Cornwall and Isles of Scilly
Integrated Care System

Integrated Care Strategy:
Connected, healthy, caring communities for One and All

March 2023

Our Strategy

Cornwall and Isles of Scilly Integrated Care System

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Introduction

Foreword

Cornwall and Isles of Scilly Integrated Care System

What does this mean for you?

Across Cornwall and the Isles of Scilly, the Local Authorities, NHS and voluntary, community and social enterprise sector (VCSE) are working together even more closely to support connected, healthy and caring communities. We will do this by working together through a new formal partnership to plan and deliver more joined up, proactive and personalised services that better meet the needs of local communities, and by making best use of the assets and resources collectively available to us.

What is the Integrated Care Strategy?

The Health and Care Act 2022 established Integrated Care Partnerships (ICPs) that are formal alliances of organisations and representatives that work to improve the care, health and wellbeing of the population, jointly convened by local authorities and the NHS. This Act also requires us to develop an integrated care strategy.

This strategy sets the overarching direction of travel, based on the evidence about what our population needs, and explains how the ICP in Cornwall and the Isles of Scilly hopes to improve outcomes for its population over the next ten years. It complements and builds on the existing Joint Health and Wellbeing Strategy.

It will continue to be reviewed and refreshed to ensure it responds to the most recent evidence, as well as what our people across the region tell us what matters to them.

How will we use this strategy in Cornwall and the Isles of Scilly?

This strategy will guide how the NHS and local authority commissioners (who fund and deliver services) and all of our partners who provide services, will work through the ICP to design more integrated, preventative and person-centred services, with and for communities.

We'll be measuring our progress towards helping people lead healthy, fulfilling and independent lives and making our communities more caring, connected and resilient.

Towards the end of this document, we show how some of the operational plans of the Councils and our Integrated Care Board will be informed by this strategy and will help to deliver our outcomes.

Over the next few years, we expect other programmes of work both planned and already under way to increasingly align with the identified outcomes in this strategy. This will ensure everything we do together aims to improve our population's experience of living in Cornwall and the Isles of Scilly, strengthens our communities, and improves healthy life expectancy.

Executive Summary

Cornwall and Isles of Scilly Integrated Care System

Summary

This is the first version of Cornwall and the Isles of Scilly's Integrated Care Strategy, which complements our Joint Health and Wellbeing Strategy.

It sets out the key challenges to the health and wellbeing of our population both now and over the next decade, how we'll work better together as partners to address those challenges, and how we'll know if we've been successful.

While this is a ten-year strategy, recent experience shows us how quickly we need to be able to respond to new healthcare, social and economic challenges. We'll continue to update this strategy, to understand the most important issues facing our population and to reflect our progress and learning against our focus areas.

We'll continue to engage, working with and in our local communities, as we finalise this strategy and beyond. If you are would like to share your views on this or future strategies, please see our website for details.

Our Key Outcomes for our People

Next Steps

Feb 2023

Publish

After more engagement with our communities, we'll publish the first version of this strategy.

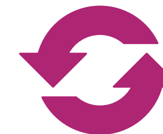
Dec 2023

Review

We'll engage widely over the next 12 months, to ensure we've got more insights from across all parts of our population.

2023/2024

Refresh



We'll review and refresh this document to make sure it's still relevant for our people.

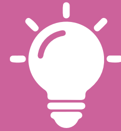
Our Measures of Success

Cornwall and Isles of Scilly Integrated Care System

Our key outcomes for our people:

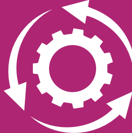
Start Well

We want our young people to have the best start in life, specifically for the first 1001 days.



Live Well

We want adults to live good lives - where they have the tools and support to better improve and self manage their health and wellbeing



Age Well

We want our older adults to live well and independently in a place they choose to call home.

How we'll know we've got there:

Start Well:

- A reduction in the % of children living in poverty
- A reduction in the % of babies born with a low birth weight.
- A closing of the Attainment Gap - the gap between disadvantaged pupils and their peers at KS2 and KS4.

Live Well:

- A reduction in the suicide rate to level with, or better than, the national average by 2027 (20% reduction).
- A reduction in the gap between those with long-term conditions, or those with a learning disability and the overall employment rate.
- An increase in the uptake in NHS Health Checks for those aged 40-75 or with a Severe Mental Illness or Learning Disability

Age Well:

- An increase in the quality of life of people receiving social care.
- An increase in the percentage of people receiving adult social care who can get to all the places they want in their area.
- Increase in NHS health checks for those aged 40-75.

Our overall measure of success for our stronger, healthier, caring communities will be evidenced by narrowing the life expectancy gap between our most and least deprived groups in Cornwall and the Isles of Scilly as shown below:

7.5 years

Gap in life expectancy in males between the most affluent and poorest areas in Cornwall (increased from 5.5 in 2012)

5.1 years

Gap in life expectancy in females between the most affluent and poorest areas in Cornwall (increased from 4.6 in 2012)

Cornwall and Isles of Scilly
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What Do We Already Know About Our People?

Understanding the health of our Population

Cornwall and Isles of Scilly Integrated Care System

What does our data tell us?

We know there is significant variation in how our people experience their health and wellbeing in Cornwall and the Isles of Scilly. We want to understand the different population cohorts across Cornwall and the Isles of Scilly below. This defines our 'assessed need' for this strategy; articulating those areas that would most benefit from a more integrated approach to health and care provision in our region.

This is **not** a comprehensive picture of our population; further information is available within each of the life course stages in this strategy, and our more detailed analysis of our people can be found in our 2021 – 2022 Population Health Summary on our website here.

The Health of our Population

We have an **ageing population**: in the last 10 years numbers in the 65+ age group have increased by 29,000 with the fastest growing cohort being those aged 70-79 where numbers increased by 21,900[1].

Over 1 in 10 people live in communities considered the **most deprived** nationally and 17 of those communities are in the lowest 10%[2]; in addition, the **average wage** in Cornwall is 89% of the UK average[3].

17.4% of young people (aged 0-19) are **growing up in households struggling to make ends meet**; and fuel poverty and damp housing are persistent problems[4].

We have a higher number of **women smoking in pregnancy than average**, and **more than a third of children in year 6 are overweight or obese[5].**

Inequalities between the most affluent and most deprived are widening with **respiratory, cancer, and circulatory conditions contributing the most to lost years of healthy life** and it is estimated that up to 90% of cardio-vascular disease may be preventable;

Mental health conditions are a common cause of ill health in the population, the prevalence is increasing, and people with severe mental illness have higher risk of major diseases and lower life expectancy.

Key risk factors contributing to premature death are smoking, poor diet, physical inactivity, and excessive alcohol consumption.

Cornwall has **a higher rate of chronic disease and disability than average**, which means that men in general spend over 16 years in poor health, and women nearly 18 years[6].

We have the **third highest rate of suicide** in the UK.

The number of **people with dementia is expected to increase by about 49%** in the next 15 years and, although not a normal part of aging, its prevalence increases with age.

Issues of **recruitment and retention in the health and care workforce** and that it is an ageing workforce.

1: 2011 and 2021 Census, ONS
2: IMD 2019, DCLG
3: ONS, Annual Survey of Hours and Earnings, Resident Analysis, 2022, NOMIS
4: Children in Relative Low Income Families, DWP, 2020
5: NCMP, 2021/22
6: LE/HLE, 2018-20, PHOF, OHID

Our Population

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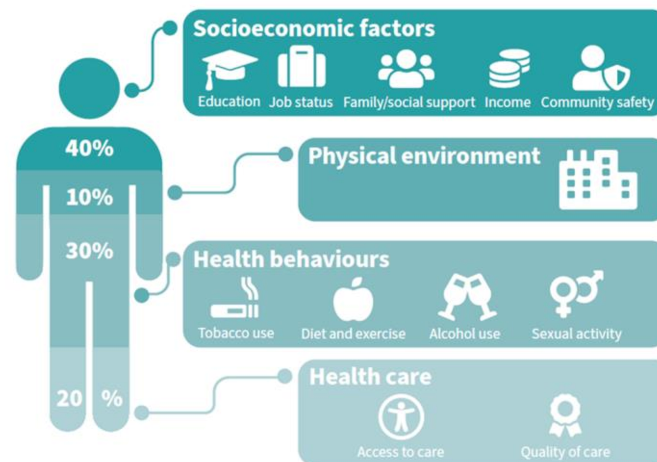
Why focus on wider determinants of health?

There's a clear link between people's personal circumstances (where they live, who they live with or near, the work they do, their lifestyle etc.) and their health outcomes. Up to 80% of people's 'health' is determined by these wider areas as shown below, and there's good evidence that focusing on these wider determinants of health can improve health and help address health inequities, which is why many of these critical wider determinants of health are the focus of our strategy.

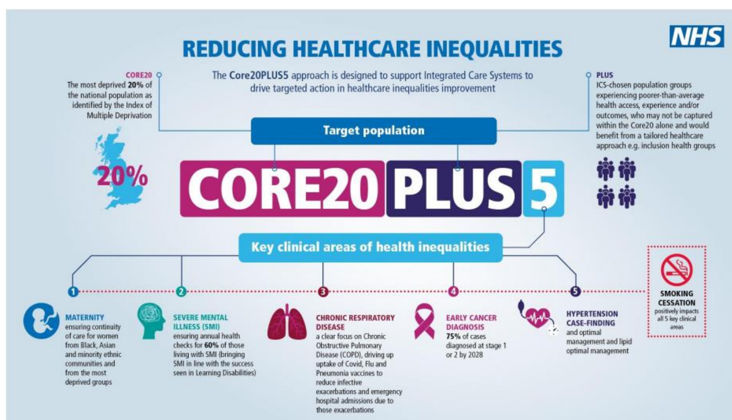
How do we address these wider determinants?

Our local Joint Health and Wellbeing Strategy has been designed in consultation with our population in order to best address some of the wider determinants. This includes a focus on areas including screening and immunisation, supporting carers, and addressing climate change to build healthy, safe communities.

The Joint Health and Wellbeing Strategy and this Integrated Care Strategy are mutually reinforcing. Over the coming years, we will continue to work closely as a health and care system with our wider partners to be clear on what our top priorities are for our people, and what the best mechanism is that we have to be able to improve those outcomes.



Core20PLUS5 – National priorities



The Core20PLUS5 approach is a national approach designed to support Integrated Care Systems to target their efforts at the areas with highest healthcare inequalities. This means we identify our most deprived 20% of the population, then focus on local priority groups who may not be included in that 'Core20' (the 'PLUS'). The '5' relates to the key clinical areas of inequality, which are a focus nationally as shown to the left.

We also have separate available information for our Core20PLUS5 population that focuses on our children and young people. Part of our work through our 'Start Well' will include improving our understanding and application of this data set to our future priorities, ensuring we target our work at the areas of most need for our children and young people.

Our Population

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Variation across our geography:

In Cornwall and the Isles of Scilly, we'll work through our Integrated Care Partnership to think about how best we can work together to meet challenges that require a 'system-level' solution. This will cover work on our Core20PLUS5 populations and any consistent themes identified within our Places. These approaches ensure we identify those people with current health and care needs to enable us to provide them with the support they need from integrated multi-disciplinary teams, as well as better predict their future health and care needs to prevent ill health. From the work we've done to date, we have listed some examples of the challenges we face here in Cornwall and the Isles of Scilly.

Children and Young People

12.4%

Mothers smoking at birth compared to an average of 9.1% nationally[7].

3.6

Infant mortality rate per 1,000 births compared to an average of 3.2 for the region

Preventable Long-Term Conditions

92nd

Out of 152 Local Authorities for premature mortality, with significant variation across our county.[8]

16.1%

Prevalence of Hypertension, above national averages.

An Ageing Population

48(49)

Median age of someone living in Cornwall (Isles of Scilly) compared to an average of 40 in England

25.3%

Of people in CIoS are over 65, compared with 18.5% in England.

Prevalence of Mental Health Challenges

12.7%

Registered patients on the depression register (12.65% in England)[9]

3rd

Highest suicide rate across the population compared with other ICS geographies[10]

While these figures represent Cornwall and the Isles of Scilly as a whole, we also know there are more stark inequalities and specific challenges and opportunities at more local levels within our county.

On Page 18 we talk about our Integrated Care Areas (ICAs), and those three areas are also divided into 15 Primary Care Network (PCN) areas. Developing a better understanding of 'places' within Cornwall and the Isles of Scilly is key to improving outcomes for our residents, and the role of primary care within our 'places' is crucial to our success.

In our Population Health Summary for 2021-2022, we have set out a summary roadmap for each of our ICAs. These are available here from p133 onwards, and provides further information on a range of local measures including key demographic profiles and specific areas of variation of outcomes across the life course when compared with England.

7: OHID, 2021/22:

8: https://www.cornwall.gov.uk/media/lcgivi1r/population-health-summary_web-nov21accessible.pdf

9: QOF 2021/22, NHS Digital

10: OHID, Suicide Rate (Person), Directly Standardised Rate per 100k, 2018/20

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Working With Communities

What You've Told Us

How we've engaged with our communities:

Across Cornwall and the Isles of Scilly, we have well established routes of communication and engagement. We've engaged with our communities regularly over time, including:

- Face to face workshops and online consultations involving over 400 people to develop the 2019 Joint Health and Wellbeing Strategy
- Consultation on the Cornwall Plan in 2020, with over 25,000 people visiting the 'Lets Talk Cornwall' Platform
- Engagement related to the NHS Long Term Plan which took place in 2020
- Ongoing Health Watch engagement

During the Summer of 2022, there was extensive engagement at a range of local events from Cornwall Pride to the Stithians Show, from GP surgery stalls to roadshows on the beaches of Cornwall. The ICB engagement team were there to:

- promote some key healthcare campaigns.
- seek feedback from the public on their experience of accessing some of the most used NHS services.
- ask people for their thoughts about the wider NHS and care services

This engagement in particular highlighted challenges around access, particularly face to face. It also highlighted the incredible work that is undertaken by people working to improve health and care.

How has this influenced the strategy:

We've used what we have heard to shape our priorities, and we'll keep listening to people living in Cornwall and the Isles of Scilly.

We know that in order to hear our people's views we may need to go to where they are, and that's at the heart of how we do things. The statutory guidance for preparing the strategy recognises that 2022 to 2023 will be a transition period and so we have planned for the strategy to continue to develop during 2023 with ongoing engagement and co-production with local people and communities during the year:

We have started our first phase of engagement, which is a 'listening exercise' to test that, what people have previously told us, is still relevant and fill gaps in our knowledge. We also are using this time to find out who we should speak to, and how people would like to be involved. We have done this using Lets Talk Cornwall again, and the summary of what we've heard is shown on pages 14 and 15.

We have received feedback that engagement should not just be digital, and so we are making sure that our plans include face to face engagement. This means that a second phase will run from February to September 2023 with more detailed engagement on specific issues or opportunities and involving people in refining the strategy.

What Matters To You

Cornwall and Isles of Scilly Integrated Care System

What we've heard from you:

We know people within Cornwall and Isles of Scilly have different experiences depending on where they live and how old they are, and this includes communication styles and preferences. Here are the key things that people have told us are important to them:

Start Well

- The importance of information and advice to support informed choices
- Covid-19 has impacted access to services (e.g. post-natal visiting)
- Services for children and young people have been recognised as a priority
- Care leavers value community based services and relationship based care
- The importance of transition into adulthood

Live Well

- The importance of wellbeing and mental health
- Making sure that services are aligned so that people don't 'fall through gaps'
- The potential for digital but balanced with some face to face to contact
- The role of community support as an important factor for keeping people well

Age Well

- Local teams that can make decisions that are suited to their community context
- People are concerned about the cost of living
- Isolation and loneliness is impacting people
- Digital exclusion affects how people access support

Some issues cross all life stages, and we've heard many of you say you're also worried about:

- the pressures on local hospitals and the **availability of care packages** and support for people that need them
- that there is higher demand than ever for **mental health services**
- the impact of the **cost-of-living** crisis in our region
- how it's important to look after the **younger generation**, as well as the older generation
- that **vulnerable people** and carers must be better supported
- that **end of life care** could be improved so families have greater choice and control (see work undertaken by Healthwatch)
- how access to services is variable, specifically with regards to **dentistry**

Themes from current engagement

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We used the Let's Talk Cornwall platform to ask how they feel, and to inform people about the Integrated Care Strategy.

People gave feedback on what was working well, and how things could be improved. There was some feedback about making sure that a wide range of people are able to give their views, and how important it is to use a range of methods to get people's views.

We have reviewed the full feedback available in January 2023 and summarised general themes from the input that our people have provided below.

Support for carers

Respondents highlighted the **lack of support for unpaid carers**, and highlighted how this might impact their own health. Support that was required included respite. People mentioned the importance of clear language and making sure carers knew what was available to them.

Workforce

There was a focus on **improving recruitment and retention** of quality staff. Practical measures to improve this included access to car parking. The cost of housing was cited as impacting recruitment. Pay was also mentioned several times.

Some people mentioned **getting the right people to do the right task**, this included the use of administrative staff to free up time for clinical workers. It included wider job roles such as physiotherapists and dieticians as being an important part of helping people be well. It also included using local people to do care jobs

There was acknowledgement that there are many dedicated and kind staff working very hard, but that they were over stretched.

The consistency of seeing the same health professional, particularly GPs, was mentioned.

Access to information and advice

Some respondents spoke about how there was a need to **provide people with information** in advance of problems starting and knowing what might be available. This included information on activity, diet and staying well in the home. The importance of staying well, and having the right guidance to help do that, was mentioned. Regular reviews were highlighted as a way to do this.

Support for parents, ranging from advice to parenting classes was mentioned.

Themes from current engagement

Cornwall and Isles of Scilly Integrated Care System

Timing and availability of services

Our people told us that while virtual consultations have a role in health and care, **face to face access is still required** in some cases and this is hard to access. 'Getting through' on telephones was described as difficult and this causes frustration.

The time appointments are held (including consideration of travel time) was a barrier to access. Localised help that came to where people are, and extended hours over evenings and weekends were offered as possible solutions. Practical support to live at home, such as handy person services were valued.

Many people reported **challenges with being able to access dentistry**, where it is available NHS acceptance is not always in place

People are concerned about **access to hospital**. This included the initial contact by ambulance, the waits while there and how people are helped to leave hospital. Access to outpatient services/ 'cottage hospitals' to reduce pressure on the large acute was highlighted. There were concerns about supporting a growing population and high numbers of holiday makers.

Getting the **balance of care right for different populations** was mentioned (for example focusing on elderly care which impacted care to younger adults and/ or children).

Views were shared on access to mental health services, and long waits particularly for young people.

People said that helping children and young people would reduce the need for future services. This included activities for families that were easy to access.

Quality of life and cost of living

Cost of living, particularly related to heating, is a concern that people said is impacting their mental health. People valued foodbanks, but said it demonstrated a need for this kind of support. There were comments relating to the wider determinants of health, such as access to leisure services and the importance of good homes. There was an emphasis on making sure that housing of all types and tenures needs to be developed.

Isolation and loneliness

People mentioned how isolation impacts them and spoke about the **importance of social contact**. This included peer or community groups for people receiving services and general advice and support to be active in the community. Transport was seen as a barrier to accessing social opportunities.

Information sharing

Lack of communication between different services /joined up thinking was highlighted. It was stressed that effective IT would improve the ability to share information with consent

What does this mean for our strategy?

We value the input from our population on how we can better support their needs. This strategy is not the end of this on-going, two-way dialogue, and we have a range of ways in which we will continue to hear from our population. We have reflected on this feedback throughout our strategy, and will continue to come back to our people's input on an on-going basis to make sure we respond to their needs. An example of this is what we've heard from our people about dentistry, and we will focus on through our primary care teams over the coming years.

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Our Approach to achieve our vision

Life Course Approach

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What is the Life Course and why have we chosen it?

So we can understand the different challenges and opportunities we have in Cornwall and the Isles of Scilly, we've made use of a 'life course' approach. This is aims to understand what is unique to each of our age groups across the course of their life. We want to understand this to be able to better shape, commission (plan and buy) and deliver services to meet the needs of people at different life stages.

For the purposes of our strategy, we've defined three life stages with specific outcomes and priorities for each as detailed over the rest of this document. While we've included indicative ages, we recognise in this strategy that this is not necessarily a linear progression, and individuals within our region will experience different elements of the life course at different times. We also recognise the importance of those transition points between the stages, and the unique challenges and opportunities we see at those times in people's lives:

We know there are also common challenges across life stages, and specific challenges on transition between them too. We'll continue to pay attention to transitions and cross-cutting challenges, and to better focus on these we will have set a central theme of stronger, resilient communities to underpin our specific areas of focus for our different age groups.

Start Well

We want to focus on the elements that support children, young people and families to thrive, and enables them to access support, at the right time, if they need it.

Strong, resilient, connected communities

Our people and our communities are at the centre of everything we want to achieve for Cornwall and the Isles of Scilly. This is both an enabler, and the core aim of our strategy, and underpins our life course priorities.

Live Well

The 'Live Well' stage covers the working population of Cornwall and the Isles of Scilly, from ages 25 up to 64. Our focus for this group is on prevention and wellbeing, both to live fulfilling lives now and in the future.

Age Well

Recognising that those adults over 65 are a valuable part of our communities, and that needs are balanced with an ability to contribute and live happy fulfilled lives

Strong, Resilient Connected Communities

Cornwall and Isles of Scilly Integrated Care System

Communities as an enabler for our life course:

At the heart of our strategy and of the life course approach, we want to support our vision of creating connected, healthy, caring communities for one and all. For us, communities mean the places we live, as well as the groups of like-minded people and organisations that provide support and intervention when people need it.
We know that Cornwall and the Isles of Scilly contain assets beyond those that are physical within our communities. We want to build on individual and community strengths (this is called a **community asset-based approach**). Our approach is to recognise and value these strengths (assets). Strengths can include individuals, community and voluntary sector organisations, green spaces and community buildings which are an important part of people staying happy and well.

We believe that by working in this way, we can make sure that changes are lasting because they are rooted in the communities – they are informed by the hopes, wishes and needs of individuals and communities. If you are interested in this way of working and you want to learn more please do read the Director of Public Health annual report which you can find here.

Supporting families and carers within our communities:

We recognise that while demand for health and services continues to increase, we need to work in a different way to deliver sustainable services to our people. Over the course of this strategy, we want to work with our people to strengthen **the role of the family and carers in our communities** across the life course. This means we will think about:

- Supporting people to meet their own needs and to access support from others only when it's needed through self-management;
- Recognising the important the role of **caring**. We show our life course approach as being interlinked to reflect this – we know that aging well ensures that there is support for families to start well, and that when adults live well they are able to better support children, young people and older adults around them. We want to better support formal and informal caring, both as employers, but also as health, care and voluntary organisations who can support people with information and guidance;
- Strengthening our work on **safeguarding.** This runs through our **Safer Cornwall Partnership**, which will continue to work as a system-wide group to focus on trauma-informed approaches and supporting our families through areas such as substance misuse and our 'safer towns' toolkit. We will also work through our partnership to ensure that we work jointly with our people to carry out safeguarding enquiries appropriately and sensitively in a way that respects those people involved;
- Recognising that **palliative and end of life care** impacts all age ranges and all groups. Our system working group will continue to work in an integrated way with our wider partners to focus on responding to the needs of our people and communities to access this type of care in the ways that they expect.

How we will know we're building stronger communities?:

On the next page we set out our 'True Norths', the areas we want to focus on in addition to our life course outcomes to support our communities. To measure success here, we know we must consider the role of carers, including the carer reported quality of life and the extent to which carers have as much social contact as they would like. We also want to measure our life expectancy gap between our most affluent and poorest areas in Cornwall and the Isles of Scilly, and will seek to reduce this from 7.5 (males) and 5.1 (females) over the coming years.

Building Connected Communities

Cornwall and Isles of Scilly Integrated Care System

Our Strategic Principles

We've previously identified a set of strategic principles, our 'True Norths', that will enable us to make progress against the priority outcomes for action. These principles underpin all our work across Cornwall and the Isles of Scilly, and will help us to achieve our aim of building strong, resilient and connected communities that underpin those specific life course outcomes we describe in this document. That new model of care will continue to be developed over the coming years, and we have shown how we think specific elements of this model will support our identified outcomes in the main chapters of this strategy. Between these 'True Norths' and our Life Course outcomes, we will seek to deliver on the four aims of all Integrated Care Systems.

When we created these principles, we came together as representatives from our health, social care, voluntary and wider community sectors to understand what a new model of care designed by, and implemented for, the people of Cornwall and the Isles of Scilly should look like. While we progress with each of these five areas over the coming years, we will keep revisiting this strategy and ensure that these themes continue to support the delivery of our vision.

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Our Key Outcomes And Areas Of Focus For Integration

What are our shared priority outcomes across the Life Course?

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Start Well

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Context

A life course approach recognises that we want to take early and appropriate action to protect and promote health for our population. In this section we consider the challenges that our Children and Young People currently face as they grow up, and how we can better prepare them to live and age well with the right support, including early support for those who need it.

Best Start:

We know how important it is to get things right for our children from day one, so we're focused on the first 1000 days of our children's' lives. Our data tells us that there are some key areas where we could be doing more to support children and their families:

We see challenges when our children arrive at school. More of our children start reception classed as overweight than in the South West and nationally. By Year 6, we know that more than a third of children are overweight[11]. While OHID data tells us that we benchmark comparatively better than national averages on this measure, we know that this means there is still work for us to do to better support our children and their families.

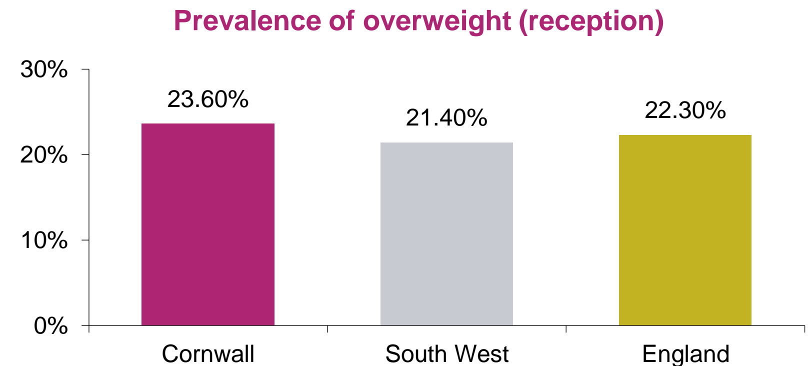


***Fig 1**: Statistics showing the proportion of children aged 4 or 5 classified as overweight or living with obesity.*

Attainment Gaps

55%

Of children at Key Stage 2 meet the expected standard of reading, writing and maths in Cornwall and the Isles of Scilly compared with 59% nationally.

3.21

Disadvantage gap index (national) – the gap in attainment between disadvantaged and other pupils. This increased from 2.91 in 2019

We also know that school readiness at KS2 is an area of potential focus for our children and young people and their families. There has been a national decline in these figures (from 65% in 2019 to 59% in 2021), and data from the Department for Education tells us our expected standards at KS2 are lower than national averages[12].

We want our children and young people to have the best start in life, and are particularly aware of how inequalities can impact attainment. Nationally we know the disadvantage gap index (a measure of attainment between disadvantaged pupils and other pupils increased in 2022, and we want to ensure we focus on how better to work together with our partners to address this.

11: OHID, 2021/22:

12: Department for Education 2022: available here

Cornwall and Isles of Scilly Integrated Care System

Complex Needs:

When we say complex needs, we think about those children and young people with two or more needs that impact their physical, mental or emotional wellbeing. In Cornwall and the Isles of Scilly, we are proud that our rates of infant mortality are lower than those across England. The impact of that for those children with complex medical and social needs means that we need to make sure that over the next ten years, we have the right services in place to support them to live independently and well in a way that they feel is appropriate for them.

Prevalence:

We don't currently have much data on specific outcomes for our children and young people with complex needs and long-term conditions. By long-term conditions, we mean those conditions or illnesses that currently do not have a cure, and therefore need on-going management.

We know we have similar numbers of young people with long-term conditions to the South West average, and benchmark slightly higher than the rest of England. As a result of these long-term conditions and the subsequent increase in children and young people with complex needs, we know that we will need to be able to provide a significant volume of support to a growing demographic group over the coming years.

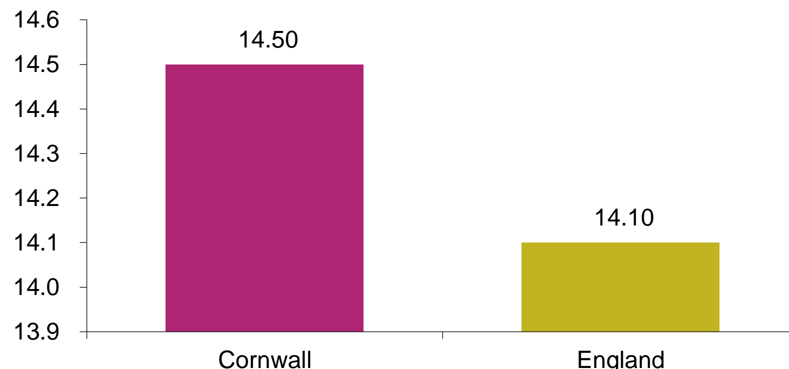


***Fig 2**: Percentage with a long-term illness, disability or medical conditions diagnosed at age 15 (proportion as a percentage).*

SEND (Special Educational Needs and Disabilities):

We also know we need to consider our children and young people with special educational needs and disabilities (SEND), and that some of our children and young people who have complex needs will also be identified as having special educational needs too.

In Cornwall's schools, over 12,100 pupils (16.3%) are identified as having a special educational need, and there are more than 3,900 children and young people with complex special educational needs who have education, health and care plans (EHCPs). In addition to the number of children and young people with a special educational need, we know that more than 80% of school-aged children with SEND live in the most deprived areas. We are also currently undertaking an updated strategic needs assessment focusing on SEND in children and young people, and will take the learnings from that analysis into our future work in this area.

Overall we know that these children and young people will require a specific focus to better support both them and their families to achieve improved outcomes over the course of their lives, and we will continue to work with them in a multi-agency way to continuing improving their outcomes.

Cornwall and Isles of Scilly Integrated Care System

Our Children and Young People's Mental Health and Emotional Wellbeing

National research shows that 75%[13] of children and young people nationally don't get the help they need when they are experiencing mental health problems. A study by the Children's Society suggests that 34%[14] of those who do get referred to NHS services are then not accepted into treatment, significantly impacting the mental health and wellbeing of our young people. We also know that these national statistics can be seen locally for our children and young people too:

Prevalence:

We carried out a detailed needs analysis of the mental health needs of our children and young people in 2019. While this was a few years ago, it gives us an understanding of some of the key areas we need to focus on for our children and young people. We recognise that the COVID-19 pandemic will have had a significant impact on the mental and emotional health of our children and young people, and will continue to hear from them through events such as our annual conversation to better understand how we can support them in the future.
In that needs analysis, we identified that half of all mental health problems are established before the age of 14, and therefore we know we need to focus on prevention and early support with those children and young people at risk.

321.6%

Increase in rates of self-harm for our population of 10-14 year olds between 2012/13 and 2018/19 (PHE: 2019)[15]

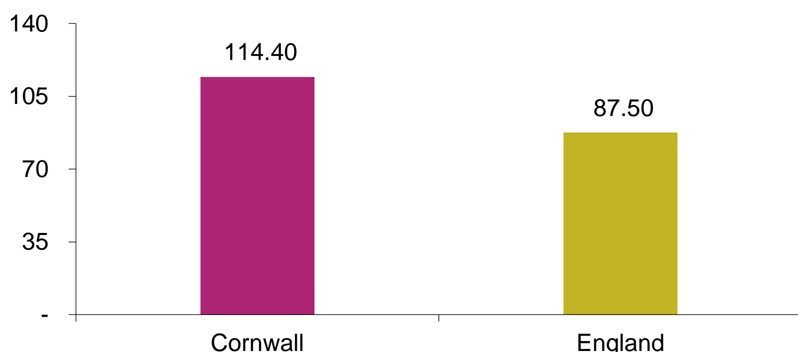


***Fig 3**: Inpatient admission rate for mental health disorders per 100,000 population aged 0-17 years.*

We also know we need to think about how to provide that support once it is required. Our data for hospital admissions shown here could suggest either that we may not have the right services in place to support them outside of our hospitals, or that there are significantly more young people suffering from poor mental health. Both potential scenarios require us to think carefully about how we can better shape our prevention, support and mental health services for children and young people. This also means there are more people turning up to our hospitals in general, and this is something we're hoping to see less of over the next ten years.

13: https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/children-and-young-people
14: https://www.childrenssociety.org.uk/information/professionals/resources/waiting-line
15: Accessed from our CYP Mental Health Needs Assessment here: https://www.cornwall.gov.uk/media/i2ol5tvl/jsna-child-mental-health-summary-2019.pdf

Our areas of focus for children and young people

Our analysis tells us there are a number of specific challenges facing our children and young people. In Cornwall and the Isles of Scilly, we have created the 'One Vision Partnership', which is how we will look to transform the lives of our children and young people, with closer working between education, health and social care services at its heart.

We've outlined our key areas for focus below in response to our assessed need for children and young people but expect that over the coming years the One Vision partnership will further define, respond to and measure the impact of the below focus areas. As part of this, we expect to continue talking to families and young people directly to understand their needs both in the short and long term.

Better support for children with complex needs

We're proud of the services that we offer for our children and young people who have been diagnosed with long-term conditions, however we feel our current model is very focused around hospital settings. By working more closely together, we want to design our offer for our children and young people with complex needs to:

- Develop our offer of **personalised care** with both our children and young people and their families. By **supporting our staff** to have the skills and confidence to co-develop plans with our children and young people to better manage their conditions outside of hospital settings, we hope to **build resilience in our communities** and support people to spend more time closer to home without medical or care input (unless required).
- Better implement **social prescribing**, building on the work that we've done on asthma bundle rollouts to **train our people** with the ultimate aim of redesigning our pathways to be **less-focused on the acute settings** and have more support out in communities.
- Work more closely with our **Primary Care Networks (PCNs**) to build on examples of **multi-disciplinary working** and offer **more services at local levels** (for example the introduction of child development workers in PCNs). We know that primary care is a first point of contact for a significant amount of health and care services in Cornwall, and by working with our PCNs, we hope to better support them to offer the right services at local levels.

We want to continue working in a multi-agency way, making the best of our relationships with nurseries, schools and further education colleges, to provide more comprehensive support to our children and young people. We also want to ensure all our teams across health, care and other partners have a shared understanding of our children and their families, and as part of this will seek to **better share information between our teams** (for example through shared patient records and being located in the same offices). We hope this will give our teams a more holistic view of each child and their family, rather than being focused on their specific area of need.

Supported by our True Norths:

True North	
My Place	✓
PHM	✓
Finance	✓
Employment	
Person at the Centre	✓

Cornwall and Isles of Scilly Integrated Care System

Supporting our families, carers and communities:

Our data shows us that we may be missing out on opportunities to identify any specific needs of new families early, for example behaviours during pregnancy that could suggest additional support may be required. We are proud that Ofsted recognises our children's services as 'Outstanding', and see the continued strength of our Family Hub model as being the most effective approach to meeting these needs. Over the course of this strategy, we will seek to further support our Hubs through:

- More clearly defining the full range of services across, health, care and community support we can offer for families at a local level. We will do this by ensuring that our Integrated Care Area teams are provided with sufficient training, support and access to specialists to be able to arrange specialist assessments where required;
- Better integrate with, and work alongside, our communities to understand of how to reach some of our seldom-heard families (in partnership with VCSE and faith groups); and
- To focus our integration efforts to develop 'a single-point of access' for any queries, concerns or opportunities that new families may identify as they raise their children in Cornwall and the Isles of Scilly.

We've recently led a number of pieces of work around maternity and mental health for expectant and new mothers that included the development of an equity strategy which was co-produced with our communities. Through our offer for families, we'll aim to better align the early start in life offer and what we already deliver through our family hubs to improve outcomes for our 0-2 year old children in Cornwall and the Isles of Scilly.

Mental and Emotional Health and Wellbeing of our Children and Young People

We're currently undergoing a process of mapping out our various services and offers to children, young people and their families to promote better mental health and wellbeing. In doing this, we hope to achieve:

- More clarity on what options are out there to support children, young people and their families, ranging from support for cyber bullying through to acute hospital services for mental health inpatients;
- To implement our emerging offer for children and young people who are neurodiverse.
- To develop a joint commissioning approach to mental health that includes special educational needs and disabilities (SEND). We will continue to work closely with wider partners, in particular education providers, to understand how we can both commission and provide services more closely together. A key outcome for us here will be showing that our partners are sharing budgets between them, spending more money through joint budgets as opposed to individual organisations spending money separately.

We know that we need to include the voice of children and young people in the way in which we commission both these services and our wider services to better understand what will work best, and will continue to engage with our children and young people and their families to continue to make them feel heard.

Supported by our True Norths:

True North	
My Place	✓
PHM	✓
Finance	
Employment	
Person at the Centre	✓

Supporting our children and young people in poverty:

Cornwall has significantly high levels of deprivation, with 17 neighbourhoods in the top 10% of the most deprived in England. It has the second highest level of multiple deprivation of all English county councils which is important because of the proven causal link between child poverty and adverse childhood experiences which lead to poor outcomes for children (Child Welfare Inequalities Project, 2020).

Cornwall has around 109,000 children and young people under 18 years, with around 30% living in poverty (after housing costs), but in some communities, this rises to 40% of the children. About 41,600 young adults are aged 18-24 years.

Young people have told us they want to be able to live and work in Cornwall when they grow up, but to do this, they need better employment and career opportunities, more affordable housing options, better transport infrastructure, an accessible education system. Also access to low cost or free activities and to be able to enjoy the Cornish outdoors environment.

Children and Young People with SEND

We need to work together across education, health, social care and the voluntary sector to make sure that children and young people with SEND are identified at the earliest possible stage and have the right support in place in order for them to make progress and achieve.

Preparing for adulthood will become an important part of all SEND activity from birth onwards. Currently some 16-year-olds with SEND do not have the same opportunities as their non-disabled peers due to transport, geography, current education and employment options. We will ensure that arrangements are in place across education, health and care to work together with families to increase opportunities for employment, the highest possible level of independence, inclusion in the community and the best possible health.

Throughout this strategy, we recognise the importance of those transition points, from 'start well' to 'live well', and 'live well' to 'age well'. We know this is particularly important for our children and young people with SEND to ensure that both they and their families and communities are better prepared for those transitions. We know we will need to work more closely together as health, care, and wider voluntary sector organisations to deliver on our aims for these children and young people.

This will include all children and young people with SEND having a good education, as close to their home as possible, and to do at least as well as their peers nationally. A key focus of our work to help meet this aim will be to focus more on developing and implementing integrated, holistic education, health and care plans (EHCPs) for those children and young people who may need them.

Supported by our True Norths:

My Place	✓
PHM	✓
Finance	
Employment	
Person at the Centre	✓

Start Well

How will we know we have been successful?

We want our children and young people to have the best start in life, to reach their milestones and achieve, becoming independent adults contributing to their community. We'll review progress towards our ten-year priorities for 'Start Well' on a regular basis. To do this, we've selected some clear Key Performance Indicators (KPIs) to show our improvements, but also some qualitative statements that explain how we hope our children, young people and their families will feel about their experience of growing up in Cornwall and the Isles of Scilly.

Over the next ten years, we will be looking to achieve:

- A reduction in the % of children living in poverty
- A reduction in the % of babies born with low birth weight
- A closing of the Attainment Gap – closing the gap between disadvantaged pupils and their peers at KS2 and KS4.

We will also focus on our hospital admissions for children:

- Reduce hospital admissions due to substance misuse – 94.1 per 100,000 across Cornwall and IoS.
- Reduce hospital admissions for mental health conditions for children and young people aged under 18. 114.4 per 100,000 across Cornwall and IoS.
- Continue to reduce hospital admissions due to self harm for children and young people aged 10- 24. 389 per 100,000 across Cornwall and IoS.

How will people feel, what will they say?

Cornwall and Isles of Scilly
Integrated Care System

Live Well

Live Well

Context

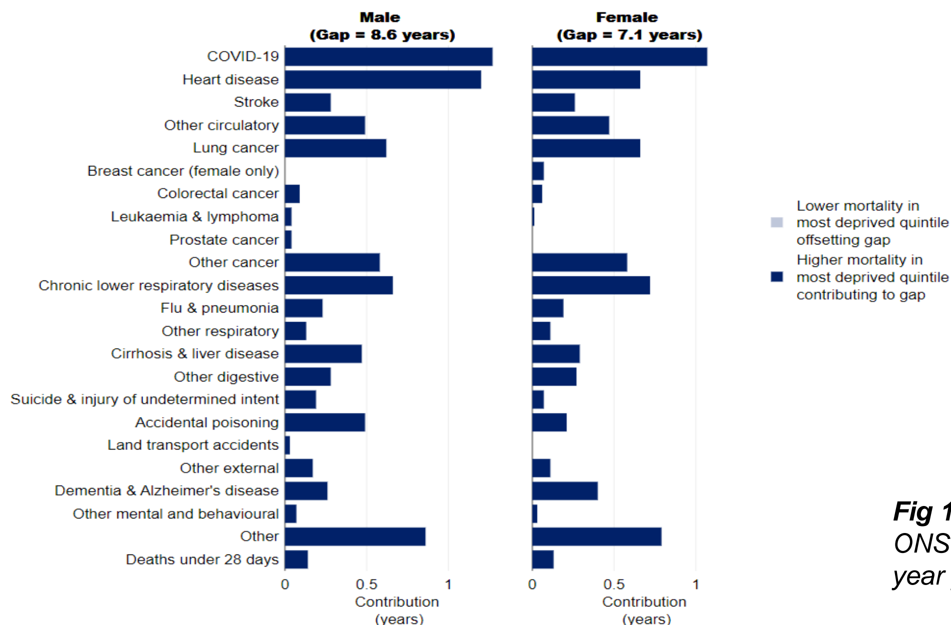
Our ‘Live Well’ population means those adults who live and work in Cornwall, predominantly aged 25 to 64, but we know that this extends to those both younger and older than this.

Our key focus for this age group is on **prevention**, how can we support our people to make choices that promote their health and wellbeing, identify and diagnose conditions sooner. We want to minimize our people’s need for health services by supporting a better understanding of how to keep well and the benefits of screening programmes, reducing ill health and improving their ability to self-manage any health conditions. Our data highlights some of the key areas on which we want to support our people through this prevention and person-centred approach.

Inequalities in Outcomes:

As shown below, in 2020-21, males living in the least deprived 20 per cent of areas in England could expect to live 8.6 years longer than males living in the 20 per cent most deprived areas, and for females the gap was 7.1 years. While our healthy life expectancy for males and females benchmarks well against national averages, we know that our people experience inequalities.

Breakdown of the life expectancy gap between the most and least deprived quintiles of England by cause of Death (2020 to 2021 – Provisional).



From local analysis, we know that in our male population we see that inequalities in life expectancy are predominantly driven by **respiratory diseases**, **heart disease** and **cancer**.

For our female population, we equally see **cancer and heart disease** impacting equal outcomes, with lesser impacts from **flu, pneumonia** and **lower respiratory diseases**.

While we are planning to target specific work on cardiovascular disease in Cornwall, a core element of our strategy is a wider focus on prevention to help address inequalities across all conditions.

***Fig 10**: Office for Health Improvement and Disparities based on ONS death registration rates (provisional for 2021) and mid 2020 year population estimates.*

Cornwall and Isles of Scilly Integrated Care System

Prevention and Keeping Well

To better understand the challenges facing our population, we use a measure called a Disability-Adjusted Life Years (DALY). This is a measure of how many years of life lived in full health are effectively lost per condition, be that through disability, premature death, or general states of ‘less than good health’.

For our population across all ages, we see some key conditions that are the ‘top contributors’ to this overall DALY measure. We're also able to highlight three specific conditions as our top drivers of DALYs lost for our 15-49 year old population as shown here:

Fig 4: *Contributors to DALY in Cornwall and Isles of Scilly*

Underlying behaviours:

We know there's a complicated relationship between the extent to which these diseases and conditions are influenced by behaviours. Our data tells us that we could provide better prevention advice and support to our people to encourage behaviours that promote positive self-management and ultimately lead to happier, healthier lives.

While we benchmark in line with the South West and national averages for behaviours such as substance misuse and physical activity, we know we could be doing better when it comes to offering NHS health checks to our working age population. We know there are significant demands both on general practice and wider primary care, and this may mean that people with long term conditions are not necessarily being identified early enough or being provided with the right support to manage their own conditions. We want to better develop our opportunities to identify and treat conditions earlier in our services, through the well-evidenced benefit of screening and immunisation programmes, and through applying a risk detection and prevention approach like that outlined by NHS England and Public Health England here.

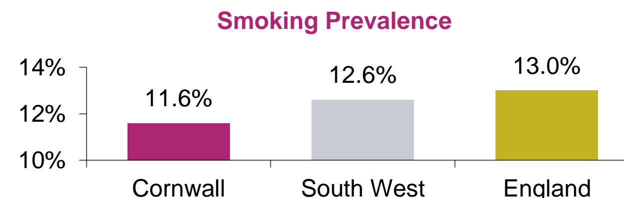


Fig 5: *Prevalence of smoking among persons 18 years and over*

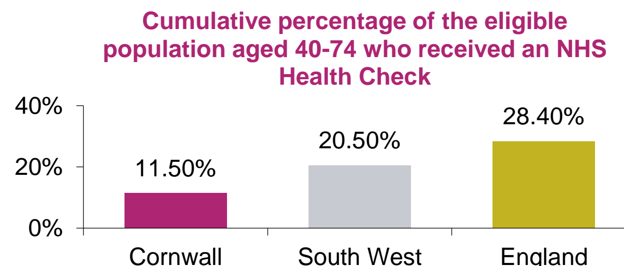


Fig 6: *The rolling 5 year cumulative percentage of the eligible population aged 40-74 who received an NHS Health check*

Cornwall and Isles of Scilly Integrated Care System

Adult Mental Health

Before the COVID-19 pandemic, we knew that the prevalence of mental health challenges across our adult population was increasing. The pandemic has made this worse, with rates of possible depression and anxiety increasing from 22% in 2017, to 44% in 2020 and up to 57% in our latest mental health survey[16]. We know there are a wide range of causes of this, but also that there's a significant impact on outcomes for our people as a result, and that inequality is both a cause, and driver of this worsening picture.

57%

of the population of our system with 'possible' depression or anxiety symptoms, with 15% of the population having 'probable' symptoms[17]

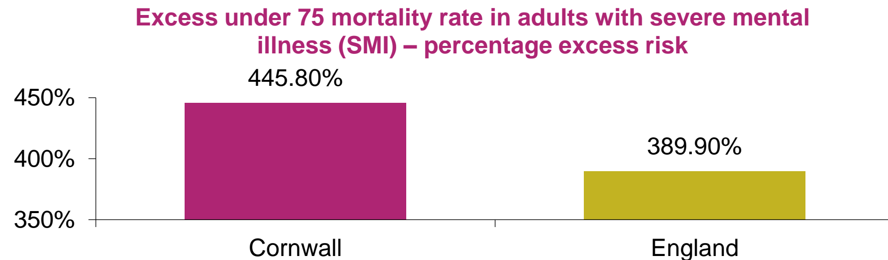


***Fig 7**: Indicator is expressed as a percentage where adults with SMI can be considered to have x% higher/lower risk of premature mortality than adults without SMI.*

Suicide Prevention

One of the most stark demonstrations of the underlying challenges we face is shown in our rates of suicide across Cornwall and the Isles of Scilly. This is a priority focus for us.

***Fig 8**: Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population from 2019-2021*

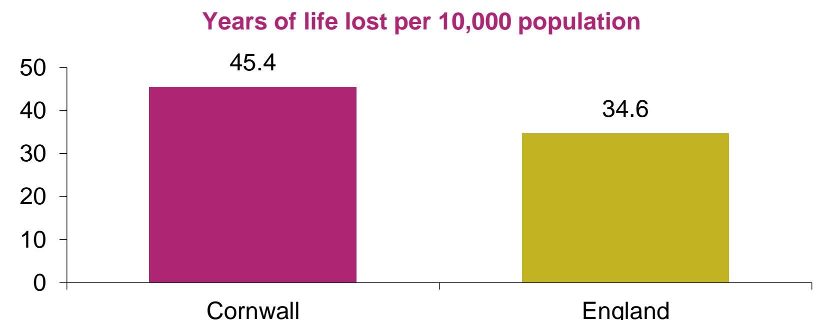


***Fig 9**: Years of life lost due to mortality from suicide and injury undetermined (no South West comparator available) from 2019 - 2021*

16: Figures from 2021 survey carried out in Cornwall and Isles of Scilly
17: https://www.healthwatchcornwall.co.uk/sites/healthwatchcornwall.co.uk/files/MH%20Report%20v9.pdf

Cornwall and Isles of Scilly Integrated Care System

Adult Social Care

In Cornwall and the Isles of Scilly, we spend 30% of our money on Adult Social Care (8% on Children's Social Care). We know therefore that we need to be spending that money in the most effective way we can to better support our adults, and that that spending is impacted by the level of deprivation that our people face.

Spend on Adult Social Care

In Cornwall and the Isles of Scilly, we spend more on our adult social care per adult than the rest of England (22.3% overspend per the data below). We also know that our spend on short-term care up to 2021/2022 is lower than the mean average for English Local Authorities, and our analysis[18] tells us that we think this lower than average position is driven by lower than average activity, as opposed to size of the budget we have. That tells us that we need to be more efficient and productive in how we provide social care to our adult population.

£599.77

Spend per adult in Cornwall and the Isles of Scilly compared to £490.42 in the rest of England – a difference of 22.30%.

3.2%

Increase in our overall spending on adults in 2021/2022 compared to the previous year.

Activity and Need

Our data also tells us how we benchmark against the amount of activity we carry out in Cornwall and the Isles of Scilly compared to national averages. Overall, while we see roughly the same level of working age adults as other systems, we do not see as many older adults. We're spending more money per head and supporting fewer people than in other parts of the country, so our challenge is to target our resources more effectively to better support those who need it.

8.6 per 1,000

Adults (18-64) receiving long term support from the Council in 2021/2022 compared to a national average of 8.4 per 1,000.

40.9 per 1,000

Older adults (age 65+) receiving long term support from the Council in 2021/2022 compared to a national average of 50.5 per 1,000.

18: All figures taken from internal Council benchmarking

Cornwall and Isles of Scilly Integrated Care System

How we're going to improve our outcomes

We know a wide range of factors impact the health and wellbeing of our population, and that the most effective way for us to address these challenges is in an integrated and holistic way. Our approach to improving outcomes for our working age population over the next decade will emphasise regular **learning, testing and progress reviews**. At this stage of our strategy development, our current focus is on working more closely in the following areas:

Carers and Caring

As referenced at the start of this strategy, we know that a key element of living well in Cornwall is for people to be able to look after themselves, and also be supported to look after others. In each of the below areas of focus, we recognise the key role for carers (both formal and informal), and will look to better support caring in Cornwall and the Isles of Scilly.

Prevention and Improving Health

We already have a number of preventative programmes, and a key area of focus for our system over the coming years will be on cardiovascular disease. We know however there are areas where we can better work to improve how we manage all conditions, and that we have opportunities to identify and treat many conditions earlier through prevention. Our aims for prevention include:

- The development of a prevention framework to ensure that it is embedded in all aspects of health and social care;
- Developing a healthy and productive ageing approach to designing services and support with a long term ambition to prevent and delay conditions;
- Developing a systematic approach to health inequalities and achieving a real reduction in the gap in healthy life expectancy between most and least deprived populations.
- Achieving a measurable shift in resources to prevention in system budgets

We also want to better understand some of the drivers for our most common long-term conditions. We recognise the importance of tobacco and alcohol control, and will work more closely across our different teams to better develop what support we can offer to our people across all of our organisations. .

We need to bring services closer to our people and recognise the crucial role our Primary Care teams play in doing this. We want to better involve Primary Care in these prevention programmes, supporting them with the right tools and capacity to work alongside other organisations in an integrated way.

One of our key mechanisms for working more closely together on these identified vulnerabilities for our people is our through our system approaches to joint commissioning. How we commission as a key way in which we can better work together, and building on this group will develop our joint commissioning approach over the next few years. This means that we will:

- Agree our joint commissioning intent and use this to develop our joint commissioning strategy;
- Review how much of our money is being spent through this approach.

Supported by our True Norths:

True North	
My Place	✓
PHM	✓
Finance	
Employment	
Person at the Centre	✓

Cornwall and Isles of Scilly Integrated Care System

Addressing some of the key wider determinants of health

We can see from our data that health inequalities have significant impacts on outcomes for our people. We also know there are multiple benefits to targeting some of the key drivers of inequalities – employment and housing – this is why we'll focus on working more closely with:

- Some of the largest employers in our region, to understand how we can better integrate 'outside' the health and care organisations, and using our position as employers to **create job opportunities and economic wellbeing**;
- Local employers, to **better support those adults who have previously been out of work for medical reasons** to re-join the workforce. We'll do this by building on our work and health programme with support from the Department of Work and Pensions to more effectively re-integrate our people into the workforce.
- Housing providers to both **adapt and improve existing supply** in response to our current need, and to **develop future housing options** to meet future need.

Key to understanding and taking action on inequalities in our population is our approach to population health management, place-based working and personalised care. We'll only know more about our communities by working more closely with and in them, benefiting from their knowledge and experience, and better understanding of what they need and what works.

We also know that as part of our work on the wider determinants of health, we must consider the role of climate change and how we as a health and care system better tackle this challenge. We will look to deliver against our existing carbon neutral targets across our individual organisations, with the aim of having benefits for the health and wellbeing of our people through more energy efficient homes, reduced use of cars and increased active travel, and improved air quality, for example.

Cost of Living and Future Priorities:

While we are writing this strategy, we know that our people are making significant changes to the way they live to manage the cost of living crisis. We also know that those changes will have a real impact on both the type of health, care and other support people may need, but also how people will want to access that support over the coming years.

Through our on-going public engagement approach, we will continue to ask you about the changes you're making, and how best we can support you through those changes. Future versions of this strategy will build on some of the work that we are already doing here to define those areas of focus, and to understand where we need to better integrate and work together to deliver the services you expect.

Supported by our True Norths:

My Place	✓
PHM	✓
Finance	
Employment	✓
Person at the Centre	✓

Cornwall and Isles of Scilly Integrated Care System

Adult Mental Health Support:

In 2018, the Joint Health and Wellbeing Board signed up to the Prevention Concordat for Better Mental Health, which provides a framework for upstream prevention across the health and care system. This is currently being refreshed to ensure the concordat is aligned to the Integrated Care System and bring health and care partners together to embed prevention-based approaches to support peoples mental health.

The five-year adult mental health strategy 'Futures in Mind' was launched in 2020, which runs until 2025 and forms the basis of our current priorities for integration. Our ambition for the population for Cornwall and the Isles of Scilly is to ensure people:

- feel supported and able to access care and support
- have choice in the care and support they receive
- reach their own personal recovery goals
- live longer and in good health
- feel positive about the services they receive

We will ensure that mental health is considered with equal regard and shares a **parity of esteem** with physical health, where individuals are considered holistically across the life course and that the wider determinants of mental and physical ill-health are considered within one system. As part of this support, we know our adults in contact with mental health services are less likely to be employed than those across the country, and will focus our work with employers and other partners to better support those adults back into meaningful work.

Suicide Prevention

Suicide prevention is a key priority in Cornwall and the Isles of Scilly. The local suicide rate is significantly higher than the average in both the South West and England. Our suicide prevention plans have been in place for a number of years, both through our Towards Zero Suicide collaborative, Multi Agency Suicide Prevention Group and through the Suicide Prevention strategy, which was adopted in 2022.

The aim of the Suicide Prevention strategy is to reduce the suicide rate in CIoS to level with the national average or better by 2027, which currently means a 20% reduction in the suicide rate in Cornwall and the Isles of Scilly. However, the national suicide rate is likely to change in this time and therefore, progress will be monitored and reported on yearly.

By focussing our system-wide work on prevention and tackling some of the underlying drivers of poor mental health we will contribute to the achievement of that target over the coming years. For example, the Integrated Care Board and Public Health are jointly investing in a new five-year upstream adult mental health and suicide prevention programme. This aims to bring together a collaborative to deliver a whole family and trauma informed whole population prevention programme for those aged over 16 years.

Supported by our True Norths:

My Place	✓
PHM	✓
Finance	
Employment	✓
Person at the Centre	✓

Cornwall and Isles of Scilly Integrated Care System

How we will work to improve Mental Health Outcomes:

To achieve this most effectively, alongside key stakeholders and system partners we will focus on our key strategic priorities which include ensuring a golden thread of mental health and suicide prevention across the life course, delivering truly integrated and local services, intervening as early as possible and working to develop resilience for both individuals and the communities in which people live. A programme of targeted transformation will include:

- The implementation of the local Dual Diagnosis strategy to improve the offer for people with multiple, complex needs and those who may have a history of trauma to ensure inclusivity and wrap around approaches
- The creation of mental health hubs across our communities to provide place-based support and work with the (VCSE) to build more accessible support
- The reconfiguration of mental health services enabling closer and improved partnership working, new models of care and truly integrated localities to release the benefits of the population health management approaches
- Improving productivity across all services to optimise and ensure access to timely, equitable place-based care which delivers sustainable outcomes and reduces unwarranted variation.
- Going above and beyond 24/7 - crisis support lines to deliver links to NHS 111 that will combine, virtual & digital, local, and face-to-face interventions
- Expanding evidence based talking therapies to increase access & recovery rates, integrating with the VCSE and co-locating within acute pathways, ICAs and place-based environments
- System-wide implementation of the LDA Quality Improvement Standards
- Eliminating all OOA placements, reducing inpatient care and improving the therapeutic care for inpatient care, reducing lengths of stay and deliver more community-based alternatives
- Building the right support within communities for those with a Learning Disability and Autism, their carers, families, and supporters
- Build an equal partnership with our VCSE teams to design services that build on what we already do well in our communities and are responsive to individual needs.

Adult Learning Disabilities

We know that we have a cohort of adults with learning disabilities, and that as part of the transition from our ‘Start Well’ to ‘Live Well’ and the future transition to being an older adult, we need to be able to better support those people with a learning disability. There are two specific areas of focus for us here, being the percentage of adults with a learning disability who live in their own homes or with their family, and the proportion of adults with a learning disability who are in paid employment.

Through our learning disability hospital discharge programme, and the development of better supported living services for our adults, we will look to improve outcomes for this population group, alongside a focus on the transitions from children's’ services to adults and beyond to better prepare our adults and their families or communities to live well in Cornwall and the Isles of Scilly.

Supported by our True Norths:

My Place	✓
PHM	✓
Finance	✓
Employment	✓
Person at the Centre	✓

Live Well

Cornwall and Isles of Scilly Integrated Care System

How will we know we've been successful?

We'll review progress towards our ten-year priorities for 'Live Well' on a regular basis. To do this, we've selected some clear Key Performance Indicators (KPIs) to show our improvements, but also some qualitative statements that explain how we hope our adult population will feel about their experience of growing up in Cornwall and the Isles of Scilly.

Aim to reduce suicide rate in CIoS to level with the national average or better by 2027 (currently means a 20% reduction)

Reduce the gap between those with a physical or mental long term condition and those who are in receipt of long term support for a learning disability (aged 18-69) and the overall employment rate

A reduction in the % of people and carers who feel isolated in our communities

A reduction in under 75 mortality rate from cardiovascular diseases considered preventable (per 100k)

Increase our uptake in NHS health checks for those aged 40 – 75 and health checks for those with Severe Mental illness and Learning Disability

A reduction in the growth of emergency department attendances when compared with the general increase in our population (as a proportion).

How will people feel, what will they say?

I feel connected to my community

I understand the things that keep me well and make me happy – and there is opportunity to do them

I want to be here, I can achieve the things I want to

I can access the right service, at the right time if I need support

Cornwall and Isles of Scilly
Integrated Care System

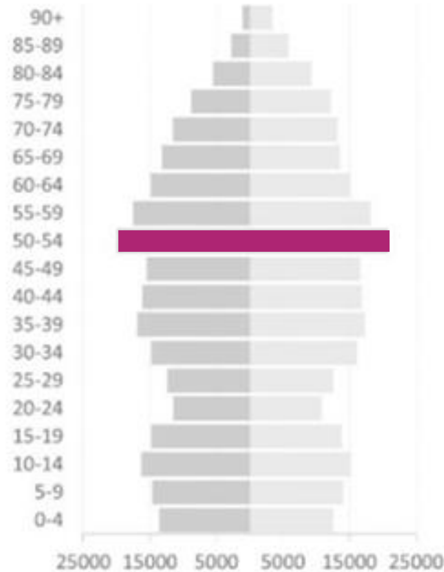
Age Well

Cornwall and Isles of Scilly Integrated Care System

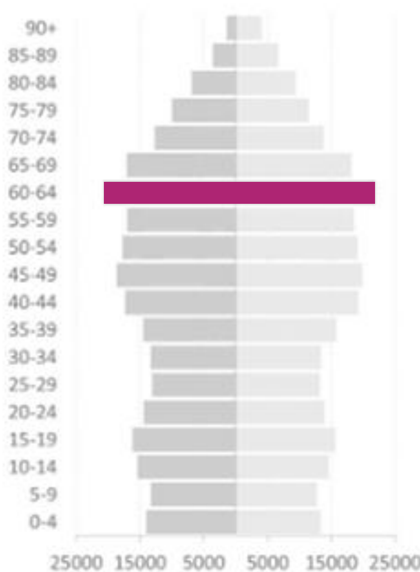
Context

Our older adult population in Cornwall and the Isles of Scilly must be a focus for us, both now and over the next ten years. The pyramids below show the aging of our 'baby boom' generation over the last three decades and the significant proportion of our current population in this age cohort.

Cornwall : 2001



Cornwall : 2011



Cornwall : 2021

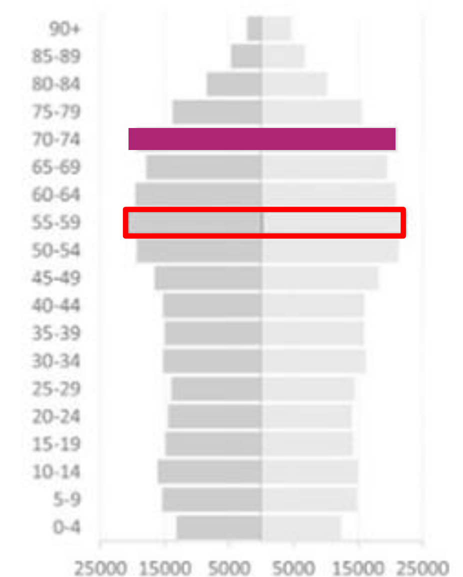


***Fig 10**: Purple bar represents the 'baby boomer' cohort in Cornwall and the Isles of Scilly over the past ten years. Note in 2021, the red bar shows another future 'peak' for our older adult population[19].*

We know we face a specific challenge here in Cornwall and the Isles of Scilly with our ageing population. The data shows that from 50+, Cornwall has a higher percentage of older adult cohorts compared to the rest of England, with an increase of 25.1% in particular for those adults over 65. It's crucial to make sure our health and care system fully understands the needs of this group and can start to commission services differently to meet those needs.

[19]: *Subnational population projections for England: 2018-based as accessed via the ONS:* *https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/regionsinenglandtable1*

What challenges do our older adults face?

Our aim is for older adults in Cornwall and the Isles of Scilly to live happy, independent lives in a place they choose to call home. Our needs assessment tells us there are a number of specific challenges impacting our ability to support our older people, and we have outlined some of those key areas of focus below:

Dementia:

While dementia isn't a natural part of aging, we know that its prevalence increases as people get older. Our analysis specifically shows the national prevalence for dementia in older adults, as well as specifically what that means for our people here in Cornwall and the Isles of Scilly in terms of numbers of those predicated to be diagnosed.

Observed Prevalence of Recorded Dementia by Age Group and Gender, England, September 2022

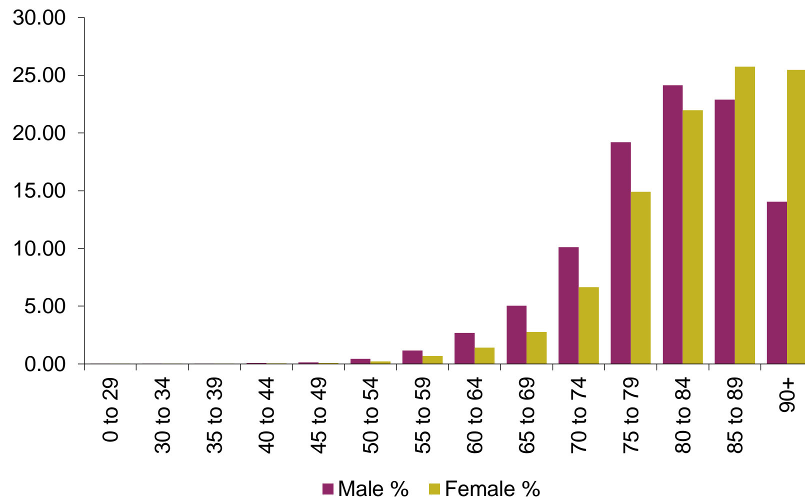


***Fig 11**: Observed rate of dementia as captured by NHS Digital based on GP practice data shown by age for England*

Total Population Aged 65 and Over Predicted to Have Dementia

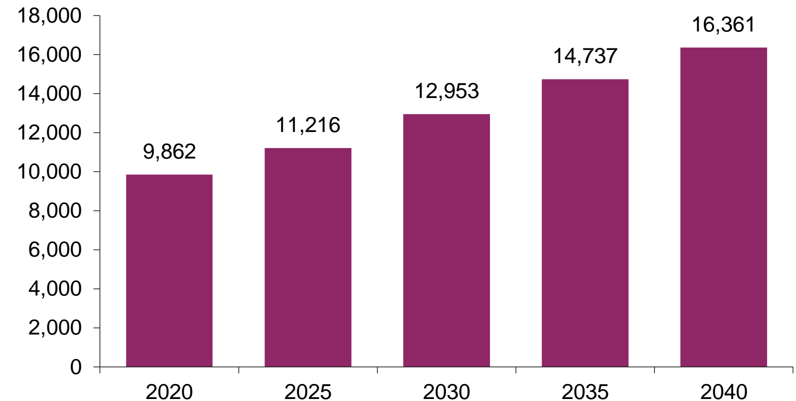


***Fig 12**: Local data for Cornwall and the Isles of Scilly predicting the increase in population diagnosed with dementia by 2040.*

Combined with our older than average population as shown above, we therefore recognise a significant challenge for our health and care system with regards dementia provision.

Mental Wellbeing and Connectedness:

As outlined in other elements of this strategy, mental health presents a significant challenge across all age cohorts both in our system and nationally. We know the impacts for those suffering from poor mental health are severe: those with severe and prolonged mental illness die on average 15 to 20 years earlier than those without, and there is a significant gap in employment for those in contact with secondary mental health services (67.2% in England and 69.8% here in Cornwall).

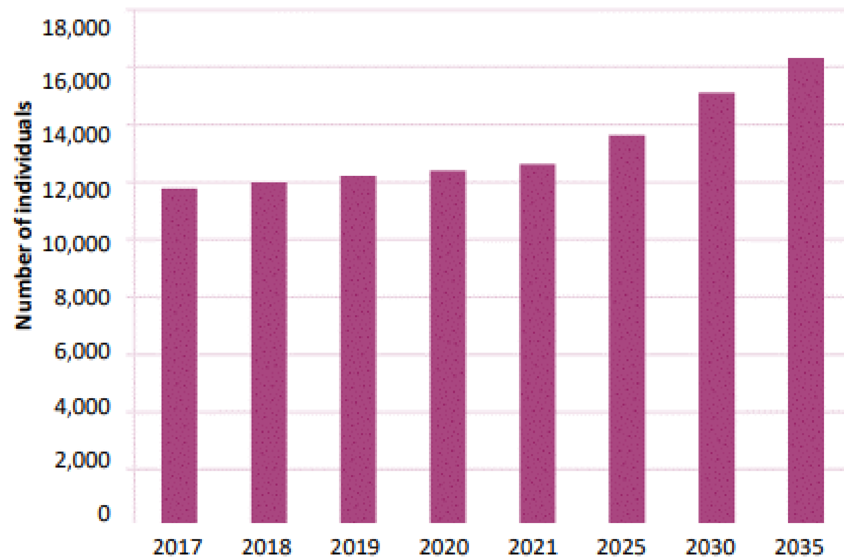


***Fig 13**: Predicted number of individuals over 65 to have depression in CIOS from 2017 through to 2035.*

We carried out a specific study into adult mental health in 2019 which is available here. This told us that depression is the most common, treatable and reversable mental health illness for our older people.
Our data as shown here indicates that with the increasing number of older adults facing challenges with their mental health and wellbeing, we must ensure that we work together to better meet this need.

In the previous section of this strategy, we talked about the steps we are taking to support our 'Live Well' population, through preventing risks to mental health and wellbeing in our adult population. This will be equally important for our older adults, and will continue to investigate through data analysis and engagement with our older adults how best we can target our support to them.

We know that loneliness has a significant impact on our older adults and their mental health too, and through our emphasis on creating connected, caring communities for one and all, we hope to have an impact on reducing feelings of loneliness and isolation. This in turn will have an impact on both mental wellbeing, but also the physical wellbeing of our older adults in Cornwall and the Isles of Scilly.

Age Well

Cornwall and Isles of Scilly
Integrated Care System

What are our areas of focus for supporting this cohort?

Our analysis tells us there are a number of specific challenges that are impacting our ability to support our older people, and we have outlined some of those key areas of focus below. All of this work will be underpinned by more effective risk stratification of our older adult population and a focus on prevention and the transition from 'Live Well' to 'Age Well' in Cornwall and the Isles of Scilly.

Maximising Independence and Delivering Better Care:

In order to better support our older adults, we'll implement our 2022 Maximising Independence strategy, alongside our Commissioning Strategy for 'Better Lives', which together set out our detailed plans to ensure people get the right care, in the right place, at the right time. In doing this, we will focus on:

- We'll develop and co-design a **range of community options at Place** that will prevent and delay dependency on traditional care services, supporting our wider efforts to focus on prevention rather than need;
- Focus on our specific challenges around appropriate housing by delivering our **Housing Strategy to 2030**. As an example of what this involves, our 30 year partnership **'Cornwall Extra Care'** will provide an additional 750 extra care housing units for vulnerable people in Cornwall. We also hope to deliver additional care home provision here, with up to 1,700 additional beds to better support our residents in need.

This will enable our older adults to live more independently, in a place they choose to call home. Having our services closer to our older adults will allow them to be more responsive and personalized.

Personalised Care:

One of our key principles is having the Person At The Centre of everything we do. Our system leads continue to work with the South West Personalised Care team to develop a place-based personalised model of care, with an aim to develop and train our staff in personalised care. Specifically, we are looking to implement this model by 2028 by focusing on

- The development of **anticipatory care plans** for our older adults where they are deemed to need these. By working with our most vulnerable older adults to develop and implement these plans, we will both personalise their care but also better prevent the worsening of their health and wellbeing.
- Focus first on **upskilling our staff** on shared decision making, health coaching, social prescribing and enabling health literacy with a view to supporting our people to self-manage. We will be looking ultimately to see an increase in personal health budgets; and
- Focusing on **assistive technology**. Over time as we build our knowledge of what our people need, we will seek to commission support from new providers for assistive technology, building this into personalized care plans and evidencing **how target care pathways have been adapted** to involve personalized care. This will include reducing barriers to access to digital technology of our older adults.

Supported by our True Norths:

True North	
My Place	✓
PHM	✓
Finance	
Employment	
Person at the Centre	✓

Age Well

Cornwall and Isles of Scilly Integrated Care System

Dementia

Prevalence of dementia in Cornwall and the Isles of Scilly will continue to increase over the coming years. Our current dementia provision is stretched, with limited bed capacity for older adults beyond a Tier 4 dementia unit. Our response is currently acute-hospital focused and we currently have no community crisis response offer.

We know there's more we can do to address lifestyle and environmental related risk factors for dementia. We'll also seek to develop a full pathway that starts with crisis services, and builds more capacity, capability and resilience away from acute settings and out in our communities. This underpins our focus on both prevention and transitions between working age and older age adults in Cornwall and the Isles of Scilly, and we want to continue our focus on prevention for our older age adults too.

Our focus on community infrastructure will both see an **improvement in diagnosis rates** (supported by a 'normalisation' of dementia diagnoses), **earlier diagnosis**, and care support facilities at Place that will enable earlier intervention that focuses on self-management and promoting independence.

By April 2023, we hope to have developed an accommodation support offer across Cornwall for our dementia patients, with a view over the coming years to better defining our commissioning gap for complex nursing dementia beds and develop a strategy that supports our people to be more involved in decisions relating to their dementia care.

Carers and Supporting our Communities

A key element of our strategy for older adults is to be able to better signpost those who care for our older adults to existing community assets that are available. One way in which we hope to do that is through our Cornwall Gateway service has been recently launched in partnership with Age UK for Cornwall and the Isles of Scilly.

This service seeks to provide one place where our people can find information, ask questions, or offer support. In conjunction with the over 50 community hubs offering a seven day service that are led by our partners in the Voluntary Sector Forum, we will continue to build awareness both within communities and health and care professionals.

Over the next ten years, we'll seek to further reinforce the strength of our community (and families) as we know this is at the heart of what will improve outcomes for the people of Cornwall and the Isles of Scilly. We know that our model of community hubs and gateway services will be a key part of that, but there will be a lot more that we want to do in partnership with our voluntary sector partners and others to better understand how we need to support our formal and informal carers in Cornwall and the Isles of Scilly.

Supported by our True Norths:

My Place	✓
PHM	
Finance	
Employment	✓
Person at the Centre	✓

Cornwall and Isles of Scilly Integrated Care System

Intermediate Care

We know there is a significant challenge in Cornwall and the Isles of Scilly to better develop our model of intermediate care (services that provide short term support to help people recover and regain their independence) ensure it meets the needs of our people. There are a number of elements to our intermediate care strategy over the next ten years that will help us to meet our assessed need, with key workstreams including:

Discharge to Assess:

The ICS continues to implement the discharge to assess model in line with national guidance, however specific challenge has been noted around bedded provision for those who require "P2" support and relevant beds, as well as home-based reablement provision. In the short term the ICS will seek to recover against the identified backlog of delayed discharges in line with operational requirements, however the longer-term objectives outlined below will better define this model for Cornwall and the Isles of Scilly.

Joint Intermediate Care Policy and Commissioning Plan

By April 2023, we will have produced a joint intermediate care policy (and commissioning plan). This will be a key area of focus for integration, as the joint policy will identify how health and social care will work better to define both the bedded requirement and community provision needed to meet our assessed need for intermediate care. We will develop a clear system for escalation across system partners.

Revised service specification

As we continue to recover from the pandemic and remobilise our services, we want to redefine intermediate care and reablement services for the people of Cornwall and the Isles of Scilly. This service specification will be developed in conjunction with system partners, and we expect that specification to articulate:

- How the community-based (home-based) service will look, and how tools such as virtual wards will complement this offer;
- What the short-term, clinical and therapeutic support offer will be for our people; and
- Move towards an emphasis on an 'intake mode'.
- The impact of this revised approach but in terms of the workforce capability and training required, and for our estates strategy.

Supported by our True Norths:

My Place	✓
PHM	
Finance	✓
Employment	
Person at the Centre	✓

Cornwall and Isles of Scilly Integrated Care System

Providing Support – the provider market place

In addition to our work on intermediate care, we also know that there is a challenge around our market place for providers of care services in Cornwall and the Isles of Scilly, and have some specific areas of focus that we want to consider as a system over the coming years:

Registered Care Homes

At the time of this strategy being written, we have 216 care homes in Cornwall, of which 51 including nursing provision. That equates to 2,167 beds with nursing and 2,999 beds without, giving a total of 766 beds per 10,000 people aged 75 or over. This is split across a large number of small and medium sized care homes, and a very low number of 'larger care homes' (over 60 beds) when compared with other local authorities. Over the coming years we want to work more closely with our providers in a more coordinated way to improve how we use those beds and to have an accurate picture of how many we need, what types of bed we need and where we need them.

Registered community-based locations for Adult Social Care

There are currently 107 locations in Cornwall that provide community-based adult social care, of which 100 provide domiciliary care, 19 provide supported living care and 2 provide extra care.

We recognise that we have a large number of domiciliary care providers, and too few alternative models of accommodation support. A key opportunity for our health and care system over the coming years will therefore be the development of supported housing options for those with long term care and supported needs across all ages. Within this longer-term vision, our priorities will be:

- Developing a clear vision and understanding of the level and range of need for long-term housing across Cornwall. This will be done through a new supported housing strategy;
- Through this strategy, we will deliver a joined-up programme that will develop the right models of housing-based support to respond to our assessed need; and
- This strategy will seek to encompass a large number of on-going strategic programmes, with the aim of consolidating our work and providing focus on how best we address our long term demand for social care, which in turn will help to address some of the specific challenges faced by healthcare providers in the system as well as our people.

Care Home Commissioning:

Our latest provider returns tell us that of the 3,740 people receiving residential care support, 1,345 were reported as self-funders, and of the 2,913 people receiving community-based adult social care, 1,142 were reported as self-funders. We recognise the large number of people who directly commission care, and our legal responsibility to develop this marketplace and ensure its stability in light of future social care reforms due in 2025.

Supported by our True Norths:

True North	
My Place	✓
PHM	
Finance	✓
Employment	
Person at the Centre	✓

Cornwall and Isles of Scilly Integrated Care System

How will we know we've been successful?

We'll review progress towards our ten-year priorities for 'Age Well' on a regular basis. To do this, we've selected some clear Key Performance Indicators (KPIs) to show our improvements, but also some qualitative statements that explain how we hope our older adults will feel about their experience of growing up in Cornwall and the Isles of Scilly.

An increase in the quality of life of people receiving social care. Nationally 0.6% of service users rated their quality of life as so good, it could not be better or very good.

An increase in the percentage of people receiving adult social care that can get to all the places they want in their local area. Nationally 29.6%

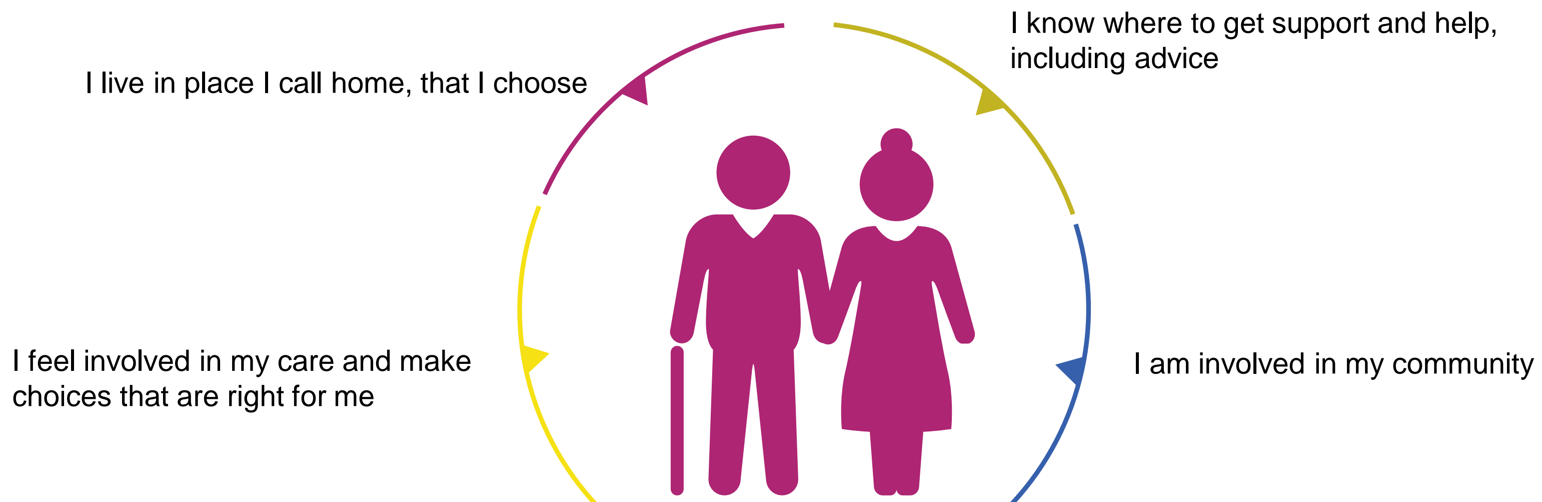
We will continue to improve delayed discharges from hospital

We will track the long-term support needs of older adults met by admissions to residential and nursing care homes per 100,000 and reduce this.

Increase our uptake in NHS health checks for those aged 40 – 75, with agreed lower prevalence of long-term health conditions (conditions TBC pending further investigation).

We will improve the overall satisfaction of people who use services with their care and support

How will people feel, what will they say?



Cornwall and Isles of Scilly
Integrated Care System

How We'll Achieve Our Outcomes

How We Will Deliver

Cornwall and Isles of Scilly Integrated Care System

What do we need to consider for integrated care?

Our strategic priorities for the future:

Our existing work on Digital Enablement

In May 2022, we developed our system-wide Digital strategy which will be a driver for closer integration in our system, as well as better empowering our population to access their data and manage their conditions

We need effective data and information sharing to improve our outcomes. From our key areas of focus, this means that we will need to consider how best to :

- Embed a Population Health Management approach through the application of care at all levels of the system to better inform our approach to prevention and our understanding of how inequalities impact our outcomes;
- Further implement 'virtual wards' to support our future model for intermediate care; and
- More effectively share data across multi-agency partners for safeguarding, as a priority.

Within our digital strategy, our key priorities include:

- Procuring a new 'anchor' electronic patient record system to sit alongside our newly implemented Shared Care Record. This will be the foundation for better sharing of information across all partners in health, care and our communities.
- Conduct an infrastructure audit across the organisations within the ICS to prioritize relevant infrastructure improvement programmes.
- Meeting the training needs required to support our staff to work better with digital tools to improve productivity. We'll create a digital literacy programme that informs an ICS-wide professional development framework to upskill all staff.

Our existing work on Research and Innovation

This strategy will continue to be reviewed, and we know that as we implement it, we need to take the time to do more research into our priorities to better define our delivery plans.

Because of this, a core principle for how we will work is our ability to test, learn and adapt to what our people tell us matters to them. We think that we need to consider how we:

- Empower our Integrated Care Areas ('Places') to innovate in response to local need through our support and development offer to those teams; and
- Use both the Integrated Care Partnership and Joint Health and Wellbeing Board to build stronger, cross-organisation relationships to learn from others' experiences and use that learning to inform our commissioning approach.

Over the course of this strategy, we'll seek to:

- Further develop our Population Health and Inequalities programme, working through our Integrated Care Areas and Primary Care in particular, to identify areas where further research is required to understand the needs of our local communities.
- Work with our communities to understand the impacts of the cost of living crisis on peoples' choices about their health and social care, building on the work of our cost of living summit in September 2022 and our on-going engagement approach that underpins this strategy.
- Develop partnerships with research institutions to define our priorities, drawing on the work with the University of Exeter on social mobility as an example.

Our existing work on Workforce

We're in the process of developing our latest ICS workforce strategy, which will complement and support the delivery of our shared outcomes in this strategy.

What do we need to consider for integrated care?

We know we can't deliver our strategy without a skilled and supported workforce. Our people are our strongest asset, and in this strategy we need to consider:

- How to better work with our local employers (and be better employers ourselves) to support our people to be able to access meaningful jobs and to be supported to remain in them and develop skills and experience;
- How to build a more joined-up workforce across our organisations to provide the flexibility to work within and across communities that we will need; and
- To engage our communities as an extension of our workforce, helping them to help themselves when it is appropriate to do so

Our strategic priorities for the future:

- Redesign our recruitment practices to improve our time to hire and drop-out rates;
- Align our planning functions with the aim of better understanding our future demand for, and supply of, workforce;
- Develop a 'one workforce' model, starting from alignment of T&Cs through to role re-design to build a flexible and skilled workforce across health, care and other sectors;
- Work more closely with wider partners, tackling our challenges on travel prices and accommodation challenges to better support our own workforce.

Our existing work on Finance

Our key indicator for success over the next ten years is that we won't be talking about money, but we recognise that in order to get to that point there is still work we need to do.

For integrated care to work, and for finance to better support that, we know the aims in this strategy mean that we need to think about how:

- We bring money and resources closer to people in their communities to allow it to be better spent alongside people;
- We share our understanding of health and care resources, including where money is currently spent and the source of those funds; and
- We need to be clear on our clinical, care and service strategies to be able to inform what the underlying financial strategy and operating model needs to look like in the future.

In developing our financial strategy and supporting integrated care, this means that we will:

- Rapidly review the results of our efficiency programme(s) to learn lessons, expand initiatives where appropriate to do so, and seek financial balance for our system over the next two years;
- Evidence that more of our money at the ICA level is being spent under shared risk arrangements (and how that money is spent is delivered through shared decision-making);
- Align our financial and activity planning with wider functions (incl. workforce and estates), to make decisions jointly and consider impacts of those decisions together

Cornwall and Isles of Scilly
Integrated Care System

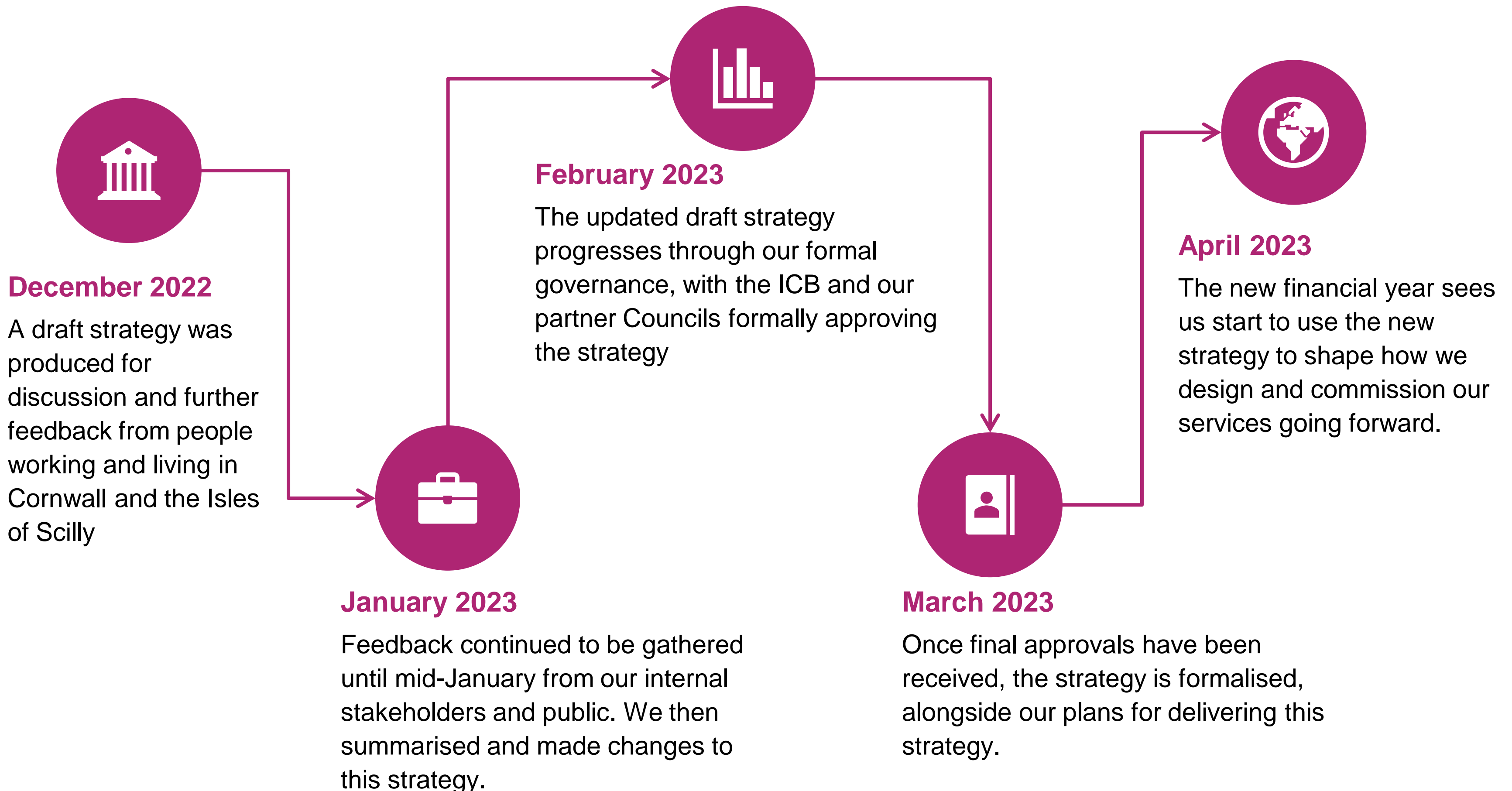
What Comes Next

Our Next Steps

Cornwall and Isles of Scilly Integrated Care System

Finalisation our strategy:

We published this strategy in draft form in December 2022 to allow wider partners to reflect and engage with the content developed to date. We will begin formally approving this strategy in early 2023, with our high-level timeline below. As shown in our engagement approach earlier on in this strategy, we will continue to ask our population to input into this strategy and regularly take stock of that feedback over future versions of this strategy to allow us to better reflect what our people feel is important to them, and how we can respond to those needs as an integrated health and care system.



How we implement our strategy:

Cornwall and Isles of Scilly
Integrated Care System

Turning our strategy into action:

We know this strategy needs to inform how we work as a health and care system, and must drive our ambition to both create a connected, caring community for one and all, as well as deliver on the outcomes we identify across each of our age groups. Below we have shown how this strategy, along with our Joint Health and Wellbeing Strategy, will inform our organisational plans.

Complementary, system-wide strategies to identify our shared outcomes

Integrated Care Strategy (10 years)

Joint Health and Wellbeing Strategy

Priorities in our joint strategies will then be used to frame our individual organisational priorities as delivered through the Council's business plan, and through the Integrated Care Board's Joint Forward Plan.

Health and Public Health

Joint Forward Plan (5 years)

Operational Planning (2 years)

Care and Public Health

Council Business Plan (4 years)

Market Position Statement (1 year)

This strategy will be overseen by our Integrated Care Partnership, and over the coming months we will further develop our joint governance between all the partners involved in the delivery of this strategy. A key next step for us in doing this is formalising our joint partnership governance, and developing a medium term joint commissioning strategy that responds to the priorities identified in this document. We will also review how we deliver against our True Norths, ensuring they help to deliver on our aim to build a connected, caring community for one and all.

As part of that work, we will develop an **outcomes framework** that takes the outcomes identified in this strategy, refines them and sets out how we will assess our performance on a regular basis. We expect those outcomes may change as we continue to obtain more insights from our data analysis and from our engagement with our people, and that progress will be regularly reported through our joint partnership governance.

Cornwall and Isles of Scilly
Integrated Care System

Appendices

Glossary:

WORKING DRAFT

Some terms used throughout this document with definitions

Term	Definition
Asset based approach	A way of working that looks for strengths and seeks to build on them
Commissioning	Planning, buying and reviewing health and social care services
Co-terminus	Organisations with the same boundaries, in this case social care and health
Engagement	Working with people in a two way process
Integrated Care Area	ICA: system structure that drives the delivery of care for a population of between 150,000 and 200,000
Integrated Care Board	A statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area
Integrated Care Partnership	ICP: A group of organisations that come together to plan and deliver services that improve health and wellbeing for those living and working in an area
Joint Strategic Needs Assessment	Defines the current and future health and care needs of a population, the factors that influence this, and guides the planning of services
Life Course	Aims to improve health and wellbeing across all age ranges

References:

Cornwall and Isles of Scilly Integrated Care System

Figure 1: https://fingertips.phe.org.uk/search/overweight#page/4/gid/1/pat/6/ati/402/are/E06000052/iid/20601/age/200/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1 *Accessed December 2022*

Figure 2: https://fingertips.phe.org.uk/search/long%20term%20condition#page/4/gid/1/pat/159/par/K02000001/ati/15/are/E92000001/iid/91816/age/44/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1 *Accessed December 2022*

Figure 3: https://fingertips.phe.org.uk/search/hospital%20admissions%20for%20mental%20health#page/4/gid/1/pat/159/par/K02000001/ati/15/are/E92000001/iid/90812/age/173/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1 *Accessed December 2022*

Figure 4: https://www.cornwall.gov.uk/media/lcgivi1r/population-health-summary_web-nov21accessible.pdf *Accessed November 2022*

Figure 5: https://fingertips.phe.org.uk/search/smoking%20prevalence#page/4/gid/1/pat/6/ati/402/are/E06000052/iid/92443/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1 *Accessed December 2022*

Figure 6: https://fingertips.phe.org.uk/search/health%20check#page/4/gid/1/pat/6/ati/402/are/E06000052/iid/91101/age/219/sex/4/cat/-1/ctp/-1/yrr/5/cid/4/tbm/1 *Accessed December 2022*

Figure 7: https://fingertips.phe.org.uk/search/excess%20mortality#page/4/gid/1/pat/6/ati/402/are/E06000052/iid/93582/age/181/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1 *Accessed December 2022*

Figure 8: https://fingertips.phe.org.uk/search/suicide#page/4/gid/1/pat/6/ati/402/are/E06000052/iid/41001/age/285/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1 *Accessed December 2022*

Figure 9: https://fingertips.phe.org.uk/search/suicide#page/4/gid/1/pat/6/ati/402/are/E06000052/iid/91404/age/270/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1 *Accessed December 2022*

Figure 10: https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/regionsinenglandtable1 *Accessed December 2022*

Figure 11: https://digital.nhs.uk/data-and-information/publications/statistical/recorded-dementia-diagnoses/september-2022 *Accessed December 2022*

Figure 12: https://digital.nhs.uk/data-and-information/publications/statistical/recorded-dementia-diagnoses/september-2022 *Accessed December 2022*

Figure 13: https://www.cornwall.gov.uk/media/xhwipake/jsna-mental-health-summary.pdf Accessed November 2022