

Good Health and Well Being for
Everyone

Cornwall and Isles of Scilly

Strategy to Reduce Inequalities

2011 – 2016

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Introduction

Good health is the foundation of a happy and fulfilling life. We are fortunate that health in Cornwall and the Isles of Scilly is generally good. Compared to the rest of the country people typically live longer, deaths from smoking, and premature deaths from cancer, heart disease and stroke are lower and satisfaction with local NHS care and services is generally high.

However, not everyone has been able to share in the improvements made since the NHS was formed sixty years ago. The differences in people's health can be stark, for example, people from Feock or Kea can typically live about five years longer than people from Penzance. Life expectancy has improved in England and the South West, whereas Cornwall & Isles of Scilly has remained the same (2009 data)

There are significant pockets of deprivation in Cornwall and some communities or population groups face considerable challenges on the road to better health, including accessing services. Quality of life can also vary considerably depending on individual circumstances, for example, long term illness, income or the characteristics of someone's local environment.

In Cornwall and the Isles of Scilly we have a good track record of partnership working. This programme of action cannot be delivered by one organisation alone. Many of our partner organisations are already improving the health of local people every day and we want to ensure that this strategy provides opportunities for us to work in a systematic way and achieve good outcomes on a much greater scale. This strategy has been developed in consultation with a wide range of agencies and in the context of strategic plans for our community – Future Cornwall 2010-2030. By combining intelligence, resources, assets and expertise we can work to realise the greatest possible dividends for health and wellbeing and ensure we target support at the areas of greatest need.

Our local context

Future Cornwall Objectives (Sustainable Community Strategy)

'Future Cornwall' is important for reducing inequalities as the agreed vision to deliver community wide improvements – public, private and voluntary and community sectors. The four long term objectives are:

- the economy;
- self sufficient and resilient communities;
- good health and wellbeing for everyone;
- and the environment.

The priorities to help achieve the long term objectives are:

- Improve health and radical redesign of health and social care services and reduce inequalities;
- achieve a balanced housing market that meets local needs;
- minimise waste, increase local generation of sustainable and affordable energy and reduce consumption;
- improve resilience and self sufficiency of communities;
- and bring Cornwall out of recession focussing on the low carbon economy.

All of these objectives have the potential to narrow or widen inequalities so it is important that their impact is assessed for different groups in our population.

The Isles of Scilly are reviewing their Sustainable Community Strategy in 2011. Overall it is a healthy place to live and work, but the geographical isolation reflects the health and well being priorities of responsible alcohol use, reducing smoking and public mental health problems. The new school and investment in all year round leisure centre offer a new opportunity to further improve health and well being options on the Islands.

The national 'Big Society' initiative is an opportunity to bring together resources and expertise. Strong plans developed across agencies and with shared responsibility for meeting local needs and aspirations will be what our communities expect and deserve. Local people must be given opportunities to shape, plan and implement transformation of services over the next few years to improve health and well being.

The Future Cornwall Strategy and Isles of Scilly Sustainable Community Strategy are the frameworks to make Big Society real.

Public Sector Resources

This strategy is being developed at a time when there are proposed changes to the NHS (please refer to Section 2) alongside reduced public sector budgets for health, local government and other public services, to be balanced with efficiency savings. The demographic changes and economic downturn mean that more people may need help and support, for example by 2031, one in four people in Cornwall and the Isles of Scilly will be aged over 65.

New ways of working will be essential with a renewed emphasis on partnership working and the focus on early intervention and prevention must be maintained to stop inequalities widening. As we enter these more challenging economic times it is even more important that support for people to keep themselves healthy and better manage long-term conditions is in place.

Over the next three years in Cornwall and Isles of Scilly, spending will reduce in some key areas:

- The NHS is expected to reorientate funds through QIPP (Quality, Innovation, Productivity and Prevention) and up to £125m is expected to become available for reinvestment to address demographic changes and meet growing demands for NHS services ;
- Cornwall Council with a budget of up to £1.2 billion is expecting to make efficiency savings of up to £110 million;
- There will be savings made through Job Centre Plus Welfare reforms and Devon and Cornwall Police, Universities and other public bodies or those funded by the public sector.

Access to health and rurality

Cornwall

Cornwall is predominantly a rural area and 27% of it is designated as Area of Outstanding Natural Beauty (AONB). It is distinct from many other rural counties because rather than having one, large central conurbation in an otherwise rural area, Cornwall shows a dispersed settlement pattern of numerous towns and villages and hamlets. It is recognised that there are strong links between the towns and their rural hinterlands. Towns have a role in providing health care to rural communities.

Cornwall and the Isles of Scilly is a rural and maritime area. Cornwall is the second largest county in the South West region in terms of area (355,000 hectares), but has the lowest population density. The average population density for Cornwall and the Isles of Scilly is 1.4 people per hectare compared to 2.1 people per hectare in the South West and 3.8 people per hectare in England.

Cornwall has a highly dispersed settlement pattern where approximately 27% of the population live in the strategic urban centres of Penzance, Camborne-Pool-Redruth, Falmouth-Penryn, Truro, Newquay, St. Austell and Bodmin. 29% live in towns and larger villages (over 3,000 in population), and 44% live elsewhere. The population distribution is an issue for accessibility for rural areas to healthcare, transport, employment, ICT, training, community facilities and services such as shops, schools, childcare, sports and cultural activities.

Cornwall and the Isles of Scilly have unique and high quality environments with over 697 km of coastline. The natural environment also provides a number of opportunities for leisure and recreation, such as surfing, cycling and walking. Cornwall and Isles of Scilly are rural and as a result many people depend on private vehicles to access services. Over a quarter (27%) of Cornwall's carbon emissions are caused by transport, with car associated emissions accounting for 63% of this.

Research (Commission for Rural Communities, 2010) "showed that people living in rural areas need to spend 10-20% more than people in urban areas to reach a minimum acceptable living standard." The main reasons for the differences were based on transport and the additional cost of a car, higher energy costs and the location of rural services, many of which could be made worse if local services are reduced.

Isles of Scilly

The Isles of Scilly consists of more than 200 low-lying granite islands and rocks, five of which are inhabited. It is located on the edge of the Atlantic, some 28 miles South West of Land's End. Distances

and more particularly the high cost of travel mean that the population is required to be self-sufficient in terms of many day-to-day services. The whole of Scilly has been designated as an Area of Outstanding Natural Beauty and the islands in their entirety are also designated as a Conservation Area and Heritage Coast.

The main commercial centre is Hugh Town on St. Mary's, making it the main service centre for the five island communities. The 2001 Census gives the usually resident population on the Isles of Scilly as 2,153. Most of the population of the Isles of Scilly live on St Mary's, whilst the remainder live on the four off-islands of St. Agnes, St. Martins, Bryher and Tresco. The main town is Hugh Town. The Council is the only remaining public water and sewerage authority left in England and Wales and it operates water systems on St Mary's and Bryher.

Given the rural nature of Cornwall and Isles of Scilly, the ease with which people can access services such as work, healthcare, education and shopping is an important and challenging issue.

Inequalities Strategy Priorities

This local context has been used to help generate the content of this strategy. It has been complemented by the latest evidence around health inequalities – their identification, prioritisation and effective action. The national review of Health Inequalities led by Sir Michael Marmot in 2010 has provided a particularly important source of evidence. There has not been an attempt to reproduce all of that national evidence and learning in this document but rather draw out key themes and challenges and place them alongside local context, knowledge and views. Current policy and structural changes have also been considered.

The key objectives for this strategy are to reduce the gap between people with the best health and those with the poorest health by targeting support where it is needed most and to help people to live longer and raise life expectancy in Cornwall & Isles of Scilly. As well as increasing life expectancy we want to ensure people from across the community experience better health and wellbeing throughout their life. Through the approach of broadening involvement in health and well-being and preventive issues, we have carried out consultation events and sessions within the NHS, Cornwall Council, Private and Voluntary and Community partners, for example:

- NHS Cornwall & Isles of Scilly PCT Leadership Event: June 2010 (St Mellion)
- NHS Cornwall & Isles of Scilly PCT Consultation events: June 2010 (Saltash), July 2010 (St Austell and Pool) NHS Cornwall & Isles of Scilly (RCHT and Cornwall Council consultation events: September (Truro) and September (St Austell)
- Cornwall & Isles of Scilly Health & Well Being Board: July 2010
- Cornwall Strategic Partnership Annual Conference: July 2010
- Cornwall Council Extended Leadership Team: July 2010
- Cornwall Community Network Managers: September 2010
- Unintentional Injuries Partnership: September 2010
- Inclusion Cornwall: October 2010
- Job Centre Plus : October 2010
- NHS Board Seminar : November 2010

The consultation and evidence identify seven priorities that offer the greatest opportunity to increase life expectancy, narrow the gap in inequalities and promote more active lifestyles which are:

- 1. Alcohol** **reduce harmful drinking and promote sensible drinking**
- 2. Education** **promote educational attainment and aspiration**
- 3. Healthy Weight** **promote healthier lifestyles & eating and reduce obesity**
- 4. Housing** **support better, safer and insulated homes & reduce homelessness**
- 5. Poverty** **increase incomes and reduce poverty**
- 6. Smoking** **help people who want to give up smoking to quit and help reduce the number of people who take up smoking**
- 7. Work** **support returning to work through training, volunteering or paid work**

Section 1: The policy context

Healthy Lives, Healthy People: White Paper on Public Health

This document proposes a wide range of changes to strengthen public health action at national and local level including:

- The development of a new approach giving local government the freedom, responsibility and funding to innovate to develop their own ways of improving public health. There will be greater financial incentives for improving health and reducing inequalities. There will also be greater transparency to show the results they achieve.
- A transfer of local health improvement functions to local authorities. The Government believes the wider remit of councils in areas such as housing, transport and leisure puts them in a stronger position to change 'social norms' and tackle public health issues, such as, obesity, smoking, alcohol and low levels of physical activity.
- Public Health England will be set up and be part of the Department of Health. Funding will be ring-fenced from the overall NHS budget and a ring-fenced budget, weighted for inequalities, will be allocated to local authorities for improving health and well-being.
- The principal adviser on all health matters to the local authority, its elected members and officers, will be a Director of Public Health (DPH), on the full range of local authority functions and their impact on the health of the local population.
- Statutory Health and Wellbeing Boards will lead public health action and plan strategically across a wide range of partners across the NHS, social care and public health. It will oversee a Joint Health and Wellbeing Strategy.
- GP consortia and local authorities, including the DPH, will each have an equal and explicit obligation to prepare the Joint Strategic Needs Assessment (JSNA) which will define local population needs and to which local commissioning plans will need to respond.
- Public health and preventive work will remain an important part of NHS activity and will be part of the NHS Commissioning Board's mandate.

Public Health Outcomes Framework

The Outcomes Framework will be based on a high-level vision for public health: "To improve and protect the nation's health and to improve the health of the poorest, fastest".

There are two high level outcomes to support this vision:

- Healthy life expectancy
- Differences in life expectancy and health life expectancy between communities

A wide range of changes to improve health and wellbeing outcomes are proposed. Some of the key planned changes are:

- The framework will be based on evidence of where the biggest challenges are for health and wellbeing, and will set out the outcomes for public health across public services and at all levels of responsibility – national to local.
- The Outcomes Framework has three purposes to:
 - (a) set out the Government's goals
 - (b) provide a mechanism for transparency and accountability and
 - (c) provide the mechanism to incentivise local health improvement and inequality reduction through the 'health premium'.

At the local level, an integrated approach will be established through Health and Wellbeing Boards and Health and Wellbeing Strategies. The public health outcomes framework will be used alongside the Joint Strategic Needs Assessment to determine local priorities. The framework is aligned to the 'NHS Outcomes Framework' and the ongoing consultation on 'Transparency in Outcomes: A Framework in Adult Social Care Together' they will set out the outcomes that local government, the health and care sectors are responsible for achieving. The framework will have to reflect the collective responsibility of

communities, local authorities and their partners and the role of Government in improving and protecting health. It will:

- (1) use indicators which are meaningful to people and communities;
- (2) focus on major causes and impacts of health inequality, disease, and premature mortality;
- (3) take account legal duties in particular under equalities legislation and regulations;
- (4) take a life course approach, as far as possible;
- (5) use data collated and analysed nationally to reduce the burden on local authorities.

Sitting under the vision are five key domains:



For a full version of the Public Health White Paper :

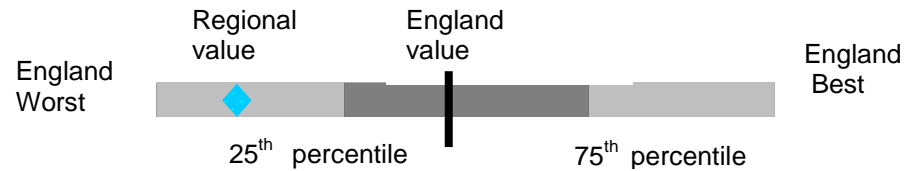
<http://www.dh.gov.uk/en/PublicHealth/Healthyliveshealthypeople/index.htm>



Figure 1: Marmot Indicators for Local Authorities in England

The chart below shows key indicators of social determinants of health, health outcomes and social inequality that correspond, as closely as is currently possible, to the indicators proposed in Fair Society, Healthy Lives. Results for each indicator for this local authority are shown below. On the chart the value for Cornwall is shown as a circle, against the range of results for England, shown as a bar.

- Significantly better than England value
- Not significantly different from England value
- Significantly worse than England value



Cornwall

Indicator	Local Authority Value	Regional Value	England Value	England Worst	Range	England Best
Health outcomes						
<i>Males</i>						
1 Male life expectancy at birth (years)	78.7	79.2	78.3	73.7		84.4
2 Inequality in male life expectancy (years)	5.7	6.6	8.8	16.6		2.7
3 Inequality in male disability-free life expectancy (years)	6.1	8.3	10.9	20.0		1.8
<i>Females</i>						
4 Female life expectancy at birth (years)	82.8	83.3	82.3	79.1		89.0
5 Inequality in female life expectancy (years)	5.2	4.9	5.9	11.5		1.8
6 Inequality in female disability-free life expectancy (years)	4.8	6.2	9.2	17.1		1.3
Social determinants						
7 Children achieving a good level of development at age 5 (%)	55.8	56.9	55.7	41.9		69.3
8 Young people not in employment, education or training (NEET) (%)	6.3	6.1	7.0	13.8		2.6
9 People in households in receipt of means-tested benefits (%)	15.0	12.2	15.5	41.1		5.1
10 Inequality in people in receipt of means-tested benefits (% points)	19.3	21.2	30.6	61.3		2.9

Section 2: Why inequalities matter

What are health inequalities?

The World Health Organisation's defines health as 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity'. (WHO, 1946). 'Health inequality' is the gap in health and wellbeing status, in access to health services, between different social classes and ethnic groups and between populations in different geographical areas. Health and life expectancy are linked to social circumstances and poverty.

Overall, the health of our society has been improving for a century or more, the rate of improvement in those from deprived backgrounds has been slower than for those who are better off. Cornwall and the Isles of Scilly have some of the most deprived areas in the country, with some areas having the same deprivation scores as inner city areas of England.

Inequalities arise from many causes, including:

- Death from coronary heart disease is the greatest cause of inequalities in life expectancy in Cornwall;
- Others are in smoking, cancer, cardiovascular disease, stroke and lung cancer;
- Infant mortality;
- Life expectancy for people with learning disabilities is lower, but rising.

The Cost of Inequalities

Key Facts (England) – The Cost of Inequalities a year (source Marmot Review):

NHS - £5.5 billion

Welfare payments - £20 billion

Economy & productivity losses - £31 billion

Obesity and the inequality costs that arise – up to £4 billion

Factors affecting Inequalities

The impact of poor health and the risk of an early death are not evenly distributed across the population. Generally, there are strong links between poverty, poorer health and well-being, resulting in earlier deaths and illness amongst people with least education, who are unemployed, in manual or routine jobs and, or live in areas of deprivation. It is essential to understand the underlying cause of the variations and to target the resources and efforts effectively. To achieve this, partners must work together to take account of the role of housing, environment, income, employment, poverty and transport on health and well being. The social factors that influence health are detailed in Section 9 and include:

- Income and poverty;
- Mental illness and well being;
- Housing and environment;
- Early child development and education;
- Social isolation;
- Employment and work;
- Mobility and access to transport;
- And disability.

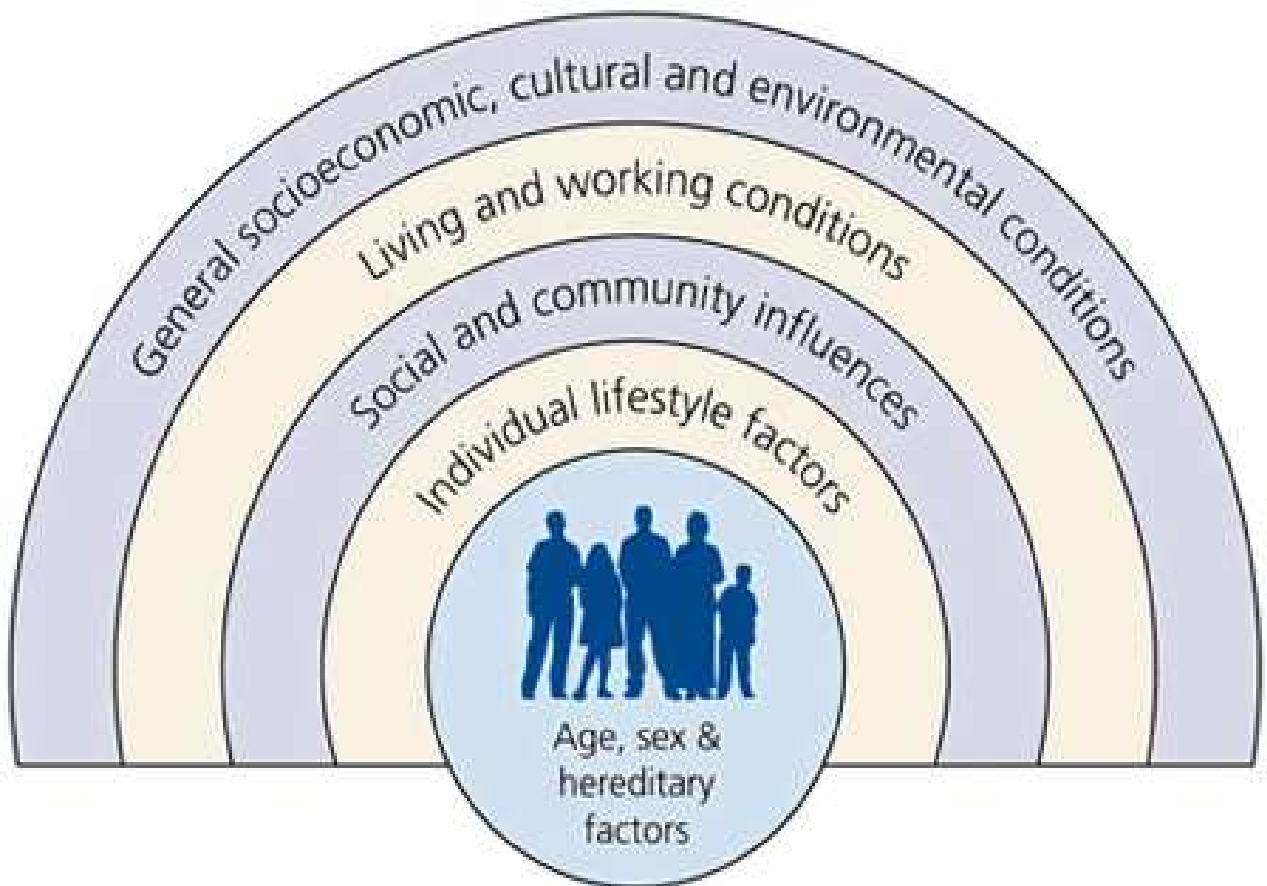
What shapes our health and wellbeing?

Many aspects of health inequalities are determined by social class and affected by a combination of material and behavioural factors. Two further themes have increasingly been recognized as important: firstly a person's circumstances and their life accumulated experience pre-birth and throughout life. There is compelling evidence to link conditions pre-birth and in early childhood with a wide range of diseases. For, policymakers this suggests that resources and focus should be aimed at children and those with young families, to prevent future inequalities. The second theme is factors such as living environment or a monotonous job. This highlights the need to look beyond more obvious material factors to include broader measures of well-being.

To help tackle health inequalities, a framework for action was developed by Dahlgren and Whitehead (Figure 2) which includes four broad areas:

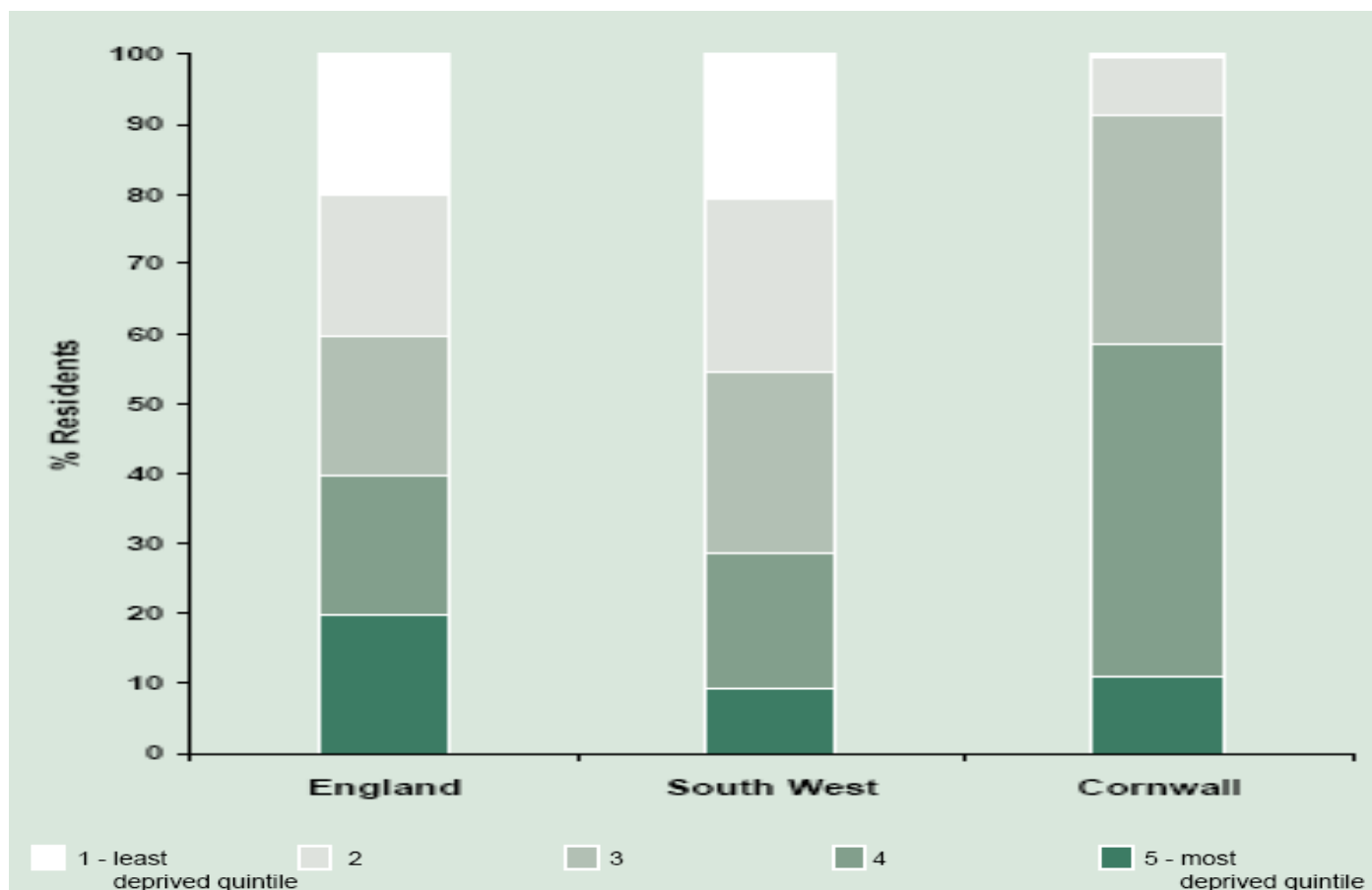
- strengthening individuals;
- strengthening communities;
- improving access to essential facilities and services;
- encouraging macroeconomic and cultural change.

Figure 2: Social Determinants of Health



Source: Dahlgren and Whitehead (1991)

Figure 4: Percentage of residents living in quintiles of deprivation: Cornwall compared with England and the South West region.



Inequalities in health arise because of the conditions into which people are born and in which they live their lives. Improving health and reducing health inequalities requires commitment from a range of organisations with different responsibilities and levels of influence.

Marmot Review

The Marmot Strategic Review of Health Inequalities in England was published in 2010. The report states that addressing health inequalities is essential on many levels and that there are good economic reasons for doing so. The recommendations of the Marmot Review are recognised as good practice in addressing inequalities and are incorporated here. Funding needs to be moved to focus on areas of greatest need first, but balanced with proportionate funding that does not solely focus on just the most deprived.

The findings of the report fit in with the agenda for QIPP (Quality, innovation, productivity and prevention). The Marmot Review also supports the Commissioning for Quality and Innovation (CQUIN) programme to improve service delivery through whole system approach and quality outcomes for patients and the well being of employees.

Health inequalities will only be reduced effectively through partnership working and a consideration of the wider determinants of health, rather than purely focusing on the NHS. This, combined with the need to be cost-effective and focus on prevention, means that new approaches to delivering public services must be considered and adopted.

***'Taking action to reduce inequalities in health does not require a separate health agenda, but action across the whole of society.'* Marmot Review 2010**

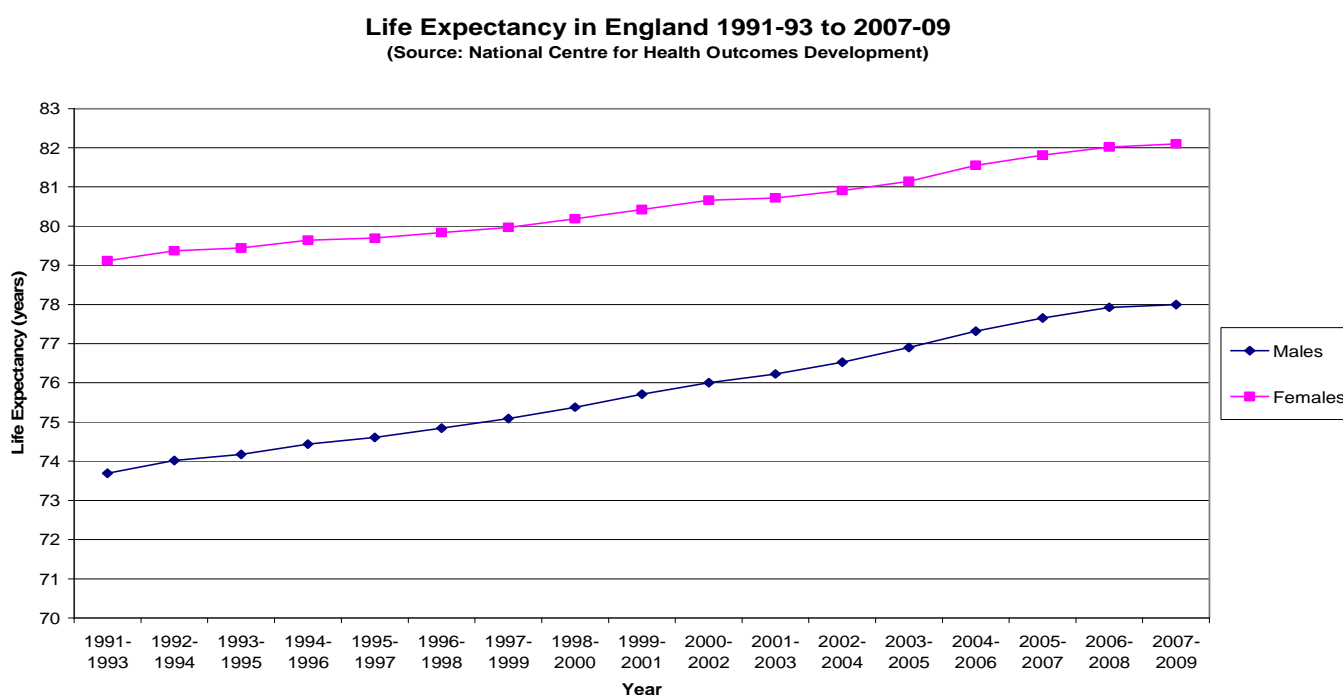
Life Expectancy

Life expectancy means the number of years that a person can expect to live. Our aim is to increase the life expectancy of a population and ensure that the more years are lived in good health. Health and life

expectancy are linked to social circumstances and childhood poverty. Overall, the health of our society has improved but the rate of improvement for those from deprived backgrounds has been slower than those who are better off. For example, the introduction of statins is helping people to live longer, rather than dying early, the reduction in people smoking and the introduction of the smoking ban in public spaces has contributed to improvements in life expectancy but some have benefited more than others.

Figure 5 shows the changes in life expectancy at birth for England between 1991-93 and 2006-08. For males life expectancy at birth has increased from 73.7 years in 1991-93 to 77.9 years in 2006-08, an increase in life expectancy of over 4 years during a 15 year period. For females life expectancy has increased from 79.1 in 1991-93 to 82.0 in 2006-08, increase of just under 4 years of life expectancy in this 15 year period. From a global perspective, with every ten years that passes, life expectancy among rich countries increases by between two and three years.

Figure 5: Life Expectancy in England 1991-93 to 2007-09



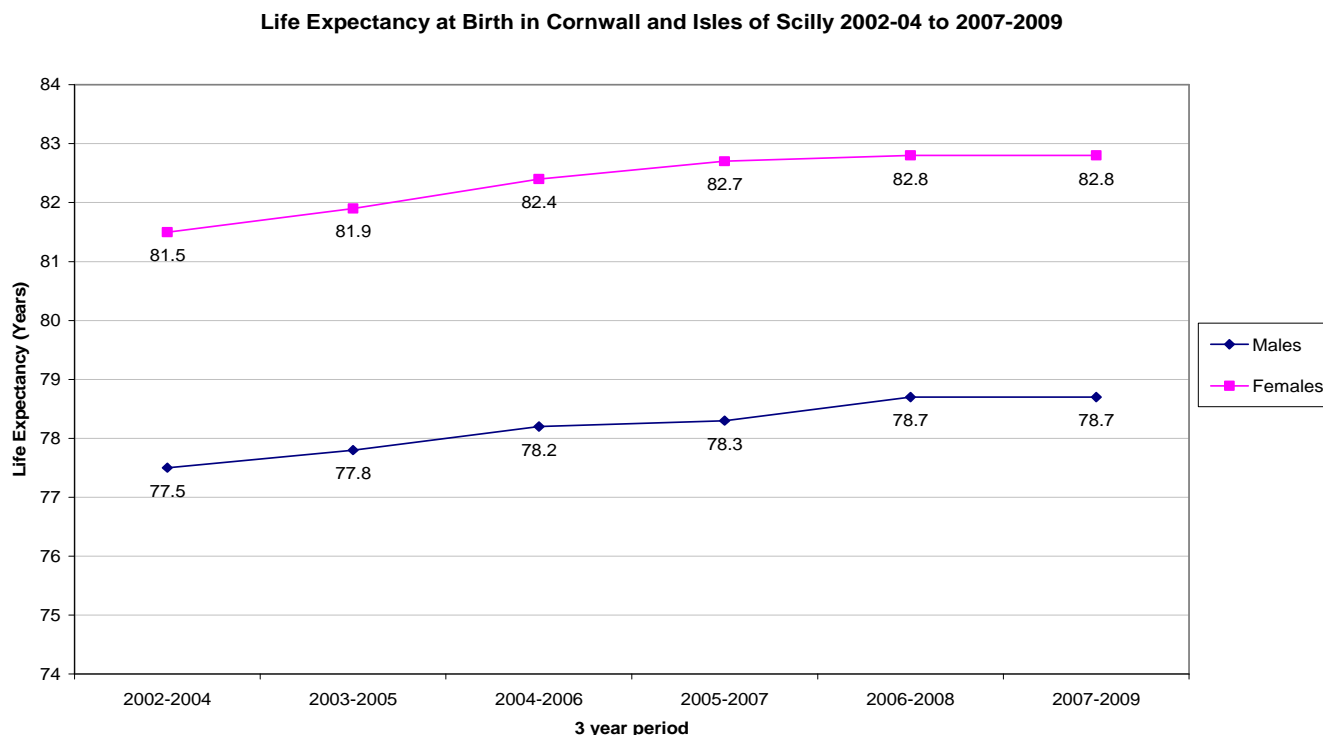
Source: www.nchod.nhs.uk

Life Expectancy in Cornwall and the Isles of Scilly

The latest life expectancy data available is for 2007-09¹ shows that in Cornwall and the Isles of Scilly, the life expectancy for both males and females is (statistically) significantly better than the England average. For males the life expectancy in Cornwall and the Isles of Scilly has remained the same at 78.7 years compared with 78 years (England) and 79.0 (South West) For females the life expectancy in Cornwall and Isles of Scilly is 82.8 years compared with 82.1 (England) and 83.1 (South West). Figure 5 shows that life expectancy in Cornwall and Isles of Scilly has remained the same from 2006-08 to 2007-09, unlike England and the South West where life expectancy has continued to increase.

¹ Data from The Association of Public Health Observatories Health Profiles Data Download Tables found at <http://www.apho.org.uk/resource/view.aspx?RID=71961>

Figure 6: Life Expectancy at Birth in Cornwall and Isles of Scilly



Differences in Life Expectancy

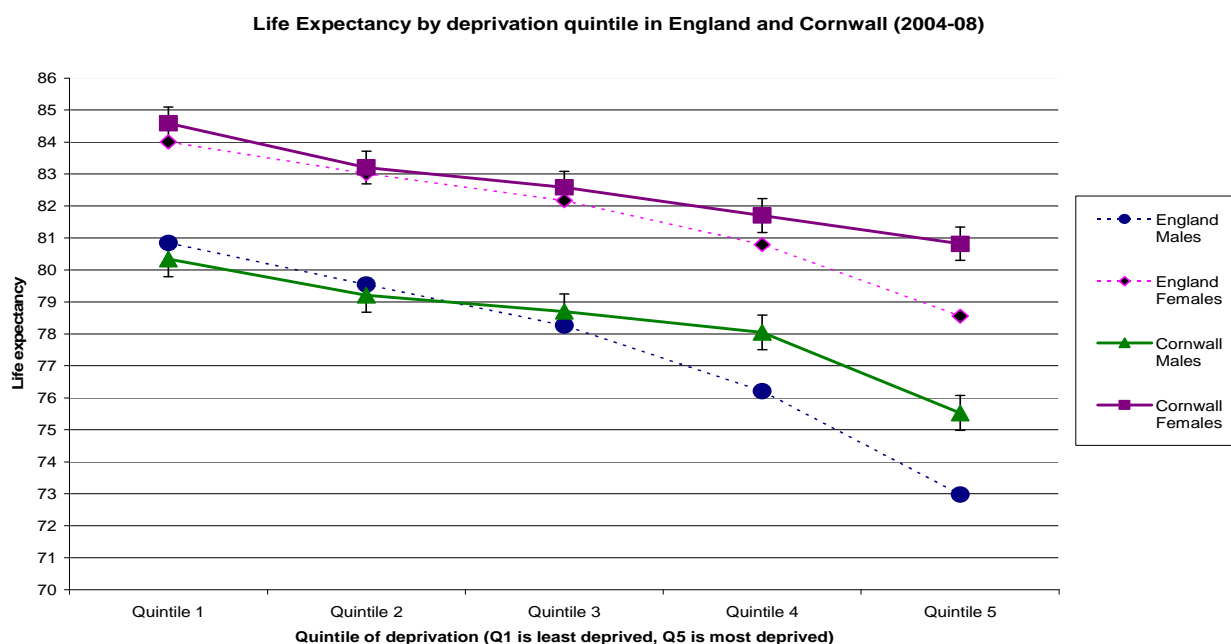
Whilst overall life expectancy has increased, there are differences in the life expectancy between the most and least deprived with the poorest people having the lowest life expectancy. Table 1 and Figure 7 show the life expectancy by deprivation quintile for both males and females in Cornwall and the Isles of Scilly, the South West and England. These deprivation quintiles are calculated from the Index of Multiple Deprivation 2007 and the most deprived quintile is based on the most deprived 20% of the population.

Table 1: Table showing the life expectancy for males and females by deprivation quintile for England, South West and Cornwall and Isles of Scilly 2004 – 2008

Quintile of deprivation (Index of Multiple Deprivation 2007)	England		South West		Cornwall and Isles of Scilly	
	Males	Females	Males	Females	Males	Females
Quintile 1 (Least deprived)	80.85	84.01	81.06	84.48	80.34	84.59
Quintile 2	79.54	83.01	79.97	83.55	79.21	83.20
Quintile 3	78.26	82.17	79.36	83.30	78.71	82.58
Quintile 4	76.21	80.79	78.13	82.38	78.04	81.70
Quintile 5 (Most deprived)	72.98	78.55	75.12	80.52	75.53	80.82

Source: Association of Public Health Observatories, <http://www.apho.org.uk/resource>

Figure 7: Life expectancy by deprivation quintile



Source: Association of Public Health Observatories, <http://www.apho.org.uk/resource>

Figure 7 (above) shows very clearly that there is a strong relationship between deprivation and life expectancy both in Cornwall and Isles of Scilly and nationally; the least deprived have the greatest life expectancy and then within each quintile the life expectancy decreases with the most deprived having the lowest life expectancy.

The gap or difference between the life expectancies of the most and least deprived is increasing in Cornwall and Isles of Scilly with life expectancy increasing fastest in the least deprived groups. The indicator is referred to as the slope index of inequality.²

This indicator measures the difference in life expectancy between the most deprived and least deprived 10% (deciles) of the local population. The most recent data for Cornwall and Isles of Scilly shows that for (2005-09) the difference between the most and least deprived deciles in male life expectancy is 5.7 years and for females the difference in life expectancy is 5.2 years. These gaps have increased from the 2001-2005 figures; for males the difference has increased from 5.1 years for the 2001-05 period to 5.7 years in the 2005-09 period. For females the difference has increased from 2.9 years for the 2001-05 period to 5.2 years in the 2005-09 period. This difference is largely due to increases in life expectancy for the least deprived quintile.

For males the gap in life expectancy between the most and least deprived areas in Cornwall is 5.7 years

For females the gap in life expectancy between the most and least deprived areas in Cornwall is 5.2 years

An analysis of the causes of death which lead to the differences in life expectancy is shown in Figure 8. This has been developed using the Health Inequalities Intervention Tool³ and shows the percentages that different diseases contribute to the gap in life expectancy between the most and least deprived areas.

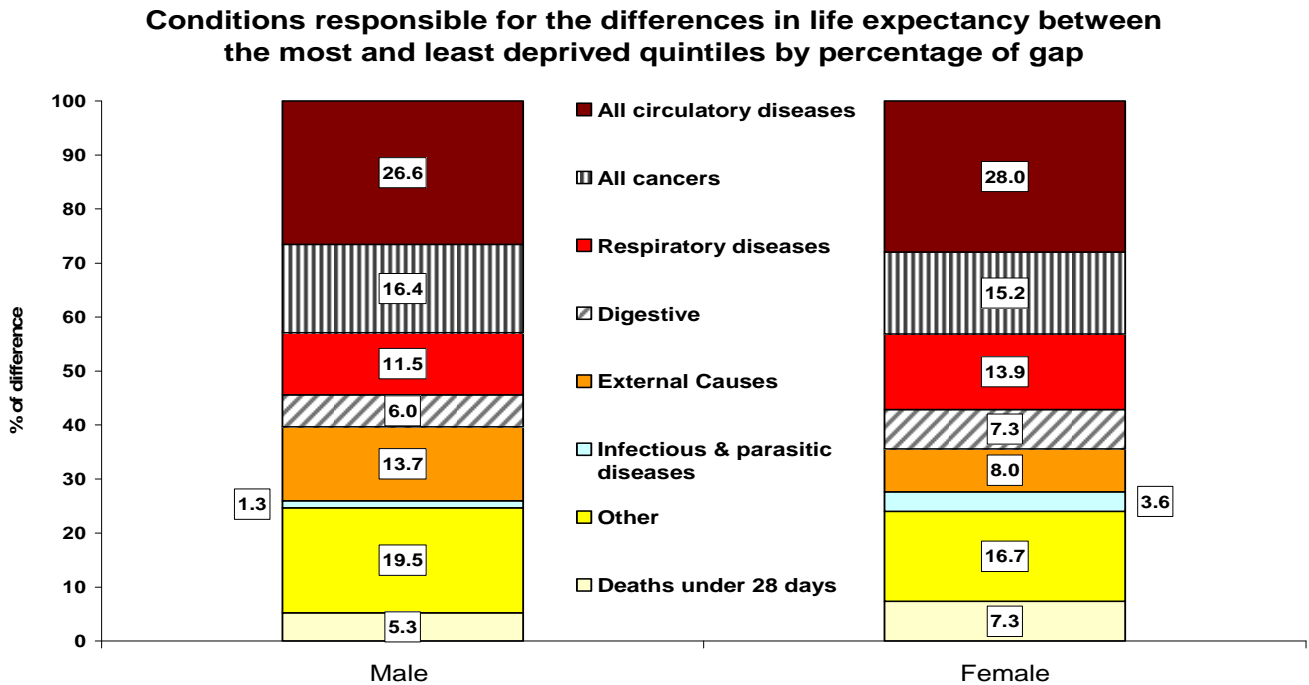
The Marmot Review was preceded by HM Treasury led review (2002) of health inequalities, which highlighted two cost effective interventions most likely to improve life expectancy that contribute to the conditions highlighted in Figure 8:

² APHO Technical guidance

³ Health Inequalities Toolkit available at: <http://www.lho.org.uk>

- Levelling up access to prevention, screening, diagnostic and treatment services for Coronary Heart Disease (CHD) and prescribing drugs to control blood pressure and/or cholesterol;
- Reducing smoking and improving awareness of harm caused by tobacco.

Figure 8: Differences in life expectancy



Source: Health Inequalities Intervention Tool, London Health Observatory, found at www.lho.org.uk

This shows that reasons for the gap are:

- ‘all circulatory diseases’ account for the largest proportion of the gap for both males and females
- deaths from ‘all cancers’ account for the second largest proportion of the gap;
- respiratory disease accounts for 12% of the gap for males and 14% of the gap for women.
- important difference between males and females is different rates for deaths from external causes, which is higher for males at 14%, against 8% for females.
- external causes include: road traffic casualties, suicides and drug related deaths which are preventable.

Healthy Life Expectancy

In 2005–07 males in the UK could expect to live in ‘good’ or ‘fairly good’ health for 68.4 years at birth and 12.9 years at age 65; for females, the equivalent figures are 70.4 years and 14.5 years respectively.⁴

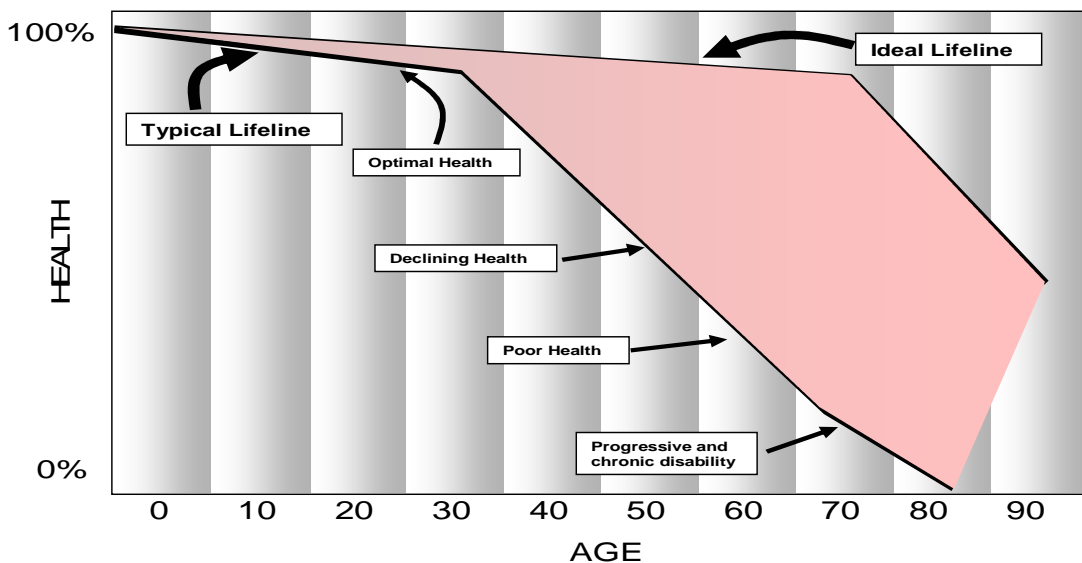
In 2005–07 males in the UK could expect to live 62.5 years free from a limiting chronic illness or disability at birth, and a further 10.0 years at age 65; for females, the equivalent figures were 63.7 years and 10.5 years respectively.⁴

Figure 9 below shows the ideal lifeline for healthy life expectancy, compared to the current trends in England and Wales and demonstrates the need for improvement by all partners and in the health of the public. For the ideal situation to occur we need to promote healthy living and independence. In their thirties and forties people, if they smoke, need to stop smoking, to keep active, to eat a healthy diet and drink safely. They need an income to keep their housing warm and energy efficient. All this helps prevent

⁴ Health expectancy at birth and at age 65 in the United Kingdom, 2005-07 Statistical Bulletin, Office for National Statistics found at <http://www.statistics.gov.uk/pdfdir/health0210.pdf>

declining health in their fifties, and later prevents falls and chronic breathing problems. This will reduce chronic disability and the decline into dependence.

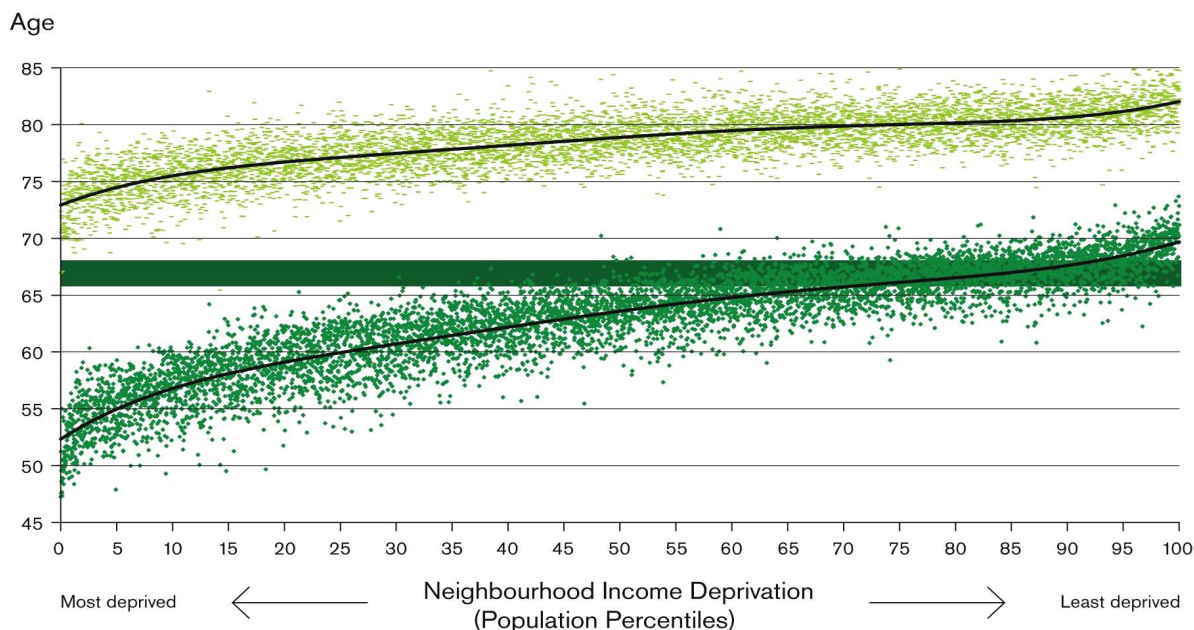
Figure 9: Typical lifeline showing years of healthy life lost compared to ideal lifeline



Economic consequences of differences in Healthy Life Expectancy and Pensionable Age (England & Wales) (Source Marmot Review)

Figure 10 shows that the economic costs of inequalities are created by people failing to reach pensionable age and been able to work. Ill health, means they are more likely to be in receipt of benefits, rather than working, leading to higher care, health and support needs, with greater demand in the areas of deprivations.

Figure 10: Pensionable age, compared to Healthy Life Expectancy, Life Expectancy and Areas of Deprivation



- Life expectancy
- DFLE
- Pension age increase 2026-2046

Source: Office for National Statistics⁵

Inequalities in Healthy Life Expectancy in Cornwall

Inequalities in Cornwall and Isles of Scilly are very evident when healthy life expectancy is looked at and Tables 2 and 3 show the differences between the lowest and highest life expectancy wards in Cornwall and Isles of Scilly.⁵ The tables demonstrate that the area you live and grow up in, can have a significant impact on life expectancy and life expectancy free of ill health. This also demonstrates a likely significant impact on the provision of services in different areas to meet current and future demand and inform priorities for early intervention and prevention to break the cycle of poverty, ill health and inequalities.

Table 2: Male Healthy Expectancy

10 wards with lowest healthy life expectancy at birth			10 wards with highest healthy life expectancy at birth		
Ward	Life expectancy at birth	Healthy Life expectancy at birth	Ward	Life expectancy at birth	Healthy Life expectancy at birth
Penzance East	72.4	62.0	Feock and Kea	81.1	74.7
Redruth North	73.6	64.2	Torpoint West	80.5	74.6
Penzance Central	74.6	64.6	Lelant and Carbis Bay	82.2	74.4
Camborne West	73.9	65.2	St Buryan	80.8	73.8
Bodmin St Mary's	74.4	65.8	Meneage	80.2	73.7
Treverbyn	75.0	66.4	Week St Mary and Whitstone	81.1	73.5
Mount Charles	73.8	66.4	Moresk	80.4	73.4
Liskeard South	74.0	66.5	Landrake and St Dominick	79.2	73.2
Illogan South	76.9	66.6	North Petherwin	79.3	73.2
Camborne North	74.9	66.6	Helston North	79.7	73.1

Table 3: Female Healthy Life Expectancy

10 wards with lowest healthy life expectancy at birth			10 wards with highest healthy life expectancy at birth		
Ward	Life expectancy at birth	Healthy Life expectancy at birth	Ward	Life expectancy at birth	Healthy Life expectancy at birth
Penzance East	77.3	66.8	Altarnun	85.2	79.4
Penzance Central	80.8	69.4	Roseland	85.4	78.4
Trehaverne and Gloweth	77.2	69.5	Mylor	86.0	78.1
Hayle South	77.8	69.6	Valency	86.4	78.0
Meneage	74.8	69.6	Feock and Kea	85.1	77.6
Camborne South	80.6	69.8	Lanivet	84.9	76.7
Camborne North	79.3	69.8	Constantine, Gweek and Mawnan	82.5	76.5
St Blaise	79.2	69.9	Stithians	85.6	76.4
Launceston	77.8	70.1	Moresk	83.3	76.1

⁵ Office of National Statistics <http://www.statistics.gov.uk/statbase/Product.asp?vlnk=14936>

Camborne West	79.6	70.2	Menheniot and St Ives	83.8	76.0
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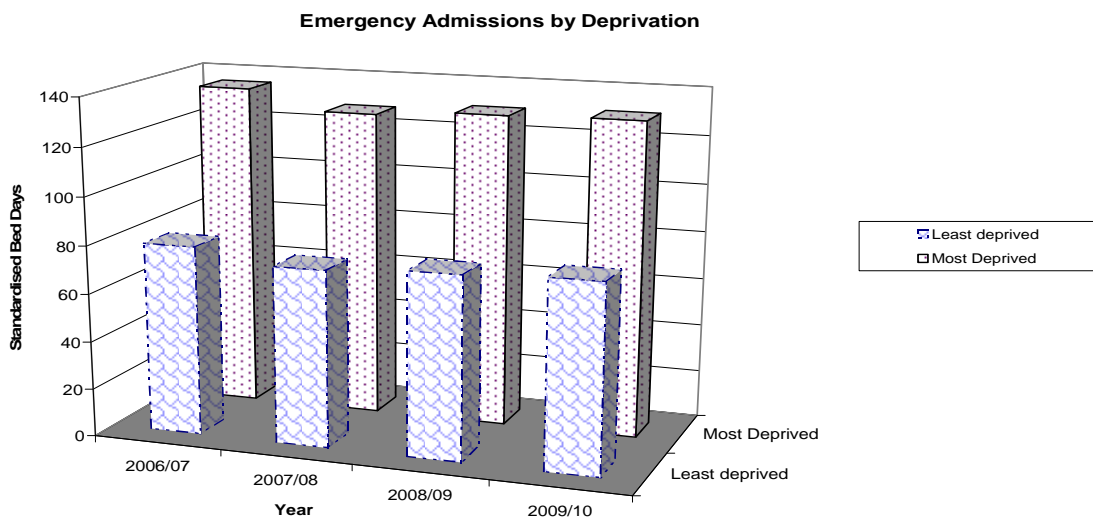
Infant mortality

Infant mortality is defined as the number of deaths of babies under one year of age excluding stillbirths. It is known that the most deprived areas have the highest rates of infant mortality. It is measured at a regional level as the numbers are too small and subject to large variation each year, but overall, infant mortality has decreased but inequalities have not.

Emergency admissions

Analysing data on emergency admissions to hospital shows that health is worse for the most deprived and that emergency admissions of people from the most deprived areas are at a younger age. This continues the picture of inequality giving rise to earlier ill health and disability.

Figure 11: Age standardised bed days for emergency admissions by quintile of deprivation



Hip and Knee replacements linked to deprivation

Hip replacements transform the quality of life of many people and yet there are major variations in hip replacement rates. Evidence suggests that hip and knee replacements in the most deprived areas are far lower than in areas of least deprivation.

Ethnicity & Equality Act 2010

[The Equality Act 2010](#) is a new cross-cutting legislative framework to protect the rights of individuals and advance equality of opportunity for all; to update, simplify and strengthen the previous legislation; and to protect individuals from unfair treatment and promotes a fair and more equal society. 90% of the Equality Act 2010 came into force in October 2010, although the introduction of the socio-economic duty on public bodies remained under consideration.

The 2001 census shows that 95.6% of the population of Cornwall and Isles of Scilly are 'white British' compared with 85.3% of the population of England as a whole. Estimates for 2005 show a slight reduction to 95.2% and 84.7% for Cornwall and Isles of Scilly and England respectively. The numbers estimated by the ONS show a rise in minority groups (not including white non-British groups) in Cornwall and Isles of Scilly from about 5,000 in 2001 to 12,000 in 2005 making up 2.3% of the population.

The Asian or Asian British population is the largest ethnic minority group, estimated at 3,800 people and making up 0.7% of the total population of Cornwall and Isles of Scilly in 2005. All ethnic groups experienced increases in population between 2001 and 2005, with the Asian/Asian British group showing the greatest increase. The white ethnic groups include White British, Irish and Other White. In 2005, the

White British group had decreased as a proportion of the total population to 95.2%. However, Irish and Other White had both increased as a proportion of the total population together making up 2.5% of the population.

It is essential to ensure that our services for older people are sensitive to the needs of the ethnic minority population as the numbers of people reaching retirement age increases. Comparing employment for those from a BME background with the population as a whole shows a similar pattern of employment in the two populations except for the larger percentage in the ethnic minority population who are full time students and a slightly higher percentage who have never worked. Around Truro there are a larger numbers of higher managerial professionals (19%) and students (24%). It is important we ensure good access to services for this group including awareness of particular health risks for different ethnic groups and signposting which includes interpretation and translation services where appropriate.

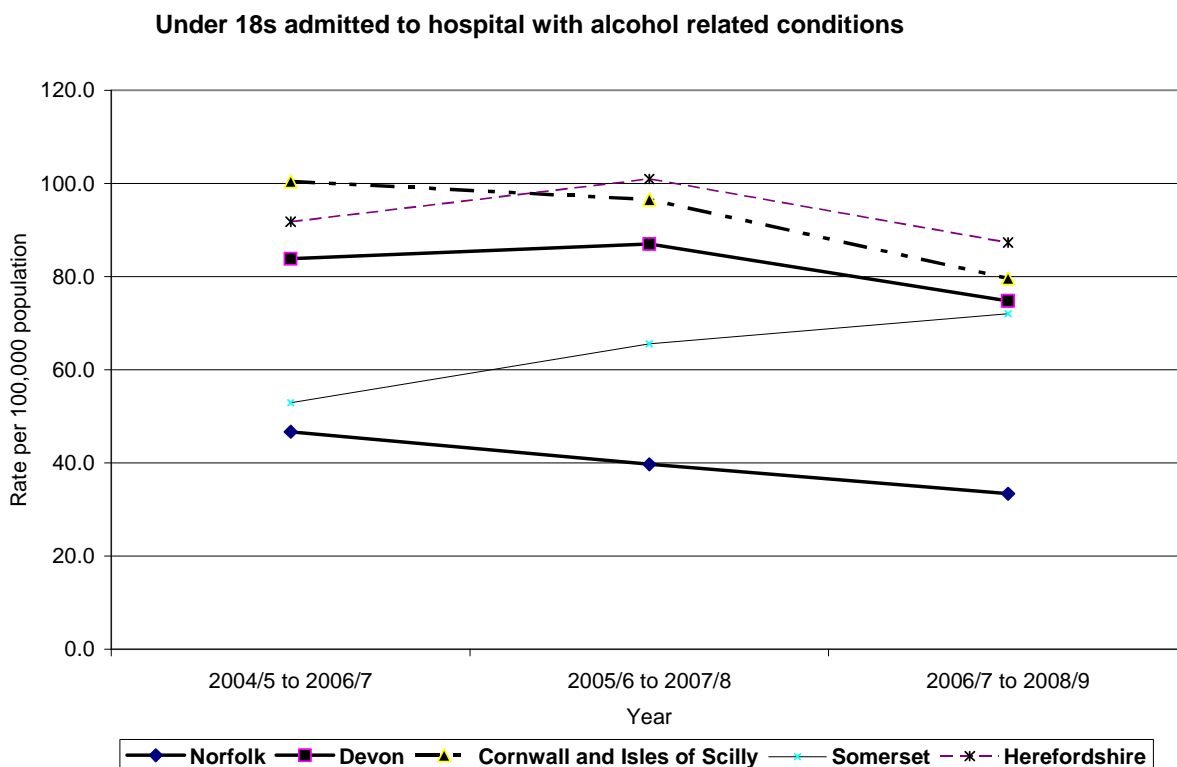
It is also noted that for drug treatment that there are “very few referrals and low numbers for Black, Asian and other ethnicity”. However the LGBT (Lesbian, Gay, Bisexual & Transgender) network reported a higher rate of drug and alcohol problems amongst them, but with little experience of the treatment system (Source 2010/11 DAAT team Needs Assessment).

Alcohol and Young People

Reducing alcohol consumption should positively impact on young people's lives in many ways and assist in reducing risky behaviours that can have short term and long term health effects. The trend in admissions within Cornwall and Isles of Scilly is downwards.

Figure 12: Under 18's hospital admissions with Alcohol Specific Conditions standardised bed days for emergency admissions by quintile of deprivation

(Source: North West Public Health Observatory)



Summary

The information in this section has highlighted some of the main inequalities in Cornwall and Isles of Scilly and that causes are multiple. Inequalities have a direct affect on our communities and impact on the services provided to support these needs. The planned changes to public services and the NHS offer potential to impact on people's health and well being and this strategy highlights some of the areas where our efforts are needed most.

Section 3: Give every child the best start in life

Introduction

Giving every child the best start in life is a key factor in ensuring future healthy outcomes. Health provision has an important role in direct provision of high quality maternity services, sufficient health visiting services and to signpost to other appropriate services. Children in care need renewed support to reduce the inequalities in their life outcome. The Marmot review of health inequalities identified the importance of intervening early in childhood in order to improve health and wellbeing.

Key Facts

The outcomes for both children and adults are strongly influenced by the factors that operate during pregnancy and the first years of life. (Centre on the Developing Child, 2007). (England and Wales)

The emotional health and wellbeing of child, mother, the supporting role of the father and on the importance of early identification of mental health problems is highlighted. Source: Updated Healthy Child Programme (DH, DCSF, 2009). (England and Wales)

Mental health issues were of concern for an average of 21% of families with a child under 2 yrs old. Cornwall & Isles of Scilly Health Visitor survey (March 2010).

Nationally, it is estimated that about one in ten new mothers suffer some mental health ranging from mild conditions of anxiety or depression to more severe cases (England and Wales)

Smoking in pregnancy reduced from 21% (2006/7) to 15% (2009/10) (Cornwall and Isles of Scilly).

2 million children a year are taken to hospital following an accident but nearly a quarter of all these accidents happen in the home to children under five years (England and Wales)

There are between 25-30 infant deaths every year, over half are in the first week of life (Cornwall and Isles of Scilly).

Deaths in infancy are more likely to occur in families who work in routine and manual occupations (England and Wales)

16% of children are classed as living in poverty but in some parts of Cornwall, this rises to 61% of children (Cornwall)

Children and their families living in poverty

Real Choices, through Cornwall Works is tackling child poverty in Cornwall and delivers a package of comprehensive support to meet the specific needs of each person. The greater the level of poverty, the greater the inequalities in health. Children living in poverty suffer poorer health and wellbeing outcomes when compared to the general population such as an increased risk of death or injury, lower educational attainment and higher rates of unhealthy weight.

Each family or individual can access a range of support. Statutory services working closely alongside the voluntary and community sector has enabled this flexible approach. For example, Voluntary and Community Sector (VCS) partners provide family getaway days for families, linked to volunteering and extended services opportunities. Other activity includes training for different agencies to help them tackle barriers to employment and providing volunteering opportunities to raise aspirations and confidence. Improved outcomes from the project have included increased uptake of family support services and better employment rates among targeted groups.

The Family Nurse Partnership provides intensive support to teenage parents to improve health and wellbeing for these children and families who are usually at higher risk of poorer outcomes

The aim of the Child Poverty Strategy (Inclusion Cornwall - 2010) is to break the cycle of poverty and deprivation and stop it being passed from one generation to the next. The following case study demonstrates the benefits of organisations working together to tackle the causes of becoming ill, to ensure people can sustain their own lives, become more independent and support the needs of others within their community.

Case Study: Child Poverty alleviated through partnership working

A local family were initially referred through to Cornwall Works Hub by their Health Visitor, following the birth of their second child. Mum was on maternity leave from her part time job and Dad had been out of work for a number of years due to health problems preventing him from working within his former trade. The family were experiencing considerable financial hardship and the initial referral was focussed on an enabling fund request for furniture and equipment for the new baby.

Following initial discussions with a member of the Cornwall Works team the family have received a range of support from partners;

- the NHS Home Safety Scheme providing home safety equipment,
- the Citizens Advice Bureau providing debt renegotiating advice resulting in immediate relief from some of the financial pressure, and
- through Lizard Pathways to Employment Dad has received the support needed to retrain and now has a job offer on completion,
- the family are now also working with Job Centre Plus who will be providing additional in work benefits, grants, advice and calculations to further support the return to work.

Best Start in Life (2011)

NHS Cornwall & Isles of Scilly have invested in improvements to health visitor and school nurse services and will benefit from the planned national improvements. Families with young children will be offered improved help and support through the "Health Visitors Implementation Plan" that sets out the full range of services that families will be able to expect from health visitors and their teams, depending on their needs. The service will:

- develop, support and promote the services set up by families and communities themselves as part of the 'Your Community' service;
- deliver the Healthy Child Programme - ensuring all children get the essential immunisations, health and development checks - as part of 'Universal Services';
- ensure a rapid response with expert help for problems like postnatal depression or a sleepless baby - as part of the 'Universal Plus' Service; and
- provide ongoing support as part of a range of local services working together and with disadvantaged families, to deal with more complex issues over a period of time - under the 'Universal Partnership Plus' service.

Unintentional injuries in Childhood

Unintentional injuries (also known as accidental injuries) put more children in hospital each year than any other reason and are second only to cancer as the leading cause of death for children and young people aged 1-14 years. Each year in the UK, accidents involving children result in more than 2 million visits to Emergency Departments, 130,000 emergency hospital admissions and the death of over 200 children.

Efforts to reduce unintentional injuries have seen a decrease in death rates in recent years, however the social-class gradient remains steeper than for any other cause of death in childhood. Generally, children of parents who have never worked or are long-term workless are 13 times more likely to die from an unintentional injury and 37 times more likely to die as a result of exposure to smoke, fire or flames than children of parents in higher managerial and professional occupations. Source: Department of Business and Regulation (BIRR) Home Accidents Surveillance System. Inequalities also exist across the age groups, genders, ethnic groups and geographic areas. The under 5s suffer nearly half off all child accidents in the home, whilst road accidents cause the most serious injuries and deaths overall.

However it is now widely accepted that many serious injuries, which can have long-term health, social and economic consequences for children and their families, can be prevented. In 2009, a multi-agency partnership was formed in Cornwall and Isles of Scilly to achieve a local reduction in the incidence and

impact of serious unintentional injuries in the 0-19s. The work of this group is mainly preventative with the following key areas of focus:

- developing the skills and capacity of the local, multi-disciplinary children's workforce with accredited child safety training.
- empowering families with timely, high-quality and consistent safety messages and advice.
- co-ordinating targeted awareness raising campaigns based on local need / information.
- utilising existing opportunities and provision to raise awareness and support families e.g. the local Healthy Child Programme and parenting classes and resources.
- aligning to the local child death review process to ensure learning is implemented from avoidable, unexpected child deaths to prevent further suffering.

Road Casualties

Accidents and injuries are the biggest single cause of death in both childhood and youth, with over 50% of deaths by injury of 5-14 yr olds involving transport collisions. Rural roads have a higher incidence of more severe injury crashes, and motorcyclists tend to be more seriously injured.

Environmental factors such as increased traffic levels and speeds have heightened parental/public perception of road danger. This could have decreased active travel choices, e.g. walking and cycling to school and other physical activities and contributed to the rise in obesity.

Unintentional injuries

Unintentional injuries are the leading cause of death among children aged 1-14 and put more children in hospital than any other cause. Accidents are second only to cancer as a leading cause of death for children and young people. Children from disadvantaged backgrounds are more likely to suffer accidental injury or death. Cornwall and the Isles of Scilly benefits from the "Safe at Home scheme".

Generally, children of parents who have never worked or are long-term workless are 13 times more likely to die from an unintentional injury and 37 times more likely to die as a result of exposure to smoke, fire or flames than children of parents in higher managerial and professional occupations. Source: Department of Business and Regulation (BIRR) Home Accidents Surveillance System.

Breast feeding

Breastfeeding gives a baby all the nutrients they need for the first six months of life. In Cornwall and the Isles of Scilly, 77% of mothers start breastfeeding. However, by the time the baby is 6-8 weeks old, this has reduced to about 46%. In order to enable as many women as possible to continue there are several projects underway. Infant Feeding Co-ordinators provides support to mothers and their baby, as evidence shows the first and early feeds appear to be the best time to offer additional support.

Weaning

The First Food weaning programme aims to improve parents' knowledge and skills when introducing solid foods to their children. Support includes practical cooking tips, advice on home budgeting and action to reduce health inequalities in this area. A healthy diet is an essential part of any child's development. Increasing levels of childhood obesity are a concern and create significant risks around health and wellbeing including diabetes, heart disease and cancer.

Maternal mental health

Pregnancy and the period after childbirth can bring a range of emotional changes for the mother, her partner and other members of the family. Many mothers find that these changes are positive but some undergo emotional upheaval that can result in mental health problems. Positive interventions can promote a strong attachment to the child and positive parenting. In 2010, a new peri-natal mental health pathway was set up to identify potential vulnerability to a mother's mental health and strategies support both the child and the mother.

Infant Mortality

Infant mortality is defined as the number of deaths of babies under one year of age excluding stillbirths. Every baby's death is a tragedy for the family concerned, and reducing the risk of this happening is a key local and national priority. It is known that the most deprived areas have the highest rates of infant

mortality. In 2001 the target was set to reduce inequalities in infant mortality and it has decreased, but inequalities in deaths have not.

The Department of Health has identified the interventions that would work fastest to reduce infant mortality in order of effectiveness and these are:

- Increasing the rate of breastfeeding initiation;
- Reducing child poverty;
- Reducing the prevalence of obesity;
- Reducing the rate of smoking in pregnancy;
- Targeted interventions to reduce Sudden Death in Infants (SUDI);
- Reducing overcrowding;
- Reducing conceptions in the under 18s.

Partnership working is essential for the success of these interventions

Obesity and Pregnancy

Being an unhealthy weight (BMI rate of 30) has become one of the most commonly occurring risks of pregnancy. There is also evidence to show obesity may be a risk factor for maternal death. Dealing with more complex needs of heavier mothers also puts a significant pressure on NHS time and resources. Obesity in pregnancy has increased from 9-10% in the early 1990s, to 16-19% in the 2000s.

Reducing smoking in pregnancy

A key priority is to reduce smoking during pregnancy and reduce the number of women who return to smoking once the baby has been born. Smoking leads to an increased risk of miscarriage, stillbirth, premature birth, and birth defects. A baby's future health can be affected for the rest of its life. This risk is made worse if the baby is exposed to second-hand smoke after birth.

Children in care and leaving care

In 2009, there are between 400 – 500 local children and young people (up to the age of 16) in care and a further 100 from outside Cornwall. There were no children in care on the Isles of Scilly. To establish the major child welfare challenges in Cornwall and the Isles of Scilly, and to recommend ways to close the inequality a health equity audit has been completed. Initial evidence shows that for children in care, 19% achieve 5 GCSE's or equivalent (A* to C), compared to 69% not in care.

Section 4: Enable all children, young people and adults to maximise their capabilities and have control over their lives

Introduction

Personalising health improvement is vital to support families, individuals and the community to make choices to improve their health and well being. However, it will be vital to ensure that such an approach addresses health inequalities and does not widen existing inequalities.

Key Facts

The infant mortality rate for babies born to teenage mothers is 60% higher than for babies born to mothers 25 to 35 years of age. (England and Wales)

Teenage mothers are 3 times as likely to smoke throughout their pregnancy, and 50% less likely to breastfeed than older mothers, both of which have negative consequences for the child. (England and Wales)

Teenage parents and their children are at increased risk of living in poverty (England and Wales)

In Cornwall and Isles of Scilly, each conception costs the NHS £2,000 and each unplanned teenage pregnancy costs NHS and social care up to £46,000

Disability can reduce life expectancy by up to 13 years (England and Wales)

Inactivity affects 60% of the adult population (England and Wales)

Inactivity affects more people than the well known conditions of obesity, alcohol misuse and smoking combined

Inactive patients on average spend 38% more days in hospital; have 13% more specialist services and 12% more nurse visits (England and Wales)

Many people living in Cornwall & Isles of Scilly have a range of long term conditions:

8,000 people have chronic obstructive pulmonary disease (COPD);

10,000 people have had a stroke;

8,000 people have dementia, with most are over 80 and this number is rising.

23,000 people have coronary heart disease (CHD);

19,000 people have diabetes.

15,000 people aged 65 and over suffer with continence problems;

75% of people over 75 are suffering from a chronic illness of which 45% have more than one condition.

1 in 6 deaths are before people reach 65, many of which could be prevented (England & Wales)

Children, young people and adults at greater risk of ill health

There are an estimated 3,100 and 5,700 children experiencing some form of disability (or between 3.0% and 5.4%), based on national trends, in Cornwall and the Isles of Scilly. 29% of disabled children nationally live in poverty.

Disabled children and young people currently face multiple barriers that make it more difficult for them to achieve their potential and to succeed in education. The educational attainment of disabled children is far lower than that of non-disabled children. Disabled young people aged 16-24 face a tendency for support to fall away as young people move from child to adult services. Families with disabled children report particularly high levels of unmet needs, isolation and stress.

Reducing Teenage Pregnancy

The number of teenagers falling pregnant in Cornwall and the Isles of Scilly has dropped by 10%, since 1998 to its lowest level at 30 per 1,000 and is now significantly below the national average rate. Current intentions are:

- Schools delivering high quality sex and relationships education (SRE) and parents and carers have been supported through the Speakeasy programme. SRE in schools has been shown to contribute to a reduction in unplanned teenage pregnancy.
- The C Card scheme, a free condom distribution scheme, for young people has been expanded and there are now over 100 outlets.
- A mobile young people's sexual health information service continues to run in areas where there are high and increasing rates of conceptions and also in areas where there are a lack of services for young people.
- Commissioned through Brook, a Boys and Young Men's worker aims to further reduce teenage pregnancies, through raised aspirations and confidence, improved emotional wellbeing and self-esteem, encouraging participation and developing lifestyle awareness and relationship skills, with the aim of reducing unsafe risky behaviour, reducing teenage pregnancies and improving sexual health.
- Evidence suggests that in times of recession it is more likely that teenage pregnancies increase. Figures continue to be monitored closely.

Sexual Health

The levels of sexually transmitted infections and risks from sexual violence and teenage pregnancy are a concern. Investing in better sexual health can help to protect health and wellbeing across the population. The Sexual Health Strategy for Cornwall and the Isles of Scilly has six key objectives to:

- reduce the transmission and prevalence of undiagnosed HIV and STIs
- ensure appropriate services for all and high uptake for high-risk or underserved groups
- improve health and social care for those living with or affected by HIV
- reduce the stigma associated with HIV and STIs and normalise access to sexual health services
- reduce levels of unplanned teenage pregnancy
- improve the sexual health of young people

Key achievements include:

- all clinical appointments offered within 48 hours of contact ;
- outreach work in schools, commissioned through Brook
- new Sexual Health Hub opened in Truro;
- new Sexual Assault Referral Centre (SARC) opened to improve local service provision.

Dentistry

There are a range of young people – including young offenders who cannot access general health and dental services. Access to dentistry to prevent inequalities, has been identified as an issue in local community consultations, for example some children and adults with special needs who require dental treatment.

Services and Ex Services personnel

An anticipated pressure on the NHS, through returning, injured war veterans, for whom the Ministry of Defence (MoD) have provided high specification artificial limbs. Cornwall has a large number of forces bases and consequently large numbers of returning personnel. This group may have high mental health needs which need to be recognised and addressed.

Domestic abuse

Domestic abuse is a serious health issue. Domestic violence can be broadly defined as a pattern of abusive behaviours by one or both partners in an intimate relationship such as marriage, dating, family, friends or cohabitation. Domestic violence has many forms including physical aggression (hitting, kicking, biting, shoving, restraining, slapping, throwing objects), or threats thereof; sexual abuse; emotional abuse; controlling or domineering; intimidation; stalking; passive/covert abuse (e.g., neglect); and economic deprivation. Alcohol consumption and mental illness can be co-morbid with abuse, and present additional challenges when present alongside patterns of abuse. Nationally in women aged 19-44 it is the leading cause of morbidity and one in four women experience it at some stage. Domestic abuse can

result in self harm and attempted suicide and victims are more likely to use illicit drugs or alcohol. Domestic violence is a crime which takes place largely unseen but which has massive impact on victims, their children and the wider community. Locally, it accounts for 24% of all recorded violent crime, ranging from common assault to rape and murder.

It does not respect race, gender, geography, social background or other similar factors. Tackling domestic violence and abuse requires a multi-agency response if the services and expertise that partner agencies can bring are to be properly utilised and built into the development and delivery of an effective local strategy. Voluntary and statutory agencies in Cornwall and the Isles of Scilly are currently active in seeking to tackle domestic violence and abuse.

Children's health can also suffer if the abuse reduces the ability of the non-abusing parent to parent effectively. In families where there is domestic violence or abuse, children are frequently abused by the violent parent and this can have very damaging long term effects on their mental health, sense of identity and ability to form relationships. Other common effects on children's health include anxiety, panic attacks, nightmares and bedwetting. For young people there are increased risks of self-harm, drug and alcohol misuse and an early introduction to the criminal justice system.

Learning Disabilities

People with learning disabilities are living longer, and as their life expectancy increases, they are experiencing diseases that are associated with older age groups. Their life expectancy is still lower than the Cornwall and Isles of Scilly average. A joint needs assessment is looking at the needs of people with learning disabilities. The CHAMPs programme and the changes needed to make services more accessible and promoting the needs of people with learning disabilities are steps towards making the services more appropriate for the users. The Health Champs scheme has led to a significant increase in people with learning disabilities working for the NHS. Health Champs are training and advising health professionals how to make the NHS more accessible to people with learning disabilities. Their insight is unique as they see the NHS from both the employee and "customer" side and demonstrates further our commitment to equality and diversity

Gypsy and Travellers

Gypsies and travellers have the lowest life expectancy in Britain today with a life expectancy of 46 years. This is similar to someone living on the streets. 18% of Gypsy and Traveller mothers experience the death of a child compared to 1% of the settled population. Through Patient and Public Involvement (PPI), aim to reach all areas of the community to make sure that people get heard especially those who might not get heard otherwise and are encouraged to engage with the NHS. This has included work with gypsy and travellers and now includes working with homeless.

Gypsies and Travellers, they have told us their problems with the NHS and how they think it can be improved. This will help us to see what differences can be made to help them e.g. through the health for homeless service, the NHS will raise awareness of the facilities at Cardrew Health Centre. Gypsy and Travellers are served by these services in Central and West Cornwall but in East and North Cornwall evidence suggests they access local GP practices.

Health Trainers

The Health Trainer Service works by "personalising health improvement" which is "vital to support families, individuals and the community to make choices to improve their health and well being"; to make their own positive behaviour changes and move to a healthier lifestyle. The Health Trainers provide one-to-one support to people who wish to make positive changes to their lifestyle and recognise that people to take their own health and well being as a personal responsibility and assist in their development of self esteem, confidence and empowerment.

There are many reasons why people do not access services, including limited knowledge of availability, lack of confidence and poor previous experience. Centring the service within local communities ensures that Health Trainers are accessible and approachable. People are supported on their own terms, in their own locality. Although referrals are received from partners including CAB, housing associations and GPs, many clients self refer after word-of-mouth from colleagues, family and friends.

Health Trainers help in the following areas of your life: people, family, community health (eg. diet, exercise, smoking...), housing, debt, safety, work, learning, leisure. The health trainers cover the following areas: Parc an Tansys, Pengegon, Treneere, Newquay, The Clay Areas, Liskeard, Redruth North, Saltash, Torpoint, Bude, Kinsman and Berryfields, Malpas and Trelander Estates, with floating support covering: Wadebridge, St Austell, Gunnislake, Launceston, Callington, Falmouth and Malabar Truro.

Migrant Workers

Migrant Workers have helped the local economy for many years. The Cornwall Migrant Workers Group was set up in 2005 and combats the inequalities that some migrant workers might face, and the Migration Impact Fund has helped us to keep migrant workers out of crisis and help them feel part of the Cornish community.

NHS Cornwall and Isles of Scilly support the Migrant Worker Pack that contains key information on health, housing, education, welfare benefits and legal advice, local knowledge and special services for migrant workers. It is written in Polish, Portuguese and Russian as well as English, and has been given to front-line staff that help migrant workers every day. This is complemented by the Safety Net a document for frontline staff who may encounter migrant workers and gives concise and useful information on how to best help and support them.

Changing Lives – Big Society

Led by the voluntary sector and supported by statutory sector partners Cornwall and the Isles of Scilly will respond to the challenges of the Big Society by building on the foundations of volunteering, natural resources and a shared vision of the future as outlined in the Sustainable Community Strategies. The aim is to improve the health and wellbeing of the community by creating a culture that encourages mutual aid, with communities taking control and responsibility. To achieve this, we must build up a network of “agents” from the statutory and voluntary sector together with volunteers in the community to work together in a locality.

Changing Lives seeks through partnership to demonstrate the positive impact of community-based activity on reducing health inequalities, improving cohesion and enhancing the health and wellbeing of our senior population through:

- the development of universal services
- creating new access points and virtual integrated hubs through statutory and voluntary sector resources
- understanding the role of specialist teams through shared outcomes
- adding value to clinical interventions by providing ongoing maintenance and support to individuals, their carers and families
- developing tools for people to use themselves to understand, maintain and develop their own solutions to their own conditions
- supporting a cultural shift of mutual aid where people naturally see it as their responsibility to support the most vulnerable in communities

This is a significant shift of thinking and resources away from ‘problem management’ and towards preventive activities and examples of solutions for improving health and wellbeing include:

- Improving housing conditions
- Supporting carers
- Supporting people with disabilities or vulnerable people to make the most of universal services and be an active member of their community
- Leisure and social opportunities
- Intergenerational projects
- Time banking reciprocal initiatives
- Environmental initiatives.

Section 5: Create fair employment and good work for all

Health has a vital role in being a good employer. The public sector is by far the largest employer in Cornwall and the Isles of Scilly and needs to take the lead in using best practice. The Future Cornwall Strategy (Sustainable Community Strategy 2010 – 2030), has four priorities for investment. One of the four priorities is Income, skills & poverty, with more jobs paying higher wages and better quality jobs across the economy, combined with a high proportion of high value businesses and innovation.

Key Facts

The Marmot Review recognised that social inequalities frequently lead to health inequalities (England and Wales)

The gap in life expectancy between people with low and high incomes is six years (Cornwall and Isles of Scilly)

Inequalities affect the ability to work but good work is good for your health (England and Wales)

37,000 people identified as workless and 26,000 of those are receiving health related benefits (Cornwall and Isles of Scilly).

Cornwall's suicide rate is high compared to England, with between 50 and 70 people a year living taking their own lives (Cornwall and the Isles of Scilly)

Cornwall Works: Ready to Work Strategy

Cornwall Works is a strategic approach to tackle worklessness that coordinates and joins up employment and skills activity. It helps people to move towards work and once there, stay in work.

Health impacts on work and work impacts on health. Work can make a significant contribution to health and wellbeing. The Cornwall Works approach supports people to move towards and into work at their pace, through a preventive approach. Some activities have flexible Enabling Funds to overcome barriers, which can be used for many different things i.e. a suit for an interview, childcare, or driving lessons.

Reducing child poverty is key to improving people's ability to live a healthy life. Equally, reducing inequality through Cornwall Works 50+ (Cornwall Works 50+ looks at new ways to support older people to overcome the challenges they may face when seeking employment, such as care responsibilities, health conditions or confidence and skills issues) could increase life expectancy and enable people to live longer, more active lives. The greater the level of poverty, the greater the inequalities in health. A route out of poverty also offers a route to a healthy life. The Cornwall Works Hub is a central hub of resources for partners, individuals and employers.

NHS Cornwall & Isles of Scilly supports the Cornwall Works Strategy which offers the following approaches:

- making a difference to inequalities by helping more people into work and training through a "ready for work" strategy that delivers a joined up approach to welfare to work activity;
- delivers efficiencies through joining up programmes, services and organisations through the Cornwall Works Hub;
- adds value by filling gaps in provision and piloting new approaches to delivery, based on evidence of need;
- tackles disadvantage through delivery that focuses on both prevention and inclusion, ensuring everyone can achieve their full potential.

Delivery that has been developed as a direct result of the Cornwall Works strategy includes:

- The health trainers programme, delivering personalised support and behaviour change

- Cornwall Works for Social Enterprise, where 30% of participants who go into work are claiming health related benefits and 25% have a disability
- Cornwall Works for Learning Disabilities, providing tailored pathways to employment for people with learning disabilities
- Cornwall Works Plus, engaging more people in activity in disadvantaged neighbourhoods
- Tackling Child Poverty, by targeting families most in need of support
- Cornwall Works 50+, helping more people over 50 into positive activity, volunteering and work
- Cornwall Works 50+ Cares, building capacity and career route ways to tackle the challenge of an ageing population
- Inclusion Cornwall Debt and financial inclusion sub-group
- Advice Plus, building capacity and transforming Citizens Advice Bureau services

The good news is that we are living longer. Consequently Cornwall's workforce is getting older with a projected increase in the number of people aged 50+ in employment. This is a positive situation for Cornwall but the challenge is to retain the skills and experience of workers over the age of 50. If a person over the age of 50 loses their job there are a number of reasons why it can take them longer to get back into work. People over 50 are more likely than younger people to have multiple barriers to work such as a health condition and low or out of date skills.

Early intervention pilots

Work helps people to realise their full potential, provide financial security, improve health and secure better prospects for a secure future for individuals and families. The aim to reduce inequalities that arise from illnesses, many of which are preventable, to ensure more people are able to maintain work, training and volunteering, for example:

- "Lets Get Moving" to improve activity, reduce illnesses, reduce loss of work and absence of work, improve productivity and well being of community and reduce risk of initial falls and repeat falls;
- "Fit Notes" replaced "sick notes" for GP's to state what someone can do and replace "sick notes" that sign people off work and can then become detached from the labour market;
- Healthy Workplaces, and support for small businesses to have access to Occupational Health services, offer opportunities for services to maintain people in work. The Cornwall Chamber of Commerce, with the local NHS secured Regional Challenge Funding for health check days for small businesses;
- Health Check Programme' introduced for all 40-74 year olds every five years, to check for the following risk factors: smoking, physical inactivity and a sedentary lifestyle, high blood pressure, raised cholesterol levels, obesity, alcohol consumption and irregular heart beats. Patients are offered interventions aimed at reducing risks of: coronary heart disease, stroke, diabetes and kidney disease.

Healthy Workplaces

NHS Cornwall and Isles of Scilly runs a healthy workplace award scheme, with Cornwall Chamber of Commerce that recognises the efforts of local employers. Promoting health and well being at work can help to deliver a wide range of long term improvements like achieving a healthy weight, improved mental health and reducing stress.

This award is important because it supports healthier lifestyles among all employees and helps to address some of the key targets for improvement , including help:

- for people who smoke to give up and stay smoke free
- for people to achieve and maintain a healthy weight
- to improve mental health and well being and for people with mental health problems so they can have the same opportunities as everyone else.

A healthy, happy workforce saves significant costs to employers and the local economy and makes Cornwall a more resilient place to live and work. Local employers such as Ginsters and Coastline Housing are one of six national case studies being promoted by the British Heart Foundation. Work is progressing within the NHS to assess workplaces against this good practice award. Individual teams or sites are being encouraged to use the award that make changes that staff most want to see. Cornwall Council and Isles of Scilly Council's are also developing a programme of support for employees. New

businesses are being encouraged onto the award scheme all the time and workplaces are being used as a key setting for health and wellbeing interventions.

Mental health

The 2011 “No Health without Mental Health” Strategy published by the Government highlighted the cost of mental health to the economy in England at £105 billion. Mental health problems are common among all age groups, representing about a third of all GP consultations. Mental health problems directly affect about a quarter of the population, with depression and anxiety being the most widespread conditions. For information about mental health in Cornwall and Isles of Scilly, the information is all held on one website www.cornwallmentalhealth.com.

Department of Work and Pensions information highlights that of around 19,000 people receiving Incapacity Benefit in Cornwall and Isles of Scilly, around 7,000 have mental health. Mental health can be affected by many social and environmental factors, bringing unequal access to a wide range of opportunities in society, such as paid employment, volunteering, housing, lifelong learning, financial services, access to civil rights and social participation. This exclusion may be compounded by other issues, such as transport links, gender or race.

Suicide

The local rate has been higher than the national average for a number of years. On average six people are found to be deeply affected by each individual death, suggesting that around 400 people each year in Cornwall and Isles of Scilly are devastated by the suicide of someone close.

‘Improving mental health and reducing suicides’ has been highlighted in the NHS strategic plan for the county as a priority for action. In response to the increase in the number of suicides of young people within the South West Peninsula area the Child Death Overview Panel is drafting a multi-agency template for the Peninsula rapid response to childhood suicide and support for families.

The police currently lead on these investigations and are interested in modernising their protocol with comprehensive multi-agency input to improve standards. Suicides are a factor in the second age peak of childhood death incidence after infancy and although there has been an increase it is important to emphasise that the overall number is small – less than five within the Peninsula in 2010. The second Child Death Review regional south west themed panel meeting will be addressing suicide to share learning and ‘good’ practice and to look at any preventive measures that can be put in place.

Local suicide rates among people aged 75 and over have given cause for concern in recent years. The strategy to tackle this has included raising awareness among service providers of suicide risk and the need to recognise and treat depression in older people

Section 6: Ensure a healthy standard of living for all

Future Cornwall (Sustainable Community Strategy 2010 – 2030), has four priorities for investment. One of four priorities is affordable homes for local needs, so that everyone has a warm, safe, well maintained home they can afford to live in as part of a local community. Another priority is resilience to future challenges so that communities are resilient to whatever the future holds, with everyone involved in finding and delivering solutions to enable creation of a low carbon economy, energy efficient homes, sustainable energy generated locally and local food. Increasing work opportunities is crucial in Cornwall and Isles of Scilly.

Key Facts

Volunteering: 32% of people volunteer in Cornwall, compared to 28% nationally (Cornwall)

Volunteering is worth the equivalent of £390 million to the local economy (Cornwall)

Cornwall and Isles of Scilly is a model for telehealth, with 850 patients registered and 650 already monitored each day

Economic downturn and changes

Businesses and people throughout Cornwall and the Isles of Scilly have been affected by the downturn. For many individuals the economic downturn of the last two years has resulted in higher levels of stress and anxiety linked with unemployment and money worries. The changes to the public sector in Cornwall and the Isles of Scilly may have a future impact on inequalities.

As well as providing a steady income and a source of social support, regular employment defines the lives of many people and gives them their sense of place in the world. Losing a job can mean a loss of status and even a loss of identity, which in turn can lead to a loss of confidence and self esteem. This can result in a greatly increased demand for health services.

Cornwall Debt and Financial Inclusion Group

Cornwall Debt and Financial Inclusion Group, led by Inclusion Cornwall focuses on financial inclusion. This group has supported the development of:

- Better Advice, Better Health pilot with GPs and Citizen's Advice Bureau (CAB) in Pool, Hayle, Liskeard and Saltash to offer 'better advice, better health advice on prescription';
- Cornish Community Banking: launched in 2010 to offer financial services to anyone living in Cornwall and Isles of Scilly. To help residents help themselves to save, current accounts, affordable loans and overcome any financial distress caused by debt;
- Advice on doorstep lenders;
- Fuel poverty;
- Advice and information through the "Feeling the Pinch" leaflet which is updated regularly.

Important local work to reduce debt and promote health is being done by providing debt advice and affordable warmth advice by organisations such as CAB within GP practices, Community Energy Plus and community network offices. To offer these services across Cornwall and Isles of Scilly may require a new approach, to ensure that all can benefit and ensure that it is a cost effective way to reduce the onset of mental health problems and address the inequality of income.

Volunteering

It is known that volunteering has both physical and mental health benefits and can prevent early death and disease. Volunteering has multiple outcomes, producing individual benefits; helping to build strong inclusive communities and enhance the environment. Through working with Volunteer Cornwall, NHS Cornwall & Isles of Scilly supported the St Austell Time Bank, the first in Cornwall. Time banking started in 1998 based on the time exchange principle of one hour of giving is traded for one hour of receiving help.

The Health Promotion Service has over 70 NHS Health Champions (volunteers). Health Champions work countywide, with volunteers signed up from Newlyn to Bude, The volunteers from all age ranges and walks of life, all with differing backgrounds and all volunteering for different reasons, often enthused by their own experience to “spread the word”. Prospective Health Champions are “recruited” via various means such as the health trainers, by word of mouth, website or signposted from Volunteer Cornwall. Cornwall Healthy Living Centre recruits Wellbeing Volunteers to support others on the road to better health and vulnerable individuals in the community and recruit and place volunteers in health related-organisations, thus improving their confidence and self-esteem.

For example, they work alongside Health Trainers, assist the Stop Smoking Service at clinics, help Healthy Schools staff in schools with lunchbox awareness sessions, help run Streetgames coaching lessons and assisting with Get Cooking. Some Health Champions have been trained to run Streetgames and enable the project to move to other areas, some are now trained Walk Leaders who help with the Mobilise! Project and in some cases the Health Champions go on to paid employment because their skills and self esteem have been raised, which has had a positive impact on their economic circumstances and reduces health inequalities. Recently, the Health Champion scheme has been extended to include young volunteers to assist with the EEFO programme and its “mystery shoppers”.

There is scope for Health Champions to do as much or as little as the volunteer would like. All Health Champions undergo CRB and Occupational Health clearance prior to commencement, and all undergo mandatory training.

Cornwall Healthy Living Centre (CLHC)

Cornwall Healthy Living Centre provides wellbeing information, projects and activities, and brings health professionals and community sector organisations together to improve the health and wellbeing for local people. Through the CHLC, two part-time Wellbeing Facilitators are employed and based at St Ives and Hayle working alongside GPs and health professionals to support patients with more complex social and psychological needs in order to promote positive lifestyle at primary care level. This helps to reduce the gap between people with the best health and those with the poorest health by targeting support where it is needed most. The Centre complements the work of the health trainer service and offers another referral route for improving health.

Volunteer Cornwall organised the “Celebrates Volunteering Awards” in 2009, repeated in 2010. Health Promotion supported the Health award and two Health Champions won three top awards in 2009: Vulnerable Adult Award, Community Volunteer Award and Volunteer of the Year.

The Health Promotion Service works towards removing “barriers to community participation which is important in reducing social isolation and improving well being”. Through a Small Grants Scheme community groups have been supported to promote social inclusion through projects for community involvement and participation, active recreation and environmental projects and arts for health within the community.

Accessing Health Care and Well Being Information

Many people with chronic health conditions are struggling on low incomes. A barrier for some is access to healthcare facilities through mobility issues and the cost of transport whether private, public transport or access to patient transport. Transport services for patients need to be integrated, linking up the need of patients to access services in hospitals, health centres and other locations, with transport providers, including the voluntary sector. Cornwall Healthy Living Centre (CHLC) installs the CHLC database/website in surgeries to improve and increase access to health and wellbeing information/activities for local people.

'A Patient Transport Forum' has been set up, to improve operational arrangements and look at new solutions to the issues around patient transport. The work of the forum includes the improvement of Patient Transport Service (PTS) including establishing a single point of contact and the examination of the role of transport providers – voluntary and statutory. Work is underway by Cornwall Council regarding accessibility of present services One strand of this work has been a project to investigate

patient and community transport services within a single locality, working with stakeholders to identify barriers, concerns, issues and solutions.

The local transport plan (LTP3) Connecting Cornwall 2030 addresses this issue in its section on equality of opportunity and access to services. It proposes working with partners in health to ensure the design and cost of providing services such as patient transport takes into account the cost to patients, to providers and to the environment. The Public Health White Paper highlights that pollution; air quality, noise, green spaces, transport and isolation all influence the health and well being of the local population.

Innovative Access - Telehealth

Telehealth allows patients to take key health readings like their blood pressure in the comfort of their own home and transmit them to a clinician. The technology enables patients to remain independent but with the reassurance that someone is monitoring their condition and will intervene where necessary.

Cornwall and the Isles of Scilly has a large number of patients with Long Term Conditions like diabetes or heart disease. Combined with an ageing population, the rural nature of the county means that finding new ways of supporting a large amount of patients is essential. 850 patients now have Telehealth equipment with over 650 being monitored every day. It is linked to the falls clinic at Royal Cornwall Hospital (Truro) to investigate the links between a drop in blood pressure and falls. A small number of people who are deemed as high risk are using the equipment as part of the stroke service. Telehealth is beneficial to improve the health and well being of the individuals concerned, reduces the barrier of travel costs to access health services. With the advent of super broadband, with its faster response, an even wider scope of services can become available.

Section 7: Create and develop healthy and sustainable places and communities

The aim is to lead and empower communities, neighbourhoods, families and individuals to deliver a 21st century revolution in public health with an emphasis on the **health of the public** rather than public health activities. This will put the health and wellbeing at the heart of all our plans and services. The community and voluntary sector will have an important role in continuing their excellent work to remove barriers to community participation which is so important in reducing social isolation and improving well being.

Key Facts

Around 300 people are calculated to die every year from “avoidable winter deaths” due to cold homes, (Cornwall and Isles of Scilly)

Higher than average number of people over 65 living in a house without central heating (Cornwall and the Isles of Scilly)

Over 500 households were accepted as “officially homeless” during 2009/10 (Cornwall)

Almost 14,000 households are waiting for a home (Cornwall Home Choice Housing Register)

2% of homes are “Park Homes (also known as “mobile homes”) with 80% of residents at or near retirement (Cornwall)

Falls cost the NHS £4.6 million per day (Age UK) (England and Wales) which equates to £17m a year locally.

Up to 56,000 older people fall every year and on average a hip fracture costs £3,500 and a hip replacement costs £8,000 (Cornwall and Isles of Scilly)

Sustainable development and inequalities

A role of the NHS is to improve the health of the population in a way that is as sustainable and low in carbon use as possible. The Sustainable Development Commission’s (SDC) contribution to ‘Fair Society, Healthy Lives (2010) The Marmot Review’ finds measures such as active travel, promoting green spaces and healthy eating will yield co-benefits for both health and carbon emissions. Reducing health inequalities contributes to breaking the cycle of deprivation and impacts on reducing poverty. Issues such as affordable and suitable housing are crucial to reducing health inequalities.

Sustainable development is key to tackling health inequalities and climate change. “Climate change resulting from carbon and greenhouse gas emissions poses potentially catastrophic risks to human health and threatens to widen health inequalities between rich and poor populations in the UK. Policy makers must focus on a holistic approach that can create a better environment and healthier people at the same time”. Source: Commission for Sustainable Development

Low-income groups will be the first and hardest hit by climate change, though these are the groups that contribute least to greenhouse gas emissions including:

- disadvantaged groups will suffer greater exposure to extreme weather risks, flooding and homelessness, whilst lacking insurance and other material resources to cope with the effects of climate change;
- active travel, promoting green spaces and healthy eating will yield co-benefits for both health and carbon emissions and opportunities for healthy, low-carbon living should be distributed in ways that favour people with low incomes and so help to reduce their vulnerability to ill-health”;

The change in emphasis to “Big Society” could offer an opportunity to refocus on “outcomes” such as delivering services in a more integrated way, involving local people in the design, development and

delivery of services through co-production and build on “social capital”. As a cause of health inequalities, environmental considerations are a significant factor. Food, transport, green space and the built environment are all factors, which can narrow or widen the health gap between rich and poor communities. The close links between unsustainable development and health inequalities, promote the spread of responsibility for health beyond the health care community.

Skin cancer rates are high in Cornwall and the Isles of Scilly

The South West has some of the highest proportions of skin cancers caused by the sun. Cornwall and the Isles of Scilly are progressing work through Sun Safe to raise awareness and offer advice and information to prevent skin cancer. This is because climate change and health effects this could have with increases in heat related illnesses and deaths related to UV exposure, present a current and future risk to the health and well being of the population.

Housing

Housing is one of the most basic human requirements as shelter and warmth are essential for survival and wellbeing. Good quality, affordable homes are the cornerstone of every successful community, impacting on a whole range of policy issues, including supporting and improving employment prospects, contributing to good health, reducing crime, tackling climate change and sustaining environmental quality and design. Housing also plays an important role in bringing investment into communities and regenerating neighbourhoods. Housing strategies for Cornwall and the Isles of Scilly set out the framework for housing policies and acknowledge the link between poor health and poor housing.

Cornwall Council’s Housing Strategy 2009 -12

The strategy sets out a clear objective to tackle inequalities resulting from poor housing. Policy initiatives will therefore be directed towards households which are most at risk of ill health because of housing conditions, which are likely to be older people, people experiencing long term sickness, disabled people and families with young children.

A key focus of the housing strategy is to ensure health and wellbeing improvements in private sector homes are targeted at households most at risk of ill health. Some homes fail to meet the Decent Homes standards due to thermal inefficiencies. This causes health inequalities, which can lead to hospital admissions and in some case early death. An example of poor quality housing is many of the 3,500 park or mobile homes in Cornwall. Most are poorly insulated, expensive to heat and to keep free of damp and are ineligible for insulation grants, as they are mobile. Many of the owners and occupiers are elderly and vulnerable.

Joint linkages between public health and housing with the focus on achieving good health for all through:

- Health promotion with private housing;
- New homes designed for life changes of the residents and capacity for lower cost, more effective adaptations, to meet the needs of an ageing population;
- Environmental design and layouts, to promote more active lifestyles;
- Radon proof new homes in areas of known high radon counts.

Table 4: Example of links between housing and how to impact on life expectancy

Underlying Cause		Impact	Housing interventions	Reduce inequalities
respiratory diseases	→	made worse by cold damp homes	Improve thermal comfort	Universal service, prioritise investment & assistance to areas with lowest life expectancy
High level of road traffic accidents	→	Housing estates	Improve traffic flow/slow down traffic speeds	prioritise investment & assistance to households with young children
Hazards in the home	=	Accidents	Reduce hazards	Universal service, prioritise investment &

				assistance to areas with lowest life expectancy
Suicide	=	Social isolation	Support following loss of partner/spouse	Work with Home Improvement Agencies to support & Voluntary & Community Sector

Reducing Seasonal Winter Deaths

Through the Warm Me Up campaign, a partnership with Community Energy Plus, the NHS and Cornwall Council aims to reduce people dying in Cornwall and Isles of Scilly due to cold homes. By making it easier for people to insulate their homes, the use of reactive NHS services can be reduced with the focus on early intervention and prevention. The inequality arises due to the gap between the average costs of works and the grant available. Some 95% of people eligible for a grant fail to take up the grant due to a lack of money to meet the remaining costs.

The cold affects health by increasing blood pressure, increasing the risk of heart attacks and strokes. The cold lowers resistance to respiratory infections. Mobility is affected and symptoms of arthritis become worse; people are more likely to suffer falls. Damp, cold housing is associated with an increase in mental health issues. There are links to preventing repeat falls and reducing the level of adaptations, caused by falls and cold homes. The elderly and people with existing health problems are particularly vulnerable to the cold.

Falls Prevention

Falls are often a major cause of poor health and wellbeing particularly for older people and are linked to cold homes. A new strategy to prevent falls and improve treatment is being developed across health and social care. Cornwall has a relatively high proportion of older people; 19.7% of the population is aged 65 or older, compared with 16.1% of the population of England and Wales. After a fall, an older person has a 50 per cent likelihood of having seriously impaired mobility and a 10 per cent probability of dying within a year.

The risk of falling increases with age. Approximately one third of people aged 65 and over fall each year which equates to about 36,000 people across Cornwall and the Isles of Scilly. Over half of all those aged 75+ who have fallen say that their fall had a major impact on their daily activities for a month or more. Some of the actions being taken forward under the new strategy are:

- The prevention of falls is a major part of the Urgent Care Quality Improvement Prevention and Productivity (QIPP) programme.
- Falls risk screening introduced as part of home safety checks including looking at slip and trip hazards.
- Using the telehealth home monitoring equipment to support patients at risk of falling and manage risks like dehydration.
- Using the national Let's Get Moving physical activity model to train instructors in the community to deliver balance and stability exercise groups to people over 65 in community locations.
- Demand for home adaptations, some of which are a result of a fall, outstrips the resources available.

Homelessness Strategy

The Homelessness Strategy sets out Cornwall Council's priorities to reduce homelessness, through three strategic priorities:

- Improve access to housing by removing barriers to accessing suitable long term private and social housing through financial assistance, landlord partnerships and Choice Based Lettings;
- Support vulnerable people by improving joint working to support clients
- Minimise rough sleeping by stemming the flow of new rough sleepers onto the streets; and supporting regular rough sleepers into suitable accommodation.

During winter 2009/10, Cornwall Council through cold weather provision for rough sleepers moved over 70 rough sleepers off the streets into accommodation and have been successful in sustaining this for many rough sleepers.

Section 8: Strengthen the role and impact of ill-health prevention

The issues that impact in the health of individuals, families and communities are wide ranging, complex and inter-related. To make an impact in ill health prevention it is essential to work harder and more effectively to address the reasons for ill health, as outlined in the Marmot Review “the causes of the causes” (p60), made up of the financial, structural, organisational, social and wider environmental influences on health.

The focus of this priority is the coordination and integration of the local frontline support. This includes developing model approaches through health and social care hubs, alongside partner agencies to offer universal early intervention and prevention help and to target the 20% of the population in most need, some of whom are the “high end users” of services and reduce the gap in healthy life expectancy. Key links are needed with communities that do not access or hardly use services.

Key Facts

The most deprived fifth of population suffer three to five times greater mortality due to alcohol as a specific cause of death (England and Wales)

The health problems relating to alcohol are increasing. Alcohol costs around £5-6m, as local hospital admissions directly attributable to alcohol and as much as £20m if related causes are included. (Cornwall and Isles of Scilly)

Obesity reduces life expectancy by an average of 9 years and obesity is estimated to cost the economy £3 - 4 billion a year (England and Wales)

16% of adults living in Cornwall and Isles of Scilly, smoke, compared to the England average of 22% (source estimates from the Health Survey for England 2008)

Smoking causes 50% of the difference in life expectancy between most and least income deprived and one third of all cancer deaths are attributable to smoking (England and Wales)

90% of first heart attacks are avoidable (England and Wales)

50% of domestic abuse incidents and 70% of peak emergency attendances are alcohol related (England and Wales)

Prevention and Early Intervention through Partnership

Health and social care providers identified gaps and priorities around care and support services including a need to adopt a more co-ordinated and collaborative approach to health and well being. Resources should be realigned towards a preventive agenda encouraging independence, promoting behavioural change to offer improved outcomes.

Barriers to change

Investment in prevention can delay and reduce the need for acute assistance in the long term. There are a number of initiatives that promote a healthier, more active lifestyle, to increase life expectancy, but a greater understanding of the barriers to change is also important:

- Behaviour that contributes to poor health e.g. smoking, drinking, and eating habits.
- Poverty is one of the biggest impacts on development. The reduction in poverty, and close working with partners can break the cycle of poverty
- Lack of affordable reliable public transport adds to health inequalities as it can:
- Poor access to healthcare,
- Lack of opportunity or confidence to take part in social activities
- Poor access to healthy food
- Poor access to physical activity opportunities

- Conflicting targets e.g. greater choice does not lead to equity but can increase health inequalities
- Short term funding and reduced budgets.

Activity

Inactivity poses a significant risk to the population's health. Physical activity tends to decline with age but this decline is not inevitable. The potential benefits of physical activity to health are huge. "If a medication existed which had a similar effect, it would be regarded as a 'wonder drug' or 'miracle cure.'" Source: Chief Medical Officer (CMO) Annual Report 2009. The benefits of being more active, even if previously inactive until middle age or beyond, can reduce the risk of coronary heart disease by 10%. The NHS Health Promotion Service provides services around physical activity, weight matters, healthy eating, community based programmes that support behavioural change (see below).

Obesity and healthy weight:

There are many complex factors that can influence weight based on personal, social and environmental circumstances but this also means there are many local opportunities to provide practical support and encourage people to adopt healthier behaviours. It is essential to tackle health inequalities and target support where it is needed most. Children that are not a healthy weight are increasing with:

- one in four reception children (aged 4-5) overweight or obese,
- one in three children by year 6 (aged 10-11).
- 58% of type 2 diabetes, 21% of heart disease and between 8% and 42% of certain cancers are caused by excess body fat.
- forecasts suggest that around half of all adults could be obese by 2050 with serious consequences for heart disease, cancer, diabetes and strokes. This leads to a reduced quality of life, poor fitness and/or reduced ability to work.

Tackling the high levels of unhealthy weight in the local population requires a partnership approach, based on prevention, early intervention and support for those in need of more intensive help. Through targeting key behaviours such as stopping smoking, improving and increasing physical activity, reducing harmful levels of drinking and protecting mental health has the potential to reduce the burden on individuals and local communities.

Through "weight matters" working with adults and parents to achieve a healthy weight, through support, information, referral and group support in schools. The aim is to affect the whole family and help more children to achieve a healthy weight. If overweight, the risk of some cancers and strokes can increase that and life expectancy can be reduced by between two and nine years, depending upon the individual's circumstances.

Healthy Schools

The Healthy Schools Programme works with children and young people to be healthy and achieve at school and in life. It aims to improve health, reduce health inequalities, raise pupil achievement and promote social inclusion. Making sure each child has the opportunity to learn and grow in a healthy, stimulating environment will help to deliver better health and wellbeing throughout their life and is addressing key improvements including:

- Improved emotional health and well being
- Reduction in smoking
- Improved sexual health
- Helping more children achieve a healthy weight
- Reduce harm caused by alcohol
- Reduce the harm caused by illegal drugs
- Improved life chances for Children In Need
- Improved standards in educational achievement

Many local schools are also working on Healthy Schools Plus – which allows a deeper focus on key health and wellbeing issues. Schools are measuring behaviour change outcomes in their chosen area as part of the plan. The Healthy Schools team plan to extend the programme and build on the 136 schools engaged with Healthy Schools Plus.

EEFO

The EEFO Programme aim is to reduce health and social inequalities for young people by embedding a 'young person friendly' quality assured standard of service delivery to young people aged 13 – 19. By ensuring services are meeting young people's needs they will be encouraged to access services when the need arises and before crisis stage. Currently, 200 services have achieved EEFO Level 1, 37 (Level 2) and 25 (Level 3) .

Helping People to Stop Smoking

A major cause of differences in life expectancy is smoking. Smoking has reduced in Cornwall and Isles of Scilly, with the prevalence of smoking down from 27% in 2006/7 to 16% in 2009/10. Smoking prevalence tends to be higher in the most deprived areas and is a significant factor in the difference in life expectancy between the richest and poorest in our population.

- The poorer someone is, the more likely they are to smoke;
- Smoking continues to be seen as a social norm by many;
- Smoking of illegal tobacco more prevalent, with risks of contaminants in the tobacco;
- Use of other drugs – alcohol, prescription medicines, street drugs (particularly cannabis);
- Use of rolling tobacco more prevalent – less expensive and seen by many as not being 'proper' smoking, but recognised the health risks are greater, with less filtering of tobacco;
- Smoking seen as a coping mechanism for a broad range of issues – lack of money/work, other health issues, relationship problems etc.

Healthy Lives, Healthy People: Tobacco Control Plan for England (Department of Health 2011)

The Department of Health in 2011, published a Tobacco Control Plan for England which sets out three ambitions, to reduce smoking rates in adults, under 15s and pregnant women. Smoking continues to be the most significant cause of poor health and early death and stopping smoking is the most significant thing that a smoker can do to improve their health.

“Smoking kills half of all long-term users and is the biggest single cause of inequalities in death rates between rich and poor in the UK”.

Stop before the Operation

A “Stop before the Op” programme has been developed as evidence shows that smokers who stop at least seven weeks before a planned operation can have a speedier recovery, fewer complications and reduced need of hospital beds. This in turn, frees up the patient and the resources for other activities within the economy, NHS, housing and social care budgets. Source: London Health Observatory

Coronary Heart Disease

Death from coronary heart disease is the greatest cause of inequalities in life expectancy in Cornwall. Hospital admissions related to heart disease are the most costly and strongly associated with smoking and obesity.

Strokes

In Cornwall and Isles of Scilly in 2009/10 there were 1,180 strokes admitted to hospital, often related to lifestyle behaviours such as smoking, poor diet and lack of exercise. Stroke patients over 70 have the longest lengths of stay. Strokes are also responsible for lowering life expectancy. Heart disease and stroke are the second and third most common causes of death after cancer. Stroke is the most common cause of disability. Diabetes is on the increase and causes a range of health problems. Through early action people can improve their health and prevent or reduce the onset of these conditions.

Alcohol and Drugs - The 2010 National Drug Strategy

Reducing Demand, Restricting Supply, and Building Recovery: Supporting people to live drug free lives, is the national drug strategy and for the first time alcohol is explicitly included. It is acknowledged that multiple substance abuse is normal amongst drug misusers. Drug and alcohol misuse impacts on educational attainment with multiple links to homes, child poverty, domestic abuse, deprivation, mental health, income and work.

Excessive drinking is well documented as a major public health problem in the UK. Alcohol abuse puts long-term health at significant risk. The misuse of alcohol is a term that describes a range of drinking patterns all of which are harmful to health. As well as contributing to many diseases and causing chronic health problems, alcohol misuse has various acute health impacts. These include injuries from accidents and violence, road traffic collisions caused by drink-driving and alcohol poisoning through intoxication.

There is a strong positive correlation between deprivation and the rate of hospital admissions for alcohol-specific conditions. The estimated annual cost of alcohol misuse to the England and Wales economy is £20 billion per year, including social, economic and health costs; alcohol-related health disorders and disease; mental health problems; crime and anti-social behaviour; and increased fear of crime, loss of work productivity, increased family breakdown, and expenditure on alcohol treatment.

In Cornwall there are an estimated 1,765 people who are problem drug users, 866 injectors and 1,284 engaged with drug treatment agencies (Source 2010/11 DAAT team Needs Assessment). People with a problem drug use are predominantly male and the most common age is 30 to 34 years.

Planned changes through the Public Health White Paper, highlight that from 2013, Directors of Public Health will see commissioning and oversight of drug and alcohol treatment services as a core part of their work. The approach is based on reducing demand, restricting supply and supporting individuals to recover, enable individuals and their families to live their lives to the full, local areas will be safer places to live and public investment will deliver greater value for money and aims to be:

- Aligned and locally led – local areas will be free to design and jointly commission services to ensure they meet local needs, including for those in the criminal justice system (CJS);
- Competitively tendered and rewarded – with transparency of performance and money following success;
- Transparent about performance – local accountability is seen as key.

Cornwall Alcohol Strategy (2010 -12)

This is a three year strategy based on the Cornwall DAAT Alcohol Needs Assessment with the objectives to:

- Enable People To Make Informed Choices About Alcohol;
- Increase Services To Reduce The Harm Caused By 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. This is similar to other areas, but with evidence that Cornwall is better at getting people into treatment than elsewhere;
- Alcohol related hospital admissions are increasing in line with the national average, but rates for young people are higher than 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;
- 47% of violent crime reported to the Police in Cornwall is recorded as linked to alcohol;
- 29% of all alcohol related violence in Cornwall is recorded as domestic violence;
- estimated (2007) that 90,000 – 140,000 working days were lost due to alcohol related sickness.

Young People and Alcohol

Action to promote sensible drinking among young people is led by multi agency health promotion work. Harmful alcohol consumption for some young people can start at an early age and the current trend is for more young people to start drinking earlier in life. The Chief Medical Officer's recommendation is that no one under the age of 15 should consume any alcohol. Young men are at most risk from alcohol related violence, and young women are most at risk from alcohol related domestic violence.

Screening

During 2009/10, a peninsula wide health equity audit was undertaken on breast and cervical screening. The aim is to focus reducing inequalities in screening uptake across deprived communities with low uptake with the aim of reducing preventable deaths from breast and cervical cancer and increasing life expectancy. The key findings are:

- breast screening: 17% gap, between most and least affluent areas equivalent to 3,100 women not attending due to deprivation;

- Cervical screening: 13% gap between most and least affluent areas, equivalent to 3,400 women not attending due to deprivation.

Immunisation

After clean water, vaccination is the most effective public health intervention for saving lives and promoting good health. Although the UK has seen impressive improvements in health in recent years, health inequalities still exist within our society. We know that in England, people who live in the poorest neighbourhoods will die, on average, seven years earlier than those living in richer neighbourhoods. (Marmot, 2010). To address this, we must address the wider social determinants of health such as housing, income, employment and education. Public health's role is to tackle these inequalities and narrow the gap between the better and worse off in our society.

Immunisation protects both individuals and communities from a range of infectious diseases, and gives a child the best chance of not catching certain infectious childhood diseases. However, even in areas where there is good uptake rates there are certain groups who will be partially or totally unimmunised and are therefore at risk. Evidence shows that those at risk of not being fully immunised include the following groups:

- Children in care
- Young people who have missed previous immunisations
- Children with physical or learning difficulties
- Children of lone parents
- Children not registered with a GP
- Children in larger families
- Children who are hospitalised
- Minority ethnic groups
- Vulnerable adults and children such as asylum-seekers and the homeless

Summary

"There are two major challenges: to improve health for everybody and to reduce inequalities. In Britain, we have done well on the first; not on the second". Professor Sir Michael Marmot (2010). The Inequalities Strategy is our approach to reducing inequalities and to improve the health of Cornwall and Isles of Scilly population.

To achieve this will require the commitment and support of NHS, Local authorities, Voluntary and Community Sector and individuals, families and the community to make the difference over the short, medium and long term.

The leading causes of ill health and shortened life expectancy are: smoking, cardiovascular disease (heart attacks) and chronic heart disease and cancer. To improve life expectancy and improve the health of all means reducing the prevalence of such causes and working in partnership to prevent future ill health.

The priorities based on findings and views of our consultation with partners show that the measures needed are interwoven with health, public health and community issues and highlight that a joined up approach to public health is essential to narrow and reduce inequalities. The priorities are:

- Stop smoking, and reducing the risks of cancer, strokes, heart attacks and heart disease;
- Increasing more active lifestyles, promoting healthy weights, reduce risks of obesity and sensible alcohol use;
- Promote the best start in life for children, combined with education attainment, reducing children in poverty, fuel, housing and income poverty;
- For older people, reducing falls;
- Increasing work and volunteering opportunities and reducing worklessness to reduce mental ill health and financial exclusion.

Section 9: Inequalities Delivery Plan 2011 – 2016

These are a mixture of long term campaigns to tackle the causes of the causes of inequalities as well as specific initiatives:

NHS White Paper and Local Government proposals * (subject to review by March 2012, to reflect outcome of White Papers and consultation responses)

	Plan	Responsible (proposed)	Completed by:
1	Consult and feedback on public health white paper	NHS, Isles of Scilly Council and Cornwall Council	March 2011
2	Manage transfer and integration of public health functions to local authorities in Cornwall and Isles of Scilly.	NHS, Isles of Scilly Council and Cornwall Council	March 2013
3	Develop updated Joint Strategic Needs Assessment's for Cornwall and Isles of Scilly	NHS, Isles of Scilly Council and Cornwall Council	March 2012
4	Develop Health and Well Being Boards (new), Health and Well Being Strategies (see also 6 below), respond to challenges, such as economic downturn and improve role of health and well being.	NHS, Isles of Scilly Council and Cornwall Council	March 2012 March 2013
5	Develop local indicators and adopt outcomes to improve healthy life expectancy and reduce the differences in life expectancy and health life expectancy between communities	NHS, Isles of Scilly Council and Cornwall Council	June 2012
6	Through Future Cornwall Strategy, NHS, Cornwall Council and other partners to consider and evaluate priorities to improve health and well being and utilise existing and proposed overview and scrutiny powers	NHS, Isles of Scilly Council and Cornwall Council	March 2013

* subject to review by March 2012, to reflect outcome of Government White Papers and consultation responses

Give every child the best start in life

1	Implement recommendations of Health Equity Audit on Children in Care to reduce inequalities and improve educational achievement	NHS (Public Health & Children Services)	March 2012
2	Reduce infant mortality ensuring the gap in outcomes in social gradient is reduced through : <ul style="list-style-type: none"> • increasing breast feeding initiation; • deliver child poverty strategy; • reduce prevalence of obesity; • reduce smoking in pregnancy and second hand smoking; • reduce sudden deaths in Infants; • reduce conceptions in under 18s. 	Healthy Weight Partnership Group (NHS – Healthy Weight Strategy) Planned Child Poverty Strategy Sexual Health and Reducing Teenage Pregnancy Strategy	March 2015
3	Use findings of Health Visitor survey to focus resources such as health visitors and other partners to understand and seek to reduce high rates of smoking and obesity	NHS – Cornwall & Isles of Scilly – Tobacco Strategy & Commissioning (Children's Public Health)	December 2011
4	Support Public Sector Group's plan to develop a model of integrated services, focussing initially on	Future Cornwall Strategy. Director of	March 2015

	regular service users. Use learning and provide relevant support to all families and through partnership working reduce child poverty.	Childrens Services	
5	Promote effective parenting and early years development through planned integrated childrens service	Childrens Local Improvement Board and Children's Trust Board	March 2012
6	Deliver Healthy Growth and Weight of Children through : Measurement programme; Healthy Schools and Healthy Schools Plus, Extended Schools and Healthy Early Years	Healthy Weight Strategy	March 2015

Enable all children, young people and adults to maximise their capabilities and have control over their lives

1.	Carry out and implement actions from Health Equity Audit on children with disabilities	NHS (Public Health), Community Health Services and Cornwall Council	March 2012
2.	Work with employers to help understanding of long term conditions so employers consider employability not the barriers to work	Cornwall Works and Cornwall & Isles of Scilly Local Enterprise Partnership	March 2014
3.	Work with partners including community and voluntary groups to commission "Lets Get Moving" to embed activity through partnership.	NHS (Commissioning) and Voluntary & Community Commissioning Board Health Trainers	March 2013
4.	Identify needs of former armed forces personnel for artificial limbs to ensure specifications to achieve equity of service for all	NHS (Commissioning)	March 2012
5.	Improve the accessibility of health and social care services (hubs) and invest in the integration of health and social care, voluntary and community sector to enable all to make use of the relevant services	NHS and Cornwall Council	December 2011

Create fair employment and good work for all

1	Employers to focus on what people can offer, rather than who can complete application forms most effectively – e.g. support through major employers – Cornwall Council, NHS Cornwall and Isles of Scilly, Devon & Cornwall Police a more simplified application form for work	Future Cornwall Strategy – transformation programme	March 2013
2	Tackle barriers to employment and promote access to work to narrow the inequalities gap e.g. <ul style="list-style-type: none"> to prevent future health inequalities we need to increase work opportunities for young people, and for those aged 50+; learn from health trainers experience and Job Centre Plus to move people toward work; Improve provision of timely, effective support to help people with health issues back into sustainable volunteering, training or work – Cornwall Works, Healthy Workplaces 	Cornwall Works – Ready for Work Strategy Cornwall & Isles of Scilly Local Enterprise Partnership NHS Health Promotion - Health Trainers	March 2013
3	Invest in health at work, promoting equalities and building both organisational capacity and employee capacity for mental and physical well being	Health and Well Being Workplace Group (NHS and Cornwall)	March 2012

		Council) Healthy Workplace	
4	Develop a tool kit to encourage employers to think about ways to improve the health and well being of their employees and targeting of Small and Medium sized businesses to help employers in areas of deprivation	Healthy Workplace	March 2012
5	Work towards achieving levels of household income necessary to support a healthy lifestyle	Cornwall Works, Cornwall & Isles of Scilly Local Enterprise Partnership and Future Cornwall Strategy	March 2015

Ensure a healthy standard of living for all

1	Enable and encourage people to work with partners to address the underlying causes of ill health, starting with addressing debt issues	Cornwall Debt and Financial Group	March 2012
2	Work with partners to improve the affordability of opportunities that promote health and well being	Future Cornwall Strategy and Cornwall Sports Partnership	March 2013
3	Support and harness public sector capacity to engage more effectively with individuals and communities through Voluntary and Community Sector (VCS)	Voluntary and Community Sector Commissioning Board NHS Health Promotion : Health Champions & Health Trainers	March 2012
4	Improve financial inclusion and literacy and increase financial security for people at points of transition in their lives	Future Cornwall Strategy	March 2015
5	Promote the individual, social and economic benefits of volunteering and increase opportunities to volunteer through our partners	Voluntary and Community Sector and Public Sector Group	March 2013
6	Housing and private sector to ensure decent and affordable homes in all sectors are available and that homelessness is prevented, taking account of Supporting People reductions and reform of Housing Benefit	Housing Strategy, Homelessness Strategy and Cornwall & Isles of Scilly Local Enterprise Partnership	March 2015

Create and develop healthy and sustainable places and communities

1	Ensure health inequalities considerations are embedded in strategies, programmes and investment decisions and develop a stronger evidence base on effective interventions and the economic case for prevention and early intervention	Future Cornwall Strategy, to embed in all strategies NHS (Public Health) and Cornwall Council	From March 2011 onwards
2	Reduce inequalities in participating in physical activity by removing barriers through an improved and integrated system for active transport (walking and cycling and safe routes to school and work)	Connecting Cornwall Strategy, Cornwall Sports Partnership, Physical Activity Group	March 2015
3	Improve the health and wellbeing of patients with conditions and enable people to maintain their independence, through early intervention/ prevention approach (Re-ablement) and deliver QIPP programme.	NHS Commissioning (Partnership for Older People, Self Care, Long term conditions), Cornwall Council (Adult Care & Support)	From March 2011

4	New referral management scheme (Central system to refer patients for treatment) planned. Use to investigate if and why, where people live affects the service received e.g. differences in hip replacements	NHS Commissioning	March 2012
5	Falls Prevention, Fuel Poverty and cause of ill health - reduce avoidable winter deaths caused by cold homes	Community Energy Partnership, Cornwall Council and NHS Cornwall & Isles of Scilly Cornwall & Isles of Scilly Councils' – Housing Strategy and Private Sector Renewal Policy	March 2012

Strengthen the role and impact of ill-health prevention

1	Develop new and improved opportunities for healthier lifestyles such as <ul style="list-style-type: none"> reducing the numbers of young people taking up smoking promoting the benefits of smoke free homes and cars; develop improved partnership working to reduce access to tobacco, de-normalise smoking and ensure that reducing smoking is on everyone's agenda. 	NHS – Cornwall & Isles of Scilly – Tobacco Strategy and Commissioning (Children's Public Health) Cornwall Council	March 2014
2	Research into barriers/ opportunities for mothers from intermediate and routine and manual socio economic groups to increase breast feeding.	Planned Infant Feeding Strategy Healthy Weight Strategy	March 2012
3	Developing social marketing around weaning with parents and Health Visiting service with the aim of delaying start of weaning to recommended age and increase knowledge of healthier food choices for babies.	Planned Infant Feeding Strategy Healthy Weight Strategy	March 2012
4	Increase availability and equity of access to cooking sessions and reduce barriers to healthy eating by identifying ways of offering service to people hardly reached	Planned Infant Feeding Strategy, Healthy Weight Strategy, Health and Well Being Strategy	March 2012
5	Work together to help people have a healthy weight and overcome data sharing issues that could prevent tackling the underlying causes.	Future Cornwall Strategy	March 2015
6	Extend the Acute GP service to prevent inequalities and ensure care is provided closer to home	NHS Commissioning	December 2011
7	Ensure immunisations are available to vulnerable groups	NHS Commissioning Child Poverty Strategy Community	December 2011
8	Promote sensible drinking and reduce demand for drugs	Cornwall & Isles of Scilly Drug & Alcohol Strategy Drug and Alcohol Team adult treatment plan 2011/12 the Young Peoples Substance Misuse Plan 2011/12	March 2012

9	Raise awareness of the health benefits of access to nature and green spaces and extend these benefits to all – promote 30 minutes physical activity, 5 days a week	Future Cornwall Strategy Connecting Cornwall Strategy NHS Commissioning Cornwall Sports Partnership	March 2015
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