

Topic Area: Health & Wellbeing

<i>What we sought to find out:</i>	Health & Wellbeing
For Everyday Services	<p><i>Who are the local service providers?</i></p> <p><i>How far do people have to travel for different services?</i></p> <p><i>How do people get to the services? How easy it is?</i></p> <p><i>Do existing services have the capacity to cope with a larger population?</i></p> <p><i>What additional services do people think should be provided locally?</i></p>
For Young Families	<p><i>Are young families adequately catered for locally?</i></p> <p><i>Do they have the support and facilities that they need?</i></p>
For Elderly Care	<p><i>Is the right level of care/services available that enable older people to stay put?</i></p> <p><i>What are the main issues for the elderly living in this community?</i></p>
For those with Special Needs	<p><i>What care/services are available and are they sufficient?</i></p>

Strategic Context

The Director of Public Health for Cornwall states in a recent report that *“good health is the foundation of a happy and fulfilling life. We are fortunate that health in Cornwall and the Isles of Scilly is generally good. Compared to the rest of the country people typically live longer, deaths from smoking, and premature deaths from cancer, heart disease and stroke are lower and satisfaction with local NHS care and services is generally high. However, not everyone has been able to share in the improvements made. The differences in people’s health [in different parts of the County] can be stark. Life expectancy has improved in England and the South West, whereas Cornwall & Isles of Scilly has remained the same (2009 data). There are significant pockets of deprivation in Cornwall and some communities or population groups face considerable challenges on the road to better health, including accessing services. Quality of life can also vary considerably depending on individual circumstances, for example, long term illness, income or the characteristics of someone’s local environment”¹.*

The Director of Public Health’s strategy to tackle inequalities comprises *“a mixture of long term campaigns to tackle the causes of the causes of inequalities as well as specific initiatives”*. It clearly serves to act upon the key messages of the Marmot Review, commissioned by the Secretary of State for Health in 2008, to identify health inequalities in England and provide evidence to underpin future practice. Amongst the key messages of the Marmot Review that was published in 2010² are:

- *“Reducing health inequalities is a matter of fairness and social justice.*
- *There is a social gradient in health – the lower a person’s social position, the worse his or her health. Action should focus on reducing the gradient in health.*
- *Health inequalities result from social inequalities. Action on health inequalities requires action across all the social determinants of health.*
- *Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage.*
- *Action taken to reduce health inequalities will benefit society in many ways.*
- *The fair distribution of health, well-being and sustainability are important social goals. Tackling social inequalities in health and tackling climate change must go together.”*

The Director of Public Health, notably, endorses the Sustainable Community Strategy for Cornwall 2010 – 2030, which recognises: *“the value of providing affordable homes for local needs, so that everyone has*

¹ “Good Health for Everyone”, Strategy to Reduce Health Inequalities 2011-16, Director of Public Health, Mar 2011

² Fair Society Healthy Lives, the Marmot Review of Health Inequalities in England, Feb 2010

a warm, safe, well maintained home they can afford to live in as part of a local community; and the need for communities to become more resilient to whatever the future holds, with everyone involved in finding and delivering solutions to enable the creation of a low carbon economy, energy efficient homes, sustainable energy generated locally and local food. Increasing work opportunities is crucial in Cornwall and Isles of Scilly³”.

“Taking action to reduce inequalities in health does not require a separate health agenda, but action across the whole of society.” – Marmot Review

The challenge going forward is not only meeting the demands of the future but, in doing so, also reducing the health inequalities that exist. This is recognised by the new Cornwall Health & Wellbeing Strategy 2012⁴. Its objectives are:

- *“All actions to be geared towards people being encouraged and supported where appropriate to lead as independent lives as possible*
- *Ensuring that people are protected at all stages of their life from inappropriate behaviour and harm from others*
- *A commitment to support the right care and support, at the right time in the right place*
- *Encourage opportunities for integrated delivery*
- *Promote and encourage innovation and creative solutions*
- *Maximise the potential of technology and ensure people are able to make best use of it*
- *Use the planning system to enhance health and wellbeing*
- *Stimulate social networks and community activity to reduce isolation and loneliness*
- *Integrated delivery and mainstreaming prevention*
- *Encouraging self care and self management*
- *Increasing capacity for expertise and shared learning”*

The Cornwall Health & Wellbeing Strategy sets out a series of actions and makes commitments to work with partners to introduce new practices, facilities and services to achieve the objectives and thereby improve the overall health and wellbeing of the people of Cornwall. The following actions could well be relevant to neighbourhood planning in the Wadebridge area:

Cornwall Health & Wellbeing Strategy, 2012	
Outcome 1 <i>Helping People to Live Longer, Happier and Healthier Lives</i>	Actions (with partners)
Healthy Weights and Diet – Capitalising on Local Food Economy	<ul style="list-style-type: none"> • <i>Planning, transport, housing, procurement, environmental and health and social care systems to be developed collaboratively and policies designed to increase healthy, active lifestyles and reduce inequalities.</i>
Active People and Environments	<ul style="list-style-type: none"> • <i>Map and co-ordinate the provision of leisure and recreation facilities, green spaces and active travel routes across the county.</i> • <i>Improve and integrate a system for active transport – walking and cycling – including safe cycle routes to schools and work places.</i> • <i>Ensure better co-ordination between sectors such as spatial planning, transport, health, housing and their policies that play a major role in shaping an individual’s physical, mental,</i>

³ Shaping Cornwall’s Future, Sustainable Community Strategy, Cornwall Strategic Partnership, 2008

⁴ Health & Wellbeing Strategy for Cornwall 2020, Shadow Health and Wellbeing Board for Cornwall, 2012

	<i>social and environmental well-being.</i>
Outcome 2 <i>Improving the Quality of Life</i>	Actions (with partners)
Improved Support for People with Long Term Conditions	<ul style="list-style-type: none"> • <i>Ensure integrated commissioning and delivery across all health, social care and community organisations for efficient and effective support for people with long term conditions including dementia, physical disabilities, learning disabilities and mental health.</i>
Support for Independent Living	<ul style="list-style-type: none"> • <i>..... Extend the use of tele-care and tele-health and other innovative systems to support people's independence and the quality of their care.....</i> • <i>Create service access points, information sources and supportive technologies which make sense to local people.</i> • <i>Invest in preventative and early intervention approaches that show a demonstrative improvement in independent living and a reduction in the need for health, social care and other interventions.</i>

Outcome 3 <i>Fairer Life Chances for All</i>	Actions (with partners)
Tackle Issues that Reduce Life Expectancy	<ul style="list-style-type: none"> • <i>Invest £56m in existing homes, adaptations and new affordable homes, through the Housing Strategy.</i> • <i>Co-ordinate resources to ensure that people have access to timely information, advice and support during periods of crisis to prevent eviction and homelessness, particularly for young people and vulnerable adults.</i> • <i>Promote Affordable Warmth campaigns to insulate homes and reduce fuel poverty.</i> • <i>Support setting up Cornwall Energy Buying Group.</i> • <i>Deliver an integrated, high quality, customer focused disability and housing service that promotes independence.</i>

The importance of the health and wellbeing of local people and the significance of physical planning in achieving objectives and the highest standards of service provision have been recognised by Cornwall's strategic planners.

In 2007 the North Cornwall Core Strategy was clear that it was important to provide:

- *“opportunities and positive encouragement for residents to lead healthy lives; this means decent housing, safe and healthy workplaces, active, supportive communities and access to a wide range of social, cultural and leisure activities, green spaces and healthy natural environments; and*
- *support and opportunities for disadvantaged people. We want a strong support network for residents so that the vulnerable and disadvantaged are not excluded from services. We recognise that effective support will be underpinned by a vibrant voluntary and community sector.”⁵*

The development of the new Local Plan (Core Strategy) for Cornwall picked up on the same themes recognising that it is important to: *“protect and support enhancements to local facilities and*

⁵ Core Strategy Preferred Options Report, North Cornwall Council, 2007

services” (Objective 3 – Shops and Services)⁶. Wadebridge is categorised as a Category B – a market and coastal town that is locally significant and contains a good range of housing, employment, and community facilities and services. The options report established that one of the long-term objectives of the Plan should be **“Good health and wellbeing for everyone – i.e. to make it easier for people to lead healthy, active lifestyles and to get involved in their local community.”**

The Pre-submission version of the Local Plan for Cornwall has included health and wellbeing as a one of the key themes of the Local Plan:

Local plan – theme 3: to promote good health and wellbeing for everyone.

“Objective 7: Meet a wide range of local needs including housing and for community, cultural, social, retail, health, education, religious, and recreational facilities, in order to improve quality of life and reduce social exclusion.

Objective 8: Promote development that contributes to a healthy and safe population by providing for opportunities for walking and cycling and ensuring the appropriate levels of open space and the protection and improvement of air quality”⁷.

“Health and wellbeing: *The way we perceive and interact with the physical environment – built and natural – has a significant impact on individual and community wellbeing. The impact of planning decisions has a bearing on this and can help people interact and access goods, services and facilities easier. This can have a positive influence on the health and wellbeing not only of individuals but also of the communities in which we all live and provide greater opportunities for us to have active and healthy lifestyle”⁸.*

Cornwall Local Plan – Policy 17 – Health and Wellbeing

“To improve the health and wellbeing of Cornwall’s communities, residents, workers and visitors, development should seek to:

- 1. Protect, and alleviate risk to, people and the environment from unsafe, unhealthy and polluted environments through avoiding or mitigating against harmful impacts and health risks such as air and noise pollution and water and land contamination.*
- 2. Maximise the opportunity for physical activity through use of open space and travel networks supporting walking and cycling.*
- 3. Provide, where possible dwellings which have easy, safe and secure storage for cycles and other recreational equipment.*
- 4. Encourage provision for growing local food such as allotments or private gardens which are large enough to accommodate vegetable growing or greenhouses.*
- 5. Provide flexible community spaces that can be adapted to the health needs of the community and encourage social interaction.*
- 6. Maximise positive health impacts and ensure the mitigation of negative health impacts through the use of Health Impact Assessment for significant major development proposals.”⁹*

The Pre-submission version of the Local Plan for Cornwall has recommended that a further 800 homes are developed in the Wadebridge area between 2010 and 2030. This could see the local population increase by as much as 20%.

⁶ Wadebridge & Padstow CNA Discussion Paper, Cornwall Council, 2011

⁷ Vision and Objectives, Cornwall Local Plan pre-submission document, Cornwall Council, Mar 2013

⁸ General Policies, Cornwall Local Plan pre-submission document, Cornwall Council, Mar 2013

⁹ General Policies, Cornwall Local Plan pre-submission document, Cornwall Council, Mar 2013

Relevant Statistics

The main health statistics from the 2011 Census show the following:

Wadebridge Area – General Health 2011								
	Egloshayle		St. Breock		Wadebridge		C'wall	E&W
	No.	%	No.	%	No.	%	%	%
Very Good Health	193	47.5	346	47.1	2999	44.6	45.2	47.2
Good Health	135	33.3	262	35.7	2197	32.7	33.6	34.2
Fair Health	56	13.8	92	12.5	1106	16.4	14.9	13.2
Bad Health	18	4.4	24	3.3	320	4.8	4.9	4.2
Very Bad Health	4	1	10	1.4	99	1.5	1.4	1.2
Totals:	406	100	734	100	6721	100	100	100

Wadebridge Area – Long-term Health Problems 2011								
	Egloshayle		St. Breock		Wadebridge		C'wall	E&W
Day-to-day activities....	No.	%	No.	%	No.	%	%	%
<i>Limited a lot</i>	30	7.4	48	6.5	766	11.4	10.0	8.3
<i>Limited a little</i>	55	13.5	71	9.7	768	11.4	11.4	9.3
<i>Not limited</i>	321	79.1	615	83.8	5187	77.2	78.6	82.4
Totals:	406	100	734	100	6721	100	100	100

A number of area wide health statistics were published by Cornwall Council's Community Intelligence Team in 2010¹⁰. These cover the Community Network Area of Wadebridge and Padstow. The report derives some of its statistics from the reports of local GPs and makes comparisons with other community network areas in Cornwall. Perhaps of some relevance are the facts that:

- 31% of the population of Wadebridge and Padstow were registered as unhealthy weight in 2009 compared with 34% across Cornwall; ranking the Wadebridge and Padstow CAN 13th of the 19 CAN's in Cornwall (Liskeard and Looe was highest).
- 31.4% teenage pregnancy rate (per 1000 15-17 year old girls) in Wadebridge and Padstow in 2008 compared with 28.8% across Cornwall; ranking the Wadebridge and Padstow CAN 6th of the 19 CAN's in Cornwall (St Blazey, Fowey and Lostwithiel was highest).
- 14.4% of the population of Wadebridge and Padstow were registered as a current smoker in 2009 compared with 17.6% across Cornwall; ranking the Wadebridge and Padstow CAN 17th of the 19 CAN's in Cornwall (Newquay was highest).

Local Service Providers

As a local service centre Wadebridge has long provided access to a relatively full range of health-related services. As recognised by Cornwall Council's Core Strategy report on growth factors, "...residents can access their main healthcare providers in Wadebridge town (doctors, dentists, opticians and chemists)"¹¹. The town also serves a significant rural hinterland that stretches well beyond just Egloshayle and St Breock. Indeed we have evidence from the work of the neighbourhood plan group at St Eval (8 miles away) that a good proportion of the community there uses Wadebridge for regular access to health services¹². The 2010 Cornwall Retail Study¹³ also recognises that Wadebridge provides an important role in serving the retail and service needs of the local population and the rural hinterland that includes St Eval.

¹⁰ Wadebridge and Padstow Community Network Profile, Community Intelligence Team, 2010

¹¹ Growth Factors: Wadebridge & Padstow CAN, Cornwall Council, Jan 2012

¹² The Evidence Report, St Eval NP Steering Group, Sep 2012

¹³ Cornwall Retail Study, GVA Grimley, 2010

A survey in January 2013 shows that within the neighbourhood plan area the following services are available:

Wadebridge NP – Local Health Services			
A&E		Doctors	4
Ambulance station	1	Drug Counselling	1
Ambulance responder scheme	1	Fitness & exercise centres	4
Blood Test	2	Health Promotion Service	
Chemist	2	Hospital (non-emergency)	
Children’s Centre	1	Meals at Home service	1
Chiropodist	2	Mental health service	1
Chiropractors	1	Obesity Clinic	1
Day Centre	3	Optician	2
Dementia (memory café)	1	Osteopaths	1
Dentists	3	Pregnancy Advice	2
Dietician/nutritionist		Samaritans	1

Service Locations, Access and Travel

Wadebridge does provide most of the service that local people expect to have easy access to whenever they are required. There are however some significant services that are not available or cannot easily be accessed by all.

The most obvious of these is hospital facilities. The nearest local hospital for minor injuries and non-emergency facilities is at Bodmin (8 miles away). For emergency and main hospital services the population has to go to the Royal Cornwall Treliske Hospital at Truro (25 miles away) or Derriford Hospital in Plymouth (40 miles away) for certain services. There are also several reported instances of people from Wadebridge being referred to other locations in Cornwall (Hayle for instance) for a specialist service.

The distance that these facilities and services are represents a real barrier to local people who do not have access to their own transport. The issue of inadequate public transport services almost certainly has an effect on local people’s health and wellbeing. The Core Strategy Issue paper highlights the need to address *“access to health facilities particularly using public transport”*¹⁴.

We should also recognise here that public transport inadequacies also causes major problems to people in outlying rural areas that want to come into Wadebridge to use the services. A recent survey by the Port Isaac Doctors Surgery¹⁵ shows many patients in the outlying villages prefer to make an appointment in the Wadebridge branch. The Core Strategy Issues Paper for Wadebridge and Padstow highlights the fact that *“transport and accessibility is a major issue for rural community”*¹⁶. The same Issues Paper quotes a recent survey of parish councils as showing *“that transport and accessibility was one of the most important issues facing the local community now and in the future”*¹⁷. This is backed up by Padstow and District Community Transport, whose research and survey of 2009 found *“some need for improved access to health care”*¹⁸ [at Padstow and Wadebridge]. The Report went on to suggest that to help those in rural areas such initiatives as a volunteer car scheme, a taxi voucher scheme and/or a

¹⁴ Cornwall LDF Wadebridge and Padstow Issues Paper, Cornwall Council, Jan 2012

¹⁵ Health & Wellbeing Focus Group, August 2012

¹⁶ Cornwall LDF Wadebridge and Padstow Issues Paper, Cornwall Council, Jan 2012

¹⁷ Survey of key facilities in settlements, Cornwall Council, 2009

¹⁸ Padstow Transport Needs Survey Report, Padstow Community Transport, 2009

community minibus could provide a solution; but they would require the co-operation and some investment by the surgeries.

Local people are also expected to travel to access the following:

Wadebridge NP – Out of Town Health Services		
service	location	distance
Dietician/nutrition	Truro	27 miles
Pregnancy advice	Newquay	17 miles
Mental health team	Bodmin	8 miles

Service Capacity

The local service providers are reporting a mixed picture in terms of capacity, although during the summer months because of the short-term register for visitors they are all operating at or close to capacity. The focus group meeting with service providers held in mid-2012 heard that the Port Isaac Doctors' Surgery is working to maximum capacity with 8,000 patients, of which 3,000 patients are from Wadebridge. In the last 4 years they have taken on 250-300 new patients most of whom are older or retired people. The Wadebridge and District Camel Estuary Doctors Practice has a capacity for a total of 12,000 patients. They have approximately 8,000 patients at the moment (2013). In the last 10 years they have taken on approximately 1,000 new patients.

The Park Place Dentists Surgery is reporting being full at present. They treat National Health patients and take new patients as and when there are vacancies. The dental surgery at 65 Molesworth Street, Wadebridge has approximately 5,000 patients on its books, making it too near to capacity.

All surgeries attending our 2012 Focus Group report a growing demand for service from the elderly. The Port Isaac surgery noted a 25% increase in over 65's. The GP's report having difficulties with funding for new doctors/nurses – patient numbers must increase dramatically to qualify.

The Network of Public Health Observatories publishes 'GP Profiles' that are designed to support GPs, clinical commissioning groups and primary care trusts to ensure that they are providing and commissioning effective and appropriate healthcare services for their local population. The latest profile for the Wadebridge and Camel Estuary Practice¹⁹ (with 7,543 registered patients of which 3.3% are from non-white ethnic groups) helps us understand better the current demands made by the doctors' client-base. The table below summarises the 2012 situation. It shows a lower than average number of children and young people accessing local GP services but a higher than average proportion of older people.

¹⁹ Wadebridge & Camel Estuary Practice Profile, Network of Public Health Observatories, Sep 2012

Wadebridge & Camel Estuary Practice Summary 2011/12			
	Wadebridge (%)	PCT (%)	Eng & W (Av) (%)
<i>% aged 0-4</i>	4.8	5.1	6.0
<i>% aged under 18</i>	17.9	18.7	20.8
<i>% aged 75 and over</i>	13.0	9.9	7.6
<i>% aged 85 and over</i>	4.2	2.9	2.2
<i>Deprivation Score (IMD²⁰)</i>	18.2	22.5	21.5
<i>Income deprivation affecting children</i>	14.0	18.7	21.8
<i>Income deprivation affecting the elderly</i>	16.0	17.8	18.1
<i>% with long-standing health condition</i>	57.8	58.2	53.1
<i>% with health problems in daily life</i>	54.4	52.1	48.7
<i>Disability allowance claimants (Nov 2011)</i>	46.1	57.3	48.3
<i>% that would recommend practice</i>	95.4	88.9	83.5

The GP Practice Profile records the local incidence of a range of health conditions. At 2012, across a whole range of illnesses and conditions, there are few significant differences to the national average. There is a slightly higher than average incidence of coronary heart disease, strokes and other illnesses associated with older people. The current male life expectancy is estimated to be 80.3 years and female life expectancy 84.8 years.

It is the belief of many local people that many of the current services are running at or near to capacity. This message came through clearly at the Neighbourhood Plan Launch event in October 2012²¹. At the two day public event 17% of those that commented made points relating to health and wellbeing. *“Many believe that the schools, doctors and dentists are operating at capacity at present. Future population growth especially of the young and old will add to the pressure for more services to be developed to meet demand. Several suggested that this should happen before significant housing development is approved.”* This is confirmed in Cornwall Council’s Core Strategy report on growth factors which estimates that *“up to two additional doctors may be required in the Wadebridge & Padstow area depending on the level of growth proposed.”*²²

Community Survey 2012

The 2012 Community Survey, undertaken as part of the Neighbourhood Plan, and analysed for us by Cornwall College has provided valuable, up-to-date information and opinion from the people who live in the neighbourhood plan area²³. Table HW6 overleaf show that over 90% of households are satisfied or very satisfied with access to the town’s medical services; and over 80% are satisfied or more with access to the town’s dental services.

It is significant however that 17.5% of the area’s households report not being at all satisfied with access to dental facilities. The least satisfaction seems to be amongst households with young people (12 to 17 year olds). Notably too, amongst those households with at least one member that has a *“long-standing illness, disability or infirmity”* there is a much higher level of dissatisfaction – 33.1% of ‘disabled’ households are not at all satisfied with the access to current dental facilities.

²⁰ IMD= Index of Multiple Deprivation

²¹ Neighbourhood Plan Public Consultation Report, Nov 2012

²² Growth Factors: Wadebridge & Padstow CAN, Cornwall Council, Jan 2012

²³ Wadebridge area NP Community Survey 2012, ‘Summary of Data Collected’, Cornwall College, Spring 2013

Whilst satisfaction with access to the town's medical practices is high across most of the age ranges there is a significantly higher proportion, over 10%, of younger households (age range 25-34) that are not satisfied. Once again there is also a noticeably higher level of dissatisfaction with access to the facilities amongst households with at least one member that has a "long-standing illness, disability or infirmity" – 37.3% of 'disabled' households are not at all satisfied with access to current medical facilities.

Those who are dissatisfied with the current services were given the opportunity to explain why. It is pleasing to record that there were very few complaints about the level and quality of service provided by our local medical and dental providers. Most of the complaints related to the physical 'barriers'. An analysis of the responses from households with at least one member that has a "long-standing illness, disability or infirmity" shows the following most common complaints from the 138 respondents:

- 34.4% said that the local bus service was an impediment to accessing local facilities and reaching required facilities/services elsewhere
- 26.0% said that current car parking arrangements (location and capacity) was inconvenient and/or there were too few disabled-only spaces in proximity of the service centres
- 18.3% said that the number of cyclists in the town and the inconsiderate behaviour of some, constituted a nuisance, and worse, when they were accessing local facilities
- 14.5% said that the lack of NHS dental service, or the waiting time to register as an NHS patient, was unacceptable
- 12.2% said that parking charges were too high for regular visitors to health facilities in the town centre

The 2012 Community Survey asked people about their frequency of visits to local healthcare facilities. The most frequent visitors are the members of 'elderly households' (see table HW8). 15.1% of these households have to make a weekly trip to the health facilities and deal with the 'issues' highlighted in paragraph 4.7.4. All forecasts indicate that the number of elderly in the population is likely to increase and their demand for good quality, accessible health facilities will increase.

Wadebridge Community Survey 2012						
Satisfaction with Wadebridge Health Facilities						
	<i>Very Satisfied</i>		<i>Satisfied</i>		<i>Not satisfied at all</i>	
	No.	%	No.	%	No.	%
Dental Facilities	430	42.0	416	40.5	179	17.5
Medical Facilities	610	57.5	378	35.7	72	6.8

Wadebridge Community Survey 2012								
Satisfaction with Wadebridge Health Facilities								
	Dental Facilities				Medical Facilities			
	Disabled h'hold		Other		Disabled H'hold		Other	
	No.	%	No.	%	No.	%	No.	%
Very Satisfied	82	20.9	310	79.1	129	23.2	427	76.8
Satisfied	90	24.0	285	76.0	80	23.3	264	76.7
Not satisfied at all	55	33.1	111	66.9	25	37.3	42	62.7

Wadebridge Community Survey 2012 Frequency of Visits to Wadebridge Health Facilities				
	All H'holds		Elderly H'holds (65+)	
	No.	%	No.	%
Daily	30	2.3	10	2.4
Weekly	125	9.6	64	15.1
Monthly	460	35.4	164	38.6
Seldom	598	46.0	161	37.9
Never	85	6.5	26	6.2

Service Gaps

As far back as 2004, the survey work connected to the Wadebridge Town Plan²⁴ identified issues that resonate today:

- *“NHS dental treatment very limited”*
- *“Transport services, both public & private, to medical facilities is seen as poor”*
- *“Insufficient medical surgery provision”*

Many who participated in consultations at the time expressed concern that *“the town has a growing population”* and services were inadequate and would not be able to cope.

The Wadebridge Town Plan of 2004 put forward the following solutions:

- *“The [Wadebridge Town] forum should work with the Primary Care Trust to examine the severity of the situation in the Wadebridge area, especially given population increases*
- *Identify and outline any possible schemes for transport to medical services and highlight the need for improved public bus services to local transport providers*
- *The strategic policy covering Wadebridge should be made clear in order that the Forum are aware of what support can be given to ensure adequate service provision in the future and are able reassure local residents that the local health issues are being addressed”*

In assessing the significance of the gaps it must be recognised that at present *“there are significantly higher proportions of people in the dependent younger and older age groups compared to the average across Cornwall”*²⁵.

The Core Strategy will result in a growth of population within the neighbourhood plan area. Unless additional health service facilities and services are planned for, then gaps would be greater.

Services for Young Families

We are fortunate to have a local Children’s Centre based on Goldsworthy Way that serves the Wadebridge and Tintagel area. The latest intelligence²⁶ provided by the Centre for the area they cover shows that in 2010, as a measure of children ‘living in poverty’, 14.6% of local children were in families in receipt of benefits or tax credits (UK = 20.6%). 58.9% of these children ‘living in poverty’ were living in lone parent families. Also notable was the fact that 26.7% of reception year children were recorded as being obese or over-weight (UK = 22.6%).

²⁴ Wadebridge Town Plan, 2004

²⁵ Growth Factors: Wadebridge & Padstow CAN, Cornwall Council, Jan 2012

²⁶ Cornwall Children’s Centre Reach Area Profile, Cornwall Council, 2012

Services for the Young People

Cornwall Children's Trust is the partnership set up to improve outcomes for children and young people.

Kernow Matters²⁷ is the Trust's needs assessment. It highlights the following priority themes and groups of vulnerable children that need to be addressed across Cornwall during 2012/13:

Child Poverty – *“in general, outcomes for children and young people living in areas of poverty continue to be worse than for those who do not. Interventions that tackle the root causes of poverty should continue to be a priority for Cornwall.”*

NEET²⁸ – *“continued ESF²⁹ investment into those who are NEET or at risk of becoming NEET – multi agency approaches to tackling these issues should remain a focus.”*

Childhood Obesity – *“evidence shows that the number of children in Cornwall with an unhealthy weight is rising. Whole system approaches to tackling childhood obesity are proven to be most effective and require a partnership approach.”*

Child and Adolescent Mental Health – *“...is consistently raised by young people as a service that requires improvement in order to keep young people safe. Furthermore, the transition of young people to adult services has also been highlighted as an area for improvement by Ofsted. Parental mental health.....has been evident as a persistent factor in an analysis of Serious Case Reviews into child deaths in Cornwall.”³⁰*

Understanding Cornwall³¹ pulls together the key messages from evidence bases produced across Cornwall Council and partner organisations; it confirms that:

- *“There are differences in the characteristics of people and places within Cornwall;*
- *The population is growing;*
- *Effective early intervention and prevention can improve lives and save money;*
- *The impact of the economic climate, public sector cuts and changes to benefits may lead to more people needing higher levels of support.”*

Services for the Elderly

Recent research carried out for Cornwall Care has confirmed that the UK, including Cornwall, remains an ageing population, and has identified the likely need and scale of services required for the elderly in the future.

- *“2011 Census states that 21.7% of Cornwall's population is over 65 against England and Wales average of 16.4%*
- *The number of people over 85 in the UK is predicted to double in the next 20 years and nearly treble in the next 30*
- *The population over 75 is projected to double in the next 30 years*
- *The estimated number of people living with the effects of stroke, which mostly strikes people over the age of 60, will rise by around 46%*
- *Those living with late-onset dementia will go up 50%*
- *Among those living with a disability over the age of 65, there will be 67 per cent more sufferers*
- *As people live longer, they will spend more years of their life in ill health. Men will live an average of 6.8 years of their life and women will live 9.1 years of their life with a long-term illness*
- *Estimates suggest that 50% of people over the age of 75 currently suffer from some sort of long-term infirmity*

²⁷ Kernow Matters is the needs assessment of children and young people in Cornwall

²⁸ NEET = “not in education, employment or training”

²⁹ ESF = European Social Fund

³⁰ Children and Young People's Plan, Cornwall Children's Trust, Mar 2012

³¹ “Understanding Cornwall 2011” published by Cornwall Council presents the key cross cutting messages for Cornwall in one place

- ***Independent research indicates that the Wadebridge area will have a shortfall of care beds of 565 by 2025, the shortfall is around 220 now***³²

Supporting the Vulnerable and those with Special Needs

Cornwall Council's Adult Care and support Service works largely with older people but also those who have a physical disability. It reports that the *"main area of need is always around finding informal support for people such as befrienders, social activities etc. Across Cornwall there is a lack of age appropriate services for our younger client group, especially those who are aged 40- 65 (those who are not yet ready for older people services)."*³³

Summary Conclusions

Clear facts (from the Evidence):

- Good health and healthy lifestyles is high on the community agenda
- There are still many inequalities in service provision
- Wadebridge serves a large rural hinterland
- The Wadebridge area is a relatively healthy community but there are specific health issues
- Satisfaction is generally high with local health services

Main problems/issues (from the Evidence):

- Our lack of understanding of the needs of the most dependent or disadvantaged
- Capacity of certain facilities and services
- Distance to travel to specialist services

Trends - What has changed significantly over the past 10 years?

- Ageing population
- Changing methods of delivery
- Growth in health problems such as obesity

What is most needed?

- Easier access to A&E and specialist hospital-type facilities
- Improved access generally to health facilities and services
- Increased capacity of local health services

What messages have local people sent?

- Provide better access and parking at local facilities

What are the obvious 'development' opportunities?

- A combined facilities hub
- Tele-care

What is the most interesting finding?

- The high level of satisfaction in the general services provided

³² Unpublished email from the Regen Factory on behalf of Cornwall Care, Jan 2013

³³ Unpublished email from Adult Care and Support Services, Cornwall Council, Jan 2013

Key Neighbourhood Planning Questions Going Forward:

- To what extent can neighbourhood planning policies affect the health and wellbeing of the local people?
- How will Wadebridge continue to serve the wider area as a service provider?
- How can we encourage and support healthy lifestyles?
- How can access to A&E and specialist hospital-type services be improved?
- What will be the impact of an ageing population on health services provision?
- How best can we meet the need for care facilities in future?
- How can access to advisory and support services for health be improved?
- What is the capacity of existing health service providers and how can they be best helped to meet the growing and changing needs and demands in future?
- How can we make easier access to local services and facilities?
- Can we help improve access to health services to young people and young families?
- Can we better serve the needs of the disadvantaged and those at risk?

What must we try to find more about?

- The needs and demands for health services for those in our community that could be categorised as 'more dependent'
- The views of those who work with the more vulnerable members of our community
- The views, plans and intentions of the health service providers

