

Version: 2
Draft Cambridgeshire Health and Wellbeing Strategy 2012-17
Response to the consultation by the Cambridge Local Health Partnership

1. Introduction

1.1 The Cambridge Local Health Partnership (“the partnership”) welcomes the opportunity to give its views about the draft Health and Wellbeing Strategy (“the strategy”) and ways it feels it can contribute to the improvement in the health and wellbeing of people residing in the City. As a new partnership, set within the health and wellbeing network in Cambridgeshire, we are still looking to define how best we can make a difference locally, using our joint resources to bring about benefits, by working more collaboratively.

1.2 A cornerstone of our approach is to try to focus on a few actions that we know we can deliver, and to deliver them in a relatively short period of time so that we can build some momentum as a new partnership. We hope that the new strategy that emerges from the consultation will not end up being overly bureaucratic with its management and has room to support, new, local actions. Until an action plan is provided to show how the strategy will be delivered the partnership feels that it cannot give a detailed response at this stage.

“Coordinated working between partners across service silos is where we think the biggest gains can be made.”

1.3 The partnership fully supports the approach set out in the draft strategy, its principles and the five broad priority areas. It is felt that the priority areas reflect a great deal of the existing activity provided in current strategies and it is hoped that their inclusion in a single document will allow some commonality to emerge across the priority areas to try to diminish the tendency for “silo” working. Coordinated working between partners across service “silos” is where we think the biggest gains can be made.

2. Priority areas within the draft strategy

2.1 We feel that there are a number of themes that run across each priority area in the strategy, which perhaps haven’t been given sufficient attention. One of these is the abuse of alcohol in Cambridge and its consequences, which despite a lot of good local work, has been a difficult “nut to crack”. The partnership feels that more partnership effort in reducing alcohol consumption in the City is required, looking at the matter in the round and taking into account the lifestyle choices of young people, including the large student population in the City. This should be defined more prominently and clearly in the final strategy and be included as an area of focus under the proposed priority on encouraging healthy lifestyles (Q4c) Some of the local interventions to reduce alcohol abuse have been innovative, however, and can show a way

forward, such as tailoring services to fit with the needs and choices of individual clients.

“...more partnership effort in reducing alcohol consumption in the City is required...”

2.2 The partnership believes that each partner has a great deal of knowledge about the communities and groups that they engage with and that un-locking this knowledge and giving it an airing amongst partners, who may not have the same insights or awareness of different groups, will be useful. There is no substitute for good community development work on the ground for helping to build the capacity of communities and empowering individuals to make a contribution and it is thought by the partnership that this aspect should be given more weight in the final strategy.

“There is no substitute for good community development work on the ground...”

2.3 The principle of strengthening user participation in service delivery following the “nothing about us, without us” approach is something we think can be built on. Each contact that public services have with local people, whether users of services or community activists who are a part of delivery, provides the chance to convey positive messages about lifestyle advice and it was thought that the “Making Every Contact Count” approach could be usefully transferred into other settings.

2.4 The partnership believes that investment in the infrastructure and capacity of local communities to provide support for older people, who often become isolated, lonely and endure depression, as their networks and family fall away with growing age, should be identified as a priority area with the strategy. The findings of research looking at the triggers that lead to isolation for older people and their journey into adult social care will give a valuable insight into how we can intervene in a more meaningful way in the future. The isolation and loneliness of older people is equally an issue within the built up area of Cambridge as it is more rural areas where people may have a more geographical isolation from others.

“The isolation and loneliness of older people is equally an issue within the built up area of Cambridge...”

2.5 The partnership is keen to meet with established local groups representing older people, as part of its work, to look at ways we can start to improve the social capital that is available locally. One issue that the partnership has identified, which seems crucial to the provision of ongoing support and care for adults, is the difficulty in recruiting and retaining care workers in the City. The partnership thinks that this is fundamental to the provision of care packages and should be shown as a matter to be focused on in the strategy.

“...the difficulty in recruiting and retaining care workers in the City.”

2.6 The growth of Cambridge and planning for the health and wellbeing of new communities is an issue that the partnership feels should be given more prominence in the strategy. The planning of services, particularly primary care and location of GP practices, should be based on plans that look across developments, so that facilities are affordable and avoid duplication. Planning for health goes beyond the built environment and it will be important to ensure that there is appropriate community development capacity in place to help build social capital and cohesion, and support the wellbeing of new communities. (Ref JSNA New Communities and Building Communities that are Healthy and Well)

“The growth of Cambridge and the establishment of new communities is an issue that the partnership feels should be given more prominence...”

2.7 Whilst we acknowledge that Cambridge is overall a wealthy place with relatively high levels of good health in its population, it should be remembered that there is poverty concentrated within some local communities, which its associated levels of higher ill-health. Income deprivation affecting children is an example of this – in 8 wards in Cambridge more than 40% of children live in households in receipt of benefits. This exacerbates inequalities in health outcomes and the partnership supports the principle of improving the health of the worst off fastest. A reduction in health inequalities would be a key marker of achievement (Q5).

This draft response will be considered at the Cambridge Local Health Partnership’s meeting on 13 September. It was based on the discussions that took place in a Sub-group meeting on 29 August 2011.