Cheshire West & Chester Council

Health Improvement Strategy

2018-2022

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Cheshire West and Chester

Foreword

We are proud to present Cheshire West and Chester's first Health Improvement Strategy on behalf of the Health and Wellbeing Board. This document sets out how, over the next four years, we will support all of our residents to live and enjoy a healthy lifestyle, with a particular focus on:

- healthy eating and being active
- smoking
- alcohol and drugs misuse
- sexual health

Many cases of life-changing illness such as cancer, respiratory and heart disease, stroke and mental illness strongly link to these issues and represent key drivers of health inequality across and beyond the borough. Often individuals may face challenges with more than one of the areas identified within this strategy. Supporting people to live healthier lives now will help to prevent avoidable ill-health in the future, and is central to the vision set out in our Health and Wellbeing Strategy:

To reduce health inequalities and improve the health and wellbeing of people in the borough, enabling our residents to live more fulfilling, independent and healthy lives. We will do this by working with communities and residents to improve opportunities for all to have a healthy, safe, and fulfilling life (Health and Wellbeing Strategy, 2015-2020)

The strategies contained within this document have been developed at an important time as we prepare to recommission essential public services against the backdrop of a reduced budget. The aims and outcomes within each strategy reflect our understanding of local need, as described in our Joint Strategic Needs Assessment (JSNA), to ensure that we design and deliver our services in ways that most effectively meet the needs of the people from across our communities who use them.

There is not a 'one size fits all' strategy model for these five areas. Each strategy has been developed with input from different borough-wide partnership groups and focuses on specific goals, priorities, and challenges. Running throughout, however, are common principles – the cornerstones of our Health and Wellbeing Strategy. These are to:

- focus on outcomes
- emphasise local action and community involvement,
- ensure that our services continuously improve.

Shared approaches, which mirror our values, are also a common thread. Each strategy highlights how we will:

- reduce health inequalities
- create the best opportunities to prevent health problems and offer support at an early stage
- make changes based on the best evidence of what works well
- work together with communities as well as professional colleagues from across the system
- empower people to take responsibility for their health choices

Our Health Improvement Strategy is presented as a dynamic, living document, which will be reviewed and refreshed annually to reflect key changes in policy, guidance and local issues. We would like to take this opportunity to thank everyone who contributes to this important work.

Councillor Louise Gittins
Chair, Health and Wellbeing Board and Cabinet Member for Communities and Wellbeing, Cheshire West and Chester Council

Dr Chris Ritchieson
Vice-Chair, Health and Wellbeing Board and Chair of NHS West Cheshire Clinical Commissioning Group

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Eat Well Be Active Framework 2018 - 2022

Introduction

Healthy eating and being more active are important determinants of health and wellbeing. The key to achieving and maintaining a healthy weight is not about short-term dietary changes. It is about a lifestyle that includes healthy eating, regular activity and balancing the number of calories we consume with the number of calories our body uses. Staying in control of our weight contributes to good health now and as we age.

Eat Well Be Active is a framework based on several key Cheshire West and Chester partnership reports, including the Executive Policy Commission on Health Inequalities - Obesity (2015), the Health and Wellbeing Strategy (2015-20), the Council Plan (2016-20), and the Physical Activity Growth Strategy and Blueprint to Tackle Physical Inactivity in both the Cheshire and Warrington Sub Region developed by Active Cheshire (2017). The 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 document outlines our local strategic approach to maintaining a healthy weight throughout life.

Background

The United Kingdom ranks as one of the most obese nations in Europe and its increasing rate of overweight and obesity has been described as the number one threat to health and wellbeing. Eat Well Be Active is Cheshire West and Chester's partnership approach to maintaining a healthy weight. In developing the framework, we have taken a life course approach (from conception through to older age) that includes all of our residents. At the same time, we recognise the need to target those groups who are more at risk of becoming overweight or obese. We want to increase the number of children and adults with a healthy weight, promoting healthy behaviours and keeping people well for longer.

Although overweight and obesity are common among all social groups, the rate increases with social disadvantage. This reflects the 'socioeconomic gradient' in health, illustrating how population health worsens as deprivation and poverty increases. In the UK, socioeconomic inequalities have increased since the 1960s and this has led to wider inequalities in both child and adult obesity, especially amongst women and girls.

Overweight and obesity and their related diseases cost the National Health Service more than £5 billion each year and this cost is expected to increase dramatically in the future. If left unchecked, by 2050, the cost is estimated to reach £9.7 billion. However, it is not just the cost to the NHS that needs to be considered, there are other associated costs. In 2015, the cost of obesity to society was estimated at £27 billion, including £352 million to Social Care (in extra hours of help per year), and a spend on obesity medications of £13.3 million. Physical inactivity costs the NHS £7.4 billion per year but the total cost to the wider economy is estimated at £20 billion.

Eating a nutritionally balanced diet and being more active is crucial to reducing levels of overweight and obesity and ensuring everyone has the best chance to live a long and healthy life. Overweight and obesity can lead to chronic health conditions such as heart disease, type 2 diabetes, stroke and some cancers. As well as reducing overweight and obesity, there are a range of other health benefits associated with eating a healthy, balanced diet and undertaking regular physical activity. Evidence shows that those who meet the recommended levels of physical activity and healthy eating reduce their risk of developing common, obesity-related conditions.

At the other end of the spectrum, being underweight can also damage your health. Malnutrition (being underweight or having a poor quality diet) can contribute to a weakened immune system, fragile bones and feeling tired. Malnutrition in children can affect growth, development and lead to poor concentration Similarly malnutrition affects older adults too and is a growing area of concern.

This strategy and the resulting action plan will aim to address issue of malnutrition and those who are deemed to be food insecure, being without reliable access to a sufficient quantity of affordable, nutritious food.

It is now widely known that for every individual, no matter what their stage of life, being regularly active can benefit health in a range of ways. Physical inactivity is the fourth leading risk factor for global mortality, accounting for 1 in 17 deaths. In the UK, it is responsible for one in six deaths. People who have a physically active lifestyle have a 20-35 per cent lower risk of heart disease and stroke compared to those who have a sedentary lifestyle with minimal day to day activity. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis, colon and breast cancer and with improved mental health. In older adults physical activity is associated with increased ability to function well with daily tasks, maintaining independent lives for longer.

Where are we now?

Data published nationally in November 2017 tells us that in Cheshire West and Chester:

- Breastfeeding initiation is 68.9 per cent compared to the England average of 74.3 per cent
- At six to eight weeks after birth, 35.4 per cent of mothers are still breastfeeding compared with the England average of 43.8 per cent
- Almost one fifth of our children in their school reception year are either overweight or obese (23.1 per cent), slightly higher than the England average of 21.9 per cent
- A third of our children aged 10-11 are either overweight or obese (33.6 per cent), similar to the England average of 34.2 per cent
- 176,970 adults (64.2 per cent) are overweight or obese, similar to the England average of 64.8 per cent
- 69,860 adults (25.5 per cent) are obese

Local data in 2017 tells us that:

- 24.2 per cent of adults are inactive - i.e. do less than 30 minutes of moderate intensity activity per week
- 23.8 per cent of people are using outdoor space for exercise/health reasons
- 923 deaths per year are attributed to physical inactivity and the annual cost to the local authority is £17.3 million
- On average local residents spend seven hours per day in sedentary positions. The most sedentary age group is 14-18 year olds, with lack of time and motivation being the most frequently cited reasons

Our vision

To improve healthy life expectancy and reduce health inequalities for everyone living in Cheshire West and Chester, by supporting opportunities for healthy eating and being more active.

Our aim

The aim of the framework is to improve the health 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. A whole systems approach links together many of the factors that influence healthy weight, and requires co-ordinated action across multiple sectors.

Collaboration and partnership is 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

Our approach

- **Reducing inequalities**

Cheshire West and Chester is often viewed as affluent and prosperous, but there are parts of our borough that are not. 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 results and the issue of 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. 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 reduce levels of excess weight across the borough.

- **Evidence base**

Decisions about services and programmes should be based upon the best available information, and 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.

- **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.

Eat Well Be Active framework

The framework brings together organisations that have an interest in supporting greater levels of healthy eating and physical activity in the borough. It takes a whole-system approach which addresses lifestyle, behaviour change, physical environments and issues of access to healthy food and green space. The key elements of the framework are structured around the needs of people and places in which they live. The components are:

1. Starting well (pre-conception to 18 years old)
2. Living well (19 years and older)
3. Place and planning

Within these core themes, there are key workstreams. Each workstream will pursue a series of actions to be implemented by key stakeholders and partners. Each of the actions will have a timescale and specific outcome attached. The range of actions makes clear the importance of commitment from stakeholders and partners to reducing levels of overweight and obesity. This commitment is crucial to the framework's success.

1. Starting well

Why is this a priority?

The World Health Organization has described childhood obesity as one of the most serious public health challenges for the 21st century. Excess weight in childhood has consequences for health, both in the short and long term. Overweight children are more likely to become overweight adults with a much higher likelihood of developing physical health problems later on in life. Emotional and psychological wellbeing can also be affected – children can find themselves being teased and suffering from low self-esteem and anxiety.

Giving every child the best start in life, supporting children, young people, their families and carers, is key to reducing inequalities. Investment in early childhood interventions, particularly in the first two years of life, reduces inequalities and has positive, long-lasting impacts on wellbeing, ensuring a solid foundation for the transition to adulthood. The Eat Well Be Active framework supports giving children the best start in life, by enabling children to eat healthily and be more active.

Outcome

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

Key actions

- Encourage healthy weight before, during and after pregnancy
- Encourage exclusive breastfeeding for the first six months of life
- Work with schools and pre-schools to ensure children eat well and are active

Indicators

- Breastfeeding rates (initiation and at six - eight weeks)
- Child excess weight (four – five year olds) (percentage of children classified as overweight or obese)
- Child excess weight (10-11year olds) (percentage of children classified as overweight or obese)
- Percentage of physically active and inactive children
- Proportion of 15 year olds meeting the five a day recommendations

- Average number of portions of fruit consumed daily at age 15
- Average number of portions of vegetables consumed daily at age 15
- Number of primary schools signed up to Active Kids Pledge and Change 4 Life Active Schools Planner

2. Living well

Why is this a priority?

Healthy weight is influenced by a wide range of social, economic, and environmental factors, some of which are influenced by large-scale universal trends and others by individual behaviour. In Cheshire West and Chester, excess weight in adults is most common in the areas of Blacon, Ellesmere Port and Winsford. These areas generally also experience the highest levels of long term unemployment, deaths from coronary heart disease, long term illness and disability, income deprivation, and the lowest levels of life expectancy and healthy eating across the borough.

In Cheshire West and Chester, we are working hard to reduce inequalities, ensuring fair access to opportunities including education, jobs and services. We want to empower individuals and communities to seize those opportunities so that everyone can make the most of their potential.

We want to create an environment which actively promotes sustainable healthy lifestyle choices - this is critical if we are to really tackle obesity. We must increase opportunities for active travel, pursuit of non-sedentary leisure activities and healthier eating options, all of which are essential to reducing effects of the obesogenic environment. We will create a culture that enables and empowers people to become more active.

We need to explore opportunities to support and encourage individuals to grow their own fruit and vegetables by utilising community and public spaces and looking at policy around allotment usage.

Outcomes

- Adults reach and maintain a healthy weight

Key actions

- Promote environments that support people to eat healthily and move more
- Cheshire West and Chester Council will explore the opportunity to sign up to the Food Active Local Authority Declaration on Healthy Weight
- Promote the Active Workplace Pledge and encourage local businesses to sign up to it
- Organisations represented on the Eat Well Be Active Reference Group to lead by example and encourage provision of healthier and more sustainable catering in the workplace
- Provision and promotion of physical activity, for example by introducing walking meetings or encouraging people to be more active during breaks and lunchtimes
- Consider adopting #PartOfTheMovement as a local physical activity campaign
- Support hospital and care home environments to provide good quality, appetising menus that meet different people's nutritional needs

Indicators

- Adult excess weight
- Percentage of physically active and inactive adults
- Pecentage of the population meeting the recommended five a day on a 'usual day' (adults)
- Average number of portions of fruit consumed daily (adults)
- Average number of portions of vegetables consumed daily (adults)
- Recorded diabetes
- Numbers of health checks offered and completed

3. Place and planning

Why is this a priority?

Reaching and maintaining a healthy weight is not solely a matter of individual choice. Where we live, learn, work, and play influences how easy or difficult it is to maintain a healthy weight. We need to shape places that support people's ability to achieve and maintain a healthy weight, making healthier choices easier.

Local government has a duty to promote the health of its population and planners have a key role to play, but we also need to harness the knowledge and experience of elected members and local communities to understand what matters to them, what they think makes it difficult to maintain a healthy weight, and what needs to change.

We want to tackle the 'obesity promoting' environments in which many of our citizens live and create an environment that supports a healthy life. We want to build healthy eating and physical activity into people's everyday lives by increasing, amongst other things, accessibility to healthy foods, active travel options, safe play, and access to leisure facilities, including the great outdoors.

Outcomes

- Our environments are planned well to promote eating well and moving more
- Residents and visitors take advantage of our leisure opportunities, including parks, green spaces, waterways, and forests

Key actions

- Planning and environment (Public Health England, 2017)
  - Eat Well Be Active shares common agendas with planners and regulatory services, such as the availability of healthy food choices, access to physical activity, and the quality of public spaces. These shared priorities create valuable opportunities for collaboration and members of the Eat Well Be Active Reference Group will initiate the discussion about what is possible.
- Active Travel (Public Health England, 2017)
  - There has been a major decline in walking and cycling in the last fifty years, and an increased reliance on cars. This decline in active travel is reflected in the increase in the proportion of overweight, obese and inactive people. Return on investment examples show that for every £1 spent on cycling provision the NHS saves £4 on health costs. Similarly, a walking for health project demonstrated an £8 return on a £1 investment.

The Eat Well Be Active Reference Group will explore the regulatory and policy approaches that are being, or could be taken locally and initiate the discussion about what is possible.

- Air Quality (Local Government Association, 2017)
  - Air pollution is increasingly associated with a number of adverse health impacts. It is recognised as a contributing factor in the onset of heart disease and cancer. Additionally, air pollution particularly affects the most vulnerable in society: children and older people, and those with heart and lung conditions. There is also often a strong correlation with equalities issues, because areas with poor air quality are also often the less affluent areas. Concern regarding poor air quality can also raise anxiety and negatively impact on emotional wellbeing.

- Parks and green spaces
  - Parks are the most frequently visited type of green space - representing 90 per cent of overall green space use. In Cheshire West and Chester we have many good quality parks, green spaces, forest and waterways and we will encourage our residents to make best use of them.
- Leisure and culture
  - Access to appropriate leisure opportunities is a key factor in the prevention and management of obesity. Libraries and other community venues are important sources of information and signposting to local leisure opportunities and support services. They can also play a greater role in bringing activity into new places and community settings. In addition, the use of the internet to find out 'what's on' is also important.

Indicators

- Utilisation of green space for exercise/health
- Child excess weight (four – five year olds) (percentage of children classified as overweight or obese)
- Child excess weight (10-11year olds) (percentage of children classified as overweight or obese)
- Excess weight in adults
- Proportion of physically active and inactive adults

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 group is chaired by the Cabinet Member for Communities and Wellbeing, 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
- NHS Vale Royal Clinical Commissioning Group
- NHS West Cheshire Clinical Commissioning Group
- 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 partnership**
   There will be regular opportunities for groups and communities to feedback their own views and experiences.

7. **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 public's 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.

Tobacco Control Strategy 2018 - 2022

Towards a smokefree generation

Introduction

Fewer people in Cheshire West and Chester smoke than ever before, but smoking remains the leading cause of preventable ill-health in the borough. That is why reducing smoking is recognised as a key objective within our Health and Wellbeing Strategy.

Our understanding of local tobacco control priorities and the evidence around high impact changes has never been better. Over the next five years we want to see more than 4,000 of our most dependent smokers put tobacco use behind them forever. Our long-term ambition is to achieve a smokefree generation where fewer than 1 in 20 adults smoke by 2030.

We do not underestimate the impact that smoking continues to have on the lives of thousands of local residents. While smoking rates in the general population have fallen to around one in nine (11.7 per cent), those in certain groups and areas have remained stubbornly higher at close to one in four (25.6 per cent). Each year smoking is the cause of more than 3,000 hospital admissions and around 800 deaths within Cheshire West and Chester. Thousands more people continue to live with long-term health conditions caused by smoking, reducing their quality of life and independence. Smoking remains the single biggest contributor to the 10 year (men) and 8.7 year (women) difference in life expectancy which separates our most affluent and most disadvantaged communities, and is also a factor in maintaining many families in poverty.

Prevention is at the heart of new policy approaches in health and social care. This five year strategy sets out the clear steps we will take as a Council, as health organisations and as other community and voluntary partners to reduce smoking. The opportunities to come together around a genuinely collective strategy are stronger than ever.

Our actions will drive change on three fronts:

1. Preventing young people from taking up smoking and protecting them from second hand smoke
2. Ensuring a range of support is available to help people quit, whilst narrowing the smoking gap. This means taking action to address the much higher smoking rates we see in our more deprived communities compared to the rest to the borough
3. Creating an environment that provides the best chance of quitting forever

We are clear on where we want to focus our energy and see the biggest changes, for example targeting smoking in pregnancy, amongst people with mental health conditions, and tackling the high rates of smoking linked to poverty and deprivation. Guided by the government's new tobacco control strategy, we will also address new needs arising from recent innovations, e.g. e-cigarettes, recognising the role they play for many as an aid to stopping smoking.

National position

Cheshire West and Chester's smoking picture has been similar or better than the overall situation in England in recent years. During the past two decades the percentage of people who smoke in the national population has fallen by around 0.5-1.0 per cent each year. Thanks in large part to a range of world-leading laws on smoking – most recently plain packaging - tobacco use amongst young people has shown a steeper decline. In Cheshire West and Chester, 5.1 per cent of 15 year olds are currently regular smokers, compared with England at 5.5 per cent These are encouraging trends but more work is needed.

Smoking rates have always been higher amongst specific groups. Whilst improvements have been seen, the gap is large. In Cheshire West and Chester, as in England, more than one in four people in routine and manual roles smoke – twice the rate seen for employees in managerial and professional roles.

In summer 2017, the government published its new national strategy, Towards a Smokefree Generation: Tobacco Control Plan for England. Our local strategy reflects the key ambitions and targets outlined in this five year national plan. In particular, we recognise the change in direction away from using legal measures towards a focus on evidence-based and intelligence led local action (see our JSNA chapter on smoking).

We also welcome the strong expectation that improvement initiatives should be based on high quality evidence from the National Institute for Health and Care Excellence (NICE), the responsible but enabling approach to harm reducing technologies e.g. e-cigarettes, including a firm commitment to ongoing monitoring and research, and a high-profile role for health and social care partners in delivering stop smoking advice and support.

Local position

Compared to other council areas in the North West, Cheshire West and Chester performs well on key smoking indicators, for example overall adult smoking rates are the lowest in the region at 11.7 per cent. However, this rate is not uniform across Cheshire West and Chester. For example:

- Smoking rates reach 25 per cent in Blacon, Ellesmere Port and Winsford amongst people living on lower incomes
- 10 per cent of women smoke throughout pregnancy
- 39 per cent of people with severe mental illness smoke
- 5 per cent of 15 year olds are already regular smokers

Approximately 31,320 adults and 2,450 young people under the age of 18 smoke in Cheshire West and Chester. One third of all adult smokers work in routine and manual occupations.

With these figures in mind, it is clear that strategic action on tobacco dependence is necessary to advance the aims of the Health and Wellbeing Strategy - reducing health inequalities and improving physical and mental health across the life course. More widely, the focus on preventing ill health is aligned with the aims of our local Integrated Care Partnerships , with potential to lower demand for health and social care services.

Costs

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.

In 2016:

- Tobacco sales in Cheshire West and Chester totalled £86.3 million
- 3,085 smoking-related hospital admissions each year
- 830 smoking-related deaths each year
- Healthcare costs associated with treating tobacco-related illness, £11.7 million and £0.77 million for illness due to passive smoking
- Lost productivity from smoking breaks, sick days and premature deaths, £68.4 million

  (Note, our local contribution in tobacco duty is £41.6 million)

  (Note, one in two smokers will die prematurely)
- Social care needs due to smoking-related ill health, £7.74 million (including £4.2 million pounds paid by the local authority and £3.5 million in self-funded care)

  (Note, on average smokers develop social care needs four years before non-smokers)
- 36 tonnes of waste
- £1.5million costs due to fires caused by cigarettes

Our Aims

We want 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 vision

By 2022, cigarette smoking will be a much rarer sight on our streets and in our homes. Hundreds more young people will have been protected from breathing second-hand smoke and starting smoking. Thousands of our most vulnerable and dependent smokers will have accessed advice and support to quit smoking for good. Our shared dream is to achieve a smokefree generation by 2030.

Outcomes

We are committed to achieving the following ambitious and measurable outcomes, as set down in the national tobacco control plan by the end of 2022:

- Pregnant women receive consistent, strong support to quit, reduce the percentage of women who smoke throughout pregnancy to 6 per cent or less
- Young people are protected from taking up smoking and vaping, reduce the percentage of 15 year olds who smoke to 3 per cent or less
- Adults know where to turn for a range of support to quit for good. Reduce the percentage of adults who smoke to 9 per cent of the population or less
- Closing the smoking and health inequality gap - people with the most challenges to quitting and highest dependence are offered effective, evidence-based support, reduce smoking rates amongst people in routine and manual occupations and other priority groups to under 20 per cent

Our principles and approach

To ensure we create the right conditions to achieve our aims we will act on the following principles:

- Working in partnership, developing strong collaborative networks within and between organisations, locally and beyond Cheshire West and Chester
- Be guided by high quality evidence and concentrate on changes we know to be effective and good value for money
- Be led by local intelligence and our evolving JSNA and be responsive to new evidence and guidance at a national level
- Seek out local people's views from the ground and from frontline colleagues when we develop our services and improvement plans
- Work with our colleagues in Public Health England to develop clear, consistent health messages and ensure people have access to high quality information

Objectives

To achieve our aims over the next five years we will concentrate our collective efforts on six key objectives

1. Aim: Prevent even more children and young people from taking up smoking and vaping

What's driving this?

- 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, certain birth defects and brain development problems, and sudden infant death
- Pregnant women who smoke are more likely to be under 20 and live in more deprived communities with high rates of smoking, this can make it much more difficult to quit long-term
- Children who grow up around adult smokers are more likely to take up smoking and most adult smokers start during childhood. We need to break the cycle
- Smoking rates are highest amongst children who face other vulnerabilities and health-risking behaviours in their lives
- 23.9 per cent of 15 year olds have tried an e-cigarette. The law bans sales to people under 18. Current best evidence suggests only existing smokers will go on to vape regularly, but this is not conclusive and it is best for young people not to vape
- The peak age for smoking spans the late teens and 20s. Most adult smokers start smoking during their teenage years

Objectives and key actions

A smokefree pregnancy for all – reduce smoking throughout pregnancy from 10 per cent to 6 per cent or less

- Local maternity services will fully implement essential learning from the BabyClear programme in addition to NICE guidelines PH26 and PH48
- Identify a system leader to champion and co-ordinate action on smoking in pregnancy

- Work with local women to test and develop approaches that help prevent relapse and build resilience to smoking triggers e.g. buddying or stress management techniques
- Consider changes in policy in relation to vaping as a harm reduction measure in pregnancy within the context of existing guidance on nicotine replacement and the work of the national Smoking in Pregnancy Challenge Group
- Enable staff to participate in new training which is being developed by Public Health England for all healthcare professionals

A smokefree childhood for all – reduce smoking and vaping amongst 15 year olds from 6.8 per cent to less than 3 per cent

- 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
- Develop consistent messages, consistent advice and support pathways that span across maternity, 0-19 and other services for young people, families and carers
- Equip professionals and public with simple advice on preventing accidental injury to children from cigarettes and e-cigarettes. This should also include tips on how to report the distribution of illicit tobacco or e-cigarettes, or illegal sales to under 18s
- Assess the need to update smokefree polices in schools and other settings in which children are cared for, including foster families, youth services and the youth offending team
- Continue to promote smokefree environments, e.g. smokefree playgrounds
- Use national policy guidance to carefully weigh up the need to deter children from vaping whilst accepting that e-cigarettes are widely considered as much less harmful than tobacco and help many adults to quit
- Continue to enforce the full range of regulations covering the sale and promotion of tobacco and e-cigarettes
- 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

2. Aim: Reduce the number of local residents who smoke, particularly those who have the strongest dependence and face the most challenges in quitting successfully

What's driving this?

We know from our smoking JSNA 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 routine and manual occupations (25 per cent). In Cheshire West and Chester the areas of Winsford, Blacon, Lache and Garden Quarter and Ellesmere Port have the highest percentage of smoking residents
- People with mental health conditions (40 per cent). Smoking is the main cause of the much lower life expectancy in people with long-term mental health conditions
- People who identify as lesbian, gay, bisexual, and transgender (25 per cent)
- Hospital inpatients (25 per cent). Life-long tobacco addiction is a major contributor to long-term health conditions in middle and older age
- People who are homeless (87 per cent)

Social segmentation research gives us more insights into the social and behavioural characteristics of communities with higher than average smoking rates. For example we know that they are also more likely to:

- have a range of health conditions and other unhealthy behaviours
- be engaged with a range of health services, including emergency services, hospital respiratory and diabetes services, community and secondary mental health services
- be engaged with social services
- live in social rented accommodation
- have carer responsibilities
- face financial stresses
- prefer communication via text or phone

And less likely to,

- wish to be informed about health issues or services (although this group is also more likely to include people who want to participate and get involved in community initiatives)
- be regular users of the internet

Objectives and key actions

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

- Develop services that enable us to deliver the most intensive interventions to key priority groups. Develop and support opportunities for evidence-based brief advice and self-management information for other smokers
- Ensure relevant staff have the right skills to support clients with complex needs for example, by fostering closer links with services that use social prescribing or community referral models
- Strengthen the links between the stop smoking professionals and other public health services, e.g. substance misuse, sexual health and children's centres, as well as other health and supportive services e.g. debt advice, housing, mental health, work zones, housing associations and citizen's advice bureaux
- Embed 'Making Every Contact Count' brief advice, engagement and signposting into relevant services and care settings. Signpost others to training and learning to expand the number of people who can give effective brief advice
- Work closely with locality teams, district advisory panels and the Poverty Truth Commission to best understand local opportunities and barriers and improve the design of our stop smoking offer
- Engage with third sector services and community groups to hear first-hand about the needs of smokers of all ages

Achieve smokefree Hospital Trusts by 2020 and continue to support smokefree mental health services

- Work with Hospital leaders to fully implement NICE guideline PH48 and the Preventing Ill Health Commissioning for Quality and Innovation service (CQUIN's) improvement plans from 2018
- Work with mental health services to continue improvements that promote physical health, as set out in the Five Year Forward View for mental health
- Support joined up service improvement and tobacco dependence pathways across acute and community mental health services, taking account of NICE guideline PH45 dealing with harm reduction
- Support system-wide change by engaging with clinical commissioning group partners to ensure a joined up approach to service development. For example, to support the new health optimisation pathway (a routine offer of support to tackle unhealthy behaviours prior to planned surgery) and CQUINS
- Further develop the Smokefree Partnership Network to bring together relevant collaborators, encourage collective pathway development and harmonise smoking policy and health messages across organisations. This approach should also be widened out to a more regional footprint
- Collaborate with Public Health England to ensure their commitment to offer training for all healthcare staff is accessible locally, linking to the 'Making Every Contact Count' requirement in the standard contract for hospitals
- Support health settings to examine the implications of current and any new Public Health England guidance on vaping in relation to smokefree policy. Seek to develop common approaches

3. Aim: Create an environment that supports people to stop smoking for good

What's driving this?

The success of universal measures such as the indoor smoking ban proves how much the environment influences smoking behaviour, shaping the extent to which smoking is accepted as normal amongst our friends, family and wider society. The availability of illicit tobacco at a lower price undermines government commitments to make tobacco less affordable and can also act as a low-cost trigger to relapse. We need to know more about specific local issues for both cigarettes and e-cigarettes. New technologies such as e-cigarettes are now viewed as an acceptable part of harm reduction approaches at a national policy level. E-cigarettes 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).

Objectives and key actions

Open up dialogue on novel tobacco products and e-cigarettes and their place within tobacco control strategy

- Respond to new guidance from Public Health England and NICE as it is published. Work closely with partners to develop approaches to e-cigarettes and new forms of tobacco that are based on local risk assessment, harm reduction principles, and the most up to date evidence

- Promote sources of balanced advice about e-cigarettes, building on forthcoming publications from Public Health England. Information for the public and professionals should include advice about health risks compared to smoking and not smoking, nicotine addiction, how to purchase and use the safest products, how to report sales of illicit e-cigarettes, and a reminder about the laws against vaping for under 18s
- Maintain information sharing between partner organisations to encourage a harmonised approach to this issue as far as possible, and reduce confusion caused by different policies and health messages. Extend this to include a Cheshire and Merseyside perspective if appropriate
- Develop an e-cigarette friendly stop smoking service. This means that people who smoke or smoke and vape, and would like to include e-cigarettes as part of a quit attempt can access the service.
- Set up data collection to help improve our understanding of e-cigarette use locally
- Closely monitor developments towards a prescribable e-cigarette (anticipated but not currently available)
- Make the best use of regulatory powers and sanctions within the resources available. This will help ensure local e-cigarette retailers are compliant with the law on under-age sales, only sell regulations compliant products and follow best practice in order to limit the appeal of vaping to young people
- Engage with vape shops to deliver stop smoking advice in order to reduce dual use

Equip local workplaces and businesses with the resources they need to maintain smokefree workplaces and support employees to stop smoking

- Work with locality teams, district advisory panels, business improvement districts and the voluntary sector to engage local businesses around developing smoking and vaping policy that helps employees quit for good, and to promote local and national campaigns e.g. Stoptober
- Frame advice and guidance around NICE guideline PH5 (Smoking: workplace interventions)
- Consider extending support more widely, e.g. through the workplace wellbeing charter initiative or similar
- Explore the application of behaviour change theory to enable organisations and businesses to develop more smokefree outdoor spaces and continue work with educational, leisure and sports organisations

Strategy delivery

This strategy will be implemented by partner organisations through local sub-groups with strategic oversight from the Smokefree Partnership Network. Membership, terms of reference and governance arrangements will be be updated in line with ASH Local Tobacco Alliance recommendations and 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
- University of Chester
- Cancer Research UK
- NHS West Cheshire Clinical Commissioning Group
- NHS Vale Royal Clinical Commissioning Group
- Countess of Chester NHS Foundation Trust
- Cheshire and Wirral Partnership NHS Foundation Trust

High level outcome indicators

Implementation over the coming five years will be planned and monitored using an overarching action plan, detailed local action plans and a dashboard tracking relevant indicators, including top level measures from the Public Health Outcomes Framework.

Top level indicators

- Smoking status at time of delivery
- Smoking prevalence at age 15 – current smokers
- Smoking prevalence in adults – current smokers
- Smoking prevalence in adults in routine and manual occupations – current smokers

Alcohol Harm Reduction Strategy 2018 - 2022

Reducing alcohol-related harm across the life course

Introduction

Welcome to our Alcohol Harm Reduction Strategy for Cheshire West and Chester. Our vision is to enable people to have a sensible relationship with alcohol, which promotes good health and wellbeing and ensures Cheshire West and Chester is a safe place to live. Reducing levels of harm caused by alcohol is everybody's business. The misuse of alcohol affects the health and wellbeing of all our residents, the safety of our communities and the future success of our town centres and their night-time economy.

This strategy builds upon a range of excellent work that has been undertaken by partners locally. It outlines action 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-related harm. We recognise that some people will have established issues with alcohol misuse and for these people our focus will be on recovery, allowing people to maximise their potential and make a positive contribution to society. There are some things we know that will reduce alcohol-related harm that we cannot do locally, such as the introduction of a minimum unit price for alcohol and restrictions on advertising which targets young people. We will continue to lobby the government for changes in these areas.

Background

Alcohol plays a role in British culture, it is often part of our social and family life. However, alcohol misuse in Cheshire West and Chester is estimated to cost more than £129 million a year, equivalent to £393 for every person living in our local community. 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 and excessive regular drinking can all too easily turn into dependence.

For families, excess alcohol consumption can lead to relationship breakdown, domestic abuse, safeguarding and financial issues.

For communities, alcohol can fuel crime and disorder, which can transform our towns and city centre into no–go areas. It increases the level of assaults and anti-social behaviour, increases demand on Blue Light Services and damages the reputation of communities and the area as a whole. This in turn, can have a negative impact on the local economy.

This strategy sets out actions aimed at re-balancing the relationship Cheshire West and Chester has with alcohol. The harm caused by alcohol in Cheshire West and Chester is not a problem of a small minority, it is a problem that cuts across our entire population and affects local residents of all ages. In addition, Cheshire West and Chester has over 31 million visitors per year which brings with it an added layer of complexity, with some aspects of tourism being associated with excessive alcohol consumption.

Working in partnership to achieve success

This strategy has been developed collaboratively and sets out how by working together, we can make a difference. It describes the evidence-based actions to reduce alcohol-related harm in Cheshire West and Chester. All partner organisations and agencies agreed the vision, outcomes, objectives and actions included in the strategy.

The impact of drinking on public health and community safety is so great that radical steps are needed to change our relationship with alcohol.

Our vision

To enable people in Cheshire West and Chester to have a sensible relationship with alcohol that promotes good health and wellbeing and ensures Cheshire West and Chester is a safe place to live.

Outcomes

In order to achieve this vision and minimise the harm from alcohol in Cheshire West and Chester, the strategy will seek to deliver three interlinked outcomes:

1. The population of Cheshire West and Chester lives free from health harms caused by alcohol
2. Local people and communities live without crime and antisocial behaviour caused by alcohol
3. Promotion of a diverse, vibrant and safe night–time economy

Key actions

1. Increase awareness of alcohol-related harms across the life course and establish safe drinking as the norm. **Linked to Outcomes 1 and 2.**
2. Identify and support individuals drinking above recommended guidelines. **Linked to Outcome 1.**
3. Ensure individuals identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support. **Linked to Outcome 1.**
4. Reduce levels of alcohol-related crime and disorder. **Linked to Outcome 2.**
5. Reduce levels of alcohol-related Ambulance callouts and Accident and Emergency (A & E) Department attendances. **Linked to Outcomes 2 and 3.**
6. Prevent alcohol-related domestic abuse. **Linked to Outcome 2.**
7. Ensure the local licensing policy and enforcement activity supports the alcohol misuse harm reduction agenda. **Linked to Outcomes 1, 2 and 3.**
8. Promote a diverse and vibrant night time economy. **Linked to Outcome 3.**
9. Work to influence government policy and initiatives around alcohol-related harm: 50p minimum unit price for alcohol, restrictions of all alcohol marketing, public health as a fifth licensing objective and reduce the alcohol limit for drivers. **Linked to Outcomes 1, 2, and 3.**

Our principles

We have also identified seven ways of working that will underpin our action plans and work streams:

- Prevention
- Outcome focused
- Working in partnership
- Reducing inequalities
- Protecting the vulnerable
- Promoting evidence based practice
- Improving effectiveness and cost effectiveness (value for money)

Our approach

The impacts of drinking alcohol on health and community safety as outlined in the Cheshire West and Chester Joint Strategic Needs Assessment (JSNA) demonstrate that we need to find ways to create a healthier relationship with alcohol. Our approach will focus on prevention and early intervention and there is clear evidence that in order to tackle alcohol-related harm, we need to take a consistent and multi-faceted approach. The following sections below outline the actions being taken locally to reduce alcohol-related harm across the life course and make recommendations for the future.

In addition, community and treatment and recovery sections have been included to cover issues that affect people of all ages.

For each section, we have looked at the scale of alcohol-related harm, assessed current activity to reduce harm, identified gaps compared to best practice, and set down the additional actions needed to reduce alcohol-related harm in our communities. Moving forwards, this strategy will be supported by a detailed action plan outlining timescales and the people responsible for leading changes.

1. Starting Well

Promoting an alcohol free pregnancy

UK guidance recommends that for women who are pregnant or planning a pregnancy, the safest approach is not to drink alcohol at all. Drinking during pregnancy can lead to long-term harm to the baby, and the greater the amount of alcohol consumed, the higher the risk. Experts estimate one child in 100 is affected as a result of their mother drinking alcohol whilst pregnant. An estimated 1,100 women in Cheshire West and Chester will continue drinking during pregnancy.

Key actions

- Increase awareness of the harm of alcohol to the unborn child
- Ensure that all professionals who have contact with pregnant women are trained in alcohol identification and brief advice (an evidence-based conversational tool which has been shown to alter drinking behaviour)
- Ensure the early identification and support of pregnant women drinking above recommended guidelines
- Ensure that pregnant women who are identified as having an alcohol misuse problem can access effective treatment services and recovery support

Protecting babies and toddlers from alcohol-related harm

Pre-school years are a time of rapid child development and what happens during these early years can influence health and wellbeing in later life. Parental alcohol misuse during this period may impact upon parenting and this can have harmful effects on a baby or toddler's health, safety and development. At its most extreme, alcohol misuse can increase the likelihood of child abuse and neglect, accidents and child death. Parental alcohol misuse may also cause relationships to suffer, break down or become abusive, which may have a negative impact on the development of young children.

Key actions

- Increase awareness of the harms caused to babies and toddlers by parental alcohol misuse
- Ensure the early identification and support of parents of babies and toddlers drinking above recommended guidelines
- Ensure professionals who are in contact with

parents of young children are able to offer alcohol identification and brief advice

- Ensure parents of babies and toddlers identified as having an alcohol misuse problem can access effective treatment and services and recovery support

Reducing alcohol-related harm in school age children

Alcohol has negative consequences on the health and wellbeing of school age children. This harm may occur because children live with a parent (or parents) who misuse alcohol, which may impact upon their parenting ability, and/or, the young person is involved in alcohol misuse themselves. We know that young people's bodies are less able to cope with alcohol and drinking at an early age can cause serious health problems (both physical and mental). Drinking at an early age is also associated with an increased risk of anti–social behaviour or crime, having more sexual partners, pregnancy and drug misuse.

Key actions

- Increase awareness of the harms of alcohol misuse in high risk groups of school age children (in addition to Personal Health and Social Education PHSE)
- Ensure the early identification and support of school age children drinking above recommended guidelines
- Further develop a 'Making Every Contact Count' approach for health and social care staff
- Ensure school age children identified as having an alcohol misuse problem can access effective treatment services and recovery support
- Further develop targeted work to reduce underage drinking and associated anti–social behavior

2. Living Well

Reducing alcohol-related harm in working age adults

Across Cheshire West and Chester, a higher percentage of residents aged 16 and over drink alcohol when compared to England. Significantly more people binge drink compared to England as a whole. Around 35,000 working age people in Cheshire West and Chester drink at levels that will affect their health and wellbeing, with an additional 11,600 people being high risk drinkers, which significantly increases their risk of accidents, disease and premature death. We recognise the need to engage the local community in looking for shared solutions for tackling alcohol-related harm in all its forms. Whereas most smokers want to quit, many people who drink alcohol to harmful levels are not aware they may be putting their health at risk through accidents and long-term conditions (e.g. cancer, high blood pressure, liver disease). Alcohol misuse also significantly increases a person's risk of being involved in, or being a victim of crime.

Key actions

- Increase awareness of the harms of alcohol misuse amongst working age adults
- Work with employers to ensure they have effective and supportive alcohol misuse policies
- Where appropriate, undertake targeted interventions with high risk groups of adults, such as: the lesbian, gay, bisexual and trans (LGBT) community, homeless population and offenders
- Ensure the early identification and support of working age adults drinking above recommended guidelines
- Further develop a 'Making Every Contact Count' approach for health and social care staff
- Ensure working age adults identified as having a alcohol misuse problem can access effective treatment services and recovery support

3. Ageing well

Reducing alcohol-related harm in older adults

There is evidence that alcohol misuse is increasing in people over the age of 65. There are well established links between alcohol consumption and long-term conditions, such as high blood pressure and cancer.

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. About a third of older people with drink problems

develop them for the first time in later life. As individuals become older they often experience significant life changes (e.g. loss of family, friends and poor health) changes in role, retirement or becoming a caregiver and can experience social isolation.

These life changes may be associated with an increase in alcohol intake. There is evidence that today's population of older people may be relatively heavier drinkers than previous generations. National data tells us that one in five older men and one in ten older women drink enough to harm themselves.

Key actions

- Increase awareness of alcohol-related harm (including the use of alcohol and prescription drugs) among older adults
- Further develop a 'Making Every Contact Count' approach for health and social care staff
- Ensure that staff who have face-to-face contact with older people are trained in alcohol identification and brief advice (an evidence based conversational tool which has been shown to alter drinking behaviour)
- Ensure older adults identified as having an alcohol misuse problem can access effective treatment services and recovery support

4. Keeping our local communities safe from alcohol-related harm

As well as causing significant harm to local individuals and families, alcohol misuse also causes significant harm to our local communities. Alcohol consumption is directly associated with crime, anti–social behaviour, violence and aggression (including domestic abuse). In addition, alcohol misuse is a factor in around 9 per cent of all fires.

Key actions

- Increase awareness of the harms from alcohol amongst our local communities
- Improve local data collection and data sharing between organisations to reduce alcohol-related harm
- 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 (an evidence based conversational tool which has been shown to alter drinking behaviour)
- Pilot a safe space in Chester City on busy evenings which would provide an immediate medical response delivered by a non-judgemental, multi-professional team and would include emotional support and signposting to appropriate services. The safe space would also act as a 'safe haven' to safeguard and reduce the vulnerability of intoxicated individuals in order to reduce the number of people in the town centre who become victims of alcohol-related crime
- Implement the 'Drink Less Enjoy More' intervention which aims to address the over-service of alcohol to already intoxicated people
- Ensure the local licensing policy and enforcement activity supports the alcohol-related harm reduction agenda
- 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. Late Night Levy, Early Morning Restriction, Best Bar None and the Purple Flag accreditation programme for town and city centres)
- Promote and fully utilise the local Cumulative Impact Policy to help control the density of outlets serving alcohol
- Implement the Blue Light project (Alcohol Concern's national initiative) to develop alternative approaches and care pathways for change-resistant drinkers who place a high burden on public services
- Promote a diverse night–time economy
- Ensure the existing Public Space Protection Order is fully utilised in order to deal with alcohol-related harm
- Work to influence government policy relating to alochol misuse e.g.
  - 50p minimum unit price for alcohol
  - Restrictions on alcohol marketing
  - The inclusion of public health as a fifth licensing objective
  - Reduce the alcohol limit for drivers

5. Treatment and Recovery

The focus of our alcohol harm reduction strategy is prevention and early intervention, however we recognise that some people will require treatment for addiction. Alcohol treatment has been shown to be highly cost effective, for every £1 spent in treatment, the public sector saves £5.

It is recognised that substance misuse services need to work closely with NHS mental health services and primary care, in order to provide effective recovery pathways for people with dual diagnoses, for example dependent drinking and long-term depression.

Strategy delivery

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 theses outcomes. Regular updates on progress will be provided to the Cheshire West and Chester Health and Wellbeing Board and the Community Safety Partnership.

High level outcome indicators

Outcome

Reduce alcohol-related health harms

Indicators

- Accident and emergency attendances for alcohol
- Under-18 alcohol–specific hospital admissions
- Alcohol-specific hospital admissions (working age adults 18–64)
- Alcohol–specific hospital admissions (older adults 65+)
- Presentations for substance misuse treatment (alcohol)
- Successful completion of substance misuse treatment (alcohol)
- Alcohol-related deaths
- (Reduction in) alcohol related liver disease

Outcome

Reduction in alcohol-related crime, anti-social behaviour and domestic abuse

Indicators

- Alcohol-related recorded crime
- Alcohol-related violent crime
- Alcohol-related sexual crime
- Reported cases of domestic abuse associated with alcohol misuse
- Alcohol-related antisocial behaviour
- Adults in substance misuse treatment who successfully engage in community-based structured treatment following release from prison

Outcome

Establish a diverse, vibrant and safe night–time economy

Indicators

- Reductions in crime and anti–social behaviour within Chester City, Ellesmere Port, Winsford and Northwich Town Centres
- Improved public perception of town centres at night

Drug Misuse Strategy 2018 - 2022

Introduction

Welcome to our Drug Misuse Strategy for Cheshire West and Chester. Our vision is to work in partnership, to prevent and reduce the harms caused by drug and other substance misuse, creating a culture that supports individuals to make positive choices for the benefit of their health and wellbeing and those around them. Reducing levels of harm caused by drugs is everybody's business. The misuse of drugs affects the health and wellbeing of many of our residents and impacts on the safety of our communities.

This strategy builds upon a range of excellent work that has been undertaken by partners locally. It outlines action needed to reduce demand, restrict supply and build recovery, with a particular focus on prevention and protecting children and vulnerable groups from the harm caused by drug misuse. We recognise that some people will have established issues with drug misuse, for these people, our focus will be on recovery, which will allow people to maximise their potential and have a positive contribution to society.

Background

Illicit drug use is engrained in British culture, with over a third of the population aged 15-59 years estimated to have taken drugs at some point in their lives. In 2015-16, an estimated 2.7 million people (8.4 per cent), aged between 16 and 59 years in England and Wales, had used an illicit drug in the past year. This figure has reduced overall during the last decade but has remained stable over the last seven years. The trend is similar for younger people, but the proportion taking drugs is higher, 18 per cent of 16-24 year olds. Although fewer people are using drugs than 10 to 15 years ago, an increase in hospital admissions and drug-related deaths indicates that drug-related harms are increasing.

The social and economic cost of drug use and supply to society is estimated to be around £10.7 billion per year, of which £6 billion is attributed to drug-related crime. Currently, there are no estimates of the cost of drug misuse in Cheshire West and Chester, however the National Treatment Agency estimates that any drug addict not in treatment costs society, on average, £26,074 per year. Given this, the cost to local authorities and partner organisations will be significant, at a time when public sector resources are being reduced.

Local action on drug misuse is guided by the National Drug Strategy 2017 and the Modern Crime Prevention Strategy 2016. These have been used to inform and shape our local response. Our main focus for reducing drug misuse within our community will be on prevention and early intervention and our strategy reflects the key themes nationally; reducing demand, restricting supply and building recovery.

The landscape for drug use is changing and we need to be able to continually adapt to respond to the latest challenges in drug use. For example, New Psychoactive Substances (NPS, formally known as 'legal highs') have created new and diverse challenges for tackling drug misuse. Our strategy will cover illicit and other harmful drugs, ranging from opiates, crack, powder cocaine, ecstasy, new psychoactive substances and cannabis, through to image or performance enhancing drugs, and misuse of prescription and over-the-counter drugs. Polysubstance misuse (using more than one harmful substance) is a common occurrence, often involving alcohol and drugs, hence this strategy is closely linked to the Alcohol Harm Reduction Strategy and it is recommended that anyone interested in substance misuse uses the two documents together.

Drug misuse is associated with the night-time economy, however, most drugs will be taken at home and there is no one type of person who misuses drugs. However, several groups are identified in the research literature as being at high risk of drug misuse. These include: young people, offenders, the homeless, veterans, sex workers, families of drug

users, the lesbian, gay, bisexual and trans (LGBT) community, victims of intimate partner violence and a growing number of older people, in particular, long-term drug users. Therefore, our local strategy recognises the need to work with vulnerable groups to ensure they do not get drawn into illicit or harmful drug use.

The harms caused by drug misuse are far-reaching and affect our lives at every level. Harms include health issues, drug dependency, crime committed to fuel drug dependence, organised criminality, violence and exploitation, and irreparable damage and loss to communities, families and individuals. The harm drug misuse causes can be seen clearly in the headline statistics from the Joint Strategic Needs Assessment, for example:

- An estimated 15,629 adults aged 15-59 years in Cheshire West and Chester have taken an illicit drug in the last year
- Locally, there were 1,485 clients in treatment for drug misuse during 2016-17
- During 2016-17, there were 9,564 syringe exchange transactions in Cheshire West and Chester. People using this service were taking psychoactive drugs, steroids and image or performance enhancing drugs
- In Cheshire West and Chester in 2016, up to 3,700 thefts could be attributed to offenders who use heroin, cocaine or crack cocaine
- Locally, there were 38 deaths from drug misuse in 2013-2015

The complexity and pervasiveness of drug misuse and the harms it causes means that no one organisation can tackle it alone. We need to work closely with local communities to effectively deal with the issues that impact on local people on a day-to-day basis. In addition, we recognise the role of those in recovery, they are experts by experience and can help shape interventions and services. It is vital that we do this together, using a co-ordinated, partnership-based approach which recognises the common goals we all share in order to build a fairer and healthier society to reduce crime, improve life chances and protect the most vulnerable.

Working in partnership to achieve success

This strategy has been developed collaboratively and sets out how by working together, we can make a difference. The strategy sets out evidence-based actions to reduce drug misuse in Cheshire West and Chester. Partner organisations and agencies agreed the vision, outcomes, objectives and actions, in order to reduce the damage drug misuse causes to local people's health, to our local communities and to our local economy.

Our vision

To work in partnership across Cheshire West and Chester to prevent and reduce the harms caused by drug misuse and create a culture that supports individuals to make positive choices for the benefit of their health and wellbeing and that of those around them.

Outcomes

In order to achieve this vision and minimise the harm from drugs in Cheshire West and Chester, the strategy will seek to deliver three interlinked outcomes:

1. The population of Cheshire West and Chester live free from health harms caused by drug misuse
2. Local people and communities live without crime and anti-social behaviour caused by drug misuse
3. People who require treatment for drug dependency go on to full recovery

Key actions

1. Increase awareness of the harms caused by drug misuse and support individuals to make positive choices for the benefit of their health and wellbeing, and that of those around them. **Linked to Outcomes 1 and 2.**
2. Identify and support individuals with drug misuse issues. **Linked to Outcome 1.**
3. Enable individuals identified as having a drug misuse problem to access effective treatment services and recovery support. **Linked to Outcomes 1 and 3.**
4. Reduce levels of drug–related crime and disorder. **Linked to Outcomes 2 and 3.**
5. Reduce levels of drug-related ambulance callouts and A and E Department attendances. **Linked to Outcomes 1 and 2.**
6. Prevent drug–related domestic abuse. **Linked to Outcome 2.**
7. Promote a diverse and vibrant night–time economy. **Linked to Outcomes 1 and 2.**

Our principles

We have also identified seven ways of working that will underpin our action plans and work streams:

- Prevention
- Outcome focused
- Working in partnership
- Reducing inequalities
- Protecting the vulnerable
- Promoting evidence based practice
- Improving effectiveness and cost-effectiveness (value for money)

Our approach

It is clear from the Cheshire West and Chester Joint Strategic Needs Assesment that the impact of drug misuse on health and community safety in Cheshire West and Chester is significant and steps are needed to change our relationship with drugs. Our approach will focus on prevention and early intervention and there is clear evidence that in order to tackle drug misuse, we need to take a consistent and multi-faceted approach. The sections below outline the actions that we need to take locally to reduce the harm caused by drug misuse. The recommendations are drawn from the National Drug Strategy and the Joint Strategic Needs Assessment and actions are grouped under the following headings;

1. **Reducing demand**
2. **Restricting supply**
3. **Recovery focused treatment services**

Moving forwards, this strategy will be supported by a detailed action plan outlining responsible leads and timescales.

1. Reducing demand

Key actions

- All services and professionals who have contact with young people should identify those who are at risk of using drugs and refer them to services that can support them
- Information about drug use should be provided where groups who use drugs, or who are at risk of using drugs may attend e.g. nightclubs or festivals, wider health services such as sexual and reproductive health services, primary care, supported accommodation, hostels for people without permanent accommodation, and gyms (to target people who are taking, or considering taking, image or performance enhancing drugs). Information should be provided in different formats and should signpost people to self-assessment tools ensuring that the type of information provided is in line with NICE guidelines

- Activities aimed at preventing drug misuse should be delivered for at-risk groups through a wide range of existing statutory, voluntary or private services
- Routine appointments and other contacts with statutory and other services should routinely assess whether someone is vulnerable to drug misuse
- Improve the availability of data and intelligence relating to drug misuse, in order to plan interventions and target resources

2. Restricting supply

Key actions

- 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
- Take action to reduce domestic cannabis production and the exploitation of vulnerable individuals that is often a part of this
- Undertake local campaigns to tackle driving under the influence of drugs. A new offence of driving with a specified drug in the body was introduced in March 2015 with zero tolerance limits for eight illicit drugs
- Build on the Liaison and Diversion Services, to enable offenders with mental health, substance misuse and other complex needs to be directed towards appropriate health interventions from police stations or courts
- Work with local Integrated Offender Management systems to identify and share effective practice to tackle drug-related offending

3. Building Recovery

- Enable accessible and effective support for a wide range of drug related needs (e.g. opiates, crack, and powder cocaine through to marijuana, new psychoactive substances and performance enhancing drugs)
- Provide effective solutions when working with clients who have been in long-term treatment (i.e. over four years)
- Work closely with NHS mental health services and primary care, in order 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 drug related harm
- Fully implement relevant NICE guidance and Quality Standards
- Ensure effective referral pathways are in place across partner oganisations, agencies and local communities
- Provide a community-based needle exchange scheme and encourage people who are injecting drugs to take tests for tuberculois and blood infections, e.g. hepatitis, as recommended in NICE guidance

Recovery is more likely to be achieved and sustained if clients are supported to improve their 'recovery capital' (the personal and material resources that help a person establish and maintain their recovery from substance misuse). Partner organisations need to consider how to increase the availability of long-term housing and employment opportunities for clients on recovery programmes.

Strategy delivery

A detailed set of action plans will be developed and signed-off 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 Health and Wellbeing Board.

High level outcome indicators

Outcome

The population of Cheshire West and Chester live free from health harms caused by drug misuse

Indicators

- Drug-related deaths
- Drug-related hospital admissions
- Successful completion of substance misuse treatment

Outcome

Local people and communities live free from crime and anti-social behaviour caused by drug misuse

Indicators

- Drug-related recorded crime
- Drug-related violent crime
- Reported cases of domestic abuse associated with drug misuse or drug-related anti-social behaviour
- Improved public perception of town centres at night

Outcome

People who require treatment for drug dependency go on to full recovery

Indicators

- Successful completion of treatment (opiates)
- Successful completion of treatment (non-opiates)
- Re-presentations to treatment services (opiates)
- Re-presentations to treatment services (non-opiates)

Sexual Health and Wellbeing 2018 - 2022

Introduction

We are delighted to present Cheshire West and Chester's Sexual Health and Wellbeing Strategy, which covers the years 2018-2022. In it we recognise the significance of a lifecourse approach in preventing, diagnosing, living and ageing well for sexual health and wellbeing. It is important to remember our experiences of love and relationships change across our lifecourse (our lifetime, from conception to older age) in both positive and negative ways, and are influenced by individual and social factors.

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 aimed at improving sexual health outcomes across the lifecourse. It is vital we recognise and identify clear outcomes that impact on reducing sexual health inequalities and provide accessible services to all who need them.

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.

Background

Sexual health is defined as 'a state of physical, emotional, mental and social well-being in relation to sexuality, it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.'

Most of the adult population in England are sexually active, and having the correct sexual health interventions and services can have a positive effect on population health and wellbeing as well as individuals at risk.

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. Having a range of service and educational provision is important to meet people's sexual health needs across their lifecourse and for their emotional health and wellbeing. Sexual Health service and education provision therefore crosses over a number of the priorities of the Health and Wellbeing Strategy (Starting Well, Living Well, Mental Health and Wellbeing, and Ageing Well).

The emphasis in this strategy is on prevention, diagnosing well, living well, and ageing well. The strategy will help us to make better decisions about how we:

- Invest in prevention
- Encourage all our families, children and young people to get the best start in life
- Ensure vulnerable adults and children feel safe and protected
- Understand the needs of our communities
- Develop stronger partnerships with public sector agencies, voluntary organisations and neighbouring councils
- Assist and encourage people to embrace digital opportunities
- Involve staff, service users and residents in improving services

We will ensure that this strategy and its action plans do not stand alone but are closely linked to other strategies and plans that also impact sexual health and wellbeing, for example, the Health and Wellbeing Strategy and the Alcohol Harm Reduction Strategy. It will be evaluated and updated on a regular basis in light of progress, feedback and the evolving needs of our communities. We also recognise the need to be mindful of other areas that could impact on this strategy such as child sexual exploitation, female genital mutilation, and other forms of sexual violence.

Where are we now?

The current state of sexual health in Cheshire West and Chester demonstrates the need for continued action and innovation:

- Since 1998, national and local conception rates in females aged under 18 have reduced. The latest data (2015) records a rate of 17.9 conceptions per 1,000 females under the age of 18, representing 98 pregnancies. The local rate is slightly lower than the national average, and whilst this is encouraging, it is important to note the significantly higher rates in Ellesmere Port and Winsford wards
- In under 18s, the percentage of conceptions leading to abortion in 2015 was 60 per cent. This proportion has shown some variation in recent years, although it remains statistically similar to the England average due to the relatively small numbers involved
- The percentage of abortions that are repeat abortions in the under 25s is just under 22 per cent in 2015. This is significantly lower than the England average of 26.5 per cent
- 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
- The use of Long Acting Reversible Contraception in females aged 15 to 44 in Cheshire West and Chester is higher than the England average at 55.7 per 1,000
- Overall, 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 reduced in recent years and rates of infections are lower than those for the North West and England. The most common sexually transmitted infection diagnosed in Cheshire West and Chester are chlamydia and genital warts, both of which are most common in the 20-24 year age group. The Public Health Outcomes Framework shows that in 2015 Cheshire West and Chester had significantly lower (better) rates of syphilis, gonorrhoea, genital warts and genital herpes compared to the England average
- Figures from 2016 for the National Chlamydia Screening Programme show that Cheshire West and Chester now exceeds the national target of 23 positive tests for every 1,000 15-24 year olds
- The prevalence of HIV (Human Immunodeficiency Virus) has remained similar over the past five years with the most recent rate at 0.90 per 1,000 in 2015. 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 just under 40 per cent are diagnosed at a late stage of infection which is similar to England

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 (commissioners, providers and wider stakeholders working together) and continually improving education, prevention, testing, treatment and support services.

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 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 to ensure 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. In order to address the issue of equity (fairness), it will seek to foster collaboration with the commissioners of other strands of sexual health provision such as HIV treatment and care, and abortion services.

- **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 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

Sexual health should not be seen as simply the testing and treatment of sexually transmitted infections and the prevention of unplanned pregnancy, but must 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.

- **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 sexual health messages, educational and awareness-raising sessions, 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. This will include public, private and voluntary partner organisations working together, and the involvement of the public through consultation and community engagement.

- **Evidence base**
  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 . This ensures we make best use of resources, providing the best possible services and support.

- **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). 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.

1. Prevention

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. Alongside this the wider determinants of sexual behaviour need to be addressed including, positive mental wellbeing, drug and alcohol misuse, aspirations for the future and equality.

Public Health England makes the case for prioritising prevention in order to achieve a culture in which our residents can enjoy good sexual health and wellbeing:

- Sexual relationships, although an intensely private matter, are a major component of the wellbeing of the whole adult population and of wider society
- There is a strong association between poor sexual and reproductive health and other risk behaviours, and by seeking to improve sexual and reproductive health and HIV outcomes, these other determinants of health may also be identified and addressed
- Poor sexual and reproductive health and ongoing spread of HIV have major impacts on population health, illness and wider wellbeing, and result in significant costs for health service and local authority budgets
- Sexual and reproductive ill health is concentrated in many vulnerable and marginalised communities, and improving sexual and reproductive health and HIV outcomes will address these major health inequalities

Throughout life, individuals need access to good quality information, advice and services delivered in an appropriate manner to maintain their sexual health and wellbeing. This includes not only sexual health specific information on contraception and sexually transmitted infections but on wider issues such as perimenopause, menopause and post-reproductive health, psychosexual health, emotional wellbeing, communication skills and managing relationships.

Relationships and sexual health are an important aspect of general wellbeing. We are committed to seeking opportunities to promote and integrate the benefits of healthy sexual relationships in wider wellbeing messages.

Outcomes
People have safe sexual health lives without the risk of adverse experiences, unplanned conception or sexually transmitted infection.

Potential indicators
- Rate of new sexually transmitted infection diagnoses
- Under 18s conception rate
- Under 18s conception rate leading to abortion
- Under 25s repeat abortions rate
- Uptake of condom distribution scheme (C-card)

2. Diagnosing well

Why is this a priority?
In Cheshire West and Chester we want to see more people being diagnosed early. We recognise that services may need to be redesigned, so that people with sexual health needs are diagnosed earlier which results in better health outcomes for individuals and reduced onward transmission.

Early diagnosis is especially important for people with HIV. The earlier someone with HIV starts medication, the more beneficial the medications are in helping them live well.

Early diagnosis, intervention and support are key to improving quality of life. 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. A core aim of this strategy is therefore to ensure that effective information and support for prevention, positive decision making, and testing are readily available and accessible. This includes making the best use of digital technologies.

It is important 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 (GPs, Pharmacists, Public Health Nurses, Health Visitors), secondary care providers and independent providers (midwives) and the Third sector is essential to ensure that our residents have local access at times and places that are convenient for them. Health professionals also require 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. These actions will enable more people to access testing, information and support, and make positive behavioural decisions.

Outcomes
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.

Service access is supported using a range of technology and digital opportunities (online, social media, mobile apps, postal testing).

Potential indicators
- Chlamydia detection rate aged 15 to 24
- New HIV diagnosis rate
- HIV late diagnosis rate
- Proportion of people with an STI or HIV diagnosis who receive information about condition, onward transmission, prevention and support options in their local area

3. Living well

Why is this a priority?
In Cheshire West and Chester we want to help and encourage people to actively decide on and manage their lifestyle choices. To do this we need to ensure people have access to accurate information, advice, support and services targeted to their needs.

We want to enable people to have a fulfilling sexual health life that is fun and consensual, free from coercion, violence or regret. Lifestyle choices such as using drugs and/or alcohol can affect people's inhibitions and judgement, leading to risky sexual behaviour such as unprotected sex, in addition to the physical and mental side effects of their use. We need to encourage our communities to work together to help people to stay healthier for longer and make healthy lifestyle decisions.

Simple changes to existing services, and awareness raising for those who come into day-to-day contact with people, such as staff working in educational settings or in leisure centres, can help advise people on wider lifestyle issues which include sexual heath therefore adhering to the ethos of Making Every Contact Count. We believe this approach will break down barriers, tackle the sigma often associated with sexual health and enable people to feel more confident both in conversation and in using services. Locally, we understand the importance of listening to people's sexual health needs and aspirations in order to inform and enable changes across all our services to:

- Raise awareness
- Challenge stigma
- Enable and inspire improved sexual health and wellbeing across our borough

We are committed to ensuring the provision of services and interventions across the borough are fit for purpose to meet the needs of our communities and reduce health inequalities. A life-long learning approach is required, where appropriate information and services are provided from childhood through to older age.

Outcomes
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

Potential indicators
- Number of consultations undertaken for Emergency Hormonal Contraception undertake by accredited Pharmacists
- Total prescribed Long Acting Reversible Contraception (LARC), excluding injections

* Other indicators will be determined by the Sexual Health and Wellbeing Forum

4. Ageing well

Why is this a priority?
Cheshire West and Chester has a higher proportion of people in their 50s and 60s (27 per cent), compared to England (24 per cent). Around 19 per cent of our residents are over the age of 65 compared with England (16 per cent). Many people remain sexually active beyond their reproductive years. A national study found that among those aged 50–70 years, over two-thirds report at least one sexual partner in the past year. Increasingly, positive intimate sexual relations are recognised as a key aspect of health in all ages.

The need for sexual health messages aimed specifically at older men and women is stated in the Department of Health Framework for Sexual Health Improvement in England (2013). Although the framework notes that there is a small, but increasing incidence of sexually transmitted infections in people over 50, the latest local data available does not reflect this trend. However, it is important to note the suggestion that better communication is needed to inform older people of sexual health risks.

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. This underlines the need to 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.

We must acknowledge and consider the sexual health issues that older people may encounter. It is important to ensure the right services are there to support and treat people and they know how to access advice and services.

Outcomes
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
- Number of people aged 50-65 accessing Sexual Health services year on year.
- Number of people aged 65 and above accessing Sexual Health services year on year.

* Other indicators will be determined by the Sexual Health and Wellbeing Forum

Strategy delivery

The indicators suggested will use existing performance measures and may require the creation of new performance measures which align to the outcomes identified within the strategy. The local Sexual Health and Wellbeing Forum will review the action plans and the outcome measures at least annually. Progress and updates will also be provided regularly to the Health and Wellbeing Board. The strategy and action plans 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, including service users.

Progress monitoring and feedback will be achieved through the following:

- **Joint scorecard**
  Key statistical data monitored regularly by the Sexual Health and Wellbeing Forum and the Health and Wellbeing Board
- **Exception reporting**
  Statistical data which is escalated to the Health and Wellbeing Board requiring review or action
- **Health and wellbeing partnership updates**
  Updates will form part of a report that is presented to the Public Health Governance Group and to the Health and Wellbeing Board when required
- **Themed discussions**
  The Sexual Health and Wellbeing Forum will have a rolling programme focusing on key issues which will generate challenge and actions
- **Peer review**
  The Sexual Health and Wellbeing Forum will seek to enhance the performance of the strategy and share learning
- **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.

We acknowledge that some groups will need special consideration because they are at higher risk, are particularly vulnerable or have particular access requirements including:

- young people
- those in or leaving care
- older people
- gay, bisexual and transgender people
- people misusing drugs and alcohol
- people living with HIV and other people affected by HIV
- people with physical disability
- people with learning difficulties
- people with mental health problems
- people living with chronic conditions
- people with any specific cultural or language needs, including refugees and asylum seekers
- people living in rural areas where access is often restricted

There is also a need to challenge how people perceive sexual relationships in later life and recognise diversity and change over the lifecourse. Positive sexuality and intimacy throughout the lifecourse is linked to higher levels of happiness and wellbeing, irrespective of age.

Poor sexual and reproductive health can affect anyone. People are affected in different ways, at different stages of their lives. In Cheshire West and Chester we are committed to promoting an open and honest culture around sexual health by enhancing knowledge and awareness, signposting appropriate services, providing appropriate clinical and non-clinical prevention services and combatting stigma and discrimination. Our sexual health improvement work will dovetail closely with related topic areas such as children and young people, drugs, alcohol and mental health and with all of the Public Health commissioned services. Through this strategic action plan, we will reduce health inequalities and achieve improvements in sexual and reproductive health across the life course for all residents of Cheshire West and Chester.

Glossary

Active travel
Making a journey by walking or cycling.

Adverse experiences
A potentially traumatising event that can have a lasting effect on health and wellbeing.

Alcohol-related harm
There are some commonly used terms to describe harm that comes from different levels of drinking. Lower-risk drinking refers to drinking within the recommended amounts of 14 units per week for men and women spread over several days. Hazardous drinking is a term used to describe consumption that increases risk of harm to the person and other people. Harmful drinking relates to drinking that has already caused harm to physical or mental health. Alcohol dependence describes a situation when there is a strong psychological and physical desire to drink and difficulty in controlling alcohol use. Someone who is alcohol-dependent may persist in drinking, despite harmful consequences. They will also give alcohol a higher priority than other activities and obligations.

Behaviour change theory
Explanations of why and how health behaviours can change.

Brief advice
A short, structured conversation (usually lasting half to three minutes), which takes place with an individual when they use a service. These unscheduled occasions can be used to raise awareness of a health issue, assess willingness to change, and prompt a change in behaviour. Brief advice can be delivered as the opportunity arises and the topic need not relate to the client's main reason for using a service at that time. For example, alcohol or smoking brief advice could be included as part of dental check-up.

Clinical Commissioning Groups
These bodies are responsible for organising the delivery of NHS care for local populations and are overseen by NHS England. They are led by clinicians, including local GPs. They commission a range of hospital and community services. Some have also taken on responsibility for managing the budgets and performance of GP practices in their areas. Clinical commissioning groups work closely with public health and social care colleagues in the local authorities within their areas.

Commissioning or commissioner
In health and social care, commissioning refers to identifying the needs of the local population and purchasing services to meet those needs and improve health.

CQUIN
Commissioning for Quality and Innovation payments framework. An improvement model that uses financial incentives to reward desired standards of care.

Cumulative impact policy
A local policy which can be introduced to limit the growth of licensed premises when it can be shown that licensing objectives to do with crime and disorder, public safety, public nuisance and protecting children from harm are not being achieved.

Deprivation
Living circumstances that give rise to need and disadvantage. Deprivation can relate to some or all of the following: income, employment, health and disability, education and skills training, barriers to housing and services, the living environment or neighbourhood, and crime.

Digital opportunities
Opportunities to access information and services online, and through using electronic devices. Includes, mobile and smart phones and internet access.

Early intervention
Early identification and support for individuals who are at risk of developing health problems. The aim of early intervention is to prevent more complex needs developing and enable a return to better health.

Emergency Hormonal Contraception (EHC)
This terms covers the 'morning after pill' and the intrauterine device or 'coil'. When used within the correct timeframe soon after unprotected sex emergency hormonal contraception is very effective at preventing pregnancy. Sexual Health services and selected GPs and pharmacies can provide it for free.

Gender identity
Gender is distinct from the biological sex everyone is born with. A person's gender identity is how they see and present their own gender. So someone's gender identify may or may not be the same as their sex at birth, and does not dictate their sexuality .

Harm reduction
An approach that aims to reduce the health, social and economic harms to individuals, communities and societies, often in connection to harmful behaviours e.g. drug misuse, excessive alcohol use, or smoking.

Health inequality
Differences in health which are unnecessary, avoidable, and unfair. These are produced by differences in the 'social determinants of health' – the conditions in which people are born, grow, live, work and age. Also see 'deprivation'.

Illicit
Against the law. Often also refers to substances obtained outside of legal channels.

Image or performance enhancing drugs
Illicit substances used to alter appearance or physical performance. For example, anabolic steroids to build muscle or injectable tanning agents.

Indicator
A measurement used to show the level of a health problem or to reflect how a service is performing. In a strategy, indicators are important to track desired changes over time.

Intelligence
Health intelligence refers to the use of different kinds of information to guide decision-making and improve population health. Also see joint strategic needs assessment.

Intervention
Action to improve a health or social problem. There is an expectation that where possible interventions should be based on good quality evidence, which describes actions that are effective to achieve positive changes and are good value for money.

Joint Strategic Needs Assessment (JSNA)
A continuously evolving collection of information that local authorities and health services use to plan for current and future service needs.

Life expectancy
The average number of years a person can expect to live in a given population. Healthy life expectancy is the average number of years lived free from major health problems.

Lifecourse
The sequence of life events we progress through from birth (or sometimes before birth) to death. For Example, school years, further education, work, parenthood, retirement etc. Each stage of the lifecourse presents different risks and opportunities for health and wellbeing.

Long-acting reversible contraception
Methods of birth control that provide effective contraception over a longer period of time without the need for repeated or daily use. Includes under the skin implants, the coil and hormone injections.

Making Every Contact Count (MECC)
An evidence-based approach that encourages staff and volunteers to make the most of every opportunity they have with people to talk about and encourage healthier choices.

National Institute of Health and Care Excellence (NICE)
A national body that provides guidance and advice based on high quality research evidence to health, public health and social care professionals. This information is used to design and improve services and interventions.

New psychoactive substances
Illegal drugs (previously called legal highs) that contain chemicals that produce similar effects to cocaine, cannabis and ecstasy. An evolving area of substance misuse, with work ongoing to understand supply, effects, use and harms.

Night-time economy
'Night-life'. Businesses serving the public in the late evening and night-time hours, typically after 10pm. Includes pubs, bars, night-clubs, cinemas, restaurants etc.

Novel tobacco products
Recently developed, new ways of using tobacco, for example 'heat-not-burn' cigarettes. Novel tobacco products are still harmful. This category does not include e-cigarettes, as these do not contain tobacco.

Obesogenic environment
Environments that make it easy for people to eat unhealthily and to maintain low levels of activity.

Opportunistic screening
Screening is a test to decide whether a person is likely to benefit from further investigations. Opportunistic screening is not pre-planned and can be offered or asked for as part of a routine appointment or encounter with a health service.

Outcomes
An end result. Public health outcomes refer to measurable changes in the health of a population. Individual treatment outcomes relate to the changes that have taken place over a course of treatment or engagement with a service. Some outcomes will be decided on by service users and some by the service staff and commissioners of the service.

Outreach
A way of delivering services that aims to reach people in the community. This approach is often used to reach groups who might not attend and use services in fixed locations.

Pathway
In health and care a pathway is an agreed sequence of care discussions, decisions and actions. Pathways are used to ensure that people reliably receive the right care in the right way, and at the right time.

Prevalence
The percentage of a population that has a certain health risk or health condition at a given time. Something which is described as having a high prevalence is common, whereas something with a low prevalence is considered rare.

Public Health England
A government agency that supports the work of protecting and improving the nation's health.

Rate
How often an event occurs compared to something else that can be counted. For example, the smoking rate in adults is 11,700/100,000. This means that amongst every 100,000 adults there will be 11,700 smokers. Rates are useful for making comparisons between different place and for understanding if something is happening more or less over time. For example we can say that the smoking rate in teenagers has steadily fallen in recent years, showing that smoking is becoming less common.

Routine and manual occupations
This group of occupations include for example routine roles in sales and service, manufacturing and machine operating and agriculture.

Safeguarding
Relates to the requirement to take action to protect children and adults from harm or abuse and make sure they can access services that promote their health and wellbeing.

Sedentary lifestyle
A lifestyle with little or no physical activity. A sedentary person spends a lot of their time sitting or lying.

Smoking cessation
Quitting smoking and breaking the addiction to smoked nicotine. Stop smoking services are sometimes called smoking cessation services.

Social segmentation
A way of understanding the differing beliefs, motivations, preferences and behaviours of different groups of the population and how these relate to health. Social segmentation information is useful when planning how to provide services to meet different needs.

Socio-economic gradient in health
Research has shown that the lower an individual's position in society the worse their health. The wealthiest in society have the best health overall, and the poorest the worth. See also 'health inequality'.

Stakeholder
In health terms stakeholders are people or organisations with an interest in services or strategy. This may be because they are involved planning, commissioning or providing relevant services or because they use or might use those services.

Statistically similar
When two figures (often rates) are so similar that any difference is can be put down to chance rather than a real difference.

Stigma
Making an unfair and negative judgement about a person or group of people that is based on wrong beliefs about some aspect of them. For example, some people with long-term mental illness may be stigmatised and treated negatively or excluded by others.

Strategy
A plan of action for achieving a future goal.

Third sector
Includes charities, voluntary and community groups.

Wellbeing
A feeling of being safe, happy and healthy in body and mind.

Whole system approach
An approach to change and improvement which recognises the power that comes from organisations acting together and seeing the whole picture. The voice of service users is just as important in a whole system approach.

Accessing Cheshire West and Chester Council information and services.

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

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