Cambridgeshire County Council

Cambridgeshire Health & Wellbeing Strategy

2012–17

Updated May 2015









www.cambridgeshire.gov.uk

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For more information about the Cambridgeshire Health and Wellbeing Board please visit our webpages on the Cambridgeshire County Council website: **www.cambridgeshire.gov.uk**

Foreword

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

In our draft Health and Wellbeing Strategy published in June 2012, the Cambridgeshire Health and Wellbeing Board proposed five priorities where we can make the most difference to achieve better health and wellbeing outcomes for our communities. We carried out a public consultation from June to September 2012 to ask for your feedback and we received over 200 responses from individuals and groups throughout Cambridgeshire.

The overwhelming majority told us we have identified the right priorities for the Board and Network to work on over the next five years. This gives us confidence that this is a shared strategy and reflects what matters most to organisations and communities in Cambridgeshire.

In this revised strategy, we have stressed again the importance of supporting both physical and mental health for all residents – particularly for children and young people, the elderly and vulnerable individuals or groups. Throughout the strategy, links and synergies between each of the first five priorities are evident, as is the importance of prevention.

One strong theme from your feedback was that we need to find new ways to work together and to use resources in a different way, maximising the benefit for local people.In this time of financial constraint, we face significant challenges to manage public sector resources effectively while we continue to deliver the best outcomes for residents of Cambridgeshire. In response to this challenge and in recognition of your feedback, we have introduced a new sixth priority to the strategy: to work together more effectively and use resources differently.

Information about the health and wellbeing needs of Cambridgeshire has moved on since we first published this strategy in 2012, so we have updated some sections. These revised sections are all included in the refreshed Cambridgeshire Health and Wellbeing Strategy 2012-17, published in May 2015.

The Cambridgeshire Health & Wellbeing Board and Network have a unique and valuable role to play in addressing these priorities. We bring together leaders from key organisations to enable change, and are ideally placed to overcome barriers to working together, ensure services are joined up to help individuals and families, and deliver progress against these priorities.

This strategy is the first step in a bold vision to achieve change together. As we approach the end of the strategy's lifetime we will consider the impact the strategy has had and the progress against its six priorities. We will then turn our attention to the key health and wellbeing priorities for Cambridgeshire beyond 2017.

Councillor Tony Orgee
Chairman, Cambridgeshire Health & Wellbeing Board



1 Introduction



All aspects of our everyday life have an impact on our health and wellbeing: from health services through to our environment, housing, employment, education, transport and our involvement in local communities. This means that working to improve community health and wellbeing, whilst respecting people's personal lifestyle choices, is everybody's business and in everybody's interest.

Throughout Cambridgeshire each of our partner organisations have strategies and action plans to address specific health and wellbeing needs. We believe that the value of our role as a Health and Wellbeing Board and Network is in addressing issues we can influence the most **as a partnership**, for example:

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

Section 2 describes how we have developed this strategy and identified our key priorities. An important objective of the Health & Wellbeing Board is to communicate, listen and engage with the communities we serve. A public consultation was held on the draft strategy from June to September 2012 to seek feedback and views from across Cambridgeshire.

Section 3 describes our approach to physical and mental health and wellbeing. This strategy recognises the importance and interconnectedness of wider determinants on health and wellbeing and the importance of building public policy alongside local engagement with communities. We outline six cross-cutting principles which underpin the delivery of this strategy: we will strive to deliver equitable, preventative, evidence-based, cost-effective, empowering and sustainable solutions.

Section 4 describes key information about the health of our local population. We also recognise that there are variations across

Cambridgeshire and that different parts of the county will have different needs and priorities. This means that the immediate priorities and best solutions will often be derived through partnership working at a local level.

Section 5 sets out the six key priorities which the Health & Wellbeing Board and Network will focus on in the next five years and describes in more detail why each of these priorities is particularly relevant in Cambridgeshire.

Our next steps, outlined in **Section 6**, will be to identify what success in achieving these priorities will look like and how we will achieve this. We will define measurable outcomes, assess where we augment what is working well, help to unblock any barriers between agencies and identify collective actions and responsibilities to achieve these outcomes.

In May 2015 we published an updated version of the Cambridgeshire Health and Wellbeing Strategy 2012-17. This was to ensure the strategy still reflected the most important health and wellbeing priorities for the county. To do this we have included more up to date information and statistics about Cambridgeshire's communities and health needs, and we have identified a number of other strategies and action plans developed by our partners that are helping to address these needs.

2 How has the Health & Wellbeing Strategy been developed?

We have developed this strategy using:

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

(http://www.cambridgeshireinsight.org.uk/jsna)

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

In this refreshed version of the Cambridgeshire Health and Wellbeing Strategy 2012-17, published in May 2015, we have also used information from JSNAs completed since this strategy was first published in 2012.

b) Existing local strategies and plans

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

In January 2015 the Health and Wellbeing Board agreed to adopt a number of our partners' strategies and action plans that help to address the needs identified in the most recent JSNAs. These 'delivery strategies' are an extension to the Cambridgeshire Health and Wellbeing Strategy 2012-17. The Health and Wellbeing Board will be kept informed of new delivery strategies that are developed which could help to address this strategy's priorities and will consider whether they should be adopted.
A list of strategies formally adopted as additions to this strategy are available to view on the Cambridgeshire Health and Wellbeing Board's webpages:
http://www.cambridgeshire.gov.uk/info/20004/health_and_keeping_well/548/cambridgeshire_health_and_wellbeing_board

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

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

d) Public consultation

A public consultation on the draft strategy was held from June to September 2012, to find out whether we had identified the right priorities for the Health & Wellbeing Board to focus on. The methods of consultation included online and paper questionnaires and presentations to stakeholder groups.

Overall, most people (96%) were happy with the strategy and 81% felt this was the right vision for Cambridgeshire. A significant majority (over 92%) agreed that each of the 5 priorities proposed were appropriate for Cambridgeshire.

Over 70 specific comments are reflected in revisions to this final strategy and we received

over 130 suggestions for addressing these priorities which will help us at our implementation stage.

In response to public feedback, a sixth priority has been added to the final strategy, which commits the Health and Wellbeing Board and Network to working in new ways and using resources differently and innovatively in this time of financial constraint. Additional areas of focus have been added – recognising the importance of education to health and wellbeing in Priority 1, the importance of appropriate end of life care in Priority 2 and the prevention of mental health problems, as well as excess alcohol consumption in Priority 3.

For each priority it will be important to recognise the differing needs of specific groups such as military and ex-military personnel and their families and communities, prisoners and offenders, and those with physical or learning disabilities.

e) Community Impact Assessment

A Community Impact Assessment of this strategy has been conducted and is accessible on our Health & Wellbeing Board webpages on the Cambridgeshire County Council website. This is a process designed to evaluate the potential impacts on all individuals in Cambridgeshire and ensure that the strategy and associated actions do not discriminate against any disadvantaged or vulnerable people.

f) New information about our communities

We published an update to this strategy in May 2015 to reflect the changes in Cambridgeshire's communities and health needs since the strategy was first published, as well as to outline our approach of adopting relevant strategies and action plans developed in partnership that are helping to address these needs.

3 Our approach to improve health and wellbeing in Cambridgeshire

3.1 Our principles

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

1. **Reducing inequalities by improving the health of the worst off fastest**

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

2. **Focusing on prevention**

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

3. **Using evidence-based practice and responding to local information**

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

4. **Developing cost-effective solutions and improving efficiency**

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

5. **Emphasising local action and responsibility**

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

6. **Sustainability**

We will ensure that our services are sustainable, ensuring that changes are made which will create long term positive change, taking into account long term challenges.

3.2 **Our model of health and wellbeing**

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

Figure 1 illustrates how lots of different aspects of our environment and community have a significant impact on our health and wellbeing and influence our behaviour. These include employment, education, housing, local community space or green areas, and transport. The health and behaviours of an individual are influenced more widely by the communities in which they live: their families or social networks, perception of safety and ability to contribute to the local neighbourhood. Our approach to health and wellbeing includes recognising that the best way to ensure participation, sustainability, and ownership of local initiatives is to work directly with local communities to enable them to develop local services and activities that are important to them and their community.

When people are experiencing problems with available to support people when they are their health or with caring for themselves, we needed. We will aim to ensure that these are will work together to ensure that appropriate integrated, and focussed on the needs of the local health and social care services are individual person.

Figure 1: Model of wider determinants of health & wellbeing



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

4 Information about Cambridgeshire

4.1 Who lives in Cambridgeshire?

Approximately 627,000 people live in Cambridgeshire. Of these, approximately 106,000 people are under 15 years of age, and 105,000 people are over the age of 65. Within the next five years, the population of Cambridgeshire is expected to grow further and by 2016 there are forecast to be another 28,000 people living in the county, with the largest increases expected in Cambridge City and South Cambridgeshire. We are expecting to see a significant rise in the population of older people across the whole county. Between 2016 and 2021 the number of people aged 65 and over in Cambridgeshire is predicted to increase by 13%.

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

Most local authority areas in Cambridgeshire have a mainly white population. Cambridge City has higher proportions of minority ethnic groups than the England average, many of whom are students and professionals. Cambridgeshire is home to a number of military communities with specific health and wellbeing needs. Cambridgeshire also has a considerable number of Gypsies and Travellers and migrant workers within the county.

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

4.2 How healthy are the people of Cambridgeshire?

In Cambridgeshire, overall health and life expectancy are well above the national average. Life expectancy at birth for men is 81.0 years and for women is 84.6 years. Death rates from all causes and early death rates from cancer, heart disease and stroke have fallen and are better than the England average. But these major diseases still have a considerable impact on health and wellbeing which could be reduced through healthier lifestyles and choices.

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

City, North Huntingdon and the north of East Cambridgeshire, where lower levels of skills, income and greater health inequalities than the rest of Cambridgeshire are experienced. People in the more socioeconomically deprived areas of Cambridgeshire have a life expectancy which is 7.1 years lower for men and 5.0 years lower for women compared to people in the least deprived areas. Improving the health of the worst off fastest is a theme throughout this strategy.

More information about health in Cambridgeshire is available at www.cambridgeshireinsight.org.uk/jsna

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

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

During the financial year 2013/14, NHS Cambridgeshire and Peterborough Clinical Commissioning Group spent £888 million on health services for Cambridgeshire and Peterborough patients. Over half of this spend was on hospital services (£495m, 56%), followed by primary care (£124m, 14%) which is mainly made up of the drugs prescribed by GPs. About a sixth of spend (£146m, 16%) was on community health services and a tenth (£93m, 10%) on mental health and learning disability services.

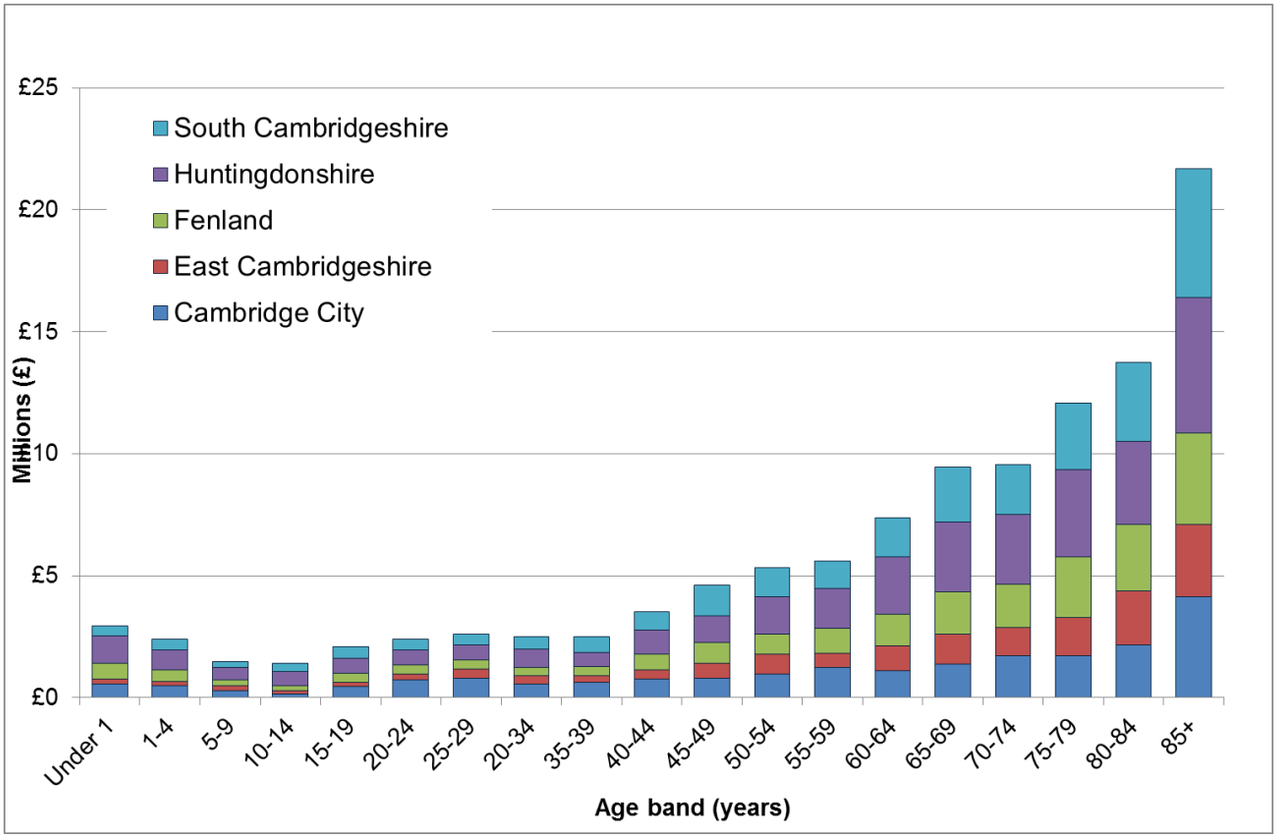


Figure 2: Unplanned (emergency) hospital admissions – total resource use by age group, 2013/14

Source: Admitted Patient Care Commissioning Data Set, Cambridgeshire and Peterborough CCG

The total adult social care budget for Cambridgeshire County Council for the financial year 2014/15 was £166 million. Of this, £74.6m (45%) was for social care for older people aged 65+ and over a third (£58m, 35%) was for social care for people with learning disabilities.

The budget allocation for Cambridgeshire County Council Children and Young People's Services for 2014/15 was £86 million, excluding direct spend on schools.

Over a tenth (£10.3m, 12%) was for looked after children, about a sixth (£14.4m, 17%) for other social care for children, including services for disabled children, and an eighth (£10.9m, 13%) was for locality teams, including children's centres and youth services, which provide preventive interventions for children, young people and their families.

In order to better understand how resources are currently used across different agencies and services to meet the needs of older people in Cambridgeshire, we carried out a JSNA Service and Financial Review, which gathered information from NHS services, adult social care, district councils and the voluntary sector. This showed that nearly half (45%) of resources used for NHS hospital care were for people aged 65+, which is to be expected as people are more likely to develop health problems and long term conditions with increased age. Further analysis showed that while resources used for planned hospital admissions were highest for people aged 60-74, resources used for unplanned hospital admissions (see Figure 2) and for placements in nursing and residential home care were highest for the very oldest age groups. This analysis raises the question of whether the needs of our most elderly and frail residents would be better met by shifting resources into more responsive and integrated health and social care services, based within communities.

5 Our priorities for health and wellbeing in Cambridgeshire

Priority 1

Ensure a positive start to life for children, young people and their families

- Strengthen our multi-agency approach to identifying children who are in poverty, who have physical or learning disabilities or mental health needs, or whose parents are experiencing physical or mental health problems.
- Develop integrated services across education, health, social care and the voluntary sector which focus on the needs of the child in the community, including the growing numbers of children with the most complex needs, and where appropriate ensure an effective transition to adult services.
- Support positive and resilient parenting, particularly for families in challenging situations, to develop emotional and social skills for children.
- Create and strengthen positive opportunities for young people to contribute to the community and raise their self esteem, and enable them to shape the programmes and services with which they engage.
- Recognise the impact of education on health and wellbeing and work to narrow local gaps in educational attainment.

Priority 2

Support older people to be independent, safe and well

- Promote preventative interventions which reduce unnecessary hospital admissions for people with long term conditions, enable them to live independently at home or in a community setting where appropriate and improve their health and wellbeing outcomes e.g. through falls prevention, stroke and cardiac rehabilitation, supporting voluntary organisations and informal carers.
- Integrate services for frail older people and ensure that we have strong community health, housing, voluntary support and social care services tailored to the individual needs of older people, which enable them to improve their quality of life and minimise the need for long stays in hospitals, care homes or other institutional care.
- Enhance services for the early prevention, intervention and treatment of mental health problems in older people, including timely diagnosis and joined up services for the care and support of older people with dementia and their carers.
- Ensure appropriate and person-centred end of life care for residents and their families and informal carers.

Priority 3

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

- Encourage individuals and communities to get involved and take more responsibility for their health and wellbeing.
- Increase participation in sport and physical activity, and encourage a healthy diet, to reduce the rate of development of long-term conditions, increase the proportion of older people who are active and retain their independence, and increase the proportion of adults and children with a healthy weight.
- Reduce the numbers of people who smoke.
- Promote individual and community mental health and wellbeing, prevent mental illness and reduce stigma and discrimination against those with mental health problems.
- Work with local partners to prevent hazardous and harmful alcohol consumption and drug misuse.
- Promote sexual health, reduce teenage pregnancy rates and improve outcomes for teenage parents and their children.

Priority 4

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

- Implement early interventions and accessible, appropriate services to support mental health, particularly for people in deprived areas and in vulnerable or marginalised groups.
- Work with partners to prevent domestic violence, raise public awareness especially amongst vulnerable groups, and provide appropriate support and services for victims of domestic abuse.
- Minimise the negative impacts of alcohol and illegal drugs and associated antisocial behaviour on individual and community health and wellbeing.
- Work with local partners to prevent and tackle homelessness and address the effects of changes in housing and welfare benefits on vulnerable groups.

Priority 5

Create a sustainable environment in which communities can flourish

- Develop and maintain effective, accessible and affordable transport links and networks, within and between communities, which ensure access to services and amenities and reduce road traffic accidents.
- Ensure that housing, land use planning and development strategies for new and existing communities consider the health and wellbeing impacts for residents in the short and long term.
- Encourage the use of green, open spaces including public rights of way, and activities such as walking and cycling.
- Seek the views of local people and build on the strengths of local communities, including the local voluntary sector, to enhance social cohesion, and promote social inclusion of marginalised groups and individuals.

Priority 6

Work together effectively

- Commit to partnership working, joint commissioning and combining resources in new ways to maximise cost-effectiveness and health and wellbeing benefits for individuals and communities.
- Identify sustainable, long-term solutions to manage the increased demand on health and social care services.
- Encourage increased partnership working with research organisations to better inform the evidence base supporting the development and evaluation of future services.
- Encourage increased involvement of service user representatives and local groups in planning services and policies.
- Recognise the importance of the Voluntary and community sector and their valuable contribution to implementing the strategy.

Priority 1

5.1 **Ensure a positive start to life for children, young people and their families**

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

In Cambridgeshire, there are children growing up in poverty in every town and village. Despite the affluence of much of the population, there are pockets of real deprivation as well as disadvantaged families living within prosperous areas. Based on 2011 figures, 14,110 children (13.1% of the total) live in relative poverty (families whose income is at or below 60% of the national average) in Cambridgeshire[1]. This represents an increase from 12.5% in 2008. Children living in areas of deprivation are exposed to multiple social factors which adversely affect their health, educational attainment and life chances. Children from poorer families living in more prosperous areas are also at risk of poorer outcomes.



National evidence shows that children growing up in poverty are two and a half times more likely to suffer chronic illness and almost four times more likely to suffer mental health problems[2]. Looked-after children and young offenders are also particularly likely to have poor health outcomes[3].

Action to tackle poverty is a key strand within the Children's Trust programme and there are specific opportunities where the Health & Wellbeing Board and Network can encourage all partners to identify and reach families vulnerable to poverty or with high or complex needs. This includes both a concerted effort to identify children who are at risk of poverty or in challenging situations, tackling the challenges of worklessness, work poverty and poor housing, and working together to ensure these families can access effective, high-quality services and support.

The Mental Health of Children and Young People JSNA 2013 provides an overview of the key issues and needs relating to mental health for children and young people in Cambridgeshire.

[1] Cambridgeshire's Child Poverty Needs Assessment 2011. Available at: http://www.cambridgeshire.gov.uk/childrenandfamilies/providingchildrensservices/children/strategiesandplansforchildren/default.htm
[2] D.Hirsch and N. Spencer (2008), Unhealthy Lives: intergenerational links between child poverty and poor health in the UK
[3] JSNA Children & Young People. Available at: http://www.cambridgeshireinsight.org.uk/jsna



Mental health disorders in childhood can have high levels of persistence. Around 50% of lifetime mental illness starts before the age of 14 and continues to have a detrimental effect on an individual and their family for many years. Potentially, half of these problems are preventable.

Meeting the unmet mental health needs of children is important. In Cambridgeshire we will continue to strive to provide integrated multiagency services which address the physical and mental health and wellbeing needs of children, young people and their families through using tools such as the Common Assessment Framework. This also links closely to the importance of creating a safe and supportive environment and the positive effect on families of tackling drug and alcohol abuse and preventing abuse and neglect. In particular, domestic abuse can have a devastating impact on children and young people and is the most frequently reported reason for referrals to Children's services in Cambridgeshire.

These are specific areas of focus under Priority 4 which have a substantial effect on children, young people and their families. All of our partners are also committed to meeting their statutory requirements to ensure effective safeguarding of children and young people.

The Carers JSNA 2014 provides an overview of key issues and needs of carers, including young carers. According to the 2011 census, 4,208 young people under 25 years in Cambridgeshire provide unpaid care. 385 young people under 25 provide 50 or more hours care per week (including 92 under 16s). Young carers often take on practical and/or emotional caring responsibilities that would normally be expected of an adult. Joint working between services specifically working with young carers and mainstream preventive services for children and young people is needed to ensure that young carers are seen as a vulnerable group, their needs identified early and seen in the context of the whole family.

In Cambridgeshire, there are key inequalities in outcomes for children and young people, and these are demonstrated in a number of indicators, including attainment rates across all key stages of education, rates of unhealthy weight, childhood deaths and injuries3, and rates of young people becoming NEET (not in education, employment or training).

Cambridgeshire is experiencing rapid demographic growth and in parts of the county numbers of children are rising rapidly. The number of children with Special Educational Needs is also rising. It is not only an economic necessity, but critical to the best outcomes for these children that education, health and social care services work together to assess, plan and support these children and their families.

Tackling youth unemployment is important

if we are to grow the local economy, and increasing the participation of 16-18 year olds in education, work and training improves their life chances and makes a lasting difference.

Under 4% of 16- 19 year olds in Cambridgeshire are not in education, employment or training (NEET). For young people with learning difficulties and/or disabilities (LDD), this percentage rises to over 11%. Narrowing the Gap, Cambridgeshire's strategy to raise the attainment of vulnerable groups outlines key interventions to ensure all children achieve their potential.

[1]

Our focus will be to:

- Strengthen our multi-agency approach to identifying children who are in poverty, who have physical or learning disabilities or mental health needs, or whose parents are experiencing physical or mental health problems.
- Develop integrated services across education, health, social care and the voluntary sector which focus on the needs of the child in the community, including the growing numbers of children with the most complex needs, and where appropriate ensure an effective transition to adult services.
- Support positive and resilient parenting, particularly for families in challenging situations, to develop emotional and social skills for children.
- Create and strengthen positive opportunities for young people to contribute to the community and raise their self esteem, and enable them to shape the programmes and services with which they engage.
- Recognise the impact of education on health and wellbeing and work to narrow local gaps in educational attainment.

Priority 2

5.2 Support older people to be independent, safe and well



People in Cambridgeshire are living longer and the number of people over 65 is set to grow by approximately 37% in the next 10 years and 64% in the next 20 years. We know from the Joint Strategic Needs Assessment (JSNA) for Older People that most older people in Cambridgeshire are in good health, but over a lifetime can expect to spend longer in poor health and with disability than previous generations. This is because improved health over the years has allowed people to live longer too. Ageing is a success story although there are challenges associated with it.

The JSNA on Physical and Sensory Impairment and Long-Term Conditions provides local information on a variety of long term conditions, a large proportion of which affect people over 65 years. Although 40% of older people do not have a long term condition such as diabetes, hypertension, coronary heart disease or asthma, incidence of multiple long term conditions increases with increasing age. Many people live with a long term condition that limits their ability to cope with day to day activities. This is one of the main health challenges older people face: having to cope with more than one long-term condition. The Older People's Service and Financial Review analyses how different agencies use resources to meet the needs of our oldest residents and is described in 'Information about Cambridgeshire' (section 4.3 of this strategy). The report indicates that resources may need to be used differently to provide more responsive and integrated health and social care services, based in communities for our most elderly and frail residents.

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

- Prevention of ill health and promotion of good health (see also Priority 3);

- Reconfiguration and integration of services to support people to live safely and independently in a community setting as long as possible, avoid admission to hospital, and return to a community setting after discharge from hospital where appropriate.

We need to employ a whole system and life course approach to prevention, early intervention and cost-effective services to enable any individual requiring help to stay independent and well for as long as possible. One particular example is the prevention of falls. In the very elderly population (aged 85+), falls leading to hip fractures is the most common diagnosis for emergency admission to hospital. Compared to the East of England, Cambridgeshire has a higher number of falls amongst older people: around one third of people aged 65 and older, and one half of people aged 85 and older will fall once a year.

For frail older people with health and social care needs, we aim to integrate services across organisations to focus on the needs of the individual, ensuring that we have strong community health and social care services, which minimise the need for long stays in hospital or other institutional care and maximise the health and wellbeing of our older population. It is also important to ensure that support and multi-agency services are in place to provide appropriate end of life care.

Assuming prevalence rates remain the same as current rates, the Older People's Mental Health JSNA found that between 2012 and 2026, the number of older people with depression in Cambridgeshire is expected to rise by 12%, from approximately 11,900 to 13,360. The number of people over 65 years with dementia is expected to rise from 7,400 to 12,100; an increase of 64%. There is forecast to be a 43% increase in the number of older people with learning disability.

We know from the Carers JSNA that around 60% of carers are aged over 50. Carers over 65 are more likely to provide informal care for more than 50 hours per week than younger carers and are also more likely than other age groups to report their own health as 'bad' or 'very bad'. Carers are a valuable asset within our communities and need to be supported. This has been acknowledged by the Care Act 2014.

Older people in Cambridgeshire report that they are most concerned about income, transport and social inclusion, access to information on services and activities, housing and help in the home[4]. The role of communities is important. 85% of older people do not access social care services and most care and support provided to older people is unpaid and informal. The number of older people experiencing difficulty in managing alone at least one domestic task (for example shopping, jobs involving climbing, floor cleaning) is expected to almost double from 40,800 to 74,500 in the next 20 years. If current patterns of need and care are applied to the increasing numbers of older people, the provision of services will be unsustainable[5].

[4]JSNA Older People. Available at: http://cambridge.newcastlejsna.org.uk/webfm_send/143
[5]JSNA Older People. Available at: http://cambridge.newcastlejsna.org.uk/webfm_send/143

Older people make a valuable contribution to their local community. It is important that we capture contributions of older people and identify ways we can support, expand and utilise these assets in Cambridgeshire. Age should be celebrated.

This also links closely to ensuring a safe and accessible environment where older people can play an active role in community and local activities (closely linked to priorities 4 and 5).

Our focus will be to:

- Promote preventative interventions which reduce unnecessary hospital admissions for people with long term conditions, enable them to live independently at home or in a community setting where appropriate and improve their health and wellbeing outcomes e.g. through falls prevention, stroke and cardiac rehabilitation, supporting voluntary organisations and informal carers.
- Integrate services for frail older people and ensure that we have strong community health, housing, voluntary support and social care services tailored to the individual needs of older people, which enable them to improve their quality of life and minimise the need for long stays in hospitals, care homes or other institutional care.
- Enhance services for the early prevention, intervention and treatment of mental health problems in older people, including timely diagnosis and joined up services for the care and support of older people with dementia and their carers.
- Ensure appropriate and person-centred end of life care for residents and their families and informal carers.

Priority 3

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

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

We know from the Joint Strategic Needs Assessment (JSNA) on the Prevention of Ill Health in Adults of Working Age that a large number of people in Cambridgeshire have lifestyle factors which will adversely affect their health. Obesity both for children and adults, smoking rates, lack of physical activity and harm due to alcohol are all key areas where current levels are likely to have long term health consequences. InCambridgeshire about 14% of adults are smokers[6]: Fenland has the highest rates where 22% of the population is estimated to smoke. Alcohol-related admissions to hospital are high among residents of Cambridge and Fenland[7]. Estimates suggest that less than half of local adults eat more than five portions of fruit and vegetables per day and around 60% of adults have high levels of physical activity, with levels significantly lower in Fenland[8]. It is estimated that around 65% of adults are overweight or obese in Cambridgeshire[9], as well as 1 in 5 children aged 4-5 years and just under 1 in 3 children aged 10-11 years olds being overweight or obese[10].

Most of us know some of the everyday things we can do to improve our own health and life expectancy. Yet not everyone is able to make healthy decisions or adopt healthy behaviours. A number of factors can influence this from individual experiences to wider environmental factors which influence our behaviour such as the deprivation, the housing in which we live, transport that we can access, or community support we enjoy. These wider determinants of health are also closely linked to the gap in health between the rich and the poor. We know, for example, that as people become more affluent they are more likely to adopt healthy behaviours. Preventing ill health requires integrated approaches that bring together these wider determinants of health and how people choose to live their lives when healthy or when suffering from ill health.

A key aspect of prevention is taking pro-active steps to enable and encourage people in all age groups to have an active and healthy lifestyle, particularly those who are at a higher risk of ill health. The Primary Prevention of Ill Health in Older People JSNA found that there are health and wellbeing benefits to be experienced by older adults in Cambridgeshire through modifying health behaviours that affect lifestyles, with the key message being; it is never too late to make a positive change. A broad range of options and opportunities to promote a healthier lifestyle need to be available and accessible for all local communities.

[6]Source: Public Health England Public Health Outcomes Framework –Integrated Household Survey 2013
[7]Source: Public Health England Local Alcohol Profiles for England, 2014
[8]Source: Public Health England Public Health Outcomes Framework
[9] Source: Public Health England Public Health Outcomes Framework
[10]Source: Public Health England Public Health Outcomes Framework



This includes behavioural change approaches and changes in the environment or access opportunities, that make it easier for changes to be made by individuals and communities. It is also important that options are available for those with special circumstances, such as children and adults with physical or learning disabilities.

Regular physical activity can reduce the risk of many chronic conditions, including mental health problems. Sport and physical activity can also provide individual, family and community support and resilience, as well as development of personal and social skills and relationships. There are opportunities to promote physical activity through working with schools and local communities, through enabling transport networks and access to parks, green spaces or local countryside including public rights of way – this also links closely to Priority 5.

Encouraging healthy lifestyles and behaviours in children can have a big impact, as it is likely that these habits and activities will last a lifetime. Childhood obesity and teenage smoking are considerable challenges that can be met by schools, health services, social care services, environment teams and local communities working closely together, encouraging peer support and leadership from children and young people themselves.

Raising awareness of risks and early signs of disease so that early treatment can be given, can help to improve both physical and mental health. The way treatment or care is provided should enable people to have control over their own health and health care and to minimise the impact of ill health on their lives. People who already have health problems can benefit from support to help them make lifestyle changes such as increasing their physical activity which can slow or halt the rate at which these problems worsen.

Consumption of alcohol above the recommended safe limits causes a range of adverse impacts on health. Cambridge city has a higher rate of alcohol-specific hospital admissions for both adults and young people under the age of 18. The county also records a higher number of

alcohol-attributed recorded and violent crimes8. Priority 4 also considers alcohol and drug misuse and the impacts of these lifestyle choices not only on individual health, but on community health, safety and resilience.

The promotion of sexual health is especially important where there is a clear link with poverty and social exclusion. Promotion of sexual health also raises particular issues for vulnerable teenagers such as those with learning disabilities. Teenage pregnancy remains a priority for action, associated with health inequalities and poor social, economic and health outcomes for both mother and child. Despite the fact that teenage pregnancy rates in Cambridgeshire remain below the national average, there is still room to reduce them and opportunities to better support teenage parents and their children.

Our focus will be to:

- Encourage individuals and communities to get involved and take more responsibility for their health and wellbeing.
- Increase participation in sport and physical activity, and encourage a healthy diet, to reduce the rate of development of long-term conditions, increase the proportion of older people who are active and retain their independence, and increase the proportion of adults and children with a healthy weight.
- Reduce the numbers of people who smoke.
- Promote individual and community mental health and wellbeing, prevent mental illness and reduce stigma and discrimination against those with mental health problems.
- Work with local partners to prevent hazardous and harmful alcohol consumption and drug misuse.
- Promote sexual health, reduce teenage pregnancy rates and improve outcomes for teenage parents and their children.

Priority 4

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

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

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

Promoting individual and community resilience to adversity is a key priority in preventing mental health problems, strongly linked with Priority 3. As well as stressing the importance of addressing wellbeing needs for the whole population, it is important to give attention to the wellbeing of people with serious mental health problems. Community support and local services are also important for the ongoing support and rehabilitation for people with lifelong mental health problems to prevent or minimise disability for them and their families or informal carers.

It is well recognised that social and health inequalities can both result in and be caused by mental ill health. Gypsies and Travellers, migrant workers, prisoners, people with substance misuse problems and people with learning disabilities are at increased risk of mental ill health and may have difficulty accessing services and health promotion[11]. Migrant workers and black and minority ethnic communities are also vulnerable and may have barriers to accessing mental health services. Individuals in military or ex-military communities may be isolated or have difficulty accessing appropriate services.



Many of the risk factors for mental health and illness are linked to socioeconomic circumstances. There is more work to be done in mapping areas of deprivation and ensuring that mental health service provision is targeted appropriately. We also know that chronically excluded homeless people often have poor outcomes, poor physical and mental health, and drug, alcohol and social problems[12]. Making the transition out of

[11] JSNA Mental Health. Available at: http://cambridge.newcastlejsna.org.uk/webfm_send/58

homelessness can be an intensely difficult process and their complex needs require well-co-ordinated services and support from a variety of different organisations.

Many interventions can have a positive impact throughout the spectrum of mental health and wellbeing needs. Interventions to increase individual, family and community resilience against mental health problems include those which reduce inequalities, prevent violence, reduce homelessness, improve housing conditions, support debt management, and promote employment.

A persistent theme from both the data trends and the community consultation is that despite the generally positive wellbeing and health statistics for Cambridgeshire as a whole, the current economic climate has created some new areas of concern. Unemployment rates, benefits claims, and debt, all may impact on people's mental health and longer term physical health.

There is early evidence of an increase in levels of poor mental health amongst vulnerable parents for example. There is also a particular concern with the availability and affordability of housing, with increasing levels of fuel poverty, and the effects of changes to the benefits system. The Autism, Personality Disorders and Dual Diagnosis JSNA found that by 2026, there are expected to be about 2,000 people in the county with borderline personality disorder, about 1,600 with anti-social personality disorder and about 5,100 with autism spectrum conditions.

Part of maintaining resilience involves creating a safe environment for residents to participate in community activities and particularly for children to have safe places to play and access to positive activities[13]. Crime, particularly violent crime, is linked to mental health. They may have similar determinants such as drugs, alcohol and deprivation and victims of crime are more likely to suffer mental health problems such as depression. In addition to the impact alcohol can have on the health of an individual, alcohol misuse increases the risk of an individual becoming involved in crime, either as a victim or offender.

Antisocial behaviour has also been identified as an area of concern for local communities and can force some individuals or communities to live in fear and social isolation. We will work together with the police and criminal justice system in Cambridgeshire to address these issues and improve community safety.

Tackling this involves understanding why people (especially young people) commit crime or act antisocially and engaging with communities to encourage social responsibility.

Our focus will be to:

- Implement early interventions and accessible, appropriate services to support mental health, particularly for people in deprived areas and in vulnerable or marginalised groups.
- Work with partners to prevent domestic violence, raise public awareness especially amongst vulnerable groups, and provide appropriate support and services for victims of domestic abuse.
- Minimise the negative impacts of alcohol and illegal drugs and associated antisocial behaviour on individual and community health and wellbeing.
- Work with local partners to prevent and tackle homelessness and address the effects of changes in housing and welfare benefits on vulnerable groups.

[11] JSNA Mental Health. Available at: http://cambridgeshireinsight.org.uk/jsna
[12] JSNA for people who are homeless or at risk of becoming homeless. Available at: http://www.cambridgeshireinsight.org.uk/jsna
[13] The Big Plan 2: www.thebigplan2.co.uk

There are many types of abuse or neglect, but domestic abuse continues to be a particular problem. According to the Cambridgeshire Domestic Abuse Needs Assessment 2013, 7,620 incidents of domestic violence/abuse were reported to Cambridgeshire Constabulary. Domestic violence is the most common form of violence in rural areas and is the most frequently reported reason for referrals to Children's services in Cambridgeshire.

In November 2014 at an event hosted by the Police and Crime Commissioner, senior leaders from across the county signed the Cambridgeshire and Peterborough Mental Health Crisis Care Concordat Declaration. The declaration sets out how local agencies will work together to support people experiencing mental health crisis. Improved information sharing and partnership working, prevention and early intervention are just some of the commitments made in Cambridgeshire and Peterborough's Mental Health Crisis Care Concordat Declaration.

Priority 5

5.5 **Create a sustainable environment in which communities can flourish**

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

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



- Building structures and transport systems that reduce or minimise air and noise pollution have clear health benefits in terms of respiratory illness and stress related conditions;
- It is critical to provide good community facilities for young families moving into new communities with lots of open play space, as this minimises the chances of isolation and depression;
- The provision of safe, continuous cycling and walking networks can also help to improve quality of life and wellbeing of vulnerable groups in the community such as young people and help them to access key services such as health care, leisure and recreational facilities.

The Housing and Health JSNA considered the relevance of health and wellbeing to each of the seven broad housing priorities for Cambridgeshire agreed by the Cambridge sub-regional housing board. These are to:

- Deliver new homes to support economic success.
- Enable better health and wellbeing through housing, affordable housing and housing-related support.
- Create mixed, balanced, sustainable and cohesive communities.
- Improve standards in existing homes and encourage best use of all housing stock.
- Extend housing choice and meet housing need.
- Prevent and tackle homelessness.
- Promote the benefits good partnership working can bring to housing- related issues.

The key findings of the JSNA focused heavily on partnership working, building networks, learning from each other, and sharing information, while addressing new challenges due to organisational change.

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

Ability to access transport, particularly in rural areas, determines the extent to which individuals and families of all ages are able to access the facilities that enable them to have a good quality of life and contribute to and benefit from the local economy. This includes access to education, training, employment, health and social care services, recreation, and may also affect people's ability to access their social networks or activities, which are important for maintaining mental and physical health. Nearly one in five of Cambridgeshire's population do not have access to a car or van. The County Council's Local Transport Plan sets out the vision that no one in the county is unable to access the services and facilities they need to participate in community life, take advantage of life choices and to lead a healthy lifestyle because they do not have access to a car.

Our focus will be to:

- Develop and maintain effective, accessible and affordable transport links and networks, within and between communities, which ensure access to services and amenities and reduce road traffic accidents.
- Ensure that housing, land use planning and development strategies for new and existing communities consider the health and wellbeing impacts for residents in the short and long term.
- Encourage the use of green, open spaces including public rights of way, and activities such as walking and cycling.
- Seek the views of local people and build on the strengths of local communities, including the local voluntary sector, to enhance social cohesion, and promote social inclusion of marginalised groups and individuals.

The Health and Wellbeing Board and Network recognises that partners need to work together to ensure services are provided in such a way that transport is not considered a barrier to accessing them.

Another important influence of transport on health and wellbeing is road safety. Although it has reduced, the number of people killed or seriously injured on Cambridgeshire roads remains statistically higher than the England and East of England average[14]. We will continue our efforts to reduce these unnecessary deaths.

We recognise that new communities do not develop in isolation from existing communities and the character of new communities is determined by much more than the physical infrastructure. Community development approaches enable people to work together to seek changes and solutions in their environment as part of a bottom up rather than top down approach. Sharing community resources and supporting systems that promote mutual support are crucial in developing this social capital (linked to Priority 4).

Stronger community networks play an essential role in supporting and encouraging vulnerable families and individuals. Good communications using existing networks and routes are central in promoting this type of community-based prevention linked to health and wellbeing matters within Community Plans.

[14]ERPHO Fingertips – Health & Wellbeing Indicators Profile for the East of England. Available at: http://fingertips.erpho.org.uk/key

Priority 6

5.6 Work together effectively

In many ways, priorities 1 – 5 are not new. Health and social care organisations have been striving to achieve these changes for a long time. What is new is the ambition of the Health and Wellbeing Board and Network to achieve some of these priorities through organisations working together in new ways or with fresh approaches. It is important that we continue to challenge our ways of working and understand whether we are using the right approach and how we can more effectively link together.

To improve health and wellbeing and improve the health of the worst off fastest we will need to think about the whole picture and how we can shape the services and support we provide to meet the needs of different communities. This strategy also emphasises the importance of building health and wellbeing into all public policies and services.

Many organisations that are not directly funded by the health sector make a considerable contribution to the health and wellbeing of local people, often by helping to prevent people becoming unwell. The County Council and local NHS will work closely with our partners in District Councils and Local Health Partnerships, Cambridgeshire Constabulary and Criminal Justice System, the voluntary sector and local community groups. This includes working closely with the different partnership groups and boards across Cambridgeshire which are relevant to health and wellbeing.

We will continue to engage and involve all partners and the local community in decision making and strive for open, honest conversations. We aim to maximise effective health networks across Cambridgeshire to ensure effective communication and better outcomes for local residents. We also recognise the importance of the voluntary and community sector and their valuable contribution to implementing the strategy.

This strategy is being developed during a period of public sector resource constraint. To make a difference we will need to change the way we use resources and re-think how we commission and deliver services across health and social care and other relevant services, in order to achieve better outcomes and effectively meet increasing levels of need. Managing the rising demand for health and social care to meet the needs of our ageing population (described in Section 4) is a significant challenge.

Our focus will be to:

- Commit to partnership working, joint commissioning and combining resources in new ways to maximise cost-effectiveness and health and wellbeing benefits for individuals and communities.
- Identify sustainable, long-term solutions to manage the increased demand on health and social care services.
- Encourage increased partnership working with research organisations to better inform the evidence base supporting the development and evaluation of future services.
- Encourage increased involvement of service user representatives and local groups in planning services and policies.
- Recognise the importance of the Voluntary and community sector and their valuable contribution to implementing the strategy.

In particular, focussing on prevention in a meaningful way requires investment. Although this is likely to lead to longer term improvement in health and wellbeing, alongside savings in health and social care, it may require difficult decisions to shift resources away from more acute care in the short term. We aim to find new ways of working with aligned or shared budgets and using our combined resources more effectively together, to get best value across the local public sector.

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

6 Implementing the strategy: Next steps

This strategy is the first step towards seeing real results from the partnership of the Health and Wellbeing Board and Network. It forms the basis for guiding our focus as a Board and Network over the next five years. It will be reviewed and updated periodically to reflect progress and in light of new information.

Inclusion in the strategy will add impetus and support to effective work that is already underway, and lead to identification of gaps and issues which are currently blocking progress where this is relevant.

Through bringing together leaders from the local health and social care economy, the Health and Wellbeing Board and Network aims to enable and encourage more effective partnership working. The Board and Network will add most value where priorities benefit from more collaborative working across different organisations, and where resources could be used more efficiently through joint commissioning or other forms of partnership working.

The Health and Wellbeing Strategy will also help to inform the strategic and annual plans of the Cambridgeshire and Peterborough Clinical Commissioning Group. In this way, we can support clinical commissioning in the NHS to reflect the wider health needs of our community.

The broad priorities in this strategy will be supported by more detailed outcome measures against which we can compare our current situation and future progress. These measures will offer specific direction for each priority, which can be monitored over time.

Key to our success in delivering outcomes for local residents will be commitment from a range of organisations to clear and coherent joint action plans, including plans to align commissioning across organisations and use resources differently.

This strategy was updated in May 2015 to reflect new information about Cambridgeshire's communities and health needs. The Cambridgeshire Health and Wellbeing Board has adopted a number of its partners' strategies and plans that are taking action to address some of these recently identified health needs. These are in essence, additions and extensions to this strategy.

The Health and Wellbeing Board will be kept informed of new strategies and plans that are developed which could help to address this strategy's priorities and will consider whether they should be adopted.

A list of strategies formally adopted as additions to this strategy are available to view on the Cambridgeshire Health and Wellbeing Board's webpages: http://www.cambridgeshire.gov.uk/info/20004/health_and_keeping_well/548/cambridgeshire_health_and_wellbeing_board

Cambridgeshire Health & Wellbeing Board and Network will focus on these six priorities to improve the physical and mental health and wellbeing of Cambridgeshire residents. In particular, within each of these priorities, we will work to improve the health of the poorest fastest.

Priority 1

Ensure a positive start to life for children, young people and their families

- Strengthen our multi-agency approach to identifying children who are in poverty, who have physical or learning disabilities or mental health needs, or whose parents are experiencing physical or mental health problems.
- Develop integrated services across education, health, social care and the voluntary sector which focus on the needs of the child in the community, including the growing numbers of children with the most complex needs, and where appropriate ensure an effective transition to adult services.
- Support positive and resilient parenting, particularly for families in challenging situations, to develop emotional and social skills for children.
- Create and strengthen positive opportunities for young people to contribute to the community and raise their self esteem, and enable them to shape the programmes and services with which they engage.
- Recognise the impact of education on health and wellbeing and work to narrow local gaps in educational attainment.

Priority 2

Support older people to be independent, safe and well

- Promote preventative interventions which reduce unnecessary hospital admissions for people with long term conditions, enable them to live independently at home or in a community setting where appropriate and improve their health and wellbeing outcomes e.g. through falls prevention, stroke and cardiac rehabilitation, supporting voluntary organisations and informal carers.
- Integrate services for frail older people and ensure that we have strong community health, housing, voluntary support and social care services tailored to the individual needs of older people, which enable them to improve their quality of life and minimise the need for long stays in hospitals, care homes or other institutional care.
- Enhance services for the early prevention, intervention and treatment of mental health problems in older people, including timely diagnosis and joined up services for the care and support of older people with dementia and their carers.
- Ensure appropriate and person-centred end of life care for residents and their families and informal carers.

Priority 3

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

- Encourage individuals and communities to get involved and take more responsibility for their health and wellbeing.
- Increase participation in sport and physical activity, and encourage a healthy diet, to reduce the rate of development of long-term conditions, increase the proportion of older people who are active and retain their independence, and increase the proportion of adults and children with a healthy weight.
- Reduce the numbers of people who smoke.
- Promote individual and community mental health and wellbeing, prevent mental illness and reduce stigma and discrimination against those with mental health problems.
- Work with local partners to prevent hazardous and harmful alcohol consumption and drug misuse.
- Promote sexual health, reduce teenage pregnancy rates and improve outcomes for teenage parents and their children.

Priority 4

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

- Implement early interventions and accessible, appropriate services to support mental health, particularly for people in deprived areas and in vulnerable or marginalised groups.
- Work with partners to prevent domestic violence, raise public awareness especially amongst vulnerable groups, and provide appropriate support and services for victims of domestic abuse.
- Minimise the negative impacts of alcohol and illegal drugs and associated antisocial behaviour on individual and community health and wellbeing.
- Work with local partners to prevent and tackle homelessness and address the effects of changes in housing and welfare benefits on vulnerable groups.

Priority 5

Create a sustainable environment in which communities can flourish

- Develop and maintain effective, accessible and affordable transport links and networks, within and between communities, which ensure access to services and amenities and reduce road traffic accidents.
- Ensure that housing, land use planning and development strategies for new and existing communities consider the health and wellbeing impacts for residents in the short and long term.
- Encourage the use of green, open spaces including public rights of way, and activities such as walking and cycling.
- Seek the views of local people and build on the strengths of local communities, including the local voluntary sector, to enhance social cohesion, and promote social inclusion of marginalised groups and individuals.

Priority 6

Work together effectively

- Commit to partnership working, joint commissioning and combining resources in new ways to maximise cost-effectiveness and health and wellbeing benefits for individuals and communities.
- Identify sustainable, long-term solutions to manage the increased demand on health and social care services.
- Encourage increased partnership working with research organisations to better inform the evidence base supporting the development and evaluation of future services.
- Encourage increased involvement of service user representatives and local groups in planning services and policies.
- Recognise the importance of the Voluntary and community sector and their valuable contribution to implementing the strategy.

Cross cutting principles: Equitable • Evidence-based • Cost-effective • Preventative • Empowering • Sustainable

Cambridgeshire County Council

Health and Wellbeing Strategy (2012-2017)

The Health and Wellbeing Strategy summary and annexe documents are not included in this document bundle.

The whole document including the summary and annexes can be viewed online at:

https://www.cambridgeshire.gov.uk/residents/be-well/cambridgeshire-health-and-wellbeing-board/