

# South Cambridgeshire District Council Health and Wellbeing Strategy 2020-2024

## 1.0 Foreword

*Written by Bridget Smith*

Health and Wellbeing is not a standalone issue. It is inextricably linked to our priorities to be “Green to Our Core”, to grow local businesses and economies and to provide homes that people can afford to live in. It is so very much more than access to health centres and sports clubs. The Quakers in the 19th Century understood that if they wanted an efficient and productive workforce they needed people to be well educated, to be in good health, to live in high quality homes close to their employment and to be able to breathe fresh air and access the countryside.

These lessons are as relevant today as they were then. We know that poor education and poor health impact negatively on productivity. We know that long commutes on congested and dangerous roads leads to stress, over-tiredness and poor mental and physical health as well as air pollution. We know that 21st century employers understand their role in ensuring a fit and healthy workforce and we know it is our job to help them do this by creating spaces for activity in and around our major employment sites.

If we really want South Cambridgeshire to be somewhere recognised for the good health and wellbeing of its residents we must build communities that are close to where people work so that they have the choice to walk or cycle to work and even not own a car, thereby helping not only their finances but also the environment. We also need to build homes close to where our residents learn, play and have fun ensuring that the green spaces are a short walk or cycle ride from every home.

And we do have a role to kick start local initiatives that deliver healthy outcomes especially for those for whom access to health giving activities is difficult. We will work with communities to help them tackle loneliness which is all too frequently a factor in ill health as well as a consequence of ill health.

If we can get this right then we will be fully maximising the role of the District Council in the prevention of ill health and the promotion of good health.

## 2.0 Introduction

Our health and wellbeing is an outcome of the circumstances in which we are born, grow, live and work and the personal and social connections we make along the way<sup>(1)</sup>. These wider environmental and social factors influence our ability to flourish and do well and make the most of the opportunities that are presented to us throughout life, making for a compelling case that responsibility for the health of the public goes beyond the health and social care system.

South Cambridgeshire is already a great place to live, work, grow and prosper, in fact it's one of the least deprived Districts nationally, where people on the whole consider themselves to be well and have lower levels of chronic illness and obesity than is seen in other parts of the County. However, the District faces the challenge of high economic growth in the face of an increasing number of older people where more people will need physical and financial support and with fewer people of working age able to fund services. It's therefore an imperative that as a population we retain good health into

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older age not only to ensure we can work productively until retirement but to enjoy a good quality of life and to continue to contribute to society well into retirement.

The Council is therefore committed to continuing to improve health outcomes for all our residents by focusing on the wider determinants of health (see infographic below), a diverse range of social, economic and environmental factors and aspires to integrate health into all its policies, to address local health issues and inequalities. We hope that by taking a holistic, long term approach, we will deliver sustained interventions which help our residents start well and live well regardless of who they are, where they live or how much they earn.

The District Council has identified its health and wellbeing priorities to support delivery of the business plan, using data from the Cambridgeshire and Peterborough Joint Strategic Needs Assessment (JSNA) 2019 and the District Summary for South Cambridgeshire JSNA 2019. The JSNA report, published by the Public Health team at County Council aims to identify local needs and views in order to support local strategy and service planning.

The following infographic is taken from the paper “Shaping Healthy Places” (Feb 2019)<sup>(6)</sup>, LGA and DCN and illustrates how a District Council can influence the health through the delivery of statutory and non-statutory services.

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# HOW DISTRICTS IMPACT THE SOCIAL DETERMINANTS OF HEALTH AND WELLBEING



## People

Sheltered housing, homelessness advice, debt advice, benefits advice.



## Social and community environment

Social cohesion, community activation and hubs, support for voluntary groups, neighbourhood wardens, social prescribing services, community safety, environmental health, food safety, pest control, noise control, health and safety, licensing pubs and clubs, leisure centres, physical activity promotion, play provision, sports development.



## Local economy

Regeneration, economic development, local employers, local government jobs, commissioning services, grants, business grants, tourism, marketing.



## Built environment

Housing, strategic housing, home adaptations, handyman services, planning, building control, creating green spaces, parks and playing fields, play spaces, healthy infrastructure, cycle routes, car parking, CCTV.



## Natural environment

Sustainable development, home insulation, planning and development control, biodiversity, climate change strategies, air quality monitoring, waste and recycling collections, conservation areas, conservations officers, arboriculture, allotments, cemeteries.

## The Business Plan

The Business plan published in 2019 focuses on 4 key areas of priority:

### **1. Growing local businesses and economies**

Good health and wellbeing are fundamental to support a thriving economy. Security of income is fundamental to good health and wellbeing. Both enable individuals and families to plan for their future, pay for the necessities and have income left over to secure an enhanced quality of life. In the face of high economic and housing growth, the Council's aim will be to at least maintain our excellent current levels of air quality and health and wellbeing.

### **2. Housing that is truly affordable for everyone to live in**

Having a secure, affordable home in which to live and raise a family with easy access to all services and amenities is another key determinant of good health; stable and affordable housing supports mental health by limiting stressors related to financial burden, long commutes and moving frequently. Within these priorities there is a firm commitment to encourage more people to participate in active and healthy lifestyles.

### **3. Being Green to our core**

Reducing emissions of greenhouse gases through improved transport, energy efficient housing stock, food and energy-use choices can result in improved physical and mental health. The more homes and workplaces the district hosts the more important this is, especially around air quality; this will be mitigated for example through well-designed communities, improving access to green space and increased tree planting in every parish.

### **4. A modern and caring council**

Supporting local community and voluntary groups and local businesses to help carry out projects which benefit people and the community, especially the most vulnerable; to enhance sustainable, healthy, connected communities.

## **The Wider Context**

Whilst it's important to focus on the needs of the local population this should be viewed in relation to the wider context of the health and care system; the greatest health gains to be made are when we work together as one system rather than disparately. Simplifying how people can access and navigate the multitude of services will be key to enabling long-term health and wellbeing.

This strategy has not been developed in isolation; rather, it takes into consideration the wider context of the socio and economic environment across the County and nationally and recognises the work being undertaken in collaboration with the public sector under the Think Communities approach to place-based working and the delivery of Primary Care through the Primary Care Networks (PCNs).

As a District Council we are members of and represented on the Cambridgeshire and Peterborough Health and Wellbeing Board. The aim of the board is to improve integration between practitioners and local health and social care, public health and related public services so that patients and other service-users experience more joined up care. Through our membership we are signed-up to the wider County priorities and work with our colleagues in Public Health to address more local issues pertinent to South Cambridgeshire.

## **The Draft Cambridgeshire and Peterborough Health and Wellbeing Board Strategy 2019- 2023**

The Cambridgeshire and Peterborough Health and Wellbeing Board is currently updating its strategy, however, the emerging 4 key priority areas are:

1. Places that support our health and wellbeing
2. Helping children achieve the best start in life
3. Staying healthy throughout life
4. Quality health and care services

## **Cambridgeshire and Peterborough Sustainability and Transformation Plan. (STP) <sup>(6)</sup>**

It's also important to take into consideration the health priorities of the NHS. These are set by the Cambridgeshire and Peterborough STP. The STP has two geographical Alliances, in the North and South. Primary Care Networks (PCN's outlined on page 8) will operate within an Alliance geography. In South Cambridgeshire our health care services will fall within the Southern Alliance and they are charged with developing Integrated Neighbourhoods to help the PCNs to develop local integrated services with community partners. NHS community teams and the Combined Local Authority Think Communities teams will align to PCNs to support integration opportunities as Integrated Neighbourhoods.

The Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) will lead on the development of these delivery plans on behalf of the STP and work in partnership with the Southern Alliance. The priorities are listed as follows:

1. Promoting care in people's homes via neighbourhood care hubs, and a focus on people powered health and wellbeing.
2. Providing safe and effective hospital care when needed

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3. Partnership working
4. Developing a culture of learning as a health and care system
5. Using technology to modernise health

Much of the work we do as a District Council is already aligned to these priorities. This is demonstrated within the Greater Cambridge Housing Strategy and our commitment to create homes which promote good health, and through our housing officers and community work focused on enabling people to live independently in their own homes for as long as possible. We will continue to work in partnership with health professionals to avoid hospital admissions and facilitate timely discharge from hospitals; exploring the adoption of tech-enabled solutions in our Healthy New Town at Northstowe.

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## District Overview

- ⇒ South Cambridgeshire is predicted to have the **highest** level of **growth in absolute numbers and proportional growth** of any Cambridgeshire district between 2016-2036.
- ⇒ Recent growth has primarily been driven by **natural change, rather than migration. However**, our planned new housing sites and the numbers of dwellings expected in **South Cambridgeshire also contribute to the expected population growth.**
- ⇒ In South Cambridgeshire, as with most Cambridgeshire districts, the **White British** group comprises around 90% of the population. Travellers make up the largest ethnic minority group in the District and have the poorest health outcomes.
- ⇒ South Cambridgeshire is markedly the **least deprived district** in Cambridgeshire, and none of its population live in the most deprived fifth (20%) of areas nationally.
- ⇒ The **proportion of people** from the **Asian: Indian/Pakistani/ Bangladeshi** group in South Cambridgeshire is **smaller** than the proportion found nationally (1.9% compared to 5.6%).
- ⇒ **Health outcomes in South Cambridgeshire are broadly very good** and often statistically significantly better than national averages.
- ⇒ South Cambridgeshire's **educational attainment** and **employment** rates are statistically significantly **better than the England average.**
- ⇒ South Cambridgeshire has statistically significantly **higher levels of emergency hospital stays for self-harm.** There are also higher levels of hospital admissions to 24-hour led services, although this may reflect local service provision.

The core Health and Wellbeing functions of district councils include economic development, planning, housing, environmental health and waste services. However, beyond its core functions, the district council has a number of enabling roles which support good public health mainly through the development of community wellbeing initiatives and activities such as community groups and clubs which create community cohesion. These comprise the "Wider Determinants of Health", which are a range of social, economic and environmental factors, alongside behavioural risk factors which often cluster in populations, affecting lives.

By addressing the wider determinants of health, we can help improve the overall health of our residents by helping to improve the conditions into which they are born, live and work. Keeping people well and independent throughout their life is crucial to supporting the economic growth of the district whilst also reducing demand on pressured services. South Cambridgeshire is ideally placed to showcase how it is specifically addressing "*putting health into place*" through its work at [Northstowe](#) an NHS Healthy New Town demonstrator site.

The LGA Outcomes triangle: Strong Communities and Strong Economy (appendix A), illustrates how through investment in health and wellbeing strong, resilient and empowered communities can be created and thus a healthy society has the skill base and resilience to support the anticipated economic growth across the region.

## Overview of South Cambridgeshire

### Forecasting future needs for health and care in South Cambridgeshire

The total resident population of South Cambridgeshire was 155,660 in 2016 and is forecast to rise by 28.8% reaching a total of 200,480 to 2036.

Between 2016-2026 the older age groups, particularly the over 75 age group, are expected to have the greatest population growth across Cambridgeshire. The predicted population of people aged 90+ is set to increase by 137% by 2036.

As a result of the predicted high population growth from housing growth and within the older populations, demand for health and social care will also continue to increase.

### Primary Care

In July 2019 GP surgeries started working in partnership (geographically) and at scale to address the growing needs of their increasing ageing population. Practices across the District have formed themselves into Primary Care Networks (PCN) which serve populations of approximately 40,000-50,000 people each. They aim to work more collaboratively with other agencies such as Public Health commissioned services, community and local authority led projects, mental health, social care, pharmacy, hospital and voluntary services.

There are 3 main PCNs across the District within which our GP practices fall:

- ⇒ **Cambridge South East Villages** (Granta): Shelford, Sawston, Linton, Barley and Royston Surgeries in Hertfordshire
- ⇒ **Cambridge West Villages**: Harston, Comberton, Bourn, Orchard (Royston), Royston and Roysia surgeries
- ⇒ **Cambridge North Villages**: Firs House (Histon), Milton, Willingham, Over, Cottenham, Swavesey, Maple (Bar Hill) and Waterbeach (and yet to be built Northstowe) Surgeries
- ⇒ Papworth Surgery will join the Huntingdon Central PCN
- ⇒ Monkfield Medical Practice (Cambourne) will join the St Neots PCN
- ⇒ Greensands Medical Practice (Gamlingay) will join a Bedfordshire PCN

## Secondary Care

Annual hospital care attendances and admissions for people registered within South Cambridgeshire are shown in the table below:

Area	All ages		Under 75s		75 and over	
	Number of admission episodes	DASR per 1,000	Number of admission episodes	DASR per 1,000	Number of admission episodes	DASR per 1,000
Cambridge	25,709	250	20,297	206	5,412	696
East Cambridgeshire	21,719	247	16,303	203	5,416	690
Fenland	33,112	314	24,926	267	8,186	798
Huntingdonshire	50,089	285	38,403	235	11,686	789
South Cambridgeshire	38,683	252	28,893	205	9,790	722
Cambridgeshire	169,312	268	128,822	220	40,490	746
Peterborough	47,062	259	37,707	215	9,355	707
<b>Cambridgeshire and Peterborough</b>	<b>216,374</b>	<b>266</b>	<b>166,529</b>	<b>219</b>	<b>49,845</b>	<b>738</b>

### For the table:

DASR - directly age-standardised rate.

Includes all elective, emergency, maternity and other admissions (excluding well babies receiving usual care). Cambridgeshire districts are benchmarked against Cambridgeshire average value, Cambridgeshire against C&P average value, and Peterborough against C&P average value.

- ⇒ There was a total of **38,683 inpatient admission episodes for South Cambridgeshire** in 2017/18 (22.8% of Cambridgeshire's total).
- ⇒ Rates of inpatient admission episodes are more than three times **higher in people aged 75 and over** than in under 75s for most of the C&P CCG areas. For **South Cambridgeshire** the rates are **more than three and a half times higher in the 75 and over age group**.
- ⇒ 64% of beds are occupied by patients over 65 years <sup>(3)</sup>.

Most hospital attendances for the residents of South Cambridgeshire take place at Cambridge University Hospital (CUH), Addenbrookes. Demand for hospital services are predicted to continue to rise as a result of high population growth from housing growth across the County and the increase in the older population.

## Joint Strategic Needs Assessment (JSNA):

A JSNA is an evidenced based document which looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning of health, wellbeing and social care services within a local authority.

## Health Headlines for South Cambridgeshire

**Please note**, all the variances which follow are statistically significant.

### Maternity Services

South Cambridgeshire has a significantly higher birth rate than the Cambridgeshire average due in part to the number of new communities which attract young and growing families.

The rate of under 18 conceptions is significantly lower in South Cambridgeshire than the England average and is declining.

### Children and Young People's Health

The percentage of children living in poverty in South Cambridgeshire is statistically significantly lower than England, and all the other Cambridgeshire districts. However, this doesn't mean that poverty doesn't exist. Families living in poverty in our district are more dispersed due to the rural nature of the district and are often restricted to individual households or streets. Due to the high cost of housing in South Cambridgeshire, young families and individuals are at greater risk of poverty.

In Cambridgeshire, the percentage of children achieving a good level of development at the end of reception is similar to the national average. However, this **percentage drops to a level significantly worse than the England average for local children with free school meal status.**

### Needs identified in the JSNA

- 70.2% of South Cambridgeshire pupils achieved at least 5 GCSEs at grades A\*-C in 2015/16.
- South Cambridgeshire's GCSE attainment rate is significantly better than the England average (57.8%).
- The percentage of children living in poverty in South Cambridgeshire is significantly lower than England and the other Cambridgeshire districts.
- South Cambridgeshire has significantly lower levels of excess weight in children and adults, nevertheless, **almost 25% of local children leaving primary school are overweight or obese.**
- Levels of physical activity in 15 year olds in Cambridgeshire (no local data is available) is similar to England averages with only **11.9% being physically active.**
- 72.4% of 15 year olds in Cambridgeshire have 'ever had an alcoholic drink'. This is significantly worse than the England average. Levels of 'regular drinkers' are similar to levels nationally.

- One in eight (12.8%) 5 to 19 year olds had at least one mental disorder when assessed – equivalent to approximately 3,690 children and young people in South Cambridgeshire.

## Priority Areas

- High levels of hospital admissions among 10-24 year olds due to self-harm (almost twice as high as reported across the East of England and 1.5 times higher than found nationally).<sup>(2)</sup>
- **South Cambridgeshire** has significantly **higher** levels of **emergency hospital stays for self-harm** than found nationally.
- Hospital stays for alcohol-specific conditions (under 18's) is similar to England averages but one of the higher rates across the Cambridgeshire Districts.
- Childhood obesity, whilst better than Cambridgeshire and national averages; 11% of children in South Cambridgeshire are leaving primary school in year 6 classified as obese.
- Countywide, children entitled to free school meals do less well developmentally at the end of reception than their counterparts.

## Health Behaviours and Lifestyle

Our lifestyles are influenced by the way our health develops over our lifetime. Health promoting behaviours such as eating a healthy balanced diet, taking regular physical activity, avoiding smoking and drinking alcohol within the recommended limits are known to be protective and can enable people to stay healthy for longer.

In South Cambridgeshire approximately a quarter of adults are physically inactive, not meeting the recommended 150 minutes of moderate intensity activity each week. Overall, physical inactivity is responsible for up to one in five premature deaths and is estimated to cost the UK economy more than £7 billion annually. It is also one of the biggest health challenges facing the nation. At every age physical activity reduces the risk of developing musculoskeletal conditions; the cause of 8.9 million days lost per year in sickness leave nationally <sup>(3)</sup>.

Over half of all adults across the district are classified as overweight or obese. Carrying excess weight leads to greater risk of developing chronic long-term illnesses such as obesity, diabetes, heart disease, all forms of cancer and stroke.

Most district councils provide leisure services and access to green spaces. South Cambridgeshire District council does not own and run its own leisure centres and the majority of open spaces are owned by parish councils. Through our planning function, S106 contributions can be sought to help communities set up sustainable clubs and initiatives as well as gain external funding to invest in schemes which promote activity within the community such as the "Outdoor Gym" initiative planned for Northstowe, or by creating active travel environments which create safe cycling and pedestrian infrastructure in our new communities. According to the Kings Fund, reduced-cost, innovative schemes and free access to leisure services suggest that up to £23 in value can be created for every £1 invested <sup>(1)</sup>.

## Needs identified in the JSNA

- Although statistically better than the England and Cambridgeshire rates; 56% of adults in South Cambs aged 18+ are classified as overweight/obese; representing over half of all adults.
- Smoking rates are similar to the national average – approximately 12% of adults smoke.
- 25% of adults do not undertake any regular physical activity.
- Hospital stays due to alcohol specific conditions are similar to England and County averages.
- Diabetes Diagnosis rates are significantly worse than the England and County averages.
- The prevalence of Asthma is statistically significantly higher in South Cambridgeshire (7%) than in England (5.9%) and Cambridge City (4.9%).

## Long term conditions and premature mortality

Healthy life years are an important measure of the relative health of populations. However, whether extra years of life gained through increased longevity are spent in good or bad health is hugely important for the individual and their quality of life. Whilst life expectancy at birth is statistically significantly higher in South Cambridgeshire than the England average for both males and females, the number of years lived in good health is reducing and this is especially so for people living in areas of higher deprivation.

The main causes of death across Cambridgeshire and Peterborough are from all forms of cancer, cardiovascular disease, respiratory diseases and dementia/Alzheimer's.

## Priority Areas

- Prevalence of **asthma is significantly higher in South Cambridgeshire** than the national average.
- For **chronic obstructive pulmonary disease (COPD), coronary heart disease, high blood pressure, stroke, cancer, and diabetes**, the prevalence in **South Cambridgeshire is lower than the national average**.
- The number of years lived in good health (healthy life expectancy at birth) is significantly higher than the England average for females in Cambridgeshire but similar to the England average for males.

## Mental Health

Mental health is the biggest cause of disability in the UK, representing 23% of the burden of illness<sup>(3)</sup>. People with severe mental illness die on average 20 years earlier than the general population. In fact one in four adults will be affected by a mental health problem in their lifetime. 50% of all lifetime mental illness will be established by aged 14 and 75% by the time a person reaches their mid-twenties. South Cambridgeshire has its own challenges, particularly around the prevention of mental illnesses and the management of mental health in young people aged 10-24 years.

## Needs identified in the JSNA

- South Cambridgeshire has significantly higher levels of emergency hospital stays for self-harm than found nationally
- Hospital stays due to alcohol specific conditions are similar to England and County averages.
- Suicide rate (per 100,000) is similar to England and County averages.
- The numbers of people claiming Employment Support Allowance for mental and behavioural disorders (across the County) is increasing.

## Ageing Well

South Cambridgeshire enjoys a higher life expectancy than other Districts across the County and England. However, ageing should focus on the number of years lived in good health rather than how long a life is lived. The Council wants to ensure that all people have a good quality of life that adds value and purpose, one in which they can continue to contribute to their families and the wider economy well into retirement (if they so choose).

Ageing can bring challenges, such as frailty, chronic long-term conditions, feelings of isolation and loneliness and dependence but these need not be an inevitable part of ageing. There is much one can do to maintain good health and wellbeing as we age. Public services, the third sector, the commercial sector and local government can ensure that South Cambridgeshire is a great place to grow older and live well.

## Needs identified in the JSNA

- Rates of Excess Winter deaths in older people aged 85+ tend to show no significant difference to the England Average
- Rates of hip fractures in people aged 65 and over tend to show no significant difference to the England Average
- Dementia diagnosis rates for people aged 65+ across the District are significantly lower (worse) than the national average.

For South Cambridgeshire, based on CCCRG future population estimates, see section 1 above, (which consider local growth plans in their methodology and assumed to be more accurate), the predicted increases 2017-2035 in those experiencing certain conditions are:

- ⇒ Moderate physical disability: 19.4%
- ⇒ Serious physical disability: 20.6%
- ⇒ Mod/Serious personal care disability: 19.8%
- ⇒ Common mental disorder: 17.8%
- ⇒ A fall: 65.4%
- ⇒ Dementia: 93.4%

All of these will have serious implications on demand for specialist housing and a built environment which is dementia and age friendly.

## How we will measure success

An effective public health approach recognises that it is only through actively working together on these many factors, that we can make inroads into improving health for the whole population<sup>1</sup>. We cannot achieve this alone. Actions will need to be monitored and outcomes evaluated where possible; however, changes to population health often take many years to achieve. Therefore, it is important to recognise that whilst we cannot directly influence individual health outcomes, we can make a significant positive contribution to health and wellbeing at a population level through the actions outlined in the strategy.

*“Designing a dementia friendly town won’t prevent dementia but it will improve the quality of life for those living there”.*

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## Conclusions

This Strategy aims to address the Health and Wellbeing needs of a population who on the whole report good health but where there is continuing high housing growth and ambitious economic growth in the face of an increasingly ageing population where more people will need physical and financial support with fewer people of working age able to fund services. The role we play in the wider determinants of health will ensure our populations are physically and mentally fit enough to contribute to, and benefit from, the economic growth across the region and continue to positively contribute to society and live full lives well beyond retirement. Providing for health and wellbeing is an essential element to place making, building strong and resilient communities; and is complimentary and achieved in part by a supportive built environment designed to promote health and wellbeing.

The health priorities for this Council will be to promote optimum health through the wider determinants where we can use our influence. Health cannot be achieved alone through the built environment; spaces need to be animated and activities supported by the Council. Providing the opportunities for young people to participate in activity acts to embed activity into their lifestyles at the outset which stays with them as they mature and grow; so being active becomes part of their lifestyle. Helping adults to regain activity helps demonstrate a good role model to young people and helps to create a culture of physical activity. An holistic approach to health and wellbeing is required to maximise every opportunity available to influence, support and encourage health and wellbeing leading to a virtuous circle of mutually reinforcing interventions.

By adopting a “health in all policies” approach the Council will seek to achieve a net gain in human health in all its endeavours and activities.

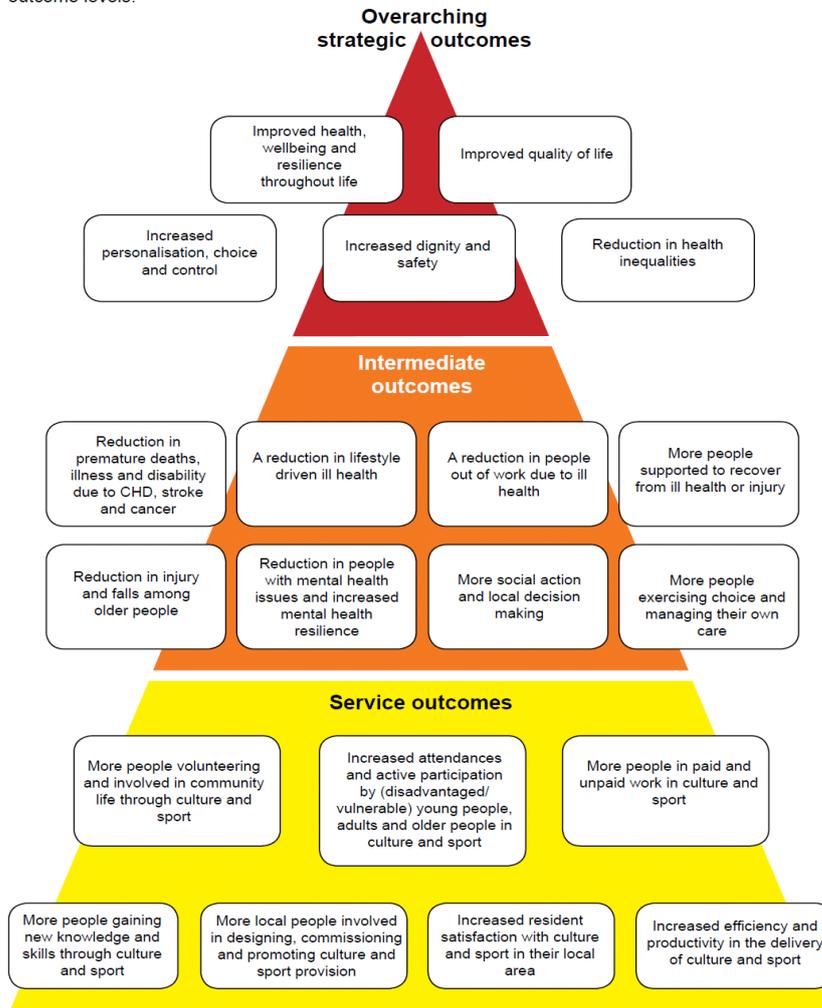
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## Appendices<sup>(5)</sup>

### Outcomes triangle: health and wellbeing

This outcomes triangle gives an overview of culture and sport's contribution to better outcomes for health and wellbeing. It suggests local outcomes at service, intermediate and overarching strategic outcome levels.



## Appendix B

### Outcomes triangle: strong communities

This outcomes triangle gives an overview of culture and sport's contribution to better outcomes for strong communities. It suggests local outcomes at service, intermediate and overarching strategic outcome levels.

