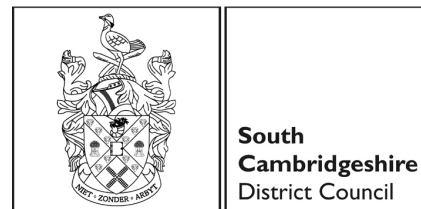


South Cambridgeshire Hall  
Cambourne Business Park  
Cambourne  
Cambridge  
CB23 6EA

t: 03450 450 500  
f: 01954 713149  
dx: DX 729500 Cambridge 15  
minicom: 01480 376743  
[www.scambs.gov.uk](http://www.scambs.gov.uk)



27 June 2012

To: Chairman – Councillor Ben Shelton  
Vice-Chairman – Councillor David Whiteman-Downes  
Members of the Scrutiny and Overview Committee – Councillors Alison Elcox,  
Jose Hales, Roger Hall, Lynda Harford, Mark Hersom, Roger Hickford,  
Douglas de Lacey, Janet Lockwood, Ted Ridgway Watt, Bridget Smith and  
Bunty Waters

Quorum: 6

**There is a pre-meeting session at 6.15pm for members of the Committee only, to plan their lines of enquiry.**

Dear Councillor

You are invited to attend the next meeting of **SCRUTINY AND OVERVIEW COMMITTEE**, which will be held in the **SWANSLEY ROOM, GROUND FLOOR** on **THURSDAY, 5 JULY 2012** at **7.00 p.m.**

Members are respectfully reminded that when substituting on committees, subcommittees, and outside or joint bodies, Democratic Services must be advised of the substitution *in advance of* the meeting. It is not possible to accept a substitute once the meeting has started. Council Standing Order 4.3 refers.

Yours faithfully  
**JEAN HUNTER**  
Chief Executive

**The Council is committed to improving, for all members of the community, access to its agendas and minutes. If you have any specific needs, please let us know, and we will do what we can to help you.**

---

## AGENDA

## PAGES

### PROCEDURAL ITEMS

- 1. Apologies**  
To receive apologies for absence from committee members.
- 2. Declarations of Interest**  
Please note that the Constitution requires that when considering any decision in respect of which a member of the Committee is subject to a party whip, the member must declare the existence of the whip. Under

the Code of Conduct, any Councillor who has a personal or prejudicial interest should declare this at the meeting.

**3. Minutes of Previous Meeting**

To authorise the Chairman to sign the Minutes of the meeting held on 29 March 2012 as a correct record. These minutes can be accessed online: <http://scamb.smodern.gov.co.uk/ieListDocuments.aspx?CId=417&MId=5459&Ver=4>

**4. Public Questions**

**5. Draft Health and Wellbeing Strategy**

Members are invited to draw on their local knowledge and the findings of the Joint Strategic Needs Assessments, to make recommendations regarding the Council's response to the Health and Wellbeing Board.

1 - 32

**6. Portfolio Holder Presentation - Environmental Services**

**7. Monitoring the Executive**

The Committee needs to appoint monitors to each portfolio and the following volunteers have come forward:

Leader:	Cllr Harford and Cllr Shelton
Finance and Staffing:	Cllr Hickford and Cllr Shelton
Corporate and Customer Services:	Cllr Hales and Cllr Harford
Environmental Services:	Cllr Elcox and Cllr Lockwood
Housing:	Cllr Hales and Cllr Waters
Northstowe:	Cllr Bridget Smith
Planning & Economic Development:	Cllr Hales
Planning Policy and Localism:	Cllr de Lacey and Cllr Bridget Smith

Scrutiny monitors are invited to inform the Committee regarding Portfolio Holder meetings attended and specifically report on:

- Issues challenged and the result
- Issues where the Committee could add further value

<b>Portfolio</b>	<b>Dates of meetings</b>	<b>Monitor(s)</b>
Housing	13 June	Jose Hales Bunty Waters
Planning Policy and Performance	3 July	Bridget Smith Douglas de Lacey

A report has been written by Cllr Bunty Waters on the Housing Portfolio Holder meeting of 13 June. A report has also been written by Cllr Bridget Smith on the Adult Wellbeing and Health Scrutiny Committee.

**8. Scrutiny Work Programme**

33 - 44

**9. To Note the Dates of Future Meetings**

The following meeting dates have been agreed for 2012/13:  
**2012: 6 September 7pm, 1 November (Finance Workshop) & 5 November 2pm**

**2013: 10 January 2pm, 11 February (Finance Workshop), 14 February 2pm, 21 March 2pm & 23 April 7pm**

The times of these meetings are to be discussed at this meeting.

### **Exclusion of Press and Public**

The law allows Councils to consider a limited range of issues in private session without members of the Press and public being present. Typically, such issues relate to personal details, financial and business affairs, legal privilege and so on. In every case, the public interest in excluding the Press and Public from the meeting room must outweigh the public interest in having the information disclosed to them. The following statement will be proposed, seconded and voted upon.

"I propose that the Press and public be excluded from the meeting during the consideration of the following item number(s) ..... in accordance with Section 100(A) (4) of the Local Government Act 1972 on the grounds that, if present, there would be disclosure to them of exempt information as defined in paragraph(s) ..... of Part 1 of Schedule 12A of the Act."

If exempt (confidential) information has been provided as part of the agenda, the Press and public will not be able to view it. There will be an explanation on the website however as to why the information is exempt.

### **OUR VISION**

South Cambridgeshire will continue to be the best place to live and work in the country. Our district will demonstrate impressive and sustainable economic growth. Our residents will have a superb quality of life in an exceptionally beautiful, rural and green environment. The Council will be recognised as consistently innovative and a high performer with a track record of delivering value for money by focussing on the priorities, needs and aspirations of our residents, parishes and businesses.

### **OUR VALUES**

We will demonstrate our corporate values in all our actions. These are:

- Trust
- Mutual respect
- A commitment to improving services
- Customer service

## **GUIDANCE NOTES FOR VISITORS TO SOUTH CAMBRIDGESHIRE HALL**

While the District Council endeavours to ensure that visitors come to no harm when visiting South Cambridgeshire Hall, those visitors also have a responsibility to make sure that they do not risk their own or others' safety.

### **Security**

Members of the public attending meetings in non-public areas of the Council offices must report to Reception, sign in, and at all times wear the Visitor badges issued. Before leaving the building, such visitors must sign out and return their Visitor badges to Reception.

### **Emergency and Evacuation**

In the event of a fire, a continuous alarm will sound. Evacuate the building using the nearest escape route; from the Council Chamber or Mezzanine viewing gallery this would be via the staircase just outside the door. Go to the assembly point at the far side of the staff car park.

- **Do not** use the lifts to exit the building. If you are unable to negotiate stairs by yourself, the emergency staircase landings are provided with fire refuge areas, which afford protection for a minimum of 1.5 hours. Press the alarm button and wait for assistance from the Council fire wardens or the fire brigade.
- **Do not** re-enter the building until the officer in charge or the fire brigade confirms that it is safe to do so.

### **First Aid**

If someone feels unwell or needs first aid, please alert a member of staff.

### **Access for People with Disabilities**

The Council is committed to improving, for all members of the community, access to its agendas and minutes. We try to take all circumstances into account but, if you have any specific needs, please let us know, and we will do what we can to help you. All meeting rooms are accessible to wheelchair users. There are disabled toilet facilities on each floor of the building. Infra-red hearing assistance systems are available in the Council Chamber and viewing gallery. To use these, you must sit in sight of the infra-red transmitter and wear a 'neck loop', which can be used with a hearing aid switched to the 'T' position. If your hearing aid does not have the 'T' position facility then earphones are also available and can be used independently. You can obtain both neck loops and earphones from Reception.

### **Toilets**

Public toilets are available on each floor of the building next to the lifts.

### **Recording of Business and Use of Mobile Phones**

The Council is committed to openness and transparency. The Council and all its committees, sub-committees or any other sub-group of the Council or the Executive have the ability to formally suspend Standing Order 21.4 (prohibition of recording of business) upon request to enable the recording of business, including any audio / visual or photographic recording in any format.

Use of social media during meetings is permitted to bring Council issues to a wider audience. To minimise disturbance to others attending the meeting, all attendees and visitors are asked to make sure that their phones and other mobile devices are set on silent / vibrate mode during meetings.

### **Banners, Placards and similar items**

No member of the public shall be allowed to bring into or display at any Council meeting any banner, placard, poster or other similar item. The Chairman may require any such item to be removed.

### **Disturbance by Public**

If a member of the public interrupts proceedings, the Chairman will warn the person concerned. If they continue to interrupt, the Chairman will order their removal from the meeting room. If there is a general disturbance in any part of the meeting room open to the public, the Chairman may call for that part to be cleared.

### **Smoking**

Since 1 July 2008, the Council has operated a Smoke Free Policy. Visitors are not allowed to smoke at any time within the Council offices, or in the car park or other grounds forming part of those offices.

### **Food and Drink**

Vending machines and a water dispenser are available on the ground floor near the lifts at the front of the building. Visitors are not allowed to bring food or drink into the meeting room.

a consultation on the

# Draft Cambridgeshire Health & Wellbeing Strategy **2012-17**





# Table of Contents

Foreword from Councillor Nick Clarke, Chair, Cambridgeshire Shadow Health & Wellbeing Board .....	3
<b>1 Introduction</b> .....	<b>4</b>
<b>2 How is the Health &amp; Wellbeing Strategy being developed?</b> ...	<b>5</b>
2.1 Developing the draft strategy: what we have done so far .....	5
2.2 The Public Consultation: how your views will inform the strategy .....	5
2.3 Community Impact Assessment .....	5
<b>3 Information about Cambridgeshire</b> .....	<b>6</b>
3.1 Who lives in Cambridgeshire? .....	6
3.2 How healthy are the people of Cambridgeshire?.....	6
3.3 How do we currently spend public money on health and social care in Cambridgeshire?.....	6
<b>4 Our Approach to improve Health and Wellbeing in Cambridgeshire</b> .....	<b>8</b>
4.1 Our Principles.....	8
4.2 Our Model of Health and Wellbeing.....	9
4.3 A Summary of our Priorities .....	10
<b>5 Our proposed priorities – why we think they are important</b> .....	<b>12</b>
5.1 <b>Proposed priority 1:</b> Ensure a positive start to life for children and families .....	12
5.2 <b>Proposed priority 2:</b> Support older people to be independent, safe and well .....	14
5.3 <b>Proposed priority 3:</b> Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices .....	16
5.4 <b>Proposed priority 4:</b> Create a safe environment and help to build strong communities, wellbeing and mental health.....	18
5.5 <b>Proposed priority 5:</b> Create a sustainable environment in which communities can flourish.....	20
<b>6 Working Together</b> .....	<b>22</b>
<b>7 Strategies related to Health &amp; Wellbeing in Cambridgeshire</b> .....	<b>23</b>
<b>8 A summary of the consultation questions</b> .....	<b>24</b>
<b>Appendix: Consultation questionnaire</b>	

# Foreword

Good health and wellbeing is fundamental to enable us to live an active and fulfilled life and play a role in our local communities. In Cambridgeshire, we are fortunate to live in a part of the country where the health of local people is generally better than the England average. Whilst this is encouraging, it can mask some real challenges. We know that some local people experience significant disadvantage and inequalities in health, which is something we must improve.

The Cambridgeshire Health & Wellbeing Board and Network will work hard to achieve better outcomes for our communities. We now need your help in shaping a bold vision and strategy that will guide our work.



With this in mind, we have produced a draft Health & Wellbeing Strategy for consultation which identifies the priority issues we believe are important for local people and outlines how we will work together effectively to tackle them. The consultation will be held between 18th June and 17th September 2012 and, later in this document, we have set out how you can get in touch with us.

Your views are important to us and we welcome your comments on this draft strategy.

**Councillor Nick Clarke**

*Chair, Cambridgeshire Shadow Health & Wellbeing Board*

# 1 Introduction

All aspects of our everyday life have an impact on our health and wellbeing: from health services through to our environment, housing, employment, education, transport and our involvement in local communities. This means that working to improve community health and wellbeing, whilst respecting people's personal lifestyle choices, is everybody's business and in everybody's interest. Throughout Cambridgeshire each of our partner organisations have strategies or action plans to address specific health and wellbeing needs. We believe that the value of our role as a Health and Wellbeing Board and Network is in identifying which issues we can influence the most **as a partnership**, for example:

- how we can address the most important local needs, now and in the future;
- how can we build on the strengths in our communities and what is working well;
- how we can best protect or include the most vulnerable people in our communities;
- how we can work together at a time of public sector financial restraint to use our resources most efficiently;
- how working together can bring the most benefit to outcomes for Cambridgeshire residents.

We recognise that there are variations across Cambridgeshire and that different parts of the county will have different needs and priorities. This means that the best solutions will often be derived through partnership working at a local level. This strategy aims to identify priorities which are shared across the county and across organisations, for which working as a Health and Wellbeing Board and Network can add most value.

The shared priorities identified in this draft strategy will help us to go outside organisational boundaries and work in creative and innovative ways to improve outcomes. The priorities will

guide our actions and shape both clinical and non-clinical commissioning decisions.

An important objective of the Health & Wellbeing Board is to communicate, listen and engage with the communities we serve. This consultation is being conducted to seek genuine, open feedback and views from across Cambridgeshire. We expect that the views of local residents and organisations will significantly influence the priorities in this draft – the Board seeks and welcomes this input to improve our strategy. We aim to develop a final strategy which is responsive to local needs, views and gains shared commitment by all partners.





## 2 How is the Health & Wellbeing Strategy being developed?

### 2.1 Developing the draft strategy: what we have done so far

We have developed this draft strategy using:

#### a) National and local evidence of health needs as measured, analysed and reported in the Cambridgeshire Joint Strategic Needs Assessment

(<http://www.cambridgeshirejsna.org.uk>)

We used the Joint Strategic Needs Assessment (JSNA), which is an analysis of data, information, and intelligence from local and national sources, jointly produced by Cambridgeshire County Council and Cambridgeshire Primary Care Trust (NHS Cambridgeshire). The JSNA includes information about a wide range of health and wellbeing indicators, the views of the local people, and examples of effective practice along with identifying gaps and areas for development.

#### b) Existing local strategies and plans (see Section 7)

We compiled a list of the strategies which are most relevant to health and wellbeing from county-wide or local partnerships, NHS organisations, and County and District councils.

#### c) Stakeholder event to identify the current priorities of local partnerships and organisations

We asked people from a range of different organisations and groups to use their local knowledge and expertise to identify key areas which are most important for health and wellbeing locally, and to think about what principles should guide decisions about priorities.

### 2.2 The Public Consultation: how your views will inform the strategy

The consultation will run from 18th June to 17th September 2012. This gives you an opportunity to tell us what you think about whether we have identified the right priorities, how we should tackle these and where we should focus our resources. Throughout the consultation period residents will be able to submit their opinions via an online questionnaire or completing and posting a paper questionnaire. The consultation questionnaire can be found in the appendix. Presentations will be given at a number of events throughout the county to engage local residents and stakeholders.

The priorities we have identified in this strategy will be reviewed and re-evaluated in light of the comments and feedback we receive from the public consultation. This will enable us to confidently produce a shared strategy which reflects what matters most to organisations and communities in Cambridgeshire. It will be reviewed and refreshed periodically to reflect progress. The Health and Wellbeing Strategy will help to inform the strategic and annual plans of the Cambridgeshire and Peterborough Clinical Commissioning Group. In this way, we can ensure that clinical commissioning in the NHS reflects the wider health needs of our community. The final strategy will be agreed and published in October 2012 and will be supported by more detailed outcome measures and action plans for the confirmed priorities over the next five years.

### 2.3 Community Impact Assessment

A Community Impact Assessment of the draft strategy has been conducted. This is a process designed to evaluate the potential impacts on all individuals in Cambridgeshire and ensure that the strategy and associated actions do not discriminate against any disadvantaged or vulnerable people. This will be reassessed for the revised final strategy.

## 3 Information about Cambridgeshire

### 3.1 Who lives in Cambridgeshire?

Approximately 605,000 people live in Cambridgeshire. Of these, approximately 105,000 people are under 15 years of age, and 99,000 people are over the age of 65. Within the next five years, the population of Cambridgeshire is expected to grow further and by 2016 there are forecast to be another 37,000 people living in the county, with the largest increases expected in Cambridge City and South Cambridgeshire. We are expecting to see a significant rise in the population of older people across the whole county. Between 2010 and 2021 the number of people aged 65 and over in Cambridgeshire is predicted to increase by 44%.

Cambridgeshire County as a whole is among the 20% least socio-economically deprived top tier local authorities in England. At District Council level, there is variation; South Cambridgeshire and Huntingdonshire are both within the 20% least deprived second tier authorities nationally, while Fenland is in the 40% most deprived.

Most local authority areas in Cambridgeshire have a mainly white population. Cambridge City has higher proportions of minority ethnic groups than the England average, many of whom are students and professionals. Cambridgeshire

also has a considerable number of Travellers and migrant workers within the county.

Some groups of people across the county are particularly vulnerable both to suffering from socio-economic deprivation and to the consequences of this deprivation. For example older people, people with disabilities, people who are on low incomes or unemployed, Travellers, homeless people and rural migrant workers.

### 3.2 How healthy are the people of Cambridgeshire?

In Cambridgeshire, overall health and life expectancy are well above the national average. Life expectancy at birth for men is 80.1 years and for women is 83.9 years. Death rates from all causes and early death rates from cancer, heart disease and stroke have fallen and are better than the England average. But these major diseases still have a considerable impact on health and wellbeing which could be reduced through healthier lifestyles and choices.

Within this picture, there are health inequalities across the county. These are closely linked with socio-economic circumstances and are more concentrated in Fenland, the north and east of Cambridge City, North Huntingdon and the north of East Cambridgeshire, where lower

levels of skills, income and greater health inequalities than the rest of Cambridgeshire are experienced. People in the more socio-economically deprived areas of Cambridgeshire have a life expectancy which is 6.5 years lower for men and 4.9 years lower for women compared to people in the least deprived areas. Improving the health of the worst off fastest is a theme throughout this strategy.

More information about health in Cambridgeshire is available at [www.cambridgeshirejsna.org.uk](http://www.cambridgeshirejsna.org.uk)

### 3.3 How do we currently spend public money on health and social care in Cambridgeshire?

This Health and Wellbeing Strategy is being developed at a time of significant public sector financial restraint. A key aim of this strategy is to support public sector organisations to work and commission together so that their combined resources can be used to best effect to achieve outcomes for Cambridgeshire residents.

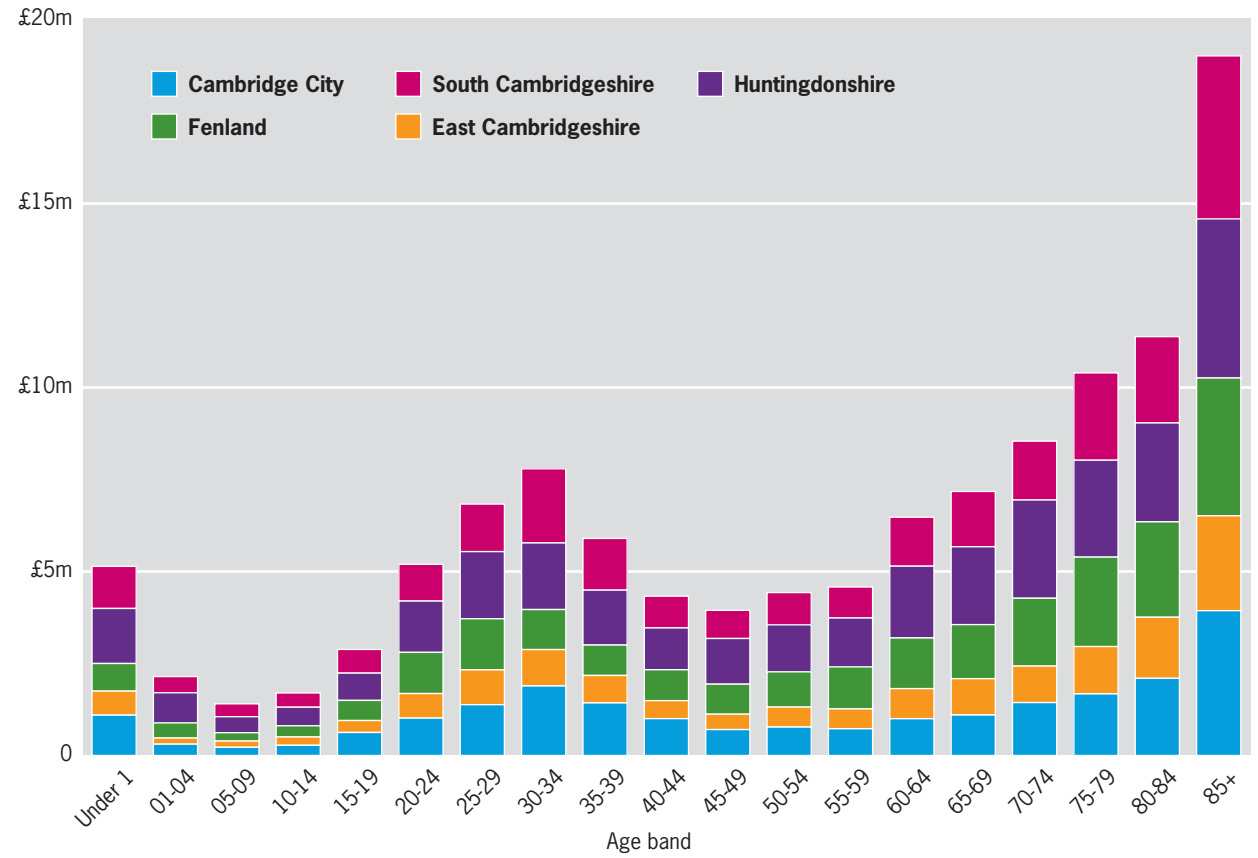
During the financial year 2010/11, NHS Cambridgeshire spent £872 million on health services for Cambridgeshire patients. Nearly half of this spend was on hospital services including specialist services (£432m, 49%), followed by primary care (£192m, 22%) which

includes GP practice services and the drugs prescribed by GPs. A tenth of spend (£84m, 10%) was on community health services and another tenth (£83.5m, 10%) on mental health and learning disability services.

The total adult social care budget for Cambridgeshire County Council for the financial year 2011/12 was £182 million. Of this, over two fifths (£78.8m, 43%) was for social care for older people aged 65+ and over a quarter (£49m, 28%) was for social care for people with learning disabilities.

The budget allocation for Cambridgeshire County Council Children and Young People's Services for 2011/12 was £133 million, excluding direct spend on schools. Nearly a quarter (£29.9m, 22%) was for looked after children, over a sixth (£22.9m, 17%) for other social care for children, including services for disabled children, and an eighth (£16.8m, 13%) was for locality teams, including children's centres and youth services, which provide preventive interventions for children, young people and their families.

In order to better understand how resources are currently used across different agencies and services to meet the needs of older people in Cambridgeshire, we carried out a [JSNA Service and Financial Review](#), which gathered information



**Figure 1:** Unplanned (emergency) hospital admissions – total resource use by age group, 2010/11 (Note: PBR spend tariff only)

from NHS services, adult social care, district councils and the voluntary sector. This showed that nearly half (45%) of resources used for NHS hospital care were for people aged 65+, which is to be expected as people are more likely to develop health problems and long term conditions with increased age. Further analysis showed that while resources used for planned hospital admissions were highest for people aged

60-74, resources used for unplanned hospital admissions (see Figure 1) and for placements in nursing and residential home care were highest for the very oldest age groups. This analysis raises the question of whether the needs of our most elderly and frail residents would be better met by shifting resources into more responsive and integrated health and social care services, based within communities.

# 4 Our Approach to improve Health and Wellbeing in Cambridgeshire

## 4.1 Our principles

Stakeholders from health and social care organisations, County and District Councils and local voluntary organisations agreed a number of principles which helped us to decide on the five priorities we will focus on in the next three years, and will inform how we work together and develop actions to achieve these priorities. These principles are:

### 1. Reducing inequalities and improving the health of the worst off fastest

Whilst working to improve everyone's health, we will strive to reduce inequalities in healthy life expectancy between communities by improving the health of the worst off fastest.

### 2. Using evidence-based practice and responding to local information

We will use public health evidence and local information and views to make sure that we focus on significant health and wellbeing needs in Cambridgeshire to provide the best possible services and support, building on what works and stopping what isn't working.

### 3. Developing cost-effective solutions and improving efficiency

We will aim to use solutions which have the greatest impact for the most people, at the appropriate cost, taking account of the available resources and the constraints on public finances. We will try new approaches or ideas where there is a limited evidence base and support robust evaluation of services and programmes.

### 4. Focusing on prevention

Wherever possible we will take actions which support the prevention of poor health and wellbeing outcomes – this may be by encouraging healthy communities and lifestyles in general while respecting people's personal choices, or by supporting people with long term conditions, to prevent their health problems worsening.

### 5. Emphasising local action and responsibility

Different age groups and communities will have different needs for information, prevention of poor health, and health and social care for the most vulnerable. This strategy recognises the importance of using local solutions. We will encourage individuals and communities to take responsibility for making healthy choices and identifying the services they need, and to build on existing strengths and resources in the community including local voluntary organisations. We will offer our residents choice, control and encourage their participation.

### 6. Sustainability

We will ensure that our services are sustainable to protect our environment and resources, ensuring that changes are made which will create long term positive change, taking into account long term challenges

## 4.2 Our Model of Health and Wellbeing

Maintaining health and wellbeing is important for individuals to maximise their potential, enable them to lead active, fulfilled lives and participate fully in their local community. Physical and mental health are closely linked and both are important for wellbeing.

Figure 2 illustrates how lots of different aspects of our environment and community have a significant impact on our health and wellbeing and influence our behaviour. These include employment, education, housing, local community space or green areas, and transport. The health and behaviours of an individual are influenced more widely by the communities in which they live: their social networks, perception of safety and ability to contribute to the local neighbourhood. Our approach to health and wellbeing includes recognising that the best way to ensure participation, sustainability, and ownership of local initiatives is to work directly with local communities to enable them to develop local services and activities that are important to them and their community.

When people are experiencing problems with their health or with caring for themselves, we will work together to ensure that appropriate local health and social care services are

available to support people when they are needed. We will aim to ensure that these are integrated, and focussed on the needs of the individual person.

**Figure 2:** Model of wider determinants of health & wellbeing



**Source:** Modified from Dahlgren & Whitehead's rainbow of determinants of health (G Dahlgren and M Whitehead, Policies and strategies to promote social equity in health, Institute of Futures Studies, Stockholm, 1991) and the LGA circle of social determinants (Available at: [http://www.local.gov.uk/web/guest/health/-/journal\\_content/56/10171/3511260/ARTICLE-TEMPLATE](http://www.local.gov.uk/web/guest/health/-/journal_content/56/10171/3511260/ARTICLE-TEMPLATE))



### 4.3 A Summary of our Priorities

The Health & Wellbeing Board and Network will focus on these five priorities to improve the physical and mental health and wellbeing of Cambridgeshire residents. In particular, within each of these priorities, we will work to improve the health of the worst off fastest, through greater improvements in more disadvantaged communities and marginalised groups.

#### 1. Ensure a positive start to life for children.

##### This includes a particular focus on:

- Supporting positive and resilient parenting, particularly for families in challenging situations, to develop emotional and social skills for children.
- Encouraging a multi-agency approach to identify children in poverty, with complex needs or with parents who are experiencing physical or mental health problems and taking appropriate action to support families and children.
- Developing integrated services across education, health and social care which focus on the needs of the child in the community, as well as for growing numbers of children with the most complex needs.
- Creating positive opportunities for young people to contribute to the community and raise their self-esteem.

#### 2. Support older people to be safe, independent and well.

##### This includes a particular focus on:

- Preventative interventions which reduce unnecessary hospital admissions for people with long term conditions and improve outcomes e.g. through falls prevention, stroke and cardiac rehabilitation.
- Integrating services for frail older people and ensuring that we have strong community health and care services tailored to the individual needs of older people, which minimise the need for long stays in hospitals, care homes or other institutional care.
- Timely diagnosis and inter-agency services for the care and support of older people with dementia and their carers.

### 3. Encourage healthy lifestyles and behaviours in all actions and activities whilst respecting people's personal choices.

#### This includes a particular focus on:

- Increasing the number of adults and children with a healthy weight, using a range of interventions to encourage healthy eating and physical activity.
- Reducing the numbers of people who smoke – by discouraging young people from starting and supporting existing smokers to quit.
- Promoting sexual health, reducing teenage pregnancy rates and improving outcomes for teenage parents and their children.
- Ensuring that people with long term conditions receive appropriate healthy lifestyle support services.
- Increasing the engagement of individuals and communities in taking responsibility for their health and wellbeing.

### 4. Create a safe environment and helping to build strong communities, wellbeing and mental health.

#### This includes a particular focus on:

- Implementing early interventions and accessible and appropriate services for mental health.
- Reducing homelessness and addressing the effect of changes in housing benefit on vulnerable groups.
- Minimising the negative impacts of alcohol, illegal drugs and associated anti-social behaviour on health and wellbeing.
- Reducing abuse and neglect – particularly domestic abuse.

### 5. Create a sustainable environment in which communities can flourish.

#### This includes a particular focus on:

- Encouraging and informing consideration of health needs associated with housing when strategies and plans are being developed and refreshed.
- Encouraging the use of green, open spaces and activities such as walking and cycling.
- Maintaining effective public transport and transport networks which ensure access to services and activities and reduce road traffic accidents.
- Building on the strengths of local communities, including the existing local voluntary sector, and promoting inclusion of marginalised groups and individuals.

## 5 Our proposed priorities – why we think they are important

### 5.1 Proposed priority 1

#### Ensure a positive start to life for children and families

The [Joint Strategic Needs Assessment \(JSNA\) for Children & Young People](#) provides an overview of key issues and needs for children and young people currently living in Cambridgeshire. We know that the first few years of life have a significant impact on the health and wellbeing of children for the rest of their lives. It is therefore vitally important that we help to support the early development of healthy behaviours and foster a supportive community for parents and families, to give children the best opportunities in life. An essential component of this is positive and supportive parenting. This is particularly important for parents experiencing poor physical or mental health or in poverty. There is now a range of effective ways to support parents – from low-cost interventions for all parents, through to intensive programmes to support those families most in need.

In Cambridgeshire, there are children growing up in poverty in every town and village. Despite the affluence of much of the population, there

are pockets of real deprivation as well as disadvantaged families living within prosperous areas. Based on 2009 figures, 16,455 children (13.3% of the total) live in relative poverty (families whose income is at or below 60% of the national average) in Cambridgeshire<sup>1</sup>. This represents an increase which is 1,365 children from 12.5% in 2008. Children living in areas of deprivation are exposed to multiple social factors which adversely affect their health, educational attainment and life chances. Children from poorer families living in more prosperous areas are also at risk of poorer outcomes. National evidence shows that



children growing up in poverty are two and a half times more likely to suffer chronic illness and almost four times more likely to suffer mental health problems<sup>2</sup>.

Action to tackle poverty is a key strand within the Children's Trust programme and there are specific opportunities where the Health & Wellbeing Board and Network can encourage all partners to identify and reach families vulnerable to poverty or with high or complex needs. This includes both a concerted effort to identify children who are at risk of poverty or in challenging situations, tackling the challenges of worklessness, work poverty and poor housing, and working together to ensure these families can access effective, high-quality services and support. This also links closely to the importance of creating a safe and supportive environment (Proposed priority 4) and the positive effect on families of tackling drug and alcohol abuse and preventing abuse and neglect, particularly domestic abuse.

In Cambridgeshire, there are key inequalities in outcomes for children and young people, and these are demonstrated in a number of indicators, including attainment rates across all

<sup>1</sup> Cambridgeshire's Child Poverty Needs Assessment 2011. Available at: <http://www.cambridgeshire.gov.uk/childrenandfamilies/providingchildrenservices/children/strategiesandplansforchildren/default.htm>

<sup>2</sup> D.Hirsch and N. Spencer (2008), *Unhealthy Lives: intergenerational links between child poverty and poor health in the UK*

<sup>3</sup> JSNA Children & Young People. Available at: [http://www.cambridgeshirejsna.org.uk/webfm\\_send/121](http://www.cambridgeshirejsna.org.uk/webfm_send/121)





key stages of education, rates of unhealthy weight, childhood deaths and injuries<sup>3</sup>, and rates of young people becoming NEET (not in education, employment or training). Cambridgeshire is experiencing rapid demographic growth and in parts of the county numbers of children are rising rapidly. The number of children with Special Educational Needs is also rising. It is not only an economic necessity, but critical to the best outcomes for these children that education, health and social care services work together to assess, plan and support these children and their families.

Tackling youth unemployment is important if we are to grow the local economy, and increasing the participation of 16-18 year olds in education, work and training improves their life chances and makes a lasting difference. Around 5% of 16-18 year olds in Cambridgeshire are not in education, employment or training (NEET). For young people with learning difficulties and/or disabilities (LDD), this percentage rises to 8.4%. Tackling this problem also requires interventions during the school years to ensure all children achieve their potential.

#### Our focus will be to:

- Support positive and resilient parenting, particularly for families in challenging situations, to develop emotional and social skills for children;
- Encourage a multi-agency approach to identifying children in poverty, with complex needs or with parents who are experiencing physical or mental health problems and taking appropriate action to support families and children;
- Developing integrated services across education, health and social care which focus on the needs of the child, in the community as well as for growing numbers of children with the most complex needs;
- Create positive opportunities for young people to contribute to the community and raise their self esteem.

## 5.2 Proposed priority 2

### Support older people to be independent, safe and well

People in Cambridgeshire are living longer and the number of people over 65 is set to grow by approximately 44% in the next 10 years and 80% in the next 20 years. We know from the [Joint Strategic Needs Assessment \(JSNA\) for Older People](#) that most older people in Cambridgeshire are in good health, but over a lifetime can expect to spend longer in poor health and with disability than previous generations. The [JSNA on Physical and Sensory Impairment and Long-Term Conditions](#) also provides local information on a variety of long term conditions, a large proportion of which affect people over 65 years. Although 40% of older people do not have a long term condition such as diabetes, hypertension, coronary heart disease or asthma, many people live with a long term condition that limits their ability to cope with day to day activities. Recent JSNA work which analyses how different agencies use resources to meet the needs of our oldest residents is described in section 3.3. This indicates that resources may need to be used differently to provide more responsive and



integrated health and social care services, based in communities for our most elderly and frail residents.

We want to support older people in Cambridgeshire to live healthy lives, engaged and empowered to make decisions about their own health and wellbeing and play active roles within their local communities. In addition we want to continue providing services for older people that are effective, cost-effective and valued by service users and carers as the number of older people living in the county increases. This aim for the older population in Cambridgeshire drives two main themes:

- Prevention of ill health and promotion of good health (see Proposed priority 3);
- Reconfiguration and integration of services to support people to live in a community setting as long as possible, avoid admission to hospital, and return to a community setting after discharge from hospital.

We need to employ a whole system approach to prevention, early intervention and cost-effective services to enable any individual requiring help to stay independent for as long as possible. One particular example is the prevention of falls. In the very elderly



population (aged 85+), falls leading to hip fractures is the most common diagnosis for emergency admission to hospital. Compared to the East of England, Cambridgeshire has a higher number of falls amongst older people: around one third of people aged 65 and older, and one half of people aged 85 and older will fall once a year. For frail older people with health and social care needs, we aim to integrate services across organisations to focus on the needs of the individual, ensuring that we have strong community health and social care services, which minimise the need for long stays in hospital or other institutional care.

Local integrated services and support for older people with long term conditions, including mental health issues can also be improved. For example, to facilitate timely recognition and support for individuals with dementia which affects 20% of people over 85, and 5% over 65. In Cambridgeshire the number of people who have dementia is expected to double from 7,000 to 14,000 over the next 20 years.

Older people in Cambridgeshire are most concerned about income, transport and social

inclusion, access to information on services and activities, housing and help in the home. Fewer than 30% of people felt that residents are given the support they need to live at home as long as they want<sup>4</sup>. The role of communities is important. 85% of older people do not access social care services and most care and support provided to older people is unpaid and informal. The number of older people experiencing difficulty in managing alone at least one domestic task (for example shopping, jobs involving climbing, floor-cleaning) is expected to almost double from 40,800 to 74,500 in the next 20 years. If current patterns of need and care are applied to the increasing numbers of older people, the provision of services will be unsustainable<sup>5</sup>.

Older people make a valuable contribution to their local community. It is important that we capture contributions of older people and identify ways we can support, expand and utilise these assets in Cambridgeshire. This also links closely to ensuring a safe and accessible environment where older people can play an active role in community and local activities (linked to Proposed priorities 4 and 5).

#### Our focus will be:

- Preventative interventions which reduce unnecessary hospital admissions for people with long term conditions and improve outcomes e.g. through falls prevention, stroke and cardiac rehabilitation.
- Integrating services for frail older people and ensuring that we have strong community health and care services tailored to the individual needs of older people, which minimise the need for long stays in hospitals, care homes or other institutional care;
- Timely diagnosis and inter-agency services for the care and support of older people with dementia and their carers.

<sup>4</sup> JSNA Older People. Available at: [http://cambridge.newcastlejsna.org.uk/webfm\\_send/143](http://cambridge.newcastlejsna.org.uk/webfm_send/143)

<sup>5</sup> JSNA Older People. Available at: [http://cambridge.newcastlejsna.org.uk/webfm\\_send/143](http://cambridge.newcastlejsna.org.uk/webfm_send/143)

### 5.3 Proposed priority 3

#### Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices

There is good evidence of the links between lifestyle behaviours and health. Long term smoking causes a range of cancers and circulatory disease and reduces life expectancy by an average of ten years. Sedentary behaviour, poor diet and obesity are closely linked to the development of diabetes, heart disease, joint and back problems and depression. Use of alcohol above recommended limits leads to a range of longer term health problems including high blood pressure, liver disease and mental health issues, as well as often contributing to antisocial behaviour and crime in local communities.

We know from the [Joint Strategic Needs Assessment \(JSNA\) on the Prevention of Ill Health in Adults of Working Age](#) that a large number of people in Cambridgeshire have lifestyle factors which will adversely affect their health. Obesity

both for children and adults, smoking rates, lack of physical activity and harm due to alcohol are all key areas where current levels are likely to have long term health consequences. In Cambridgeshire about 20% of local adults are smokers<sup>6</sup>: Fenland has the highest rates where 26.7% of the population is estimated to smoke. Nearly 30% of men drink more than the recommended limits, with the highest rates being found in Cambridge City and Fenland<sup>7</sup>. Estimates suggest that less than half of local adults eat more than five portions of fruit and vegetables per day and only 50% of men and 43% of women have high levels of physical activity<sup>8</sup>.

Most of us know some of the everyday things we can do to improve our own health and life expectancy. Yet not everyone is able to make healthy decisions or adopt healthy behaviours. A number of factors can influence this from individual experiences to wider environmental factors which influence our behaviour such as the housing in which we live, transport that we can access, or community support we enjoy. These wider determinants of health are also closely linked to the gap in health between the rich and the poor. We know, for example, that

as people become more affluent they are more likely to adopt healthy behaviours. Preventing ill health requires integrated approaches that bring together these wider determinants of health and how people choose to live their lives when healthy or when suffering from ill health.

There are a number of ways in which we can encourage individuals towards positive lifestyle change. Encouraging healthy lifestyles and behaviours in children can have a big impact, as it is likely that these habits and activities will last a lifetime. Childhood obesity and teenage smoking are considerable challenges that can be met by schools, health services, social care services, environment teams and local communities working closely together, encouraging peer support and leadership from children and young people themselves. We can also encourage and support older people to make healthy lifestyle choices, such as remaining physically active.

Raising awareness of risks and early signs of disease so that early treatment can be given, can help to improve both physical and mental health. For people who already have health problems, there are lifestyle changes which can

<sup>6</sup> Source: Integrated Household Survey (April 2011) (In JSNA Older People)

<sup>7</sup> Source: NWPFO LAPE <http://www.lape.org.uk/>. (In JSNA Older People)

<sup>8</sup> JSNA Prevention of Ill Health in Adults of Working Age. Available at: [http://www.cambridgeshirejsna.org.uk/webfm\\_send/142](http://www.cambridgeshirejsna.org.uk/webfm_send/142)

slow or halt the rate at which these problems worsen. We want to make sure that the way we provide treatment or care increases people's control over their own health and enables them to minimise the impact of ill health on their lives. We can also do much to promote sexual health where there is a clear link with poverty and social exclusion. Teenage pregnancy remains a priority

for action, associated with health inequalities and poor social, economic and health outcomes for both mother and child. Despite the fact that teenage pregnancy rates in Cambridgeshire remain below the national average, there is still room to reduce them and opportunities to better support teenage parents and their children.



#### Our focus will be to:

- Increase the number of adults and children with a healthy weight, using a range of interventions to encourage healthy eating and physical activity;
- Reduce the numbers of people who smoke – by discouraging young people from starting, and supporting existing smokers to quit;
- Ensure that people with long term conditions receive appropriate healthy lifestyle support services;
- Promote sexual health, reduce teenage pregnancy rates and improve outcomes for teenage parents and their children;
- Increase the engagement of individuals and communities in taking responsibility for their health and wellbeing.



## 5.4 Proposed priority 4

### Create a safe environment and help to build strong communities, wellbeing and mental health

As described in the [Mental Health Joint Strategic Needs Assessment \(JSNA\)](#), supporting good mental health and emotional wellbeing are fundamental to achieving good health, wellbeing and quality of life. Mental wellbeing impacts on how we think, feel, communicate and understand. It enables us to manage our lives successfully and live to our full potential. Mental health and physical health are strongly linked. Coping with a physical problem such as a long term condition can contribute significantly to mental health and wellbeing. Conversely, over two thirds of people with a persistent mental health problem also have a long-term physical complaint.

It is well recognised that social and health inequalities can both result in and be caused by mental ill health. Travellers, migrant workers, prisoners, people with substance misuse problems and people with learning disabilities are at increased risk of mental ill health and

may have difficulty accessing services and health promotion<sup>9</sup>. Migrant workers and black and minority ethnic communities are also vulnerable and may have barriers to accessing mental health services. Many of the risk factors for mental health and illness are linked to socio-economic circumstances. There is more work to be done in mapping areas of deprivation and ensuring that mental health service provision is targeted appropriately. We also know that chronically excluded homeless people often have poor outcomes, poor physical and mental health, and drug, alcohol and social problems<sup>10</sup>. Making the transition out of homelessness can be an intensely difficult process and their complex needs require well co-ordinated services and support from a variety of different organisations.

As well as stressing the importance of addressing wellbeing needs for the whole population, it is important to give attention to the wellbeing of people with serious mental health problems. Many interventions can have a positive impact throughout the spectrum of mental health and wellbeing needs. Interventions to increase individual, family and community resilience against mental health



problems include those which reduce inequalities, prevent violence, reduce homelessness, improve housing conditions, support debt management, and promote employment. A persistent theme from both the data trends and the community consultation is that despite the generally positive wellbeing and health statistics for Cambridgeshire as a

<sup>9</sup> JSNA Mental health. Available at: [http://cambridge.newcastlejsna.org.uk/webfm\\_send/58](http://cambridge.newcastlejsna.org.uk/webfm_send/58)

<sup>10</sup> JSNA for people who are homelessness or at risk of becoming homeless. Available at: [http://www.cambridgeshirejsna.org.uk/webfm\\_send/110](http://www.cambridgeshirejsna.org.uk/webfm_send/110)

whole, the current economic climate has created some new areas of concern.

Unemployment rates, benefits claims, and debt have increased in Cambridgeshire in recent years, all of which may impact on people's mental health and longer term physical health. There is early evidence of an increase in rising levels of poor mental health amongst vulnerable parents for example. There is also a particular concern with the availability and affordability of housing, increasing levels of fuel poverty, and changes to the benefits system.

There is evidence that strong social networks help to protect people against physical and mental health stressors. Actions to develop sustainable, cohesive and connected communities have an important role in promoting good mental health and wellbeing.

Therefore it is clear that part of maintaining resilience involves creating a safe environment for residents to participate in community activities and particularly for children to have safe places to play and access to positive activities<sup>11</sup>. Crime, particularly violent crime, is

linked to mental health. They may have similar determinants such as drugs, alcohol and deprivation and victims of crime are more likely to suffer mental health problems such as depression. In addition to the impact alcohol can have on the health of an individual, alcohol misuse increases the risk of an individual becoming involved in crime, either as a victim or offender. Antisocial behaviour has also been identified as an area of concern for local communities and can force some individuals or communities to live in fear and social isolation. Tackling this involves understanding why people (especially young people) commit crime or act antisocially and engaging with communities to encourage social responsibility. There are many types of abuse or neglect, but domestic abuse continues to be a particular problem. 7,718 individual reports of domestic violence were made to the police in 2010/2011. Domestic violence is the most common form of violence in rural areas and is the most frequently reported reason for referrals to Children's services in Cambridgeshire.

#### Our focus will be to:

- Implement prevention, early interventions and accessible, appropriate services for mental health, particularly for people in deprived areas;
- Reduce homelessness and address the effect of changes in housing benefit on vulnerable groups;
- Minimise the negative impacts of alcohol and illegal drugs and associated anti-social behaviour on health and wellbeing;
- Reduce abuse and neglect – particularly domestic abuse.

<sup>11</sup> The Big Plan 2: [www.thebigplan2.co.uk](http://www.thebigplan2.co.uk)



## 5.5 Proposed priority 5

### Create a sustainable environment in which communities can flourish

It is recognised that transport, green spaces and the built environment play a key role in determining our health and wellbeing. The importance of the wider local economy, and the health benefits to individuals of being in employment are also well known. The [New Communities Joint Strategic Needs Assessment \(JSNA\)](#) describes how that quality of our communities' health and wellbeing is linked to the quality of their environment. For example:

- Good quality, affordable and accessible housing is important to people's health and wellbeing including housing adapted to meet the needs of people as they age or when they develop a disability;
- Exposure to green spaces is good for health, can improve mental wellbeing and may stimulate more social contact;
- Transport planning can enhance health by promoting active transport (such as cycling and walking), reducing road traffic accidents, facilitating social interaction, and improving access to green spaces, fresh



- food and other amenities and services that promote health and wellbeing;
- Building structures and transport systems that reduce or minimise air and noise pollution have clear health benefits in terms of respiratory illness and stress related conditions;

- It is critical to provide good community facilities for young families moving into new communities with lots of open play space, as this minimises the chances of isolation and depression.
- The provision of safe, continuous cycling and walking networks can also help to improve

quality of life and wellbeing of vulnerable groups in the community such as young people and help them to access key services such as health care, leisure and recreational facilities.

We will continue to work with District Councils and with housing providers including registered social landlords to consider the short and long term impacts of housing on the physical and mental health and wellbeing of residents. We will ensure that health and wellbeing is an integral part of our planning process for new communities or new environmental spaces, considering the benefits: of lifetime homes so that people are not excluded by design when they become older or frailer; of ensuring access to green spaces; and of support to develop community networks at an early stage.

Ability to access transport, particularly in rural areas, can affect access to health services, local amenities and green spaces and may also affect people's ability to access their social networks, which are important for maintaining mental and physical health. Nearly one in five of Cambridgeshire's population do not have access to a car or van. The County Council's [Local Transport Plan](#) sets out the vision that no

one in the county is unable to access the services and facilities they need to participate in community life, take advantage of life choices and to lead a healthy lifestyle because they do not have access to a car. The Health and Wellbeing Board and Network recognises that partners need to work together to ensure services are provided in such a way that transport is not considered a barrier to accessing them.

We recognise that new communities do not develop in isolation from existing communities and the character of new communities is determined by much more than the physical infrastructure. Community development approaches enable those in similar need to work together to seek changes and solutions in their environment as part of a bottom up rather than top down approach to improvement. Sharing community resources and supporting systems that promote mutual support are crucial in developing this social capital. Stronger community networks play an essential role in supporting vulnerable families and individuals. Good communications using existing networks and routes are central in promoting this type of community-based prevention.

#### Our focus will be to:

- Ensure that housing and development strategies for new and existing communities identify the health and wellbeing impacts for residents in the short and long term;
- Promote the use of green, open spaces and activities such as walking and cycling;
- Maintain effective public transport and transport networks which ensure access to services and activities and reduce road traffic accidents;
- Build on the strengths of local communities, including the local voluntary sector, to enhance social cohesion, and promote social inclusion of marginalised groups and individuals.

## 6 Working Together

In many ways, these five priorities are not new. Health and social care organisations have been striving to achieve these changes for a long time. What is new, is the ambition of the Health and Wellbeing Board and Network to tackle some of these priorities through organisations working together in new ways or with fresh approaches. It is important that we continue to challenge our ways of working and understand whether we are using the right approach and how we can more effectively link together.

### Joined up commissioning

To improve health and wellbeing and improve the health of the worst off fastest we will need to think about the whole picture and how we can shape the services and support we provide to meet the needs of different communities.

The County Council and local NHS will aim to work closely with our partners in District Councils and Local Health Partnerships, the Police Service and Criminal Justice System, the Voluntary sector and local community groups.

When considering commissioning of services from the community sector, where possible we will enter into joint funding arrangements with those statutory agencies already providing funding to add value and avoid duplication of monitoring and reporting.

### Using resources differently

This strategy is being developed during a period of public sector resource constraint. To make a difference we will need to change the way we use resources and re-think how we commission and deliver services across health and social care and other relevant services, in order to achieve better outcomes and effectively meet increasing levels of need. We aim to find new ways of working with aligned or shared budgets and using our combined resources more effectively together, to get best value across the local public sector.

### Local and collaborative effort

We will continue to engage and involve all partners and the local community in decision-making and strive for open, honest conversations. We aim to maximise effective health networks across Cambridgeshire to ensure effective communication.

# 7 Strategies related to Health & Wellbeing in Cambridgeshire

This is a list of strategies and plans in Cambridgeshire that impact on health and wellbeing. They have all contributed to the development of this strategy and will inform the actions we will take to deliver the strategy. We are aware that we may have missed some strategies from this list. Please do let us know of any other strategies that should be included.

## County-wide strategies

- Cambridgeshire County Council Integrated Plan (Strategic Framework)
- NHS Cambridgeshire: A Strategic Plan for Cambridgeshire
- Cambridgeshire Policing Plan
- Shaping our Future – Adult Social Care Strategy
- Transformation Strategic Plans
- Prevention & Early Intervention Strategic Plan
- Universal Information & Advice
- Participation
- Promoting Direct Payments
- Quality Assurance Framework (Draft)
- Workforce Development Strategy
- Quality for Adults Programme (Project Trinity)
- Re-ablement
- Commissioning Strategies
- Joint Commissioning Strategy for Older Peoples Mental Health Services
- Physical Disability & Sensory Service
- Learning Disability Strategic Plan
- Older People
- Community Engagement Programme
- Adult Safeguarding Strategy
- Assistive Technology Strategy
- Carer's Strategy
- Extra Care Strategy
- Supporting People Commissioning Strategy
- Looked After Children placements Strategy: 'Keeping families together'
- Child Poverty Strategy: Breaking the Cycle
- Narrowing the Gap: Cambridgeshire's Strategy to raise the attainment of vulnerable groups

- Early Years Strategy
- Special Educational Need and Disability Strategy
- Child and Adolescent Mental Health Strategy
- Shaping Places, Shaping Services – Cambridgeshire County Council's approach to community engagement
- 21st Century Library Vision & Programme
- Cambridgeshire Alcohol Harm Prevention Strategy
- Cambridgeshire Obesity Prevention & Management Strategy 2008-2011
- Cambridgeshire County Council Road Safety Strategy (revised 2011)
- Cambridgeshire Green Infrastructure Strategy 2011
- Cambridgeshire Domestic Abuse and Sexual Violence Strategy 2012-2015
- Cambridgeshire Tobacco Control Alliance Action Plan 2010 – 2011
- Cambridgeshire Gypsy & Traveller Strategy
- Health Inequalities Strategy Plan
- NHS Cambridgeshire Mental Health Promotion Strategic Action Plan
- NHS Cambridgeshire Sexual Health Strategy

## District-level strategies

- Cambridge City and South Cambridgeshire Improving Health Plan 2008-2011
- Cambridge City Home Energy Strategy & Cambridge City Affordable Warmth Policy
- Cambridge City Housing Strategies
- Cambridge City Open Space and Recreation Strategy
- Cambridge Sustainable Community Strategy 2011-2014
- East Cambridgeshire Community Safety Strategy Plan 2011-2014

- East Cambridgeshire Homelessness Strategy 2008-2011 (under review)
- East Cambridgeshire Housing Strategy 2008-10 (under review)
- Parks & Green Spaces Strategy 2006 (Refresh due Sept 2012)
- Fenland Strategic Partnership – Priority Areas for Action.
- Fenland Active Leisure Strategy 2010 (refresh due by Sept 2012)
- Fenland Sports Facilities demand analysis 2010
- Fenland Community Safety Partnership Action Plan 2012-13
- Fenland Homelessness Strategy Action Plan 2011-14
- Fenland Housing Strategy 2009-12
- Fenland Community Cohesion Action Plan 2011-14
- Huntingdonshire Community Safety Plan 2008-2011 (2012 update in draft)
- Sports Facilities Strategy for Huntingdonshire 2009 – 2014
- Huntingdonshire Housing Strategy 2006-11
- Huntingdonshire Local Economy Strategy (Medium Term Plan 2008-15) (update draft by June 2012)
- South Cambridgeshire Community Safety Plan 2012 (in draft)
- South Cambridgeshire Housing Strategy 2012-2016
- South Cambridgeshire Corporate Plan 2012-2013
- South Cambridgeshire community Transport Strategy 2010-2012
- South Cambridgeshire Empty Homes Strategy 2012-2016
- South Cambridgeshire Safeguarding Children Policy 2009
- South Cambridgeshire Safeguarding Vulnerable Adults Policy



## 8 A summary of the consultation questions

An 8-page Consultation questionnaire can be found as an appendix to this document. This is a summary of the key 5 questions:

### Question 1

**Looking at the strategy overall, how far do you feel that the vision set out is appropriate for Cambridgeshire?**

Do you have anything further you would like to add? For example, ways in which it could be better adapted to suit the county?

### Question 2

**Considering the five proposed priority areas how far do you agree that each is an appropriate priority for health and wellbeing in Cambridgeshire**

### Question 3

**For each proposed priority area, have we identified the correct priorities for Cambridgeshire?**

Is there anything else you would like to add?

### Question 4

**What would you consider to be key markers of achievement in meeting the health and wellbeing priorities for your community?**

### Question 5

**Do you have anything further you would like to add with regards to this Strategy?**

**The Public Consultation will begin on 18th June. Please tell us your views by 17th September 2012.**

You can do this either by filling in a printed questionnaire and sending it to us at the FREEPOST address in the box below, or submitting your views using the online questionnaire which you can find on our webpage: <http://www.cambridgeshire.gov.uk/council/partnerships/Health%20and%20Wellbeing%20Board.htm>

If you would like a copy of this document in easy read format, in Braille, large print, in other languages or on audio cassette please contact us by calling **01223 703240**, or by email **hwbconsultation@cambridgeshire.gov.uk**, or by post to **Box CC1318, Cambridgeshire County Council, FREEPOST CB176, Cambridge CB3 0BR**

All information you provide will be treated in confidence and not shared with any third parties.



a consultation on the

# Draft Cambridgeshire Health & Wellbeing Strategy **2012-17**



Page 25

## Appendix: Consultation questionnaire

**Please fill in this questionnaire to tell us your views on the priorities we have outlined in the Draft Cambridgeshire Health & Wellbeing Strategy by 17th September 2012.**

You can do this either by filling in this printed questionnaire and sending it to us at Box CC1318, Cambridgeshire County Council, FREEPOST CB176, Cambridge CB3 0BR or submitting your views using the online questionnaire which you can find on our webpage: <http://www.cambridgeshire.gov.uk/council/partnerships/Health%20and%20Wellbeing%20Board.htm>

## Consultation questions

Good health and wellbeing is fundamental to enable us to live an active and fulfilled life and play a role in our local communities. In Cambridgeshire, we are fortunate to live in a part of the country where the health of the local people is generally better than the England average. Whilst this is encouraging, it only paints part of the wider picture. We also know that some local people experience significant disadvantage and inequalities in health and wellbeing.

With this in mind, we have produced a draft Health & Wellbeing Strategy for consultation which identifies the priority issues we believe are important for local people and outlines how we will work together effectively to tackle them.

We are keen to get your views on the strategy to help improve our services, and would be grateful if you could spare a few minutes to complete this short questionnaire. Your insight and opinions are important and will help us to ensure that we are providing the most useful information and support to the people that need it.

The consultation will begin on the 18th June. Please take some time to fill in this questionnaire by **17th September 2012**.

You can find a copy of the Draft Cambridgeshire Health & Wellbeing Strategy on our webpage and fill in the questionnaire online:

<http://www.cambridgeshire.gov.uk/council/partnerships/Health%20and%20Wellbeing%20Board.htm>

If you prefer to send us a paper copy you can either print this questionnaire to fill in or request a copy of the questionnaire using the contact details below.

If you would like a copy of the strategy or this document in easy read format, in Braille, large print, in other languages or on audio cassette please contact us:

Tel: **01223 703240**

E-mail: **hwconsultation@cambridgeshire.gov.uk**

Address: **Box CC1318  
Cambridgeshire County Council  
Freepost CB176  
Cambridge  
CB3 0BR**

All information you provide will be treated in confidence and not shared with any third parties.

### Your thoughts on the overall strategy

**Q1a Are you completing this questionnaire as an individual or on behalf of a group?**

Individual  Group

**Q1b Which of the following best describes your involvement in your local community?**

- Member of the public
- Councillor
- County Council officer
- District Council officer
- NHS: Commissioner
- NHS: Provider
- Health Protection Agency
- Other Public Sector organisation
- Business organisation
- Voluntary/ Third Sector
- Service Provider
- University
- Other, please state:

**Q2a** Looking at the strategy overall, how far do you feel that the vision set out is appropriate for Cambridgeshire?

- Very appropriate     Inappropriate  
 Appropriate         Very inappropriate  
 Neither appropriate or inappropriate

**Q2b** Do you have anything further you would like to add? For example, ways in which it could be better adapted to suit the county?

**Your thoughts on our proposed priorities**

Five proposed priorities have been developed within the Cambridgeshire Health and Wellbeing Strategy. For a summary of these please see pages 10-11.

**Q3** Considering these five proposed priorities, how far do you agree that each is an appropriate priority for health and wellbeing in Cambridgeshire?

	Very appropriate	Appropriate	Neither appropriate nor inappropriate	Inappropriate	Very inappropriate	Don't know / Undecided
<b>Proposed priority 1:</b> Ensure a positive start to life for children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Proposed priority 2:</b> Support older people to be safe, independent and well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Proposed priority 3:</b> Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Proposed priority 4:</b> Create a safe environment and help to build strong communities, wellbeing and mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Proposed priority 5:</b> Create a sustainable environment in which communities can flourish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## What should we focus on?

### Proposed priority 1

#### Ensure a positive start to life for children

Our focus areas are:

- Supporting positive and resilient parenting, particularly for families in challenging situations, to develop emotional and social skills for children.
- Encouraging a multi-agency approach to identifying children in poverty, with complex needs or with parents who are experiencing physical or mental health problems and taking appropriate action to support families and children.
- Developing integrated services across education, health and social care which focus on the needs of the child in the community, as well as for growing numbers of children with the most complex needs.
- Creating positive opportunities for young people to contribute to the local economy and community and raise their self-esteem.

**Q4a Have we identified the correct areas to focus on for Cambridgeshire within this theme?**

Yes  No

Is there anything else you would like to add about this?

### Proposed priority 2

#### Support older people to be safe, independent and well

Our focus areas are:

- Preventative interventions which reduce unnecessary hospital admissions for people with long term conditions and improve outcomes e.g. through falls prevention, stroke and cardiac rehabilitation.

- Integrating services for frail older people and ensuring that we have strong community health and care services tailored to the individual needs of older people, which minimise the need for long stays in hospitals, care homes or other institutional care.
- Timely diagnosis and inter-agency services for the care and support of older people with dementia and their carers.

**Q4b Have we identified the correct areas to focus on for Cambridgeshire within this theme?**

Yes  No

Is there anything else you would like to add about this?



### Proposed priority 3

#### Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices

Our focus areas are:

- Increasing the number of adults and children with a healthy weight, using a range of interventions to encourage healthy eating and physical activity.
- Reducing the numbers of people who smoke – by discouraging young people from starting and supporting existing smokers to quit.
- Promoting sexual health for teenagers, reducing teenage pregnancy rates and improving outcomes for teenage parents and their children.
- Ensuring that people with long term conditions receive appropriate healthy lifestyle support services.
- Increasing the engagement of individuals and communities in taking responsibility for their health and wellbeing.

**Q4c Have we identified the correct areas to focus on for Cambridgeshire within this theme?**

Yes  No

Is there anything else you would like to add about this?

### Proposed priority 4

#### Create a safe environment and help to build community resilience, wellbeing and mental health

Our focus areas are:

- Implementing early interventions and accessible and appropriate services for mental health.
- Reducing homelessness and addressing the effect of changes in housing benefit on vulnerable groups.

- Minimising the negative impacts of alcohol, illegal drugs and associated anti-social behaviour, on health and wellbeing.
- Reducing abuse and neglect – particularly domestic abuse.

**Q4d Have we identified the correct areas to focus on for Cambridgeshire within this theme?**

Yes  No

Is there anything else you would like to add about this?

## Proposed priority 5

### Proposed priority 5: Create a sustainable environment in which communities can flourish

Our focus areas are:

- Encouraging and informing consideration of health needs associated with housing when strategies and plans are being developed and refreshed.
- Encouraging the use of green, open spaces and of activities such as walking and cycling.
- Maintaining effective public transport and transport networks which ensure access to services and activities and reduce road traffic accidents.
- Building on the strengths of local communities, including the existing local voluntary sector, and promoting inclusion of marginalised groups and individuals.

**Q4e** Have we identified the correct areas to focus on for Cambridgeshire within this theme?

Yes  No

Is there anything else you would like to add about this?

## Looking forward

In tackling the health and wellbeing priorities outlined, it is important that we continue to challenge our ways of working, identify if we are using the right approach and explore how we can work more effectively. Your continued engagement is important to us.

### Q5 What would you consider to be key markers of achievement in meeting the health and wellbeing priorities for your community?

### Q6 Do you have anything further you would like to add with regards to this Strategy?

## About you

Finally, it would be helpful if you could answer a few questions about yourself.

Completion of these questions is however entirely optional.

### Q7 What is your age?

- Under 16
- 16 to 24
- 25 to 44
- 45 to 64
- 65+
- Prefer not to say

### Q8 Are you male or female?

- Male
- Female
- Prefer not to say

**Q9 How would you describe your ethnicity?**

- White – British
- White – Irish
- Any Other White background
- Mixed – White and Black Caribbean
- Mixed – White and Black African
- Mixed – White and Asian
- Any Other Mixed background
- Asian or Asian British – Indian
- Asian or Asian British – Pakistani
- Asian or Asian British – Bangladeshi
- Any Other Asian background
- Black or British Black – Caribbean
- Black or British Black – African
- Any Other African background
- Chinese
- Gypsy/Roma/Traveller
- Other
- Prefer not to say

**Q10 Please enter your postcode if you are a UK resident.**

This enables us to ensure we are reaching all areas of the County with this consultation. It will not be used to identify you in any way.

**Q11 Do you have any of the following long-standing conditions?**

- Blindness or partially sighted
- Deafness or severe hearing impairment
- Mobility difficulties
- Cognitive or learning disabilities
- A long-standing physical condition
- A mental health condition
- A long-standing illness such as cancer, diabetes or epilepsy
- No, I do not have a long-standing condition
- Prefer not to say

**Q12 Which of these best describes what you are doing at present?**

- Employee in full time job (30 hours plus per week)
- Employee in part-time job (under 30 hours per week)
- Self employed (full or part-time)
- Full-time education at college or university
- Unemployed and available for work
- Permanently sick / disabled
- Retired
- Looking after the home
- Other (please specify below)

**Thank you for taking part in the Cambridgeshire Health and Wellbeing Strategy Consultation. Your feedback will be invaluable in shaping the final strategy for the county.**



**SOUTH CAMBRIDGESHIRE DISTRICT COUNCIL**

---

**REPORT TO:** Scrutiny and Overview Committee  
**AUTHOR:** Scrutiny Development Officer

5 July 2012

---

**WORK PROGRAMME 2012/13****Purpose**

- 1 To enable the committee to plan its work programme for 2012/13.

**Options**

2. The Committee may wish to agree to use the draft programme at Appendix A as a starting point for 2012/13 subject to amendments made at this meeting.
3. The Committee may also agree to the terms of reference as set out in Appendix B for a cross-party task and finish group looking at the street scene in a village, or group of villages, selected by the committee.

**Considerations**

4. This is the Committee's first business meeting of 2012/13, and the opportunity to agree a basic work programme for the coming civic year. In agreeing topics, Members are asked to briefly discuss the intended scope of each one and, if possible, the approach and timing. Some topics may warrant time-limited sub groups, others may be dealt with in one or two meetings of the main committee.
5. The Committee has always sought to involve residents and partners in the selection of topics and carrying out scrutiny reviews. Now, given the Government's localism agenda the Committee may wish to even more actively engage with and support individuals, groups and partners to use and collaborate in scrutiny activities.
6. There are already a several strands of joint scrutiny:
  - Health – a joint committee for the County and District Councils of Cambridgeshire: there may be scope for complementary health and wellbeing work at District level
  - Police and Crime Panel – from November 2012
  - Cambridgeshire Future Transport – a task and finish group for the County and District Councils of Cambridgeshire;
  - Local Enterprise Partnership – the scrutiny network is considering periodic joint sessions for the County and District Councils of Cambridgeshire, Forest Heath, North Herts, Rutland, St Edmundsbury, Uttlesford and West Norfolk councils.
7. All scrutiny activities need to add value to the work of the Council and contribute to the achievement of its corporate objectives.
8. In choosing topics for the work programme, Members are reminded of the agreed selection criteria as at Appendix D.

**Potential topics for scrutiny in 2012/13**

9. A draft framework for the work programme is at Appendix A, followed by a list of past reviews on which the committee may wish to be updated, and a list of potential topics discussed by the Committee at a workshop in June.

10. The most popular topic was 'housing vulnerable people' and this could be addressed in a half- or one-day review. However, the term 'vulnerable people' spans many categories, and the strategies for helping them vary accordingly. Officers have therefore asked for clarity regarding which of the following categories prompted members' interest this topic:
  - anti-social behaviour cases
  - care leavers
  - child welfare cases
  - non-statutory homeless people (single or couples)
  - offenders
  - older people
  - people with mental health issues
  - troubled families
11. At the meeting of 29 March 2012 the Committee suggested setting up a task and finish group on street scene issues as this was a matter of concern to residents. Officers suggest that the Committee considers selecting a parish council to conduct a joint review. This approach would help the Council to demonstrate its readiness to embrace the spirit of localism. A draft scoping document is at Appendix B; the Committee may wish to discuss and refine this as a basis for discussion with a parish council selected by this committee.
12. Members also accepted the Cabinet's suggestion to invite one or two portfolio holder(s) per meeting, to scrutinise their work programmes and explore any areas for further scrutiny input.
13. Further topics may be chosen from the Council's Forward Plan as at <http://scams.moderngov.co.uk/mgListPlans.aspx?RPId=293&bcr=1>.

#### **Scrutiny of Crime and Disorder issues**

14. The Police and Justice Act 2006 requires the Council to place crime and disorder matters on at least one scrutiny agenda each year. However, the Committee may wish to wait until later in 2012/13 to agree on its approach and timing this year, given the provisions of the Police Reform and Social Responsibility Act 2011.
15. This Act will see the election of the area's first Police and Crime Commissioner (PCC) whose role from November 2012, will be to replace the Police Authority in scrutinising the police service. The PCC will in turn be scrutinised, and to a certain extent supported by, a new Police and Crime Panel (PCP), on which this Council is represented.
16. The South Cambridgeshire Crime and Disorder Reduction Partnership meets only twice a year now and like all CDRPs, its future funding is unclear.
17. The committee is advised to return to this discussion in January 2013.

#### **Finance Scrutiny**

18. The diagram at Appendix C was developed by the Finance task and finish group to show the points at which scrutiny could add value. Expert advice is that scrutiny of the budget is at its most effective earlier in the cycle, when there is more time to influence service planning and budget decisions.
19. As in past years, the Executive Director for Corporate Services is planning a member workshop on 1 November when service planning is underway, to examine growth bids and potential savings. This workshop will contribute to effective

member challenge of the budget towards its later stages of development. The Committee may wish to invite the nascent youth council to join the workshop.

20. A second workshop is planned in February 2013 based on the draft 2013/14 budget.

**Performance monitoring**

21. The Cabinet has decided that performance reports will no longer go to individual Portfolio Holders. Instead, the corporate healthcard and financial information will go to Cabinet quarterly.
22. Therefore scrutiny input will no longer be possible via the PFH monitors, and it is suggested that the scrutiny committee receives those same quarterly reports as follows:

- Q1 (April-June) - 6 September
- Q2 (July-Sept) - 5 November
- Q3 (Oct-Dec) - 14 February
- Q4 (Jan-Mar) - 23 April

**Meeting times**

23. In 2010/11 members agreed to hold winter meetings at 2pm and other meetings at 7pm. This continues in the published timetable at Appendix A.
24. As five new members have since joined the Committee, it is appropriate to check whether this arrangement remains acceptable.
25. A survey of portfolio holders (who are required to attend as appropriate) showed some very strong preferences. Cllrs Corney and Wotherspoon requested 2pm as did the Leader regarding the 14 February meeting. Cllr Edwards prefers 4pm or later and Cllr Howell 5.30pm or later.
26. It has been usual practice for the committee to hold a private pre-meeting forty-five minutes beforehand to formulate their lines of enquiry. So, meetings at 2pm, 6pm or 7pm would be preceded by a pre-meeting at 1.15pm, 5.15pm or 6.15pm respectively.

27. **Implications**

Financial	The Committee has a discretionary budget of £5,000. Up to £3,000 may be needed for Member training. Some external venues carry a small hire charge. External witnesses and co-optees may claim expenses.
Legal	The Local Government Act 2000 requires the Council to have at least one scrutiny committee. Other legislation is as set out in the report. The Constitution states that the Committee will set its own work programme.
Staffing/ capacity	The committee is supported by one scrutiny officer. Each item selected for scrutiny will require support by at least one lead officer. Capacity for sub committee work is also dependent on the number of elected members available and willing to participate
Risk Management	The potential burden on the organisation of supporting scrutiny work must be balanced against the potential value it can add. External scrutiny carries the risk of affecting the Council's relationship or credibility with partners.
Equal Opportunities	All proposed changes to policy or services require an Equality Impact Assessment

**Involvement of Children and Young People**

28. Children and Young People (CYP) have been invited to suggest topics and this will continue. The Committee has also agreed to involve CYP in reviews and to ensure that all reports to the committee describe CYP involvement.
29. Consultation will be extended to include the new Youth Council once it is in place from September 2012 and joint scrutiny projects may be suggested. It is hoped that Youth Council members may wish to join in the finance workshop in November, subject to members' agreement

**Consultation**

30. Cabinet, elected members, senior officers and residents, including the Council's nascent consultation panel, have been invited to suggest potential topics. Parish councils continue to be consulted during the year.
31. Ongoing consultation with nearby councils, including the county council, explores the potential for joint scrutiny activities. The committee was represented at a cross-county network meeting in June where officers and members discussed potential topics for scrutiny work programmes in 2012/13. They intend to meet again later in 2012/13.

**Effect on Corporate Objectives**

32. The Committee's selection criteria ensure that any topic selected for scrutiny will contribute to at least one of the Council's priorities.
33. Scrutiny itself helps the Council to "listen to and engage with residents, parishes and businesses to ensure we deliver first class services and value for money".

Contact Officer: Jackie Sayers, Scrutiny Development Officer Tel: (01954) 713451



## Draft Work Programme 2012/13

Published timing	Portfolio holders preferred timing	
Thurs 6 Sept 7pm	Cllr Hockney no time preference	Portfolio Holder Presentation Q1 service and finance performance
Thursday 1 Nov 5.30pm		Finance workshop – to include Youth Council?
Mon 5 November 2pm	Cllr Edwards after 4pm Cllr Manning no time preference	Progress on corporate plan actions/performance Medium Term Financial Strategy Portfolio Holder Presentation – Leader and Finance Q2 service and finance performance
Thurs 10 Jan 2013 2pm	Cllrs Wotherspoon and Wright no time preference	Portfolio Holder Presentation
Monday 11 Feb 5.30pm		Finance workshop
Thurs 14 Feb 2pm	Cllr Edwards after 4pm Cllr Manning finish before 7pm	Corporate Priorities Medium Term Financial Strategy Q3 service and finance performance 2013/14 Budget
Thurs 21 March 2pm	Cllr Howell after 5pm	Sheltered Housing Support – update Mears update Portfolio Holder Presentation – Housing
23 April 2013 7pm	Cllr Corney 2pm	Q4 service and finance performance Portfolio Holder Presentations

**Review updates:**

Corporate communications – November?  
 Customer contact – September?  
 Learning from feedback - September?  
 Planning/ historic buildings service – January?

**Other topics suggested:**

Achievement of sustainability aims – unless actioned by Climate Change working group\*  
 Benefit reform: consultation on local scheme: workshop in late August?  
 Bus and community transport – one day review in late October?  
 Community engagement – task and finish group?  
 Community Safety (annual duty) – decide how to approach in January 2013  
 Housing vulnerable people – need to agree the focus  
 New Build Strategy – one-day review in September?  
 Street scene - potential task and finish group with parish council

\*Cllr Ridgway Watt chairs the Climate Change working group and so can provide periodic updates to the scrutiny committee

**Presentations by other Portfolio Holders:**

Corporate and Customer Services – September?  
 Northstowe – January?  
 Planning and Economic Development – January?  
 Planning Policy & Localism – April?

This page is left blank intentionally.

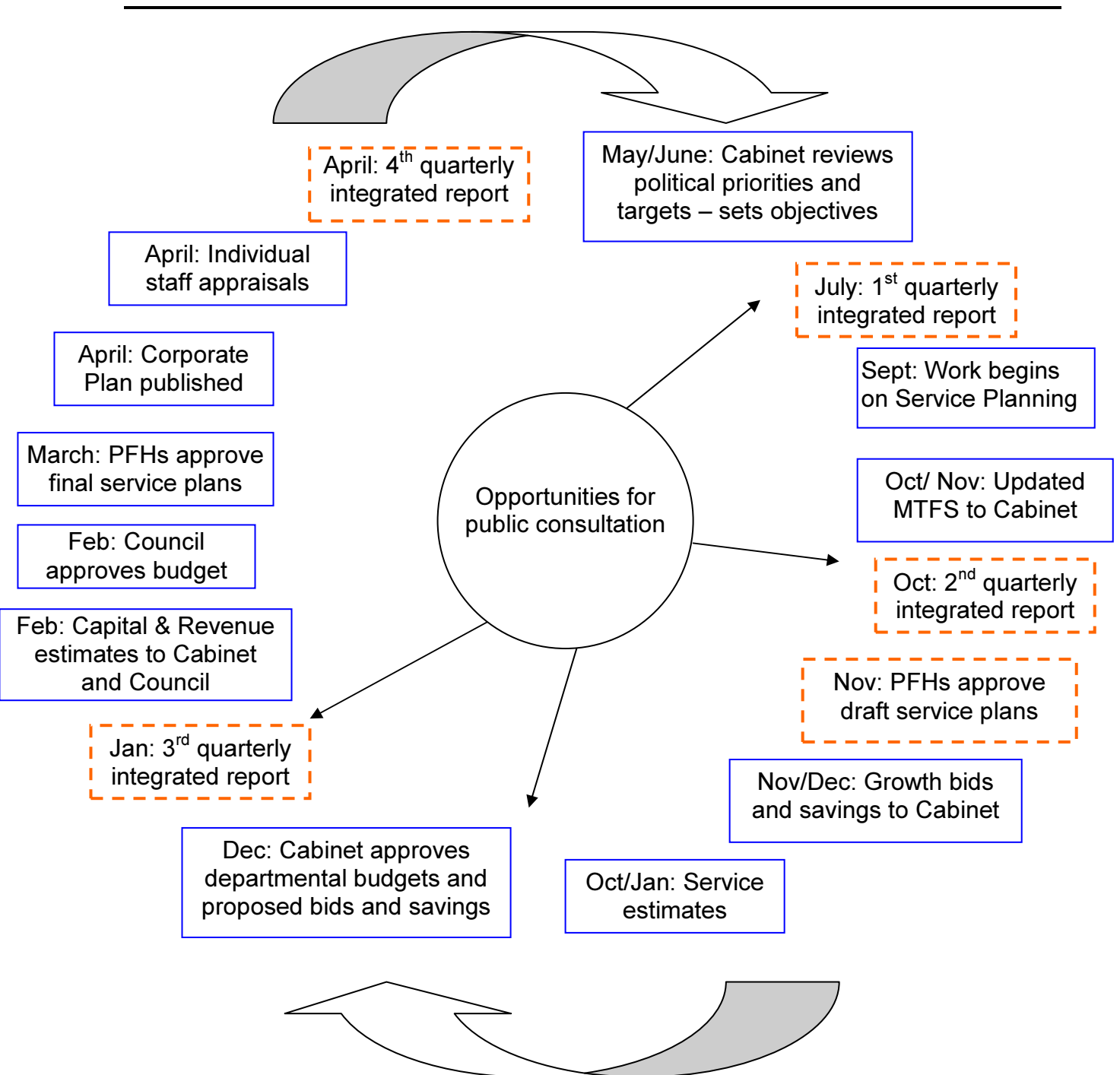
### SCRUTINY TASK AND FINISH GROUP - DRAFT SCOPING DOCUMENT

Review name	<b>Street scene</b>
Terms of reference	A joint review by Parish and District Councils to examine the street scene issues in an area of South Cambridgeshire and make recommendations for improvement. The review will focus on: dog fouling; pavements; street furniture/ signs; trees: bill posters; litter; graffiti; Recommendations will ideally be framed for use across the District
Summary of review	<ul style="list-style-type: none"> <li>• Gather evidence regarding dog fouling; pavements; street furniture/ signs; trees: bill posters; and litter</li> <li>• Examine existing services and actions taken to tackle issues</li> <li>• Research good practice</li> <li>• Identify opportunities for and barriers to improvement</li> <li>• Share findings with service providers and develop ideas for improvement</li> </ul>
Reason for review	<ul style="list-style-type: none"> <li>• Concerns raised by residents and Members</li> </ul>
Potential outcome/s	<ul style="list-style-type: none"> <li>• Improved street scene in the area reviewed</li> <li>• Action plan that can be replicated elsewhere in the District</li> <li>• Increase in residents' satisfaction and civic pride</li> <li>• Experience of joint scrutiny that can be replicated on other topics</li> <li>• Learn how to involve parishes more effectively</li> </ul>
Relevant corporate and/or community strategy/ies	To listen to and engage with residents, parishes and businesses to ensure we deliver first class services and value for money
Portfolio holders	Cllr
Members of the t&f group	Cllrs
Key stakeholders	Residents; Parish Councils; County Council
Officer involvement	Lead officer:
Timing	June 2012 – timing to be kept under review
Report dates - tentative	EMT 24 Oct; Scrutiny 5 Nov; Cabinet 8 Nov; PFH

This draft may be subject to change following discussion with the parish council(s) involved.

This page is left blank intentionally.

### Corporate Cycle at SCDC and Opportunities for Scrutiny



**Key:**

Scrutiny by Scrutiny & Overview Committee

Scrutiny by PFH monitors

This diagram was developed by the Scrutiny and Overview’s Committee’s finance task and finish group. It is currently being refined and an updated version will be available at the meeting.



This page is left blank intentionally.



## PAPER Analysis



When considering whether to adopt an item onto its agenda programme, the Committee will score the item using the following criteria:

1. **Public Interest:** the concerns of local people should influence the issues chosen for scrutiny  
(1= low public interest, 2=medium public interest, 3=high public interest)
2. **Ability to change:** priority should be given to issues that the Committee can realistically influence  
(1= little chance of changing, 2=reasonable chance, 3=good chance)
3. **Performance:** priority should be given to the areas in which the Council, and other agencies, are not performing well.  
(1= good performance, 2=moderate performance, 3=low performance)
4. **Extent:** priority should be given to issues that are relevant to all or large parts of the District.  
(1= only one ward, 2= multi-ward issue, 3= the entire District)
5. **Replication:** work programmes must take account of what else is happening in the areas being considered to avoid duplication or wasted effort.  
(1= already well covered, 2=already partly covered, 3=not already covered)

Also of major importance is the extent to which any potential scrutiny issue has implications for the Council's priorities, as well as the overall Vision:

South Cambridgeshire will continue to be the best place to live and work in the country. Our district will demonstrate impressive and sustainable economic growth. Our residents will have a superb quality of life in an exceptionally beautiful, rural and green environment.

The Council will be recognised as consistently innovative and a high performer with a track record of delivering value for money by focusing on the priorities, needs and aspirations of our residents, parishes and businesses.

The Vision is supported by the following strategic aims:

- A. We will listen to and engage with residents, parishes and businesses to ensure we deliver first class services and value for money.
- B. We will work with partners to create and sustain opportunities for employment, enterprise and world-leading innovation.
- C. We will make sure that South Cambridgeshire continues to offer outstanding and sustainable quality of life for our residents.

This page is left blank intentionally.