



# **Cranbrook – a healthy new town: health and wellbeing strategy 2016 – 2028**

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## **Executive Summary**

# 1. Introduction: why this strategy is needed, its vision and audience

*“Neighbourhoods and communities are the building blocks of people’s lives... The impacts of the material and social world directly on our physical and mental health are profound”*  
Professor Mike Kelly, Director, Public Health Excellence Centre, National Institute for Health and Clinical Excellence<sup>[1]</sup>

Developing a new town offers the rare opportunity to plan health and wellbeing from the start. It makes moral and economic sense to build neighbourhoods which support health. Designed in the right way, Cranbrook’s built environment, health, care and wellbeing services, can collectively make it the norm for people to lead healthy, connected and sustainable lives. This strategy aims to achieve a vision for Cranbrook as a cutting-edge pioneer among new town developments.

Cranbrook is one of ten sites selected to join NHS England’s national Healthy New Towns programme. This provides a unique opportunity to work with and learn from a wide range of national and regional partners to further our ambitions to create a healthy, vibrant, attractive and sustainable town of which the residents are proud.

Three organisations responsible for healthcare and wellbeing have written this strategy: Devon County Council’s Public Health Department, NEW Devon Clinical Commissioning Group and East Devon District Council.

The strategy outlines how we will work collaboratively with the community to enable health and wellbeing and minimise chronic disease through designing Cranbrook’s built environment, planning innovative delivery of health and care services and by harnessing technology.

This strategy is written primarily for colleagues working in professional disciplines ranging from town planning to healthcare delivery. It will help Cranbrook’s master-planning processes and consideration of future planning applications by providing sufficient detail to guide negotiations. It gives a focus for staff responsible for commissioning, providing and influencing health, wellbeing and care services including NHS organisations, community groups and third-sector bodies.

The strategy also offers a starting point for public engagement with the community of Cranbrook now and in the future. If successful it will help enable people to influence their own health and wellbeing and to access appropriate healthcare interventions where and when needed.

The strategy draws upon current health, environment and planning evidence to inform decision-making. It aims to influence Cranbrook’s development from how the town is built, to how health and wellbeing services can innovate to proactively meet people’s changing needs. The focus is on using all assets available to enable people to stay as well as possible for as long as possible and for communities to develop into strong, supportive and thriving networks.

A model is proposed that adopts a proactive approach to health and wellbeing, designs in health, creates conditions for communities to take a leading role and tackles health issues at an early stage. Through collaboration and innovation it aims to deliver clinically, socially and financially sustainable care. This strategy sets out to support the development of a town where:

- Children and young people have a healthy start in life
- People of all ages have access to healthy lifestyles
- Health, wellbeing and care needs are met early on
- People can access care and support in the right setting at the time when needed.

## 2. Description of Cranbrook: the town and its population

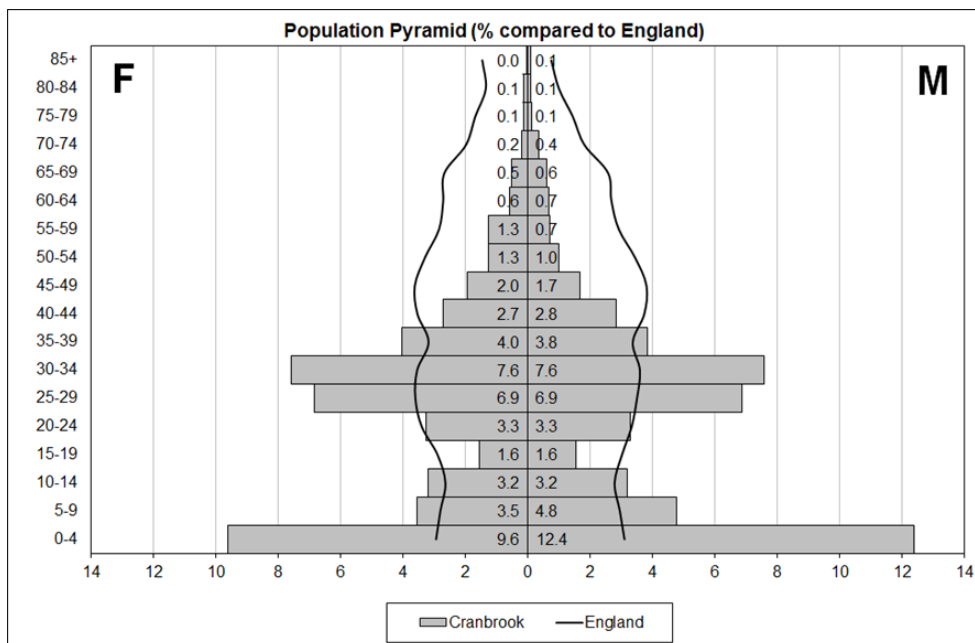
Cranbrook is a new town being developed in East Devon, near to the city of Exeter to the west and Exeter airport to the south. The new homes along with associated infrastructure, commercial and community developments will form a major new town, popularly described as equalling the size of Barnstaple. The strategy explores in detail current and projected population profiles to predict likely health and care needs.

Delivery is led by East Devon District Council working with national builders and local partners. Over 3,000 people already live in over 1,200 homes. About 35% of the homes built in phase 1 are designated as affordable local homes for local people. Subject to ongoing planning application, Cranbrook is likely to have about 8,000 homes accommodating about 20,000 residents by 2028.

The current housing tenure of Cranbrook is 60% private, 20% social rented, 10% shared ownership and 10% 'low cost' rented. The relatively high proportion of affordable housing is most similar to the Mincinglake area of Exeter. As the community develops and expands the future tenure mix is likely to resemble Crediton or Cullompton.

Nearly half of the residents have moved in from Exeter, less than ten percent from outside Devon, while the others have moved from elsewhere within Devon. Surveys indicate that most residents consider Cranbrook a good place to live with relatively low crime rates and no major environmental health concerns. Profiling activities have been undertaken in 2015 to establish population structure and characteristics, emerging health and care needs and to predict future population growth and health and care needs.

### *Cranbrook's population pyramid*



Source: Mid-2015 Cranbrook population estimate produced by Devon Public Health Intelligence Team, 2015

The population structure is unlike any other community in Devon, with an unusually high proportion of adults aged 25 to 34 and a very high proportion of children aged 0 to 4.

Initial research suggests:

- Levels of socio-economic deprivation marginally above the Exeter and national averages
- Jobseekers Allowance rates consistent with the East Devon average
- Benefit claimant levels relatively low
- Car ownership very high, with the majority travelling to work by car; Exeter is the main destination for work.

### **Emerging and future health, care and service needs**

The future age structure of Cranbrook will be a major influence on the population's health, care and service needs. Two alternative models of population growth were created, based on Cranbrook's current population structure and planned housing developments between 2015 and 2030:

1. Predicted growth based on only slight population ageing suggests a 2030 population of around 18,000 of which 70% would be under the age of 40
2. Based on movement to the England population profile over the 15 year period, a smaller 2030 population of less than 17,000 is predicted of which 48% would be under the age of 40.

The first scenario is the most likely without proactive intervention, with the 'England profile' projection considered unlikely even with considerable intervention.

Current health and care needs of the population relate to this age profile, with a focus on mental health and wellbeing, health-related behaviours such as smoking and sexual health, with considerable scope for interventions targeting primary prevention of disease and injury. An age standardised analysis of secondary health care activity-rate highlights relatively high levels of 'front door' activity such as outpatient and A&E attendance, but relatively low levels of higher intensity admitted patient care particularly in relation to planned (elective) and low levels of bed days.

The substantial population increase will mean that all conditions will increase substantially over the next 15 years. Future needs will be influenced depending upon whether the age profile remains young or moves toward a more typical 'England profile'. The leading health conditions and health-related behaviours per scenario are summarised below:

1. Under the more likely 'young profile' scenario, needs will relate to mental health, sexual health, health-related behaviours and conditions affecting younger people or affecting people uniformly across the life course such as learning disabilities, autistic spectrum disorders, asthma and epilepsy
2. Under the less likely 'England profile' scenario, needs would be more focused on long-term conditions such as diabetes, COPD, CHD, stroke, along with hearing and vision impairments and dementia.

In summary the population structure of Cranbrook signals specific health and wellbeing activities including:

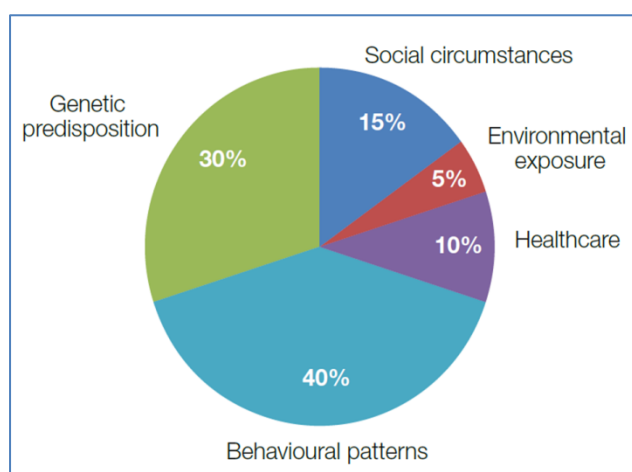
- Creating nurturing and positive environments for very young children and families to enable the best start in life
- Support for vulnerable families
- Supporting and promoting wellbeing in young people with emotional and physical health needs
- Supporting adults (including parents) with mental health needs
- Promoting optimal lifestyle conditions in a growing and changing population to prevent ill health, including an emphasis on tobacco control, smoking cessation and sexual health as a

reflection of the age profile and physical activity, healthy weight and sensible drinking as a general approach to wellbeing.

### 3. Background to the vision: determinants, reviews and policies

Seventy percent of premature deaths can be attributed to a combination of social circumstances, environment, access to health care and behavioural (lifestyle) patterns. There is therefore substantial scope to prevent much ill health and premature death through this strategy.

#### ***The proportional contribution to premature death***



This Strategy draws on principles from the 2010 Marmot review, *Fair Society Healthy Lives*, the *NHS England Five Year Forward View* (Oct 2014) and the vision of the “fully engaged scenario” first articulated in 2002 by Wanless in *Securing Our Future Health: Taking a Long-Term View*.

The *NHS Five Year Forward View* sets out how health services need to change and argues for a new relationship with patients and communities, proposing the need for *New Models of Care* to creatively meet need. Both nationally and locally the recent focus has been on the integration of health and social care and on prevention. *The Care Act, 2014* introduced a wider duty to consider physical, mental and emotional wellbeing of individuals needing care and a duty to provide services to prevent reduce and delay needs. Public Health England’s strategy, *From Evidence into Action*, calls for place-based approaches that develop local solutions, integrating public services and building resilience of communities.

To ensure that health and care services are built around the needs of local populations, every health and care system in England will produce a multi-year *Sustainability and Transformation Plan (STP)*, showing how local services will evolve and become sustainable over the next five years to deliver the *Five Year Forward View* vision of better health, better patient care and improved NHS efficiency.

## 4. Achieving the vision: strategic priorities for action

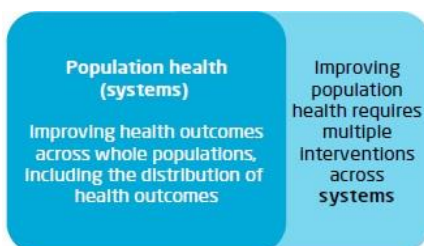
This strategy is relevant to people of all ages, while it is also tailored to the most likely population scenarios for Cranbrook. It spans prevention, early intervention, and a range of healthcare services from primary care, maternity services, support for children and young people, general and mental health care, at home, in local care settings as well as addressing the needs of people requiring hospital or specialist care.



This 'Population Health Systems' model provides a broad focus on promoting health and reducing health inequalities across whole populations and is used as a framework for this strategy for Cranbrook by addressing each quadrant in turn:

1. Population health
2. Making every contact count
3. Individual care management
4. Integrated care models.

### 4.1 Population health



The places where people live have significant effects on the quality of their lives and their health. The aim to secure the best possible and fair health outcomes for all residents of Cranbrook will require multiple interventions across systems including education, employment, housing, transport, and the economy.

In building a new town, there is a unique opportunity to make sure that the built environment *enables* rather than *hinders* wellbeing and that the infrastructure provides the foundation for future

health and prosperity. Modern, vibrant designs and services should be adopted, creating an appealing built environment in which residents feel ownership and pride.

The following considerations are covered in the strategy, with an outline for each of what it means for Cranbrook:

- 4.1.1 Street layout, connectivity and active travel
- 4.1.2 Facilitating balanced communities
- 4.1.3 Neighbourhood and community spaces
- 4.1.4 Co-location of facilities
- 4.1.5 Active buildings and infrastructure
- 4.1.6 Food production and access
- 4.1.7 Open and green space
- 4.1.8 Affordable, flexible and energy efficient housing across the social gradient
- 4.1.9 Access to education, training and employment
- 4.1.10 Air quality
- 4.1.11 Noise.

## 4.2 Making every contact count

### 'Making every contact count'

Active health promotion when individuals come into contact with health and care services

Making Every Contact Count utilises the millions of day-to-day interactions that organisations and people have with other people to support them in making positive changes to their behavioural risk factors and improve their physical and mental health and wellbeing. It provides staff with the skills and confidence to make the most of these interactions and provide consistent and concise healthy lifestyle information.

The following considerations are covered in the strategy, with an outline for each of what it means for Cranbrook:

- 4.2.1 Health and care contacts
- 4.2.2 A wider health contacts network.

## 4.3 Individual care management

### Individual care management

Care for patients presenting with illness or for those at high risk of requiring care services

The NHS needs take decisive steps to break down the barriers in how care is provided between family doctors and hospitals, between physical and mental health, between health and social care. In future far more care will be delivered locally. One new option will enable groups of GPs to combine with nurses, other community health services, hospital specialists and mental health and social care to create integrated out-of-hospital care.

Healthcare spans a range of services from:

- Public health interventions for example smoking cessation support and public health nursing
- Primary care through general practice, pharmacy, optometry and dentistry

- Community general and mental healthcare including community nursing and therapy services, children’s services, midwifery as well as community located clinic and care services
- Hospital care such as planned and urgent services in acute hospitals or mental health facilities or emergency services
- Other specialised services.

Planning these services for Cranbrook will take a phased approach to account for the increasing demand over the coming years.

The following considerations are covered in the strategy, with an outline for each of what it means for Cranbrook:

- 4.3.1 Primary care in general practice
- 4.3.2 Prevention and wellbeing services
- 4.3.3 Urgent care services
- 4.3.4 Services for adults with complex needs
- 4.3.5 Children and young people
- 4.3.6 Maternity care
- 4.3.7 Mental health
- 4.3.8 Carers
- 4.3.9 Learning disability

#### 4.4 Integrated care

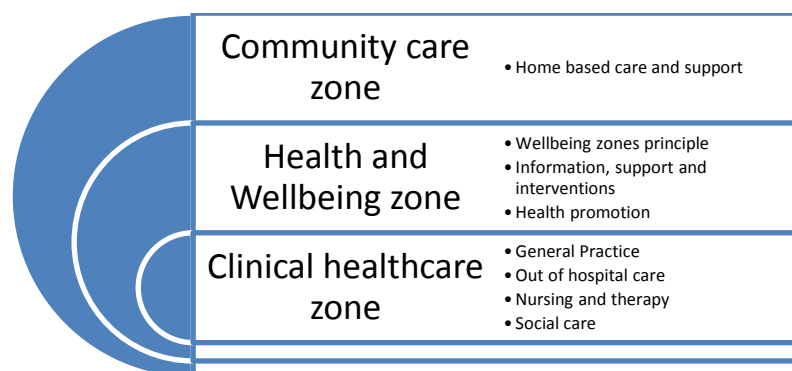


In society today, people are living longer but in poorer emotional and physical health. For young people in Devon, mental health and wellbeing is their top health concern. For people of working age, particularly from lower socio-economic groups, living with multiple co-morbidities is a reality. In older age complex health needs and frailty are significant. Across all ages, where people have multiple or complex needs, the value of integrated responses is well recognised.

The following considerations are covered in the strategy, with an outline for each of what it means for Cranbrook:

- 4.4.1 Integrated experiences
- 4.4.2 Connected care

To achieve this, three zones for integrated care will be established in Cranbrook:





One of the key activities will be to plan the proposed physical infrastructure for health and wellbeing facilities.

In parallel, innovative use of digital technology is seen as instrumental to meet the raising demands on healthcare. Work is needed to plan and deliver this with key population groups.

## **5. Steps to success: sharing, implementing and evaluating the vision**

Our vision is for Cranbrook to develop into a healthy, vibrant, attractive and sustainable town where people are enabled to stay as well as possible for as long as possible, where communities develop into strong, supportive and thriving networks, and where individuals can access the right healthcare where and when they need it.

Organisations responsible for planning, transport, housing, environmental and health systems aspire to work in an integrated way to address the determinants of health over time in Cranbrook. Staff will be needed to deliver the strategy; there may be training and/or capacity issues to resolve.

We have identified strategic priorities. We propose next steps for implementing the strategy, which include communicating with local people, devising an action plan, monitoring and reporting progress.

Communication and leadership will be vital to ensure professional buy-in and community engagement with the strategy. To successfully empower people to shape their own health and wellbeing, barriers to participation and action need to be removed or at least minimised. Partners working within Cranbrook will work with key stakeholders and communities to decide how this framework will be delivered.

An action plan will be developed with strategic targets to implement and deliver this strategy. To continually improve the effectiveness of service delivery, an evaluation model will be developed to understand the impact of implementing the plans.

As part of NHS England's *healthy new towns* programme, Cranbrook's development can be benchmarked against other new developments, while local population profiling will provide data to indicate progress over time. There are numerous opportunities for research projects working with Cranbrook's community to study progress over time. Community researchers could themselves have a role. An advisory group to co-ordinate evaluation and research would ensure community involvement in setting principles, ethics and skills development.

## **Conclusion**

The future health of our population, the sustainability of the NHS, and the economic prosperity of Britain all depend on a radical upgrade in prevention and public health. The *NHS Five Year Forward View* sets out a clear direction for the NHS showing why change is needed and what it will look like. Some of this can be brought about by the NHS, while other actions require new partnerships with local communities, local authorities and employers.

Cranbrook’s development offers a unique opportunity to innovate, redesign, support and contribute to both a health-enhancing built environment and a community in which *New Models of Care* can be introduced with a young population, without the constraints experienced in established urban areas. Working together as ‘population health systems’, collaborators will prioritise prevention, early intervention and innovation to achieve the shared goal of securing optimal health and wellbeing for all residents in Cranbrook.

The strategy sets out the aspirations for the design of a healthy new town and delivery of community health and wellbeing services in Cranbrook. It is a live document which will continue to reflect the rapid pace of development in health and social care.

Implementing these goals will require collaboration between local authorities, NHS organisations, voluntary and community sector organisations, community leaders and most importantly, the community itself. Cranbrook presents the opportunity to work in this more joined up way and realise the potential to create one of England’s Healthiest New Towns.

**Overhead plan showing potential land use**

