CORNWALL COUNCIL
one and all • onen hag oll

Council of the ISLES OF SCILLY

A shift in power: a community asset-based approach to health and wellbeing

Director of Public Health Annual Report 2021/2022

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Contents

04 Introduction

05 Background

08 Community asset-based health and wellbeing

11 Community Asset Mapping

22 Summary

23 Update on 2020/21 Annual Report recomendations

34 Vital statistics

43 Glossary

44 References

An asset-based approach challenges us to create the conditions for community assets to thrive, to remove any barriers and **for our services to work alongside communities in ways that are empowering, engaging and meaningful.**[3]

Introduction

The COVID-19 pandemic has shone a light on the creativity, passion and resourcefulness of our communities in Cornwall and the Isles of Scilly.

They have demonstrated they have the resources and the commitment to support the wellbeing of people who need it most. Building on the strengths of our people and communities and supporting them to help each other, is how we will ultimately improve the health and resilience of our residents.

Assessments of heath too often only focus on the deficits, what's wrong or health problems exclusively. Understanding which groups or areas have poorer health is certainly important to target public health action and to reduce unfair inequality. However, we should also recognise the many strengths and talents that exist too and pay them more attention. These include how we look after ourselves and others, strong social connections and resilience found in all of our communities. This does not mean reducing public services but shifting power towards community led action and listening to what matters to people.

This report has been developed with input from our local community and voluntary sector leaders, councils and partners. It outlines the core elements of a community asset-based approach to improving health and how we are putting this into practice in Cornwall and the Isles of Scilly. However, we know we can do more, and this report will also provide insight into how we shift power to a genuinely collaborative, community-based approach to improving health and wellbeing and delivering services differently. Working with and for our people and communities, harnessing our collective strengths and knowledge, seeing equal value in both lived and learned experience and collaborating to improve the health and wellbeing of one and all.

This report also reviews in some detail the progress on recommendations from the 20/21 report on COVID-19 as the pandemic has presented an ongoing health challenge. The recovery phase following the pandemic, in tandem with a cost of living crisis, will require us all to see the 'glass half full' and use the combined strengths from all sectors to keep people safe and well.

Rachel Wigglesworth

Director of Public Health for Cornwall and the Isles of Scilly

Lewydh Yeghes Poblek




Raglavar

An pandemik Kovid-19 re wolowis awenekter, passhyon hag amkanuseth agan kemenethow yn Kernow ha Syllan.

Y tiskwedhsons y's teves an asnodhow ha'n omrians dhe skoodhya an sewena a dus mayth eus an brassa edhom anodho. Yn-dann dhrehevel war grevderyow agan tus ha'gan kemenethow, ha'ga skoodhya dhe omweres an eyl y gila, ni a wra wortiwedh gwellhe yeghes ha gwedhynder agan trigoryon.

Re venowgh ny wra arvreusyansow a yeghes saw fogella orth an difygasow, orth an pyth yw kamm, po yn ekskludus orth kudynnow yeghes. Dhe les yw yn certan konvedhes y's teves py bagasow po ranndiryow gwettha yeghes rag kostenna gwrians yeghes poblek ha rag lehe dibarder anewn. Y kodh dhyn byttegyns aswon yma'n lies krevder ha roas ynwedh hag attendya moy orta. Yma y'ga mysk fatel omwithyn ha fatel withyn an re erel, kevrennow socyal krev, ha'n gwedhynder kevys y'gan kemenethow oll. Ny styr hemma lehe an gonisyow poblek, mes remova nerth war-tu ha gwrians hembrenkys gans an gemeneth ha goslowes orth an pyth a vern dhe dus.

Displegyes re beu an derivas ma gans ynworrans dhyworth ledyoryon agan kemeneth leel ha'gan ranngylgh bodhek, ha dhyworth konsels ha kesparow. Ev a linen elvennow kolonnen a dowl rag gwellhe yeghes selys war bythow kemeneth, ha fatel eson ni orth y gowlwul yn Kernow ha Syllan. Ni a wor byttegyns y hyllyn gul moy, ha'n derivas ma a wra ynwedh ri golok a fatel removyn nerth dhe dowl kesoberus yn hwir, selys war gemeneth, rag gwellhe yeghes ha sewyansow ha delivra gonisyow yn tyffrans. Owth oberi gans ha rag agan pobel ha kemenethow, ow hernessya agan krevderyow ha skians, ow kweles bri par yn prevyans ha bewys ha dyskys, hag ow kesoberi rag gwellhe an yeghes ha'n sewyansow a onan hag oll.

An derivas ma a dhaswel ynwedh gans meur a vanylyon an avonsyans wosa an gussul dhyworth an derivas 20/21 a GOVID-19, drefen an pandemek dhe brofya chalenjys yeghes a bes. An wedh yaghheans wosa an pandemek, keffrys ha barras a gostys bewa, a wra dhyn ni oll gweles an 'wedren hanter-leun' ha gul devnydh a'n krevderyow kesunyes a rannow oll rag gwitha an bobel saw hag yn yeghes da.

Rachel Wigglesworth

Lewydh Yeghes Poblek rag Kernow ha Syllan

Lewydh Yeghes Poblek

Background

In 1996 the electoral ward of Beacon and Old Hill estates in Falmouth was the most deprived area of Cornwall. By 2000 among other positive changes, the crime rate had dropped by 50%, affordable heating and cladding had been installed in over 60% of properties, child protection registrations had dropped by 60%, post-natal depression reduced by 70% and unemployment reduced by 71%. Key to achieving these remarkable changes was truly listening to the community, and building mutual trust between service providers and residents. Alongside this, creating a community hub and working with the community to find solutions, making improvements that were led by residents and treating them as assets and solution-finders and not just recipients of services[1].

This is an example of Asset Based Community Development (ABCD) which was first established in America in the 1980s and can be summarised as 'finding out what the people living in a community care enough about to work on together to change, develop and/or sustain'[2].

Asset based public health is a concept that builds upon the ABCD approach. It reflects ways of working where public health work more closely with communities and neighbourhoods rather than hospitals and health settings. Since the responsibility for public health moved from the health service into Local Authorities the opportunities to jointly address the social, economic and environmental determinants of health have increased.

In 2015 Public Health England's report on Community centred approaches to health and wellbeing described communities as the building blocks for health and the assets within communities include skills and knowledge, social networks and community organisations.

Figure 1: Health matters: community-centred approaches for health and wellbeing (2018)

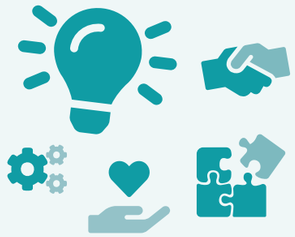
What are community assets?

People

- Skills, knowledge and experience of people in communities
- Neighbours, friends, family
- Volunteers and local community groups who give time as a resource
- Our local workforce – VCSE, statutory sector, local businesses

Places

- Community buildings e.g. village halls
- Local facilities e.g. youth clubs, churches
- Organisational buildings and offices
- Green/blue spaces and the natural environment
- Schools and colleges
- GP surgeries
- Cultural and historic spaces



Resources

- Skills and expertise in public, private and third sectors
- Shared training and development opportunities across VCSE, Council and Health
- Local transport resources e.g. electric scooters, bikes, cars and minibuses
- Services and support e.g. food banks, community hubs, community groups
- Police, housing and wider social and community support

The Social Care Institute for Excellence suggests that asset-based approaches can enhance **health, wellbeing and resilience; reduce long-term pressures on higher-cost health, care and support services and enable people to participate in and benefit from community resources and activities**[4].

Our Cornwall and the Isles of Scilly, joint **Health and Wellbeing Strategy** takes an approach which embraces the role of communities to improve wellbeing via four key themes: Healthy, safe communities, Healthy start, Healthy bodies and Healthy minds. Key to delivering this are place based plans where communities and the system work together promoting inclusion, diversity and reducing inequalities. The use and development of community assets will be central to the success of this strategic approach.

Recent changes to health and care structures and services with the implementation of the new Integrated Care System, have strengthened the requirement for Cornwall Council, Isles of Scilly Council, NHS organisations and the voluntary and community sector to collaborate to improve the health and wellbeing of people and communities. We have all committed to putting people and communities before organisation and our community-based public health delivery plans put us at the forefront of shifting this dial . The Integrated Care System has recently engaged with representatives from health, care, the voluntary and community sector and people with lived experience, to define a new vision for Cornwall and the Isles of Scilly – **'Connected, healthy, caring communities for One and All'.** Also emphasising the importance of key community strengths in keeping people healthy.

This community based approach is also endorsed by Cornwall Council's 2022-2026 mission which is: Working with communities for a carbon neutral Cornwall where everyone can start well, live well and age well. To achieve this, one of the Council's four key outcomes is to create 'Vibrant, Safe, Supportive Communities'.

The Council of the Isles of Scilly corporate plan 2022-2026 also includes a focus on supporting their residents to live **healthy, prosperous and safe lives** which will require a focus on the use of community assets.

All organisations have committed to putting people first, places and communities second and organisations and the system third.

Figure 3: People first, place second, system third

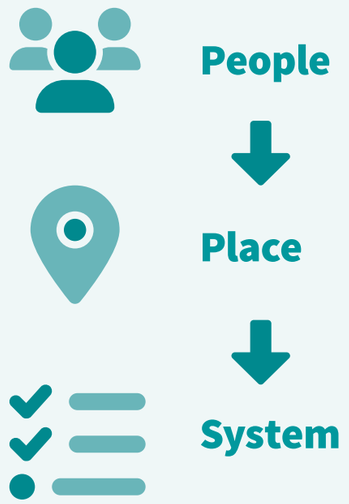


Figure 2: The role of strong communities in our Strategies

The assets within communities (Graphic 1) include people's skills, knowledge and time, social networks, community organisations and our local built and natural environments. They include assets that Cornwall and Isles of Scilly Councils have influence over and a great deal that we do not.

This makes collaboration across partners in the NHS, local government, businesses and voluntary and community sector partners as well as with people and communities, critical to the success of the strategic direction agreed by the Joint Health and Wellbeing Board.

All organisations have committed to putting people first, places and communities second and organisations and the system third.

Community asset-based health and wellbeing



If we understand what community assets are, what then do we mean by community asset-based approach to health and wellbeing? To deliver a health and wellbeing approach and health services which are "empowering, engaging and meaningful" requires a radically different approach. Critically the key behavioural shift we need to see is the equal valuing of both lived and learned experience so that people, families and professionals are working in partnership to improve individual, family and community health and wellbeing.

The system shift we need to see is the transformation of our health and care system so services and support are integrated around people based on 'what matters to them' and their individual strengths and aspirations. This also requires a real shift in power between public sector bodies, professional staff and individuals and communities. Organisations and staff will need to share their power 'with' people and communities, involve people more, take risks and to enable and facilitate rather than just provide.

Within a public health approach, knowledge and population health data enables us to help understand the health and wellbeing challenges our population faces down to the level of a village or street. This information is critical in identifying **the who, what** and **the where.** Who are the people experiencing health issues, what are they experiencing, what are their strengths and where do they live? How community assets can then be used to better empower and support people is the basis for improving the health and wellbeing of individuals and reducing health inequalities in our communities.

What we do to support people to improve their health and wellbeing and **how we do** this in a way which builds on individual and community strengths and assets is critical. We must co-design and co-deliver services that are responsive to local needs and aspirations - 'doing things with' rather than 'to' people and communities.

The system shift we need to see is the transformation of our health and care system so services and support are integrated around people based on 'what matters to them' and their individual strengths and aspirations.

We must co-design our services and support offer with the people closest to the issue that needs solving. This means we must go to people and communities, not expect them to come to us and seek out individuals and communities whose needs and aspirations are not being met.

Public health and community health services and support need to be personalised and holistic, based on an understanding of the networks and assets available in each community and around each person. And delivered by the people and organisations with the most appropriate skills and expertise, as close to people's communities as possible. Another benefit of this approach to supporting people as close to their home and community as possible, is the reduction in carbon-emitting travel which supports our carbon neutral targets and helps to reduce transport inequality.

This will mean understanding when there are organisations and groups better placed than the public sector to engage with and support our people and communities. We should then commission them to do this either with us or collaboratively with each other instead of statutory services.

Furthermore, community assets need to be available in areas of most need, otherwise there is a risk that health and wellbeing inequalities will be exacerbated by relying on a community asset model which may not geographically aligned to where needs are greatest.

A key challenge to adopting a community asset based approach has been that public sector austerity has resulted in less statutory and community support over the last decade and contributed to a growing gap in life expectancy in low income communities, as outlined in Health Equity in England: The Marmot Review 10 years on[5]. Critics suggest therefore that putting further responsibility onto communities means they are also being burdened with more pressures to address the problems generated by

Figure 4: Community-centred approaches for health and wellbeing

growing social inequalities. In this way, strength-based approaches are seen by some as creating a new world of 'DIY welfare at the community level' and undermining public sector role in providing social support.[6] The learning from Scotland, where asset based community approaches have been implemented more widely, is particularly helpful to addressing these perspectives. It is clear that a shift in resources, power and national policy frameworks are important to a sucessful approach.

Following a review of evidence Public Health England and NHS England published A guide to community-centred approaches for health and wellbeing, introducing four key strands: strengthening communities; volunteer and peer roles; collaborations and partnerships; and access to community resources **(see Figure 4)**. These approaches all aim to build on the range of informal and formal assets within communities and strengthen the factors that create health.

The Local Government Association have provided guidance about how commissioning can be used to support an asset based approach (ref. Dr Janet Harris: **How commissioning is supporting community development and community building**). An example from Doncaster highlights the use of a integrated commissioning plan which shows how the local authority is working with communities and neighbourhood teams to understand needs and resources and then commission, where necessary against this more local insight. The knowledge and Library services (ref: **Community-centred and asset-based approaches** has also compiled examples of community centred asset based approaches for supporting health and wellbeing. There are numerous examples of initiatives which cover all ages and communities including: using young people to shape what is needed for their wellbeing in an area; peer support for refugees and asylum seekers; asset based approach to reduce isolation and loneliness amongst older people in a rural community; and 'kick-start' micro funds to support local initiatives and activities in Bristol to support healthy ageing.

The learning from Scotland, where asset based community approaches have been implemented more widely, is particularly helpful to addressing these perspectives.

Community Asset Mapping

Community asset mapping is widely held up as a useful tool in delivering asset-based approaches to community services. Asset mapping seeks to understand what resources are available in a community, where they are and how to access them. At its most basic it identifies buildings, organisations and services available in a community and often seeks to capture this in a database or online platform. An example of this is **Cornwall Link**, an online resource listing support and activities at a local level, which is updated by organisations and Age UK Cornwall. This approach is useful as a snap-shot in time communication tool, but challenging to keep up to date without significant resources.

In Cornwall and the Isles of Scilly we also recognise the value in asset mapping that recognises people's strengths and skills and gathers intelligence and understanding of community capabilities, resources and **key people** in communities. We have community leaders, and also more formal roles like Community Makers and Social Prescribers who's role it is to know what the resources and people are in our communities. We take a 'knowing who knows' approach alongside 'knowing what's there' to understand the assets and gaps in our local communities. Figure 5 shows the type of assets which can be mapped.

There are an estimated

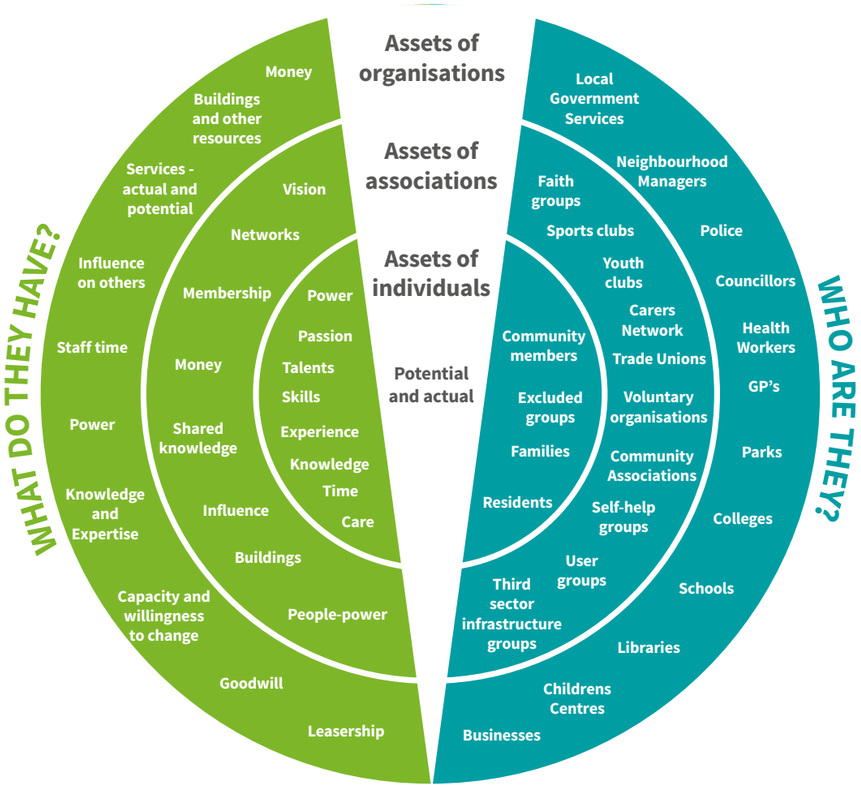
5770 **organisations and community groups**

in Cornwall and Isles of Scilly

Cornwall Link - Connecting you to your community (**cornwall-link.co.uk**)

Figure 5 Asset Mapping: Who they are and what they have[15]

Ref: Glass Half Full LGA Report



What's already working well?

We are starting from a good baseline in Cornwall and the Isles of Scilly, we are well known for our vibrant and resourceful communities, strong network of community groups, voluntary sector organisations and volunteers who understand community needs and aspirations at a local level. Furthermore, our Councils and NHS, including our public health teams are committed to working with a broad range of health, social care and community organisations to better shape services and support around people and communities. In both Cornwall and the Isles of Scilly we retain a strong communities and neighbourhoods focus within the Councils, with examples of devolution of assets such as parks and leisure centres to local communities.

In our Integrated Care System there is a commitment to involving people and communities more, and devolving resources and decisions to three 'Integrated Care Areas'. This aims to ensure more integrated community health and care services, which are responsive to local health needs.

We know that community asset-based support happens all the time in our communities and often does not rely on formally commissioned services.

On the next pages are just a few examples of community asset-based work underway which are formally funded from a range of resources:

People

Social prescribers are people working in our communities and in GP practices who have the time for a personalised conversation to identify needs and aspirations and put together a plan to improve people's health and wellbeing based on what matters to them. Building on pilot work originally funded by the Department of Health and Social Care (DHSC) under the banner of 'Living Well' in 2012, and expanded significantly with support from public health and DHSC from 2019, there is now a network of 40 social prescribers working across Cornwall.

Recognising that much of this social prescribing workforce is now funded by the NHS, and following findings from local evaluations a collaboration of VCSE organisations in Cornwall are doing work to better understand what assets are available in communities to support the wellbeing needs of local people. This includes help to fill gaps in unmet needs and aspirations eg recruiting volunteers, supporting creation of new youth activities or peer support groups.

Cornwall Voluntary Sector Forum (VSF) – this organisation is funded by the council to build relationships within the sector and with relevant partners. They ensure the voluntary sector has a voice and a seat at decision-making tables.

Healthwatch Cornwall and **Healthwatch Isles of Scilly** have a role to provide independent feedback on health service issues relevant to the population. They have undertaken a range of work including Healthwatch Cornwall facilitating co-production of mental health service models and improvements. Through their advocacy and joint working with people with lived experience they help people's voices remain at the centre.

> "The VSF played a key role in the COVID-19 response and established strategic alliances, thematic alliances and local alliances to support local action. They have enabled a strong collective voice of the voluntary and community sector in Cornwall and strengthening partnerships"

Places

Isles of Scilly meals on wheels – a great example of collaborative working between public, private and third sectors with a focus on environmental sustainability. Meals are provided to those unable to make themselves nutritious hot food regularly. The service is run by Adult Social Services and paid for by the person (if not eligible for financial support). It uses private companies to cook fresh hot food every day and volunteers to deliver the food using a local electric car scheme. As well as being a friendly face and an opportunity for the person to chat, the volunteer also provides an informal wellbeing check that often identifies issues early, supporting people to stay in their own homes for as long as possible.

CASE STUDY

Cornwall Council transferred a number of important local community sites to St Austell Town Council.

The devolution package included 39 different areas of public open space, such as Poltair Park, public conveniences, St Austell Library, Priory Car park and The House Youth Centre as well as responsibility for grass cutting and planting on highway verges, roundabouts and closed churchyards - offering the local council and community the opportunity to deliver services based on local needs.

Community Hubs – In response to communities asking for a 'one stop shop' where they can gain access to community assets that are close to them a network of community hubs are being developed across Cornwall and the Isles of Scilly. This is bottom-up development of locally located hubs that make sense to communities where the voluntary and community sector collaborate to deliver services. They aim to reduce duplication, share resources and provide a 'trusted front door' to a personalised conversation and follow-on support.

Healthy Cornwall – In response to requests from residents, our Healthy Cornwall team have been delivering cooking skills and budgeting for healthy meals in a local women's refuge. This has the additional benefit of encouraging social inclusion through communal eating.

As well as being a friendly face and an opportunity for the person to chat, the volunteer also provides an informal wellbeing check that often identifies issues early, supporting people to stay in their own homes for as long as possible.

Resources

Events such as the **'Cornwall Places and Spaces Conference'** which is a free one-day event that has been designed in response to communities asking for information about how spaces and places can help local communities thrive, contribute to increasing social inclusion and support health and wellbeing and environmental sustainability are a form of community asset. This event is led by local community groups and aims to help others develop an asset based approach to support their needs.[8]

Citizens Advice – Citizens advice Cornwall has been available from established buildings across Cornwall, but have traditionally relied on people having access to these building to receive the advice they need. For some people physically accessing the building has been reported as a barrier to gaining support. In response to this, Citizens advice have restructured their services and trained a wide range of third sector staff from across organisations in basic advice as well as moving their staff into other organisations. This means advice is available in more places local to people especially those without access to transport and enables them to concentrate on more specialist support for people in more complex situations through their retained staff and main sites.

Healthy Cornwall offer free training to anyone in the population who is interested in being able to identify and support people who are experiencing mental ill health or who are feeling suicidal through Mental Health first aid and suicide prevention first aid courses. These courses are designed so we can have a network of people in local communities and work settings who feel able to support a colleague, neighbour, friend or just someone they bump into at a point where they need immediate help before possibly referring that person onto more formal services that support mental ill health. This is a way of using our community assets (people) to help others they interact with and not relying only on formal mental health services.

Cornwall Council is also working differently to identify and support community asset-based approaches, recognising we can deliver better with and through communities and we don't need to do it all ourselves. For example:

1. **Commissioning differently** – when we received government Covid19 COMF funding (Contain Outbreak Management Fund), we listened to feedback from our partners and worked with local third sector and community groups to ensure support was delivered fast and locally. Using our community networks and assets, we were clear about the outcomes we needed to achieve but left it up to our partners to deliver in the ways that made most sense for people and communities[9].

CASE STUDY

Cornwall Neighbourhoods for Change developed an alliance of smaller community groups who were mainly led by local people from specific communities. Through this alliance they were able to provide to some of our most vulnerable and often 'unseen' communities in the context of managing during COVID-19 and accessing all the COVID-19 related support available.

2. **Safer Towns programme** – multi-agency partnership approach to making towns safer for people and communities through reducing crime, antisocial behaviour and violence. With over twenty years of experience Safer Towns across Cornwall have valued working with and for communities to truly understand the issues most important to them and involve them in delivering the solutions.

Recommendations for change

Although we have a good baseline, we know we can do more to build on and support community asset-based approaches to health. In collaboration with our partners in the NHS, council and the voluntary and community sectors, we have identified six recommended areas for change. We begin by clearly describing the outcome we are seeking to deliver, followed by recommendations for how we might achieve this.

The six themes are:

- **Co-production**
- **Communication**
- **Commissioning**
- **Culture and language**
- **Workforce**
- **Outcomes and impact**

Co-production

People with lived experience of the issue we are trying to solve and practitioners with the learned experience of supporting them, are in the forefront of co-designing, delivering and assessing the impact of our services and support.

How

- ✔ The people closest to the issue/problem are the ones co-designing the solutions – this means genuinely co-designing solutions with people in communities
- ✔ We work with and through VCSE colleagues who are closer to the people and communities we are here to support, to ensure their voices are heard and acted upon
- ✔ We are proactive in seeking out people who may need more support or for whom the existing services aren't working – 'just because we can't see it, doesn't mean it's not there'
- ✔ We join up conversations between health and care in the ICS as well as ensuring the Council's of Cornwall and the Isles of Scilly are more joined up across the different directorates. This will ensure, our offer is coherent and cost-effective.
- ✔ We develop creative solutions rather than offering binary choices
- ✔ We use our population data combined with the knowledge of local insight from Healthwatch, the Voluntary Sector Forum and eg Social Prescribers and Community Makers to understand local resources, assets and gaps

Communication

We communicate in language and through channels that make sense to people and communities, remembering our shared commitment to work in ways which prioritise People – Community – System in this order.

How

- ✔ Our health messaging places an emphasis on people and professionals working in partnership to improve health and wellbeing
- ✔ We work with organisations whose role is to increase the numbers of people who can volunteer/ give time to others – supporting third sector partners with marketing to recruit volunteers
- ✔ Cornwall Council works internally and with our NHS and health and care provider partners to coordinate communications better, so we are all giving the same message and supporting the same change using the same language that makes sense to people and communities
- ✔ We recognise that 'community' is "a group of people who share an identity-forming story"[10] and this may be geographical, interest-focused and identity-based as well as possibly, but not exclusively, condition, problem, age, gender etc

CASE STUDY

During the COVID-19 pandemic Cornwall Council translated their COVID-19 guidance into easy-read versions and also into 6 different languages that were used by our migrant workforce to help them make informed choices to reduce the spread of COVID-19.

We also used community leaders and trusted colleagues, including gangmasters to help disseminate the material to the different audiences.

COVID-19

Инструкция за самоизолация

Налагането на самоизолация може да ви накара да се чувствате уплашени и изолирани – но е важно да запомните, че не сте сами и е налице поддръжка, която да ви помогне да се справите.

Има две причини, които може да наложат самоизолиране. Може да е установено чрез NHS test and Trace че сте били в близък контакт с някой, който е имал положителен тест или вие или някой от вашето семейство имате вируса.

Тук ще разгледаме всичко, което трябва да знаете за самоизолацията, включително какво означава, защо е необходима, какво можете и какво не можете да направите и как да получите помощ, ако имате нужда.

На първо място, ето обобщение накратко трите основни симптома на коронавируса, за които всички трябва да са наясно:

- Висока температура
- Нова, продължителна кашлица
- Загуба или промяна на обонянието или вкуса

Ако имате някой от тези симптоми, направете си тест. Ако сте на работа, моля, вкъщете се у дома веднага и се изолирайте, докато не получите резултата от теста си. Не се опитвайте да завършите сканата си.

За да се запишете за вашия тест, посетете www.gov.uk/get-coronavirus-test За да се запишете за вашия тест, посетете

Ето и правилата:

- Ще трябва да се самоизолирате веднага за **10 дни**, ако имате някой от горните три симптома или сте получили неясен резултат от теста.
- Ако след **10 дни** симптомите изчезнат, можете да спрете да се самоизолирате. Можете също да спрете самоизолацията, ако просто кашлицата или вие още имате промени в обонянието или вкуса, тъй като те могат да продължат седмици след изчезването на инфекцията.
- Ако все още се чувствате зле след **10 дни**, трябва да продължите да се самоизолирате. Това включва висока температура или усещане за горещина и тремпорене, крема или хлъзгане, чувство за гадене или диария.
- Трябва да се самоизолирате веднага за **10 дни**, ако живеете заедно с някой, който има някой от симптомите или е имал положителен тест.

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Cornwall and the Isles of Scilly Health and Care Partnership

COVID-19

Pacote de auto-confinamento

Ter que se auto-confinar pode deixá-lo com medo e isolado - mas é importante lembrar que não está sozinho e que há apoio disponível para o ajudar a superar todas as dificuldades do confinamento.

Existem dois motivos pelos quais você pode se auto-confinar. Pode ter sido contatado pelo NHS Test and Trace (aplicação de "Teste e Rastreamento" do serviço de saúde) por ter tido um contato próximo com alguém com teste positivo, ou você, ou alguém da sua família, contagiou o vírus.

Aqui, vamos guiá-lo por tudo que precisa de saber sobre o auto-confinamento, incluindo o que significa, por que é necessário, o que você pode e não pode fazer e como obter ajuda se precisar.

Em primeiro lugar, aqui está uma rápida recapitulação dos três principais sintomas do coronavírus, dos quais todos devemos estar cientes:

- Febre alta
- Tosse nova e contínua
- Perda ou alteração do olfato ou paladar

Se tiver algum desses sintomas, faça um teste. Se estiver no trabalho, vá direto para casa e comece o confinamento até fazer o teste. Não tente terminar o seu turno.

Para reservar o seu teste, visite www.gov.uk/get-coronavirus-test ou ligue 119 se não tiver acesso à Internet.

Agora, as regras:

- Precisará de se confinar imediatamente por **10 dias** se tiver algum dos três sintomas acima ou se tiver um resultado de teste incerto.
- Se, após **10 dias**, não tiver mais sintomas, pode parar o confinamento. Também pode parar de se auto-confinar se tiver apenas tosse ou alterações no olfato ou no paladar, pois isso pode durar semanas após o desaparecimento da infeção..
- Se ainda se sentir mal após **10 dias**, deve continuar em confinamento. Isso inclui febre alta ou sensação de calor e calafrios; pingar no nariz ou espirro; náusea ou vómitos e diarreia.
- Deve isolar-se imediatamente por **10 dias** se morar na mesma casa com alguém que apresente algum dos sintomas ou cujo teste seja positivo.
- Se o resultado do seu teste for **negativo**, outros membros da sua família podem parar de estar confinados. Você também pode parar se se sentir bem e não apresentar mais sintomas.

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Cornwall and the Isles of Scilly Health and Care Partnership

COVID-19

Informacje o samoizolacji

Samoizolacja może sprawić, że możesz poczuć lęk i odcięcie się od reszty - ale ważne jest, aby pamiętać, że nie jesteś sam i dostępne jest wsparcie, które pomoże Ci przez to przejść.

Są dwa powody, dla których musisz się izolować. NHS Test and Trace mógł się z Tobą skontaktować gdy byłeś / byłaś w pobliżu lub w kontakcie z osobą zarażoną wirusem, lub Ty, albo ktoś z Twojej rodziny ma wirusa.

W tym dokumencie opisane jest wszystko co musisz wiedzieć o samoizolacji, w tym, co to znaczy, dlaczego jest to konieczne, co możesz, a czego nie możesz robić oraz jak uzyskać pomoc, jeśli jej potrzebujesz.

Poniżej krótkie podsumowanie trzech głównych objawów koronawirusa, o których wszyscy musimy wiedzieć:

- nowy uporczywy kaszel
- wysoka temperatura
- utrata bądź zaburzenia węchu lub smaku (anosmia)

Jeśli masz którykolwiek z tych objawów, zrób test. Jeśli jesteś w pracy, idź prosto do domu i zacznij się izolować, dopóki nie wykonasz testu. Nie próbuj kończyć swojej zmiany.

Aby umówić się na test, przejdź na stronę internetową www.gov.uk/get-coronavirus-test lub, jeśli nie masz dostępu do internetu, zadzwoń pod numer 119.

Zasady samoizolacji:

- Jeśli wystąpi którykolwiek z powyższych objawów koronawirusa lub jeśli wynik twojego testu jest niejasny, musisz natychmiast rozpocząć izolację domową przez **10 dni**.
- Jeśli po **10 dniach** objawy ustąpią, możesz przerwać isolację. Możesz również przerwać izolację, jeśli masz tylko kaszel lub poczujesz zmiany węchu lub smaku, gdyż te mogą utrzymywać się przez tygodnie nawet po ustąpieniu infekcji
- Jeśli po **10 dniach** nadal źle się będziesz czuć, powinieneś kontynuować izolację. Obejmuje to objawy wysokiej temperatury lub uczucie gorąca i dreszcze; katar lub kichanie; nudności lub wymioty oraz biegunka.
- Jeśli mieszkasz w tym samym domu, co osoba która ma objawy wirusa lub ma wynik pozytywny, musisz natychmiast rozpocząć izolację.
- Jeśli wynik twojego testu jest **negatywny**, inni domownicy mogą przestać się izolować. Ty także możesz przestać się izolować, jeśli czujesz się dobrze i nie masz już objawów.

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Cornwall and the Isles of Scilly Health and Care Partnership

Commissioning

We commission creatively for outcomes for individuals and communities over the longer-term working towards sustainable funding and time to achieve desired impacts.

How

- We work with our partners in health, voluntary and community sector and across the councils to understand what is available, possible and desired in the community before commissioning something new
- We devolve resources to local areas as much as possible (e.g. local councils, integrated care areas, primary care networks or community hub)
- Our focus on reducing health inequalities may mean distributing resources in a different way and building community assets across Cornwall and the Isles of Scilly according to need
- We use commissioning and contracting creatively to ensure collaboration between multiple service providers is standard practise and that resources flow to micro formal and informal organisations and groups
- We commission for long-term, sustainable services and support so we can deliver better outcomes for people and communities– we take time to find solutions to the problem not the project
- We commission for a personalised approach to delivery that takes a holistic view of people's lives and the wider determinants of health that support better wellbeing
- We will look for creative ways to fund social prescriptions and not just the social prescribing, exploring mechanisms already available such as personal (holistic) budgets
- We challenge ourselves to commission the what not the how and we commission for shared outcomes not outputs always asking ourselves the question - what difference are we making to people's lives?
- We embed the recommendations from the COMF report[11]and continue to take a Human Learning Systems approach to commissioning
- We pay attention to the challenges and the opportunities of commissioning for small populations like Isles of Scilly, people experiencing homelessness, gypsy, roma, traveller communities or areas of known deprivation,
- We look beyond the data of the Joint Strategic Needs Assessment and population health data to build a more informed picture that helps us understand strengths and need place by place, street by street and community by community if necessary
- We take a resources and people approach to community asset mapping to commission effectively to fill gaps building on the strengths

CASE STUDY

Disability Cornwall formed an alliance of community groups that supported specific groups of our population such as dementia cafes for people with memory loss. Through this alliance people working and living within communities were able to voice what support they needed to remain well through the pandemic and disability Cornwall were then able to either respond themselves or signpost people to appropriate resources and assets. This approach has now developed into the Humans Cornwall approach which works with people to keep them independent and identifies what their needs area and then links them to appropriate resources and assets, rather than wait until people have needs that cannot be supported through this early help.

Culture and language

We have a culture in which all practitioners and organisations across public and voluntary and community sectors are treated as trusted, equal partners in improving health and wellbeing and where learned and lived experience has equal value.

How

- Our leaders empower their teams to work in an integrated and collaborative way at place and in communities and cede or share power where possible.
- We have shared values and behaviours and we hold ourselves and each other kindly and supportively to account for upholding them
- The language we use makes sense to the people and communities we support and is shared across health, national and local government and the voluntary and community sector
- We will be brave, take risks and see failure as an opportunity to learn and grow
- We have a culture where we are 'all in it together' – we leave our organisational badge at the door
- We spend time understanding each others perspectives and use methods such as appreciative inquiry to gain more depth of insight where joint working could be better.

Workforce

Our combined workforce across the local authority, NHS and voluntary and community sectors sees themselves as working for people and communities in Cornwall and the Isles of Scilly first and their organisation or the system second.

How

- We create opportunities for our workforce to develop trusted local relationships across teams and organisations regardless of their organisation
- Our practitioners deliver a personalised approach focused on what matters to the person or community rather than on what's the matter with them.
- To do this we look for the root causes of the challenges people face and don't deal with just the presenting symptoms taking a personalised 'whole-person, whole-life' approach
- Encourage and support our workforce to walk in others shoes, taking opportunities to listen to people with lived experience and talk to people in our communities.

Value and support the caring roles which many of our staff undertake and where possible provide time for staff to actively participate in volunteering roles.

CASE STUDY

The 10 Safer Towns are data-led localised community safety partnerships with demonstrably higher than average rates of crime and anti-social behaviour. The towns are Liskead, Saltash, Bodmin, Truro, St Austell, Newquay, Penzance, Falmouth and Camborne/Redruth. The partners include various services from within Cornwall Council such as community safety and enforcement teams and external partners such as Devon and Cornwall Police, Town Councils, local Business Improvement Districts, Councillors, Fire Service, and voluntary groups.

Priorities are identified using data from data sets compiled by an intelligence team to create 'Town Profiles' for each of the towns which are then balanced by identified local concerns from partners and residents. Partnership meetings take place monthly and are a mix of proactively delivering projects identified through the Town Profiles, as well as reactive to live issues.

Outcomes and impact

The resources we put in, deliver measurable impact and outcomes that matter to people and communities as well as more effective use of resources.

How

- ✔ People developing, buying or evaluating services should co-design shared outcomes and practical, consistent measurement tools and methodologies
- ✔ More emphasis is given to understanding individual wellbeing outcomes such as social connections, improved local environment and mental wellbeing than counting numbers of people who have received a service
- ✔ We agree how we are going to evidence impact and stick to it, ideally working in collaboration with other public sector organisations
- ✔ Collaboration and ensuring resources flow to small, local organisations are key outcomes for our commissioning
- ✔ Our organisations and staff understand the value of and have skills to undertake equality impact assessments on major decisions to ensure inequalities are not increased.

CASE STUDY

Y was referred by the GP in the middle of COVID-19. The patient was suffering from extreme anxiety and was concerned about the lockdown situation and its impact on their life.

Since March, the patient had lost about 2 stone in weight, through worry and anxiety. Heart issues had also been investigated by Derriford Hospital.

A big part of Y's social life revolves around nature.

Y has also decided to have a bird feeder too, which we purchased, as I am told there are a great variety of wild birds in the garden, which Y loves to watch.

The Social Prescription Fund covered the funding of a sack of wild bird seed.

I think the fact that Y feels less isolated and is now listened to and supported, both in a practical sense and also emotionally have helped enormously. Y is feeling less anxious and is no longer losing weight.

Figure 6: Eight ways that people-powered approaches can impact individuals and families [14]

Summary

Improving the health and wellbeing of the people and communities of Cornwall and the Isles of Scilly is the shared aim of many of those working and leading in our public sector organisations and voluntary and community sector.

Evidence now supports the view that asset-based approaches are a vital step towards improving outcomes for people and communities. Undertaking this work is complex, is not a quick fix, requires resources and a shift in the way many public service organisations currently operate.

However, the opportunities and benefits are worth it. This approach can assist in reducing health and wellbeing inequalities which currently mean there is a 4.9 year gap for females and 6.1 year gap for males in life expectancy depending on your life circumstances[16]. Our mission in public health is to close this gap, collaborating with our partners, communities and people to improve health and wellbeing for one and all. This report reviews the progress we have already made as a health and care system and within our local councils. It provides recommendations and a framework for how we can hold ourselves to account for doing more to embed a community asset-based approach and put the power of people and communities at the centre of the solution. We must always remember that the 'people' and 'communities' we talk and write about are also us.

> "Asset-based approaches can assist in reducing health and wellbeing inequalities and a vital step towards improving outcomes for people and communities."

Update on 2020/21 Annual Report recommendations

Last year's report focused on the health and wider impacts of COVID-19 in Cornwall and the Isles of Scilly. The report made 20 recommendations for the ongoing response and recovery. A summary of progress against these is given below.

Unequal impact on health

1. Continue to identify and support those individuals and groups who have been most affected by the pandemic with targeted recovery programmes to improve their health fastest and prevent health inequalities widening

The wellbeing and public health team continues to monitor the impact of the pandemic using routine data, including the newly released 2021 census data, as well as survey data and a range of other information sources. Targeted recovery support takes many forms and is covered in the responses to the recommendations below.

2. Develop better understanding of the impact of long-COVID-19 on people living in Cornwall through listening to their experiences and ensure appropriate support is available for a good recovery

Cornwall Council's public health team has commissioned a collection of surveys on long COVID-19 and the wider impact of the pandemic on the local population, including a resident survey conducted by PFA Research to understand the experiences, impacts of the pandemic on things like employment and education, as well as health needs of around 1,500 people following the pandemic. The sample was representative of the local population both geographically and demographically. The team have also completed focus groups and interviews with specific groups, such as the homeless, those with substance misuse problems, children and younger people, ethnic minorities and victims of domestic abuse. This work was led by two voluntary sector groups – Healthwatch and Community Helping All of Society (CHAOS). We are undertaking specific research with the University of St Andrew to better understand the health needs of those affected by the pandemic and the impact of long-COVID-19. Once this work is completed, we will consolidate this knowledge and use it to inform future policy and local services.

Preventing and managing cases and outbreaks

3. Evaluate the local 'One and All' response to the pandemic and share key learning to inform our future emergency preparedness plans. This will support and improve the system response to current and future health hazards in Cornwall and the Isles of Scilly.

We have waited for the Terms of Reference of the National Enquiry to help frame our evaluation. The draft terms of reference were released on the 28th June 2022. **UK COVID-19 Inquiry: terms of reference**

The Inquiry will examine, consider and report on preparations and the response to the pandemic in England, Wales, Scotland and Northern Ireland, up to and including the Inquiry's formal setting-up date, 28 June 2022.

The fame work has three broad areas with specific metrics that cross the whole system response. Our 'One and All' evaluation will take elements from this framework.

1. Examine the public health response

2. Focus on the health and care sector

3. Look at the economic response to the pandemic and its impact

Finally, we will be asked to support **the lessons to be learned** from the above to inform preparations for future pandemics.

Our evaluation will start once more detail from the draft terms of reference are known.

4. Support and protect care homes and vulnerable people through the pandemic and beyond through preventing and managing outbreaks and supporting wellbeing in staff, carers and residents

Over the last 2 years excellent working relationships have developed to make sure that Care Services providers get the right support at the right time to help them navigate through a COVID-19 outbreak. Roles and responsibilities in the local NHS, adult care and public health have evolved, and the teams have settled into a routine to make sure that Providers can seek support from the most appropriate team depending on their need.

If a resident or staff member in a care home tests positive for COVID-19 then the care home is contacted to ascertain the wellbeing of the residents/staff and offer support from the outbreak control team, to advise on any infection prevention and control matters.

The full multi-disciplinary team (MDT) continues to meet once a week to see if there are any emerging issues that need reviewing and are able to escalate any guidance anomalies to the Infection Prevention Control Alliance group where they can agree any local variations to the guidance. Communications and workforce matters are also addressed at this MDT meeting.

5. Ensure an equitable offer and uptake of the COVID-19 vaccines, using evidence and insight from our local population, to maximise protection against severe illness and hospitalisation

The local authority, NHS and voluntary sector have collaborated to provide a comprehensive COVID-19 vaccination programme for Cornwall and the Isles of Scilly. Vaccinations are delivered via primary care, community pharmacy, acute trust in hospitals and mass vaccination centres, and through a mobile offer. This approach ensures that residents have access to vaccination centres across CIOS and that an 'evergreen' offer is always available should they decide to take up the offer at any time. Best practice to tackling health inequalities. includes multi-agency pop up clinics for people experiencing homelessness, bespoke vaccination clinics for migrant and gypsy/traveller communities, roving teams to deliver to housebound patients, vaccinations offered on site at large employers, pop up provision at large events, and setting up mobile vaccination units in areas of low uptake and/or high deprivation. Communications to the public continue to focus on: the importance of the vaccine, where to get one, and that it is never too late to come forward.

Community resilience and working together

6. Understand and celebrate the unique resilience and community cohesion that Cornwall and Isles of Scilly communities have shown through the pandemic, and the important contribution of the voluntary and community sector. This should include commitment to the sustainability of the sector and promoting volunteering

Through the Contain Outbreak Management Fund (COMF), almost £5m has been provided to the voluntary and community sector to support Public Health to contain/manage the Covid 19 virus and assist in the recovery from the pandemic, in particular, by the most disadvantaged communities. Managing the programme as a Human Learning Systems approach has enabled the organisations to feel part of the bigger picture. By emphasising that everyone is part of the system, our partners have thought of themselves as an integral part of the solution. By focusing on the core strengths of the voluntary and community sector, the independent evaluation notes that partners felt that they were being recognised on an equal basis, that their skills and expertise were being valued. Using the funding in a joined-up approach has enabled those organisations closer to the need to deliver the projects necessary, instead of dictating the response from a Council's point of view. This has led to culture of increased trust and resulted in the money being used intelligently across the county, reaching more people. Funding core costs to build capacity, alongside activities has built resilience into the sector that allows alliances to be formed and future sustainability to be easier to achieve.

7. Build on the successful partnerships which have been strengthened through our COVID-19 response to embed a focus on health inequalities across organisations and sectors across Cornwall and the Isles of Scilly. This should include a renewed commitment to addressing the drivers of health inequalities through the implementation of the Health and Wellbeing Strategy.

During the next year, Health and Wellbeing Board (HWB) meetings will be themed according to one of the four strategic priorities of the Health and Wellbeing Strategy. This will provide an opportunity for strategic leads to highlight the work they are involved in and request any necessary support from the HWB to build a joint understanding, drive progress across shared priorities and support the collective outcomes of the HWB. To address the drivers of health inequalities, all strategic leads will be asked to consider how the HWB can support them to achieve Principle 4 of the Health and Wellbeing Strategy of 'promoting inclusion, recognising diversity and reducing inequalities'. This aims to embed a focus on health inequalities across organisations and sectors across Cornwall and the Isles of Scilly by fostering a whole systems approach to tackling health inequalities. It is also proposed that as the Integrated Care Board (ICB) becomes established and the connection between the HWB and the ICB is clarified, the discussions and outcomes from the HWB will support the work of the ICB. This will strengthen action on health inequalities within Integrated Care Areas.

Access to health and care services

8. Work across the Integrated Care System to monitor the longer-term impact of the pandemic on excess deaths and health outcomes as a result of delayed access to services, so that this intelligence can inform effective action plans where required

Throughout the pandemic the public health intelligence team have been working closely with colleagues across the health care system to monitor COVID-19 and develop an understanding of the long-term impacts on health due to the pandemic. The Director of Public Health has ensured that the NHS has included the addressing of inequalities as one of the seven priorities for their operational plans for the next year. This is a cross cutting priority, and the public health team are playing a key role in this. As we emerge from the pandemic the public health team are leading on developing population health management approaches with the NHS to ensure that inequalities are identified, and intelligence led services are delivered to address need.

The health overview and scrutiny committees in each council play a role in reviewing health and social care plans to address elective care waiting times and meet NHS and care standards.

9. Increase investment in upstream prevention programmes within the Integrated Care System and promote uptake of prevention programmes such as cancer screening, immunisations and health checks which can detect and prevent serious illness. This should include a plan to keep people as well as possible whilst waiting for delayed treatment.

The Public Health team are continuing to deliver their established prevention services, including restoring services that could not fully operate due to the pandemic. The public health team are working with NHS colleagues to improve access and reach of prevention programmes for residents in Cornwall with a particular focus on identifying how service can reduce inequalities in access.

The NHS recognise the importance of increased prevention and have providing funding for the next three years to the public health team to increase the offer of prevention services which will contribute to the reduction of health inequalities. The public health team are taking a lead role on developing a prevention framework for the emerging Integrated Care System in Cornwall which will embed prevention in all aspects of NHS care. This will set out to **prevent** disease, **reduce** the effects of illness in residents and **delay** the severe impact of illness in people who suffer long term chronic illness.

Mental health and wellbeing

10. Take a coordinated approach to promoting good mental health and ensure that early identification and access to support for mental health is prioritised as equally important as physical health.

An all-age multi-agency Mental Health and Suicide Prevention (MHSP) Group was established to mitigate the impact on the mental health and wellbeing of the population from the COVID-19 pandemic. This included a range of prevention measures across three priority areas to ensure mental health has parity of esteem with physical health. This included: population wellbeing; work force wellbeing; and equitable access to services.

A range of approaches were implemented, including a new communications strategy and plan to disseminate the benefits of the Five Ways to Wellbeing, as well as promoting all the interventions developed. These included a range of new services to provide a coordinated response and recovery related to the pandemic. For example, the Mental Health, Employment Need and Debt (Mhend) advice service, Step into Wellness (a seven-week physical and mental health programme), a range of suicide prevention innovation grants (e.g., to support fishing and farming communities) and a new online workforce training package, including mental health awareness, psychological first aid and trauma informed training. A 24/7 mental health helpline was introduced. The success of this coordinated approach ensures continuation of mental health and wellbeing prioritisation.

11. Continue to review emerging evidence on the impact of COVID-19 on mental health and suicide and who is more greatly affected to shape services. This should include providing targeted support to those most at risk and evaluating the effectiveness of programmes.

A range of engagement was carried out to better understand the impacts of COVID-19 on mental health and suicide. This included work with the voluntary sector, gathering of intelligence from organisations who provide mental health and wellbeing helplines and two large population surveys conducted by Healthwatch. The first survey provided evidence on the risk factors associated with poor mental health and wellbeing, as well as changes in levels of anxiety and depression in local communities. The second survey was conducted to understand people's experiences of accessing mental health services. In addition, a deep dive into Coroner inquest recordings was completed to understand the impact of the pandemic on suicides. This local intelligence has contributed to the development and implementation of a range of measures to mitigate the impact of the pandemic.

Healthwatch are in the process of talking to local people and communities to better understand their experiences, aspirations and needs in terms of mental health and suicide prevention. This work will be instrumental in the design of future prevention measures.

Staying healthy in the pandemic

12. Target health improvement resources to those areas with greatest health need to create healthier environments to live, work and play. This should include working with residents and local organisations to determine what matters to them to stay healthy.

Healthy Cornwall now focuses its resources and primarily delivers programmes in six key areas across Cornwall where we know people tend to have poorer health. Health improvement programmes, commissioned through Public Health, have also targeted communities with higher levels of deprivation and also people who are less likely to take part in programmes such as men.

Further work with communities is planned in 2022/23 as Public Health develops a whole systems approach to supporting healthy weight part of which will be consultation with communities and local organisations. A new programme for supporting children, young people and families around healthy weight is also under development and families and local communities will be key into developing this new programme.

13. Use the recovery phase of the pandemic as an opportunity to increase physical activity as part of everyday life, recognising the benefits to both mental health and physical health

As part of funding to promote physical activity post COVID-19 a range of initiatives have taken place. Leisure providers were given funding to offer free public access to public swimming sessions and children were provided with free swimming lessons where cost was a barrier to children being able to swim 25m by the end of year 6. A digital programme has been extended that targets older adults and enables them to take part in falls prevention exercises led by qualified instructors in their own home. A holiday activity fund has enabled local providers the opportunity to deliver a range of physical activity programmes during school holidays that ensure that children are also able to access a substantial, healthy meal.

Longer-term, Public Health is working closely with Active Cornwall and a range of local partners to understand how organisations work with local communities to encourage more people to be active and help reduce barriers to participation in physical activity for the least active.

Active Cornwall are leading the **Live Longer Better Programme** in Cornwall. This is a national programme the aim of which is to drive a cultural revolution in how we approach health and care for older people and key in this is the role that physical activity can play in improving quality of life in older adults.

Health of children, young people and families

14. To address the impact of the pandemic on our children and young people there should be further support for early years settings in more deprived areas, including additional support for parents, and for those with children with special education needs or disabilities

Using the Contain Outbreak Management Fund for recovery from COVID-19, we provided grants to services to support children and families who had been most affected by COVID-19. These included: extending the offer of free early years education to 2 year olds; enabling digital inclusion; creation of an alliance of organisations to work together to improve infant mental health and early language development; additional support to young parents; increasing provision of post-abuse counselling for children; supporting children with special education needs or disabilities back to the classroom; increasing educational psychology support to mitigate impact of COVID-19 in schools; development of programmes for children with additional emotional and therapeutic needs; and support for children who had been bereaved.

15. Address the conditions that give rise to Adverse Childhood Experiences (ACEs) as well as responding to the immediate needs of children and parents to ensure safe, stable, nurturing relationships and environments for children.

The prevalence, complexity, and impact of adversity experienced by our children and young people is addressed by a range of partners across health, social care, education, community safety, safeguarding and the voluntary sector. This drives collaborative actions to prevent and mitigate all types of childhood trauma including abuse, neglect, community violence, parental mental illness, harmful alcohol or drug use and exploitation. It is recognised that prevention of ACEs is dependent on all services adopting a think-family approach whereby the child's voice, needs, and safety are central but are considered in the context of their family, community, and wider environment.

There has been increased investment to support children and families in the very earliest years including the introduction of Best Start in Life Practitioners and innovative resources to ensure parents, carers and children have timely, accessible support and guidance (e.g., Health Visitor and School Nurse Advice Line). Work is also ongoing to tackle social and economic factors (many exacerbated by the pandemic) such as food insecurity, fuel poverty and inadequate housing which can influence childhood adversity and the ability to manage or overcome traumatic experiences.

16. Extend interventions which promote the emotional health and wellbeing of children and young people such as the Headstart programme which provides a whole school approach to support young people's physical and emotional health and wellbeing at school.

Public Health have committed support and investment to ensure prevention and early intervention is central to promoting the health and wellbeing of our children and young people. This includes dedicated funding to ensure the work of HeadStart Kernow continues beyond the end of their Big Lottery Funding period.

Collaborative education programmes to support our children and young people workforces continue to evolve (e.g. sessions and resources on self-harm, anxiety, problem eating) and innovative multimedia support for parents and carers, such as Q&A webinars that explore key local services, have proven successful. Importantly the provision of accessible, relatable and timely support that is directly for children and young people is not just designed for them but with them. This includes universal and targeted delivery programmes such as primary school Mental Health Support Teams, Social Prescribing, School Nurse 'drop-ins', Kernow Connect and Young People Cornwall. Also, the #StartNow Cornwall platform includes social media activities, engagement opportunities and interactive tools that explore key themes such as school transition, children's rights and climate anxiety.

Social, economic and environmental impacts

17. Reduce the impact of the pandemic on child poverty in Cornwall and the Isles of Scilly through advocating for the living wage, the continuation of the Universal Credit uplift, fairer funding for Cornwall and the Isles of Scilly, as well as supporting the voluntary sector and use of emergency COVID-19 grants.

Government grants provided funding to help those most adversely affected to manage the impact of COVID-19 on their lives. Help included transport to vaccines, food and shopping, heating repairs, confidence building, housing, homelessness and advice, helping with their journey from shielding towards a new normal, as well as the wider population to move forward following periods of self-isolation.

The pandemic had a negative impact on economic wellbeing for many households in terms of

- Debt and Financial Precarity. The number of people claiming Universal Credit has increased.
- Housing shortages and rising costs are an issue for owners and private renters, compounded by unemployment and/or benefit delays.
- Fuel Poverty is a rising issue for residents in Cornwall.
- Food insecurity increased, with more people using foodbanks.

The universal credit uplift came to an end, but other sources of Government funding are provided to local authorities to support those in need, including families with children and people on pension credit.

There is now a new challenge caused by the rising cost of living. This requires the same co-ordinated action as that seen during the pandemic. (See recommendation 20).

18. Build on the success of the 'Everyone In' programme by providing intensive support to homeless people who have been housed from going back to rough sleeping and preventing new homelessness so that we bring 'Everyone in for good'.

The Council's vision is to end homelessness and rough sleeping in Cornwall. During the pandemic, the Council was proactive in bringing everyone in and committed to moving people on into sustainable accommodation solutions.

As we emerge from the pandemic, the housing market has changed and presents a much more challenging environment for households at risk of, or experiencing, homelessness. As a consequence, that has been an increase in the number of people sleeping rough and the number of households in temporary accommodation remains significantly higher than pre-pandemic levels. To address this, the Council is moving the Housing Options Service back in-house and undertaking a Service Review to ensure that the Service is focused on prevention and tenancy sustainment, rather than intervention. In addition, the rough sleeper service is being transformed to deliver place-based services that offer personalised and trauma-informed support for people sleeping rough.

These steps are in line with the newly emerging national success indicator that homelessness should be rare and where it cannot be prevented, should be brief and no-recurring.

19. Protect our natural environment and invest in a green economy and infrastructure so that the economic recovery can be an environmental one. This will create healthier, sustainable ways of living that enable both people and planet to thrive and reduce carbon emissions.

We continue to prioritise carbon reduction and the natural environment but, two years on from many organisations declaring a climate emergency, it is clear that we are not yet doing enough. There is evidence that some of the changes during the pandemic such as reduction in flights and car use have not been maintained. Public transport use has not recovered to pre-pandemic levels. Investment in low carbon home energy and insulation, although welcome, is not sufficient.

The Council's Business Plan 2022 - 2026 sets out our new overarching mission: Working with communities for a carbon neutral Cornwall, where everyone can start well, live well and age well. The Shared Prosperity Fund and the County Deal for devolution present further opportunities to invest in a greener recovery and more sustainable living.

20. Create partnerships to reduce the future need for food banks and emergency food provision working closely with organisations that support access to good employment, and income debt management and financial literacy.

The Council has established a Food Security Group which has enabled partnerships to be built with a wide range of local and national organisations who provide or support the delivery of emergency food. Local partnerships with **the Cornwall Food Access Alliance** and **Sustainable Food Cornwall** have created the space to draw together resources such as tools for maximising income and develop referral pathways to supporting organisations such as debt management advice with the aim of reducing dependency on emergency food provision and engage in actions to improve the wider food system in Cornwall. The Food Security Group also partners with Transformation Cornwall to hold monthly sessions with Cornish Foodbanks to support the sharing of good practice and provide an opportunity to raise issues which are often resolved by members of the group sharing their experience and knowledge.

Through the work of these local partnerships and national partners such as the Trussell Trust and the Independent Food Aid Network, the Cornwall **'Worrying About Money'** leaflet has been co-produced to provide information which aims to prevent the need for emergency food provision.

The demand for emergency food provision is escalating with local evidence showing an increase predominantly from people already in employment. As emergency food groups transition from their pandemic response to meet the challenges of the cost of living, these partnerships will continue to provide the vital relationships to share knowledge, identify solutions and work together to reduce the need for emergency food provision.

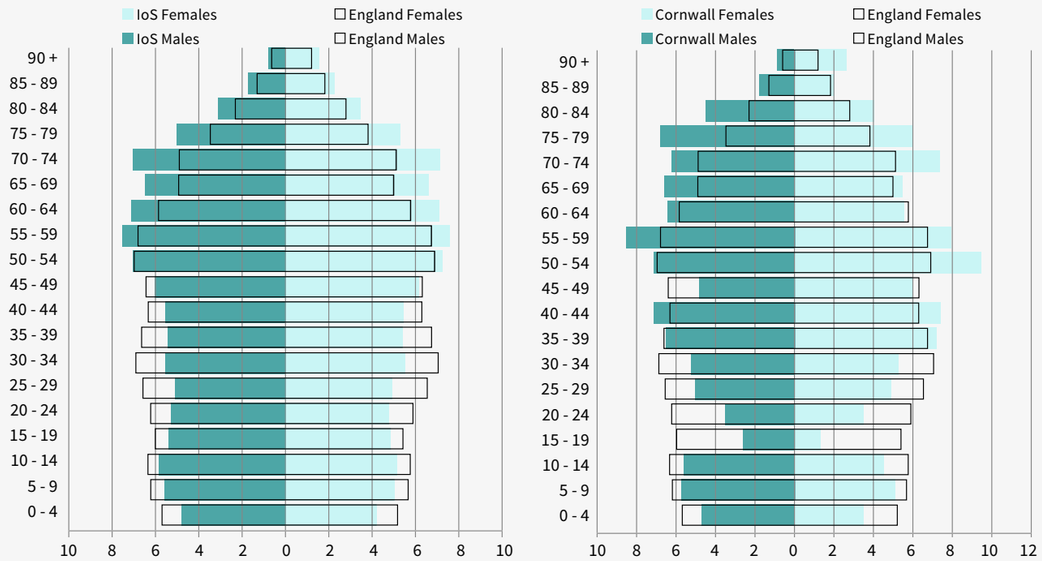
Vital statistics

Estimates of population

The population of Cornwall and the Isles of Scilly is estimated to be 572,400 people[1]. Cornwall is the largest unitary authority in England (570,300) whilst the Isles of Scilly at 2,100 is the smallest. Both however, fall within the lowest 20% of authorities for population density with Cornwall at 161 people per square kilometre (2021) and the Isles of Scilly 129 people per square kilometre.

Population pyramids for both Cornwall and the Isles of Scilly (2021 Census) are set out in Figure 7 compared against the profile for England. Both Cornwall and the Isles of Scilly have an older age profile; the median age of people living in Cornwall (2020) was 48 years old (Isles of Scilly 49 years), compared to 40 years in England and Wales.

Figure 7: Population pyramids for Cornwall and the Isles of Scilly compared to England

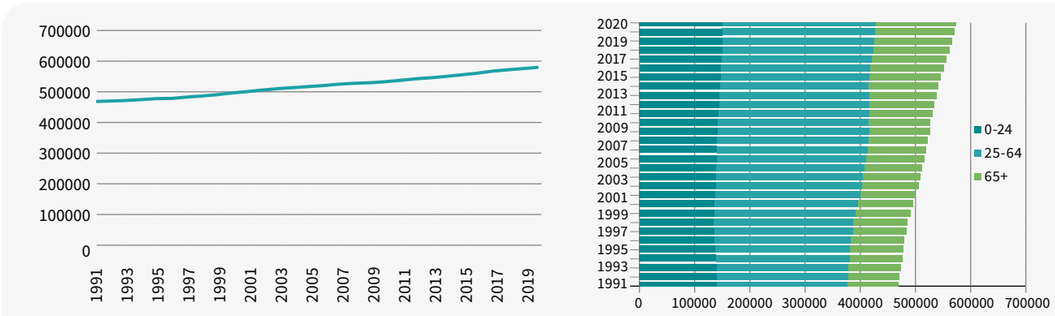


[1] Source: Office for National Statistics. 2021 Census Population and household estimates, England and Wales: Census 2021 - Office for National Statistics (ons.gov.uk) [accessed 15/08/2022]

Population trend

Since 1991 the population of Cornwall and the Isles of Scilly has increased from 471,549 to 572,400, an increase of 21%. The 65+ age group has increased by over 50%, whilst the 0-24 by 6% and 25-64 by 18%.

Figure 8: Population tend of Cornwall and the Isles of Scilly



Source: www.nomisweb.co.uk

Population projections

There is a predicted population growth of 11.7% between 2019-39 in Cornwall and the Isles of Scilly. As can be seen the major increase is predicted in the 85+ age group, followed by the 65-84 age group.

Population projections show that the population in Cornwall will continue to have an older profile than that of England.

Figure 9: Population projections for Cornwall and the Isles of Scilly

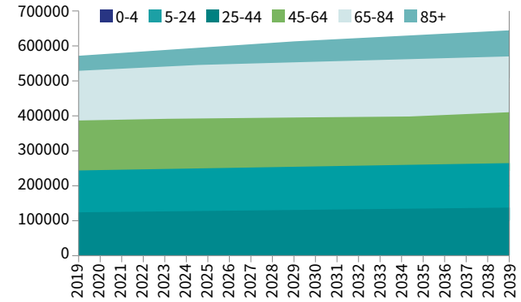
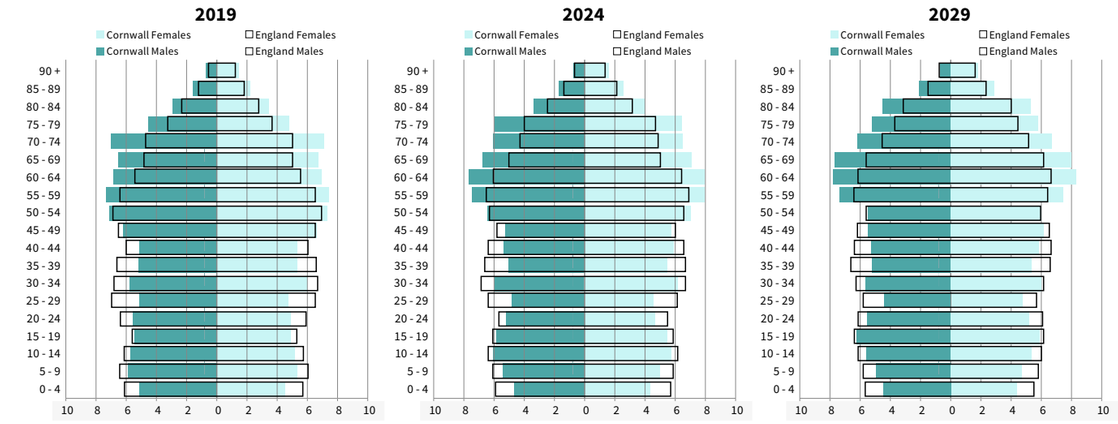


Figure 10: Population pyramid projections for Cornwall



Live births

Figure 11: Projected live births by maternal age

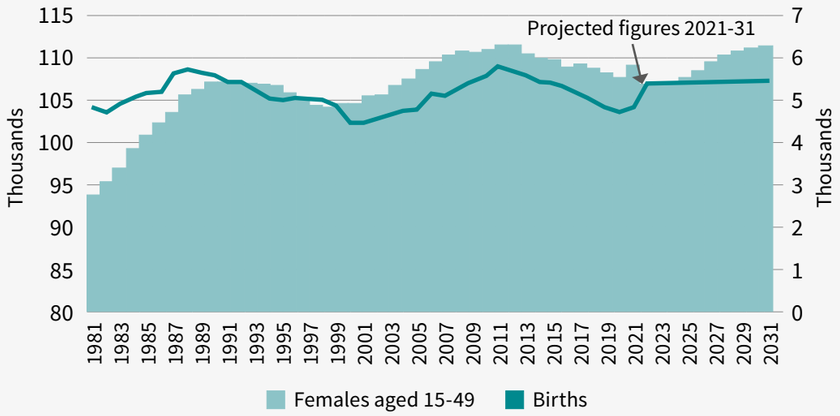
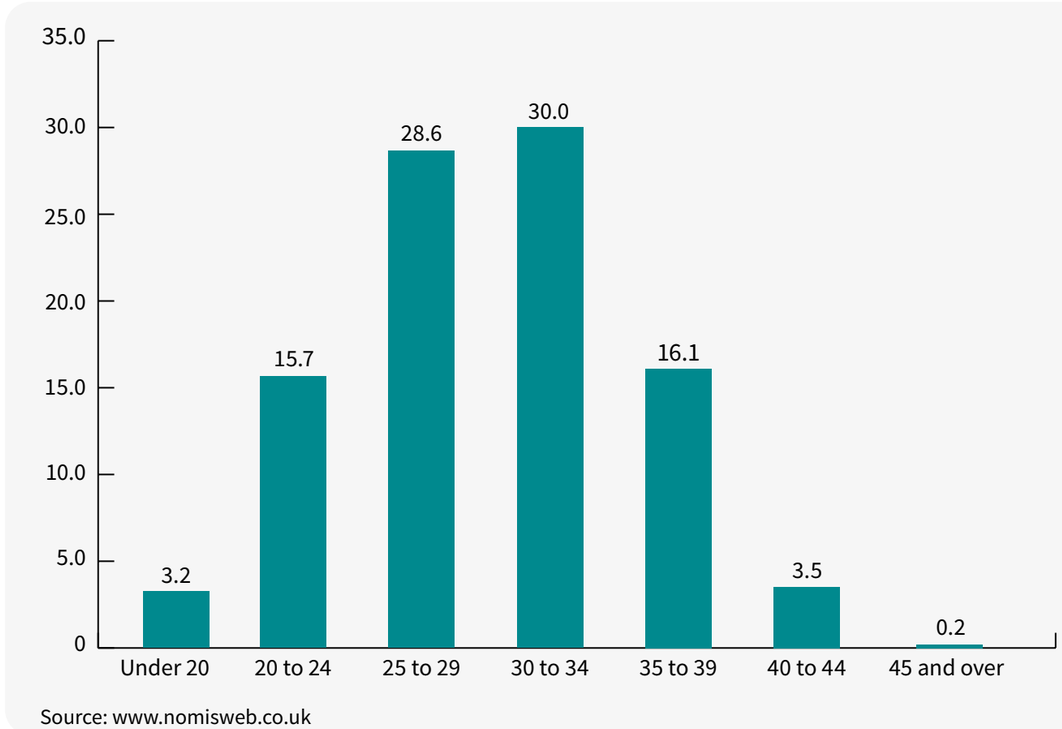


Figure 12: Live births by maternal age in Cornwall and the Isles of Scilly 2015-2020.

Age of mother	2015	2016	2017	2018	2019	2020
Mother aged under 20	204	190	176	169	145	133
Mother aged 20 to 24	952	946	858	823	734	671
Mother aged 25 to 29	1,635	1,558	1,574	1,427	1,404	1,392
Mother aged 30 to 34	1,598	1,554	1,551	1,548	1,543	1,526
Mother aged 35 to 39	804	863	795	850	812	830
Mother aged 40 to 44	204	188	191	172	182	170
Mother aged 45 and over	15	13	17	11	8	7
Age of mother unknown or not stated	-	-	-	-	-	-
Total	**5,412**	**5,312**	**5,162**	**5,000**	**4,828**	**4,729**

From www.nomisweb.co.uk

Figure 13: Age of mother % of all live births Cornwall and Isles of Scilly (2016-2020)



Source: www.nomisweb.co.uk

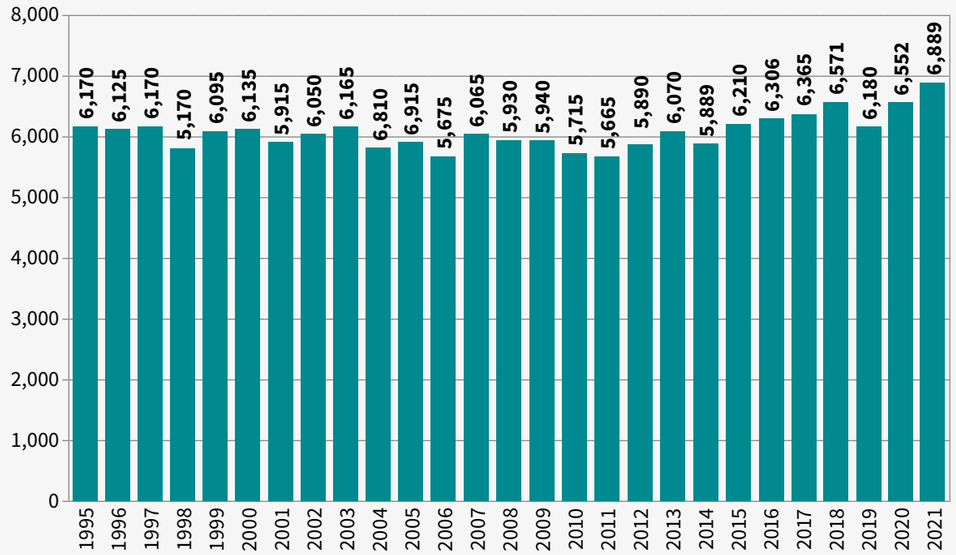
Figure 14: Live births, stillbirths, and infant deaths (2020)

Area of usual residence	Numbers						Rates (per 1000)				
	Births			Deaths							
	Live birth	Still-birth	Peri-natal	Neo-natal	Post neo-natal	Infant	Still-births	Peri-natal	Neo-natal	Post neo-natal	Infant
England	585,195	2,231	3,466	1,564	536	2,100	3.8	5.9	2.7	0.9	3.6
South West	50,472	164	245	111	33	144	3.2	4.8	2.2	0.7	2.9
Cornwall UA and Isles of Scilly UA	4,729	16	27	13	1	14	3	5.7	2.7	-	3.0

Deaths

In 2021, there were 6,865 registered deaths for Cornwall and Isles of Scilly. Most of these deaths (4,291 or 62.5%) were caused by; cancers (1,839, 26.8%), diseases of the circulatory system (1,794, 26.1%), and diseases of the respiratory system including Covid19 (658, 9.6%). Disease of the circulatory system includes deaths from cardiovascular diseases such as coronary heart disease, stroke and heart failure.

Figure 15: Cornwall and Isles of Scilly annual deaths (1995-2021)



Source: Mortality Statistics, ONS

Deaths from selected causes

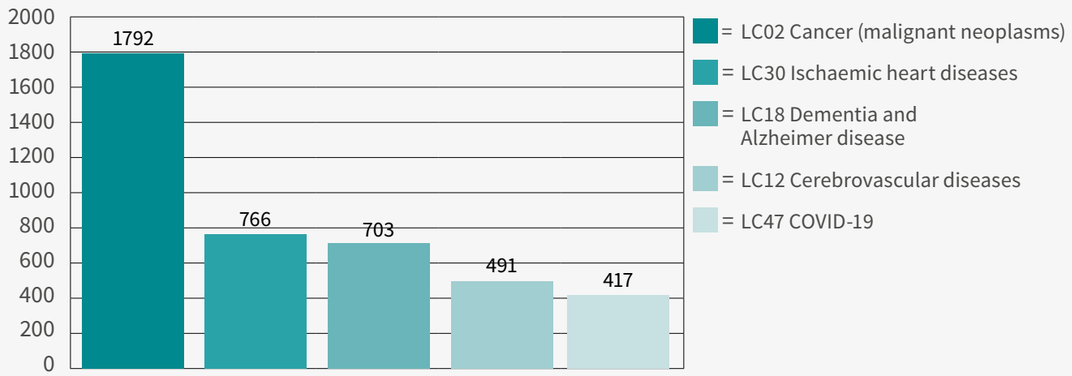
In 2019, there were 6,167 registered deaths for Cornwall and Isles of Scilly. Most of these deaths (4,366 or 70.6%) were caused by; cancers (1,864, 30.2%), diseases of the circulatory system (1,662, 26.9%), and diseases of the respiratory system (840, 13.6%). Disease of the circulatory system includes deaths from cardiovascular diseases such as coronary heart disease, stroke and heart failure.

Figure 16: Mortality statistics in Cornwall and the Isles of Scilly. Deaths by underlying cause and age, 2021

Cause of death	1 to 4	5 to 14	15 to 34	35 to 64	65 to 74	75 +	All
A00-R99,U00-Y89 All causes, all ages	0	10	66	768	1,083	4,947	6,889
LC01 Accidents	0	0	25	47	25	164	260
LC01a Accidental drowning and submersion	0	0	0	0	0	0	0
LC01b Accidental falls	0	0	0	5	15	139	159
LC01c Accidental poisoning	0	0	15	29	5	0	48
LC01d Accidental threats to breathing	0	0	0	0	0	0	6
LC01e Land transport accidents	0	0	5	0	5	5	26
LC01f Non-intentional firearm discharge	0	0	0	0	0	0	0
LC02 Cancer (malignant neoplasms)	0	0	10	249	463	1,064	1,792
LC02a Malignant neoplasm of bladder	0	0	0	5	10	48	64
LC02b Malignant neoplasm of brain	0	0	0	11	13	16	39
LC02c Malignant neoplasm of colon, sigmoid, rectum and anus	0	0	0	30	43	116	188
LC02d Malignant neoplasm of gallbladder and other parts of biliary tract	0	0	0	0	0	5	13
LC02e Malignant neoplasm of kidney, except renal pelvis	0	0	0	5	11	29	47
LC02f Malignant neoplasm of larynx	0	0	0	0	5	5	10
LC02g Malignant neoplasm of liver and intraheptic bile ducts	0	0	0	10	19	34	61
LC02h Malignant neoplasm of oesophagus	0	0	0	12	22	49	81
LC02i Malignant neoplasm of ovary	0	0	0	6	12	24	44
LC02j Malignant neoplasm of pancreas	0	0	0	19	35	55	111
LC02k Malignant neoplasm of prostate	0	0	0	10	15	107	129
LC02l Malignant neoplasm of stomach	0	0	0	5	13	14	38
LC02m Malignant neoplasm of trachea, bronchus and lung	0	0	0	50	122	182	355
LC02n Malignant neoplasm of uterus	0	0	0	5	10	15	28
LC02o Malignant neoplasms of bone and articular cartilage	0	0	0	0	0	0	5
LC02p Malignant neoplasm of breast	0	0	0	20	32	60	119
LC02q Malignant neoplasms, stated or presumed to be primary of lymphoid, haematopoietic and related tissue	0	0	0	10	37	116	167
LC02r Melanoma and other malignant neoplasms of skin	0	0	0	0	12	18	39
LC03 Acute respiratory diseases other than influenza and pneumonia	0	0	0	0	0	50	48
LC12 Cerebrovascular diseases	0	0	0	25	49	407	491
LC14 Chronic lower respiratory diseases	0	0	0	24	58	189	271
LC16 Cirrhosis and other diseases of liver	0	0	5	58	30	25	112
LC18 Dementia and Alzheimer disease	0	0	0	0	19	681	703
LC19 Diabetes	0	0	0	5	17	50	74
LC28 Influenza and pneumonia	0	0	0	7	17	208	236
LC30 Ischaemic heart diseases	0	0	0	101	131	528	766
LC40 Septicaemia	0	0	0	0	5	45	51
LC41 Suicide and injury/poisoning of undetermined intent	0	0	17	47	5	5	73
LC47 COVID-19	0	0	0	45	48	324	417

Source: Mortality Statistics, ONS

Figure 17: Number of deaths from the top 5 leading causes in Cornwall and Isles of Scilly (2021)



Source: Mortality Statistics, ONS

Deaths by age group and sex

Figure 18: Number of deaths by age group and sex in Cornwall and Isles of Scilly (2021)

	Males	Females
Under 1	9	7
1-4	-	-
5-14	5	5
15-24	16	10
25-34	23	18
35-44	45	31
45-54	127	77
55-64	293	195
65-74	651	432
75-84	1,139	941
85+	1,169	1,694
Total	**3,479**	**3,410**

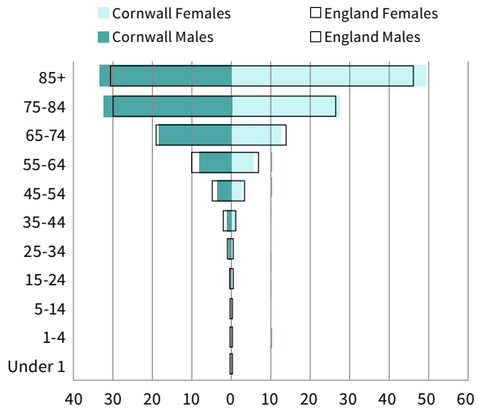
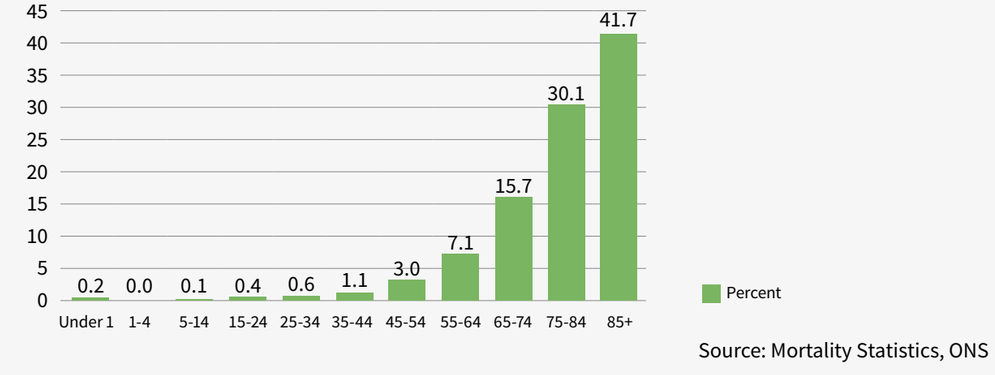


Figure 19: Percentage of deaths per broad age group in Cornwall and Isles of Scilly (2021)



Source: Mortality Statistics, ONS

Indices of Multiple Deprivation (2019)

The Indices of Multiple Deprivation is an important tool for identifying the most deprived areas in England. They are used by national and local organisations to identify places for prioritising resources and more effective targeting of funding.

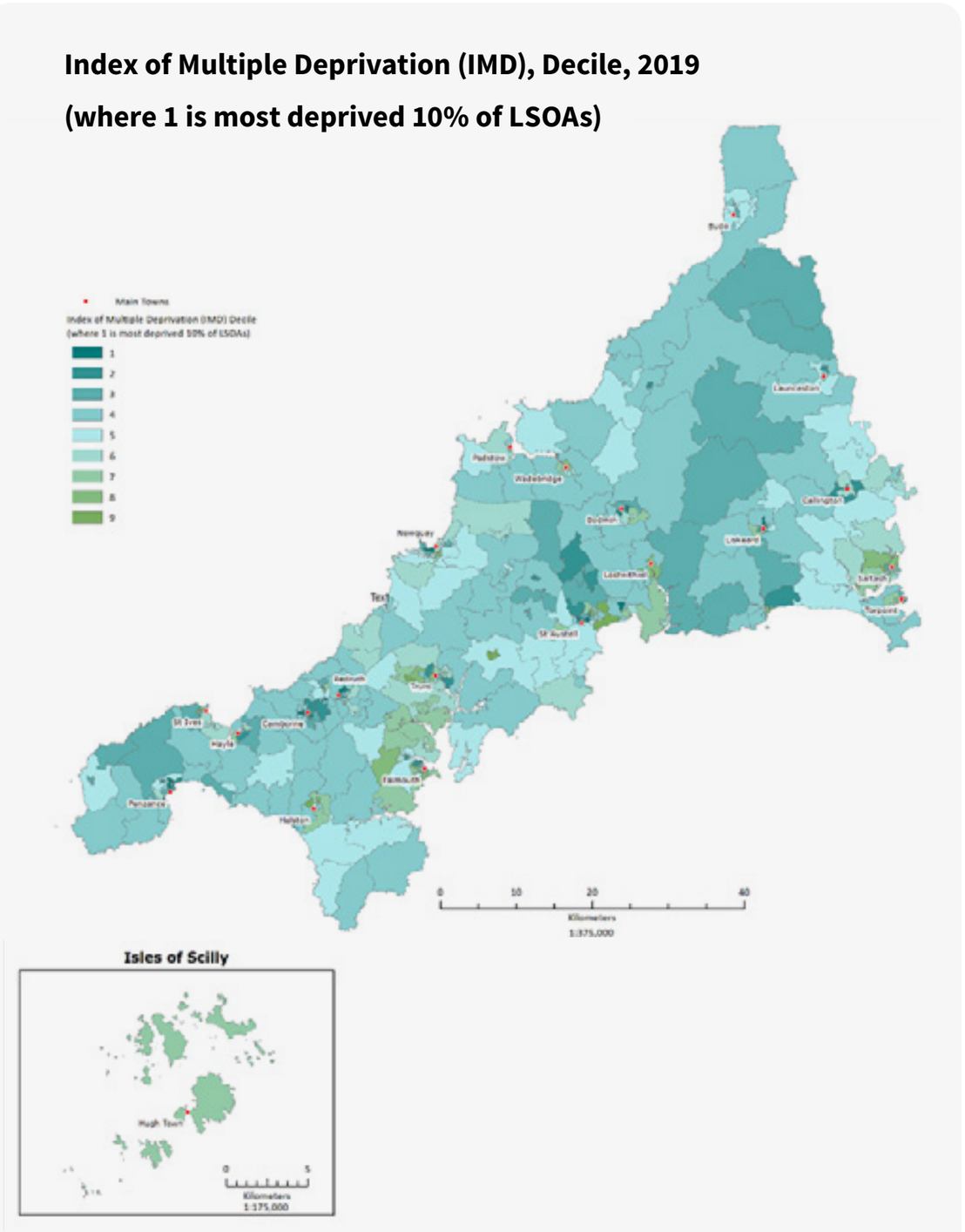
The indices measure a number of factors (income, employment, health, education, barriers to services, the environment and crime) which, when combined, provide small-area measures of relative deprivation.

The latest figures (2019) identify 17 neighbourhoods (LSOAs) across Cornwall as being within the top 10% most deprived areas in England. 16 of these 17 neighbourhoods were also present in the top 10% in 2015.

Figure 20: Indices of Multiple Deprivation (2019): Top 10% most deprived nationally

2019 (Cornwall rank)	2015 (Cornwall rank)	LSOA name	Integrated Care Area
1	4	Camborne Pengegon	West
2	1	Penzance Treneere	West
3	2	Redruth North, Close Hill, Strawberry Fields and Treleigh	West
4	3	Camborne College Street and the Glebe	West
5	6	Camborne Town Centre	West
6	40	St Austell Penwinnick and Town Centre	Mid
7	11	Kinsman Estate and Monument Way	East
8	5	Illogan East Pool Park	West
9	8	Penzance St Clare and Town	West
10	17	Bodmin Town Centre and Berryfields	East
11	14	St Austell Alexandra Road and East Hill	Mid
12	10	Newquay Town Centre	Mid
13	12	St Blazey West	Mid
14	22	Camborne North Parade and Rosewarne Gardens	West
15	15	Newquay Narrowcliff	Mid
16	16	Newlyn Harbour and Gwavas	West
17	9	Liskeard St Cleer Road and Bodgara Way	East/North

Figure 21: Index of Multiple Deprivation (IMD), Decile, 2019



Glossary

VCSE - Voluntary, Community and Social Enterprise, used to refer to informal groups, formal charities or social enterprises and the sector as a whole

ICS – Integrated Care system, the new way of arranging the health and local authority services across an area.

Integrated Care Areas – the way Cornwall has chosen to break down the whole ICS into three place-based areas. These are North & East, Mid and West.

JNSA – Joint Strategic Needs Assessment, the means by which local leaders work together to understand and agree the needs of all local people, with the joint health and wellbeing strategy setting the priorities for collective action.

PCN – Primary Care Network, They bring general practices together in geographical groups to work at scale and typically cover populations of approximately 30,000 to 50,000 people. This should enable them to provide better services for their local population and share resources.

Health and Care System – The World Health Organization defines a health and care system as 'consisting of all organisations, people and actions whose primary intent is to promote, restore or maintain health' .

Health and Wellbeing Board – a partnership forum in which key leaders from the local health and care system come together to improve the health and wellbeing of their local population.

COMF – Contain Management Outbreak Fund, a grant that provided funding to local authorities in England to help reduce the spread of coronavirus and support local public health.

Human Learning System - a radically different way of resourcing and organising public service. It is based on the principles that the purpose of public service is to support human flourishing. That public service should be a process of continuous learning and exploration and that systems of people and organisations need to be healthy to deliver good services.

Communities - Communities are defined by the World Health Organization as groups of people that may or may not be spatially connected, but who share common interests, concerns or identities.

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National Case studies: see here

A glass half-full: 10 years on review | Local Government Association

Asset-based approaches in local authorities: the Wigan experience | Local Government Association

Asset-based approaches in local authorities: the Leeds experience | Local Government Association

Asset-based approaches in local authorities: the Oldham experience | Local Government Association

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True North event participants

COMF learning event participants

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