

South Cambridgeshire District Council Health and Wellbeing Strategy 2020-2024

1.0 Foreword

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Health and Wellbeing is not a standalone issue and its importance for all of us has been highlighted in the starkest manner during the Covid Pandemic when those people with the poorest predicted health outcomes have suffered the most. One of our main goals must be to make our residents, our villages and towns truly resilient to future threats of this nature.

Health and Wellbeing 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 lead to stress, over-tiredness and poor mental and physical health as well as to 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 potentially helping their finances and 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⁽¹⁾. 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 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.

In light of the Covid-19 pandemic, however, a degree of flexibility will be required in our planned activities and budget to address the health outcomes as they begin to emerge over the short, medium and longer term.

The following infographic is taken from the paper "Shaping Healthy Places" (Feb 2019)⁽⁵⁾, LGA and DCN and illustrates how a District Council can influence the health through the delivery of statutory and non-statutory services.

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) ⁽⁶⁾

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

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.

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.

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
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⁾.

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).⁽²⁾
- **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 ⁽³⁾.

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 ⁽¹⁾.

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⁽³⁾. 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 population¹. 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 and therefore more resilient in the face of any future pandemics; 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 engaged in addressing wider environmental challenges; and is complementary to 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.

References

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- (2) <https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/0/gid/1938133090/pat/6/par/E12000006/ati/102/are/E10000003/iid/90813/age/305/sex/4><https://www.scambs.gov.uk/housing/housing-strategy-and-policy/>
- (3) HOPSR:<https://www4.shu.ac.uk/research/crest/news/housing-older-people-supply-recommendations-hopsr>
- (4) ECDA: <https://shurda.shu.ac.uk/91/>
- (5) http://www.fph.org.uk/what_is_public_health

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Health & Wellbeing Action Plan 2020-2024

Table 1: Children and Young People

What we're doing now	Why we're doing it	Delivery model	Cost
Home Start Grant Funding for new parents	A child's future is determined before they are born. The Home Start programme is targeted to parents with young children under the age of 4 living in the most disadvantaged areas of the District and supports the Countywide priority of giving children the best start in life.	Funding provided for Home Start via the Service Support Grants.	£4000 over 3 years
Holiday Sports Camps	To provide opportunities for children from all backgrounds to participate in sport activity to build confidence, improve educational attainment (direct link between children who play sport and educational attainment), social and community cohesion. These events are supported by volunteers from the young leader programme via School Sports Partnership.	Sport camps Disability school athletic sport.	Self funded
Mini Olympics for year 4 pupils	Promoting sport in schools. 44 schools across South Cambridgeshire attending with 1600 pupils introduced to a wide range of sports and involving 128 volunteers from the 8 secondary schools. Children who engage in sports early adopt healthy lifestyle habits which are more likely to continue into adulthood. There is a strong correlation between sporting activity and educational attainment	South Cambs Schools Sports partnership (Total event cost £4300)	£1000
Wild Minds	Working in partnership with Milton Country Park and a psychological therapist to provide an 8 week course for young people (aged 14-18) with poor mental health unable to access mental health services via primary care.	Funded by Let's Get Moving	£3,226
Working with vulnerable families	Through our housing officers, identifying families who may be struggling and working across agencies to provide wrap around support.	Housing Support Officers and Complex Case Officer	£Officer time
Advice Services	To provide debt counselling and advice services such as CAB and Disability Cambridgeshire to families in need of additional support	Funding provided for voluntary sector organisations via the Service Support Grants.	£85,000/pa CAB £ 5,000/pa DC £ 3,000/pa DISH £ 4,110/pa Reach
Future Plans	Why we're doing it	Delivery model	Cost
Nutritional Wellbeing in Schools	New funding from Public Health providing access to schools to provide nutritional wellbeing together with measures such as Whole School Approach to Health and Wellbeing.	Healthy Lifestyles Contract Public Health (formerly LGM)	£External funding

Table 2: Healthy Behaviours and Lifestyles

What we're doing now	Why we're doing it	Delivery model	Cost
Creating an Active Travel Toolkit	To guide planners, developers and officers in creating truly active environments in new communities to encourage residents to adopt more active healthier lifestyle behaviours as soon as they move in. Encouraging more people to travel by cycle or on foot will not only create safe more sustainable environments in which children can play, it will improve population-based activity levels, increase community cohesion and improve air quality. To be included in the next Local Plan and create an Active Travel SPD.	Planning, policy, S106	£Officer time
Health Impact Assessments (HIA)	Using the Health Impact Assessment tool to work with developers and planners to ensure new settlements promote health and wellbeing through good quality housing, equitable access to local amenities, open green space and play areas.	Sustainable Communities Officers	£Officer time
Equalities Impact Assessments (EqIA)	Use of the Equalities Impact Assessment tool for all new policy, projects and major planning applications to ensure disadvantaged or vulnerable people are not discriminated against.	Planning, policy	£Officer time
Creating healthy new communities through the planning system	Working closely with developers and planners to create new communities which design-in active lifestyle, promote physical activity, health and wellbeing via high quality housing, easy access to green space, amenities and healthcare, learning from what works well at Northstowe.	Planning, policy, S106	£Officer time
Active and Healthy 4 Life (Exercise on referral)	Exercise Referral scheme for adults with a medical condition. Delivered at sports centres across the district. Continue to work with PCNs to improve and increase referral rates across the District.	Local Sports Centres Sports co-ordinator contractor	£22,000
Healthy Lifestyles Contract (formerly Let's Get Moving)	A County funded programme aimed at those most in need to encourage participation in physical activity. Participating in physical activity improves physical health, e.g. can help reduce obesity, reduce risk of developing diabetes, heart disease and other chronic illnesses and positively impacts mental wellbeing.	Funded by Public Health and hosted by SCDC promoted by Project Officer post.	Funded in full by CCC
Active New Communities	HNT programme/Sport England funded programme to support physical activities in new communities including Northstowe and Hauxton.	HNT and Sport England	Funded by NHS HNT & Sport England
Promoting greater activity in the workplace via national initiatives i.e. cycle to work day; lunch time walks, various activities in the recreation room; learn at lunch sessions. Mental Health First Aiders,	To improve employee morale, encourage more inter-departmental cohesion, create an enjoyable working environment, improve physical activity levels and support mental wellbeing for employees.	Officer support and Everyone Health (funded by CCC).	£Officer time
Early intervention and prevention to support debt and prevent homelessness	To help residents to maintain tenancies, reduce stress and maintain good mental health, to the benefit of the individual and their families.	CAB, Reach (Via service support grants), housing support	£Officer time
Investment in community-based art-therapy groups.	Offering residents suffering with poor mental health alternative therapies to managing mood	Part-funded by service support grants.	£2500/pa
Community Safety initiatives across the age groups	Domestic Abuse training for front line staff; communications on a range of issues such as Hate Crime, Scams, Domestic Abuse and Sexual Violence and Hoarding. The development of a range of toolkits to build community resilience in the face of vulnerability to crime	CSP	£Officer time

Future Plans	Why we're doing it	Delivery model	Cost
State clear health and wellbeing objectives in the Local Plan	To make clear to those seeking to develop and build that only developments which address our criteria will meet planning approval.	Planning policy	£Officer time
Apply the 10 principles from the Healthy New Town Network and the best innovations from our work at Northstowe Healthy New Town and apply the learning to new planning applications.	To ensure every new site is a healthy new town to address inequalities between new sites and create consistency on what new residents can expect when moving into a new settlement.	Planning policy	£Officer time
The Health Impact Assessment SPD will be revised and updated.	To reflect new policy and evidence in which to work with developers and planners to create new developments which produce a net gain in health	Planning policy	£Officer time
Secure from major developers S106 funding for the phasing arrangements for early delivery of community spaces such as parks, greens spaces, orchards and allotments in new communities.	To ensure that new developments promote health and wellbeing from the outset giving opportunities for the early residents to have access to quality open green space, parks to promote mental and physical wellbeing.	Planning policy	£Officer time
Creation of a "Top Ten Tips to future proof your home" – sharing best practice for private homeowners wishing to extend or build new homes.	Sharing our learning, expertise and best practice in creating quality lifetime homes for residents wishing to build their own home and extend their existing home to promote good health and independent living for as long as possible.	Planning policy	£Officer time
Continue to invest in mental health first aiders in the workplace	To create a more supportive working environment, signposting employees to various voluntary sector support to prevent escalation of symptoms leading to crisis, improve productivity and reduce absenteeism.	Training provided by Everyone Health (free) and delivered by Officers	£Officer time
Working with PCNs within an integrated neighbourhood delivery model to wrap support around the individual.	To create more seamless access to services for our residents, prevent escalation of symptoms leading to crisis and support independent living and delayed transfer of care into hospital or social care. This will be a multi-agency approach working with health and social care partners and the voluntary sector.	Officers	£Officer time
To set up a Council partnership with an external agency that can deliver low carbon, energy efficiency and fuel poverty services to all residents.	Helping to meet the Council's Business Plan to be 'Green to our Core' and working towards a carbon neutral future. Helping to tackle fuel poverty which has an adverse impact on health and wellbeing due to cold and damp homes.	Housing and Environmental Health	£Officer time
Agree an Air Quality Strategy and review the air quality monitoring network.	To ensure that we maintain or improve the good level of air quality our residents currently enjoy and review the ongoing monitoring network so that it takes full account of future air quality changes resulting from the high growth across the District.	Environmental Health	£Officer time
Set emissions standards for Private Hire and Taxi vehicles	Set emissions standards (Euro 5 and 6) for Private Hire and Taxi vehicles to reduce CO2 and NOX	Licensing, policy	£Officer time
Develop a Health in All Policies Approach (HiAP)	Develop an approach to all policies which systematically takes into account the health implications of the decisions made; targeting the key social determinants of health.	Officers	£Officer time

Table 3: Mental Health

What we're doing now	Why we're doing it	Delivery model	Cost
New community development. Learning from the issues relating to mental health in the early development of Cambourne and applying this learning to all new developments	To ensure all new communities offer early residents the opportunities to meet and connect with each other; employing community development workers to bring people together and ensuring that early infrastructure is provided through S106 funding.	Officers	£Officer time
Early intervention and prevention via our housing officers to support debt and sustain housing for those in need.	To help prevent individuals and families from falling into debt/or helping them to manage debt and to help sustain tenancies.	Housing Officers including Housing Advice Officers	£Officer time. This is statutory work, funded via homeless prevention funding etc.
Investment via service support grants to provide community-based art-therapy groups	Arts play an important role within mental health care supporting the positive mental health of individuals.	Grant Funding	£2,500 pa
Providing temporary homes during the most severe weather for rough sleepers	To offer temporary respite to rough sleepers during the harshest of weather conditions	Housing	£ Officer time (Costs covered via statutory homeless prevention work undertaken by case officers).
Mental health crisis support	A local 'Crisis Care Concordat implementation plan aimed to prevent mental health crisis in community settings and reduce the use of section 136 of the Mental Health Act signed by this Council.	CCC/SCDC	£Officer time
Future Plans	Why we're doing it	Delivery model	Cost
Creation of a Mental Health Officer post. Developing a business case using the reallocation of resources to enable the appointment of a mental health worker to work with families struggling with anxiety, depression, drug and alcohol addictions to improve the wellbeing of the individual, their immediate family, (often young children) and their neighbours.	Housing officers currently spending an inordinate amount of time on a small number of tenants who present with quite complex mental health needs, but which don't meet the thresholds for NHS intervention. Freeing up time for housing officers to work a broader caseload and prevent escalation of symptoms of resident leading to crisis and possible loss of tenancy	Housing, Neighbourhood Services.	£30,000 (funded 80% from HRA and 20% EH)
Training for all front-line staff in early identification of drug and alcohol addiction.	To identify residents and families at risk or early on and signpost to services to avoid escalation of symptoms	Change, Grow, Live external provider (free training).	£Officer time training
Continued investment in mental health first aiders within the workplace	To provide peer to peer support and an alternative outlet for colleagues who want to talk/need support to help prevent the escalation of symptoms of poor mental health.	External provider	£Public Health

Table 4: Ageing Well

What we're doing now	Why we're doing it	Delivery model	Cost
Invest in the Mobile Warden Schemes to enable older people to continue to live independently in their own homes if they choose	To enable older people to continue to live independently in their own homes if they choose	Parish Councils, Age UK, Grant Funding	£27,000 pa
Invest in Care Network independent living schemes	To enable vulnerable people to continue to live independently in their own homes if they choose.	Grant Funding	£ 7,700 pa
Offer the Housing Options for Older People service across tenure for those wishing to consider alternatives. This is tenure neutral	To enable people to remain living and ageing well in age-appropriate housing, avoiding early hospital or care admission	Housing officers and promotion of service through social media and magazine	£0 County council funded project.
Create flexible homes to support independent ageing through the joint housing strategy.	To enable people to remain living and ageing well in age-appropriate housing, avoiding early hospital or care admission	Planning, housing	£Officer time
Planning and building the right number of homes to meet demand for older peoples housing needs using the HOPSR ⁽³⁾ and ECDA tools ⁽⁴⁾ and developed under the HNT programme	To provide the right supply of homes which give people greater choice by building attractive homes in places where people want to live eg good accessibility, close to amenities etc	Planning, housing	£Officer time
Investment in the Home Improvement Agency (HIA).	To enable residents to apply for adaption to homes to enable them to remain living independently for as long as possible avoiding earlier hospital or care admission	Housing.	£Officer time Funded entirely by the Better Care Fund
Investment in the Age UK Handyperson scheme	Tenure neutral scheme enabling residents to apply for minor work/jobs to keep their homes functioning, enabling them to live comfortably and longer in their own homes for as long as possible avoiding earlier hospital or care admission	Grant funding	£20,000 pa
Promote the Community Lifeline scheme to residents.	To offer remote support to vulnerable residents at risk of falling etc	Housing	£175,000 (generates a profit of £50,000)
Work with the Falls Prevention teams	To identify and refer those at risk to the falls teams at CPFT and promote strength and balance classes and community based activities	Housing officers	£Officer time
Invest in digital care within our new communities	Tech-enabled care together with services such as the Lifeline enable residents to be monitored to detect early signs of deterioration in health plus more immediate connectivity to carers, families and health professionals should something go wrong.	Housing, new communities	£Officer time
Promote the Parish toolkit to address isolation and loneliness in our rural communities.	To encourage more parishes and groups to engage in activities which create community and social cohesion to help prevent isolation and loneliness	Development Officers	£Officer time
Provide support to Parishes and Community Groups to develop local	Helping groups and parishes set up locally driven initiatives which support local people.	Care Network	£3,800 pa

initiatives which benefit the wider community			
Invest in community transport schemes such as the Royston and District Community Transport Scheme and Care Network Community car schemes. Continue to produce the transport directory.	Lack of community transport negatively affects the most vulnerable people in our society including the elderly, and those on low incomes. Continued investment will enable independence and social connection to those that would otherwise not have the means to travel beyond their village and access healthcare and other necessary amenities	Funding via the service support grants.	£7000 pa RDCT £3000 pa Voluntary Network
Support the publication of COPE, the newsletter aimed at keeping local older people connected and in touch with the outside world.	To keep older people connected. Many older house-bound people who do not have or want access to the internet rely on this form of newsletter as a source of information on what's going on locally.	COPE	£ 2,000 pa
Promote the Community Rail Partnership	To encourage modal shift to more active travel by promoting cycling and walking routes and public transport options to and from stations, and promoting rail use as a key part of sustainable and healthy journeys	Project officer	£Officer time
Specialist advice for voluntary sector	To provide specialist advice for the voluntary sector in terms of access to various sources of grant funding, training and general support	CCVS	£10,000 pa
Providing support to help families and individuals maintain their tenancies	To help vulnerable families maintain tenancies to help avoid homelessness	Cambridge Cyrenians Cambridge Re-Use Cambridge Womens Aid	£4,000 pa
Support the Military Veterans Covenant	To help support retired military service personnel who re-settle in the District on a range of issues such as benefits, housing and welfare.	Project Officer	£ Officer time

Future Plans	Why we're doing it	Delivery model	Cost
District wide cover of the Mobile Warden Scheme	To enable greater access for older/vulnerable people access to a supportive scheme which enables them to continue to live independently in their own homes, avoiding earlier admission into care or hospital.	Parish Councils / Age UK Grant funding	£200,000 pa estimate
Work with our Parishes to create recognised Dementia Friendly communities across the District	To enable those living with dementia and their families and carers to remain living safely in their local communities and to feel supported and understood. This will help avoid early admission into care or hospital.	Parishes, planning, housing	£Officer time
Provide safeguarding and dementia friendly training to frontline staff and licenced taxis	To ensure those living with dementia feel well supported. To enhance knowledge of taxi drivers to support people living with dementia and who may be lonely or living in isolation.	Cross council and licencing officers	£ Officer time
Develop a Council owned exemplar scheme of age-exclusive apartments at Northstowe.	To ensure that the Council is at the forefront of developing the next generation of affordable rented homes specifically targeted at older people, that promotes an active lifestyle and supporting residents to live safely and independently for as long as possible.	Council newbuild programme	£ TBA
Organise a Parish toolkit roadshow across the District to show case community-based solutions to tackle social isolation	To inspire local communities and provide practical advice and support, peer to peer, to Parishes and community groups interested in learning more about how to tackle social isolation.	Project officer	£ Officer time