

Wellbeing
&
Public Health
Service Plan 2017/18



Introduction

Dr Caroline Court, Interim Director of Public Health

Local authorities have specific public health responsibilities under the Health and Social Care Act 2012. However many functions of local authorities, including housing, transport, environment, and economic development, have an impact on the public's health .

In the Cornwall Council Business Plan 17/18, there are public health indicators in 3 of the council's 8 strategy themes

Partners working together

We aim to reduce the number of 10-11 year olds classified as overweight or obese to 31.5%

Healthier and safer communities

To increase healthy life expectancy for men and women from 63.2 and 65.7 years of age respectively

Greater access to essentials for living

A good level of development at Early Years Foundation Stage (joint responsibility with the Education and Early Years Service)

Public health priorities also contribute to other strategy themes

- **In the Ambitious Cornwall theme there are public health proposals to use devolution as a means to improve health for example in tackling fuel poverty.**
- **Within Engaging Our Communities we aim to empower local people, town and parish councils to improve health via the physical activity strategy and social prescribing.**
- **Improving the wellbeing and productivity of the workforce through the workplace health programme will assist with Driving the Economy**

Public Health also has significant role in the NHS Sustainability and Transformation Plan (STP) now known as Shaping Our Future. We are leading on the prevention theme and contributing to other clinical themes in order to improve the health of the people of Cornwall and reduce the need for health and care services.

How the service is structured

Wellbeing & Public Health

Our role is to improve health and reduce inequality. We achieve this through a range of universal and targeted interventions and services and also by influencing others. We produce an independent annual report on the health of the population and we are responsible for the co-ordination of the Joint Strategic Needs Assessment (JSNA) for Cornwall.

The JSNA informs how the Council, the NHS and others target interventions and services to improve health. Our work is integral to ensuring that a strategic approach for meeting people's needs and the promotion of health and wellbeing is prioritised and embedded by all across Cornwall. Given that our work is so fundamental to the Council's ambition to create a sustainable Cornwall, we are a cross-cutting service which reports directly to the Chief Executive.

We are led by the Director of Public Health, a statutory post accountable to the Council and Secretary of State for Health.

Director of Public Health Dr Caroline Court

Public Health	Health Promotion Services	Cornwall Sports Partnership
We commission a range of services which include the NHS Health Check Programme, National Child Measurement Programme, Sexual Health Services and public health nursing. We provide public health advice to the NHS and we work with Public Health England and other local services to protect the health of the population from infectious diseases and environmental hazards	We support and encourage good health promotion practice across Cornwall and the Isles of Scilly. Our objectives are to create the foundation on which agents and agencies of health promotion may address opportunities for health promotion. We provide consultancy, advice and guidance, promoting the provision of a diverse range of training opportunities. Through multi agency partnerships we pursue strategies which promote health. Our work is targeted towards improving the health of the worst off in society.	We are an affiliation of organisations that joined forces to make sport and physical activity a part of everyday life in Cornwall. Our wealth of joint experience includes: health, education, local government, National Governing Bodies of Sport (NGBs), police and the economy. The main funding for this team - one of 49 county sports partnerships across England - comes from Sport England, hosted by Cornwall Council.

Our Resources

Public Health is funded by a ring fenced grant that is set by Central Government. Total grant for the financial year 2017 /18 is set at £26,133,000. The major areas of spend are

Health visiting	£8,154,000
Drug and Alcohol Action Team	£6,756,000
Sexual health	£4,522,000
Health Promotion Service	£2,339,000
School nursing	£1,792,000

Cornwall Sports Partnership is funded through grants from external organisations including Sport England

Cornwall Sports Partnership	£750,000
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Current Service Position

The Public Health Service supports the Council to deliver the responsibilities delegated to it in the Health and Social Care Act 2012:

- **To improve the health and wellbeing of the local population**
- **Reduce health inequalities across the life course, including within hard to reach groups**
- **Carry out the health protection and health improvement functions delegated from the Secretary of State**
- **Ensure the provision of population healthcare advice to NHS commissioners – primarily NHS Kernow Clinical Commissioning Group.**

The following functions are mandated* in regulations relating to the Health and Social Care Act and the Council must ensure that they are provided:

- Open access sexual health services (STI treatment and testing and contraception)
- Health check programme
- The local authority role in health protection (screening and immunisation programmes, infection prevention and control, responding to threats to health, e.g. epidemics, pandemics, environmental hazards to health)
- Public health advice to health care commissioners – the 'core offer'
- The National Child Measurement Programme.
- Commissioning the healthy child programme 0-5 (health visiting)

Mandated Services: Profile

Current Position

SEXUAL HEALTH

23% of the population aged 15 to 24 screened for chlamydia
 Source: Sexual and Reproductive Health Profile, Data from 2015

Trend

— Cornwall — England



HEALTH CHECKS

15% of the eligible pop. aged 40-74 received a health check over a 5 year period
 Source: PHOF, 2.22v - 2013/16



HEALTH SCREENING

80% of eligible women were screened for breast cancer in the last 3 years
 Source: PHOF, 2.20i - 2016



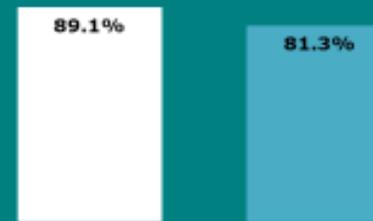
NCMP

27% of children aged 4-5 are classified as overweight or obese
 Source: PHOF, 2.06i - 2015/16



HEALTHY CHILD

89% of children aged 2-2½yrs offered an assessment of developmental progress
 Source: PHOF, 2.05ii - 2015/16



Current Service Position

The Council also has a wide variety of other non-mandated health improvement responsibilities including:

- Providing sexual health promotion services (advice);
- Reducing teenage pregnancy
- Reducing obesity (adults and children);
- Increasing physical activity (adults and children);
- Promoting healthy eating
- Reducing harm from drug and alcohol misuse (adults and young people),
- Reducing the harm from tobacco (including smoking cessation)
- Mental health promotion and suicide prevention
- Oral health promotion
- Maternal health (plus promoting breastfeeding, preventing non genetic birth defects)
- Reducing excess winter deaths
- Reducing health inequalities

Non-mandated Services: Profile

Current Position

Teenage
Pregnancy

18.9

conceptions per 1,000 population (female) under 18.

Source: PHOF, 2.04 - 2014

Adult
Obesity

68%

of the adult population are classified as overweight or obese.

Source: PHOF, 2.12 - 2013/15

Physical
Activity

79%

of adults aged 16+ have taken part in sport and physical activity at least twice in the last 28 days

Source: Active Lives Survey, 2015/16

Healthy
Eating

62%

of adults meet the '5-a-day' portions of fruit and veg on a usual day.

Source: PHOF, 2.06i - 2015/16

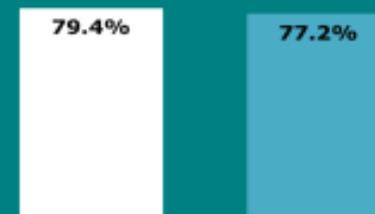
Health
Inequalities

7.7

fewer years of Healthy Life Expectancy for men living in the most deprived areas

Source: PHOF, 0.2vi - 2009-13

Trend



Non-mandated Services: Profile

Current Position

Maternal Health

13%

of women are known to smoke at time of delivery.

Source: Child & Maternal Health Profile, Pregnancy & Birth - 2015/16

Oral Health

78%

of 5 year old children are free of dental decay.

Source: PHOF, 4.02 - 2014/15

Suicide Prevention

15.1

deaths from suicide and injury of undetermined intent per 100,000 population

Source: Suicide Prev. Profile, 2013/15

Winter Deaths

21%

more people die in the winter months compared to non winter months.

Source: PHOF, 4.15iii - 2012/15

Harm from Tobacco

262

deaths attributable to smoking per 100,000 population, aged 35+.

Source: Tobacco Control Profile, 2012-14

Trend



Non-mandated Services: Profile

Current Position

Alcohol Misuse

30%

of alcohol users that left drug treatment successfully do not re-present to treatment within 6 months.

Source: PHOF, 2.15iii - 2015

Drug Misuse

28%

of non-opiate drug users that left treatment successfully do not re-present to treatment within 6 months.

Source: PHOF, 2.15ii - 2015

Mental Health

7.9%

recorded prevalence of depression. % of practice register aged 18+.

Source: Mental Health, Dementia and Neurology Profile, Common Mental Health Disorders, 2015/16

Trend

— Cornwall — England



7.9

8.3

Priorities for 17/18

Priority One : Health Improvement

We will help people to live healthy lifestyles, make healthy choices and reduce health inequalities

Delivery

- We will support people to follow a healthy lifestyle at all stages of their lives by working alongside families, schools, workplaces and health services and by providing guidance, encouragement and support for individuals and families in community settings
- We will provide a first point of contact for health professionals and members of the public to access support, information and referrals on health and lifestyle matters
- We will provide a professional, diverse and flexible training service that is accessible to all, improves population health and upskills vulnerable groups.
- We will implement the first year of the Physical Activity Strategy and work closely with GLL, Cornwall's new leisure provider
- We will deliver the National Child Measurement Programme

How will we know we've been successful?

- Individuals making and sustaining lifestyle changes that will improve their health, such as giving up smoking, reducing harmful drinking and other risk-taking behaviours, achieving a healthy weight or increasing their levels of physical activity.
- Engagement and progression towards award status, of schools with the Healthy Schools programme, and workplaces with the Healthy Workplace programme.
- Reduction in the number of 10-11 year olds that are overweight
- Reduction in absenteeism across companies that take part in the workplace health programme.
- Reduction in the mortality rate from suicide and injury of undetermined intent
- Increased number of interactions with health improvement information provided over social media platforms

Priority Two : Health Protection

We will protect the populations health from major incidents and other threats while reducing health inequalities.

Delivery

- We will collaborate with partners to raise awareness of the importance of antimicrobial resistance.
- We will work with partner organisations to increase uptake of screening and immunisation across the population
- We will monitor outbreaks of infectious diseases and oversee the local response.
- We will commission innovative services for sexually transmitted infection and HIV testing.
- We will ensure the c-card condom distribution service remains accessible to young people.
- We will commission a full range of contraceptive services that are accessible and support women's reproductive choices.

How will we know we've been successful?

- Reduction in the prescription of antibiotics
- Increased uptake of immunisations in the population
- Effective action taken and learning from health protection incidents and emergencies.
- Reduction in HIV late diagnosis.
- Increased diagnosis of chlamydia for 15-24 year olds towards meeting the chlamydia detection rate of 2,300 per 100,000.
- Increase in active c-card users.
- Maintain high rates of Long Acting Reversible Contraception Uptake.

How can you get involved?

www.antibioticguardian.com

Priority Three : Improving the wider determinants of health

We will make and influence improvements against wider factors that affect health & wellbeing and health inequalities

Delivery

- Coordinate the Winter Wellness Partnership
- Work with partners to develop a system wide approach to reducing fuel poverty.
- Work strategic Planning, Housing and Transport to partners to improve health.
- Develop learning from place-based pilots and community based approaches to health and wellbeing, working with Town Council, Localism team and VCS.
- Improve the food environment and access to healthy food, particularly in public sector.
- Support partners to expand employment and skills opportunities for people requiring extra support, such as those with mental health problems and long term conditions.
- Use the Devolution Deal for Cornwall as an opportunity to create healthier environments to live, work and grow up.

How will we know we've been successful?

- Increased numbers of people accessing Winter Wellbeing Advice
- Reduction in the number of households living in fuel poverty
- Reduction in excess winter deaths
- Place based wellbeing interventions established and evaluated
- New opportunities identified under Devolution
- Increase in healthy life expectancy for men and women from 63.2 and 65.7 respectively.
- Reduced gap in the employment rate between those with a long-term health condition and the overall employment rate
- Increase in the availability of healthy food in public and commissioned settings,

Priority Four : Healthcare planning and STP

We will support our health and care partners to focus on prevention and strategically plan services to meet our population's health needs

Delivery

- We will provide population health intelligence, evidence and analysis to support NHS and social care partners and Shaping our Future, the Sustainability & Transformation Plan (STP).
- Influence partners to secure commitment to and delivery of public health and prevention programmes outlined in the STP.
- Maximise the offer of lifestyle advice, identification of risk factors and early detection in all health care pathways.
- Deliver the Diabetes Prevention Programme across Cornwall and Isles of Scilly.
- Support establishment of a self management programme which empowers people to manage conditions and meet their own health and care needs.

How will we know we've been successful?

- Update of the Joint Strategic Needs Assessment (JSNA) and resources
- Production of a full business case for investment in Prevention (STP).
- Increase uptake of Making Every Contact Count (MECC) and brief intervention training.
- Reduction in sickness absence in health and care workforce
- People at risk of diabetes and cardiovascular disease are identified in primary care and referred to lifestyle services.
- People feel confident to manage their conditions and meet their own health and care needs.