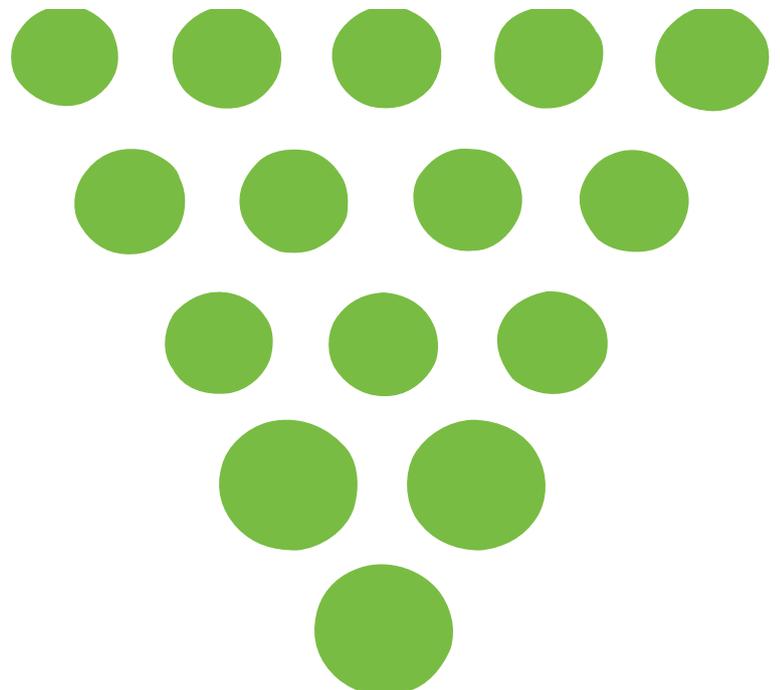




Wellbeing & Public Health

Service Plan 2018 - 2022

April 2019



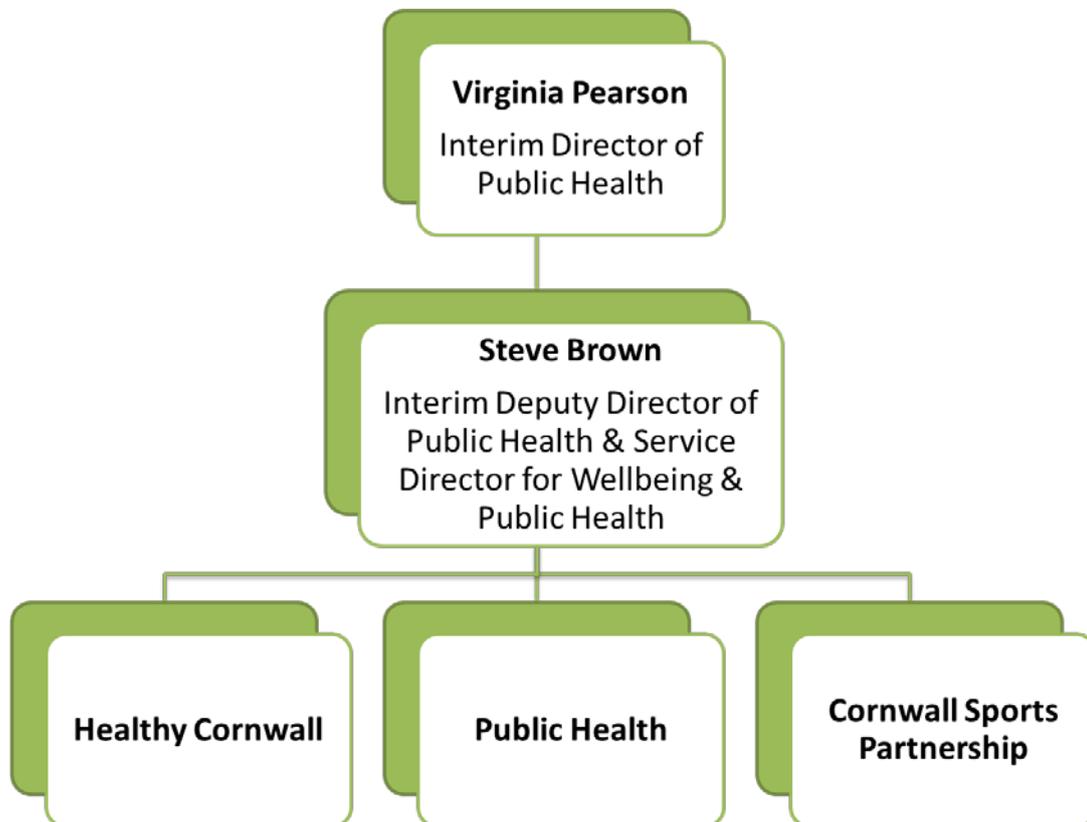
Introduction by Service Director for Wellbeing & Public Health

The overall aim of the Wellbeing and Public Health Service is to improve the health and wellbeing of the residents of Cornwall and the Isles of Scilly and to reduce health inequalities. Local authorities have specific public health responsibilities under the Health and Social Care Act 2012 including ensuring the provision of public health nursing, sexual health services and NHS health checks and providing public health expertise to the NHS. However to improve the wellbeing of residents and tackle health inequalities we know action is required on tackling the wider determinants of health and therefore there are a wide range of local authority functions including housing, transport, environment and economic development that have a significant impact on the public's health. It is therefore vital to ensure that improving health and wellbeing is a consideration in every Council decision. A key role of the service is to contribute and influence key Council policies and strategies including for example the work on climate change, the Strategic Economic Growth Plan, the Environmental Growth Strategy, the Local Industrial Strategy and The Cornwall Local Plan.

Public Health also has significant role in contributing to and influencing the wider Health and Care system. Working with NHS colleagues through the NHS Sustainability and Transformation Plan (STP) known as Shaping Our Future is a critical part of the role of the service. In order for the NHS to be sustainable there is a need to shift focus on to keeping people healthy as well as treating illness. We are leading on the prevention theme and contributing to other clinical themes in order to improve the health of the people of Cornwall and reduce the need for health and care services.”

The Wellbeing and Public Health service is comprised of 3 teams.

- Public Health
- Healthy Cornwall
- Cornwall Sports Partnership



Public Health

The Public Health Team lead the work to improve the population's health through health improvement, health protection and health service improvement. This is done through a combination of direct service provision and the commissioning of services and programmes. However a significant part of this role is providing public health leadership and expertise to influence and inform strategies and work programmes. The Public Health team are legally required to provide public health expertise to the NHS which is known as the 'Core Offer'. Providing data and intelligence on population health needs, information on the best available evidence on what works and how best to evaluate and monitor outcomes is a critical to improve health outcomes. The service also a statutory requirement to produce an independent annual report on the state of the health of the population of Cornwall and the Isles of Scilly and to publish a Joint Strategic Needs Assessment (JSNA). <https://www.cornwall.gov.uk/health-and-social-care/public-health-cornwall/joint-strategic-needs-assessment-jsna/>

The JSNA is used to inform and influences the provision of services throughout Cornwall and the Isles of Scilly to ensure services are targeted at those in greatest need.

The Council receive an annual Public Health Grant which is ring-fenced for the provision of public health services. Most of the grant is used to commission a range of services including the NHS Health Check Programme, National Child Measurement Programme, Sexual Health Services, Drug and Alcohol Services and the Public Health Nursing Service. We also oversee the provision of the contract

for Leisure services including the Better and Parkwood leisure facilities. An additional key responsibility is to work with Public Health England to provide public health advice to the NHS and other local services to help protect the health of the population from infectious diseases and environmental hazards.

In order to provide a high quality Wellbeing and Public Health Service attracting and maintaining a highly skilled public health workforce is essential. Therefore workforce development forms a key role within the Service. We are a registered Public Health training location which is General Medical Council (GMC) approved to train Specialty Registrars in partial completion of their 5 year programme to become a Public Health Consultant. Consultants have to be registered with the GMC or on the UK Public Health Register as specialists in Public Health. We also offer specialty training for Doctors as part of their second foundation year training in medical practice and as a result have 3 Doctors each year on our programme. The Service has been awarded an 'Excellent' rating as a training location by Health Education England. To help with the recruitment of future public health specialists we offer placements, experience and insights into public health for medical undergraduates (e.g. electives) and others interested in a career in public health and we support the national recruitment of specialists. Growing our own staff is also a crucial element of workforce development and through external funding staff have the opportunity to access a Master's Degree programme in Public Health and OU degree modules in promoting public health in collaboration with Health Education England. We are currently exploring how our workforce can be further enhanced through access to the apprenticeship programme at level 6 and level 7. We are committed to undertaking local training opportunities in leadership and management and our work this year will focus on undertaking a workforce analysis and assessment of future skills development to ensure delivery of this service plan.

Healthy Cornwall

Healthy Cornwall work to improve the health of the population through a wide range of interventions including; smoking cessation, healthy weight, healthy workplaces, healthy schools, learning disabilities, maternal health and early years. A training team complements the offer with a variety of health improvement courses to provide an extended workforce capable of conveying key public health messages. A delivery team in each locality creates strong partnerships and allows us to target areas of greatest need, consult with the population and adapt the offer to meet the changing needs of individual communities and their residents. All interventions have a good evidence base, robustly evaluated and underpin the public health priorities to ensure appropriate and effective service delivery.

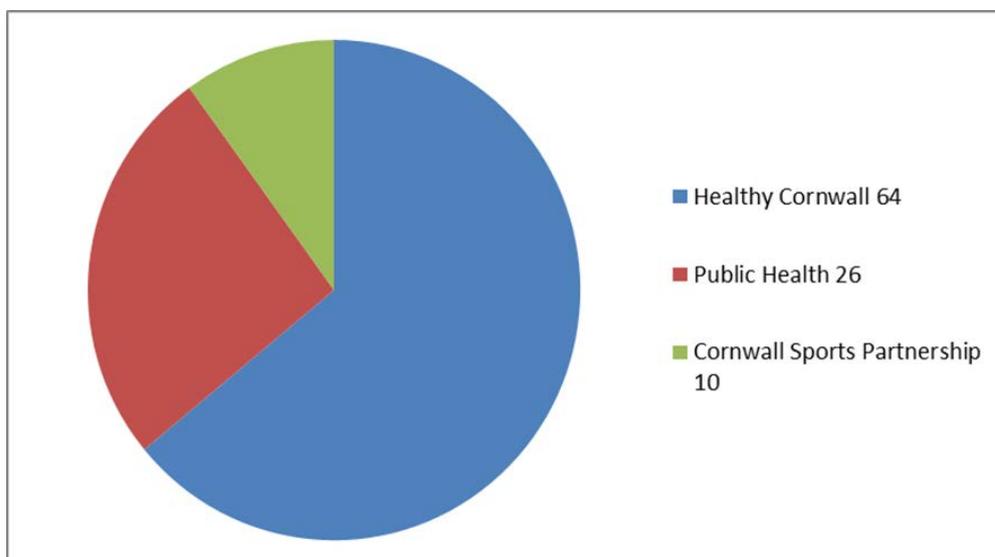
Cornwall Sports Partnership (changing to Active Cornwall during the year)

The Cornwall Sport Partnership is one of 43 Active Partnerships across England aiming to encourage greater levels of physical activity and sport to help improve the health of the nation. The change of name to Active Cornwall is in recognition of the shift in purpose toward increasing levels of physical activity and reducing inactivity at a population level for Cornwall and the Isles of Scilly. The Partnership is funded by Sport England and is hosted by Cornwall Council contributing to and forming part of the Wellbeing and Public Health Service.

Our core purpose is to understand the needs of the people and places of Cornwall, which enables us to connect the right people and places with each other and offer support to bring the benefits of physical activity and sport to ever increasing numbers of people and places. Our understanding of place and people enables us to broker and facilitate a range of mutually beneficial relationships across the whole system to bring about support for a more active society. Collaboration is at the heart of our work enabled by a capable and supported workforce, learning and continuous improvement. Cornwall Sports Partnership has its own delivery plan which is agreed and monitored by Sport England.

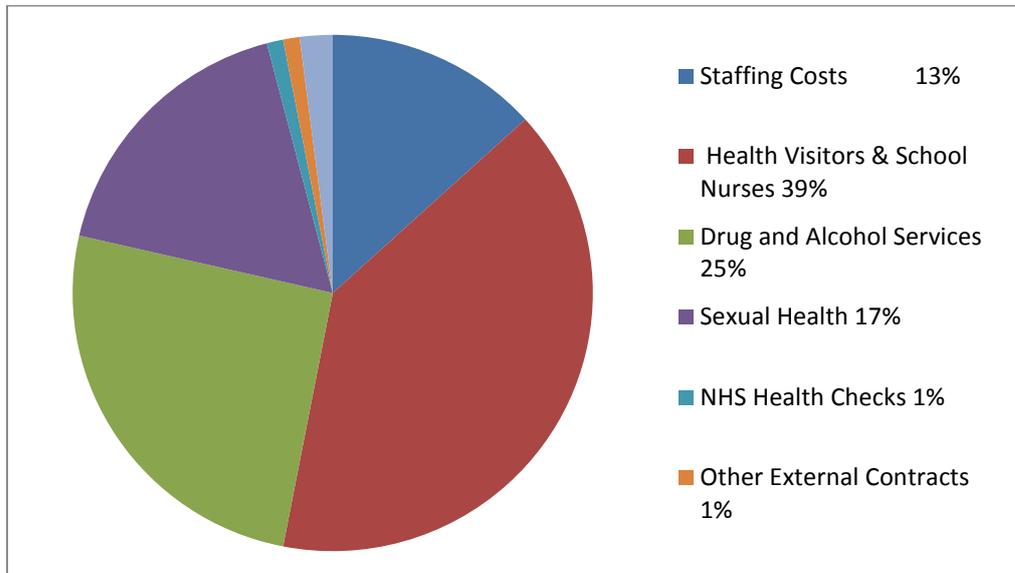
Our Resources

Staffing (headcount)



How we spend the Public Health Grant

(£24.789m 2019/20)



Achievements 2018/19

Rodda's, a business based in Redruth has been an active member of the Healthy Workplace scheme for a number of years. Employee health and wellbeing is very important to them and they have worked hard over the years with the Healthy Cornwall team to ensure that staff health needs are addressed. Their hard work was recognised in the publication "Prevention is better than cure" by the Department of Health and Social Care in November 2018.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/753688/Prevention is better than cure 5-11.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/753688/Prevention_is_better_than_cure_5-11.pdf)

In December 2018 the Local Government Association published "Fit for and during pregnancy" in which the Healthy Cornwall, maternal health team featured as a good practice case study highlighting the importance of a healthy weight.

https://www.local.gov.uk/sites/default/files/documents/15.52%20Fit%20for%20and%20during%20pregnancy_03.pdf

Following the introduction of the healthy pregnancy programme at scanning in June 2018, the Healthy Cornwall, maternal health team have supported over 1600 pregnant women and 14,000 partners (March 19). The partnership with Royal Cornwall Hospital, Treliske is considered an exemplar model of good practice across the region with the team presenting their work at 3 regional conferences and subsequently entering a submission for MJ local government achievements award in the category of Public Health Improvement.

In March 2019 Public Health England published “Oral care and people with learning disabilities” highlighting the importance of oral health as part of general health and quality of life. The Healthy Cornwall, learning disabilities team feature in the guidance as a case study of what works well at a service level.

<https://www.gov.uk/government/publications/oral-care-and-people-with-learning-disabilities/oral-care-and-people-with-learning-disabilities>

In June 2018 Cornwall partners led by Public Health secured investment of £915k in a voluntary and community sector Social Prescribing scheme across 29 GP practices. This consists of link workers based in General Practice who co-design a ‘social prescription’ linking patients to activities and resources in the community to improve their wellbeing. By March 2019, over 1,000 people have engaged with the service.

In September 2018 Public Health England published “Population Health Management and Integrated Care Systems”, and included Cornwall’s co-design work with people living with long term conditions as a case study from the South West. This demonstrates how public health approaches can contribute to the integration of health and social care as STPs develop further and ICS begin to emerge.

Wellbeing and Public Health

Public Health has three core areas of work all of which are underpinned by Public Health Intelligence:

1. Healthcare Public Health
2. Health Improvement
3. Health Protection

These three core areas form the basis of the Service Plan which also includes some additional key areas of responsibility and priorities for the service. The plan describes why the areas of work are a priority, the key objectives and the overall outcomes we are seeking to achieve. While this is a four year plan every year we identify the key actions for the coming year (2019-20). Throughout the plan we have identified where we are seeking the support and cooperation of colleagues throughout the Council and wider partners.

How we contribute to the priorities for Cornwall

 <h3>Healthy Cornwall</h3>	 <h3>Homes for Cornwall</h3>	 <h3>Green and prosperous Cornwall</h3>	 <h3>Connecting Cornwall</h3>	 <h3>Democratic Cornwall</h3>
<p>Better health for everyone.</p> <p>Protect and improve the lives of vulnerable adults.</p> <p>Provide care for hospital leavers (less time in hospital).</p> <p>Young people with higher aspirations.</p> <p>Children are healthy, safe and protected from harm.</p> <p>Fewer children living in poverty.</p>	<p>Provide 1,000 Council homes.</p> <p>Raise standards of privately rented homes.</p> <p>Bring empty properties back into use.</p> <p>Support Land Trusts and other providers to deliver homes.</p> <p>Lobby to remove the bedroom tax.</p> <p>Fewer people living in fuel poverty.</p>	<p>Use Council land to create jobs.</p> <p>Invest in skills required by current and future employers.</p> <p>More apprenticeships.</p> <p>Pay the living wage.</p> <p>Reduce waste and increase recycling.</p> <p>Support the development of renewable energy.</p>	<p>Improve sea, road, rail, air and bus networks.</p> <p>Link bus and rail timetables, ferries and the airport.</p> <p>Give communities more influence to improve roads.</p> <p>Enhance broadband and mobile connectivity.</p>	<p>Communicate better with our communities.</p> <p>Lobby for fair funding.</p> <p>To seek further devolution from Whitehall to Cornwall.</p> <p>Make Cornwall Brexit ready.</p>

For the first time Wellbeing and Public Health have attempted to capture their diverse work, values and vision across the whole service on a single page (Plan on the page). This is an iterative piece of work which will continue to be developed internally and with partners over the coming year.

Cornwall and Isles of Scilly Wellbeing and Public Health Service 2019/20

Mission: Enabling Healthy People and Healthy Communities

		Priority Work Domains	Key Actions	Contributing to Partners Aims
		Systems and Cross Sector Working	Health Intelligence	Prevention ↓
Health Improvement Better Health for everyone	<ul style="list-style-type: none"> Promote Health in all Policies Embed Public and Population Health in Integration of health and care Improve Mental Wellbeing Impact lifestyle factors -reducing smoking, weight alcohol, physical inactivity. Tobacco control Improve the wider determinants of health Implement and Evaluate Social Prescribing To reduce risk of Cardiovascular Disease, Cancer, Musculoskeletal disease, Dementia and Diabetes 			
Health Care Public Health	<ul style="list-style-type: none"> Provision of Sexual Health Services Climate Change Increase Immunisation and Screening Uptake 			
Health Protection	<ul style="list-style-type: none"> National Childhood Measurement Programme School readiness Healthier Conception to age 2, maternal pathways Mental wellbeing, resilience, healthy lifestyles Successful Public Health Nursing integration 			
Healthy Children	<ul style="list-style-type: none"> Reduce fuel poverty Reduce child poverty 			
Reduce health inequalities				
Our Values:		Our Delivery Teams:		
<ul style="list-style-type: none"> Collaborative People Focussed 		<ul style="list-style-type: none"> Evidence Informed Continuous Improvement 		<ul style="list-style-type: none"> Drug & Alcohol Action Team Cornwall Sports Partnership (hosted – externally funded) Public Health Nursing Healthy Cornwall Team

Healthy Cornwall: Healthcare Public Health (Lead: Rachel Wigglesworth)

Why is this Important?

Whilst people in Cornwall are living longer and healthier lives than ever before, there is still much to do to prevent ill health and reduce health inequalities. Many people are living with multiple, and complex health problems which presents a challenge to our current health and care system. However, good health is about more than healthcare alone, and to achieve better health outcomes the NHS should work in partnership with local government, and wider partners.

The NHS Long Term Plan (2019)(<https://www.longtermplan.nhs.uk/>) put's prevention at its heart, emphasising an effort to move away from a system that simply treats, into one that also helps to keep people stay as healthy as possible for as long as possible. This provides an opportunity for public health to join the NHS in its ambition to tackle the top five risk factors for premature death: smoking, poor diet, high blood pressure, obesity and alcohol and drug misuse.

Improving outcomes, early diagnosis and care in key disease areas will continue to focus on cancer, cardiovascular disease, stroke, diabetes, respiratory disease and mental health. This requires a concerted and systematic approach to reducing health inequalities and to address unwarranted variation in care.

Public health, along with other council directorates, have a key role to play working with the NHS and other partners to promote a preventative approach within Health and Wellbeing Boards, Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs). We will support our health, care and community partners with the right intelligence and expertise to ensure that services are planned strategically and meet the population's health needs. We will also work with partners to set out an ambitious Population Health approach which clearly makes health everybody's business.

Our Objectives

- We will provide population health intelligence, evidence and analysis to support NHS and social care partners (Core Offer).
- Support the formation of an integrated care system.
- Influence partners to secure commitment to and delivery of prevention programmes outlined in the STP and NHS Long Term Plan.
- Maximise the offer of lifestyle advice, identification of risk factors and early detection in all health care pathways.
- Embed the principles of Making Every Contact Count across organisations.
- Deliver the Diabetes Prevention Programme across Cornwall and Isles of Scilly.
- Support establishment of a self-management programme which

empowers people to manage conditions and meet their own health and care needs.

- Increase the number of healthcare professionals who integrate brief advice on physical activity into routine clinical practice.
- Work with partners to introduce evidence based 'strength and balance' classes to prevent falls, amongst those unsteady on their feet.
- Support the integration of PH nursing into the integrated children's directorate 'Together for Families' to deliver improved health outcomes for children.
- Develop a sustainable model of Social Prescribing addressing social and economic drivers of health, working in collaboration with GP practices and the voluntary and community sector.

Our Outcomes

- People at risk of diabetes and cardiovascular disease are identified in primary care and referred to lifestyle services.
- Increase in the diabetes diagnosis rate, detecting people earlier.
- Increase the proportion of physically active adults.
- Reduce the Age-standardised rate of mortality from all cardiovascular diseases (including heart disease and stroke) in persons less than 75 years of age per 100,000 population.
- Reduction in emergency admissions for hip fracture due to falls
- Increase in the proportion of residents who feel confident to manage their conditions (Cornwall Residents Survey).
- Reduce social isolation, especially amongst adult carers.
- High uptake of the mandated reviews in the Healthy Child Programme.

Key Actions 2019/20

- Update and agree the Public Health Core Offer Memorandum of Understanding with Kernow Clinical Commissioning Group.
- Develop a system wide approach to investing in prevention and demand management by public bodies which is endorsed by the Leadership Board.
- Production of a Joint Strategic Needs Assessment (JSNA) Population Health Summary in 2019.
- Increase in the number of people who have received training in Making Every Contact Count (MECC).
- Increase in the number of people referred to, and attend the lifestyle National Diabetes Prevention Programme (NHS England).
- Expansion of Social Prescribing in Primary Care and increase in numbers of people supported through social prescribing.
- Establishment of 'strength and balance' falls prevention classes in the community.

Healthy Cornwall: Health Improvement

(Leads: Ruth Goldstein/Brian O'Neill/Lewis Jones/Kerry Bailey/Mike Thomas)

Why is this important?

Life expectancy has been increasing steadily but in recent years healthy life expectancy has not been keeping pace with the improvements in life expectancy meaning that people are living for longer periods in poor health.

This is important for individuals, families and society and has implications for the NHS and social care. There is also significant inequality in that people living in adverse socioeconomic circumstances not only die younger on average but they also spend more years living in poor health.

The lifestyle factors that have the greatest influence on healthy life expectancy are smoking, excess alcohol, diet and physical inactivity. The amount of social interaction a person has is also a factor although this can be more difficult to quantify. Poor diet and physical inactivity can lead to obesity which is in turn a significant risk factor for diabetes, cancer cardiovascular disease and joint problems. Over 40% of cancers, approximately a third of cases of dementia and most cases of type 2 diabetes are preventable. Although there has been a significant reduction in deaths from cardiovascular disease in the past 20 years, it remains the second highest cause of death in Cornwall and is the most common cause of premature death (under 75 years). It is the greatest contributor to the gap in life expectancy between least and most deprived populations.

There is growing evidence on the positive impact culture and the arts have on health and wellbeing. Public Health will work with colleagues within the Council and Regional experts to explore enhancing the opportunities for culture and the arts within Cornwall and the Isles of Scilly to support health improvement.

The Evidence

Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check in Cornwall is 44.5%; the SW region (71.3%); England (90.9%) for 2013/14-17/18.

The figure for Cornwall is less than half than the England average.

Cumulative percentage of the eligible population aged 40-74 who received an NHS Health check in Cornwall is 21.6%; the SW region (34.9%); England (44.3%) for 2013/14-17/18.

The figure for Cornwall is less than half than the England average.

Our Objectives

- Provide high quality behaviour change support through Healthy Cornwall (utilising the opportunities that new technologies and media provide) which is based on informing and awareness raising at a population level, enabling people to support themselves to live healthy lives and offering services to those who are most in need.
- Provide a smoking cessation offer where greatest support is offered in areas most in need such as smoking in pregnancy and for people receiving specialist mental health services.
- Continue to work with NHS colleagues and other Council departments to further develop and implement a Tobacco Control strategy.
- Provide a range of accessible health improvement services to include weight management, physical activity, sexual health and oral health to adults with a learning disability.
- Engage and train the voluntary and community sector in lifestyle behaviour change to Make Every Contact Count.
- Work with wide range of partners, sectors and colleagues to secure sustained increase in physical activity with a focus on those who can make a choice while working with others to improve the wider determinants.
- Increase uptake of NHS Health Checks to identify adults 40-74 who have cardiovascular risk and give advice and support. Including targeted work in the fishing community and other work places employing manual and unskilled labour. Use the health checks programme as a basis for wider health improvement support for population groups who do not readily access services, particularly the fishing community and farmers. People at risk of developing diabetes can prevent or delay the onset of diabetes by losing a modest amount of weight through diet and exercise. We will promote access to Diabetes Prevention lifestyle programme and weight management programmes.
- Promote and improve early identification of cardiovascular risk factors (e.g. Atrial Fibrillation or Hypertension 'ABC') within health services, including a focus on people with mental health conditions.

Our Outcomes

- Increase in healthy life expectancy at birth (men and women).
- Reduction in hospital admissions for alcohol-related conditions (narrow definition).
- A reduction in the percentage of adults classified as "inactive" (new method – residents survey).
- Increase the percentage of people "physically active".
- Reduction in smoking prevalence in adults – current smokers.
- Increase the cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check in the five year period.
- Increase the cumulative percentage of the eligible population aged 40-74 who received an NHS Health Check in the five year period.

- Reduce the Age-standardised rate of mortality from all cardiovascular diseases (including heart disease and stroke) in persons less than 75 years of age per 100,000 population.
- Increase in the number of people with a learning disability accessing health improvement services.
- Increase in the number of employers engaged in the Healthy Workplace Awards.
- Increase uptake of Making Every Contact Count (MECC) and brief intervention training.

Key Actions 2019/2020

- To develop an enhanced digital offer to complement the current service offer from Healthy Cornwall for weight management and smoking cessation.
- To continue to increase the uptake of NHS health checks by implementing a Community Pharmacy offer and developing more targeted outreach programmes for harder to reach communities such as the fishing and farming community and people working within the manual and unskilled workforce.
- Respond to the CLea peer review audit of Cornwall's Tobacco Control work stream.
- To work with Council colleagues and Regional partners to explore enhancing the role Culture and Arts has within Cornwall and the Isles of Scilly to improvement health and wellbeing.
- Creation of a Physical Activity strategy and communication plan.

Healthy Cornwall: Best Start in Life (Brian O'Neill)

Why is this important?

What happens in pregnancy and through childhood impacts on physical and emotional health all the way through to adulthood. Child poverty leads to poorer health outcomes, worse educational achievements, worse employment, increased risk of death, reduces life expectancy, increases cost burden on society. Nearly one in five children in Cornwall grows up in poverty. Supporting good maternal health is important for safe delivery and good birth weight to give babies the best start. The prevention of adverse health factors in pregnancy is vital. Premature and small babies are more likely to have poorer outcomes.

Positive childhood experience is vital to ensure children are ready to learn, ready for school and have good life chances.

We commission health visitors and the healthy under 5s team to work along with early years providers to improve a child's readiness for education.

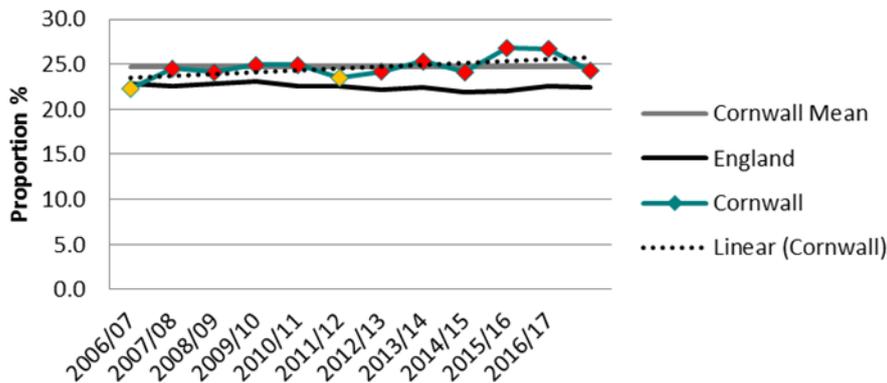
We advocate for an approach based on adverse childhood experiences in our work with families to improve outcomes for children

The Evidence

Child excess weight in 4-5 year olds in Cornwall is 24.3%; the SW region (21.9%); England (22.4%) for 2017/2018.

This is a decrease of 2.4% since 2016/2017 but still above the national average.

Child excess weight in 4-5 year olds



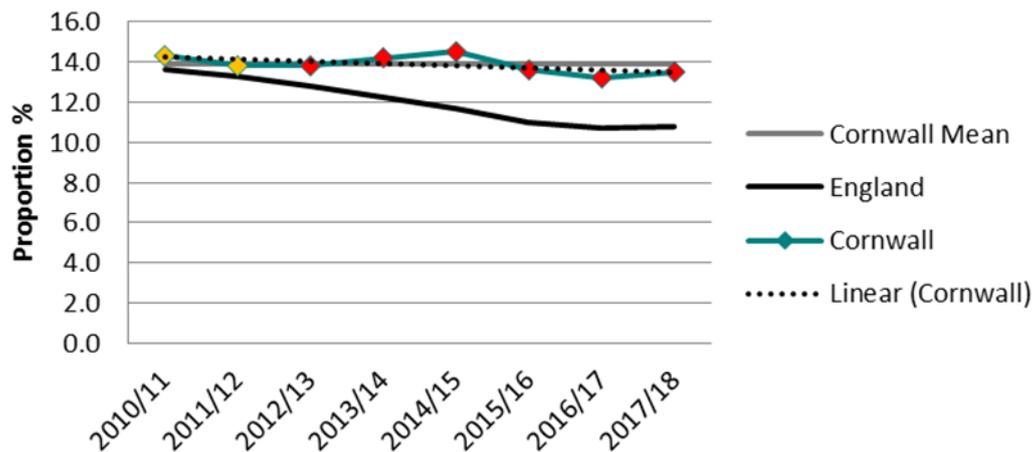
School readiness

The percentage of children achieving a good level of development at the end of reception in Cornwall is 68.5%; the SW region (71.2%); England (71.5%) for 2017/2018.

Overall there is an improving trend; however levels still fall below the England average.

Smoking status at time of delivery in Cornwall is 13.5%; the SW region (10.9%); England (10.8%) for 2017/2018. The Cornwall trend is stable however, the England average has decreased at a faster rate resulting in a widening gap.

Smoking status at time of delivery



Our Objectives

- Increase the proportion of women having a smoke free pregnancy above 89%.
- Utilise the Cold Homes tool kit for children living in poverty and incorporate into the assessment of need. (*Annual Report 2018 priority*)
- Achieve above 90% of all mandated children's developmental reviews.
- Increase breast feeding initiation and duration rates with a focus on young parents and areas of social disadvantage.
- Increase the uptake of the Healthy Start Programme.
- Reduce hospital admissions for children with dental caries.
- Increase the number of venues undertaking the Healthy under 5s programme to improve school readiness.
- Reduce the gap in attainment at EYFS across the social gradient.
- Deliver a Holiday Gap programme with a focus on areas with high levels of child poverty.
- Deliver the NCMP programme reaching in excess of 90% of eligible children.
- Reduce excess weight in 10/11 year olds by 2021/22. (*Annual Report 2018 priority*)
- Increase the number of schools with a whole school approach to physical activity, food in school and emotional health.

Our Outcomes

- Reduce the number of women smoking at time of delivery.
- Increase the number of women registered for Healthy Start.
- Health visitor and school nurses to reach a target of 90% of developmental reviews undertaken within the prescribed timescale.
- An increase in the percentage of children achieving a good level of development at the end of reception.
- A reduction in the number of children (10-11 years old) who are overweight or obese.

- A reduction in hospital admissions for dental caries in 0-5 year olds
- An increase in the number of nursery and childminders achieving the Healthy Under 5s awards.
- An increase in the number of schools achieving the healthy schools award.
- An increase in the number of schools and businesses achieving sugar smart status.

Key Actions 2019/2020

- Reduce smoking at time of delivery to below 11%.
- Increase the uptake of vitamins through the healthy start scheme.
- Increase the proportion of women and their partners who have a face to face intervention during pregnancy.
- Increase the reach of the oral health improvement programme.
- Setting health improvement action plans with priority schools following their SHEU survey.

Healthy Cornwall : Health Improvement (Mental Wellbeing)

(Ruth Goldstein/Brian O'Neill)

Why is this important?

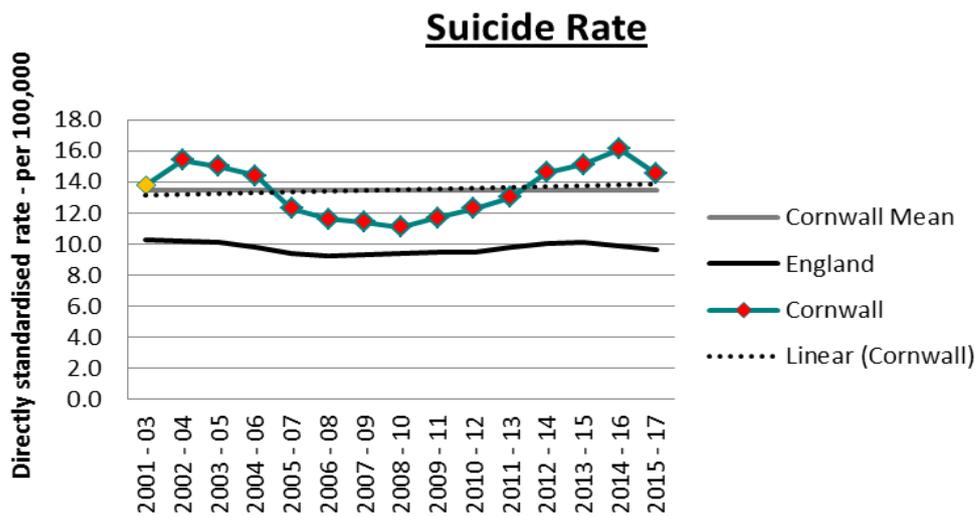
The human and economic impacts of suicide are profound. Previous studies have estimated that the average cost per suicide for those of working age only in England is £1.67m (at 2009 prices). This includes intangible costs (loss of life to the individual and the pain and suffering of relatives, as well as the increased risk of suicide in the bereaved), as well as lost output (both waged and unwaged), the impact on emergency services etc.

The Wellbeing & Public Health approach to suicide prevention has been to consider suicide prevention as part of our wider work on mental wellbeing. Whilst focussing on crisis-point interventions is crucial, just as important are preventative measures, services and interventions to support those with poor mental health or mental illnesses well before they consider suicide.

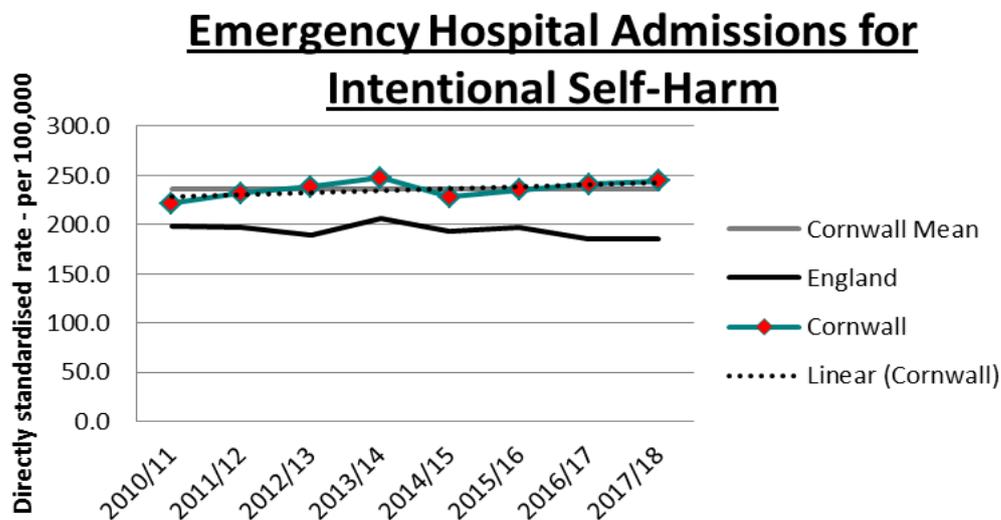
Poor mental health is a significant cause of health inequalities, with studies showing an association between mental ill health and physical morbidity. Rates of common mental health conditions are higher in areas with greater deprivation, poverty and high unemployment. Whilst employment is an important protective factor, the nature and quality of work is important.

The Evidence

Suicide rate per 100,000 in Cornwall is 14.5; the SW region (10.6); England (9.6) for 2015-2017. Whilst the rate has fallen since 2014-2016, this isn't sufficient to indicate a change in the trend line.



Emergency Hospital Admissions for Intentional Self-Harm per 100,000
Cornwall is 244.1; the SW region (250.2); England (185.5) for 2017/2018.



Self-reported wellbeing – Adults with a low happiness score in Cornwall is at 7%, which is lower than the SW region (7.4%) and England (8.2%). This is a decrease of 2.3% since 2016/2017 and a decrease of 4.1% since its peak in 2013/2014; the current figure is the lowest since records began in 2011/2012. Showing an overall decline.

Our Objectives

- Lead the all age prevention concordat with partners across health, care, education and the voluntary sector. Develop awareness and processes with partner to ensure that there is a clear strategy for the physical health of people with mental health conditions supported.
- Develop a workforce capable of helping individuals to take better care of their own mental wellbeing.
- Lead the Cornwall Multi-agency Suicide Prevention Group to implement

and monitor their action plan.

- Continue the 'Zero Suicide Collaborative to cascade learning and co-working regarding suicide prevention.
- Embed a timely suicide surveillance process which support appropriate postvention activities.
- Support a Whole School approach to emotional and mental health with a prevention programme which includes self-help.
- Evaluate the "How are you really feeling" campaign.
- Ensure prevention is key strand within the new Cornwall and Isle of Scilly Mental Health Strategy.

Our Outcomes

- Reduced stigma attached to accessing mental health services.
- 10% increase in the uptake of key mental health awareness training.
- An increase in the number of Workplaces that have completed mental health awareness training.
- An increase in the number of schools that have a whole school approach to mental wellbeing.
- Reduction in suicide rate.

Key Actions 2019/2020

- Consolidate the suicide prevention real time surveillance and postvention pathway.
- Commission a whole school PSHE programme for mental wellbeing and reducing stigma.
- Increase capacity to offer mental wellbeing and awareness training programmes across Cornwall.
- Work with local partners to embed prevention into the new Mental Health Strategy.

Healthy Cornwall : Health Improvement (Sexual Health Services)

(Rachel Wigglesworth)

Why is this important?

The Local Authority has a statutory duty to commission high quality sexual health, reproductive health and HIV services. There are people who are disproportionately affected by sexual ill health and rely more on service provision in order to maintain their health and wellbeing.

The groups who are disproportionately affected by sexual ill health includes young people under the age of 25 which is the age group with the highest rates of STI's, men who have sex with men, black and ethnic minority groups, people living in areas of deprivation, those vulnerable to sexual exploitation, women, and people living with HIV.

Under 18 conception (teenage pregnancy) is associated with negative health and economic outcomes for the family including, increased risk of mental ill health and post-natal depression for the mother, increased risk of low birth weight and infant mortality for the child and increased risk of living in long term poverty for the mother, child and father.

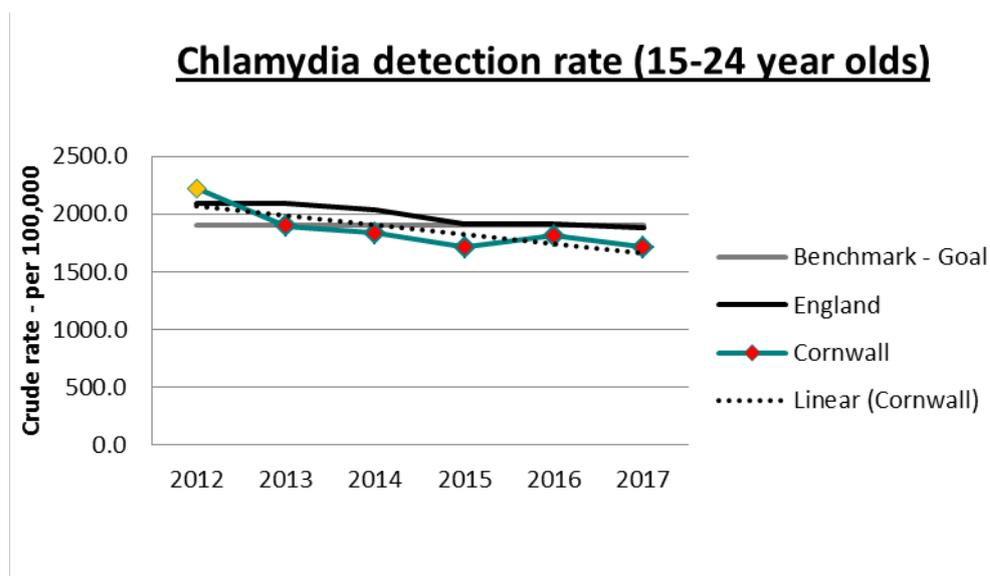
Untreated sexually transmitted infections, such as chlamydia, gonorrhoea, syphilis and HIV can lead to serious long term health problems.

Reproductive health is a key issue for women. Contraception provision enables women to manage and control their reproductive health and rights. It enables the prevention of unwanted pregnancy and planning family life at a time that is appropriate.

The Evidence

Chlamydia detection rate per 100,000 (15-24 year olds) in Cornwall is 1049 which is lower than the SW region (1818) and England (1882) for 2017.

This is the lowest figure recorded for Cornwall. The declining trend is similar to the trend seen for England however, detection rates for Cornwall remain lower than the England average.



Our Objectives

- We will commission sexual health services which respond to the needs of our population, including a wider range of options for people to access contraception and sexual health services, including via online services.
- The increased access to testing, contraception and relationships education will ensure a continued reduction in teenage pregnancy and the prevalence of HIV infection.
- We will ensure that all people, including those who may be more vulnerable, have the right information, confidence and the means to

make the right choices about good sexual health and relationships.

- The statutory provision of relationships and sexual health education in all schools (RSE) will ensure that young people have strong resilience and positive self-esteem to make informed choices about relationships and sexual health, protect themselves from abuse and the potential risks from exploitation.

Our Outcomes

- A reduction in the number of under 18 conceptions.
- Chlamydia diagnoses (15-24 year olds).
- A reduction in the number of people presenting with HIV at a late stage of infection.
- Introduction of high quality Relationships and Sexual health Education in all schools in Cornwall.

Key Actions 2019/2020

- Completion of the procurement of sexual health services including an enhanced digital offer.
- Ensure an equitable RSE offer in all schools

Healthy Cornwall: Health Protection (Ruth Goldstein)

Why is this important?

Health protection includes the provision of a national immunisation and screening programme, a timely response to control the spread and severity of outbreaks of communicable diseases and tackling anti-microbial resistance. All of these contribute to a reduction in avoidable morbidity and mortality, hence are central to having a healthy Cornish population.

The Evidence

Population vaccination coverage for Flu (aged 65+) in Cornwall is 71.1%; the SW region (73.1%); England (72.6%) for 2017/2018.

Whilst the 2017/18 data shows an increase in coverage, this is not enough to indicate a change to the decreasing trend. The pattern is similar to England and consistently falls below the 75% target.

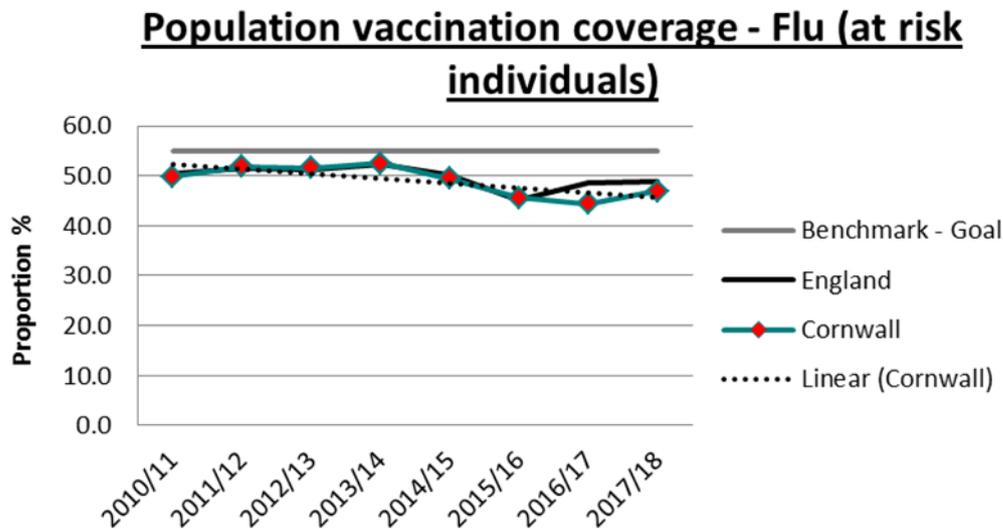
Population vaccination coverage for Flu (at risk individuals) Cornwall is 47%; the SW region (49.5%); and England (48.9%) for 2017/2018.

Whilst the 2017/18 data is 2.6% higher than the 2016/2017, this is not enough to indicate a change to the decreasing trend. The pattern is similar to England but has fallen below the England average in the last 2 reported periods.

Population vaccination coverage - Flu (2-3 years old) - current method In Cornwall is 38.2%; the SW region (48.8%); England (43.5%) for 2017/2018.

There is an increasing trend however the gap between Cornwall and England grew in 2017/18 and still significantly below the 65% target.

Population vaccination coverage - HPV vaccination coverage for two doses in females (13-14 years old) in Cornwall is 73.1%; the SW region (81.3%); England (83.8%) for 2017/2018.



Our Objectives

- To increase the uptake of the national screening and immunisation programme and reduce the inequalities in uptake across different population groups.
- To encourage practices that reduce the spread of infections and to support the public health actions to reduce the impacts of outbreaks
- To support the implementation of the Anti-Microbial strategy.

Our Outcomes

- An increase in uptake of the national screening and immunisation programmes.
- An increase in uptake of the seasonal flu vaccination programme across the priority groups.
- A reduction in the number of outbreaks in care home settings.
- Reduce inappropriate antimicrobial prescribing in primary and secondary care by 50% by 2021 as per UK government aspirations by:
 - Increasing education and awareness of AMR across human and animal health sectors to reduce antimicrobial prescribing
 - Encouraging uptake of TARGET toolkit among GP practices and community pharmacies.
 - Supporting auditing of current antimicrobial prescribing practice across human and animal health sectors.

Key Actions 2019/2020

- Work with Adult Social Care and Children’s services to ensure a greater uptake of flu vaccination for appropriate front line staff.
- Work with PHE/NHSE to identify specific populations across Cornwall for targeting work to increase uptake of all screening and vaccination programmes.

Homes for Cornwall: Fuel poverty (Caroline Court)

Why is this important?

Fuel poverty is caused by a combination of low household income, inefficient housing and high energy costs. It can affect the mental and physical health of those living in cold homes and have serious impacts on their quality of life.

Cold and damp homes have direct and indirect effects on health and wellbeing. The direct effects include increased incidence of heart attack, stroke, respiratory disease, influenza, falls and injuries, hypothermia. Improving warmth in our homes could reduce demand on the healthcare system and support inclusive growth.

The indirect effects include mental health from depression, reduced educational and employment attainment and the risk of carbon monoxide poisoning. Every winter it is estimated the cost to the NHS is over £1bn in England.

The Evidence

Fuel poverty figures (2016) show that Cornwall has 12.8% of households living in fuel poverty which is higher than the SW region is (10.2%) and England (11.1%)

Our Objectives

The well-established Winter Wellbeing Brand offers the following :

- Winter Wellness to devolution – we have developed and implemented the Local Authority flexible eligible programme for energy efficiency with Economic Growth. Intend to “declare” as eligible a minimum of 200 households a year to improve affordable warmth for those in fuel poverty but above income thresholds for free or part funded energy efficiency.
- Warm and Well Cornwall (Warm Homes Fund)– Deliver the £8m Affordable Warmth programme to install first time central heating in 1,100 homes in Cornwall, for households that have a health condition.

For more information call 01872 326552 or <https://www.cornwall.gov.uk/warmandwell>

- November 2018 – March 2019 offer the Winter Wellbeing service (Winter Wellbeing Guides, Top Tips, Advice and information (Freephone) and Winter Wellness Fund).
- Dissemination of Health and Local Authority Toolkits developed by Cornwall Council and Citizens Advice, funded by BEIS to tackle fuel poverty and increase affordable warmth referrals across England.
- Policy – Cornwall Council has a policy to reduce fuel poverty to 5% by 2030. This equates to reducing fuel poverty in 1833 homes a year (or a 1% reduction year on year).

Our Outcomes

- A reduction in the percentage of households that experience fuel poverty.
- A reduction in excess winter deaths.
- Annual Winter Wellbeing summary.
- An increase in the number of homes that cost less to heat as a result of our investment and increased outcomes /calls to Winter Wellbeing/Warm and Well Cornwall (LA Flex and Warm Homes Fund).

Key Actions 2019/2020

- Deliver the affordable warmth programme to meet the Council target to reduce fuel poverty.

Tackling the Wider Determinants of Health: Homes for Cornwall, Connecting Cornwall, Green & Prosperous & Democratic Cornwall: (Caroline Court)

Why is this important?

We know that improving access to health and care services will only have a partial contribution to improving the health and wellbeing of the people of Cornwall and the Isles of Scilly. To have a major impact on reducing health inequalities and improving health and wellbeing focus also needs to be on addressing the wider determinants of Health. Access to education, affordable high quality housing, employment, good public transport links and the support of friends and family are crucial factors to improve health and wellbeing. We also know the natural and built environment play a key part in enabling people to live healthy lives. The Council's key strategic policies can have a significant impact on the health and wellbeing and ensuring a 'health in all policies approach' will ensure the Council considers these wider determinants of health in its decision making.

An emerging and arguably the biggest public health challenge for this century is climate change. Working with colleagues and partners to develop and action strategies for carbon reduction is a key priority and does present opportunities

to improve wellbeing via a range of measures including a promotion of a healthier diet, increased walking and cycling, home energy efficiency and community action.

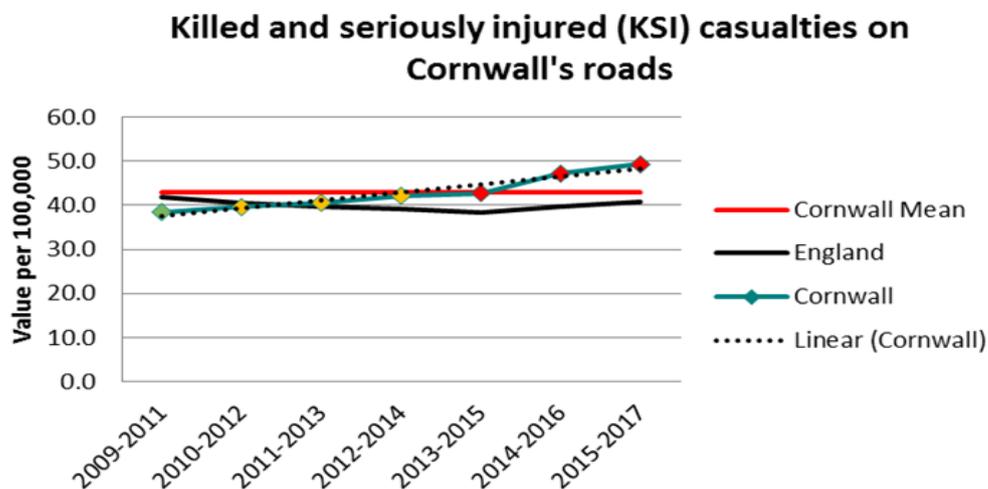
The evidence

Healthy life expectancy at birth (male) in Cornwall is 63 years, which is less than the SW region (64.7) and England (63.4) for 2015-2017. This figure has decreased by 1.2 since the 2014-2016 estimate. Overall, the trend is stable.

Healthy life expectancy at birth (female,) in Cornwall is 64.6 years, which is less than the SW region (65.1) but higher than England (63.8) for 2015-2017. This figure has seen an increase of 2.2 since 2014-2016. However it is still down from the 2012-2014 peak of 65.5. Overall, the figure is stable.

Killed and seriously injured (KSI) casualties on roads per 100,000 in Cornwall is 49.3; the SW region (39.8); England (40.8) for 2015-2017.

This is showing an increasing trend, compared to the England average which is showing an overall decline and the gap has widened in the last 3 reporting periods.



Our Objectives

- To work across the Council, with officers and members and also with partner organisations to ensure that improving the health and wellbeing of the population is a key consideration and commitment in all policies.
- Review the utilisation of a 'Health in All Policies Approach' (HIAP) in other Local Authorities and implement an appropriate model in Cornwall
- Work across directorates to ensure there is alignment of strategies on economic growth, environmental growth and health and wellbeing with appropriate focus on inclusion and equity to ensure that Council decisions balance competing priorities and provide maximum benefit to the people of Cornwall.
- Contribute to the development of a supplementary planning document

for the Local Plan to ensure health and wellbeing is embedded in strategic planning.

- Contribute to neighbourhood plans.
- Develop chief planning officer guidance on hot food takeaways in response to a question at January full Council.
- Develop health and wellbeing plans for the Langarth development and the Stadium for Cornwall.
- Report on Housing and Health and the MoU, develop an action plan and a steering group for delivery.
- Public Health supports the Council's Climate Change ambitions and uses this as an opportunity to maximise health and wellbeing and to reduce inequalities.
- To work as part of an emerging Devon and Cornwall Road Safety Partnership.

Our Outcomes

- We will periodically review Council activities and major decisions to assess how well embedded the HIAP process is, how effective it is and how it can be improved.
- Produce planning guidance document.
- An increase in healthy life expectancy.
- A reduction in the inequality in life expectancy.
- An increase in the percentage of physically active adults.
- A reduction in the number of people killed or seriously injured on the roads.

Key Actions 2019/2020

- Support the development and implementation of the strategy for Climate Change.
- Identify deliverable public health interventions central to the climate change action plan.
- Ensure public health input into planning, with focus on Langarth.
- Review the adoption of a 'Health In All Policies' approach to decision making.