking for travel (3-5 times per week)
Exercise COMBINED
Employment COMBINED

Outcome 2

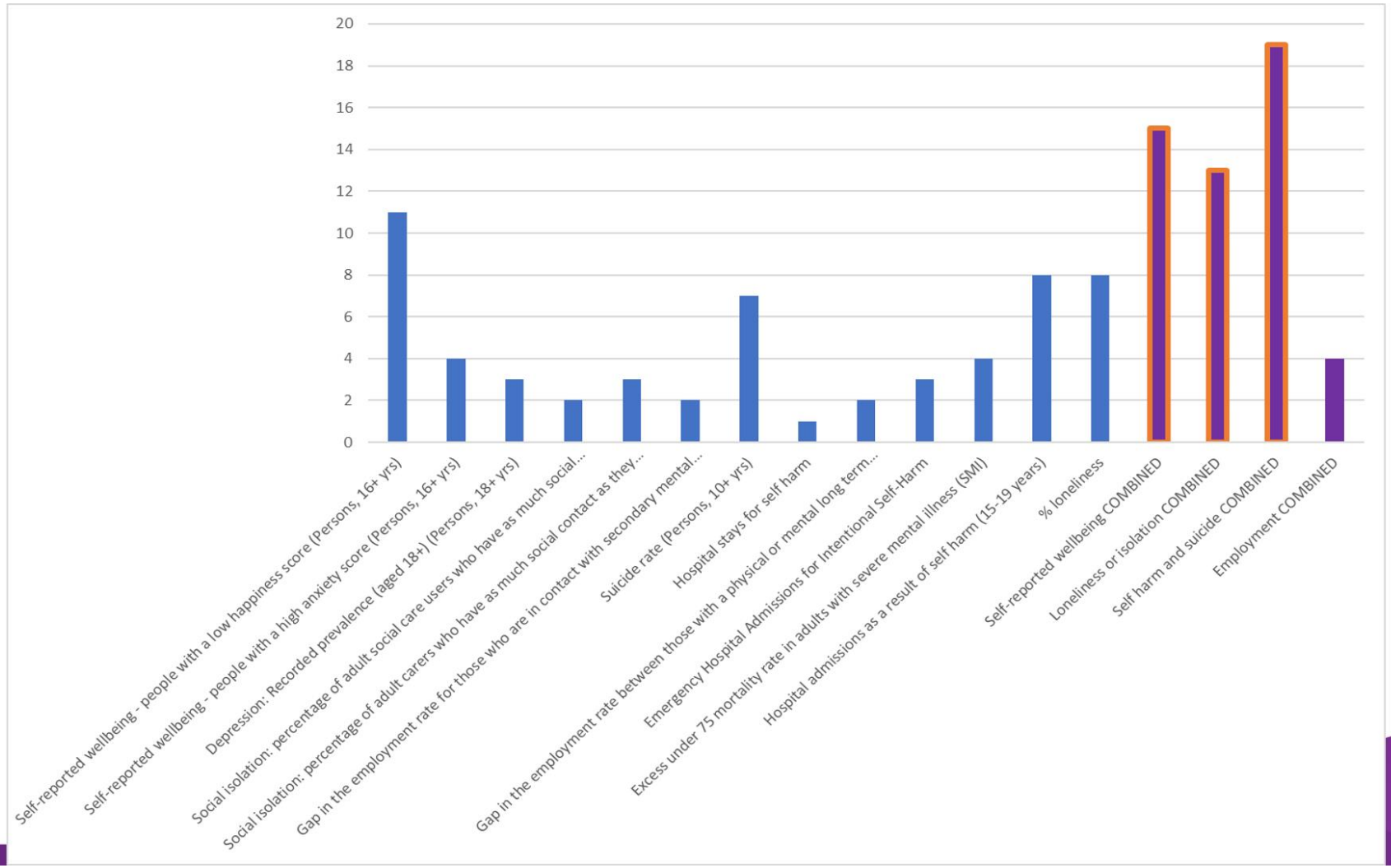
Ensure that children and young people are happy and experience good physical and mental health and wellbeing

Comments around number of options, difficulty choosing vaccines


16
14
12
10
8
6
4
2
0
Children with one of more decayed, missing or filled teeth (Persons, 5 yrs)
Reception: Prevalence of overweight (including obesity) (Persons, 4-5 yrs)
Year 6: Prevalence of overweight (including obesity) (Persons, 10-11 yrs)
Percentage who eat 5 portions or more of fruit and veg per day at age 15 (Persons,...
School pupils with social, emotional and mental health needs (Persons, School age)
16-17 year olds not in education, employment or training (NEET) or whose activity...
Child Poverty, Income deprivation affecting children index (IDACI) (Persons, <16 yrs)
Hospital admissions caused by unintentional and deliberate injuries in young...
Smoking status at time of delivery
Population vaccination coverage - DTaP/IPV booster (5 years)
Population vaccination coverage - Flu (primary school aged children)
Population vaccination coverage for one dose (12-13...
Population vaccination coverage for two doses (13-14...
Population vaccination coverage - HPV vaccination coverage for two doses (13-14...
Population vaccination coverage - HPV vaccination coverage - Meningococcal ACWY conjugate vaccine...
Percentage of children with free school meal status achieving a good level of...
Newborn Hearing Screening: Coverage
Percentage achieving a good level of development at 2-2.5 years
Percentage achieving a good level of development at end of reception
Average Attainment 8 score
Hospital admissions as a result of self harm (15-19 years)
Emergency admissions (0-4)
Admissions for injury (0-4)
Alcohol specific admissions under 18
Vaccinations COMBINED
Overweight COMBINED
Development COMBINED

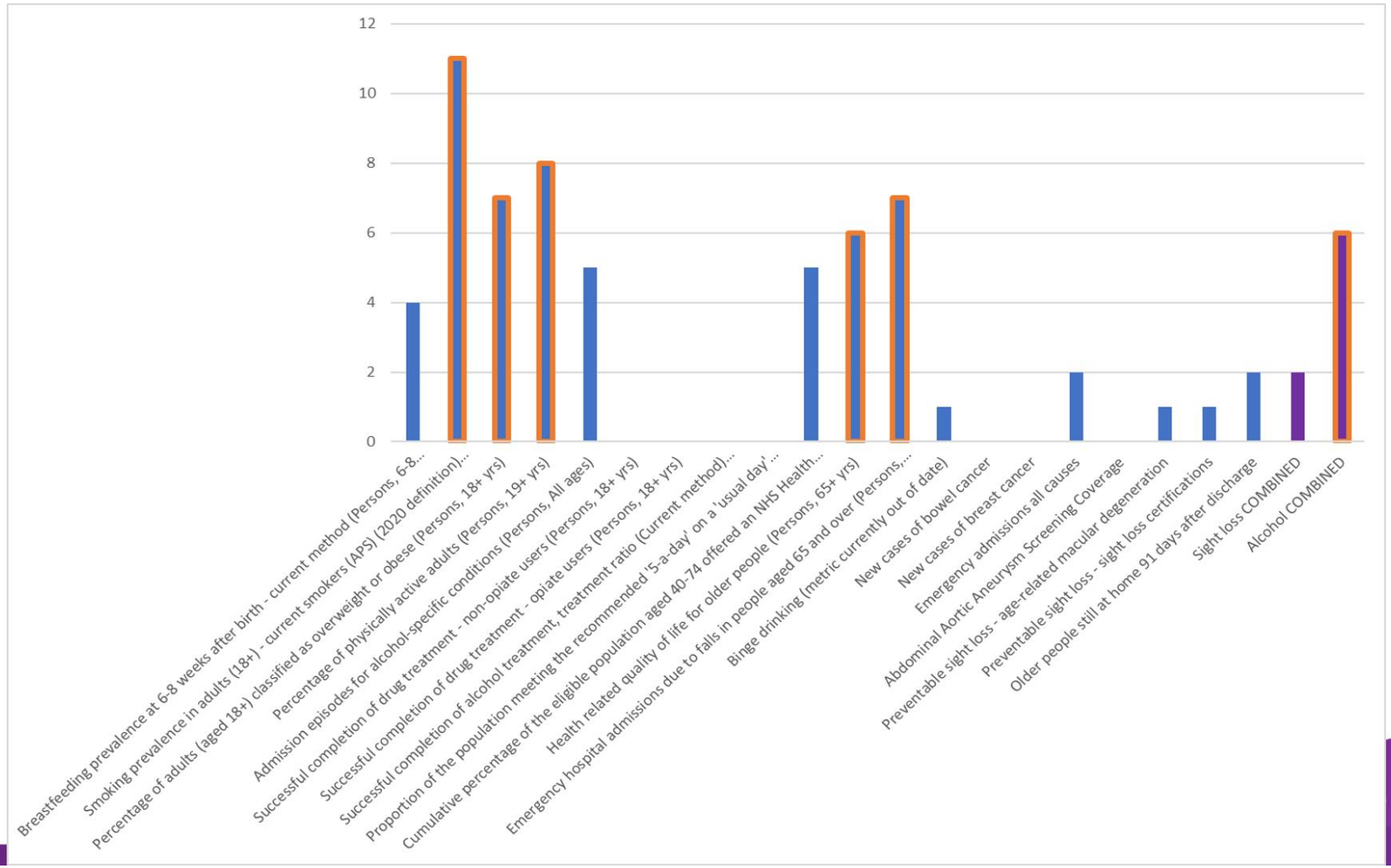
Outcome 3

Improve the mental health and wellbeing of people living and working in Cheshire East


20
18
16
14
12
10
8
6
4
2
0
Self-reported wellbeing - people with a low happiness score (Persons, 16+ yrs)
Self-reported wellbeing - people with a high anxiety score (Persons, 16+ yrs)
Depression: Recorded prevalence (aged 18+) (Persons, 18+ yrs)
Social isolation: percentage of adult social care users who have as much social...
Social isolation: percentage of adult carers who have as much social contact as they...
Gap in the employment rate for those who are in contact with secondary mental...
Suicide rate (Persons, 10+ yrs)
Hospital stays for self harm
Gap in the employment rate between those with a physical or mental long term...
Emergency Hospital Admissions for Intentional Self-Harm
Excess under 75 mortality rate in adults with severe mental illness (SMI)
Hospital admissions as a result of self harm (15-19 years)
% loneliness
Self-reported wellbeing COMBINED
Loneliness or isolation COMBINED
Self harm and suicide COMBINED
Employment COMBINED

Outcome 4

Enable more people to Live Well for Longer in Cheshire East


12
10
8
6
4
2
0
Breastfeeding prevalence at 6-8 weeks after birth - current method (Persons, 6-8...
Smoking prevalence in adults (18+) - current smokers (APS) (2020 definition)...
Percentage of adults (aged 18+) classified as overweight or obese (Persons, 18+ yrs)
Percentage of physically active adults (Persons, 19+ yrs)
Admission episodes for alcohol-specific conditions (Persons, All ages)
Successful completion of drug treatment - non-opiate users (Persons, 18+ yrs)
Successful completion of drug treatment - opiate users (Persons, 18+ yrs)
Successful completion of alcohol treatment, treatment ratio (Current method)...
Proportion of the population meeting the recommended '5-a-day' on a 'usual day'...
Cumulative percentage of the eligible population aged 40-74 offered an NHS Health...
Emergency hospital admissions due to falls in people aged 65 and over (Persons, 65+ yrs)
Health related quality of life for older people (Persons, 65+ yrs)
Binge drinking (metric currently out of date)
New cases of bowel cancer
New cases of breast cancer
Emergency admissions all causes
Abdominal Aortic Aneurysm Screening Coverage
Preventable sight loss - age-related macular degeneration
Preventable sight loss - sight loss certifications
Older people still at home 91 days after discharge
Sight loss COMBINED
Alcohol COMBINED

Summary

1. Healthy place
    1. Employment
    2. Fuel poverty
    3. Exercise*
2. Happy and healthy children
    1. Overweight/obesity
    2. Child poverty
    3. Pupils' mental health
    4. Smoking at delivery
3. Mental health and wellbeing
    1. Self harm / suicide
    2. Self-reported wellbeing
    3. Loneliness and isolation
4. Live well for longer
    1. Smoking prevalence
    2. Physically active adults*
    3. Overweight
    3. Admissions due to falls
    5. Alcohol
    5. Q of L in older people

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*similar indicators