

CAMBRIDGESHIRE NEW HOUSING DEVELOPMENTS AND THE BUILT ENVIRONMENT JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

To: Health and Wellbeing Board

Date: 17 March 2016

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1.0 PURPOSE

1.1 This report is to introduce the Cambridgeshire JSNA on New Housing Developments and the Built Environment. The full JSNA is attached for the Board's approval.

2.0 BACKGROUND

2.1 The Health and Wellbeing Board, at their meeting on 15 January 2015, requested a JSNA on "New Communities". The impacts of new housing developments and the built environment on health are complex, and each new development poses very different challenges. The largest and most complex such as Northstowe will be built over relatively long periods of time (15+ years). This prolonged period will likely have unpredictable impacts on community identity and cohesion, and in turn on mental health and wellbeing, the "needs" of a new community in year one of occupation are likely to be different from the "needs" at the end of the construction many years later.

A scoping paper was submitted and approved by the Health and Wellbeing Board on 17 September 2015 agreeing that the New Housing Developments and the Built Environment JSNA should focus on these priority areas where the new developments and/or the built environment impacts health: Built Environment; Social Cohesion; Assets and Services; and NHS Commissioning with a focus on case studies on existing new communities.

3.0 SUPPORTING PARAGRAPHS

3.1 The full JSNA report is attached. Pages 1-14 provide an executive summary.

3.2 This JSNA focuses on four aspects of new communities that impact health: the built environment, Social Cohesion/Community Development, assets and services, and NHS Commissioning. The JSNA has a demography section at the beginning of the document which outlines the key profiles for the GP practices in the existing new communities. For each section, the JSNA provides:

- **Key Findings.**
- **Introduction:** a review of the evidence and literature of the health impact.
- **Local Data:** analysis of local Cambridgeshire data.
- **Case studies** relevant to the section are incorporated within the body of the section.

3.3 The new housing developments and the built environment stakeholder workshop was held on 28 July 2015 and was well-attended with approximately 40 representatives from Cambridgeshire County Council, District Councils, NHS organisations, academic groups, 3rd sector organisations and Healthwatch. The aim of this workshop was to:

- Capture stakeholders' perspectives on the scope of this JSNA – priorities, questions to be answered and how to approach these
- Increase awareness and understanding of the purpose of the JSNA
- Identify stakeholder priorities and “place making” intentions (including commissioning and service delivery).

Feedback from this event significantly shaped the specific focus for each priority area.

3.4 Working groups were subsequently created for NHS Commissioning, Assets and Service, Community Cohesion. These working groups had significant input from Cambridgeshire County Council (Children, Families and Adults), District Councils, 3rd sector organisations.

4.0 ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

4.1 The JSNA is relevant to all priorities of the Health and Wellbeing Strategy 2012-17 although Priority 5: Create a sustainable environment in which communities can flourish, is the most relevant.

5.0 IMPLICATIONS

5.1 This JSNA provides important evidence and information on the impact the built environment can have on health and wellbeing and service uptake in new communities. Much of the local data and information will be available online at www.cambridgeshireinsight.org.uk in addition to the New Developments and the Built Environment JSNA report. This should allow users to have information on the built environment, social cohesion and current health service usage patterns in existing new communities to use in future strategies, commissioning and initiatives.

5.2 This JSNA highlights the opportunities for future focus on:

Demography:

- The age profile breakdown for GP Practice populations serving new developments show that the majority have an age structure similar to the Clinical Commissioning Group (CCG) area, except for Cambourne which shows a spike in the 0-14, and 25-44 age groups
- Average Household size in new developments ranges from 2.6-2.8 the multiplier currently used is 2.5
- Birth rates per 1000 female population aged 15-44 in all but one of the growth areas are higher than the CCG area. The rate in Loves Farm is twice the CCG area rate and the rate in the southern fringe area is lower
- The population forecasts for the new developments all show a similar pattern with a steep increase in the population aged 20-64 in the first 10-20 years of the development with a slow decline then onwards. The 0-19 population has a steady increase during this time but not so steep, reflecting that not all residents moving into a new development have or will have children. The 65+ age group shows a steady increase year on year but starts from a low base, suggesting that the increase is mainly due to a naturally ageing population rather than a large influx of older people moving into new developments.

The Built Environment

- There is a lack of consistency across the Local Authority Local Plans with regard to the inclusion of policies to improve health. The main policies to include in future plans need to focus on green infrastructure, active travel, suicide prevention, Health Impact Assessment requirements.
- There is a lack of consistency and understanding on the funding of Primary Care facilities and securing Community Infrastructure Levy/Section 106 funding
- Importance of accessible green space and parks, which need to be designed to maximise potential use. There is a need for an open spaces specific design code to complement the policies on open space within Local Plans, design code should cover provision of paths, cycleways and unstructured routes through and to the green space, provision of toilets and other facilities.
- The importance of providing infrastructure to enable people to make more active travel choices.
- Securing what can be perceived as “nice to have” infrastructure as part of the overall design of new development to support healthy ageing, e.g. street furniture, public toilets.
- The need to consider suicide prevention and public mental health as part of the design of high rise private and public buildings to limit their access and opportunities for suicide.

Social Cohesion and Community Development

- Community development work needs to continue to focus on building resilient empowered communities rather than dependent communities. This should be done together with other key agencies. Responsibility lies with all stakeholders and that all statutory agencies can benefit from active participation in building resilient empowered communities

Assets and Services

- Planning processes – A joint strategy is needed to develop a way to engage and attract the leisure market into new communities early in the development. This could be through ensuring the units are built early, opening units at discounted/nil business rate, allowing locals to use the units as pop up shops etc.
- Further research to understand the length that referral to Social Services cases are open, and what was the primary reason for referral to better conclude if there are particular social reasons for referrals that can help establish whether new communities are prone to certain social needs.
- During the pre-application stage of the planning process, services and the community should be engaged and a working group of people centred support established so that there is a clear co-ordinated effort and communication channels between services and the planning of the new community. This will enable co-ordinate response to planning applications through to service/support delivery. Where possible these groups should be led by the community whether this is parish council, residents association etc. with

support from the local authority. Where the community is not willing or able to lead, the local authority will lead but with a clear handover strategy for when the community is able to lead. These groups will have engagement from the widest group of services (but not necessarily attending physically) and agree, achievable action and communication plans

- Additional support to be provided to schools to enable them to deal with the additional challenges that new community schools can expect to face. Ensure that during the selection process these challenges are clearly detailed and ask how the prospective sponsor of the school would face these challenges and work with the community to help secure positive outcomes for all new community schools.
- Provide incentives to attract full day care/early years providers to developments, such as free plots of serviced land etc.
- Further research into categories of crime committed and to look into other new communities and compare them to the County.

NHS Commissioning

- The current engagement between Planning Authorities, CCG and NHS England need to be improved.
- NHS England/CCG need a robust case when seeking Section 106/Community Infrastructure Levy (CIL) contributions with a defined need and costed solution.
- Ensure that all health partners including Primary Care Practices are consulted on planning applications. In addition, health partners should come together at the earliest opportunity to discuss needs at strategic sites.

6.0 RECOMMENDATION/DECISION REQUIRED

- 6.1 The Health and Wellbeing Board is asked to approve the JSNA and to note the findings and the areas which are highlighted for further work.

Source Documents	Location
Transport and Health JSNA 2015 Housing JSNA (will be published on Cambridgeshire Insight website once approved)	http://www.cambridgeshireinsight.org.uk/jsna Room 112, Shire Hall, Cambridge