

changing circumstances and needs and offer a more holistic approach. This reduces stress of not coping and with difficulties accessing care. Lifetime homes include 16 design criteria that can be universally applied to new homes and imumal cost and supports the changing needs of indiviudals and families at every stage of life and create better flexible living environments. This enables people to remain independent when activities of daily living are compromised to enable them to stay at home when frail. This will help reduce the burden on other parts of the system including social care and the NHS ( part of the ICP) This enables Cranleigh people to continue to live well.

Consider Extra Care facilities alongside current provision

Transport – expensive transport and parking

We need to include the new facilities including ambulatory services, xRay, MRI and potentially maternity services coming to Cranleigh , specialist nursing home for dementia, 20 ICP beds for the wider community centred in Cranleigh ( as with previous hospital beds, free at the point of delivery for post-operative, step down and possibly continuing care/ End of Life care)

Community Needs assessment findings demonstrate need to address joined up solutions for addressing:

Loneliness and social isolation – (see place shaping diagram below) need to provide accessible meeting places for informal socialialisation for all ages)

Access to services and facilities – parking, pavements uneven, sitting places along high street

Physical health, more play facilities needed, park to promote getting people outdoors and promoting physical activity for all ages

Income deprivation – 15% pensioners providing unpaid care, 1/3 pensioners living alone, 10% pensioners living in poverty and food bank

Environment – issue regarding unsafe pavements and accessibility to buildings

High levels of carers, dementia and autism, traveller population = health inequalities

We have a higher than Surrey Average (affecting whole population health)

- Young people carrying excess weight
- 0-4 year olds hospital admissions for injuries
- Binge drinking
- Limited long term illness/disability/depression
- Only 1/3 eat 'healthily'
- 2.5% never talk to neighbours
- Higher dependency ratio
- Long GP waits

► *Children and Young People:*

- MMR Vaccination rates are higher than the Surrey average and NHS England target
- More reception children are carrying excess weight than the Surrey average
- Rate of admissions for injuries in 0-4 year olds is higher than the Surrey average

► *Working Are Adults:*

NP4

- A higher percentage of adults binge drink than the Surrey average
- More residents have a limiting long-term illness or disability than the Surrey average
- Cranleigh Medical Practice appears to have a higher prevalence of depression than the CCG average
- Just over one third of adults eat healthily

▶ *Older Adults*

- Almost a third of pensioners in Cranleigh East live alone, higher than the Surrey average
- Almost a fifth of those aged 65 and over have no cars in their household
- 15 percent of people over 65 years provide unpaid care (higher than the Surrey average)

▶ *Wider Determinants*

- Almost one in ten older people are living in poverty
- Whilst the majority of households in Cranleigh East are within 15 minutes of a GP, none are within 30 minutes of a hospital by public transport
- 2.5% of adults over 18 never talk to their neighbours

▶ *Other Community Concerns*

- Almost 1/3 pensioners in Cranleigh East live alone, higher than the Surrey average
- Almost a fifth of those aged 65 and over have no cars in their household

## OPPORTUNITIES

The newly developed ICP, forthcoming devolved status gives councils (with joined up place based solutions affecting walkable areas with accessibility,, small scale entrepreneurship, local ownership, places for facilitation of social interaction to address loneliness, enabling of increased physical activity, greater community action supported, sense of pride and volunteerism, safe and easy to navigate surroundings \* ), health, voluntary, community and care sector a means of joining up in areas that affect quality of life such as housing and the wider environment . it provides a platform for Cranleigh to become a joined up community where the community is fully engaged and empowered by local authorities to take more responsibility for their health and wellbeing, of which the environment is a significant part.

## Local focus – Guildford Waverley ICP

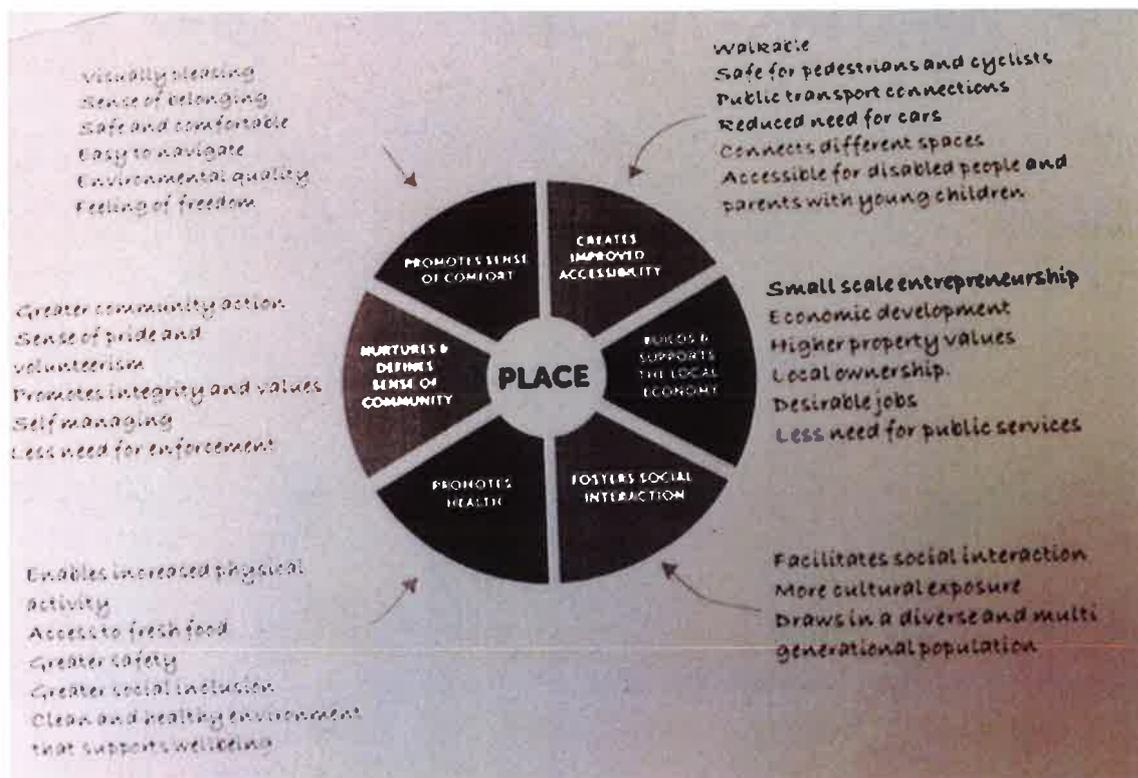
### Our Shared Vision

'We will build **resilient** and **empowered** residents and communities, through a **network of stakeholders** working as **one team**. The ICP partnership will **steer and oversee the design and delivery of integrated health and care services**, improving the **outcomes** and extending a **prevention offer** for the residents of Guildford and Waverley.

There is a clear ambition to enable people to **stay well, live well and die well**, and for people to be supported in their own homes wherever possible.'

\*

### PLACE BASED SOLUTIONS.



### OTHER COMMENTS:

**Design issues:** Housing and design vernacular and local materials needed to differentiate buildings

Ref: Times article here link