



# COTSWOLD DISTRICT COUNCIL

Council name	<b>COTSWOLD DISTRICT COUNCIL</b>
Name and date of Committee	<b>CABINET – 7 OCTOBER 2019</b>
Report Number	<b>AGENDA ITEM 12</b>
Subject	<b>CONSULTATION ON THE GLOUCESTERSHIRE JOINT HEALTH AND WELLBEING STRATEGY</b>
Wards affected	ALL
Accountable member	Cllr Jenny Forde Cabinet Member for Leisure, Community Safety and Health Tel: 01285 831193 Email: <a href="mailto:jenny.forde@cotswold.gov.uk">jenny.forde@cotswold.gov.uk</a>
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Summary/Purpose	To consider the draft Gloucestershire Health and Wellbeing Strategy and agree an official response from the Council to the current consultation
Annexes	None
Recommendation/s	<i>a) That the consultation response is approved;</i> <i>b) Delegates authority to the Cabinet Member for Healthy Communities to agree the final version prior to submission on or before 15<sup>th</sup> October 2019</i>
Corporate priorities	The Corporate Strategy sets out “ <i>Help residents, businesses and communities to access the support they need to ensure a high level of health and wellbeing</i> ” as a key area of focus
Key Decision	No
Exempt	No
Consultees/ Consultation	Discussion with the Cotswold Health and Wellbeing Partnership

## **1. BACKGROUND**

- 1.1.** The new draft of the Gloucestershire Joint Health and Wellbeing Strategy is out to consultation. The consultation period ends on the 15th October.
- 1.2.** The Gloucestershire Health and Wellbeing Board is responsible for overseeing the development and delivery of the Joint Health and Wellbeing Strategy. The draft strategy sets out how partners can achieve the vision that the county is a place where everyone can live well, be healthy and thrive. This has been developed through extensive engagement with communities and wider stakeholders over a number of months
- 1.3.** The vision is that Gloucestershire is a place where everyone can live well, be healthy and thrive. The draft document states the best way to achieve this is by focusing on the priorities listed below:
  - physical activity;
  - adverse childhood experiences;
  - mental wellbeing;
  - social isolation and loneliness;
  - healthy lifestyles;
  - early years and best start in life; and
  - housing.
- 1.4.** The Health and Wellbeing Board describe a four-stage consultation process, with community and wider stakeholder engagement at each stage. The priorities above were arrived at as part of this process, which is described below. The consultation is currently at Stage 4.

### **Stage 1: Understanding the landscape**

- There has been a wealth of previous engagement and consultation about health and wellbeing with various populations within Gloucestershire. Findings from a wide range of these were assessed to help build an understanding about what people had already said. Mental health, loneliness and social and community connections were key themes at this stage.

### **Stage 2: Informing the priority setting**

- Through workshops and structured interviews, the Health and Wellbeing Board encouraged residents to consider their top three priorities in maintaining positive health and wellbeing. This helped to inform the priority setting process.

### **Stage 3: Developing a better understanding of the priorities**

- This was an opportunity to feed back to communities the priorities that had been chosen and start to understand some more detail about how they viewed these priorities. This gave the Health and Wellbeing Board better insight into what people view as the strengths and opportunities around the priorities and some examples of positive practice.

### **Stage 4: Have we got it right?**

- This final stage involves more engagement to check that the strategy reflects what we have heard throughout the earlier stages.

## **2. MAIN POINTS**

### **2.1. Overview**

- 2.1.1.** Firstly, that the Council welcomes the findings of the draft Joint Health and Wellbeing Strategy and appreciates the opportunity to engage in the process of consultation. That we as a Council with a new administration have ambitious plans to deliver improvements to health and wellbeing for all our residents especially those who are often overlooked and lack influence. Our new draft Corporate Strategy includes a key aim to 'Help residents, businesses and communities to access the support they need to ensure a high standard of health and wellbeing'. Following internal consultation and a review of available data, the likely focus for the Council's work in that area will be: i) Access to Services ii) Housing and iii) Mental Health.
- 2.1.2.** With that in mind we look forward to working in a more integrated way with the Health and Wellbeing Board and the wider health system on achieving these ambitions.
- 2.1.3.** Secondly, that the Council agrees that the 7 stated priorities are valid and relevant for the Cotswolds. Furthermore we would state that the Council is ready to take its responsibilities very seriously in delivering improvements under all priorities but especially in terms of Housing and Social Isolation where we play a particularly significant role. We look forward to being closely involved in further discussions in these areas.
- 2.1.4.** Thirdly, that the Council has reflected on the document and wishes to bring forward for consideration as part of this consultation some key points as detailed below.

### **2.2. Climate Change**

- 2.2.1.** The Council would wish there to be greater emphasis on Climate Change across all priorities within the Joint Health and Wellbeing Strategy and suggest a focus on this should be included in final documents. The draft document does not really cover climate change at all as a risk to health, and in particular it does not mention overheating. This is of particular importance because the UK already has one of the highest levels of Excess Winter Deaths (EWD) in Europe, principally because the quality of our housing is so poor compared with other colder countries. We therefore have high rates of fuel poverty, damp, mould and condensation that contribute to respiratory and cardiac failures. The NHS is reasonably well set up to respond to cold weather snaps, which makes this EWD figure lower than it might otherwise be.
- 2.2.2.** Furthermore, the NHS is not at all well adapted to responding to heatwaves: they tend to occur with shorter notice than cold snaps, so are harder to plan for, and their effects can be quicker to act on people's health, especially the very young and the very old. As an example, during the 2003 heatwave, the number of deaths of over 75's already in hospital rose by 36%. The majority of heat related deaths occur in the first few days of a heatwave. Those most at risk are those in care homes and hospitals (already very hot), and those who live in mid-terraces, top floor flats, and flats within shared blocks where cross-ventilation cannot be achieved as all the windows of one dwelling are all on one face. Essentially, this means that heatwave health impacts are largely felt by those on lower incomes in cheaper housing.

**2.2.3.** This also has implications for any plans we have for producing low cost housing - many local authorities in the South East are tackling this challenge by providing modular housing, some even using converted shipping containers. These have a dreadful reputation for overheating and becoming too cold in the winter and we should be careful of creating modern slums in any attempt to create affordable housing that relies on modular build, or for creating a push for 'maladaptations', such as air-conditioning, which requires energy and also makes the external temperature higher for neighbouring properties.

## **2.3. Barriers to services and accessibility**

**2.3.1.** It is clear from the available data - Gloucestershire Accessibility Matrix and ONS Barriers to Housing and Services - that the Cotswolds is facing significant challenges in terms of accessibility. This is far more acute for this district than any other district in Gloucestershire. The issue is further compounded by a reduction in resources overall which leads to commissioned services being delivered more centrally. This is borne out in consultation with our Health and Wellbeing Partnership. Members of the Partnership are reporting that access to services is a widespread and crippling issue for people using their services.

**2.3.2.** Whilst overall the Cotswolds is not facing the same levels of deprivation as neighbouring areas it is significantly worse off than others in terms of access to services. This lack of access to services is in turn intensifying to high risk what might otherwise be a medium or low risk. The Council is concerned that our ambitions to be effective in terms of preventing poor health will fail as a result and issues will escalate unchecked.

**2.3.3.** The Council would wish to be involved very strongly in discussions around the Social Isolation and Loneliness priority as this is further developed.

## **2.4. Housing and growth**

**2.4.1.** There are a number of housing challenges which, following internal consultation we have identified. These are:

- Cost and availability of land;
- Condition of properties;
- Making homes resilient in the face of climate change;
- Maximising the opportunities for investment through the planning system into support delivery of other services and facilities; and
- Need for lifetime homes which accommodate changing needs.

## **2.5. Mental Health**

**2.5.1.** The Council is mindful of the gap nationwide between the available resources for physical health and those available for mental health. We nevertheless are committed to tackling stigma and supporting residents to live well and are co-signatories to Gloucestershire Wellbeing (GloW).

**2.5.2.** A focus on ensuring that services are accessible to residents of the Cotswold is key here given our critical lack of services.

**2.5.3.** Some of the recent internal consultation has identified a number of areas of concern. These include:

- Availability of services to young people both in school from an early age and in the community;
- Support in the workplace needing a culture shift to compassion;
- General limited awareness of the services available and the benefits of certain activity to health;
- Possibility of intensity of needs facing people with low level needs who are unable to access services;
- The extreme gap between those who have resources and those who do not; and
- Developing the skills and strategies to undertake self-management and take care of ourselves and others

**2.5.4.** The Council is well placed to support the Gloucestershire Mental Health and Wellbeing Board as they coordinate this work.

## **2.6. Physical activity**

**2.6.1.** The Council welcomes the inclusion of physical activity. Given that the Cotswolds has a significant landscape asset it is an important ambition for us to take advantage of these assets for the benefit of all residents. The Glover Review on Landscapes (National Parks) makes some recommendations about enjoyment of the natural world being positive for mental and physical health and the need to provide access to landscapes and Areas of Outstanding Natural Beauty (AONB), for all.

**2.6.2.** The Council provides a range of leisure facilities across the district and is keen to ensure that these services reflect the locality and provide services which meet needs.

## **2.7. Evaluation and Implementation**

**2.7.1.** The Council is keen to see greater detail on how progress will be measured and success captured. It would be wise to articulate this in greater detail at the earliest opportunity in order to ensure that we have a strong evidence base upon which to build and inform other strategic work such as Vision 2050.

**2.7.2.** Whilst the Council applauds the work undertaken so far we are concerned about the plan for implementation. These ambitions will mean nothing if the resources to have a meaningful impact on health and well-being are not in place. There is some concern that the County Council can only have a credible response to the challenges laid out if sufficient resources are available. There is recognition that this work is not for the County Council alone but requires a whole society response. The strategy could be strengthened by talking about how the County Council and the whole system interacts to have a greater cumulative impact. Without this in place we fear that the excellent ambitions of the strategy may not be matched by delivery, resulting in a number of ad hoc and relatively ineffective interventions.

### **3. FINANCIAL IMPLICATIONS**

- 3.1. There are no financial implications associated with this report.

### **4. LEGAL IMPLICATIONS**

- 4.1. There are no legal implications associated with this report.

### **5. RISK ASSESSMENT**

- 5.1. There are no significant risks associated with this report.

### **6. EQUALITIES IMPACT (IF REQUIRED)**

- 6.1. Given that this is a response to a consultation process there is no guarantee of its impact but the recommendations are designed to have a positive impact.

### **7. CLIMATE CHANGE IMPLICATIONS (IF REQUIRED)**

- 7.1. Given that this is a response to a consultation process there is no guarantee of its impact but the recommendations are designed to have a positive impact.

### **8. ALTERNATIVE OPTIONS**

- 8.1. No alternative options have been considered.

### **9. BACKGROUND PAPERS**

- 9.1. The following documents have been identified by the author of the report in accordance with section 100D.5(a) of the Local Government Act 1972 and are listed in accordance with section 100 D.1(a) for inspection by members of the public:

Gloucestershire Joint Health and Wellbeing Strategy 2019-2030 (Draft)

- 9.2. This document is available online - <https://www.gloucestershire.gov.uk/health-and-wellbeing>