Health and Wellbeing Strategy
2013 - 2015

Cornwall Health and Wellbeing Board
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Foreword

Dydh da kowetha
Hello friends

The development of this strategy was led by the Chairman of the Shadow Health and Wellbeing Board, Cllr Carolyn Rule, during which time there was wide consultation with the people of Cornwall. I would like to thank Carolyn for championing this work and I would particularly like to thank those of you who took the time to get involved during its development. I hope you will agree that this is a good start and provides a good foundation for the work of the Health and Wellbeing Board.

As Chairman of the Health and Wellbeing Board for Cornwall, I am committed to reducing inequalities in health and wellbeing across Cornwall. I believe that good health and wellbeing is at the heart of a happy and fulfilling life, but understand that how each person achieves that goal will be different based on their own experience, abilities and resources. We already have many resources and ideas present in our community and an opportunity to build on them. It is the Board’s duty to make sure all of the major agencies put people and patients at the heart of how we do business. We will build on the best evidence and local knowledge to get resources in the right place at the right time. Investing in prevention of ill health, promoting wellbeing and improving services around people’s needs rather than organisations will be a real test for how well we do.

Every action that improves wellbeing is something to be celebrated. A regular chat with a neighbour, open space that families can enjoy or easy access to fresh, local food will all help to build a community that offers something for everyone’s wellbeing. We already have a strong sense of community in Cornwall with real pride in the many local activities and groups that have been built by local people for local people. There is a strong sense of what needs to be done and a determination to see change happen.
We know that there are strong links between poverty, including lack of work, and poor health and wellbeing. We want to connect our ambition of better health and wellbeing to sustainable economic growth for Cornwall that can benefit the whole population.

Health and Wellbeing Boards have been established as part of the NHS reforms and their aim is to work together to improve the health and wellbeing of their local population. One of the responsibilities of the new Health and Wellbeing Boards is to prepare a Joint Health and Wellbeing Strategy. This strategy sets out a framework for achieving our goal of better health, wellbeing and fulfilment across Cornwall with a particular emphasis on those who need support. The Board will strive to seek opportunities to promote better integration of services based around people’s needs, not traditional organisational boundaries.

A number of cross cutting principles have been identified and the Board will continue to look for evidence of these changes in delivery of the strategy:

- Focusing on where we can work together to most improve
- Using evidence to ensure we deliver quality services
- Examine how people’s experience of services can be improved by organisations working better together
- Work with the public to improve health and wellbeing in Cornwall, using their experiences and views together with Healthwatch Cornwall to help shape services
- Providing care tailored to each person and closer to or at home
- Targeting our efforts on the worst off in society and reduce inequalities.

We hope that you will continue to share your experiences with us and that this will be the start of an ongoing dialogue to ensure that we continue to push forward with the right issues for Cornwall.

_Ehaz ha sowena. Health and prosperity_
_Judith Haycock, Chairman, Health and Wellbeing Board_
Where are we starting from and what do we mean by health and wellbeing?

A person’s health and wellbeing is influenced by many things. This includes where you live, your income, education, how you interact with your local community and the lifestyle choices you make. The environment that surrounds you is also very important; for example, access to local transport, where you work and shop and what services are available in your community. Many services are going through a time of change with an emphasis on more efficient and better coordinated support. Making good health and wellbeing an essential part of these changes is a key aim of the Health and Wellbeing Board.

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What is a Health and Wellbeing Strategy?

Health and Wellbeing Boards are responsible for establishing and refreshing a joint strategic needs assessments (JSNA) upon which it must base the development of its Health and Wellbeing Strategy. To avoid duplication, the Board will look to cross reference to other strategies and needs assessments such as the Children’s Plan and the Cornwall and Isles of Scilly Inequalities Strategy, Local Enterprise Partnership Strategy, Safer Cornwall Needs Assessment and Future Cornwall as they already provide a good understanding of the issues, needs and assets relevant to this Strategy.

In assessing needs and priorities, the Health and Wellbeing Board will need to adopt an approach based on results to improve the outcomes that matter most to Cornwall. Through the Health and Wellbeing Strategy, it will set the local priorities for joint action and use information and indicators from the National Outcomes Frameworks for the NHS, adult social care, public health and children. There is a significant opportunity to bring together strategic objectives for the economy, environment and community, building on the many assets in Cornwall, including our education and research establishments and innovation centres.

The Health and Wellbeing Strategy will inform and influence commissioning decisions across local services. It will also influence the commissioning of local services beyond health and care to make a real impact on issues which determine our health and wellbeing such as housing and transport. The strategy sets out a vision for working together to transform and improve health and care and ensure that we all take responsibility to be part of the solution.
Guiding Principles

The Board has considered its role in the changing health and care environment and challenging economic climate and has identified the following principles to conduct its business:

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

The Cornwall Health and Wellbeing Board’s vision for health and wellbeing is:

“Tus yn Kernow a’s tevydh bewnans hirra, lowenna ha yagha, hag y fydh yehes da ha sewena omgemeryans pubonan”

“People in Cornwall will live longer, happier, healthier lives and good health and wellbeing will be everyone’s responsibility.”

The Health and Wellbeing Board has adopted ‘Changing Lives’ principles which have been pioneered by the voluntary sector in Cornwall and are being developed collaboratively with the Council and NHS partners. Changing Lives is aimed at improving the health and wellbeing of the people in Cornwall by creating a culture where communities take control and responsibility. It encourages a shift from dealing with problems to preventing them from happening and aims to help to reduce health inequalities, tackling factors which disadvantage people and bringing communities together. It requires a culture change in how services are designed and delivered and a shared commitment by organisations to make this happen.

Cornwall is well placed to use its wealth of assets to help improve health and wellbeing. People really value the natural environment and our culture is one that is built on a strong sense of place and community. However, the economy still needs to grow to reduce levels of deprivation and provide more opportunities for better paid jobs.

There are many examples of positive networks and relationships in Cornwall but it is essential that we continue to encourage the development of vibrant communities by working together in a coordinated way. The Health and Wellbeing Board recognises that it needs to work hard to ensure people are not lonely and isolated. The rurality
and dispersed settlement pattern of our communities can compound isolation and it is important to be clear about the areas where this could potentially be more of a challenge.

Many factors in our environment contribute to a good quality of life, including employment and the economy, education, arts and culture, transport, health, energy, waste, housing and the natural environment. Ensuring that all these aspects are considered alongside each other, such as through good land-use planning, can have a positive impact on shaping our physical, mental, social and environmental wellbeing. This is particularly important for people affected by poverty, unemployment, low status or disability.

The Board is committed to working with partners through the Local Enterprise Partnership and Local Nature Partnership to create a sustainable environment which fosters:

- A sense of wellbeing and community
- Personal fulfillment
- Good health
- Sustainable economic development

This approach will generate a host of new business opportunities including technologies associated with innovative approaches to healthcare, such as telehealth, telecare and other sustainable health care systems as well as a wide range of activities within the environment and human health service sector, higher education and research. It will allow us to capture the benefits of better health and a better environment.
The health of people in Cornwall is generally better than the England average.

Deprivation is lower than average, however almost 20,000 children live in poverty.

Life expectancy for both men and women is higher than the England average. However, life expectancy is 5.9 years lower for men and 5.2 years lower for women in the most deprived areas of Cornwall compared to the most affluent areas.

Only 13% of adults in Cornwall achieve the recommended level of physical activity.

Only 3 in 10 adults eat the recommended 5 portions of fruit and vegetables a day.

1 in 3 children leaving primary school are overweight or obese. There are an estimated 16,000 children who are obese in Cornwall (age 0-16).

A higher percentage of pupils than the national average spend at least three hours each week on school sport.
Cornwall has the highest volunteering rates in the country (about one in three people).

40,000

40,000 people are out of work, of which some 23,000 receive health related benefits.

Around 25% of homes are in fuel poverty, with some localised rates near 50%.

12,687

12,687 hospital admissions in Cornwall & Isles of Scilly in 2010/11 could be attributed to alcohol.

23% of the population of Cornwall are estimated to drink at a level that puts their health at risk, of whom 4.4% (19,500 people) are causing themselves actual harm.

Household incomes in Cornwall are lower than the South West and UK average.

On average, one in four people will have mental health problems at some point in their lives.

Around 350 more people die during winter than at other times of the year. Some 500 households are homeless & 20,000 are seeking homes.

There are over 1,000 smoking related deaths per year in the under 75 population in Cornwall.

An estimated 21% of adults smoke and an estimated 16% mothers smoke during pregnancy.
Costs

There are many costs that public services and local community have to bear that could be reduced by prevention and early intervention. For example:

- The cost of health inequalities in Cornwall is rising, costing the local economy £610 million a year.

- Domestic abuse and sexual violence cost NHS, Police and Cornwall Council approximately £80 million a year.

- The estimated cost to the NHS of obesity related conditions locally will rise to about £161 million by 2015.

- Winter and Cold Weather costs NHS £8.5m locally.

The foundation of the strategy is the Joint Strategic Needs Assessment, a well developed collection of information and analysis on the current state of health and wellbeing in our local population and key areas where action is needed. The information can be found on: 
http://www.cornwall.gov.uk/jsna
Outcome 1:

Helping People to Live Longer, Happier and Healthier Lives

We want to increase healthy life expectancy in Cornwall. This includes the many factors that contribute to this throughout the stages of our lives. We want to tackle the factors that reduce healthy life expectancy, such as alcohol misuse and smoking, whilst promoting healthy lifestyles and choices, such as physical activity. Priority issues identified under this outcome are based on the factors that currently have a significant impact on life expectancy.

The focus of this outcome is on Healthy Lifestyles, both universally for all the population of Cornwall and by targeting and helping individuals and communities most in need of additional support.

Healthy Weights and Diet - Capitalising on Local Food Economy

A healthy weight is about much more than an individual’s weight or body shape. It can so often be an essential foundation for physical, emotional and social wellbeing. Lowering the risk of illness like heart disease, diabetes or stroke, protecting and enjoying our natural environment and developing a new generation of more mobile, confident children and families are just some of the potential benefits of striking a healthy balance between the food we eat and the activity we undertake.

We know there are many complex factors that can influence weight based on personal, social and environmental circumstances. This means there are many local opportunities to provide practical support and encourage people to adopt healthier behaviours. It is also essential that we tackle health inequalities and target support where it is needed most.

Why this is an issue

- Being a healthy weight is associated with higher academic performance, more productivity and other economic gains. Being a healthy weight can protect from a range of cancers as well as joint problems, heart disease and diabetes.
- The physical environment of our communities can be described as ‘obesogenic’ where the norm is sedentary behaviour with high car use and calorie dense foods are readily available.
Competitive markets coupled with technological change have led to the production of growing volumes of processed foods and ready meals, many of which tend to be high in fat, sugar and salt. These trends have contributed to our diet containing too much saturated and trans fat, added sugar and salt, and not enough fruit and vegetables.

Poor nutrition and hydration in older people is a contributing factor in unnecessary admissions to hospital, which can result in the need for longer term community and residential care.

Working with Partners - What we plan to do

- All partners to contribute fully to the current Cornwall Healthy Weight Strategy and the development of a new strategy from 2013.
- Planning, transport, housing, procurement, environmental and health and social care systems to be developed collaboratively and policies designed to increase healthy, active lifestyles and reduce inequalities.
- Improve infant feeding including increasing the rates of initiation and continuation of breastfeeding and supporting healthy weaning and early years nutrition.
- Deliver and continue to strengthen the Healthy Schools and Healthy Schools Plus programmes.
- Work with local retailers, growers, caterers and distributors to improve access to healthy food.
- All partners to contribute necessary resources to deliver all tiers of the healthy weight pathway for children and adults.
- Make better use of local food production where there is good access to local and healthy food for all the population and support our own local economy, jobs and environment, with common links to the Local Enterprise Partnership (LEP) Strategy.

Active People and Environments

Whatever our age, there is good scientific evidence that being physically active can help us lead healthier and even happier lives. We also know that inactivity is a silent killer. Increasing physical activity has the potential to improve the physical and mental health of everyone in Cornwall, reduce all-cause mortality and improve life expectancy. These benefits can deliver cost savings for health and social care services. However, the benefits of physical activity extend further to improved productivity in the workplace, reduced congestion and pollution through active travel, and healthy development of children and young people.

Why this is an issue

- Regular physical activity can reduce the risk of many chronic conditions by up to 50%, including coronary heart disease, stroke, type 2 diabetes, cancer, obesity, mental health problems and musculoskeletal conditions. The biggest gains are likely to be made in those who are least active.
• Physical activity has a range of wellbeing benefits including the managing of stress, reducing the risk of depression and anxiety.

• Growing medical evidence shows that access to the natural environment improves health and wellbeing, prevents disease and helps people recover from illness.

**Working with Partners - What we plan to do:**

• Significantly increase the number of people in Cornwall taking the recommended level of sport and physical activity. Defined as at least 150 minutes of moderate intensity activity over a week, as per the Chief Medical Officer’s recommended levels and types of activity for each stage of the life course.

• Fully implement Cornwall’s Healthy Weight Strategy to halt the rise of obesity in Cornwall and develop a Physical Activity Plan across the life stages recognising the contribution of schools, workplaces, leisure and sports facilities and clubs.

• Map and co-ordinate the provision of leisure and recreation facilities, green spaces and active travel routes across the county.

• Improve and integrate a system for active transport – walking and cycling – including safe cycle routes to schools and work places.

• Ensure better co-ordination between sectors such as spatial planning, transport, health, housing and their policies that play a major role in shaping an individual’s physical, mental, social and environmental well-being.

• Increase awareness of the link between alcohol and sexual health, with risk-taking behaviour resulting in increased rates of sexually transmitted infections (STI’s).
Alcohol and Substance Misuse and Domestic Abuse

Alcohol and substance misuse is a major public health concern which kills thousands of people every year and causes a multitude of physical, behavioural and mental health problems. It can lead to both domestic abuse and sexual violence. Cornwall has developed a range of strategies to tackle these issues that recognise the interconnected relationship between alcohol and substance misuse, physical and mental health problems.

Why this is an issue:

- ‘Binge drinking’ can cause alcohol poisoning and can increase risk-taking behaviour, leading to injury by accidents or violence.
- There is a link between alcohol and sexual health, with risk-taking behaviour resulting in increased rates of sexually transmitted infections (STI’s).
- Long term alcohol misuse can lead to a range of health problems including cancers, liver cirrhosis, high blood pressure and premature death.
- Alcohol-related hospital admissions are rising, in line with the national average; admission rates for young people are higher than in most other areas.
- Cornwall has a higher proportion of people out of work who are claiming benefits due to alcohol issues than most other areas.
- Domestic abuse can be long-lasting, affecting the physical, emotional and psychological well-being of victims, perpetrator and their children.
- Drug use is related to a host of educational, health, crime and disorder and social problems. A third of the adult treatment (drug or alcohol) population have parental responsibility for a child.

What we plan to do:

- Fully support and implement Cornwall’s Alcohol, Drugs, Domestic Abuse and Sexual Violence Strategies.
- Work effectively in partnerships to reduce the impact of alcohol and substance misuse, domestic abuse and mental health on the community.
- Provide information, advice and guidance to enable people to make informed choices about alcohol consumption and substance abuse.
- Reduce the rate of alcohol admissions to hospital and improve services to reduce the harm caused by alcohol.
- Reduce the incidences of domestic abuse.
- Reduce the number of young people (under 18) who are drinking to excess and indulging in alcohol related risk taking behaviour.
- Promote and support the use of evidence based interventions such as a minimum pricing policy per unit of alcohol.
- To reduce the harm that illegal drug use causes to individuals, families and communities and promote recovery.
Smoke Free Communities

Despite the introduction of tobacco control policies, tobacco continues to cause over 1,000 deaths per year in Cornwall alone. Smokers and non-smokers, adults and children, all suffer from the burden of tobacco smoke. Some groups suffer more than others and the higher rates of smoking among lower socio economic groups increase health inequalities. It is not just a matter of choice – it is hard for smokers to quit because nicotine is very addictive. There is much more to be done to reduce the harm caused by smoking to smokers and those around them.

Why this is an issue:

- Smoking is the greatest preventable cause of death and disease locally. People are more likely to smoke if they live in an area that is classed as deprived.
- Second hand smoke (passive smoking) increases risk of lung cancer, coronary heart disease and reduced lung function. Children are particularly vulnerable.
- One third of all cancer deaths are attributable to smoking.
- Smoking during pregnancy is known to cause low birth weight, diabetes, stillbirth and infant mortality.

Working with Partners - What we plan to do:

- Continue to provide support for those who wish to stop smoking, and help those who cannot quit.
- Decrease the number of young people who take up smoking.
- Ensure use of brief interventions by health care staff to signpost smokers to support to quit.
- Champion a Tobacco Control Strategy for Cornwall and the Isles of Scilly and ensure smoking legislation is enforced.
- Work together to tackle the supply of cheap, smuggled tobacco.
- Protect children from tobacco marketing, supporting plain packaging and taking tobacco out of sight at point of sale.
- Provide information on the need to protect children from second hand smoke at home and in cars.

There are over 1,000 smoking related deaths per year in the under 75 population in Cornwall.

An estimated 21% of adults smoke and an estimated 16% mothers smoke during pregnancy.
Outcome 2:

Improving the Quality of Life

The focus of this outcome is helping people in Cornwall to live healthy lifestyles, make healthy choices and develop local environments that support good health and wellbeing. We want everyone to enjoy the best quality of life, and support people in choices that enhance their health, wellbeing and happiness.

In order to achieve this outcome we would like to improve the mental wellbeing of people who live in our communities. Emphasis will be placed on how people can be better supported to sustain or improve their own mental health and wellbeing as well as improving integrated commissioning and provision of services.

Improved Support for People with Long Term Conditions

By supporting people with their long term conditions, through personal support plans and increasing their capacity to self care, we can help to improve their mental as well as physical wellbeing. Better support for people with dementia and their carers will improve quality of life and reduce dependency on longer term care and support services. Support will also be improved for young people with long term conditions to enable them to enjoy the same life opportunities as all of their peers.

Why this is an issue:

- Three out of every five people aged over 60 in England suffer from a long-term condition, and as the population ages, this proportion is likely to rise.
Patients with long-term conditions use a significant proportion of all appointments with GPs and outpatient clinics and of inpatient hospital bed days. As well as the impact on individuals and their families, the burden on the economy is huge.

Working with Partners - What we plan to do:

- Identify people who are at risk of crisis or hospital admission and take a planned and timely approach to managing their support effectively in the community.
- Ensure integrated commissioning and delivery across all health, social care and community organisations for efficient and effective support for people with long-term conditions including dementia, physical disabilities, learning disabilities and mental health.
- Carefully assessing people’s risks, mainstreaming integrated teams and the roll out of personalised support plans and self care support.

Why this is an issue:

- Carers must be enabled to have a life of their own alongside their caring role.
- Carers should be able to enjoy the same life opportunities as everybody else and not suffer poorer health and wellbeing outcomes and social exclusion. Services for carers need to be easy to access and available locally.

Working with Partners - What we plan to do:

- Improve the mental wellbeing outcomes for all carers by improving access to meaningful and accessible short breaks that can be personalised to meet their individual needs and circumstances.
- Help protect carers’ income and employment.
- Provide better health and wellbeing assessment and support for carers.
- Improve multi agency awareness and access to appropriate support for young carers.

Improved Support for Carers

Carers are fundamental to strong families and stable communities. It is essential to ensure that they are able to continue in their caring roles for as long as they wish to and this can be achieved by ensuring that carers are treated as care experts. They must be able to access personalised support, have a life of their own including opportunities for income and employment and be supported to maintain their physical and mental health and wellbeing. It is essential that we ensure that young carers are protected from inappropriate caring and have the support they need to learn, develop and thrive, in order to enjoy positive childhoods.

Support for Independent Living

Feedback tells us that people with health or social care needs greatly value being able to live their life in their own homes staying connected to their local community. Providing the right level of help in or close to homes helps to keep people healthy, improve the quality of their life and reduces the burden on local health and social care support. New technology provides the ability to remotely monitor a range of conditions and give independence in everyday living.
Why this is an issue:

- Everybody in our community has the right to feel as safe, well and independent as possible. People need access to a range of community resources that help them to achieve these outcomes and to be protected from abuse and neglect.
- There is a duty to commission effective services of the highest possible quality, led by the level of demand and the needs and outcomes valued by our service users.
- New technology provides opportunities to think differently about how services are delivered and adapt support based around the needs of the individual.

Working with Partners - What we plan to do:

- Using the evidence being developed, extend the use of telecare and telehealth and other innovative systems to support people’s independence and the quality of their care, using the national learning developed here in Cornwall and nationally.
- Create service access points, information sources and supportive technologies which make sense to local people.
- Invest in preventative and early intervention approaches that show a demonstrative improvement in independent living and a reduction in the need for health, social care and other interventions.
- Ensure that children and adults are safeguarded from abuse and neglect by improving the planning, commissioning and ongoing monitoring of services using approaches that involve the whole community.

Improve Support for Community Social Networks

Some of our greatest resources for maintaining and improving health and wellbeing are based on the friendships and support that exist in our local communities. To help change the focus towards prevention and early intervention we will aim to support social networks that better connect people to their neighbours. The Voluntary and Community Sector already has a key role in providing this type of support based on its understanding of people’s needs, community assets and opportunities for making local improvements. Social isolation is a real challenge in Cornwall given our rural communities and transport networks.
Why this is an issue:

- Poor mental health can have many impacts: it reduces life expectancy, hurts our families, harms business and the economy through days lost to sickness. Associated costs affect employers, families, carers, charities and community groups.
- One in four people will have a mental health problem at some point in their life but the right support available in everyday settings like homes, workplaces and community facilities can make a real difference.
- Loneliness and isolation is a significant contributory factor affecting mental and physical health and wellbeing.

Working with Partners - What we plan to do:

- Take a co-ordinated approach to the implementation of the Wellbeing Early Intervention and Prevention Commissioning Strategy.
- Develop and produce a Mental Health and Wellbeing Plan.
- Promote access to information, advice and support for work, volunteering and progress to work and to prevent the likelihood of debt, poverty and homelessness.
- Support the re-engagement of young people into education, employment and training.

Some of our greatest resources for maintaining and improving health and wellbeing are based on the friendships and support that exist in our local communities.
Outcome 3:

Fairer Life Chances for All

Health inequalities are the differences in experience for different groups of people. Promoting good health and well-being and preventing ill health saves money. Poverty is a significant factor and new challenges such as the economic downturn and welfare reform will affect the most vulnerable communities and widen inequalities.

Promoting the best start in life for children is essential, whether through education attainment, reducing children in poverty caused by fuel or housing and income poverty. Generational poverty, complex families and child poverty combined with worklessness, teenage pregnancies, smoking and other lifestyle issues affect long term health and aspirations.

We want to tackle issues which reduce healthy life expectancy. Factors which will help achieve this are, a good income to keep homes warm and energy efficient, stopping smoking early or not taking it up at all and keeping active mentally and physically and enjoying a balanced diet.

To achieve this outcome, there should be a focus on reducing inequality and poverty through work in geographical areas and across Cornwall ensuring that communities are supported effectively.

Improve access to safe, warm and secure homes

An integrated approach across housing, social care, health and the independent and voluntary sectors is essential to ensure people have access to homes and support to maintain their home.

Why this is an issue:

- Inequalities start before birth and are often reinforced by poor housing.
- Cold weather and low indoor temperatures are associated with poor health, excess winter deaths and other social and economic issues.
- The longer the exposure to cold temperatures, the greater risk of harm to health. This, combined with factors such as mental health, an ageing population and worklessness make the need for a warm home essential.
- The economic downturn has caused homelessness to increase, particularly in young people.
- Adaptations for young people with disabilities will enhance the quality of their life and increase their opportunities for developing their own good health and wellbeing.
Customers, NHS, housing providers and Cornwall Council all benefit from improved access to adaptations that enhance safety, prevent falls and accidents or assist in the avoidable deterioration in health, and enhance independence for people in their own homes.

Why this is an issue:

- Poor physical and mental health benefits no one: it reduces life expectancy, hurts our families, harms business and the economy through days lost to sickness, increases healthcare costs affecting employers, families, carers, charities and community groups.
- People in poorer areas not only die sooner, but spend more of their shorter lives with a disability or ill health.
- People struggling with poverty and low income tend to have poorer mental health and wellbeing than those with higher incomes.
- Widening health inequalities amongst young adults due to drugs, alcohol, sexual health, violence and suicide.
- Reforms for welfare and pension age offer both incentives and risks to improve the health and wellbeing of the community.
- Work can make a significant contribution to health and wellbeing. Health impacts on work and work impacts on health.

Working with Partners - What we plan to do:

- Invest £56m in existing homes, adaptations and new affordable homes, through the Housing Strategy.
- Co-ordinate resources to ensure that people have access to timely information, advice and support during periods of crisis to prevent eviction and homelessness, particularly for young people and vulnerable adults.
- Promote Affordable Warmth campaigns to insulate homes and reduce fuel poverty.
- Support setting up Cornwall Energy Buying Group.
- Deliver an integrated, high quality, customer focused disability and housing service that promotes independence.

Improve skills, education and employment

Increasing work, volunteering opportunities and reducing worklessness is key to ensuring that poverty is reduced, and not widened with the implementation of the Welfare Reform. Work and volunteering can make a significant contribution to health and wellbeing. Health impacts on work and work impacts on health.

Working with Partners - What we plan to do:

Work in partnership with our Local Enterprise Partnership to:

- Raise achievement, attainment and skills for all children and young people from the Early Years Foundation Stage through to Higher Education, closing the gap for the most disadvantaged and exceeding national performance.
- Implement creative approaches to the European Social Fund Not in Education Employment or Training for young people in particular those with complex needs.
• Cornwall's economy needs to improve further. By harnessing the significant European funding available to Cornwall, we can develop skills and cultivate our health, knowledge and wellbeing industries by:
  • Supporting the Cornwall Works model to address long term worklessness, reduce health related benefits and intergenerational poverty.
  • Supporting the Department of Work and Pension Work Programme and European Social Fund programmes to improve income and work opportunities.
  • Supporting health trainers to continue to work with hardly reached groups.
  • Promote the Health and Wellbeing sector as a potential driver for the Cornish economy.
  • Increase the opportunities for up-skilling those employed within the Health and Wellbeing sectors.
  • Promote healthy workplaces and good practice.

Why this is an issue:
• Links between poor sexual health, risky behaviours, poverty and exclusion.
• Essential to have a focus on prevention, timely support and early intervention and ensure joined-up, coordinated and integrated commissioning and delivery across all relevant agencies and partners.

Working with Partners - What we plan to do:
• Promote access to information, advice and support for work, volunteering and progress to work and to prevent the likelihood of debt, poverty and homelessness.
• Target information to key groups and apply insight on what messages and communication channels will have the greatest impact for behavioural change.
• Plan for impact of welfare reforms on health, work, housing and poverty.

Healthier Children and Families
The foundations for virtually every aspect of human development - physical, intellectual and emotional are laid in early childhood. These early years (starting in the womb) have lifelong effects on health and wellbeing, obesity, heart disease, mental health, educational achievement and economic status.
To improve quality of life for children it is important to tackle wider family issues. Families with complex and multiple problems make significant financial demands on a wide range of local services, that, if left, can continue for generations creating need and poverty.

Improve the availability of information, advice and support
As the welfare reform changes are introduced and the risks of poverty for vulnerable groups increase, it will be essential to ensure that people have access to advice, information and support to develop a proactive prevention of poverty. Similarly, it will be important to ensure that there is a preventative approach to financial inclusion.
Why this is an issue:

- The outcomes for both children and adults are strongly influenced by the lifestyle factors during pregnancy and the first years of life.
- Early intervention strategies prove most effective before the age of three.
- Poverty is a significant risk factor linked to poorer health outcomes.
- Sexual health is an important part of physical and mental health.
- Poorer children are less likely to be breastfed, more likely to be exposed to tobacco smoke and more likely to be injured at home and on the roads.
- Mental ill health often has roots in early childhood. Tackling mental health problems early improves educational attainment, employment opportunities and physical health, and reduces substance misuse, self-harm and suicide, family conflict and deprivation.
- Children born to teenage mothers are more likely to experience a range of negative outcomes in later life and are more likely, in time, to become teenage parents themselves.

Working with Partners - What we plan to do:

- Improve the life chances and outcomes for children and their families from pregnancy through the first 5 years of life through the Healthy Child Programme.
- Reduce the long term ill health implications caused by child poverty through supporting the implementation of the Cornwall Works with Families and Troubled Families programmes working with families with multiple and complex needs.
- Improve emotional and mental health of children and young people by:
  - Developing an integrated Children’s Emotional Wellbeing Service.
  - Continuing to develop and strengthen child and adolescent mental health services.
  - Developing a peri-natal mental health service to improve access to treatment and services for mothers with mental health needs.
  - Increasing children with a healthy weight by implementing the Healthy Weight Strategy.
  - Promote sexual health and well being for all, maintain the drive to reduce teenage conceptions; support for young people in care and young parents to build on existing good practice and prevent a widening of inequalities.
Working together

There is already a lot of good work going on in Cornwall that impacts on our health and wellbeing. We have many local success stories that we should all be very proud of. This strategy should not interfere where good results are already being achieved, or duplicate the work of others. The aim is to evaluate projects well, share learning and ensure all communities can access the very best services.

As well as our Joint Strategic Needs Assessment, we have a number of existing strategies and plans which have been developed through public engagement. This co-production approach is getting stronger in Cornwall and the Health and Wellbeing Board will build on this through its essential relationship with the new Local HealthWatch body which will act as a strong voice on behalf of the public, patients and service users. The development of the Health and Wellbeing Strategy, and its regular review, is not about producing a one-off document but is intended to be an open conversation about what will make the most difference to people’s health, wellbeing and happiness.

The aim is to evaluate projects well, share learning and ensure all communities can access the very best services.

Monitoring Progress

Key indicators for success have been identified, and a delivery plan sets out how the outcomes and actions should be achieved. The Performance Indicators identified utilise existing performance measures which align to the outcomes identified within the Strategy, these are:

- The National Outcome Frameworks for the NHS, Public Health and Adult Social Care (which include Children and Young People indicators);
- Safer Cornwall Performance Indicators; and
- Safeguarding Performance Indicators (Adult Safeguarding Board and Local Safeguarding Children’s Board).

Key themes which emerged from partner’s feedback have formed the basis of the delivery plan. These have been titled ‘enablers’ which fall into the following categories:

- Championing and embedding health and wellbeing priorities
- Integrated and evidenced commissioning
- Targeted and timely research and analysis for decision making
- Focused resources

The Health and Wellbeing Delivery Plan will be reviewed annually through consultation with local stakeholders and regular communication will be maintained with all partners and interested stakeholders.

The performance indicators which will be routinely monitored are set out on pages 27 - 30.
## Performance Measures

<table>
<thead>
<tr>
<th>Ref</th>
<th>Performance indicator</th>
<th>Strategy objective</th>
<th>Theme / priority</th>
<th>PI owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHOF2.6</td>
<td>Excess weight in 4-5 and 10-11 year olds</td>
<td>Healthy Weights and Diet - Capitalising on Local Food Economy</td>
<td>Public Health</td>
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<tr>
<td>PHOF2.11</td>
<td>Diet</td>
<td>Healthy Weights and Diet - Capitalising on Local Food Economy</td>
<td>Public Health</td>
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<tr>
<td>PHOF2.12</td>
<td>Excess weight in adults</td>
<td>Healthy Weights and Diet - Capitalising on Local Food Economy</td>
<td>Public Health</td>
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<tr>
<td>PHOF1.16</td>
<td>Utilisation of outdoor space for exercise/health reasons</td>
<td>Active People and Environments</td>
<td>Public Health</td>
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<tr>
<td>PHOF2.13</td>
<td>Proportion of physically active and inactive adults</td>
<td>Active People and Environments</td>
<td>Public Health</td>
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<tr>
<td>NI39</td>
<td>Rate of hospital admissions per 100,000 for alcohol-related harm</td>
<td>Alcohol and Substance Misuse and Domestic Abuse</td>
<td>Safer Cornwall</td>
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<tr>
<td>New</td>
<td>Alcohol-related violence</td>
<td>Alcohol and Substance Misuse and Domestic Abuse</td>
<td>Safer Cornwall</td>
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<tr>
<td>NHSOF1</td>
<td>Emergency admissions for alcohol related liver disease</td>
<td>Alcohol and Substance Misuse and Domestic Abuse</td>
<td>NHS Kernow</td>
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</tr>
<tr>
<td>PHOF2.15</td>
<td>Successful completion of drug treatment</td>
<td>Alcohol and Substance Misuse and Domestic Abuse</td>
<td>Public Health</td>
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</tbody>
</table>

### Key
- **Helping people to live longer, happier and healthier lives**
<table>
<thead>
<tr>
<th>Ref</th>
<th>Performance indicator</th>
<th>Theme / priority</th>
<th>PI owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDR-P12</td>
<td>Number of adult drug users in effective treatment</td>
<td>Alcohol and Substance Misuse and Domestic Abuse</td>
<td>Safer Cornwall</td>
</tr>
<tr>
<td>CDR-P13</td>
<td>Adult drug users completing treatment successfully (% growth)</td>
<td>Alcohol and Substance Misuse and Domestic Abuse</td>
<td>Safer Cornwall</td>
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<tr>
<td>New</td>
<td>Percentage of police recorded domestic abuse incidents that are first time reports</td>
<td>Alcohol and Substance Misuse and Domestic Abuse</td>
<td>Safer Cornwall</td>
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<tr>
<td>CDR-P6</td>
<td>% of recorded domestic abuse crimes where a charge is made</td>
<td>Alcohol and Substance Misuse and Domestic Abuse</td>
<td>Safer Cornwall</td>
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<tr>
<td>CDR-P8</td>
<td>% of acute serious sexual assaults attending the Sexual Assault Referral Centre</td>
<td>Alcohol and Substance Misuse and Domestic Abuse</td>
<td>Safer Cornwall</td>
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<tr>
<td>PHOF2.14</td>
<td>Smoking prevalence - adults (over 18s)</td>
<td>Smoke Free Communities</td>
<td>Public Health</td>
</tr>
<tr>
<td>NHSOF1</td>
<td>Maternal smoking at delivery</td>
<td>Smoke Free Communities</td>
<td>NHS Kernow</td>
</tr>
<tr>
<td>NSOF1 / 4.7</td>
<td>Under 75 mortality from respiratory disease (NHS OF 1.2)*</td>
<td>Smoke Free Communities</td>
<td>NHS Kernow</td>
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</tbody>
</table>

**Key**

Helping people to live longer, happier and healthier lives
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<thead>
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</thead>
<tbody>
<tr>
<td>ASCOF1B / 1C</td>
<td>People manage their own support as much as they wish, so they are in control of what, how and when support is delivered to match their needs.</td>
<td></td>
<td>Support for Independent Living</td>
<td>Adult Care, Health &amp; Wellbeing</td>
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<tr>
<td>ASCOF1D</td>
<td>Carers can balance their caring roles and maintain their desired quality of life</td>
<td>Improved Support for Carers</td>
<td>Adult Care, Health &amp; Wellbeing</td>
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<tr>
<td>ASCOF1G/ 1.6</td>
<td>Proportion of adults with learning disabilities who live in their own home or with their family</td>
<td>Support for Independent Living</td>
<td>Adult Care, Health &amp; Wellbeing / Public Health</td>
<td></td>
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<tr>
<td>ASCOF1H / 1.6</td>
<td>Proportion of adults in contact with secondary mental health services living independently, with or without support</td>
<td>Support for Independent Living</td>
<td>Adult Care, Health &amp; Wellbeing / Public Health</td>
<td></td>
</tr>
<tr>
<td>ASCOF1I</td>
<td>Proportion of people who use services and their carers, who reported that they had as much social contact as they would like</td>
<td>Improve Support for Community Social Networks</td>
<td>Adult Care, Health &amp; Wellbeing</td>
<td></td>
</tr>
</tbody>
</table>

**Key**

- Improving the quality of life
<table>
<thead>
<tr>
<th>Ref</th>
<th>Performance indicator</th>
<th>Strategy objective</th>
<th>Theme / priority</th>
<th>PI owner</th>
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<tbody>
<tr>
<td>PHOF1.15</td>
<td>Statutory homelessness</td>
<td>Improve access to safe, warm and secure homes</td>
<td>Public Health</td>
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<tr>
<td>PHOF1.17</td>
<td>Fuel poverty (Placeholder)</td>
<td>Improve access to safe, warm and secure homes</td>
<td>Public Health</td>
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<tr>
<td>PHOF4.15</td>
<td>Excess winter deaths</td>
<td>Improve access to safe, warm and secure homes</td>
<td>Public Health</td>
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<tr>
<td>PHOF4.1</td>
<td>Infant mortality* (NHSOF 1.6i)</td>
<td>Healthier Children and Families</td>
<td>Public Health</td>
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<tr>
<td>PHOF4.2</td>
<td>Tooth decay in children aged 5</td>
<td>Healthier Children and Families</td>
<td>Public Health</td>
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<tr>
<td>PHOF2.1</td>
<td>Low birth weight of term babies</td>
<td>Healthier Children and Families</td>
<td>Public Health</td>
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<tr>
<td>PHOF2.2</td>
<td>Breastfeeding</td>
<td>Healthier Children and Families</td>
<td>Public Health</td>
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<td>PHOF1.8</td>
<td>Emotional Wellbeing of looked after children</td>
<td>Healthier Children and Families</td>
<td>Public Health</td>
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<tr>
<td>PHOF1.5</td>
<td>Local 16-18 year olds not in education, employment or training (NEET)</td>
<td>Improve skills, education and employment</td>
<td>Public Health</td>
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<td></td>
<td>Economic Activity Rate (16-64)</td>
<td>Improve skills, education and employment</td>
<td>Cornwall Council</td>
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<td>% with NVQ4+ (16-64)</td>
<td>Improve skills, education and employment</td>
<td>Cornwall Council</td>
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<td>% with no qualifications (16-64)</td>
<td>Improve skills, education and employment</td>
<td>Cornwall Council</td>
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<tr>
<td></td>
<td>Safeguarding Referrals</td>
<td>Healthier Children and Families</td>
<td>Adult Care, Health &amp; Wellbeing / Children, Schools &amp; Families</td>
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</tbody>
</table>

**Key**

- Fairer life chances for all
If you would like this information in another format or language please contact:

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