547,000 resident population

230,400 households

£7bn value of the economy

697km The length of Cornwall’s coastline

3,559 The area of Cornwall in square kilometres

6% living in shared accommodation

9% are single parents

55% are couples living together

30% with only one person

Deprivation is a persistent problem - Cornwall as a whole is not deprived but there are areas where there are very high levels of deprivation and this has not changed for some years

Hidden rural deprivation is not identified by national measures due to the dispersed nature of rural population

Over 68% of cars in Cornwall are over 6 years old reflecting the fact that for many the car is an expensive necessity rather than a luxury

30% of Cornwall is within an Area of Outstanding Natural Beauty

40% of the population living in settlements of less than 3000 people

The Isles of Scilly

175 live on Tresco

170 live on Bryher and St Agnes

135 live on St Martin’s

1700 live on St Mary’s

over 100,000 tourists per annum

45 km (28 miles) off mainland Cornwall

Over

Director of Public Health’s Annual Report 2015/2016

Healthier Communities
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Since taking up the role of Interim Director of Public Health, I have been impressed by the enthusiasm for prevention and public health interventions within Cornwall Council, the Council for the Isles of Scilly and other partners. The NHS 5 Year Forward View summarises the challenge before us: “the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health.”

However, I am also aware of some assumptions about public health that can make funding decisions difficult in times of austerity. These assumptions are firstly that whilst public health is good at defining the problems, it is less good at offering solutions. Secondly, public health interventions can take many years to achieve results, and thirdly, that interventions may be unpopular with the public.

In response to these, for the key public health priorities we have included information on:

- Effective public health solutions with reference to the best research evidence
- Details of the return on investment for every pound spent on public health and where possible how soon this return can be achieved
- Local case studies demonstrating how public health interventions have improved people’s lives.

This information is presented in a series of infographics one for each priority area, along with information on health needs and inequalities.

It is clear that there is great scope to improve health and to reduce the need for healthcare.
Discussions about health often quickly turn to healthcare and yet this contributes only a relatively small amount to the overall health of the population. For premature mortality (death before age 75) only about 10% is attributable to healthcare whereas behavioural factors such as physical activity, smoking and alcohol are much more important. These factors are in turn influenced by wider factors such as education and employment. A recent study in the journal Nature1 made news headlines as it indicated that up to 90% of all cancers are due to environment and behavioural factors. Whilst the exact percentage may still be up for debate, it is clear that there is great scope to improve health and to reduce the need for healthcare.

The Devolution Deal for Cornwall gives us great opportunities to improve the health and well-being of the people of Cornwall and the Isles of Scilly. These opportunities come from putting public health at the centre of health and social care integration but also in considering health and well-being in all aspects of the Deal.

In the US, McGinnis et al show how healthcare plays an important though proportionally small role in preventing early deaths. Similar studies have supported these findings in the UK. Improving how we live our lives offers far greater opportunity for improving health.
Introduction

Good health and wellbeing is fundamental for happy, vibrant and prosperous communities. This provides the foundation for our ability to learn and develop and help us to achieve our personal and family ambitions, and can sustain a good quality of life in later years.

Geographical data from the first three years of UK wellbeing statistics has recently been released by the Office of National Statistics.

The survey covered the following four wellbeing questions:

- How satisfied are you with your life nowadays?
- To what extent do you feel the things you do in your life are worthwhile?
- How happy did you feel yesterday?
- How anxious did you feel yesterday?

All of Cornwall’s results were better than the UK average, with respondents feeling more satisfied, happier and less anxious.

Cornwall and the Isles of Scilly are seen as idyllic places to live, with beautiful beaches, mild weather and a relaxed way of life—all of which makes it a popular holiday destination.

On average, men in Cornwall live for 79.3 years, which is the same as the England average, and women live for 83.3 years, which is higher than the England average.

During the 2011 Census over three quarters of the population identified their health as ‘good’; however, healthy life expectancy for both males and females is below the national average. Men on average have poor health from 63.6 years and women from 65.5 years. This means that on average 15.7 years for men and 17.8 years for women are spent living in poor health.

There is a difference in life expectancy, and also healthy life expectancy depending on the level of deprivation in the community, with people in poorer communities living shorter lives compared with more affluent communities (Figure 1).

Figure 1: Life expectancy of people in poorer communities in Cornwall

- 5.3 years less
- 4.2 years less

Figure 2: Years spent in poor health compared to more affluent communities

- 12.9 years more
- 12.2 years more
Not only do these people live shorter lives, compared to more affluent communities but spend more years in poor health (Figure 2).

Inequalities start before birth and are reinforced by factors like poor housing. These circumstances carry through the school years, leading to unemployment or lower paid jobs. Unhealthy environments and lifestyles all have significant impacts during adult life with a higher risk of long-term health conditions and dependency on health and social care services into older age.

Figure 3 below illustrates two parallel lives and how a person born into a deprived area can have a very different health outcome to someone born into more affluent surroundings.

According to the Department for Communities and Local Government® around 68,600 people (12.7% of the population of Cornwall) live in the twenty percent most ‘deprived’ communities in England. This equates to approximately 34,400 households.

Figure 4 below illustrates the variation in life expectancy across one bus route in mid Cornwall for both men and women.

---

Figure 3  Health outcomes of two people from different social backgrounds

<table>
<thead>
<tr>
<th>Baby</th>
<th>Aged 10</th>
<th>Aged 20</th>
<th>Aged 45</th>
<th>Aged 60</th>
</tr>
</thead>
<tbody>
<tr>
<td>Born to affluent parents will live 10-15 years longer than friends below.</td>
<td>Enjoying good life, lots of opportunity, good education.</td>
<td>Goes to university with good marks, plays sport and eats a healthy diet.</td>
<td>Fit and healthy with a good job.</td>
<td>Retired early to spend time with grandchildren and travel.</td>
</tr>
<tr>
<td>One of many low income teenage conceptions.</td>
<td>Growing up in a disadvantaged, higher risk taking environment. Living in poverty.</td>
<td>Leaves school with no qualifications. Casual labourer. Drinks, smokes, takes drugs and victim of assault.</td>
<td>Over weight, high cholesterol, early stage Type 2 diabetic, liver problems, no job.</td>
<td>Died from massive stroke or lung cancer.</td>
</tr>
</tbody>
</table>

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Figure 4  Life expectancy across one bus route

Life expectancy at birth (2008-12) on G4 bus route (St Austell)
Other towns in Cornwall and the Isles of Scilly also have areas of deprivation, in addition to there being hidden poverty in many rural areas.

People in these areas are disadvantaged due to many reasons, including: lower incomes, unemployment (work is often seasonal), low qualifications, poorer housing and higher costs of living. This is compounded by the fact that Cornwall and the Isles of Scilly present issues of accessibility and challenges for equal provision of services.

The geography and environment of Cornwall and the Isles of Scilly is used to improve health. Research has shown that people living closer to the coast report better health, with the positive effects of coastal proximity may be greater amongst more socio-economically deprived communities10 (p2). In addition to this it can provide revenue for the local economy. Indeed, walkers using the South West Coast Path in Cornwall spent £179 million in 2014, which sustains 4300 jobs11.

Seventeen percent of the working age population are self-employed compared to the national average of ten per cent12. Whilst this suggests the workforce can be more resourceful and resilient; this puts pressure on job security and means that incomes are lower.

Cornwall and the Isles of Scilly have a higher proportion of people whose health limits their daily activities (Figure 5 below), with more than 25,000 people claiming health related benefits8.

The poor and elderly are more likely to have long term health conditions. Moreover, Rachev14 has suggested that £7 out of every £10 of the total healthcare spend in the UK is attributed to caring for people with long term conditions.

The Local Government Association has noted that around 20 times more is spent on treating ill health than direct prevention, though primary prevention is likely to be 24-40 times more cost-effective than treatment on a lifetime basis15 (p.6).

---

**Figure 5: Percentage of people whose health limits their daily activity**

<table>
<thead>
<tr>
<th></th>
<th>Limited a lot</th>
<th>Limited a little</th>
<th>Not limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cornwall</td>
<td>10.0</td>
<td>11.4</td>
<td>78.6</td>
</tr>
<tr>
<td>South West</td>
<td>8.3</td>
<td>10.2</td>
<td>81.6</td>
</tr>
<tr>
<td>England</td>
<td>8.3</td>
<td>9.3</td>
<td>82.4</td>
</tr>
</tbody>
</table>

---

10.0 11.4 78.6  
11. 4 10.2 9.3  
78.6 81.6 82.4
Thus, in order to reduce the gap in health inequalities between communities, there is a need to look at health improvement and disease prevention, as well as the wider determinants such as employment, housing and transport.

Cornwall Council Public Health team have an important role to play in ensuring Cornwall and the Isles of Scilly continues to prioritise the health agenda, however, everyone has a part to play in ensuring the health of Cornwall and the Isles of Scilly improves, and health inequalities are narrowed.

Marmot has highlighted the importance of taking a holistic approach, to engage with our local communities to build social capital and help psychosocial well-being.

The Living Well work, which has started in Penwith, Newquay and East Cornwall, is one such example that connects communities, and helps people who are socially isolated and highly dependent on health and social care services to improve their quality of life.

Causes of premature death in Cornwall and the Isles of Scilly

The main causes of premature death in Cornwall and the Isles of Scilly are: cancer, heart disease, stroke and lung conditions; the main causes of disability are mental health conditions and bone and joint conditions. The causes of mortality are illustrated in Figure 6.

These causes of premature death and disability can to a large extent be attributed to five lifestyle behaviours, namely: smoking, physical inactivity, unhealthy diet, excess alcohol and lack of social connections.

The Live Well model in Figure 7 focuses on these five behaviours, as these five behaviours can lead to the five conditions that together cause seventy five percent of all premature deaths and disability in Cornwall and the Isles of Scilly.
The Live Well Model

Health inequalities continue in areas of deprivation, with higher rates of obesity, alcohol and smoking. The levels of sickness and disability benefit claimants are closely linked to areas where there is known inequality.

The **Live Well Model** is very useful in explaining how work that focuses on five behaviours can dramatically reduce morbidity and mortality in Cornwall and the Isles of Scilly, and offer fairer life chances for all.

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**Figure 7: The Live Well Model**

- **5 behaviours** lead to **5 diseases** which cause **75% of deaths and disability**

  - Smoking
  - Physical inactivity
  - Unhealthy diet
  - Excess alcohol
  - Lack of social connections

  - Cancer
  - Heart disease and stroke
  - Bone and joint conditions
  - Mental health conditions
  - Lung disease
Overview

This report is an independent view on the state of health and wellbeing within the local population, and is a statutory responsibility of the Director of Public Health.

The report contains a series of infographics (graphic visual representations of information), to present information briefly and clearly. Every effort has been made to make this document as readable as possible, with any acronyms and terms defined in the Glossary section.

These infographics highlight key issues facing local people, including patterns of poor health and wellbeing, in addition to showcasing the work that is being done locally to tackle these issues. All infographics contain the most recent data at time of publication, with the data referring to Cornwall and Isles of Scilly unless otherwise stated.

The infographic topics include the five lifestyle behaviours covered in the Live Well model in addition to other Public Health local priority areas.

This report also contains a section on local Public Health Outcome Framework outliers (Public Health indicators that are behind the national average).

The infographics use a life course approach, as many of the behaviours are linked with inequalities that start before birth and are reinforced in adulthood. Indeed, parents and guardians influence the child’s beliefs and attitudes towards healthy living, and they can act as both positive and negative role models.

For example, in tackling the weight of obese children, the whole family needs to be considered, as studies have shown a link between child and parent weight. Similarly, if both parents smoke, the child is four times more likely to start smoking than if neither parent smokes.

The topics chosen for the infographics are not, however, intended to describe every aspect of health and wellbeing in Cornwall and the Isles of Scilly, but touch on some key areas that impact on local lives.

If you would like more information about the report you can email the Public Health Desk via phdesk@cornwall.gov.uk or call 01872 323583. Copies of this report are available online: http://www.cornwall.gov.uk/health-and-social-care/public-health-cornwall/director-of-public-healths-annual-report/2015-director-of-public-health-annual-report.
Update from last year
Following the focus on mental health in the annual report of the Director of Public Health 2014, the following actions have been taken:

**Improve Child and Adolescent Mental Health Service (CAMHS) to deliver benefits across whole life course**

**What we did...**
A Child and Adolescent Mental Health Service transformation plan has been developed through a partnership approach with KCCG, young people and wider stakeholders. This is to incorporate the recommendations of the health and social care select committee on CAMHS, the priorities of the Children and Young People Emotional Wellbeing and Mental Health Board, and the direction of task force recommendations by the Children and Young People’s Mental Health and Wellbeing Taskforce report.

**Create a self-harm strategy for children and young people**
The self-harm strategy for children and young people in Cornwall & Isles of Scilly has been published and recommendations are being implemented in partnership between local authority, health and education services.

Guidance on developing a school self-harm policy has been produced with local schools. This is being followed up by the production of self-harm information leaflets for different audiences and the provision of associated training.

Work is underway to improve the care pathway for young people who self-harm.

**Increase the work on suicide prevention**
A multi-disciplinary collaborative has formed in Cornwall & Isles of Scilly to work together towards ‘Zero Suicides’, including:

Two half-day conferences held to share learning and good practice in preventing suicides.

A project has been developed in partnership with Cornwall Foundation Trust, Samaritans, St Austell Brewery, KCCG, Devon and Cornwall Police and BBC Radio Cornwall, to encourage males who are struggling to cope to seek help earlier.

**Support Mental Health awareness and offer training in Mental Health awareness**
Mental health awareness-raising campaigns/events held in 2014/15 included:

- A ‘Time to Talk’ event in County Hall in February 2015, aiming to reduce stigma.
- World Suicide Prevention Day on 10th September 2015.
- World Mental Health Day on 10th October 2015.
- 240 people trained in ASIST Suicide First Aid.
- 68 people attended Stress in the Workplace training.
- 293 people attended Mental Health Awareness and Understanding training.
- 83 interactions during combined promotional events where short Mental Health sessions and workshops were held and information and resources were given out to members of the public (e.g. Workplace and school events, ‘Time to Talk’ events).

**Create a Mental Health needs assessment**
A Mental Health needs assessment has been created and is being used by local service commissioners.
Things to celebrate

ASIST Suicide First Aid

Cornwall Council’s Public Health team have been fortunate to receive a share of a £65,000 grant from Health Education England to be used during 2015-17 to strengthen the delivery of ASIST (Applied Suicide Intervention Skills Training) across the Devon, Cornwall and Somerset peninsula. This training provides people with the skills and confidence to recognise when someone is contemplating suicide and to respond appropriately to keep them safe. To date around 1200 people in Cornwall & Isles of Scilly have received the training, creating an increasingly robust safety net across vulnerable communities.

Winter Warmth

Cornwall & Isles Scilly have secured Government funding to tackle fuel poverty and keep fuel bills low, by winning a share of a £25 million Central Heating Fund competition. This consists of a £2.3 million investment (£1.3 from DECC and the rest match funded from existing sources) to upgrade heating systems to 376 households (mix of gas and oil). Two hundred and seventy six of these will be social housing and 100 will be private tenure- 70 in Cornwall and 30 in Isles of Scilly.

Teenage pregnancy rate halves in Cornwall and the Isles of Scilly

This year Cornwall and the Isles of Scilly achieved the national target of reducing teenage conceptions to less than half the baseline set in 1998 when the national teenage pregnancy strategy began. This achievement is all the more significant as it is a target that has been met by very few Local Authorities. The average reduction achieved across England and Wales is below 50%, however teenage conception rates in Cornwall and the Isles of Scilly have fallen from 39.8 per 1000 in 1998 to 18.2 per 1000 in 2014, representing a 54% decrease.

PHIL (Promoting Health Information Line) wins national award

The Cornwall & Isles of Scilly Health Promotion Service has won the Most Innovative Project award at the 2015 HEART UK NHS Health Check Awards for its PHIL database. The new database accepts referrals for people wanting support for lifestyle change including people following their NHS Health Check. This allows regular support for people attempting to make lifestyle changes including stopping smoking, losing weight and becoming more active. Support is key to a successful outcome. This support is further enhanced by web-based support materials, and
evidence shows that this is vital for some who are unable to access services for health, social or financial reasons.

The Health Promotion Service is now planning to change the way it works following the implementation of the new PHIL database. It has shown that clients prefer to see one person. In the past someone who was recognised as overweight and a smoker from a Health Check would go on to be referred to the Healthy Weight and the Stop Smoking Service, and, on occasions, to the Health Trainer Service too should this be appropriate.

In future there will be one point of contact, with staff able to address a broad range of issues for the majority of clients – specialist support will still be available if more appropriate. It also enables a cross check for those people who contact PHIL requiring support for one service such as stop smoking to check their eligibility for a NHS Health Check and provide information on where they can have one.

PHIL has a high social media profile, using Facebook and Twitter to engage with clients, and potential clients. A QR code, promoted on posters, gives direct access to the website.

Healthy workplace Co-ordinator joins Award panel

After winning a 3 year Health and Wellbeing Award last year from the Royal Society of Public Health for the Healthy Workplace Award Programme, it was a real honour for the Healthy Workplace Coordinator to be invited by the Royal Society of Public Health to be part of the RSPH Assessment & Award Panel for the 2015 Health & Wellbeing Awards.

This involved 3 days in London working with a wide range of colleagues from across the UK from a variety of public health and other health organisations assessing and interviewing all of the award entries for 2015.

It gave a great insight in to a wide range of organisations from across the whole of the UK working to improve the health of the population from all different backgrounds, sectors and health topics.

It also provided an opportunity to promote and share the good work happening in Cornwall and the Isles of Scilly, with the possibility of returning to support the panel again next year.
Changing five lifestyle behaviours

The five lifestyle behaviours identified in the Live Well model can lead to the five conditions that can cause seventy five percent of deaths and disability in Cornwall and Isles of Scilly.

Changing behaviours during the life course may reduce the risk of the five conditions. For example, an ex-smoker who stopped smoking for 10 years can reduce their risk of lung cancer by half that of someone who’s continued to smoke.

Being smokefree

Tobacco is the only consumer product that kills when used exactly as intended. Tobacco is accountable for over 1,000 related deaths every year in Cornwall. Smoking causes more preventable deaths than anything else, with nearly 80,000 smoking related deaths every year in England, and 5.4 million deaths worldwide. Rich smokers have very similar life expectancy to poor smokers, and poor non-smokers live longer than rich smokers, showing that smoking not social status is the greatest cause of health inequalities (p.2).

It is estimated that around 85,000 Cornish people smoke. Cornwall’s smoking prevalence is 19.3% which is higher than both the England and South West averages (18% and 16.9% respectively) (p.2). The smoking rate for Routine & Manual workers is 27.8%, indicating that those who least afford it, smoke.

This highlights that the poorer and more disadvantaged you are the more likely you are to smoke and have a smoking-related disease.

Within Cornwall there is Smokefree Cornwall tobacco control alliance. The alliance helps co-ordinate a comprehensive tobacco control action plan to reduce the uptake of smoking, tackle health inequalities by helping smokers quit, reduce exposure to second hand smoke, and tackle illegal tobacco. The Stop Smoking Service has advisors throughout Cornwall and the Isles of Scilly working in a variety of settings including: surgeries, hospitals, pharmacies, schools, Children’s Centres and other community venues.

Being more active

Physical activity does not need to be strenuous to be effective. For children and young people this is 60 minutes of exercise a day, and for adults it is 30 minutes a day on at least 5 days a week. This could be a brisk walk, a swim, or even a spell of gardening. Each ten-minute bout that gets the heart rate up has a health benefit.

Physical inactivity costs the economy in Cornwall over £100 million per year, with the more disadvantaged individuals and communities being less active than advantaged ones.

Regular physical activity reduces the risk of many long-term conditions. It also helps to improve mood, relieve depression and increase personal feelings of well-being. Physical activity is beneficial at all ages and even an inactive person can gain significant benefits if they start to do just a little
activity. Older people can benefit from a reduction in dementia, frailty, falls and hip fracture.

The Cornwall and Isles of Scilly Healthy Weight Strategy’s aim is to increase the number of people who are a healthy weight, with a Healthy Weight Programme which is inclusive, has a life course approach and is relevant to all; though there are targeted activities which focus on those with the greatest need (e.g. lower socio-economic status, those with multiple health conditions and higher BMI).

Healthy eating

An unhealthy diet can mean eating too much of some types of food like fat, salt and sugar whilst also missing out on beneficial foods like fibre or key nutrients.

People who eat seven or more portions of fruit and vegetables a day have a 33% reduced risk of death compared with people who eat less than one portion. In Cornwall and the Isles of Scilly one in three children are overweight or obese when they leave primary school, and 25% of men and 26% of women are obese. This is predicted to rise to 60% of men and 50% of women by 2050.

Significant opportunities for change are being addressed in Cornwall through our reputation for local produce, community growing, increasing food knowledge and cooking skills. Local services ensure the quality of food, constantly raising standards of food served in key settings like schools or social care. Using food to bring people together around a common purpose like allotments or vegetable box schemes all help to promote a positive food culture.

Taking responsibility for alcohol

Alcohol is a key factor in many health problems, including strokes, heart disease, raised blood pressure, cancers, digestion problems, mental health, injuries and falls. It is also connected to violence, financial issues and family problems.

As a result both locally and nationally alcohol related hospital admissions have been rising steadily for more than a decade, in a way that impacts the poorest the most. Men are 87% and women 80% more likely to be admitted to hospital for an alcohol related condition in the most deprived areas compared to the most affluent.

Every local authority is experiencing substantial ill health, anti-social behaviour and premature deaths as a result of alcohol but levels are substantially higher in the poorest communities.24

In Cornwall, early intervention is a major priority in the wide ranging Alcohol Strategy, which aims to help people make informed choices about their drinking, ensuring there are good services in place to reduce the harm caused by alcohol, and promoting partnerships to reduce the impact of alcohol on local communities.

The latest guidelines for alcohol consumption produced by the UK Chief Medical Officers in January 2016 have stated that the risk of developing a range of illnesses (including, for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis.
Connecting with others

Social isolation and loneliness are harmful to health. You can be socially isolated without feeling lonely and you can feel lonely even when surrounded by people. Feeling isolated can disrupt sleep, raise blood pressure, weaken immunity, increase depression and increase the risk of cognitive decline. It can also be a risk factor for suicide.

Anyone can be affected, though some people are at greater risk of lacking social connections. People in minority groups and those experiencing mental health problems can be isolated by the discriminatory behaviour of others. Life events can mean people are at greater risk of both loneliness and social isolation; these include bereavement, retirement, and poor mobility, loss of employment, sensory loss, and becoming a carer, all of which can reduce social connections.

Efforts to reduce social isolation are likely to have positive outcomes for wellbeing. Broad action can be taken to promote social connectedness such as housing layout, provision of public toilets, benches, social facilities, improving support services (e.g. transport, carers support, befriending schemes, use of technology), providing opportunities designed to meet needs for engagement (e.g. interest groups, activities) and tackling stigma and discrimination.

5-5-75 infographics

The following section contains infographics on Reducing harm from tobacco; Being more active; Healthy eating; Taking responsibility for alcohol, and Connecting with others.

You can be socially isolated without feeling lonely and you can feel lonely even when surrounded by people.
Reducing harm from tobacco

Why is this issue important for Cornwall and the Isles of Scilly?

Whole community
In Cornwall and the Isles of Scilly there are...

1,000+ deaths per year

£145.4 million annual cost to local society
Smoking costs the local economy £10 million a year in lost productivity and over 113,000 in lost working days

£20 million annual NHS costs

57 tonnes of waste annually

13 tonnes of cigarette waste discarded as street litter

Tony’s story
I had a stroke at 63. I was told I had to give up all my favourite things – smoking and booze. I wasn’t very happy, but they were nice to me. We talked, a lot, about how I was feeling and how I could cope with wanting a cigarette. The next week I went back, and was proud to say I hadn’t smoked. I saw them once a week for four months. It has been a year now since my stroke and I haven’t had a cigarette, although I still dream of them sometimes. I feel better – my speech and walking which were bad after my stroke have improved, and the speech therapist has said that stopping smoking has helped. They stuck with me.

Personal costs
over 80% start smoking before the age of 20

25% of smokers will die in middle age

15X more likely to die from lung cancer

What are the local outcomes?

Adult smoking rates
2014 18% England
2014 19.3% Cornwall

Smoking in pregnancy rates
2014 11.4% England
2014 13.9% Cornwall

Smoking rates in routine and manual workers
2014 28% England
2014 27.8% Cornwall

Inequalities

Smoking represents 15% of spend for lowest income households

People in the most deprived areas are twice as likely to smoke as those in the least deprived areas

3X Children in smoking households are three times more likely to take up the habit

Notes:
1. PHE (2015) Cornwall Health Profile
2. PHE (2015) Cornwall Health Profile
What is being done locally to address this issue?

Helping people to quit

3,000 people are set to quit each year through the Stop Smoking Service\(^9\)

85% of all pregnant smokers are referred to the Stop Smoking Service\(^10\)

20 stop smoking service advisors work innovatively in a range of community and primary care settings tailored to the needs of the individual

Stopping children starting

Peer education programme (STOPS) in 10 secondary schools to help reduce smoking uptake

Challenging supply

One in five cigarettes smoked in Cornwall are illegal\(^12\)

Strong local support for standard (plain) packs which are less attractive to young people

Changing social norms

1,000+ families signed up to Smokefree Homes

One in three fire deaths are caused by cigarettes

Smoke free assessment and advice is included in the 2,500 annual visits by Cornwall Council to food premises

Partnerships

Tobacco Control Alliance including Stop Smoking Service, Fire & Rescue Service, Trading Standards, Public Health, Children’s Services and Environmental Health

Why invest?

£16 for every £1 invested in smoking cessation in Cornwall and the Isles of Scilly\(^11\)

Local advice and support

For free, friendly support to stop smoking please call 01209 313419 or email smokefree@nhs.net

Local Authority Tobacco Profile (range of indicators) www.tobaccoprofiles.info

ASH – the case for local action on tobacco www.ash.org.uk/localtoolkit


© Cornwall Council and Council of The Isles of Scilly
Being more active
Why is this issue important for Cornwall and the Isles of Scilly?

Whole community
Physical inactivity contributes to 1 in 6 deaths in UK\(^1\), representing 800 deaths a year locally

£100m
Local annual cost\(^2\)

Personal costs
Inactivity increases risk of developing high blood pressure, heart disease and osteoporosis\(^3\)
Being inactive can lead to being overweight, which can lead to pre-diabetes and type 2 diabetes\(^4\)

X3
Inactive people have x3 the rate of moderate to severe depression as active people\(^5\)

Inequalities
People in the most deprived areas are 2x as likely to be physically inactive as those in the least\(^1\)

Not active enough for good health

1 in 3 men
1 in 2 women

Disabled people are half as likely to be active compared to non-disabled people\(^6\)

What are the local outcomes?
Recommended daily physical activity for children\(^7\) at least one hour of moderately physical activity per day

21% achieved
17% achieved

58%
Adults who did at least 150 minutes of physical activity a week in 2014\(^8\)
57% National Average in 2014


Rebecca’s story
I first heard about Cornwall Healthy Weight when I went for an asthma check-up and was told that “added weight” can make asthma worse and I should try to lose some. Over the 12 week programme I became more knowledgeable, educated and healthier and now here I am healthier and happier and no longer have asthma.
I have gone from no exercise to now seeing my personal trainer every week (who is fab); swimming, and have now started attending a local gym.
I could not have achieved any of this without doing the healthy weight adult programme. They are an amazing, inspiring bunch of people and I can’t thank them enough. I consider them all now very good friends.
The promotion of physical activity is central to the work of Cornwall Healthy Weight through a range of innovative activity programmes. Individuals of all ages and abilities are given the opportunity to be active in a safe and supportive environment and with specialist guidance and expertise encouraged to explore the valuable health benefits of physical activity.

**Get Active Cornwall**
Get Active Cornwall has over 1,100 Cornish providers
Get Active 2015 Workplace Challenge had 247 teams with 159,817 miles recorded
200 businesses have signed up to Cornwall’s Workplace Health programme, with 40,000 employees benefiting

**Cornwall’s Open Space strategy**
in 16 large towns ensuring open green spaces, walk paths, allotments and play areas

**Cornwall Sports Partnership**
3,930 children from 124 schools participated in the 2015 School Games
Over 200 adults and 14 different organisations participated in the 2015 Beach Games

**Health Checks** - Potentially 272 people could increase their physical activity following a Health Check

**Local advice and support**
Cornwall Healthy Weight www.cornwallhealthyweight.org.uk
Get Active Cornwall www.getactivecornwall.co.uk/
Change4Life www.nhs.uk/change4life/Pages/be-more-active.aspx
Cornwall Sports Partnership www.cornwallsportspartnership.co.uk

**Evidence**
Recommendations from
Guidance of the four home countries
Chief Medical Officers, and various NICE guidance, including:

- Children and young people should do at least 60 minutes exercise a day
- Adults should be active daily, doing 30 minutes exercise on at least 5 days a week

**Partnerships**
Local partners in a variety of organisations and agencies work to encourage communities and individuals of all ages in Cornwall to be more active

Key drivers include Cornwall Healthy Weight, Cornwall Sports Partnership and Get Active Cornwall, Time 2 Move’ – Cornwall’s PE and School Sport framework, Hearty Lives Project and Cornwall Healthy Schools Plus Programme

**Why invest?**

- £16 returned over two years for every £1 invested in the Healthy Weight Programme

**Notes**
9. A website developed specifically to inspire and motivate Cornish residents to be more active 10. Based upon PHE’s NHS Health Check Ready Reckoner (Version 2.8 05/2014) and assuming 20% of the eligible cohort is offered a Health Check and 50% receive one 11. Department of Health, Physical Activity, Health Improvement and Protection (2011) Start Active, Stay Active A report on physical activity for health from the four home countries’ Chief Medical Officers 12. NICE Guidance PH2, PH8, PH17, PH13,PH54,PH41 and NG7 13. Analysis is based on the NICE Return on Investment Tool for Physical Activity, version 1.00 (Wallender et al. 2013)
Healthy eating
Why is this issue important for Cornwall and the Isles of Scilly?

My two children and myself have just completed the programme. We found the course very rewarding, knowledgeable and fun. We all adapted to it reasonably easily and looked forward to the new challenges every week. At the end of the course we found the results were fantastic and we were all very pleased that the children lost weight, and grew at the same time. The course leaders were very friendly, approachable and knowledgeable also giving lots of encouragement to both the children and the adults. I would like to thank you for accepting us to take part in the programme and your support throughout.

Whole community

£60m
Local annual cost of diet-related ill health

Severely obese adults are three times more likely to need social care

50%
Poor diet contributes to nearly 1/2 of coronary heart disease

33%
Poor diet contributes to 1/3 of all cancer deaths

Personal costs

Poor diet contributes to

Low birth weight
More tooth decay in children
Risk of falls and fractures in older people
Being overweight increases risk of high blood pressure, high cholesterol and pre-diabetes
Severe obesity reduces life expectancy by 8-10 years

What are the local outcomes?

Reception children who are obese or overweight

25.3%
National Average

22.5%

69.9% adults were obese or overweight in 2014 (64.6% national average)

People in more disadvantaged communities eat less fruit and veg

Lowest income

16%

Highest income

8%

Inequalities

Percentage of budget spent on all food

Lowest income

100%

Highest income

100%

Childhood obesity is 2x more likely in our most deprived communities compared to the least deprived

Notes:
Evidence
Recommendations based on NICE Guidance\(^\text{17}\) including:
- Having a balanced diet;
- reducing salt, sugar and saturated fat intake, and
- eating 5 pieces of fruit and vegetables a day

What is being done locally to address this issue?

**The National Child Measurement Programme (NCMP) 2014 -15**
- 233 out of 237 schools are in the programme

Cornwall was awarded £100,000 from the British Heart Foundation to help local schools, children and families achieve healthier lifestyles

**Cornwall Healthy Weight 2014-15**
- 1, 259\(^\text{12}\) adults participated in a Healthy Weight programme, with an additional 114 families and teenagers\(^\text{13}\) completing weight management programmes
- Potentially 1,000 people could complete a weight loss programme following a Health Check\(^\text{14}\)

**Early Years interventions 2014-15**

70% of the 85 early years settings engaged with Nippers Nutrition Programme achieved the two highest levels of accreditation\(^\text{15}\)

179 pregnant women received one to one advice\(^\text{16}\)

**Local advice and support**

Cornwall Healthy Weight  
[https://www.cornwallhealthyweight.org.uk](https://www.cornwallhealthyweight.org.uk)

Food & Cornwall:  
[https://www.foodandcornwall.org.uk](https://www.foodandcornwall.org.uk)

Food in Schools:  
[http://www.heartylivescornwall.org/schools/fflp](http://www.heartylivescornwall.org/schools/fflp)

Cornwall Healthy Schools  
[http://www.cornwallhealthyschools.org](http://www.cornwallhealthyschools.org)

**Eating Well**

- Food in Schools Training and Support;
- FIS awards; Healthier lunchboxes; Working with Jamie’s Kitchen; Garden Project; Breakfast clubs

**Healthy Schools- Creating Food Wealth so that no one in Cornwall is hungry.**

- A whole systems approach working with economic, environmental, community and political systems to improve access to good food for people of all ages in local communities

**Notes**

- Data from Cornwall Healthy Weight (2015) including: 528 completing Healthy Weight 18+, 285 receiving a 1:1 Physical Activity Review, and 446 taking part in Physical Activity Interventions (Swimming, Walking, Cycling)\(^\text{13}\) including the following programmes: LEAF 0-6, Healthy Weight 7-13, Healthy Weight 13-17\(^\text{14}\) Based upon PHE’s NHS Health Check Ready Reckoner (Version .9 28/05/2014) and assuming 20% of the eligible cohort is offered a Health Check and 50% receive one\(^\text{15}\)

- Data from Cornwall Healthy Weight Programme, 2015\(^\text{16}\) Programme open to women with a BMI >= 30, offering guidance about healthy eating, physical activity and weight management in pregnancy\(^\text{17}\) NICE Guidance PH11, PH12, PH13, PH47 and CG43

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Taking responsibility for alcohol

Why is this issue important for Cornwall and the Isles of Scilly?

Whole community

Recent regional research suggests that 1 in 3 adults in the South West drink above the recommended level. The national estimate suggests that in Cornwall 25% of adults drink above the recommended level.

which includes:

- 84,000 binge drinkers
- 4,900 dependent drinkers

Alcohol costs the NHS £3.5 billion nationally.

Every 5,000 patients screened in primary care may prevent 67 A&E visits and 61 hospital admissions. One alcohol liaison nurse can prevent 97 A&E visits and 57 hospital admissions. Every 100 alcohol-dependent people treated can prevent 18 A&E visits and 22 hospital admissions.

Costs: £25,000 (Saves: £90,000)

Costs: £60,000 (Saves: £90,000)

Costs: £40,000 (Saves: £60,000)

Rehab case study

I was in Boswyns for 6 weeks. I came off the alcohol, then came off the anxiety medication. For the first time in 10 years, my body was free of substances, and it was absolutely terrifying. I was then resident at Bosence Farm for 8 months. I was given time, and an overwhelming amount of love, support and understanding; which allowed me to start to learn how to interact with people and live life. A miracle was worked there. I am approaching 2 years sobriety and have been blessed with a love of life. I’m making positive contributions to my local community. My personal relations with family and friends have been restored. I have a self-confidence and self-assurance of which I could only have dreamed.

Notes

What is being done locally to address this issue?

Identification and brief advice
2,000 staff trained in under 3 years
Delivered in a wide range of medical, criminal justice and non-medical community settings

Health interventions
Alcohol Care Team at Treliske Hospital, to identify cases earlier. Alcohol detox can be delivered at home by GPs, in 4 community hospitals, or in residential units

Families
Breaking the Cycle offers a range of services supporting families affected by alcohol misuse

Specialist treatment
In 2014, 1,835 people accessed specialist treatment for alcohol misuse. 32 young people in treatment where alcohol was an issue

Alcohol Awareness Retail
Training delivered to 461 staff in 119 licensed premises. In the last 3 years, over 25 premises in Cornwall have passed the Best Bar None accreditation standards

Prevention
Safer Cornwall’s ‘What Will Your Drink Cost?’ campaign, in key locations addressing alcohol related issues, such as road safety, domestic abuse, violence and health. 2 School worker’s who deliver a ‘stepped menu’ of interventions for Years 7 to 11

What are the local outcomes?

<table>
<thead>
<tr>
<th></th>
<th>Cornwall</th>
<th>South West</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol specific mortality per 100,000 population</td>
<td>11</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>Alcohol related mortality per 100,000 population</td>
<td>41</td>
<td>43</td>
<td>45</td>
</tr>
</tbody>
</table>

Percentage of crimes which are alcohol related

- Criminal damage and arson: 9%
- Other crimes: 15%
- Robbery: 19%
- Sexual offences: 19%
- Thefts: 7%
- Violence: 35%

Local advice and support
Anyone in Cornwall or the Isles of Scilly concerned about their own alcohol use (or someone else’s) can contact
Addaction Cornwall for advice or support: 0333 2000 325

Notes:
Connecting with others
Why is this issue important for Cornwall and the Isles of Scilly?

Whole community
Isolated geography, dispersed population with poor transport links

70% of bus users generally travel by bus because they have no alternative

Earnings are 22% below Great Britain average yet average house prices 10x annual income

In 2013 the local total economic output was 70% of the EU average

Personal costs

42% Pupils 6-8 years said they sometimes feel scared to go to school because of other children

Loneliness can increase the risk of high blood pressure and depression

Loneliness can be as damaging as smoking and alcohol consumption

A Health Trainer’s Case Study

Freddie (name changed) was referred to us. Ex heroin addict, dyslexic, poor mobility due to back problems, depression, frustrated with life, overweight, and unemployed.

There were lots of discussions about behaviour change, info on healthier eating & exercise, goal setting, overcoming barriers. He joined the swimming on referral scheme, and towards the end of our time together he was ready to start the Healthy Weight course.

He is now losing weight and eating a much better diet; being more aware of what he is eating, and able to read food labels.

He is socialising more; has come on the walking group, played golf, swum and ridden a bike - all since we started meeting. He has also started a part time job and is hoping to apply for more hours.

Inequalities

Sexual identity can increase risk of becoming socially isolated in school settings

Young people in the UK not in education, training or employment feel too anxious to leave the house

Older people and those from ethnic minority groups are at higher risk of social isolation

34,137 households in Cornwall where a person over 65 lives alone (15% of all households), which can increase loneliness and isolation

Average Life Expectancy for homeless man (47) and woman (43), compared to general population (77)

Notes:
1. Cornwall Council, the case for Cornwall 2014
2. NOMIS Official Labour Market Statistics, 2014
3. Ratio of average house price to average annual income
4. SHEU (2014) Supporting the Health of Young People in Cornwall Primary Schools
5. Hawkley et al (2010), Loneliness Predicts Increased Blood Pressure: Five-Year Cross-Lagged Analysis in Middle-Aged and Older Adults
9. The Prince’s Trust. The Prince’s Trust McQuire: Youth Index 2015
10. ONS, 2011 Census
What is being done locally to address this issue?

Building resilience

Schools in two localities piloting the Headstart Kernow programme to build emotional resilience
In the last year 305 people were helped to make sustainable lifestyle changes through Health Trainers

Helping with employment

Since 2007 Cornwall Works has helped 10,000 people on long-term health related benefits to move back into work
Since 2004, 10,000 Welcome Packs for migrant workers distributed by Inclusion Cornwall

Helping with homelessness

Since 2013, our Homeless Patient Hospital Discharge Service has supported 170 homeless patients, 89% discharged into suitable homes and saved 338 bed days or equivalent of £169,000 in healthcare costs

Why invest?

Social interventions have been shown to give an SROI of £5.96 for every £1 invested

Partnerships

Partnership work between the NHS, Age UK, Health and Wellbeing Board, Local Nature Partnership, the Local Enterprise Partnership and VSF Cornwall

Helping lonely and isolated people

Active Plus utilises skills and experience of injured veterans, and has courses based on group work, making friends, building confidence and communication skills
Age UK Cornwall & the Isles of Scilly befriending service aims to rebuild a person’s confidence and to help them re-connect to their community. Between 2013-14 168 volunteers gave 2,536 hours of friendship to 161 people

Living Well’s person-centred ethos delivers care more efficiently, reduces loneliness and improves people’s health and wellbeing
People who took part last year said Mental wellbeing (happiness) improved nearly 20%
Volunteer Cornwall’s Welcome Home scheme has supported over 500 people recently discharged from hospital, helping them get back home and settled as well as looking at social networks around them-friends, family, neighbours, volunteers or paid services
The scheme also raises awareness of community-based resources such as Memory Cafes, Coffee Mornings and Arts & Crafts groups

What are the reported local outcomes?

Adult social care users who have as much social contact as they would like

Same as national average (2014)
44.5%

Adult carers who have as much social contact as they would like

2013 38.4%
2013 41.3% national average

Local advice and support

Public Health 01872 327977
Inclusion Cornwall 01872 355015
Age UK Cornwall & The Isles of Scilly 01872 266 388
Shelter-Cornwall 07969 801807
For volunteering opportunities contact Voluntary Sector Forum (VSF) on 01872 241584

Evidence


Notes:
12. Health Promotion Service (2015), Sign ups for 2014/15
13. Cornwall Council (2014) Youth employment and worklessness
14. Data from Inclusion Cornwall, 2015
15. Cornwall Council (2015) Cornwall homeless patient hospital discharge service
20. PHOF social isolation indicators 1.18i and 1.18ii
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Other priority areas

Healthy child programme (0-19)
The early years are a key determinant of health. The Marmot Review recognised this in its priority policy objective - ‘Give every child the best start in life’ - which is crucial to reducing health inequalities across the life course, and other social and economic inequalities throughout life.
The foundations for virtually every aspect of human development - physical, intellectual and emotional - are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being - from obesity, heart disease and mental health, to educational achievement and economic status.

There are serious consequences for inaction on improving children and young people’s health outcomes. Five of the ‘top 10’ risk factors for the total burden of disease in adults are initiated or shaped in adolescence. Although there has been a significant reduction over the past decade in the number of young people drinking regularly or starting to smoke there is still much to be achieved.
The foundations of lifelong obesity, smoking and other substance misuse, sexual health and mental health are all established in childhood and adolescence. Local and national strategies to address these problems must include age appropriate interventions for children and young people, and not just consider them an optional extra.
The importance of this is recognised in the fact that starting well and having a healthy childhood is a theme in so many of the infographics of this report.

The evidence tells us that treating different, specific health issues separately will not tackle the overall wellbeing of this generation of young people. Young people’s mental and physical health is intertwined, and at the heart of health and wellbeing are their relationships with others. Young people think about their health holistically. They want an integrated, youth friendly approach that recognises their particular needs, makes them feel supported, emphasises the positives and helps them to cope.

Healthy sexual relationships
Sexual health is a vital part of our health and wellbeing across the life course. From a very young age, when children are developing their identities, to adolescents who we aim to support in developing the skills and knowledge they need to make positive choices about their body and relationships now and in the future.

Public Health has a mandated responsibility for delivering sexual health interventions and services that are open to the entire population. Their priorities in providing these are:

- To maintain a focus on prevention;
- Support positive sexual health throughout the life course; and
- Ensure accessible and equitable contraceptive and sexual health services for all of Cornwall and its residents.

They provide services through a number of commissioned services and health improvement programmes. These range from open access contraception and GU services across a range of forums including sexual health clinics, GPs, community
pharmacists and over 200 centres signed up to our condom distribution scheme. In addition to this, work is being done with schools, parents and the community to deliver comprehensive relationship and sexual health education across formal and informal settings.

Poor sexual health does not affect people equally and therefore targeted work and support is undertaken for groups who carry the burden of poor sexual health. These groups include young people, men who have sex with men and black African men and women.

Cornwall has a high HIV late diagnosis rate and has not met the target Chlamydia detection rate. This means more needs to be done to ensure that those who may be at risk are accessing screening and treatment as soon as possible. There is also a need to continue to provide messages about safer sex and effective contraception as protection from both unintended pregnancies and STIs.

### Drugs - reducing harm and promoting recovery

The national drug strategy has two overarching aims:

- Reduce illicit and other harmful drug use, and
- Increase the numbers recovering from dependence

Drugs and alcohol form part of the set of supporting public health indicators that help focus our understanding of how well we are doing year by year nationally and locally on those things that matter most to public health.

The Government aims to offer ‘every support’ for people to choose recovery as an achievable way out of dependence and recognises that the causes and drivers of drug and alcohol dependence are complex and personal, and that their solutions need to be holistic and centred around each individual.

Local Health and Wellbeing Boards and the Director of Public Health have become jointly accountable for ‘strong leadership’ of alcohol and drug treatment.

Substance misuse is often a burden not just on the user, but also on other family members, including spouses, parents, siblings and children.

Recovery is an individual, person-centred journey, as opposed to an end state, and one that will mean different things to different people.

In order to deliver recovery-oriented services, there is an acknowledgment that links with housing, employment and family services are essential and must be firmly established and integrated into overall treatment services and that supportive relationships with families, carers and social networks must be promoted.

### Public mental health

Mental health and many common mental disorders are shaped to a great extent by the social, economic, and physical environments in which people live. Social inequalities are associated with increased risk of many common mental disorders.

Taking action to improve the conditions of daily life across the life course provides opportunities to improve population mental health and to reduce the risk of those mental disorders that are associated with social inequalities.

While comprehensive action across the life course is needed, scientific consensus is considerable that giving every child the best possible start will generate the greatest societal and mental health benefits. Action needs to be universal: across the whole of society, and proportionate to need in order to level the social gradient in health outcomes.
Fuel poverty and winter wellness

A fuel poverty household is defined as a ‘Low Income High Cost Indicator’, which means they are fuel poor if they have an income below the poverty line (including if meeting its required energy bill would push it below the poverty line) and have higher than typical energy costs.

The Government have recognised that fuel poverty can have a detrimental effect on health and that a home should be warm, comfortable and provide a healthy and welcoming environment that fosters well-being.25

In Cornwall and the Isles of Scilly many have a combination of a low income and living in a home that cannot be heated at reasonable cost. Nearly half of our homes in Cornwall and all Isles of Scilly are off the mains gas network, which continues to be the cheapest energy source.

Over 88% of homes in Cornwall have a poor Energy Performance Certificate rating (D or below), with 66,000 homes rated least energy efficient (F or G). Moreover, four out of six of Cornwall’s parliamentary constituencies are in the Top 20 for homes worse than average for energy efficiency (rated E, F & G), with St Ives ranked first, North Cornwall ranked sixth, Truro and Falmouth thirteenth, and Camborne and Redruth ranked twentieth.

Cold homes due to poor energy efficiency also have severe health impacts: 21.5% of all ‘excess winter deaths’ are attributable to the coldest quarter of housing. This leads to people dying early and is an extra cost for the NHS. The cost of treating illnesses caused and exacerbated by cold homes has been estimated to be £1.3 billion per year.

Cold homes due to poor energy efficiency also have severe health impacts

21.5% of all ‘excess winter deaths’ are attributable to the coldest quarter of housing
**Domestic abuse and sexual violence**

The World Health Organisation describes intimate partner and sexual violence as one of the greatest health inequalities for women and girls.26

Children who grow up in families where there is violence may suffer a range of physical problems, behavioural and emotional disturbances. These can also be associated with perpetrating or experiencing violence later in life.

In the UK, it is estimated that 8.5% of women and 4.5% of men experienced domestic abuse and 2.2% of women and 0.7% of men experienced any kind of sexual assault in the last 12 months. This level of prevalence has been fairly stable since 2008/09, and equates to 18,800 victims of domestic abuse and 4,300 victims of sexual violence in Cornwall and Isles of Scilly.

Reported incidence of domestic abuse and sexual violence is higher locally than the average for similar areas elsewhere in the country. Domestic abuse continues, however, to be significantly under-reported. It is estimated that actual incidence of domestic abuse was in the region of 30,000 incidents for 2014/15 but only 8,233 of domestic abuse incidents and 745 of sexual violence incidents were reported to the police.

Responding to abuse to protect victims and children from further harm impacts across multiple services, including social care, safeguarding, health and housing – in 2014 the estimated cost of domestic abuse and sexual violence for society in Cornwall and the Isles of Scilly was £484.6 million.

The Cornwall & Isles of Scilly Domestic Abuse and Sexual Violence Needs Assessment 2015/16 clearly evidences the cross-cutting nature of domestic abuse and sexual violence and the extent of the impacts right across the public sector, from police response and offender management to health, social care and safeguarding.

Recognition of domestic abuse and sexual violence as a shared priority will be an important factor in the successful implementation of the Strategy and Delivery Plan, with all partners having key contributions to make.

**Other priority areas infographics**

The following section contains infographics on the **Healthy child programme (0-19)**, **Healthy sexual relationships**, **Public mental health**, **Drugs**, and **Fuel poverty and winter wellness**
Healthy children (0-19)
Why is this issue important for Cornwall and the Isles of Scilly?

**Whole community**

- **25.3%** of 5 year olds are overweight or obese\(^1\)
- **30.9%** of 11 year olds are overweight or obese\(^2\)
- **885** hospital admissions occurred as a result of injuries in children aged 0-14 years\(^4\)
- **One quarter of children aged 5** have one or more decayed, missing or filled teeth\(^3\)

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**Personal costs**

- **80** children died under the age of 1 year\(^5\)
- **20%** pupils 12-15 years drank alcohol during the last 7 days\(^6\)
- **40%** of secondary pupils are ‘fairly sure’ or ‘certain’ that they know someone who takes drugs
- **10%** of pupils said that they have taken drugs\(^6\)
- **11.7%** 15 year olds smoke\(^7\)
- **At any one time we will have approximately 4,400 children aged 5 to 17 years with a conduct disorder and 2,900 with an emotional disorder\(^8\)**

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**Inequalities**

- **21%** of all 16-18 year old females who are not in education, training or employment are pregnant or mums\(^9\)
- **46%** of year 8 girls and **54%** of year 10 girls would like to lose weight\(^6\)
- **16.9%** of children under 16 years old live in poverty\(^10\)
- **Children living in poverty are susceptible to poor mental health outcomes\(^11\)**

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**Breast feeding peer support**

A peer supporter spent 5 hours on the post-natal ward at RCHT to support 5 mums. Midwives reported that the peer supporter was sensitive, patient and caring, just what this tired and tearful mum needed, and they enabled her with a practical plan which she and baby J were happy to follow overnight.

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**The ReSET programme (a case study for HS Plus in a small primary school)**

Following a Resilience and Self Esteem Toolkit workshop we identified a need for some work on improving self-esteem and confidence with a group of children. In the repeat assessment following the programme all of the answers were more positive. One child performed in front of the class the other day which previously they have refused to do and when sent on an errand they had a go whereas a few weeks ago this child would have cried and refused. Overall, I believe that I have helped these children to begin a journey of believing in themselves and feeling more able to work independently and solve problems and also contribute more fully within a group situation.

Edited extract from full detailed case study.

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**Notes**

1. PHOF Excess weight indicator 2.06i
2. PHOF Excess weight indicator 2.06ii
5. Count of infant deaths from 2011-13, associated with PHOF Infant mortality indicator 4.01
What is being done locally to address this issue?

Mental health and emotional wellbeing

- Perinatal mental health pathway available for pregnant women
- 0-19 Healthy Child Programme allowing early intervention and prevention
- Parenting support offered by Health Visitors

**Partnerships**

- Children and Young People's Mental Health and Emotional Wellbeing improved through a partnership plan
- Strong emphasis on supporting vulnerable children and young people through 'Together for Families' and Young Carers
- Head Start Kernow extended to improve resilience and mental health in 10 to 16 year olds
- Training the wider workforce for child development and mental health
- Whole school approach to mental health
- Reduction of self-harm through guidance and training

![Why invest?](Why_invest.png)

A study in the USA has shown that every $1 spent on quality care and education saves taxpayers $13 in future costs.

**Starting Well**

Maternity

- Access to ‘Great Expectations’
- 157 active Breastfeeding peer supporters

0-4 years

- Health Visiting and Family Nurse Partnership- improving outcomes for children
- Oral health improvement programme for 3-5 year olds in areas where outcomes are poor
- Improved access to Early Years education
- Combined 2 year review

5-19 years

- School nursing- improving access to public health and early intervention including helping to reduce obesity, smoking, alcohol and drug misuse in school aged children
- Peer mentoring and Youth Health Champions
- Healthy Schools - supporting schools to develop a whole school approach to wellbeing to help equip children with the skills and strengths they need to embrace the challenges and opportunities of life

What are the local outcomes?

- 14% of babies are exposed to the products from smoking cigarettes before they are born
- 79% of babies start their life being breast fed
- 81% of pupils have been to the dentist in the past 6 months
- This is lower than the 90% of pupils saying this in SHEU 2014 reference sample
- 70% Pupils 12-15 years report never being afraid of bullying
- This is lower than the 79% of pupils saying this in SHEU 2014 reference sample

Local advice and support

Kernow Savvy [https://www.savvykernow.org.uk/](https://www.savvykernow.org.uk/)
Cornwall Healthy Schools [http://www.cornwallhealthyschools.org/](http://www.cornwallhealthyschools.org/)
Youth Kernow [http://www.supportincornwall.org.uk/](http://www.supportincornwall.org.uk/)
The Health Promotion Service [https://www.healthpromcornwall.org/](https://www.healthpromcornwall.org/)
Promoting Health Information Line (PHIL) 01209 313419

Looking after Sexual Health

Why is this issue important for Cornwall and the Isles of Scilly?

Teenage conceptions result in a termination\(^1\)

The infant mortality rate is 44% higher for babies born to teenage mothers\(^3\)

There is also a strong association between deprivation and teenage conception rates across England with rates highest in the most deprived areas.

£8M local annual health cost of unintended Pregnancy\(^2\)

Over 3,000 new STI diagnoses locally each year\(^4\)

Young people and men who have sex with men are the groups most affected by STIs, but STIs can affect everyone.

Whole community

48% Teenage conceptions result in a termination\(^1\)

44% The infant mortality rate is 44% higher for babies born to teenage mothers\(^3\)

Personal costs

Undiagnosed Chlamydia can cause long term problems including infertility.

10 People who are diagnosed with HIV late face a ten times higher mortality risk in the year following diagnosis\(^5\)

Inequalities

Two thirds of chlamydia diagnoses in 2014 were amongst young people aged 15-24\(^6\)

Evidence

Evidence shows comprehensive relationships and sex education combined with accessible young people friendly contraceptive services has the strongest impact on teenage pregnancy.

One parent’s journey

In 2007 Jenny attended a Speakeasy course at her children’s primary school. Jenny enjoyed it so much that she decided to train as a Speakeasy facilitator enabling her to run her own groups for other parents and carers.

Attending the Speakeasy course has given Jenny the confidence and knowledge to discuss the many issues surrounding relationships and sexual health with friends, family and colleagues.

Speakeasy has improved Jenny’s personal confidence leading to her joining the school’s PTA and then becoming a parent governor.

For more information about Speakeasy contact the Health Promotion Service on (01209) 313419.

Notes:
What is being done locally to promote good Sexual Health?

### Education
In 2014/15 **Brook** carried out 13,711 contacts with young people.
In 2014/15 **Speakeasy** became mandatory training for local authority foster carers.
**Healthy Schools** provide training and resources to help staff deliver effective, age-appropriate relationships and sex education.
**Talk RSH multiagency training programme** supports the children’s workforce to be positive sources of information and support for young people.

### Changing culture
**Talk RSH** encourages people of all ages to talk about relationships and sexual health.
55 **Brook Sexual Behaviours Traffic Light Tool** training sessions have been delivered to professionals in Cornwall since its launch last year.
**Savvy Kernow** accredits young people-friendly sexual health services.

Why invest?
The Kings Fund estimates that every £1 spent in preventing teenage pregnancy saves £11 in health care costs alone.

Partnerships
Cornwall’s Sexual Health Partnership Group includes Public Health, Children’s Services, Royal Cornwall Hospital Trust, Brook, The Health Promotion Service and KCCG.

### What are the local outcomes?

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate per 1,000 females</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>39.8</td>
</tr>
<tr>
<td>2014</td>
<td>18.2</td>
</tr>
</tbody>
</table>

Cornwall & the Isles of Scilly aim to increase its detection of chlamydia from 1,844 per 100,000 (2014) to 2,300 per 100,000 in order to meet infection control targets.

### Accessible Contraceptive and Sexual Health Services
- **22%** of 15-24s had a Chlamydia screen in 2014.
- **91%** GP practices provide Long Acting Reversible Contraception.

### Local advice and support
To find out about sexual health services in your area please visit [www.cornwallshac.org.uk](http://www.cornwallshac.org.uk)
Further advice, information and guidance is available for young people at [http://www.savvykernow.org.uk/](http://www.savvykernow.org.uk/)
For more information about Cornwall’s approach to teenage pregnancy and meeting young people’s sexual health needs please visit [www.cornwall.gov.uk/teenagepregnancy](http://www.cornwall.gov.uk/teenagepregnancy)

**Notes:**
8. Quarterly Conceptions to Women Aged Under 18, England and Wales, Quarter 2 April to June 2014
9. PHOF chlamydia detection rate indicator 3.02, 2014
10. Sexual and Reproductive Health Profiles, Chlamydia proportion aged 15-24 screened, 2014
11. Cornwall Council contracting data, 2014
Public mental health
Why is this issue important for Cornwall and the Isles of Scilly?

Whole community
1 in 6 people has a common mental health problem at any one time\(^1\)

=70,000 people in Cornwall & Isles of Scilly

5% of the population have a severe mental illness

yet they account for 18% of total annual deaths in the population\(^2\)

Costs are high
The economic cost of mental illness in Cornwall & Isles of Scilly (extrapolated from England data)\(^3\)

51% human cost

\(\£1\text{bn}\)

20% health & social

29% output losses

Inequalities
People with mental health problems are 3 times more likely to be in debt than the general population\(^4\)

People from the lowest income households are more likely to have a common mental health problem\(^5\)

Males are 3x more likely to die by suicide\(^6\)

For which groups is this particularly important?

Nationally, one in ten children aged 5-16 have a mental health disorder\(^7\)

Lesbian, gay and bisexual people are more likely to suffer from mental health problems and suicidal thoughts\(^8\)

Up to half of people diagnosed with a mental health condition also misuse substances\(^9\)

Men are less likely to acknowledge mental health problems and seek help\(^6\)

...though anyone can be affected at any time

Notes
10. People with severe mental health problems are…

- more likely to suffer from coronary heart disease
- more likely to suffer from lung disease
- more likely to suffer from gastro intestinal disease

…and yet, people experiencing a mental health crisis often don’t receive timely and appropriate support from health services[^1]

People with severe mental illness die on average 15-20 years earlier[^12]

What is being done locally to promote mental health and prevent mental illness?

In the last year: **Self-Harm Strategy** for Cornwall & the Isles Scilly developed

Radio Cornwall celebrated its **50th** monthly mental health phone-in programme

**Partnerships**

Local multi-agency, multi-disciplinary partnerships are working together to improve public mental health: Public Mental Health Team, Zero Suicide Collaborative, Suicide Audit Group, Children and Young People’s Emotional Wellbeing & Mental Health Partnership Board

**Evidence**


**Local advice and support**

If you are concerned about your mental health: visit your GP, who will assess your needs and offer talking therapies, medication or referral if appropriate. Online information about mental health problems, service directory and self-help guidance is available at: [http://cornwallmentalhealth.com/](http://cornwallmentalhealth.com/)

Drugs - reducing harm and promoting recovery

Why is this issue important for Cornwall and the Isles of Scilly?

Whole community
There are an estimated 2,382 problematic opiate and/or crack users (OCUs) in Cornwall.

Last year amongst 16-59 year olds
- 8.8% (1 in 11) used illicit drugs = 24,700 people in Cornwall
- 3.1% used class A Drugs
- 2.3% used Cocaine

Costs
- Estimated cost of crime per opiate/crack user not in treatment £26k
- Potential annual cost to local society £106m

Personal costs
Deaths
- 16 drug related deaths annually
- Deaths among heroin users are 10 times the death rate in the general population

Hidden harms to children and families
- Parent drug use is a risk factor in 29% of all children’s serious care reviews

Rehab case study
Before I came to Bosence Farm my life was upside down and any skills I had with regards to living had turned in on me and my fellow man. The drugs had taken over my life and my addiction was making all of the choices just so I could get more what I needed (drugs) to live, so I would not have to look at myself or my past. I hated who I was, what I had become. I could not see a way out. I spent some time at the Farm looking at how my addiction had manifested and how it was affecting me. With the help of staff and my peers I was able to learn how to let go of old useless behaviours and put into practice new positive attitudes. I learned to ask for help and was given hope and encouragement when all I felt was despair. The Farm showed me that the good person I was still in there. I learned to look after myself and treat myself with respect; to treat others with respect and to take responsibility for my recovery; to face my fears and take my life back. During my time at Bosence I not only had time to look at my life and where it was going but to turn it all around. I had the time to build up a support network to continue to help me after leaving Bosence.

Inequalities
- 14% - Over 6,700 people with a mental health condition in Cornwall and the Isles of Scilly are estimated to also have drug dependency

Of drug treatment service users...
- 70% are on benefits
- 30% have a housing problem

Women make up 27% of adults in treatment and are more likely to be carers of children often experiencing poor mental health, domestic violence and abuse that may impact upon their recovery

Evidence
- Cornwall and Isles of Scilly have an annual Drug Needs Assessment to inform the Drug treatment Strategy and Commissioning priorities

NICE guidance provides evidence on effective drug interventions

Notes:
1. PHE (2014) Drug prevention, treatment and recovery for adults: JSNA support pack
3. PHE (2015) Alcohol and drugs prevention, treatment and recovery: why invest
What is being done locally to address this issue?

What are the local outcomes?

Proportion in effective treatment

<table>
<thead>
<tr>
<th></th>
<th>Cornwall</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opiate</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td>Non opiates</td>
<td>93%</td>
<td>93%</td>
</tr>
<tr>
<td>Non opiates and alcohol</td>
<td>93%</td>
<td>93%</td>
</tr>
</tbody>
</table>

Specialist treatment

1,139 opiate users and 543 non-opiate users engaged in specialist treatment in 2014/15

Young people

96 young people required specialist drug and alcohol treatment

Services were developed for those experiencing problems related to new psychoactive substances and prescription-only medication

Primary care

70% of drug treatment can be delivered by GPs, with 22 practices providing specialist drug treatment in the community

Families

Families can access help together, especially where more than one member requires assistance

Drug prevention can help young people get into education, employment and training

Preventing blood-borne viruses

Harm reduction

29 pharmacies participate in the needle exchange scheme to prevent the spread of blood borne viruses. Supervised consumption of prescribed medication is offered at 59 pharmacies

Immunisation against Hepatitis B and testing for Hepatitis C form part of the treatment plan for all drug users, particularly those with a history of injecting. All complex needs providers and clients in treatment for opiate addition have been trained and provided with naloxone to reduce drug related deaths

Partnership working

Pathways between treatment and employment services have been developed

Pathways into accommodation, have been developed, improving the housing situation of people in treatment to support their recovery

People who experience mental health, domestic abuse and sexual violence can have their issues managed jointly now. Housing protocol for prolific, priority offenders

Local advice and support

Services are free and confidential

Anyone in Cornwall/Isles of Scilly concerned about their own use (or someone else’s) can contact Addaction Cornwall for advice or support: 0333 2000 325

Why invest?

Every £1 spent on drug treatment saves £2.50 in costs to society in Cornwall

Prevention of drug-related crime and increase in health and wellbeing in Cornwall: estimated £6m saved annually

© Cornwall Council and Council of the Isles of Scilly
Reducing fuel poverty and improving winter warmth

Why is this issue important for Cornwall and the Isles of Scilly?

Whole community

Cornwall and the Isles of Scilly are in top 3 local government areas for homes without central heating

- Whole community: 14.4%
- Cornwall: 10.4%
- Isles of Scilly: 22.4%

36,000 households
83,000 people experience poor health due to a lack of warmth

Households affected by fuel poverty in Cornwall and in Isles of Scilly

16% more people died in the winter months compared with the non-winter months

Each winter death is preceded by an average of eight emergency admissions, 30 social care and secondary care visits and GP appointments

Personal costs

Around 300 more people die each winter compared to the summer months

- £13m Annual local NHS costs
  - Cost to England is £1.3bn

Fuel poverty is avoidable and it contributes to social and health inequalities

Marmot Review

Our aim

To reduce Excess Winter Deaths by one third by 2020, to below 200 a year

Winter Wellness 2014/15 - Over 30 partners worked together to deliver common outcomes of reducing fuel poverty, improving health and progress to work

Notes
1. ONS (2011), 2011 Census: KS403EW Rooms, bedrooms and central heating, local authorities in England and Wales
3. ONS (2014), Excess Winter Mortality, 3 year average
8. PHOF Fuel Poverty indicator 1.17 and PHOF Excess Winter Deaths indicators 4.15
What is being done locally to address this issue?

Since 2011 Winter Wellness multi agency partnership achievements:

- 4,500 households helped (10,000 people)
- 675 hospital admissions prevented
- 900 households helped through Winter Wellness Emergency Fund
- 283 households remain in work and progress towards work

Local advice and support
Community Energy Plus Freephone advice line 0800 954 1956
Winter Wellbeing Helpline 0800 954 1956 and www.cornwall.gov.uk/winterwellbeing
Public Health 01872 327977

A study showed that energy efficiency interventions in lower income communities reduced

- GP visits: 27%
- Days off work: 38%
- Days off school: 50%

Less demand on acute, secondary, social care, voluntary and the community sector
This improves mental wellbeing, reduces social isolation and anxiety caused by bills
This removes barriers to work; supports return to work; enables a better income, and improves resilience to future winters

Why invest?
Social Return on Investment saves £3.39 for every £1 invested
Return on Investment saves NHS £2.09 for every £1 invested
Estimated 75 hospital admissions avoided last winter, saving NHS £48,600

Partnerships
Winter Wellness Partnership includes Cornwall Council, VCS, housing associations, Cornwall Community Foundation, Inclusion Cornwall, Council of the Isles of Scilly and the NHS

Notes
14. Based upon an analysis by Cornwall Council Public Health done in 2015 using the Hospital Admission Winter Wellbeing Model
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Public Health Outcome Framework Outliers

The Public Health Outcomes Framework (PHOF) Healthy lives, healthy people: Improving outcomes and supporting transparency sets out a vision for public health, desired outcomes and the indicators that will help understand how well public health is being improved and protected.

This framework includes a series of indicators grouped into four domains and covering the full spectrum of public health, focusing not only on how long people live, but on their quality of life.

This section looks at outliers (indicators which fall significantly outside the national average) and what is being done in Cornwall and the Isles of Scilly to address these.

**Fuel poverty**

**PHOF outlier/What is the issue?**
Cornwall and the Isles of Scilly have a higher percentage of households experiencing fuel poverty than the national average.

**What we are doing…**
Fifth year of running the multi-agency Winter Wellness service, which provides advice and information to the general public and specifically to those vulnerable and at risk.

Government funding has been secured to improve heating in homes across Cornwall and the Isles of Scilly (refer to the Things to Celebrate section).

The Government have recognised this is a priority area for Cornwall and has formed part of the Cornwall Deal devolution plan.

**Smoking**

**PHOF outlier/What is the issue?**
Cornwall and the Isles of Scilly have a higher percentage of women who smoke at time of delivery.

**What we are doing…**
Not only does smoking affect the growth of the developing baby, low birth weight and an early birth, it is also associated with an increased risk of miscarriage, stillbirth, neonatal death and sudden infant death syndrome (SIDS).

The NHS has made it a priority to reduce stillbirth rates, and have developed a Stillbirth Reduction Care Bundle, with one of the elements being to reduce smoking in pregnancy by carrying out a Carbon Monoxide (CO) test at booking to identify smokers (or those exposed to tobacco smoke) and referring to stop smoking service as appropriate.

The Royal Cornwall Hospital Treliske (RCHT) is an early implementer of the care bundle and are working with Public Health to carry out Carbon Monoxide (CO) testing of all pregnant women at antenatal bookings. Referrals to the Stop Smoking Service are based on an opt-out system.

Over 80 smokerlysers (carbon monoxide readers) have been given out to Community Midwives to accurately record smoking status.
PHOF outlier/What is the issue?
Cornwall and the Isles of Scilly have a higher percentage of 15 year olds who completed the WAY survey and identified as current or occasional smokers.

What we are doing...
Cornwall Council’s Health Promotion Service has run Smoking Training of Peer Supporters (STOPS) for year 8 students to be trained in all aspects of smoking, including benefits of not smoking and skills in intervening with peers.

This programme has now been included in the RSPH Youth Health Champion training, delivered by the Health Promotion Service. This programme trains young people to signpost peers to sources of help and advice on a range of health issues including smoking, mental health, alcohol and sexual health. The Youth Health Champions will also promote current public health campaigns such as No Smoking Day and Stoptober.

Excess weight

PHOF outlier/What is the issue?
Cornwall and the Isles of Scilly has a higher proportion of children aged 4-5 years classified as overweight or obese.

What we are doing...
Cornwall Council Health Promotion Service offers two healthy weight courses for this age group that addresses healthy eating and physical activity:

- Healthy Weight 4-7 years: this is a 12 week course looking at foods choices, healthy diet and portion size, and how to make healthier food choices for the whole family.
- Lifestyle, Eating & Activity for Families (LEAF) 0-6 years: this course runs over 16 weeks and focuses on obesity amongst this age group, and explores healthy foods, food labelling, internal and external triggers, behaviour change, routine and activity. After the course families are supported by health visitors or school nurses.

PHOF outlier/What is the issue?
Cornwall and the Isles of Scilly has a higher percentage of adults classified as overweight or obese.

What we are doing...
Cornwall Council Health Promotion Service runs a 12-week weight management programme for people aged 16 years and over and are above a healthy weight. The course includes looking at healthy diet, reading food labels, practical cooking skills and exercise tailored to the individual’s ability.

GPs or other medical professionals are able to refer adults who would benefit from increasing their physical activity for a physical activity review. This is a one off review that looks at factors that affects the person’s physical activity, identifies local support and helps develop a bespoke action plan.

The Health Promotion Service also offer a 12 week Swimming for Health programme for adults to increase their physical activity levels, as well as being able to sign post to the Walking for Health programme.
**Alcohol**

**PHOF outlier/What is the issue?**

Cornwall and the Isles of Scilly have a higher rate of hospital admissions for alcohol-related conditions for all ages than the national average, including a higher rate for females of all ages.

**What we are doing…**

The Royal Cornwall Hospital Treliske (RCHT) has just set up an Alcohol Liaison Team (ALT), and they will be linking with key wards and departments based on the conditions most frequently related to alcohol. This will involve ward staff screening for alcohol, with ALT following up to provide either brief interventions or treatment as appropriate.

Though the admission rate for females has increased slightly, there are still numerically twice as many men than women being admitted to hospital for alcohol related conditions. For this reason, this service will identify alcohol users targeted on wards treating key health conditions, rather than seeing gender as the main criterion.

Identification and Brief Advice (IBA) training and delivery continues in the community via Health Checks and specialist settings. DAAT are also updating the criteria, funding, capacity and models for accessing alcohol detoxes.

Addaction Cornwall has simplified the ways people can find their service, and has evolved its pathways to better deliver appropriate levels of support and intervention for different types of clients.

It is hoped that all of these aspects will both identify people earlier in the development of their alcohol issues, and provide better specialist treatment for alcohol dependence, with fewer people needing an admission to hospital.

---

**NHS Health Checks**

**PHOF outlier/What is the issue?**

Cornwall and the Isles of Scilly has a lower cumulative (2013/2018) percentage of the eligible population aged 40-74 offered an NHS Health Check compared to the national average.

**What we are doing…**

Awareness of Health Checks is being raised through the Healthy Workplace Awards.

Public awareness is being raised to respond to a Health Check invitation via targeted flyer drops based upon post codes of areas with a higher deprivation index.

The Health Promotion **Promoting Health Information Line (PHIL)** database and website is being used to encourage people accessing the service, and awareness raising is also being done via housing tenants newsletters.

Cornwall Council Public Health is currently exploring how collaborative work with GP practices can help increase capacity within the programme.

**PHOF outlier/What is the issue?**

Isles of Scilly has an accumulative (2013 – 2018) percentage of eligible population aged 40-74 who received an NHS Health Check higher than the national average.

**What we are doing…**

The high uptake rate on the Isles of Scilly is thought to be reflective of the characteristics of a small Island community.
PHOF outlier/What is the issue?
Cornwall has a lower cumulative (2013–2018) percentage of eligible population aged 40-74 who received an NHS Health Check compared to the national average.

What we are doing...
Surgeries are being encouraged to deliver more Health Checks and understand their eligible population size. Providers of Health Checks are being expanded to offer more equitable cover (more outreach workers, Pharmacy providers), and there is mapping of Health Check availability via the council website.

Health Protection
PHOF outlier/What is the issue?
Cornwall and the Isles of Scilly has a lower percentage of girls aged 12-13 who have received all 3 doses of the HPV vaccine.

What we are doing...
This a service commissioned by NHS England.
We are continuing to press the case for a school based programme that has been shown to be more successful than a GP based programme as delivered in other areas.

PHOF outlier/What is the issue?
Cornwall and the Isles of Scilly has a lower percentage of eligible adults aged 65+ who have received the PPV vaccine.

What we are doing...
Coverage of all immunisations is reviewed regularly by the Locality Immunisation Group and actions agreed by partners to target pockets of low uptake. There is currently a national discussion within the Joint Committee for Vaccination and Immunisation about the future policy for PPV programme.

PHOF outlier/What is the issue?
Cornwall and the Isles of Scilly has a lower percentage of eligible adults aged 65+ who have received the flu vaccine.

What we are doing...
Cornwall Council Public Health are continuing to promote uptake of flu vaccine in this priority group.

PHOF outlier/What is the issue?
Cornwall and the Isles of Scilly has a lower percentage of flu vaccination coverage (at risk individuals aged 6 months to under 65 years, excluding pregnant women).

What we are doing...
Work to improve flu uptake has been going for the 2015/16 flu programme. This has included the development of a comprehensive joint flu immunisation plan that is part of the wider Winter Resilience Plan. This brings the work of all the key partners together and is supported by a joint communications strategy. Key developments for this year has been the introduction of a national pharmacy flu immunisation scheme to improve access to those with high risk conditions between 18 and 65 years old. Initial feedback from the 2015/16 programme suggests this is going well.

The Screening and Immunisation Team has been working with Maternity providers to increase knowledge and awareness of midwives of the importance of flu immunisation in pregnancy and of the need to refer women to general practice in a timely way. The Screening and Immunisation Team is also exploring possible options for a midwife led immunisation scheme to improve access.
Sexual Health

PHOF outlier/What is the issue?
Cornwall and the Isles of Scilly’s rate of chlamydia detection for 15-24 year olds is lower than the national average.

What we are doing...
Working towards a chlamydia detection rate of at least 2,300 per 100,000 population among 15 to 24 year olds by promoting chlamydia screening in a variety of community settings including primary care and sexual and reproductive health services.

Improving the communications partnership across local authority and provider services promoting access to sexual health services and emphasising the need for repeat screening annually and on change of sexual partner, as well as the need for re-testing after a positive diagnosis within three months of initial diagnosis.

Ensuring treatment and partner notification standards are met through our commissioning activity.

A chlamydia screening action plan is in place that is being supported and monitored by the Sexual Health Partnership Group.

PHOF outlier/What is the issue?
Cornwall and the Isles of Scilly has a higher percentage of adults newly diagnosed with HIV (with a CD4 count <350 cells per mm³).

What we are doing...
A HIV Testing Strategy is included as part of the wider Sexual Health Strategy.

The Sexual Health Partnership Group reviews the reporting mechanisms across primary and secondary care for incidence of late diagnosis to ensure lessons learned from previous late diagnoses are applied to practice.

Cornwall and the Isles of Scilly are undertaking a HIV self-sampling pilot as part of a national programme which will be monitored by the Sexual Health Board.

There is targeted work of those most at risk of acquiring HIV infection, as well as HIV awareness work in schools and in primary and secondary care.

Suicide rate

PHOF outlier/What is the issue?
Cornwall has a higher mortality rate than the national average from suicide and injury of undetermined intent for both males and females.

What we are doing...
Partnership work to tackle a wide range of risk factors which can include mental and physical health problems, loneliness, debt, criminal offending, relationship breakdown, bereavement and insensitive media reporting.

Our strategy emphasises the need to tackle stigma and encourage people to seek help, particularly for men who may be reluctant to disclose when they are struggling to cope.
Future priorities

1. Every year the annual report demonstrates the value of public health intelligence. We must continue to develop this shared understanding of the evidence and commit to resourcing a robust intelligence function for Cornwall and the Isles of Scilly.

2. Use this understanding of the health of the population as a basis for developing a public sector commitment to addressing the challenges.

3. Education, employment, planning, transport, housing, leisure, social care are all interlinked and have an impact on physical and mental health. All local organisations and services need to work together to understand the contribution they make to health and wellbeing and how collectively we can work to improve outcomes for the local population.

4. Build relationships to harness the power of the community to address public health challenges.

5. Use the opportunities in all aspects of the Cornwall Deal to improve the public’s health and reduce health inequalities.
## Vital statistics

### Table 1: Cornwall & Isles of Scilly Total Resident population by five year age bands

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<th>All persons</th>
<th>Population (000s)</th>
<th>%</th>
<th>Cumulative %</th>
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<td>20 - 24</td>
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<td>60 - 64</td>
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<td>85 - 89</td>
<td>10,627</td>
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<td>90 and over</td>
<td>6,272</td>
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<tr>
<td>All ages</td>
<td>547,615</td>
<td>100%</td>
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</table>

### Table 2: England Total Resident population by five year age bands

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<th>All persons</th>
<th>Population (000s)</th>
<th>%</th>
<th>Cumulative %</th>
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<td>3,430,957</td>
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<td>5 - 9</td>
<td>3,272,365</td>
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<td>10 - 14</td>
<td>2,973,055</td>
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<td>15 - 19</td>
<td>3,230,954</td>
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<td>20 - 24</td>
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<td>30 - 34</td>
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<td>1,784,958</td>
<td>3.3%</td>
<td>95.2%</td>
</tr>
<tr>
<td>80 - 84</td>
<td>1,314,361</td>
<td>2.4%</td>
<td>97.7%</td>
</tr>
<tr>
<td>85 - 89</td>
<td>805,111</td>
<td>1.5%</td>
<td>99.1%</td>
</tr>
<tr>
<td>90 and over</td>
<td>470,405</td>
<td>0.9%</td>
<td>100.0%</td>
</tr>
<tr>
<td>All ages</td>
<td>54,316,618</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 3: Cornwall & Isles of Scilly Male Resident population by five year age bands
Mid 2014 Population Estimates

<table>
<thead>
<tr>
<th>Age group</th>
<th>Population (000s)</th>
<th>%</th>
<th>Cumulative %</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 4</td>
<td>15,013</td>
<td>5.6%</td>
<td>5.6%</td>
</tr>
<tr>
<td>5 - 9</td>
<td>14,728</td>
<td>5.5%</td>
<td>11.2%</td>
</tr>
<tr>
<td>10 - 14</td>
<td>14,468</td>
<td>5.4%</td>
<td>16.6%</td>
</tr>
<tr>
<td>15 - 19</td>
<td>16,362</td>
<td>6.2%</td>
<td>22.8%</td>
</tr>
<tr>
<td>20 - 24</td>
<td>15,342</td>
<td>5.8%</td>
<td>28.6%</td>
</tr>
<tr>
<td>25 - 29</td>
<td>13,635</td>
<td>5.1%</td>
<td>33.7%</td>
</tr>
<tr>
<td>30 - 34</td>
<td>13,561</td>
<td>5.1%</td>
<td>38.8%</td>
</tr>
<tr>
<td>35 - 39</td>
<td>13,354</td>
<td>5.0%</td>
<td>43.8%</td>
</tr>
<tr>
<td>40 - 44</td>
<td>16,366</td>
<td>6.2%</td>
<td>50.0%</td>
</tr>
<tr>
<td>45 - 49</td>
<td>18,751</td>
<td>7.1%</td>
<td>57.0%</td>
</tr>
<tr>
<td>50 - 54</td>
<td>19,021</td>
<td>7.2%</td>
<td>64.2%</td>
</tr>
<tr>
<td>55 - 59</td>
<td>17,837</td>
<td>6.7%</td>
<td>70.9%</td>
</tr>
<tr>
<td>60 - 64</td>
<td>18,028</td>
<td>6.8%</td>
<td>77.7%</td>
</tr>
<tr>
<td>65 - 69</td>
<td>20,776</td>
<td>7.8%</td>
<td>85.5%</td>
</tr>
<tr>
<td>70 - 74</td>
<td>14,590</td>
<td>5.5%</td>
<td>91.0%</td>
</tr>
<tr>
<td>75 - 79</td>
<td>10,825</td>
<td>4.1%</td>
<td>95.0%</td>
</tr>
<tr>
<td>80 - 84</td>
<td>7,375</td>
<td>2.8%</td>
<td>97.8%</td>
</tr>
<tr>
<td>85 - 89</td>
<td>4,053</td>
<td>1.5%</td>
<td>99.3%</td>
</tr>
<tr>
<td>90 and over</td>
<td>1,781</td>
<td>0.7%</td>
<td>100.0%</td>
</tr>
<tr>
<td>All ages</td>
<td>265,866</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

Table 4: Cornwall & Isles of Scilly Female Resident population by five year age bands
Mid 2014 Population Estimates

<table>
<thead>
<tr>
<th>Age group</th>
<th>Population (000s)</th>
<th>%</th>
<th>Cumulative %</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 4</td>
<td>14,246</td>
<td>5.1%</td>
<td>5.1%</td>
</tr>
<tr>
<td>5 - 9</td>
<td>13,994</td>
<td>5.0%</td>
<td>10.0%</td>
</tr>
<tr>
<td>10 - 14</td>
<td>13,716</td>
<td>4.9%</td>
<td>14.9%</td>
</tr>
<tr>
<td>15 - 19</td>
<td>15,400</td>
<td>5.5%</td>
<td>20.4%</td>
</tr>
<tr>
<td>20 - 24</td>
<td>14,638</td>
<td>5.2%</td>
<td>25.6%</td>
</tr>
<tr>
<td>25 - 29</td>
<td>13,383</td>
<td>4.7%</td>
<td>30.3%</td>
</tr>
<tr>
<td>30 - 34</td>
<td>14,136</td>
<td>5.0%</td>
<td>35.3%</td>
</tr>
<tr>
<td>35 - 39</td>
<td>14,301</td>
<td>5.1%</td>
<td>40.4%</td>
</tr>
<tr>
<td>40 - 44</td>
<td>18,237</td>
<td>6.5%</td>
<td>46.9%</td>
</tr>
<tr>
<td>45 - 49</td>
<td>20,396</td>
<td>7.2%</td>
<td>54.1%</td>
</tr>
<tr>
<td>50 - 54</td>
<td>20,083</td>
<td>7.1%</td>
<td>61.2%</td>
</tr>
<tr>
<td>55 - 59</td>
<td>19,309</td>
<td>6.9%</td>
<td>68.1%</td>
</tr>
<tr>
<td>60 - 64</td>
<td>19,639</td>
<td>7.0%</td>
<td>75.1%</td>
</tr>
<tr>
<td>65 - 69</td>
<td>21,822</td>
<td>7.7%</td>
<td>82.8%</td>
</tr>
<tr>
<td>70 - 74</td>
<td>15,643</td>
<td>5.6%</td>
<td>88.4%</td>
</tr>
<tr>
<td>75 - 79</td>
<td>12,259</td>
<td>4.4%</td>
<td>92.7%</td>
</tr>
<tr>
<td>80 - 84</td>
<td>9,482</td>
<td>3.4%</td>
<td>96.1%</td>
</tr>
<tr>
<td>85 - 89</td>
<td>6,574</td>
<td>2.3%</td>
<td>98.4%</td>
</tr>
<tr>
<td>90 and over</td>
<td>4,491</td>
<td>1.6%</td>
<td>100.0%</td>
</tr>
<tr>
<td>All ages</td>
<td>281,749</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>
### Table 5: Under 18 conceptions (numbers and rates)\(^1\) 2000-2013\(^2\)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Area of usual residence(^3)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cornwall UA and Isles of Scilly UA</td>
<td>199</td>
<td>21.3</td>
<td>242</td>
<td>26.1</td>
<td>279</td>
<td>30.3</td>
<td>309</td>
</tr>
<tr>
<td>England</td>
<td>22,830</td>
<td>24.3</td>
<td>26,157</td>
<td>27.7</td>
<td>29,166</td>
<td>30.7</td>
<td>32,552</td>
</tr>
<tr>
<td>South West</td>
<td>1,948</td>
<td>21.2</td>
<td>2,292</td>
<td>24.8</td>
<td>2,552</td>
<td>27.3</td>
<td>2,813</td>
</tr>
</tbody>
</table>

**Notes:**
To preserve confidentiality, counts for Isles of Scilly UA have been combined with those for Cornwall UA respectively.

1 Rates are per 1000 female population aged 15–17.
2 Numbers and rates of conceptions are given by mother’s usual area of residence based on boundaries in place during the data year. The postcode of the woman’s address at the time of the maternity or abortion was used to determine the health authority she was living in at the time of the conception. Direct comparisons with conceptions data by area published in previous years are not always possible because of boundary changes. Conception rates for 2002 to 2010 at national level have been recalculated using mid-year population estimates based on the 2011 Census and therefore may differ from previously published figures.
3 Following the publication of 2011 Census figures, local authority conception statistics for 2011 are now only available on the current local authority boundaries (those in force from 1 April 2009 when new Unitary Authorities were formed). These 2011 statistics are no longer available for the former local authority districts abolished in 2009.
   Mid-year population estimates (MYEs) for 2011 are also not available for the former local authority districts abolished in 2009.
   The publication of 2011 conception statistics and MYEs for current local authorities only is consistent with the way in which 2011 Census statistics for local authorities are being published. Source: Office for National Statistics Cornwall UA and Isles of Scilly UA England South West.
Table 6: Trend in under 18 conceptions (numbers and rates) 1998-2013

![Graph showing trend in under 18 conceptions (numbers and rates) 1998-2013]

**Key**
- Cornwall UA and Isles of Scilly UA
- England
- South West

Table 7: Under 18 conception outcome, 2007-2013

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Area of usual residence</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cornwall UA and Isles of Scilly UA</td>
<td>11.0</td>
<td>10.3</td>
<td>14.4</td>
<td>11.6</td>
<td>16.7</td>
<td>13.6</td>
<td>18.4</td>
</tr>
<tr>
<td>England</td>
<td>11.9</td>
<td>12.4</td>
<td>14.1</td>
<td>13.6</td>
<td>15.6</td>
<td>15.1</td>
<td>17.0</td>
</tr>
<tr>
<td>South West</td>
<td>10.5</td>
<td>10.7</td>
<td>12.7</td>
<td>12.1</td>
<td>14.2</td>
<td>13.1</td>
<td>15.0</td>
</tr>
</tbody>
</table>
Table 8: Deaths (numbers): area of usual residence, by age and sex, 2013 registrations, England and Wales

<table>
<thead>
<tr>
<th>Age</th>
<th>Cornwall and the Isles of Scilly</th>
<th>South West</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>Females</td>
<td>Males</td>
</tr>
<tr>
<td>All Ages</td>
<td>2,888</td>
<td>3,182</td>
<td>26,083</td>
</tr>
<tr>
<td>Under 1</td>
<td>20</td>
<td>6</td>
<td>132</td>
</tr>
<tr>
<td>1-4</td>
<td>1</td>
<td>0</td>
<td>22</td>
</tr>
<tr>
<td>5-14</td>
<td>4</td>
<td>2</td>
<td>23</td>
</tr>
<tr>
<td>15-24</td>
<td>10</td>
<td>7</td>
<td>141</td>
</tr>
<tr>
<td>25-34</td>
<td>17</td>
<td>10</td>
<td>227</td>
</tr>
<tr>
<td>35-44</td>
<td>48</td>
<td>29</td>
<td>459</td>
</tr>
<tr>
<td>45-54</td>
<td>103</td>
<td>68</td>
<td>1,060</td>
</tr>
<tr>
<td>55-64</td>
<td>250</td>
<td>172</td>
<td>2,252</td>
</tr>
<tr>
<td>65-74</td>
<td>594</td>
<td>410</td>
<td>4,794</td>
</tr>
<tr>
<td>75-84</td>
<td>939</td>
<td>815</td>
<td>8,197</td>
</tr>
<tr>
<td>85+</td>
<td>902</td>
<td>1,663</td>
<td>8,776</td>
</tr>
</tbody>
</table>

1 Age-standardised mortality rates are standardised to the 1976 European Standard Population, expressed per 100,000 population, they allow comparisons between populations with different age structures, including between males and females and over time. Age-standardised mortality rates (ASMRs) for Scotland and Northern Ireland will differ from those published by National Records of Scotland and Northern Ireland Statistics and Research Agency as their published ASMRs are based on only population data. ASMRs published here use live births instead of the population age under 1.

Table 9: Deaths (numbers and rates) by area of usual residence (administrative areas), 2013 registrations, United Kingdom and constituent countries

<table>
<thead>
<tr>
<th>Area of usual residence</th>
<th>Death rates by area of usual residence (administrative areas), 2013 registrations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Age standardised mortality rate&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>Persons</td>
</tr>
<tr>
<td>England</td>
<td>979.2</td>
</tr>
<tr>
<td>South West</td>
<td>930.7</td>
</tr>
<tr>
<td>Cornwall UA and Isles of Scilly UA</td>
<td>969.8</td>
</tr>
</tbody>
</table>

<sup>1</sup> Age-standardised mortality rates are standardised to the 1976 European Standard Population, expressed per 100,000 population, they allow comparisons between populations with different age structures, including between males and females and over time. Age-standardised mortality rates (ASMRs) for Scotland and Northern Ireland will differ from those published by National Records of Scotland and Northern Ireland Statistics and Research Agency as their published ASMRs are based on only population data. ASMRs published here use live births instead of the population age under 1.
References


17. This model is an adaption of ‘Live Well, San Diego’ which is a comprehensive ten year public health initiative involving community partnerships to address the root causes of illness and rising healthcare and social care costs.


Glossary

The following section lists terms and acronyms used within this report.

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASIST</td>
<td>Applied Suicide Intervention Skills Training</td>
</tr>
<tr>
<td>BMI</td>
<td>Body Mass Index is a measure of body fat based on height and weight</td>
</tr>
<tr>
<td>BMJ</td>
<td>The British Medical Journal</td>
</tr>
<tr>
<td>CAMHS</td>
<td>Child and Adolescent Mental Health Service</td>
</tr>
<tr>
<td>CMO</td>
<td>Chief Medical Officer</td>
</tr>
<tr>
<td>DAAT</td>
<td>Drug and Alcohol Action Team</td>
</tr>
<tr>
<td>DCLG</td>
<td>Department for Communities and Local Government</td>
</tr>
<tr>
<td>DECC</td>
<td>Department of Energy &amp; Climate Change</td>
</tr>
<tr>
<td>DH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>GU</td>
<td>Genitourinary Medicine</td>
</tr>
<tr>
<td>Health Checks</td>
<td>NHS Health Checks Programme offered to 40-74 year olds</td>
</tr>
<tr>
<td>HPV vaccine</td>
<td>Human papilloma virus vaccine</td>
</tr>
<tr>
<td>HSCIC</td>
<td>Health &amp; Social Care Information Centre</td>
</tr>
<tr>
<td>KCCG</td>
<td>Kernow Clinical Commissioning Group</td>
</tr>
<tr>
<td>LGA</td>
<td>Local Government Association</td>
</tr>
<tr>
<td>NHS</td>
<td>National Health Service</td>
</tr>
<tr>
<td>NICE</td>
<td>The National Institute for Health and Care Excellence</td>
</tr>
<tr>
<td>NOMIS</td>
<td>Nomis is a service provided by the Office for National Statistics to give official labour market statistics</td>
</tr>
<tr>
<td>ONS</td>
<td>Office for National Statistics</td>
</tr>
<tr>
<td>PHE</td>
<td>Public Health England</td>
</tr>
<tr>
<td>PHIL</td>
<td>Promoting Health Information Line</td>
</tr>
<tr>
<td>PHOF</td>
<td>Public Health Outcome Framework</td>
</tr>
<tr>
<td>PPV</td>
<td>Pneumococcal polysaccharide vaccine</td>
</tr>
<tr>
<td>QR code</td>
<td>Quick Response code is a barcode that can be read using smartphones and dedicated QR reading devices that can link directly to websites</td>
</tr>
<tr>
<td>ROI</td>
<td>Return On Investment</td>
</tr>
<tr>
<td>SHEU</td>
<td>The Schools and Students Health Education Unit</td>
</tr>
<tr>
<td>SROI</td>
<td>Social Return On Investment</td>
</tr>
<tr>
<td>STIs</td>
<td>Sexually Transmitted Infections</td>
</tr>
<tr>
<td>STOPS</td>
<td>Smoking Training Of Peer Supporters</td>
</tr>
<tr>
<td>VSF Cornwall</td>
<td>Voluntary Sector Forum Cornwall</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
</tr>
</tbody>
</table>
More information

Public Health Desk, 1E, Cornwall Council, County Hall, Treyew Road, Truro TR1 3AY
Telephone: 01872 323583
Email: phdesk@cornwall.gov.uk
www.cornwall.gov.uk

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e-mail: enquiries@cornwall.gov.uk
www.cornwall.gov.uk