

14 May 2020

Report to: Overview & Scrutiny Committee

Lead Cabinet Member: Hazel Smith, Lead Member for Housing and Health

Lead Officer: Gareth Bell, Communications Manager

Health & Wellbeing Strategy

Executive Summary

1. This report presents to the Scrutiny and Overview Committee a Health & Wellbeing Strategy for South Cambridgeshire District Council (SCDC) for which Cabinet approval is sought in June 2020.
2. Once approved the strategy will provide clearer guidance and priority to those actions which promote health and wellbeing and which support the Council's business plan.
3. A healthy society is necessary for a prosperous and flourishing society. If we are to make thoughtful decisions about our environment and be able to contribute to the wider community, people's basic health needs must be satisfied first. The greatest factors influencing people's health comes from activities such as education, employment, housing, the environment and community all of which fall within the role of local government. Therefore, health and wellbeing is not an isolated activity but one which permeates every area of the Council's work.
4. The Health & Wellbeing strategy has been developed following thorough examination of the data describing the health of our district's residents, with a clear understanding of the structures which allow this Council to address these needs in partnership with others and with member engagement at its centre.
5. It should be noted, however, that this process occurred prior to the Covid-19 pandemic – which has already had profound impacts on lifestyles, health and wellbeing and will continue to do so in the medium and longer terms. Whilst it is too early for a full assessment of how this crisis will change the health landscape, some of the likely impacts have already been evaluated (by local Directors of Public Health in conjunction with the LGA ⁽¹⁾); therefore a degree of flexibility within this strategy to respond may be necessary as the pandemic takes its course and a clearer picture emerges.

Key Decision

6. No this is not a key decision.

Recommendations

7. It is recommended that Scrutiny and Overview Committee considers and comments on the Health and Wellbeing strategy prior to submission to Cabinet.

Reasons for Recommendations

8. To agree a strategic direction which continues to promote and support the wellbeing needs – both physical and mental - of the residents of South Cambridgeshire.

Details

9. 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 Cambridgeshire County Council aims to identify local needs and views in order to support local strategy and service planning. This strategy also 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). By working in partnership with our wider health stakeholders our role is to support, facilitate and enable action at a community level which acts to promote good health. The activities we undertake and support all lead to the promotion of a strong sense of place, with good community cohesion and connectivity and healthier, greener environments; all of which help contribute to keeping people physically and mentally well and reducing the burden on the healthcare services.

10. 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.

11. The Draft Cambridgeshire and Peterborough Health and Wellbeing Board Strategy 2019-23

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

12. It is also important to take into consideration the health priorities of the NHS. These are set by the Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP). The STP has two geographical Alliances, in the North and South. PCN's 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.

13. 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
- 3) Partnership working
- 4) Developing a culture of learning as a health and care system
- 5) Using technology to modernise health

14. 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.

15. 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 as PCN's 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.

16. There are 3 main PCNs across the District, within which the majority of our GP practices fall:

- ⇒ **Cambridge South East Villages** (Granta): Shelford, Sawston, Linton, Barley and Royston Surgeries in Hertfordshire
- ⇒ **Cambridge West Villages** (Meridian): 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 is part of the Huntingdon Central PCN
- ⇒ Monkfield Medical Practice (Cambourne) is part of the St Neots PCN
- ⇒ Greensands Medical Practice (Gamlingay) is joined to a Bedfordshire PCN

17. 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
Cambridgeshire and Peterborough	216,374	266	166,529	219	49,845	738

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 ⁽³⁾.

18. 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.

19. 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.

20. 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.

- 21. 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.
- 22. 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.
- 23. The Strategy outlines the activities we are undertaking at present with some planned activities for the future to address the health issues outlined above, taking a life course approach.
- 24. The Strategy does not include any actions specific to addressing the medium and longer terms outcomes of the Covid-19 pandemic. Therefore, flexibility will be needed once there is a clearer understanding of how this will develop.
- 25. The Covid-19 pandemic has demonstrated that populations with chronic long-term conditions, such as obesity, type-2 diabetes, heart disease and chronic obstructive pulmonary disease (COPD), many of which are lifestyle related, are at higher risk of severe outcomes and mortality than healthier populations.

Options

1. Recommend to Cabinet any action, including redeployment of resources required to address issues identified within this report and its appendices.
2. Request clarification on any aspects relating to the data contained within this report and its appendices.

Implications

- 26. In the writing of this report, taking into account financial, legal, staffing, risk, equality and diversity, climate change, and any other key issues, the following implications have been considered:-

Financial

27. It is highly likely that there will be financial implications as a result of the Covid-19 pandemic. These could present as both opportunities and risk to the Council. Over the coming months we will be focused on examining the fall out of our residents' mental health, debt, loss and loneliness, relationships and inequalities.
28. However, over the past few months we have seen more individuals and families participating in walking and cycling across the District and in a society which may need to practice more social distancing in the future there may be opportunities for the Council to capitalise on this increased outdoor leisure take-up.
29. The future of the leisure industry is uncertain and, according to industry experts, people who traditionally enjoyed attending the gym or swimming may no longer wish to return to an indoor environment or no longer have the financial means to do so.
30. This Council is in a unique position whereby it does not manage any of its leisure centres, which fall under the Village Colleges. This means they are likely to fall outside of any government grant arrangements, or membership of national associations and the schools may have other pressing priorities than their leisure offer.
31. The Council should also bear in mind the role of the local village halls and sports halls owned by parish councils or trusts within villages and the likely impacts on these which host a huge number of weekly sporting activities such as martial arts, yoga, badminton, dance etc and make up a substantial part of the offer. There will inevitably also be an impact on the village sports clubs, such as cricket, rugby and football.
32. The Council may need to consider what financial support it might offer, if needed, to ensure that these activities remain accessible to residents and the impact on villages is minimised over the short to medium term. These activities are vital to maintaining a 'sense of place' and creating vibrant communities.
33. The Council may also want to consider whether a coordinating role is adopted to help centres apply for the myriad of grant funding available to adapt facilities which enable people to continue to exercise in a gym environment safely whilst maintaining social distancing.

Consultation responses

34. A workshop was held with elected Members in April 2019 with 2 further follow up meetings.

Alignment with Council Priority Areas

35. 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.

36. 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.

37. 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.

38. 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.

Background Papers

[Cambridgeshire and Peterborough JSNA Core Dataset 2019 District Summary – South Cambridgeshire JSNA Core Dataset 2018/2019](#)

Appendices

Appendix A: Executive Summary

Appendix B: Health & Wellbeing Strategy 2019 -2024 Draft incl a description of current and planned activities against life stage.

Appendix D: Health & Wellbeing Budget draft

Appendix E: LGA Outcomes triangle for Health & Wellbeing and Strong Communities

References

1. <https://local.gov.uk/public-mental-health-and-wellbeing-and-covid-19>

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