

**DRAFT CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY 2012-17 –
CONSULTATION RESPONSE
(Report by the Head of Legal and Democratic Services)**

1. INTRODUCTION

- 1.1 At its meeting on 3rd July 2012, the Overview and Scrutiny Panel (Social Well-Being) was acquainted with details of the Draft Cambridgeshire Health and Wellbeing Strategy 2012-17. Dr Liz Robin, Director of Public Health for NHS Cambridgeshire, delivered a presentation to Members at the meeting on the background to the development of the Strategy, together with the proposed priorities for Cambridgeshire. Copies of the Executive Summary and Consultation Questionnaire are attached as an Appendix.
- 1.2 At the time, the Panel established a Working Group comprising Councillors S J Criswell, J W G Pethard and M Oliver, together with Mr R Coxhead, to formulate a draft response to the Consultation for submission to the Panel's September meeting.
- 1.3 A meeting of the Working Group was therefore held on 25th July 2012, where Councillors S J Criswell and J W G Pethard and Mr R Coxhead were present. An apology for absence from the meeting was submitted on behalf of Councillor M Oliver.

2. DRAFT RESPONSE TO CONSULTATION

- 2.1 At the Working Group meeting, Members focused primarily on the proposed priorities for Cambridgeshire and responded to each of the consultation questions posed. Overall, it was concluded that that the Strategy and the vision are "Very Appropriate" for Cambridgeshire. The paragraphs below provide an outline of the comments made in respect of each priority.

(a) Proposed Priority 1 – Ensure a Positive Start to Life for Children

- 2.2 This is regarded as an "Appropriate" priority for Cambridgeshire.
- 2.3 Referring to the second bullet point relating to the adoption of a multi-agency approach, comment has been made that:
 - given there is an expectation that partnership working is already happening, stronger emphasis should be placed upon this focus area. The word "encouraging" should therefore be reconsidered;
 - there needs to be an agreed method of engagement of agencies with a view to ensuring that a consistent approach is being adopted;
 - the Common Assessment Framework should be embedded within the Cambridgeshire Health and Well-Being Board; and
 - the Board should contribute towards defining the "Early Help Offer" as recommended in the 2010 Munro Review of England's Child Protection System.

- 2.4 Having regard to the third bullet point relating to the integration of services across education, health and social care, Members have recommended that the steps to be taken if agencies chose not to get involved should be identified.
- 2.5 Additionally, it is felt that specific mention should be made within this priority area of the role and importance of education in encouraging individuals to choose healthy lifestyles in the future.
- 2.6 The Phase 6 Summary Report for the Cambridgeshire Joint Strategic Needs Assessment (JSNA) states that in the case of deprivation and childhood poverty, “looked after children and young offenders are particularly likely to have poor [health] outcomes”. Members recommend that this is reflected within the Strategy together with a further finding within the JSNA that transport accidents are one of the main causes of death for children.

(b) Proposed Priority 2 – Support Older People To Be Safe, Independent and Well

- 2.7 This is regarded as being an “Appropriate” priority for Cambridgeshire.
- 2.8 Whilst not specifically targeted at older people, comment has been made upon the need for there to be enhanced levels of community involvement on health and wellbeing matters, particularly in light of the forthcoming transfer of public health services to County Councils. It has been suggested that local GP surgeries and health providers could take on a more active role to engage with their local communities.
- 2.9 Having regard to the second bullet point relating to the integration of services for frail older people, reference has been made to the difficulties faced by the elderly when travelling within their own communities; for example visiting their local shop or Post Office. This is often a difficulty for older people. It is recommended that finding a solution to this problem should be included in this priority. There also is a need for there to be safer routes for older people, with consideration being given to the condition of pavements and dropped kerbs. It is suggested that the identification of such local risks should be undertaken with communities.
- 2.10 Members have discussed the “Homes for Life” concept and made comment that it is often not explicitly taken into account during the initial planning phases of new developments. It is disappointing that the development industry as a whole has not been more proactive in taking forward its implementation. Whilst it is acknowledged that many older people do not choose to move into new developments, Members are of the view that homes should be future proofed to meet the requirements of the elderly.
- 2.11 The JSNA refers to a recent policy paper by the University of Birmingham that identifies “10 high impact changes” with regards to prevention in older people’s services. Given that this is evidence based, Members recommend that these changes are adopted, particularly as they promote the “invest to save” concept and tie in well with the prevention of ill-health agenda. There is a need to recognise the monetary value of early prevention.

(c) Proposed Priority 3 – Encourage Healthy Lifestyles and Behaviours in All Actions and Activities While Respecting People’s Personal Choices

- 2.12 Members have assessed this priority as “Neither Appropriate Nor Inappropriate”, subject to the comments outlined in paragraphs 2.13 – 2.17 below.
- 2.13 Members have suggested that Community Plans should include local health and wellbeing matters. It is felt that this will encourage community ownership whilst at the same time promote healthy lifestyle and behaviour choices. This work could be undertaken in conjunction with local health providers. The benefit of presenting localised health statistics to communities has been discussed. Members have expressed the view that this data will be more relevant and meaningful to the local community than national statistics.
- 2.14 Further to the earlier discussions on the importance of education to encourage healthy lifestyle choices (paragraph 2.5 refers), Members agree that reference should be made within this priority area to alcohol consumption, drink-driving, road safety awareness (especially in the social group of adult men under the age of 25) and substance misuse given that these traits are also regarded as lifestyle and behavioural choices. This view is supported by the JSNA, which states the need to “recognise the major impact of common lifestyle behaviours which often start in childhood and continue throughout life on the development of long term health problems and to encourage communities to support lifestyle change”.

(d) Proposed Priority 4 – Create a Safe Environment and Help to Build Community Resilience, Wellbeing and Mental Health

- 2.15 It is agreed that this priority is “Neither Appropriate Nor Inappropriate” subject to the comments outlined above (paragraphs 2.13 – 2.14) and below.
- 2.16 Referring to the first bullet point relating to the implementation of early interventions and accessible and appropriate services for mental health, Members believe this area should be transferred across to Proposed Priority 3. The focus of Proposed Priority 3 is prevention, whilst Proposed Priority 4 relates to activities that are more reactive in nature.
- 2.17 Having regard to the second bullet point relating to homelessness and the effect of changes in housing benefit on vulnerable groups, Members have commented that this will be very challenging to achieve and questioned how the impact of the changes will be reduced.

(e) Proposed Priority 5 – Create a Sustainable Environment in Which Communities Can Flourish

- 2.18 Members concurred that this is an “Appropriate” priority for Cambridgeshire.
- 2.19 Having regard to the first bullet point for this Priority, Members have reiterated the previous comments that they made in respect of future proofing homes for the elderly (paragraph 2.10). Furthermore, comment has been made that large scale housing developments need to be suitable for the elderly; i.e. bungalows and two bedroom properties are appropriately located to provide access to services and facilities. In light of the fact that the JSNA identifies a key priority need for new communities to include “Provision of lifetime homes which can be adapted to the needs of residents as they become older”, Members have requested clarification to be sought from the Head of Planning and Strategic Housing as to what extent the Council’s planning

function has taken this finding into account and whether lifetime homes are a feature of current planning policy. His response is that “Lifetime homes’ is simply one of a plethora of current policy initiatives that look to influence the design and form of new housing – we obviously have regard to it but our main policy tool, to encourage sustainable design, has been the requirement for compliance with the more nationally recognised ‘Code For Sustainable Homes’ – which includes a related specific sub-requirement for compliance with the adaptation requirements contained within Lifetime Homes. This requirement is set out in our currently adopted draft policies and will be reiterated within our emerging updated New Local Plan policies.”

2.20 Members have also discussed the impact of large scale housing developments upon demand for health provision. There is a need to ensure that existing health structures and facilities are able to meet projected levels of demand and maintain appropriate service standards. Members have acknowledged that a sustainable environment is needed to enable communities to flourish.

2.21 It is recommended the third bullet point is amended to read “Maintaining effective public transport and transport networks, *within communities and between communities*, which ensure access to services and activities and reduce road traffic accidents”. This reiterates previous comments made about assisting the elderly with transportation within their own communities (paragraph 2.9 refers).

2.22 Referring to the third bullet point, Members have questioned how agencies can be involved in shaping local communities given that no reference is made to them within the Proposed Priority. It has been suggested that each agency should ensure that they are able to provide a dedicated resource/nominated individual with responsibility for community planning. This echoes previous comments made about the importance of including health and wellbeing matters within Community Plans, thereby encouraging self sustainability.

2.23 Finally, Members have queried the absence of any reference to economic growth within the Proposed Priority. The JSNA identifies demonstrable links between poorer health and economic factors such as unemployment. Economic growth should be included within this Proposed Priority.

(f) Key Markers of Achievement in Meeting Health and Wellbeing Priorities

2.24 Members are of the view that key markers might include whether agencies are working together to achieve the Proposed Priorities that have been identified, whether users experience a seamless service and whether processes are simple enough to encourage the public to use them.

(g) Other Comments

2.25 Members have acknowledged the number of Countywide and Districtwide strategies which have contributed towards the development of the draft Cambridgeshire Health and Wellbeing Strategy. They have questioned whether these Strategies have been aligned to the draft Cambridgeshire Health and Wellbeing Strategy and with each other. Furthermore, there are questions whether all these Strategies continue to be relevant and can the list be simplified. In addition, the Working Group recommends there is ongoing consultation with the public and clinicians during the life of the Strategy.

- 2.26 In acknowledging that an Action Plan will be produced once the draft Cambridgeshire Health and Wellbeing Strategy is published in October 2012, Members have questioned what the process will be for reporting upon outcomes and providing feedback to communities. Mention has also been made of the need to inform the Overview and Scrutiny Panel of progress. To facilitate local planning, Members recommend that monitoring data is collated so that analysis of it can be undertaken at a localised level.
- 2.27 With reference to the Health Profile for Huntingdonshire 2012 which was appended as an Annex to the JSNA Report, Members have questioned how the different needs within each Ward will be recognised within the Strategy. It has however been acknowledged that equality of opportunity will prevail and that resources should be targeted to those areas in need to bring them up to the same levels as the more stable areas.
- 2.28 Finally, Members have commented that Parish Councils could play an active part in influencing the Strategy by taking responsibility for the health and wellbeing needs of their respective communities. As mentioned earlier, a method for achieving this could be through Community Plans.

3. OFFICER COMMENTS

- 3.1 Since the Working Group's meeting, Officers from the Council's Housing Services have drafted their own response to the consultation. Chief Officers have requested for a corporate response to be submitted and it is therefore proposed to incorporate these comments into the final response. The Housing Strategy Manager has made the following comments:-

"In the first instance we should recognise the strategic links between good quality affordable housing in sustainable, well-functioning neighbourhoods, and health and well-being in general. We think the document recognises the impact of housing on the wider determinants of health and we are pleased to see recognition of this relationship reflected throughout the strategy.

We note that detailed outcome measures and action plans will be developed and would welcome the opportunity to influence these. The high level priorities seem appropriate but the detail on which we may have further views to make will be contained within the action plans. In terms of specific comments:

- The text on page 6 could reflect the fact that the districts of South Cambs and Huntingdonshire are projected to have the largest increases in older people.
- The document does not set out geographic priorities, for example, the Strategy may prioritise wards like Oxmoor and Eynesbury for action given their deprivation levels.
- We are pleased to see the specific focus on homelessness and housing benefit in priority 4; and on the links with housing strategies within priority 5. We would like to know how, through this document, homelessness will be reduced. We would like to see the 'particular focus' on the Housing Strategy to be reworded to be more specific on what it is actually wanting to achieve.
- Within priority 2 we support the focus on prevention. Services like Disabled Facilities Grants, minor repairs and adaptations, community alarms and

support services are all examples of ways in which housing contributes to the prevention agenda. We frequently find services of this kind to be low in cost but high in impact on the health and well-being of older people. Despite the value of these, in a financially restricted climate, preventative services can lose out. We therefore feel it is appropriate to support the draft Strategy's focus on prevention but to challenge the shadow board on how this priority will actually be implemented in practice.

- In Section 7, please note this Council's Housing Strategy spans 2012-2015 and is currently being approved. We would also suggest this Council's Homelessness Strategy and 'Huntingdonshire Matters' is added to your list."


3.2 In addition, the Head of Environmental and Community Health Services has suggested that reference should also be made that "Motivation for encouraging activity and sports should not be confined to controlling obesity. The priority 3A currently says: "increase number of adults and children with a healthy weight, using.....physical activity." But it should say "increase participation in sport and physical activity, and encourage a healthy diet, to reduce the rate of development of long-term conditions, increase the proportion of older-people who are active and can retain their independence and increase the proportion of adults and children with a healthy weight.""

4. CONCLUSION AND RECOMMENDATIONS

4.1 As tasked by the Panel, the Working Group has met to formulate a response to the draft Cambridgeshire Health and Wellbeing Strategy 2012-17. A number of comments have been made and each of the Consultation Questions have been responded to. Given the wish to ensure that a corporate response is submitted, the Panel has endorsed Sections 2 and 3 of the report as the basis for the Council's response to the consultation on the draft Cambridgeshire Health and Wellbeing Strategy 2012-17 and authorised Officers to submit the response directly to the Cambridgeshire Health and Well-Being Board. In that light, the Cabinet is

RECOMMENDED

to comment and endorse the draft response to the consultation on the draft Cambridgeshire Health and Wellbeing Strategy 2012-17 as highlighted within Section 2 and 3 of the report.

Contact Officer: Miss Habbiba Ali, Democratic Services Officer
 01480 388006
 Habbiba.Ali@huntingdonshire.gov.uk

BACKGROUND INFORMATION

Minutes and Reports of the Overview and Scrutiny Panel (Social Well-Being) held on 3rd July 2012.