

Health and Wellbeing in Devon

A Joint Health and Wellbeing Strategy for 2013-2016

Draft V1

Committed to promoting health equality
www.devonhealthandwellbeing.org.uk

Introduction

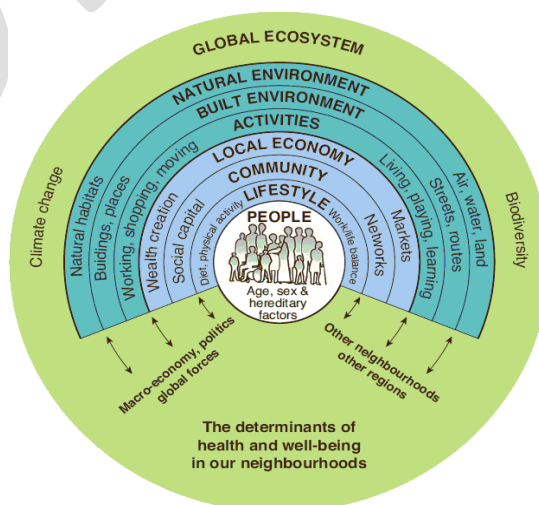
The Health and Social Care Act 2012 made significant changes to the NHS and required the Local Authority to form a Health and Wellbeing Board to deliver improvements to the health and wellbeing of the local population. The Board includes the County and District Councils, GP's from Clinical Commissioning Groups, HealthWatch, the National Commissioning Board and representation from service users, carers and older people and they must work together to develop a Joint Health and Wellbeing Strategy (JHWS).

The strategy explains the health and wellbeing priorities the Health and Wellbeing Board has set in order to tackle the needs identified in the Joint Strategic Needs Assessment (JSNA). The strategy is not about taking on everything at once, but about setting priorities for joint action and making a real impact on people's lives, particularly in relation to promoting health equity therefore reducing health inequalities.

There are a wide range of factors that influence people's health and wellbeing, ranging from lifestyle choices such as smoking and physical activity to social determinants like education, housing, employment, and crime as well as environmental factors such as the house we live in, the roads we have to cross and whether we have access to public transport (see Figure 1). In Devon there are health inequalities and vulnerable individuals, groups and communities that may need more help and support. To achieve this it is important to think of health and wellbeing in its widest sense and the health map below shows that the health and wellbeing of the individual is important but this is influenced by many other factors.

To be effective action needs to be at a local level and this can only happen by empowering individuals and local communities to take responsibility and influence these areas when they can with the right support and care when needed. **In line with national requirements individual commissioning organisations will need to set out how their own annual plans will deliver the Joint Health and Wellbeing Strategy priorities.**

Figure 1: A Health Map. © Barton and Grant 2010 (based on Whitehead and Dahlgren.1991)



Promoting health equality

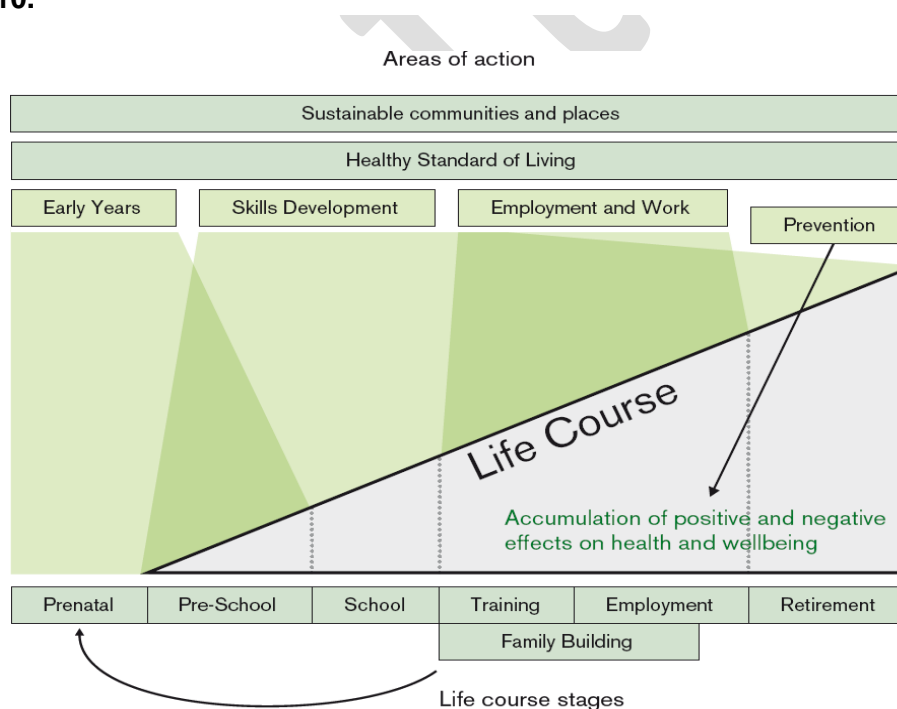
Principles

There are a set of principles which guide the work of the Devon Health and Wellbeing Board and have informed the development of the strategy which:

- Focuses on improving health and wellbeing for individuals and communities
- Ensures services are efficient and effective
- Promotes healthy lifestyles and identifies illness and/or need for support at an early stage
- Supports joint working where it makes sense to do so
- Uses evidence of what works, informed by people's views, to guide its work
- Enables improvements and progress to be measured

The Health and Wellbeing Board looked at the various stages from pre-birth to older age to understand what health issues may arise over the course of people's lives (see Figure 2). The 'life course' approach ensures the people of Devon have the best start in life, the right opportunities as they develop and start working, and enjoy healthy older age with the necessary care and support that may be needed.

Figure 2: Action Across the Life Course. The Marmot Review: Fair Society, Healthy Lives 2010.



Themes

The priorities are based around four strategic themes:

1. Early family intervention and support (encompassing issues such as the prevention of sexual and domestic violence, employment and the family as a safe environment)
2. Lifestyle interventions, and the prevention of ill health (incorporating healthy eating and exercise) and increased personal responsibility for health and wellbeing
3. Older People (including promoting independence)
4. Social Capital and the building of communities

Action will be delivered through a significant shift in resource, focus and effort to prevention and early intervention whilst developing social capital, including neighbourliness, family support and personal responsibility.

Reducing health inequalities

To deliver improvements to health and wellbeing in Devon it will be important to demonstrate progress against the two national high level public health outcomes which are:

- increased healthy life expectancy
- reduced differences in life expectancy and healthy life expectancy between communities (including differences between and within local authorities).

Whilst the Health and Social Care Act (2012) places a duty on upper tier local authorities to work to improve the health of their populations the Devon Health and Wellbeing Board is best placed to work through a genuinely collaborative approach with the Borough, District and City authorities to oversee the impact of local actions on the range of health and wellbeing outcomes and progress in relation to reducing inequalities. At the same time the Board will monitor the extent to which the two Clinical Commissioning Groups, the NHS Commissioning Board, and local authorities' plans for commissioning services are informed by the Devon JSNA and JHWS.

The Devon Shadow Health and Wellbeing Board has already stated its 'commitment to promoting health equality'. In recognition of its responsibilities under the Public Sector Equality Duty the Board has agreed that dedicated Joint Strategic Needs Assessment topic pages and an associated outcomes framework specifically for the 'Protected Characteristics' groups are produced. Within this Joint Health and Wellbeing Strategy the likely impact on health inequalities for each individual priority is described.

Sources of Evidence – The Story So Far

A lot is known about the needs of Devon residents through developing the 'Way Ahead Strategy 2008-2013' which involved wide engagement on health and care needs across Devon.

Care closer to home was important to residents and in response new services have been established to support individuals to remain at home; including complex care teams, out of hours nursing and rapid response services in all areas. Carer's services were important to residents and significant investment has resulted in new arrangements for carers support services and health and wellbeing checks. A focus on 'Being Healthy, Staying Healthy'

resulted in an accredited UNICEF breast feeding initiative including peer trainers and breast feeding co-ordinators which has resulted in an improvement in breast feeding initiation and rates, 80% of schools achieving Healthy Schools Plus status, significant investment in alcohol treatment services and improvements to stop smoking services.

Smoking prevalence has reduced from 20% in 2008 to 18.1% in 2012. Mortality rates for people under 75 for cancer, heart disease and stroke continue to fall. Mortality rates for heart disease and stroke have fallen by 18% since 2007. There are other areas where improvements have started such as mental health and dementia services with improved access to psychological therapies and improved dementia early detection and support including dementia cafes. A project to improve screening uptake for individuals with a learning disability has started and these areas remain important going forward.

New joint engagement arrangements with service users are in place which has assisted with developing the next steps to continue the improvement in health and wellbeing locally. The new Clinical Commissioning Groups are developing commissioning plans for health services based on the progress to date; building on local success and bridging gaps in services. The plans also reflect changes in patterns of disease and need for healthcare and wider support.

In Devon, the gap between the health of the best off and the worst off has narrowed, but the health of the worst off needs to improve faster for health equality to be achieved.

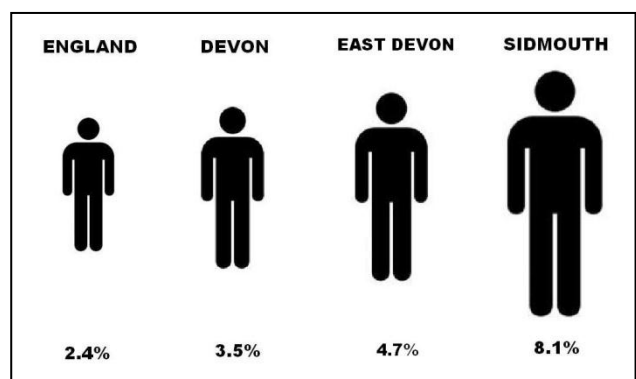
The Devon Overview

The Joint Strategic Needs Assessment (JSNA) provides a detailed picture of health and wellbeing in Devon and is available at www.devonhealthandwellbeing.org.uk/jsna

Population

Devon has an older population profile than England, with particular peaks in people aged 60 to 64 years of age, reflecting significant in-migration in these age groups, and those aged 85 years and over, reflecting an ageing population and longer life expectancy. Figure 3 illustrates the proportion of persons aged 85 and over in Devon compared with England. It will be 2027 before the proportion of older age groups in England resembles the current picture in Devon, 2035 before England resembles the oldest local authority (East Devon) and 2076 before England resembles the oldest town (Sidmouth). Whilst modest population growth is expected in those aged under 60, population growth is set to be greatest in older age groups, ranging from a 28% increase in those aged 60 to 69 over the next 25 years to a 233% increase in those aged 90 and above.

Figure 3: Scaled comparison of the 85 and over population in Devon and England, 2012



Economic and Social Conditions

Devon's position in the South West peninsula has encouraged the growth of major transport links on the eastern side of the county. The county attracts nearly six million visitors per year and the resident population is growing at over twice the national average. High levels of economic activity and relatively high employment rates sometimes mask the low productivity and low average wages within the county. Agriculture, tourism and the public sector make up a larger percentage of the Devon workforce than nationally, and the Devon economy would be more severely affected by future changes in these sectors.

Around 5% of the Devon population live in the most deprived 20% of areas nationally, including parts of Exeter, Ilfracombe, Barnstaple, Bideford, Dawlish, Dartmouth, Teignmouth, Newton Abbot and Tiverton. Deprived areas in Devon tend to be smaller and more dispersed than other areas of the South West, although the deprivation in these areas is no less severe. Around 11% of the Devon population are classed as income deprived, ranging from 33% in parts of central Ilfracombe to 1% in areas north of the University of Exeter.

Strong population growth, a low wage economy and the image of the South West as a desirable place to live have greatly increased the demand for and cost of housing in Devon. House prices are above the national average, rents are above the national average and particularly high in Exeter, and levels of homelessness in the South West are higher than any other region outside London. This has implications for health with poor housing precipitating a range of physical and mental conditions.

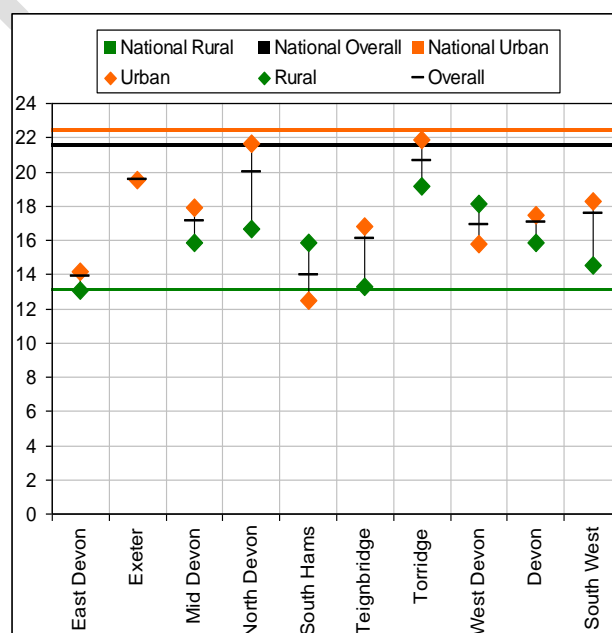
Urban and Rural Areas

Devon is the third largest rural county in England and one of the most sparsely populated. 'Coastal and countryside' is the dominant ONS cluster in the county.

Devon is not commonly perceived as a deprived area, but a further analysis reveals relatively high levels of rural deprivation in the county.

Figure 4 presents overall, urban and rural deprivation scores for the 2010 Index of Multiple Deprivation. This reveals that Devon has higher levels of rural deprivation than the national average and lower levels of urban deprivation. Issues include social isolation, a low wage economy, high housing and living costs and greater distance from services. Areas of Torridge and West Devon are most severely affected.

Figure 4: Index of Multiple Deprivation scores by Local Authority District, Urban and Rural Scores, 2010



Children and Young People – Getting the Best Start

There are over 7,000 births in Devon each year, and birth rates have increased for women in their 30s and 40s. Factors affecting the life chances of children occur before a child is even born. Poor nutrition, smoking and substance misuse during pregnancy can have a major impact on birth weight and the health of the child. Breastfeeding rates in England remain amongst the lowest in Europe. Childhood immunisation uptake rates vary considerably across the county, and are highest in East Devon and Exeter, and lowest in Ilfracombe, Totnes, Dartmouth, Ashburton and Buckfastleigh. Low immunisation rates are associated with a greatly increased likelihood of outbreaks of infectious diseases. Teenage conception rates in Devon are significantly below the national average, there is great variation within the county, reflecting the four fold difference seen nationally between rates in the most and least deprived areas.

Life expectancy at birth in Devon is above the national average, standing at 79.7 years for males and 83.6 for females compared with 78.1 and 82.2 nationally. The gap in life expectancy between the most and least deprived communities, as measured by the slope index of inequality (SII), is the fourth smallest in the country for males (5.1 years compared to 8.8 years nationally), and the seventh smallest for females (2.5 years compared to 5.9 years nationally). In part, this is because Devon has very few areas at the extremes and therefore does not contain the stark socio-economic inequalities seen in other areas across the country. However, if we look at the differences between individual communities we find much greater inequalities, such as the 13.7 year gap between the ward with shortest life expectancy (Ilfracombe Central at 74.7 years) and the longest (Chagford at 88.4 years), revealing the impact that an individual's start in life can have on their long term health.

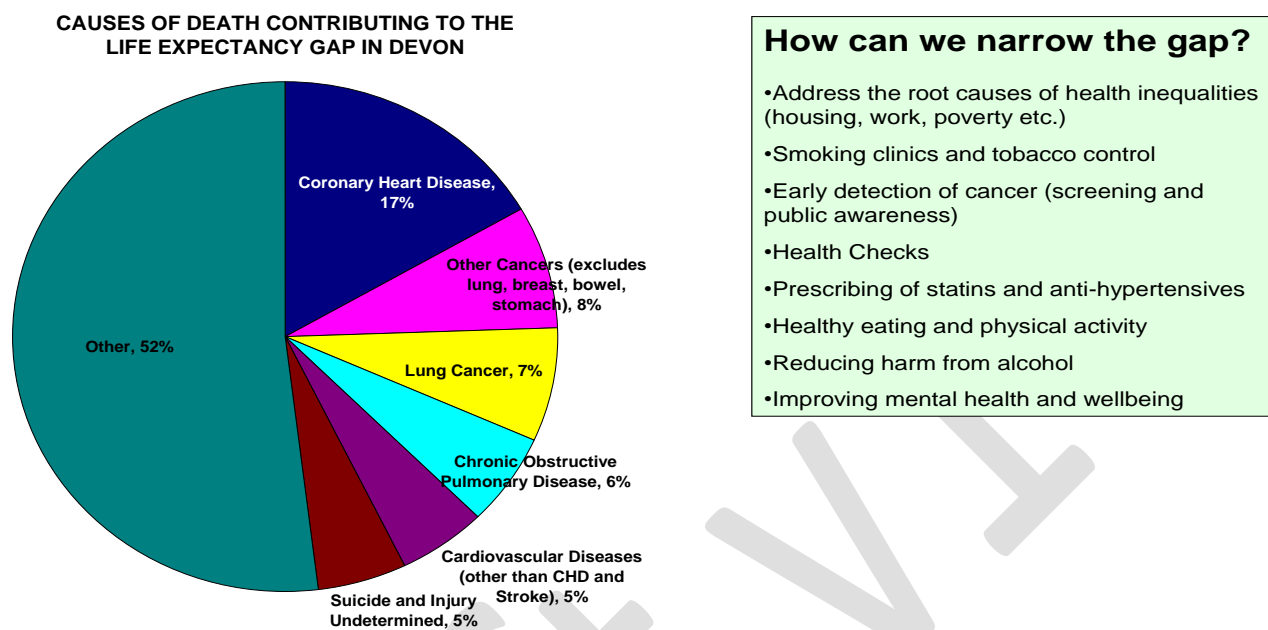
Adults – Getting the Balance Right

Many behaviours that can influence adult health first emerge during childhood and early adulthood, with smoking, diet, alcohol use, exercise, stress and sexual behaviour all having a strong influence on current and future health. The early detection of serious illness and long-term health conditions is vital in minimising future harm, and access and good uptake of health checks and screening is important. There were 8,059 deaths in Devon in 2010, of which 2,121 were below the age of 75. Premature mortality is more likely in more deprived areas, along with poorer uptake of screening and health checks. Figure 5 highlights that a large proportion of these deaths relate to a small number of conditions. It is also evident, as highlighted in the box in Figure 5, that many of these deaths are preventable through improved detection of disease and encouraging and supporting healthy lifestyles.

Older People – Ageing Well

The need to access health and care services increases rapidly with age, with the rate of emergency admission to hospital six times higher in those aged 85 and over, compared to those aged 60 to 64. Life expectancy has increased over recent years, and whilst people are living longer and healthier lives, the ageing population will further increase demand for health and care services, and will present many challenges for how care is delivered in future.

Figure 5: Causes of Death contributing to the Life Expectancy Gap in Devon and Interventions to narrow the gap between the most and least deprived communities, 2010



The number of people living with dementia is set to increase from around 12,800 in 2011 to 20,300 in 2030. Many older people live on low incomes, with households aged 75 and over three times more likely to experience fuel poverty than households with young children. Social divisions continue to influence health into old age, with life expectancy at age 65 ranging from 16.0 years in the St James ward in Exeter to 25.6 years in Otterhead, East Devon.

Full JSNA Devon Overview: www.devonhealthandwellbeing.org.uk/jsna/overview

Health and Wellbeing Priorities

The health and wellbeing priorities have been selected to provide a number of high-level evidence-based priorities which are a challenge to resolve and span organisational responsibilities. The Joint Strategic Needs Assessment provided the evidence for the priorities and consultation with partners, the public and specific user groups has shown that the priorities were also important to Devon communities.

The stakeholder conference supported the chosen priority areas but highlighted social capital and mental health as important areas. A number of themes emerged including a focus on family, healthy lifestyles, older people's independence and social capital and building communities. Whilst priorities span the theme areas and some priorities are issues at each stage of the lifecourse they have been grouped to support delivery. The wider consultation and engagement received a good number and range of responses and overall support that all the priorities were a very high or high priority. Dementia, carers and education outcomes were ranked highest for individual and organisational responses. The

consultation highlighted the absence of mental health and emotional health and wellbeing as a priority area. A detailed report on the consultation is available on the health and wellbeing pages or on request. To reflect the feedback the priorities have been grouped and mental health and emotional health and wellbeing has been included as a priority area. Some comments from responders are included in the strategy.

Based on the evidence and progress made on the priorities they will be reviewed and refreshed annually.

Priority One: A Focus on Families

This priority focuses on giving children the best possible start in life, with early family intervention and support where needed. This includes families needing targeted support, teenage health, issues around under achievement/low aspirations pre-school and at primary/secondary transition.

Evidence available relating to this priority includes:

- JSNA Devon Overview: www.devonhealthandwellbeing.org.uk/jsna/overview
- Safeguarding Children JSNA: <http://www.devonhealthandwellbeing.org.uk/health-and-wellbeing/groups/safeguardingchildren/>
- Domestic and Sexual Violence and Abuse JSNA: <http://www.devonhealthandwellbeing.org.uk/health-and-wellbeing/groups/dv/>
- Annual Public Health Report 2008-09: www.devonhealthandwellbeing.org.uk/aphr/

1.1 Poverty

Why is it an issue?

Poverty plays a critical role in shaping the life chances of children and will have an impact throughout people's lives and contributes to variations in ill health and the gap in life expectancy across Devon. Whilst addressing the immediate financial concerns for many families it is also important to build the life chances of children by increasing opportunity, supporting families and raising aspiration.

What is the position in Devon?

The 2010 Indices of Deprivation shows a 20 fold difference in levels of income deprivation affecting children between the 10 highest areas in Devon (40% plus in parts of Exeter, Ilfracombe, Teignmouth and Barnstaple) and the 10 lowest areas (2% in affluent areas). One in 10 children in Devon are living in poverty.

What is the evidence of effective interventions?

Strong evidence of effective interventions to reduce child and family poverty have been hard to establish as reducing poverty requires a long term approach to have an impact on health and wellbeing. There is an unequal distribution of resources across families in terms of wealth, living conditions, levels of education, supportive family and community networks, social capital and parenting skills with poor associated health outcomes. A number of

approaches have been developed in Devon based on the available evidence including; supporting families to achieve financial independence, supporting family life and children's life chances, the role of place and transforming lives and improving educational outcomes. The place based 'Quids for Kids' project raised an average increase in benefits for each family of £5,000 since 2005.

1.2 Targeted Family Support

Why is it an issue?

Of the £9 billion currently spent on troubled families nationally, £8 billion is spent on reacting to, rather than preventing their problems.

What is the position in Devon?

In Devon, 1370 families have been identified which are particularly affected by problems such as low school attendance, youth crime and anti-social behaviour and unemployment. Child Protection Plans in Devon reveal a pattern of multiple and complex needs, with mental problems, domestic violence, offending and substance misuse figuring prominently.

What is the evidence of effective interventions?

There have been a number of initiatives designed to address the needs of the most vulnerable families. The challenge set by the Government in 2011 is to develop new ways of working which focus on lasting change and turn around the lives of the identified families to get the adults into work, children into school and cut crime and anti-social behaviour whilst cutting overall costs to the public purse. The project links to other important areas such as welfare reform and the development of family recovery approaches to alcohol and substance misuse.

“Although a relatively small population, the move from curative to preventive support techniques is a very important channel shift to make...”

1.3 Domestic and Sexual Violence and Abuse

Why is it an issue?

Domestic and sexual violence and abuse has the highest repeat victimisation of any crime, and can have a major impact on the physical and emotional health of adults and children.

What is the position in Devon?

It is estimated that there 22,000 victims of domestic violence in Devon each year, with 6,000 victims of sexual assault (often perpetrated by a partner). Last year police in Devon attended an average of one domestic violence incident every hour (8,798 incidents in 2010-11).

What is the evidence of effective interventions?

It is essential to address domestic and sexual violence and abuse from a life course perspective. This approach explicitly acknowledges the impact of early abuse on later risk, the implications of abuse on the whole family and the value of primary prevention of abuse. Analysis of the multi-agency safeguarding hub found that the neediest families had three out of four risk factors including; substance/alcohol misuse, mental health, domestic violence

and sexual abuse in the family. There are a range of services needed including acute services through to universal services for all children. There is a need to understand and support the needs of young people in transition and services to support them. The topic pages provide the evidence base for the services provided. In 2010-11 specialist services for families reached 3,000 men women and children in Devon.

1.4 Pre-School Education Outcomes

Why is it an issue?

Levels of educational and emotional development in Devon at school entry are lower than the national average, and further work is needed to understand and address this.

What is the position in Devon?

The latest published results for the 2010-11 academic year indicate that whilst 83% of children nationally and 83% of children in the South West had a score indicating good emotional wellbeing, this figure was lower in Devon at 79%. In Devon there are approximately 37,000 children under five years.

What is the evidence of effective interventions?

A child's physical, social and cognitive development during the early years strongly influences their school-readiness and educational attainment, economic participation and health. A 'Call to Action 2011-2015' will ensure an increase in health visitor capacity to support early years and Devon has a network of Children's Centres and family support services including parenting programmes. The Board need to monitor the impact on equity of services for all children in Devon with a focus on those in greatest need. Maternal health, including stress, diet, drug, alcohol and tobacco use during pregnancy has significant influence on foetal and early brain development.

"All the evidence is that if we get things right for young children and their parents at this early age, there is a life-time health benefit for individuals and communities."

1.5 Education Outcomes and Skills

Why is it an issue?

Access to high quality early education opportunities, school standards and post-16 education play an important part in giving children and young people the chance to fulfil their potential.

What is the position in Devon?

58.0% of children in Devon achieved five or more GCSEs including Maths and English in 2010-11, which is below the national average (58.3%), and ranges from 40.6% in Bideford to 73.0% in Ottery St Mary. Girls (62.9%) also outperformed boys (53.1%) in Devon.

"There is a link between poor education, deprivation and health inequality, which can be eroded by better access to education opportunities."

What is the evidence of effective interventions?

There is a strong relationship between the level of deprivation in an area and educational attainment. There is also evidence that higher educational attainment is associated with healthier behaviour. Rates of unemployment are highest amongst those with no or few qualifications and skills. Rates are also higher in people with disabilities, mental ill health, those with caring responsibilities, lone parents, those from some ethnic groups, older workers and young people. Education outcomes and skills are important to break the cycle of low-paid, poor quality work and unemployment and reduce both the short and long-term effect on health.

1.6 Transition

Why is it an issue?

The age of transition from 'child' to 'adult' status and eligibility to receive services varies across services locally and nationally, meaning that support can be inconsistent and discontinued in some cases.

What is the position in Devon?

Whilst transition protocols exist, such as the protocol for transition from child to adult mental health services, planning for transitions between different types of services and for those with multiple vulnerabilities needs to be improved.

What is the evidence of effective interventions?

Based on evidence work has been undertaken in Devon to improve transition between schools particularly in rural areas and for alcohol misuse services and domestic and sexual violence and abuse services there is a need to make further improvements particularly for children leaving care. The Department for Education has issued Statutory Guidance to improve young people's wellbeing with a focus on equality of access for all young people to the positive, preventive and early help they need.

“The lack of support during this period can have negative impact on both the individual and the community.”

Our focus for Priority One is to:

- Develop ways to support families effected by welfare reform to promote financial independence
- Develop a place based approach to helping families focussing on areas of disadvantage
- Improve pre-school and educational attainment and support individuals through transition in all service areas
- Reduce domestic and sexual violence and abuse and ensure adequate support is in place

Priority Two: Healthy Lifestyle Choices

This priority focuses on supporting people to take responsibility for their own health and the health of their family and people in their care, by helping them to address aspects of their lifestyle which are likely to be detrimental to their current and future health.

Evidence available relating to this priority includes:

- JSNA Devon Overview: www.devonhealthandwellbeing.org.uk/jsna/overview
- Annual Public Health Reports: www.devonhealthandwellbeing.org.uk/aphr
- Sexual Health Needs Assessment:
www.devonhealthandwellbeing.org.uk/library/health-needs-assessments
- Healthy Weight Strategy: www.devonhealthandwellbeing.org.uk/library/strategies
- Smoking Topic Page:
www.devonhealthandwellbeing.org.uk/health-and-wellbeing/lifestyles/smoking

2.1 Alcohol misuse

Why is it an issue?

Alcohol misuse in Devon contributes to increased hospital admissions, early mortality, crime and disorder, domestic violence and health and social inequalities.

What is the position in Devon?

There are currently an estimated 118,600 adults in Devon at increased risk of harm from alcohol due to regularly drinking more than recommended limits, and 25,800 whose current alcohol use is likely to have an adverse impact on their current health. People living in the most deprived areas in Devon are almost four times more likely to be admitted to hospital for alcohol specific conditions than those in the least deprived areas.

“Besides the increase in chronic liver disease in the population, the increasing and excessive consumption of alcohol has great detrimental impact in many other aspects of society.”

What is the evidence of effective interventions?

The alcohol treatment model commissioned in Devon is evidence based and has resulted in a reduction in the increasing rate of alcohol related hospital admissions. There is evidence of the effectiveness of peer led recovery and the model is being piloted in Devon and will include working with families in need of targeted support. There is evidence of the effectiveness of brief interventions in a range of settings including primary care and community based settings. In Devon there is a focus on working with individuals at risk of further hospital admissions through hospital liaison nurses and community outreach staff this model has a current focus in North and South Devon. There is some evidence for targeted night time economy work.

2.2 Contraception and Sexual Health

Why is it an issue?

Sexual ill health presents a significant cost to the public purse as well as to the individual. Consequences range from brief episodes of discomfort and embarrassment to serious long-term disability and illness, infertility and in some cases death. Sexual ill health and unintended teenage pregnancies are strongly linked with deprivation and health inequality.

What is the position in Devon?

Whilst diagnosis rates for chlamydia, gonorrhoea, syphilis, herpes and warts is lower than both regional and national rates, variation in rates can however be seen across Devon with the highest rates of all sexually transmitted diseases seen in Exeter and Barnstaple. The highest teenage conception rates are seen in parts of Exeter. Rates in Teignbridge have been increasing year on year, and the latest data (2009) puts the rate just above the national average.

“There is a strong correlation between sexual health & unintended pregnancy and deprivation/health inequality.”

What is the evidence of effective interventions?

The Sexual Health Needs Assessment for Devon provided the evidence base for accessible integrated sexual health services in Devon. The strongest evidence of impact on teenage conception rates is for comprehensive information, advice and support from parents, schools and other professionals and access to young people friendly contraception and sexual health services. Priority groups for sexual health services include men who have sex with men, people who have visited areas of high HIV prevalence, vulnerable young people from disadvantaged backgrounds, who are in or leaving care or who have low educational attainment. Risky behaviour is associated with misuse of alcohol or substances, early onset of sexual activity and unprotected sex and frequent change/multiple partners. There is a need for further evidence of how well services are meeting the needs of users. The sexual health needs assessments identify priorities for action.

2.3 Screening

Why is it an issue?

Access and use of screening services for cancer and other conditions varies across Devon, with lower levels in some areas and groups, including persons with learning disabilities.

What is the position in Devon?

Uptake of cervical screening (82.2%) and breast screening (80.6%) in Devon are above the national average, but there is also considerable variation within the county, with cervical screening rates by GP practice ranging from 71% to 91%, with low uptake in deprived areas. Uptake of screening amongst adults with learning difficulties is also low at around 30-40%.

What is the evidence of effective interventions?

Screening programmes will only be implemented when there is strong scientific evidence for the programme based on the condition, the test, the treatment options and effectiveness and

acceptability of the programme. To address health inequalities screening programmes must be effective at targeting vulnerable groups and communities.

2.4 Physical Activity, Healthy Eating and Smoking Cessation

Why is it an issue?

These lifestyle factors are associated with increased risk of ill health and developing long term conditions with increasing health and social care costs, work to promote healthier lifestyles can improve healthy life expectancy.

What is the position in Devon?

In Devon, 18.1% of adults smoke (113,100), with rates higher in deprived areas and people working in routine and manual occupations. 70% of the prison population smoke. 24.1% of adults are obese (150,600), 16% of 10 to 11 year olds are obese, and only 30.9% are eating enough fruit and vegetables. 13.3% of adults regularly participate in sports or active recreation (including walking and cycling).

What is the evidence of effective interventions?

Physical activity helps people maintain full and independent lives, improves social cohesion, and can help reduce falls, osteoporosis and demand on health and social care services. Children from lower socio-economic groups and some black and ethnic minority groups do less sport and exercise than those from higher socio-economic groups. Community based interventions to promote healthy eating such as whole school approaches and cooking skills have been shown to be effective. NHS Stop Smoking Services are highly effective both in cost and clinical terms. To be effective tobacco control work needs to reduce uptake and prevalence of smoking and reduce exposure to second hand smoke.

2.5 High Blood Pressure (Hypertension)

Why is it an issue?

Improving the early identification and treatment of high blood pressure would reduce the risk of ill health and death through heart disease, stroke and other conditions.

What is the position in Devon?

Of the 216,000 people thought to be affected by high blood pressure in Devon, only 53% are known to their GP practice and receiving treatment. This percentage varies from 49% in the most deprived areas to 57% in the least deprived areas, highlighting higher levels of risk factors and greater reluctance to seek medical support in more deprived areas. Anti-hypertensive drugs account for approximately 15% of the primary care prescribing budget.

What is the evidence of effective interventions?

All people with high blood pressure should have lifestyle interventions including advice on healthy eating, increasing physical activity, reducing excessive alcohol consumption and intake of caffeine products, reducing salt intake and providing support to stop smoking and when clinically appropriate anti-hypertensive drugs should be used. The challenge in Devon is to identify individuals at risk who do not seek medical attention, nationally research is being undertaken to evaluate the effectiveness of health check programmes in identifying

and supporting individuals at risk of cardiovascular disease including those with high blood pressure.

Our focus for Priority Two is to:

- Increase the engagement of and the capacity within people and communities to take responsibility for their own health
- Ensure that the growth in alcohol-related admissions remains below the national average
- Offer an accessible range of sexual health services to all residents and specific groups and ensure service for young people are 'young person friendly' and support a reduction of teenage pregnancies
- Ensure screening programmes target areas with poor coverage including learning disability and cervical screening in deprived areas
- Reduce the number of people who smoke and discourage young people from starting
- Increase the number of adults and children who are a healthy weight by encouraging healthy eating and physical activity

Priority Three: Independence in Older Age

This priority is focused on enabling older people to live longer and healthier lives, including supporting people with dementia and the challenge of helping older people to live independently. This section considers carers as the largest proportion of carers in Devon care for people over 65 but it is recognised that carers of all ages are a priority.

Evidence available relating to this priority includes:

- JSNA Devon Overview: www.devonhealthandwellbeing.org.uk/jsna/overview
- Older People Profiles: www.devonhealthandwellbeing.org.uk/jsna/profiles
- Annual Public Health Report 2010-11: www.devonhealthandwellbeing.org.uk/aphr
- Devon Prevention Strategy: www.devonhealthandwellbeing.org.uk/strategies

3.1 Falls

Why is it an issue?

The risk of an accidental fall increases rapidly with age, and higher levels are evident in people living alone, people with existing medical conditions, and people living in more deprived areas. Older housing stock compounds the risk as highlighted by the inclusion of four falls hazards in the Housing Health and Safety Rating System inspection criteria.

What is the position in Devon?

In Devon the number of people aged 65 and over suffering at least one fall in the last 12 months is predicted to increase from 46,700 in 2011 to 74,500 in 2030. Around 7,000 hospital admissions relate to accidental falls in Devon, costing the NHS over £18 million per year, and contributing to increased social care costs and reduced mobility.

What is the evidence of effective interventions?

Falls prevention involves interventions intended to reduce falls and fall-related harm. Evidence identifies four main objectives: improving patient outcomes and improve efficiency of care after hip fractures; responding to a first fracture and prevent the second; early intervention to restore independence; and preventing frailty, promoting bone health and reducing accidents. Post-menopausal women with a previous or new fracture are a priority group. These women make up only 14% of the population of older women but account for 50% of hip fractures. Falls hazards can be mitigated through inspection and improvement of housing stock.

3.2 Dementia

Why is it an issue?

The term 'dementia' describes a set of symptoms that include loss of memory, mood changes, and problems with communication and reasoning.

What is the position in Devon?

Dementia prevalence increases with age, from around 1 in 100 people at the age of 65 to 1 in 3 at the age of 95. In Devon, the number of people living with dementia is predicted to increase from 12,800 in 2011 to 20,300 in 2030. Around 34% of the population estimated to have dementia in Devon are on a GP dementia register, compared with 39% nationally.

What is the evidence of effective interventions?

Our joint approach is based on the objectives of the National Dementia Strategy (2009) and the Prime Ministers Challenge on Dementia. Increasing early diagnosis is important in Devon. Improvements to dementia services are required in three areas;

- Improved awareness
- Earlier diagnosis and intervention
- Higher quality of care

3.3 Carers Support

Why is it an issue?

The physical and emotional health and wellbeing of carers declines more rapidly than those without caring responsibilities.

What is the position in Devon?

Around one in nine people in Devon are unpaid carers with the highest proportions in older age groups. Current estimates suggest around 81,000 provide unpaid care in Devon. Hours

spend on caring duties increase rapidly with age, with around half of those aged 85 and over providing unpaid care spending 50 or more hours a week doing so.

What is the evidence of effective interventions?

The Devon Carers Strategy 2009-2019 has identified a number of evidence based interventions. The carers health needs assessment recommended that carers support should be particularly targeted at carers who are caring for more than 50 hours per week, over the age of 65, caring for someone with a deteriorating physical condition or with mental health problems, making the transition from caring for a child in transition to adulthood and caring for someone at the end of their life. There are currently joint commissioning arrangements in place for carer's services and a support and engagement contract which was awarded in 2011.

Our focus for Priority Three is to:

- Reduce the number of falls and fractures in older people
- Raise awareness of dementia in communities and continue to improve services and diagnosis
- Identify hidden carers and promote and improve the range a support on offer

Priority Four: Social Capital and Building Communities

This priority involves improving health and wellbeing by developing social capital, including neighbourliness, family support and personal responsibility. Social capital can be defined as the "glue" that holds communities together and is a combination of civic engagement, neighbourliness (reciprocity and trust in neighbours), social networks (friends and relatives), social support (preventing loneliness) and perceptions of the local area (Office for National Statistics 2008).

The priorities reflect some areas and population groups requiring particular attention and where progress may have been slower, in other areas the Board do not yet have the complete picture so need to undertake more detailed health needs assessments for example, veterans and mental health.

Evidence available relating to this priority includes:

- JSNA Devon Overview: www.devonhealthandwellbeing.org.uk/jsna/overview
- Rural Health Strategy: www.devonhealthandwellbeing.org.uk/library/strategies
- Commissioning to create social capital and social value: www.devonhealthandwellbeing.org.uk/library/strategies
- Housing Topic Page: www.devonhealthandwellbeing.org.uk/health-and-wellbeing/determinants/housing
- Devon Prevention Strategy: www.devonhealthandwellbeing.org.uk/strategies
- Devon Prisons Health Needs Assessment:

4.1 Mental Health and Emotional Health and Wellbeing

Why is it an issue?

Most people will come into contact with mental health issues during their lifetime, and one in four will have personal experience of a mental health problem. The 'invisibility' of mental illness means that many do not receive the support and treatment that could help them.

What is the position in Devon?

At present, around 83,000 adults in Devon have a neurotic disorder. Around 2,200 people from Devon attend an accident and emergency department due to self-harm each year, and 1,400 admitted to a hospital bed. There are around 70 suicides per year in Devon.

What is the evidence of effective interventions?

Devon has produced a Mental Health and Wellbeing Promotion Strategy which has adopted the life course approach. Some people and groups are more at risk of common mental health problems often as a result of the social, economic or environmental circumstances in which they find themselves. Therefore early identification and supportive intervention, across a range of services and initiatives, will help provide stability and negate the need for further more intensive health care and treatment. The Suicide Prevention Strategy is due for a refresh following publication of the national suicide prevention strategy in 2012.

4.2 Living Environments

Why is it an issue?

The home environment plays a significant role in physical and emotional health and wellbeing, which can be addressed through a focus on safety in the home and supporting vulnerable residents. There is a link between cold homes and an increased propensity for falls.

What is the position in Devon?

The 2010 national Indices of Deprivation highlighted that housing conditions in Devon are generally poorer than the national average. The housing stock in Devon is generally older than nationally and many households lack basic amenities. Around 60% of admissions to hospital for an accidental injury related to an injury which occurred in the home. Fuel poverty in Devon is above the national average, with 1 in 5 rural households classed as fuel poor in the county.

What is the evidence of effective interventions?

Improving heating, thermal insulation and removing dampness from homes can improve the general and respiratory health of children and cardiovascular, respiratory, rheumatoid and mental health in the population. Reducing housing defects can reduce health hazards which occur in the home through disrepair, fire hazards and excess cold. Interventions need to target the most vulnerable populations in the poorest housing with a focus on deprived areas, rough sleepers and the homeless.

4.3 Housing

Why is it an issue?

The age, condition and high cost of housing in Devon have a number of health consequences relating to overcrowding, fuel poverty and excessive cold, respiratory problems and emotional wellbeing. Poor housing has an impact on the health outcomes for children and older people in particular, including psychological distress and mental disorders, with people in crowded conditions tending to suffer from multiple deprivation

What is the position in Devon?

The availability of housing in Devon is worse than the national average, with average house prices 10 times average salaries. Vulnerable households account for just under a fifth of the population living in private rented housing in Devon. There was a 25% increase in the number of rough sleepers in Devon from autumn 2010 to autumn 2011. Over 2,000 households in Devon registered for social housing with a child under five years are living in an overcrowded situation.

What is the evidence of effective interventions?

A number of initiatives are currently in place to address affordability and volume of housing including extra care housing, domestic violence support schemes and initiatives to provide adaptations to enable people to stay in their homes for longer and address overcrowding. The use of personalised budgets for rough sleepers has been shown to enable long term rough sleepers to come off the streets and plan for the future. The future challenge relates to a lack of funding programmes, in the form of grants or loans, for owners to improve the existing housing stock alongside a reduction in housing development, impacting on the future supply of affordable housing.

4.4 Social Isolation

Why is it an issue?

A combination of an ageing population, higher levels of rural deprivation compared to the national average, and greater distance from health and social care services and amenities contribute to higher levels of social isolation in Devon, and a focus on social support and improving access to services can help to address this. These issues may be compounded for people, particularly older people, with physical and/or sensory disability.

What is the position in Devon?

28.8% of the Devon population live in rural areas compared with 9.5% nationally. A higher proportion of the Devon population live alone (16.6% compared with 14.4% nationally). The Devon 'Community Life Choices' consultation found that for some people limited by disability, frailty or ill health accessing social activities becomes difficult if not impossible resulting in loneliness, isolation, feeling of low self worth and poor mental and physical health. A wider range of choices are wanted by service users with a move from traditional service provision, with flexibility in day services to enhance community participation and to support people to be independent.

“The rural nature of Devon and poor public transport makes isolation a particular problem for people who are unable to drive.”

What is the evidence of effective interventions?

Social capital can be created by enabling and empowering communities through community led planning, volunteering, supporting social enterprise and the voluntary and community sector and through the civic behaviour of business. It is important that social isolation is addressed for all ages. The guidance on improving the well-being of young promotes taking action to connect young people with their communities; supporting volunteering and a sense of belonging; mixing safely with peers and enjoying spending time with older people. The Localism Act sets out a series of measures with the potential to achieve a substantial and lasting shift in power towards local people. Including: new freedoms and flexibilities for local government; new rights and powers for communities and individuals; reform to make the planning system more democratic and more effective, and reform to ensure that decisions about housing are taken locally.

4.5 Offender Health

Why is it an issue?

Offenders and ex-offenders are more likely to have acute health needs, including in mental health and/or substance misuse problems and social care needs. Partnership work to address these needs is important to reduce both reoffending and health inequalities.

What is the position in Devon?

The average population of the three prisons in Devon is around 2,000. A survey of health visitor caseloads in 2011/12 revealed parental offending to be the most commonly associated with of complex risk factors in families.

What is the evidence of effective interventions?

The Devon Prisoner Health Needs Assessment provided a robust evaluation of the needs of offenders in prison in Devon including lifestyle factors. 70% of Devon prisoners smoke compared to 18.1% in the general population and interventions are in place to support smokers to quit and provide a range of lifestyle support services; including health checks for offenders aged 40-74. The needs assessment recognises the impact of an ageing prison population and there is a need for a better understanding of social care needs following resettlement in the community. A health needs assessment is being undertaken for people in police custody and further work on offenders and ex-offenders in the community.

Our focus for Priority Four is to:

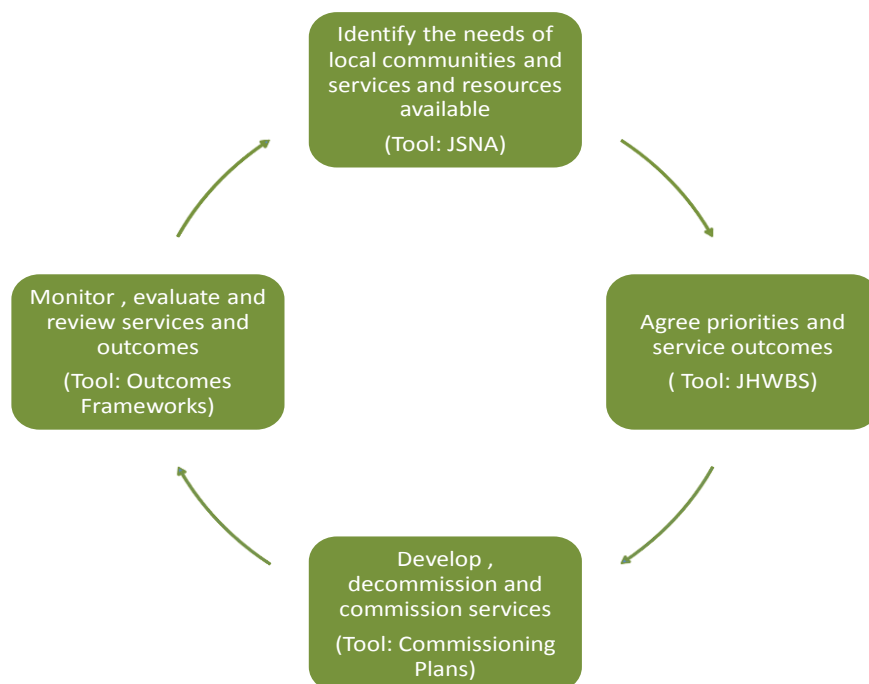
- Build on the strengths in our communities and promote social cohesion and support for vulnerable groups and individuals
- Carry out a Health Needs Assessment for mental health to better understand future commissioning needs

- Target the most vulnerable individuals for fuel poverty and housing interventions
- Take effective action to address homelessness and improve the quality of the housing stock across Devon
- Ensure the health needs of offenders in institutional settings and the community remain a priority

Measuring Progress

It is important to make sure the work undertaken in response to the strategy makes a difference and has an impact on the local priorities. The outcomes of importance to Devon have been selected and will be used to track measurable improvements in health and wellbeing and inform commissioning for health and social care and wider local authority services. Figure 6 outlines the commissioning cycle which demonstrates that the work is ongoing and as improvements are made and evidence of better ways of working become available the priorities will change.

Figure 6: The Commissioning Cycle for Health and Wellbeing in Devon. (Based on Local Government Association and Department of Health Guidance 2012)



Work will be undertaken to cross-reference the priorities with the relevant three outcomes frameworks for the NHS, Adult Social Care and Public Health (see Table 1). **In 2013/14**

there will be a focus on some specific areas but monitoring will continue across all of the priorities.

Table 1: Domains within NHS, Adult Social Care and Public Health Outcomes Framework

NHS Outcomes 2012/13	Adult Social Care Outcomes 2011-12	Public Health Outcomes 2013-2016
Preventing people from dying early Enhancing quality of life for people with long term conditions Helping people to recover from episodes of ill health or following injury Ensuring people have a positive experience of care Treating and caring for people in a safe environment and protecting them from avoidable harm	Enhancing quality of life for people with care and support needs Delaying and reducing the need for care and support Ensuring people have a positive experience of care and support Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm	Improving the wider determinants of health Health improvement Health protection Healthcare public health and preventing premature mortality

A Summary of Priorities

The Board want to achieve improvement to the health and wellbeing of all residents in Devon. However to achieve health equality it will be necessary to provide a focus on some local communities and groups in Devon to improve the health and wellbeing in these areas and for these groups more quickly to address their health gap.

To improve healthy life expectancy the Board have committed to prevention and early intervention as well as effective and quality health and social care and treatment. The focus for collective action in 2013/14 have been summarised in Figure 7.

Figure 7: Priorities for 2013/14 - A Summary

