



# **East Devon Public Health Strategy**

**2024 – 2027:**

**Evidence-base for our  
priorities**

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## Purpose of this report: definition of health, and what we mean by the evidence base

The World Health Organisation [WHO] Constitution defines health as *“a state of complete physical, mental and social wellbeing, not merely the absence of disease or infirmity.”*

Evidence-based practice is about improving our decision-making by using clear, well-researched and evidenced justifications for why we do things. It requires us to look at and critically consider the evidence and data about an issue rather than using personal subjective opinions or ‘gut feelings’. Good data is at the heart of decision making and plays a key part in informing our Strategy. The purpose of this report is to summarise some of the key data we have considered.

## Background: why we have a Public Health Strategy

As the Chief Medical Officer Professor Sir Chris Whitty said in his Annual Report for 2023 (Gov.UK 2023):

“People are living longer; this is a triumph of medicine and public health. It is something to celebrate, but alongside this we have a responsibility in medicine, government and wider society to plan to ensure that older age is as healthy, independent and enjoyable as possible into the future. Many people in older age live with multiple conditions. Improving the quality of life can broadly be divided into 1) things which reduce disability and ill health, and 2) things which can be done to adapt the environment to allow an individual to live as independent and enjoyable a life as possible in older age. We must do both.”

Chris Whitty also observed that:

“The geography of older age in England is already highly skewed away from large urban areas towards more rural, coastal and other peripheral areas, and will become more so. Efforts to achieve shorter periods in ill health and an easier environment for those with disabilities, should concentrate on areas of the country where the need is going to be greatest.”

At East Devon we respect equality and diversity and we believe that every resident has the right to good health and wellbeing - enabling them to lead full lives and contribute fully to their families and communities. Health inequalities are not caused by one single issue, but a complex mix of environmental and social factors. Our council activities positively influence many wider health determinants, such as housing, education, the environment, economic growth, and skills. To reduce health inequalities, we must prioritise those groups and/or communities that are most in need.

### Health inequalities

More than 1 million people in England died prematurely in the decade after 2011. For the first time in more than 100 years life expectancy has failed to increase across the country, and for the poorest 10% of women it has actually declined. Over the last decade health inequalities widened overall, and the amount of time people spend in poor health has increased since 2010. The *Marmot Review 10 Years On* confirms an increase in the north/south health gap, where the largest decreases were seen in the most deprived 10% of neighbourhoods in the North East, and the largest increases in the least deprived 10% of neighbourhoods in London. (Marmot, Feb 2020)

The health impacts of deprivation are far-reaching. For instance, the prevalence of reception-aged children living with obesity in England during 2021-22 was over twice as high in the most deprived areas (13.6%) than in the least deprived areas (6.2%). (NHS Digital, 2022).

## Overview of our district

Devon is the third largest county in England. The county council area has around 800,000 residents, with a higher proportion of older people than the national average. It is also one of the most sparsely populated counties, with few large settlements and a dispersed rural population.

East Devon's catchment area covers 314 square miles, and serves a resident population of around 150,800 plus numerous summer visitors. ONS Census data shows that the population of East Devon increased by 13.9% from just under 132,500 in 2011 to around 150,800 in 2021. Population growth was higher in East Devon than across the South West.

About 17% of East Devon's population are aged between 0 and 16, about 52% aged between 18 and 64, and around 30% of the population are aged 65 and over. The population is diverse in age-distribution: for example Cranbrook has a young population while Budleigh has unusually high numbers of centenarians, with 7% of the population aged 85 and over. [ONS Census data 2021].

Devon has an ageing and growing population with proportionately more older people compared to England. On average, life expectancy at 65 years for male and females in Devon is 20 and 22 years. Just under half of those years are spent in poorer health. A third of the county is classified as rural which presents challenges around accessing services and isolation contributing to poorer health (DCC 2023).

Further details of our district are summarised in [Knowing East Devon - East Devon](#) and [Appendix 1](#).

## Context for our choice of priorities

The ONS Health Index (ONS 06.06.23) provides a helpful strategic structure split into three domains:

- Healthy People - focusing on health outcomes.
- Healthy Lives - focusing on health-related behaviours and personal circumstances.
- Healthy Places - focusing on wider determinants of health, environmental factors.

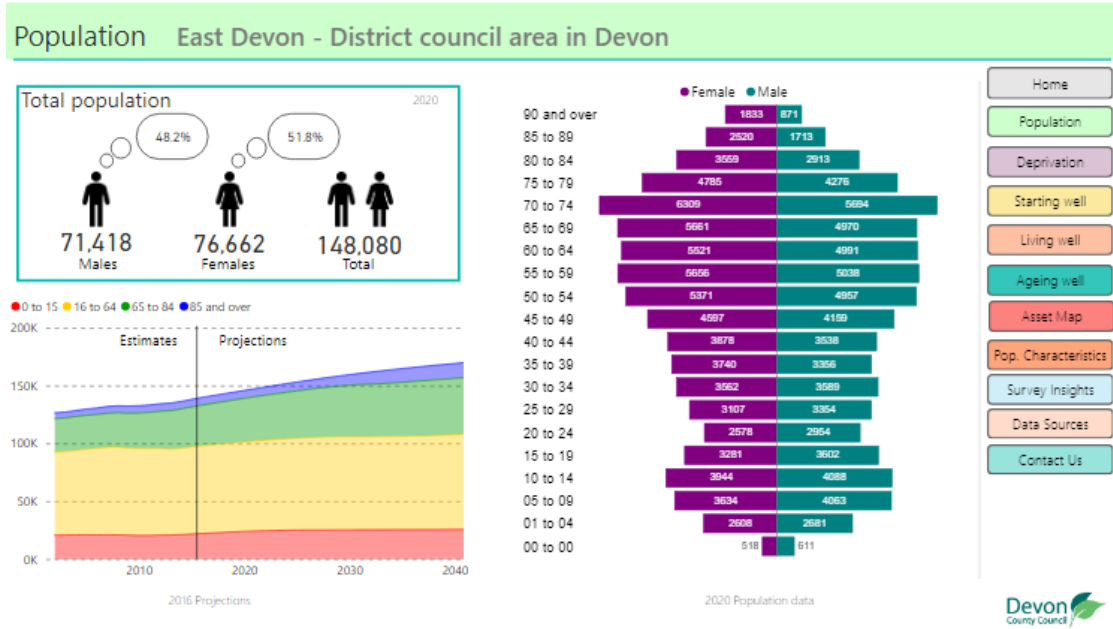
The ONS Health Index data [more detail in [Appendix 1](#)] shows that the health of East Devon is consistently better than of England. However this averaged value for East Devon does not show the full picture of health experienced by populations within smaller communities of East Devon.

[Devon's Joint Health and Wellbeing Strategy for 2020 to 2025](#), published by the Devon Health and Wellbeing Board, sets priorities and overall direction for the Devon Health and Wellbeing Board and local health, care and wellbeing organisations. We need to work in partnership with other agencies, our local communities and stakeholders, to improve and sustain individual and population health and wellbeing. Our third sector groups help us to identify priorities; we should be aware that nationally many charities are closing due to rising costs. The Devon Joint Forward Plan is the whole-system response to the One Devon Integrated Care Strategy [ICS]. Twelve 'Devon Challenges' have been distilled from Devon's JSNAs/Joint Health and Wellbeing Strategies [see [Appendix 2](#)]. We will align our activities to support those of the ICS and with Devon County Council as they deliver their statutory responsibility for Public Health through the Health and Social Care Act 2012, Director of Public Health, and Health and Wellbeing Board. While not a requirement, this commitment is our local choice, because we believe it is the right thing to do.

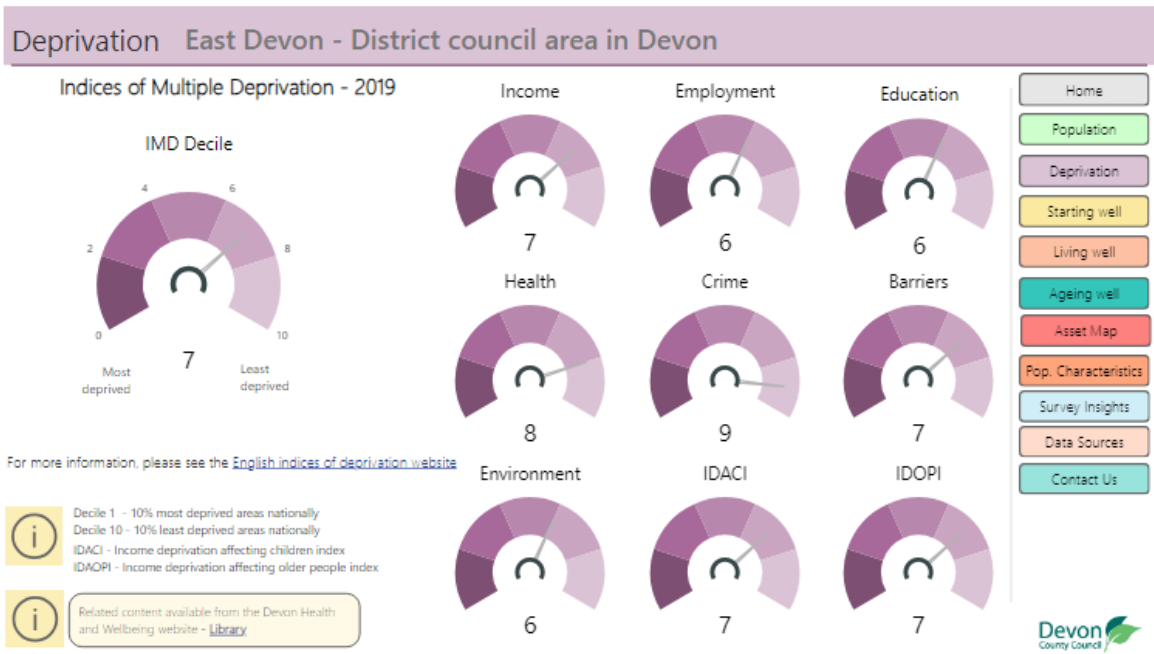
As a district council we are part of, not apart from, this Integrated Care System, and we support One Devon's vision of equal chances for everyone in Devon to lead long, happy and healthy lives. Our priorities align closely with the twelve Devon Challenges, while focusing on issues we can influence.

## Devon County Council Joint Strategic Needs Assessment (JSNA) data for East Devon

This section illustrates key data for East Devon’s population through the life-course, made available by Devon County Council.

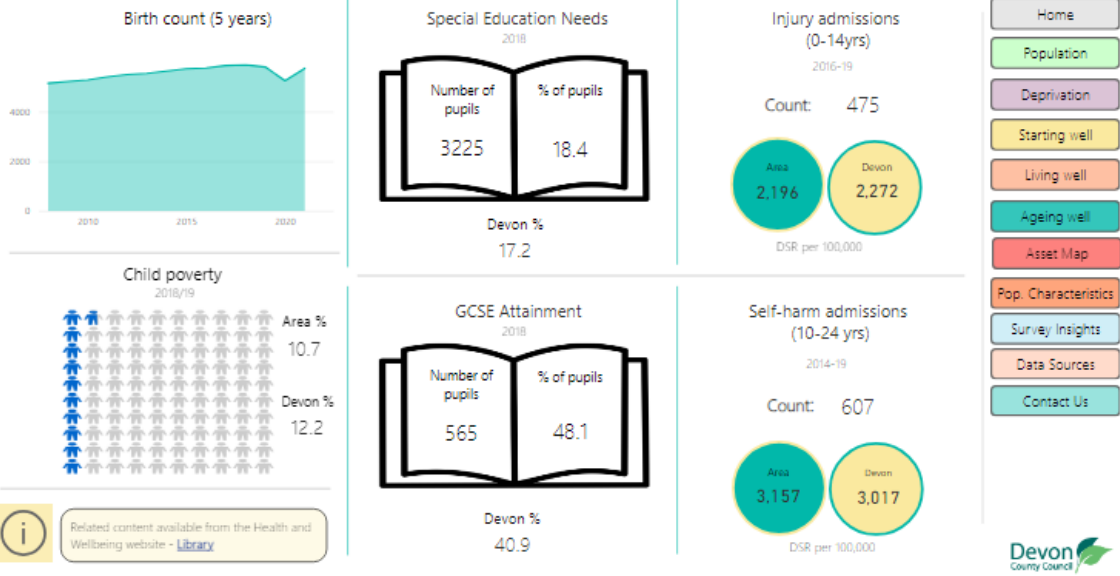


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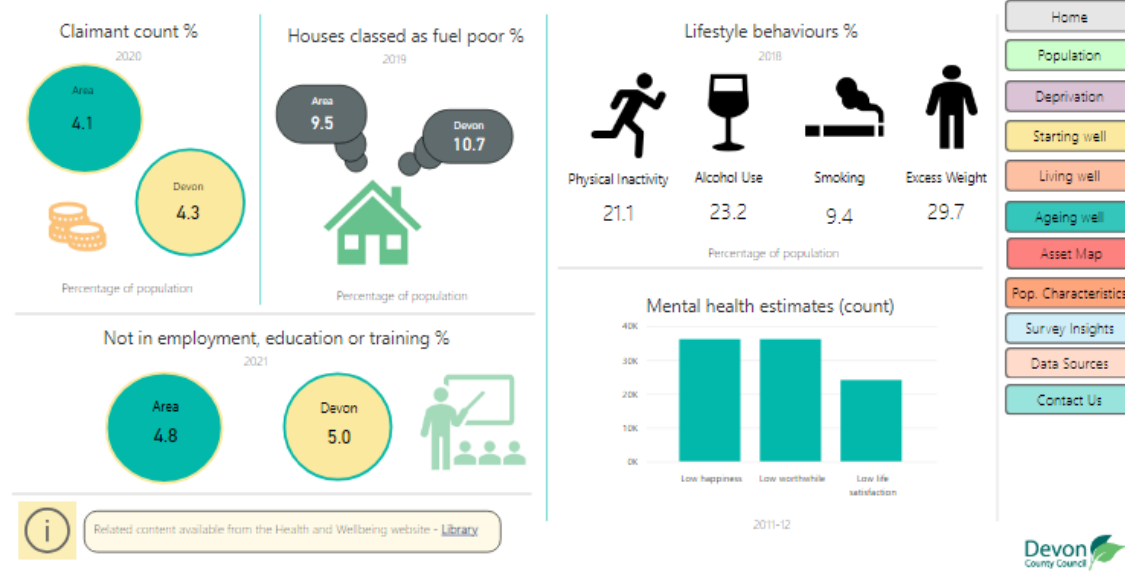
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## Starting well East Devon - District council area in Devon

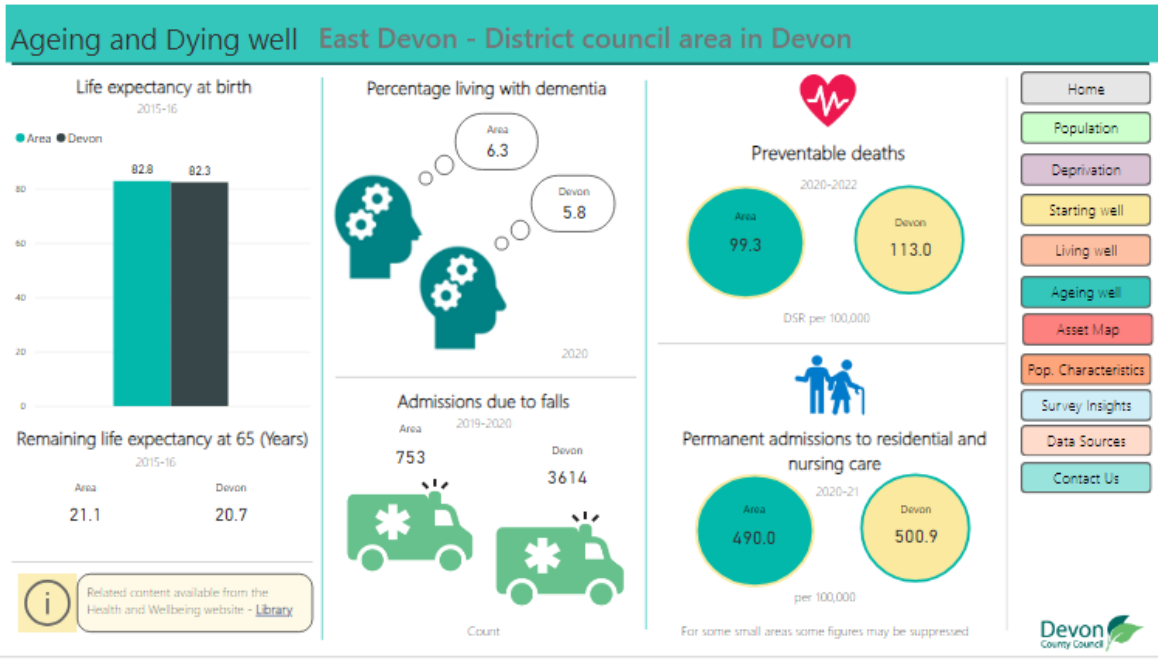


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## Living well East Devon - District council area in Devon



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A King’s Fund report observes that “District councils can play a valuable role within integrated care systems (ICSs) because they can influence the wider determinants of health; can act and react in fast and agile ways; and have strong, close connections with local communities.” (King’s Fund 2023). [Appendix 3](#) lists their recommendations for district councils and offers their summary of our enabling actions.

## The evidence-base for our priorities: what activities will we focus on?

Behavioural risk factors such as smoking, alcohol, poor diet and lack of physical activity are the leading influences of ill health and premature mortality both nationally and locally. The impact is even greater for those living in poorer neighbourhoods. Obesity continues to increase worldwide and the associated factors which influence obesity include deprivation, socioeconomic issues, poor diet and lack of physical activity have also been impacted by the COVID-19 pandemic and the cost-of-living crisis (Devon County Council Annual Public Health Report 2022-23, published 2023).

Lifestyle behaviours including smoking, diet and exercise, should all be prioritised to help reduce the risk of cardiovascular disease, cancers and diabetes. These are all nationally significant. Additionally, in Devon, we know from observations, personal communications and local data that other issues including mental health are seen to be increasingly significant. [Verbal communication from Public Health Consultant Lucy O'Loughlin at Eastern Locality Care Partnership event, November 2023].

[Appendix 4](#) outlines personal communication from DCC Public Health Consultant Simon Chant's feedback and considerations of our priorities.

We will prioritise those local activities which we are most able to influence:

1. Cost of living crisis.
2. Mental health.
3. Unpaid carers.
4. Loneliness and social isolation.
5. Dementia.
6. Homelessness, housing and indoor environment factors.
7. Smoking.
8. Alcohol use.
9. Diet and nutrition.
10. Physical activity.
11. Pandemic preparedness.
12. Effects of climate and adverse weather events.

This following section summarises recent national and local evidence to explain why we have chosen our twelve priorities.



## Cost of living crisis

Millions of Britons have been hit hard with levels of inflation not seen since the 1970s as a result of the war in Ukraine, Covid, Brexit and economic policy. Poorer households have borne the brunt as they spend a larger proportion of their income on energy, the cost of which has soared.

The Joseph Rowntree Foundation (JRF) reports (January 2024) that in 2021-2022, more than 1 in 5 people in the UK (22%) were in poverty in 2021/22, equating to 14.4 million people. This included around 2 in 10 working-age adults, nearly 3 in 10 children, and around 1 in 6 pensioners.

Poverty is deepening. In 2021/22, six million people - or 4 in 10 people in poverty – were in ‘very deep’ poverty, with an income far below the standard poverty line. More than twice as many (over 12 million people) had experienced very deep poverty in at least one year between 2017–18 and 2020–21. Between 2019/20 and 2021/22, the average person in poverty had an income 29% below the poverty line, with the gap up from 23% between 1994/95 and 1996/97. The poorest families – those living in very deep poverty – had an average income that was 59% below the poverty line, with this gap increasing by around two-thirds over the past 25 years.

The JRF report lists some groups of people who face particularly high levels of poverty, such as larger families, or unpaid carers.

Implications of poverty are far-reaching. The cost of living crisis is putting pressure on families across the country and in November 2023, polling found that 73% of the British public were very or fairly worried about the cost of essentials. (JRF 2024). In October 2023, around:

- 2.8 million of the poorest fifth of households (47%) were in arrears with their household bills or behind on scheduled lending repayments.
- 4.2 million households (72%) were going without essentials.
- 3.4 million households (58%) reported not having enough money for food.

As further evidence of deepening poverty, increasing numbers of people are using food banks, with (for example) more emergency food parcels being delivered by the Trussell Trust than ever before.

Citizens Advice found that 1.7 million people were cut off from prepayment meters at least once a month in 2023. Of those who were cut off, just under half were unable to top up for 24 hours and were therefore without hot water, heating or electricity. (BBC Business News 23.01.24)

New modelling suggests premature deaths – people dying before they reach 75 – will rise 6.5% this year due to the cost of living crisis, with 30 extra deaths per 100,000 people. (Richardson, 2023).

Cancers with modifiable risk factors and potential for screening showed the greatest geographical inequality. Lung cancer is the leading cause of these extra cases, largely because smoking is more common in more deprived areas. People living in more deprived areas are also more likely to be overweight or obese, which is the second biggest preventable risk factor for cancer after smoking. Researchers suggested that poverty and cuts to public health services, such as smoking cessation support, probably contributed to the acute differences in cancer death risk. (Rashid, 2023)

ONS found that one in four young people in England’s lowest-income households are less likely to feel in control of their futures than those from higher socio-economic backgrounds. (ONS, 6 Nov 23).

Tackling hardship and expanding economic security to everyone, requires action to reset our social and economic fundamentals. Joseph Rowntree Foundation (2024) recommendations range from providing help and space for people looking for work; to expanding access to secure homes, whether rented or owned, by building more new homes and shifting the distribution of existing homes.

JRF cites ONS data showing that between 2019/20 and 2021/22, the average poverty rates in England were 22%. In the South West of England, poverty rates are 16%, though this average will hide variation across the region.

Average earnings overall in Devon are well below the national average (DCC 2023).

Devon Joint Strategic Needs Assessment (JSNA) data (DCC JSNA) shows that:

- In 2020 the claimant count for East Devon in 2020 was 4.1%, compared with 4.3% across Devon.
- The percentage of children living in East Devon in poverty is 10.7%, compared with 12.2% across Devon [latest figures, for 2018/19].
- Houses classed as fuel poor in 2019 as a percentage of the population was 9.5% in East Devon, compared with 10.7 across Devon.

East Devon is a prosperous area for many, with a relatively strong economy, driven by a combination of small businesses, agriculture, tourism, the service sector, and a significant cluster of hi-tech and bio-technology businesses. However, despite continuing growth of East Devon's economy, we have identified pockets of poverty, using measures which takes into account data on wages, pensions, benefits and other income. While some jobs in the district command high salaries, a significant proportion of households are living on low incomes or in poverty.

Our Benefits team are seeing increased levels of debt with many households taking on debt to make ends meet, leading to problems in prioritising debts and incurring high interest on debts. This has been combined with an increase in food bank usage. There are important safeguarding links with poverty and the impact on vulnerable households needs careful consideration and intervention.

Teams across the council are working together and with other agencies and third sector partners such as Citizens Advice, our local food banks and community larders. We have a [Poverty Working Panel](#) and a Poverty Reduction Strategy with details here: [About the Poverty reduction strategy - Conclusions and action plan - East Devon](#).

Our Place, Assets and Commercialisation Service are committed to delivering a resilient economy bringing prosperity to the District. The focus is on delivering investment and development in priority locations in East Devon to enhance our places and their communities, for all.

The work of our Growth, Development and Prosperity Service includes infrastructure delivery and economic development, with a focus on achieving integrated social, economic and environmental outcomes. The team has strong partnerships, engaging with the County Council, our neighbouring Councils, the business community and a wide variety of partners. Working to achieve well-paid employment offers residents the chance of long-term financial security.

## Mental health

We all have mental health, just as we all have physical health. It exists on a spectrum and can change for a number of reasons. For an overview see [Mental health conditions - NHS \(www.nhs.uk\)](https://www.nhs.uk/mental-health/conditions/). Some of the most common forms of mental health problems include:

- Anxiety disorders [e.g. panic attacks, phobias, OCD, PTSD]
- Mood disorders [depression; bi-polar]
- Psychotic disorders [schizophrenia & schizoaffective disorder]
- Eating problems
- Personality disorders.

The Covid-19 pandemic was accompanied by a sharp rise in demand for mental health services – for instance referrals to children’s mental health services rose 134% from 2019/20 to 2020/21, and emergency crisis care presentations for children and young people were up 80% (Royal College of Psychiatrists, 2021).

In 2022, a survey by NHS Digital indicated that 18.0% of children aged 7 to 16 years, and 22.0% of young people aged 17 to 24 years had a probable mental disorder. (Newlove-Delgado, 2022).

Even before the pandemic, mental ill health was one of the most prevalent forms of illness (ONS, 2017) with one in six people experiencing diagnosable symptoms at any time, at a cost of over £119 billion in England (Centre for Mental Health, 2022). The Centre for Mental Health points out that inequalities mean that while anyone can experience mental ill health, the risks are much higher for certain groups who experience discrimination and disadvantage.

People living with mental health difficulties face a much higher risk of poor physical health, too. People living with severe mental illness face a 15 to 20 year shorter life expectancy than the general population. This is largely due to physical illnesses that could be prevented or treated. (Centre for Mental Health, 2024).

NHS data (2024) shows more than 1.85 million people were in contact with mental health services at the end of November 2023, up from 1.36 million at the end of November 2019. Of those seeking support, 1.2 million were adults and 444,904 were children. The number of people needing support from learning disability and autism services has more than doubled in the period, to 266,575. Nearly half a million children are waiting for mental health treatment, with some young people left waiting for several years before being seen by medics. The NHS figures, analysed by The Independent, show that a record 496,897 under-18s had been referred by a GP for treatment under Child and Adolescent Mental Health Services (CAMHS) at the end of November 2023 – up from 493,434 the month before, with anxiety and depression among the most common conditions for which children are being referred. (Independent, 21.01.24)

Mental health in the UK is getting worse. Sickness absence due to mental illness is soaring, rates of mental health difficulties are increasing at an alarming rate, and already overstretched services are struggling to meet rising demands. Along with over 30 organisations with an interest in mental health, the Centre for Mental Health (2023) has developed a plan to address this and build a mentally healthier nation. The plan focuses on three key areas: prevention, equality and support and it sets out concrete policies as part of a ten-year, cross-government mental health strategy. Issues include poverty, poor housing, and [in some areas] air pollution, to improve England’s worsening mental health.

Latest available data for East Devon from [Mental Health and Wellbeing JSNA - OHID \(phe.org.uk\)](https://www.phe.org.uk):

Indicator	East Devon	SW	England
Estimated prevalence of common mental disorders: % of population aged 16 & over [2017]	13.9%	15.6%	16.9%
Estimated prevalence of common mental disorders: % of population aged 65 & over [2017]	9.3%	9.9%	10.2%

Poor mental health in children results in poorer outcomes relating to health and wellbeing. Hospital admissions in children and young people are considerably higher in Devon for mental health conditions, self-harm, and injuries. This gap is even wider for vulnerable groups such as disadvantaged and looked after children (DCC 2023).

Age standardised rate of finished hospital admission episodes for self-harm per 100,000 of the population, among 10-24 year-olds, is 3,157 in East Devon compared with 3,017 across Devon (DCC JSNA)

Young people's mental health has been selected as one of the priority prevention workstreams upon which One Devon's Eastern Locality Partnership is focusing: [How we are working - One Devon](#)

A more recent development has been the Population Health Management [PHM] Action Learning Sets for Eastern Devon, focussing on suicide risk in working-aged men as a priority. EDDC officers have been included in this PHM programme.

Local councils are one of the most important influencers of people's mental health. With responsibility for housing, green spaces, services and more, we can use this influence to help support better mental health for everyone. Our Service Plans will identify how we will work across the council and with our many partners to do what we can that is within our remit to help tackle this growing issue.

## Unpaid carers

An unpaid carer is someone who provides unpaid support to a partner, child, relative or friend who needs help with daily tasks or health issues. This includes adult and young carers. Many carers don't see themselves as carers - it can be difficult to see their caring role as separate from the relationship they have with the person for whom they care, whether that is as parent, child, sibling, partner, or friend. (NHS England, undated). This means that many carers slip under the radar.

Access to formal, paid social care has become harder. This means people may go without the care they need, pay more for their care, and/or turn to family and friends for unpaid care. Increasing pressures in the NHS to discharge patients from hospital leads to carers supporting relatives and friends with more complex needs. These unpaid carers play an important role in our society, however as the Health Foundation (2023) points out, while carers' rights to state support are recognised under the 2014 Care Act, caring often comes at personal and financial cost:

- Most people will have caring responsibilities at some point in their lives. More than 5 million people (9% of the population aged 5 and older) in England and Wales were providing unpaid care in 2021. 60% of carers were older than 50 and 60% of carers were women.
- Caring relationships vary by age of carer. Carers aged up to 70 were most likely to be caring for their parents (53%), whereas more than half of those older than 70 cared for their partner.
- Caring responsibilities can affect people's ability to pursue paid work. 4 in 10 carers under retirement age were not working as much as they might do otherwise due to their caring role. Carers providing more than 20 hours of care a week were also more likely to live in lower-income households than non-carers.
- There are several types of state support for carers. Only a small percentage of carers approach their local authority for help: in 2021, only 8% of carers in England did so and of those 1 in 4 ended up receiving direct support.
- Both the NHS Long Term Plan and the government's roadmap for adult social care data have recognised the need for better data to identify carers and understand whether they are being supported effectively.

On Census Day 2021 (21 March 2021), in England and Wales an estimated 5.0 million usual residents aged 5 years and over provided unpaid care in 2021; this is an age-standardised proportions of usual residents aged 5 years and over of 9.0%, a decrease from 11.4% in 2011. Census 2021 was undertaken during the coronavirus pandemic, which may have influenced how people perceived and undertook their provision of unpaid care and therefore may have affected how people responded.

Figures are widely believed to be the tip of the iceberg because unpaid carers often don't identify themselves as such, seeing themselves as doing what any family would do. Becoming a carer can happen gradually or due to a sudden change in circumstances.

The needs of unpaid carers have been chosen as one of three priority prevention workstreams upon which One Devon Integrated Care System's Eastern Locality Partnership for Eastern Devon is focusing, along with loneliness and isolation, and young people's mental health. Devon Carers provide carers with the information and advice they need in their caring role, offering a range of support services ranging from preventative advice and information to carers' assessments and support-planning under the Care Act 2014 to over 20,000 unpaid carers across Devon. (Devon Carers). We will liaise with partners including [Home - Devon Carers](#), [Young carers - Devon Carers](#), One Devon ICS and third sector organisations to help identify and support East Devon's carers.

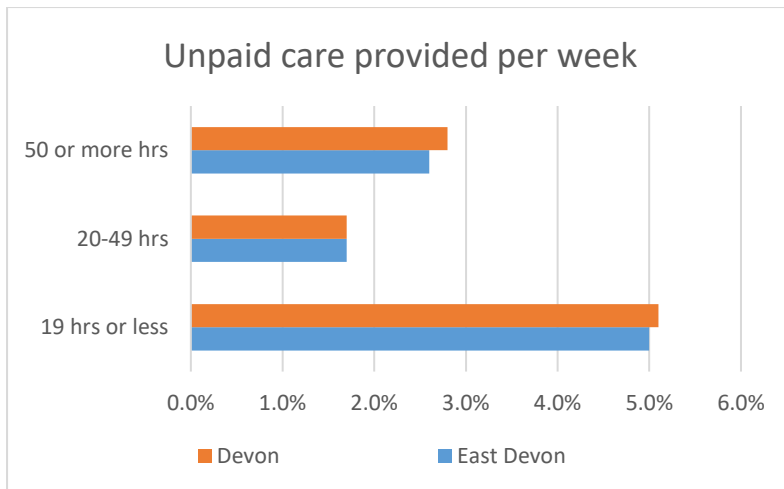


Table created by EDDC Public Health Project Officer using ONS Census 21 data

### Loneliness and social isolation

The World Health Organization says that anyone, anywhere, can be lonely or socially isolated. Across all ages and regions, loneliness and social isolation have serious impacts on our physical and mental health, and the well-being of our communities and society. The WHO aims to see this recognised and resourced as a global public health priority, observing that social isolation and loneliness affect mortality similarly to well-established risk factors such as obesity, lack of physical activity, smoking, other forms of substance abuse and poor access to health care.

Loneliness has no common cause. Sometimes it can be triggered by a life event or change in situation, or it may not be triggered by anything at all. We all experience feeling lonely in different ways. It's something that all of us can experience at any stage in our lives and it can have a huge impact on our wellbeing.

Definitions of loneliness and social isolation:

Differences	Loneliness	Social Isolation
Subjective/ Objective	subjective feeling about the gap between a person's desired levels of social contact and their actual level of social contact	objective measure of the number of contacts that people have
Quantity/ Quality	It refers to the perceived quality of the person's relationships	it is about the quantity of relationships
Desired	is never desired	people may choose to have a small number of contacts
Reducing	lessening these feelings can take a long time	can be overcome relatively quickly by increasing the number of people they are in contact with

© Devon Carers Partnership (2023)

Age UK's research found that the proportion of older people who are lonely has remained relatively constant but that the numbers of older people are rising fast. Demographic trends mean the number of over 50s suffering from loneliness is estimated to reach two million by 2025/6. This compares to

around 1.4 million in 2016/7 – a 49% increase in 10 years. Over the last decade around one in every twelve older people ‘often’ feel lonely. If this continues, huge numbers of people are on course to experience loneliness in later life as our population ages. Triggers including widowhood, poor health and money worries contribute to the likelihood of experiencing loneliness. (Age UK, 2018).

Loneliness is said to be one of the greatest public health challenges of our time. Research found that loneliness and social isolation were linked to weaker immune systems and high blood pressure, and to an increase in heart conditions and stroke. The data reviewed showed an association with a 29% increased risk of heart attack and 32% greater risk of stroke, this risk being similar to that of light smoking or obesity. These findings suggest that having a stronger social network is beneficial for wellbeing and health, and that maintaining existing relationships and forging new friendships could be an effective form of disease prevention (Harvard Health 2016).

More recently, academics at the University of Glasgow found that each form of social isolation, such as living alone, often feeling lonely, or infrequent visits from friends or family, was linked to a higher risk of dying. Lead author, Dr Hamish Foster said: “It could be that people who are more socially isolated may have some more unhealthy behaviours like smoking or high alcohol intake, for example.” He also suggested that not having someone to help take them to the doctor or encouraging them to seek help when needed, as well as direct biological effects on the immune system, could be factors. Foster, 2023).

Overall in 2020/21:

- 6% of respondents (approximately 3 million people in England) said they feel lonely often or always. This is the same as in 2018/19 and 2019/20.
- 20% of respondents (approximately 9 million people in England) said they never feel lonely, similar to 2019/20 (21%)
- A composite loneliness score was produced combining three indirect loneliness measures. A high score indicating loneliness was reported for 9% of respondents, approximately 4 million people in England; a similar proportion to 2019/20.
- 7% of respondents who didn’t formally volunteer reported being lonely often/always. This was higher than those that did formally volunteer (4%). These figures did not vary from 2019/20. (Department for Digital, Culture, Media & Sport)

Preventing loneliness needs to be a priority for both central and local government and for the NHS, given that it not only makes life miserable, it can also make them more vulnerable to illness and disease. As the health impacts of loneliness and isolation are becoming increasingly understood, the issue is one of three priority prevention workstreams upon which the Eastern Locality Partnership for Eastern Devon are focusing, alongside unpaid carers and young people’s mental health. As can be seen from the section on unpaid carers, above, these issues overlap.

The Carers Partnership Steering Group identified carer isolation and loneliness as a top priority. The findings from the 2021-22 survey show the long-term trend in levels of social isolation is worsening in Devon. A Carers UK study found that 8 out of 10 carers have felt lonely or socially isolated as a result of their caring role, and using 2021 Census data this may indicate around 60,000 carers in Devon County have felt lonely or socially isolated. (Devon Carers Partnership, 2023).

Given the difficulties of identifying lonely people, and the stigma attached to doing so, in Devon we are moving towards considering the more encompassing general concept of ‘social health’, and helping to build community networks as a means to mitigate the problems of loneliness and isolation. Our officers work with many third sector groups and other agencies to support such initiatives, and directly with many volunteers e.g. via Countryside and Thelma Hulbert Gallery.

## Dementia

A study led by University College London suggests that up to 1.7 million people could be living with dementia in England and Wales by 2040. This would be a 40 per cent increase on previous estimates. Not only will this have a devastating effect on the lives of those involved but it will also put a considerably larger burden on health and social care than current forecasts predict. Notably, researchers found that disparities in the rate of dementia incidence was increasing between education groups, as there was both a slower decline in 2002-2008 and a faster increase after 2008 in participants with lower educational attainment. (Chen, 2023).

Neurological disorders (Alzheimer's disease and other dementias, Parkinson's disease, epilepsy, and multiple sclerosis) are increasing. This increase is largely driven by Alzheimer's disease and other dementias, which in turn is influenced by an ageing and growing population in Devon. There is a potential gap of unmet need, where more than 2 in 5 people aged 65 and over are estimated to have dementia but are undiagnosed. Although the progression of dementia cannot be reversed, it can be slowed with early detection and appropriate support and intervention. The earlier in life that healthy changes are made, the greater the likelihood of delaying the onset of dementia, disability and frailty. (DCC, 2023).

A recent study by the universities of Exeter and Maastricht found several factors, mostly modifiable, were associated with a higher risk of young-onset dementia. The study looked at 350,000 under-65s who were part of the UK Biobank study. Factors include a lower formal education or lower socioeconomic status, health factors such as vitamin D deficiency, hearing impairment and depression, and lifestyle factors such as alcoholism and social isolation. The researchers said this was the first finding that suggested the risk of young-onset dementia could be reduced. These modifiable risk factors should be incorporated in future dementia prevention initiatives and raise new therapeutic possibilities for young-onset dementia. (Hendriks, 2023).

Partners across the whole system need to work together to identify those at greater risk, and to support population- and community-level initiatives enabling people to be independent, healthy and active in later life. (DCC 2023)

Given the age demographic of East Devon, it is not surprising that the latest (2020) Devon JSNA data records that the percentage of residents in East Devon living with dementia is 6.3, compared with 5.8 across Devon. (DCC JSNA Headline Tool).

Various initiatives are already operating across the district, particularly by third sector organisations, including memory cafes and dementia friendly communities. An exemplar is Dementia Friendly Honiton, who work to enable people in Honiton and the surrounding parishes to live better with dementia, to promote greater awareness of the needs of people touched by dementia and to support dementia friendly initiatives. We must do what we can to support such groups. We must also support partners – agencies and third sector organisations, on future dementia-prevention initiatives aiming to tackle those modifiable risk factors ranging from social isolation to alcohol misuse, to help reduce the risk of young-onset dementia.



## Homelessness, housing and indoor environment factors

The number of people living in temporary accommodation in England has hit a 25-year high. Almost 105,000 households were in temporary accommodation, including more than 131,000 children, on 31 March 2023. This figure is 10% up on the same day last year, and is the highest since records began in 1998. The figures also show almost 14,000 households were in hotels or bed and breakfasts in the three months to March. (Department for Levelling Up, Housing & Communities, 2023.)

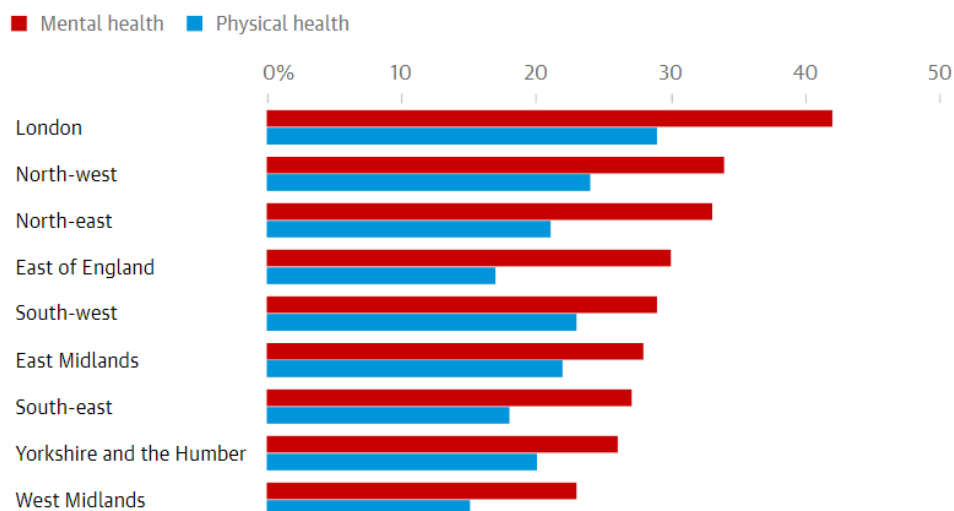
New research from Shelter (December 2023) estimated that at least 309,000 people in England would spend Christmas without a home, including almost 140,000 children. This is an increase of 14%, 38,100 people, in one year. They estimate that over 3,000 people are sleeping rough on any given night (26% increase) and 279,400 are living in temporary accommodation (14% increase) - most of whom are families. There are also 20,000 people in hostels or supported accommodation. Almost half (47%) of families who are homeless in temporary accommodation have been there for more than two years.

Refugees can be at particular risk of homelessness. For example, thousands of Ukrainian refugee families may face homelessness this winter and are four times as likely to end up on the streets as other families in the UK, according to research from the British Red Cross and Heriot-Watt University. (Guardian report, 21.11.23).

Councils have a legal duty to house families and people who are vulnerable, but the acute shortage of affordable homes means they are having to rely on temporary accommodation for long periods.

Property site Rightmove say that average advertised private rental prices outside of London rose to a new record of £1,280; up by 9.2 % on a year ago. There was a small fall in some regions including the South West, although here the average monthly rent is £1,384. There are also signs that more tenants are hitting an affordability ceiling, with 23% of rental properties needing a reduction in advertised rent, compared with 16% at this time last year. (Rightmove, 2024).

Percentage of respondents saying their mental or physical health has been affected by their landlord not dealing with repairs and poor conditions in their property in the last five years



Guardian graphic. Source: Shelter/YouGov. Note: 4,023 private renting adults in England surveyed between 14 July and 16 August 2023

© Guardian report 02.10.23

The condition of our housing inevitable has an enormous impact on our physical health and our mental wellbeing. A survey by the homelessness charity Shelter found that about 40% of people in rented homes had experienced poor health because of their living conditions in the last year – amounting to almost 3 million people in England. Nearly two-thirds of renters in large areas of the country – about 4.4 million people – said their mental health had worsened due to housing worries since 2022. (Guardian report 02.10.23)

National reports of housing with severe dampness and mould have shocked everyone, e.g.:

[Thousands of babies and toddlers falling sick from damp homes in Britain, NHS doctor warns | Children | The Guardian](#) (12.11.23)

[6.5 million will struggle to heat homes as much as they need this Christmas | Money Advice Trust](#) (06.12.23)

[Revealed: Millions of children at risk from killer mould | The Independent](#) (09.12.23)

The Social Housing (Regulation) Act 2023 paves the way for significant changes and improvements to the social rented sector. The Act received royal assent on 20 July 2023, so it is now law, but many provisions need regulations before they can come into force. These are expected to be published in 2024. The Act introduces what has become known as ‘Awaab’s Law’, named after two-year old Awaab Ishak, who died in December 2020 from exposure to serious mould in his parents’ social rented home. Once this comes into force, ‘Awaab’s law’ will require landlords to fix reported health hazards within specified timeframes. This will become an implied term in social housing tenancy agreements. This measure could help prevent tenants from developing serious health issues because of poor conditions in their homes. (Shelter, 2023). For details see:

[Government to deliver Awaab’s Law - GOV.UK \(www.gov.uk\)](#)

[Awaab’s law: upcoming changes to the law on damp and mould - Shelter England](#)

Researchers have found evidence that wood-burning is now ahead of traffic as the biggest source of air particulate pollution in cities. Many stoves emit particulate matter pollution and other pollutants such as carbon monoxide and nitrogen oxide. There have been calls on the Government to phase out domestic wood-burning where alternative heating exists.

Housing across Devon is expensive, making it a challenge for some lower income households to get on the property ladder. Those who live in rural communities are impacted even more by low wages, lack of access to affordable housing, public transport, and digital connectivity (DCC 2023)

Houses classed as fuel poor in 2019 as a percentage of the population was 9.5% in East Devon, compared with 10.7 across Devon (DCC JSNA).

[East Devon District Council’s Housing Strategy 2020 – 2024](#) states our vision, responsibilities and priorities. We have a role within the local housing market as:

- A landlord of over 4200 properties.
- A regulator of standards within the private rented and owner occupier sectors.
- The planning authority with a duty to bring forward more homes including more affordable homes.
- The provider of a housing options service to help those who are homeless or threatened with homelessness.

Our Housing Strategy identifies key conditions within the housing market which influence standards and provision:

- House prices are high (average house price for the district being £270,982) and rising.
- Annual earnings are low (£23,171).
- Within the South West households would need an annual pay rise of more than £30,000 to afford an average home.
- Private rents are high (average monthly private sector rents almost £700).
- Insufficient new homes being built.
- High number of second homes in the district.

Figures from Devon Home Choice (March 2021) show:

- 2618 households registered as being in need of housing
- Highest demand is for 1 bed properties (1521) with 530 seeking 2 bedroom accommodation
- The number of households in housing need has increased by 27% in two years

In the last financial year 2020-21, 352 homes were let through Devon Home Choice, 171 of these being EDDC Council homes.

We also have 387 empty homes across the district (2018 figures).

Since the implementation of the Homelessness Reduction Act in 2018, the number of approaches to our homelessness service has increased substantially:

2017-18: 261 approaches  
2018-19: 871 approaches  
2019-20: 1126 approaches.

For the purpose of this review, an enquiry was sent to Public Health Devon asking whether data is available on indoor environment factors.

In addition to the details outlined about, [East Devon District Council's Housing Strategy 2020 – 2024](#) also outlines the challenges, strategic context, 'Your home: Your Wellbeing', High Level Priorities, and meeting our priorities in terms of providing homes, improving homes, improving our communities, improving services.

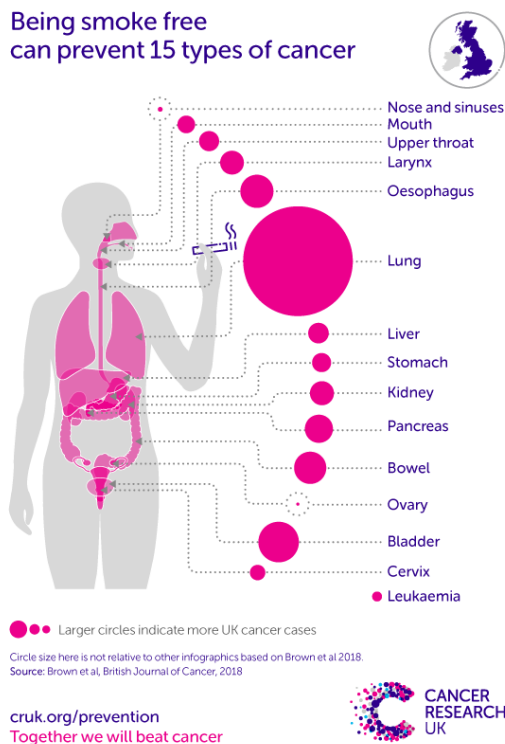
The purpose of [EDDC's private sector housing](#) team is 'Better Housing Better Health'. The team is responsible for investigating, maintaining, enforcing and improving housing standards and conditions in the private housing sector. This sector includes private rented, owner occupied and housing association accommodation.

The private sector housing team signpost to various loans and grants are available to make home safer, warmer and healthier. In addition, there are grants for residents with disabilities to make adjustments to their home.

EDDC's Planning department also have a role through planning applications, especially in new housing developments. See details of our [Planning Policy housing issues](#).

## Smoking

It makes sense to do more to prevent ill health rather than treat it afterwards. While smoking rates have been declining, over 5 million adults in England still smoke and smoking remains the single biggest cause of preventable illness, disability and death in the UK. Cutting smoking is one of the most effective and evidence-based interventions that we can take. Smoking continues to cause another death in England every eight minutes; another hospital admission every minute. (NCSCT [National Centre for Smoking Cessation and Training] 2023).



© Cancer Research UK

A long-term decline in smoking in England has slowed since the pandemic, a study by University College London has found. The rate of decline slowed from 5.2 per cent in the years before the pandemic to just 0.3 per cent between April 2020 and August 2022. The research, funded by Cancer Research UK and published in the journal BMC Medicine, indicated that it was likely more young people had taken up smoking. It also suggests that between April 2020 and August 2022 former smokers relapsing back into the habit may also account for some of the slowing of the decline. The switch to homeworking during the pandemic may have contributed to loneliness and poor mental health, making people less inclined to quit smoking, the researchers said. (reported in BBC News Online 14<sup>th</sup> Dec 2023).

A new nationwide survey released in September 2023 showed that nearly all (95%) ex-smokers see positive changes in their life as early as two weeks after quitting. (DHSS 2023)

9.4 percent of East Devon's population regularly smoke [2018 data] (DCC JSNA). Steve Brown, Director of Public Health at Devon County Council has said that reducing harm caused by tobacco is a public health priority in Devon. Smoking prevalence is still a major concern in Devon but we have made progress compared to England and the wider South West:

- In Devon in 2017-2019 approximately 2,934 people died due to smoking-attributable mortality.

- Devon has a smoking attributable mortality rate, per 100,000 population, of 159.4 (significantly lower than the South West average of 173.7, and England average of 202.2).
- In Devon in 2019 - 2020 there were 6,392 smoking attributable hospital admissions, with a rate of 1,086 per 100,000 population, (significantly lower than South West rates of 1,300 per 100,000 and England 1,398 per 100,000 population rates) \*
- County-wide prevalence of smoking has fallen over the last 10 years from 20.0% in 2011 to 13.9% in 2022 in Devon; there are some variation in rates in the most recent years of reporting.

(\* Source: Local Tobacco Control Profiles: Smoking attributable hospital admissions, 2019-2020, OHID Fingertips, [Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](https://phe.org.uk))

East Devon District Council is a member of, attends and contributes to the Devon Smokefree Alliance, including development of the [Smokefree Devon Alliance Strategy 2023-28 - Smokefree Alliance Devon](#) which has three strategic priorities:

1. Protect children and young people from the harms of tobacco and de-normalise tobacco use to help prevent uptake.
2. Reduce health inequalities caused by smoking, by supporting high quality evidence-based interventions, with a focus on achieving equity and fairness.
3. Ensure cross-sector, strategic collaboration around tobacco control, and support the development of a smokefree culture within key organisations.

We will continue to support national and regional campaigns in raising awareness of the benefits of quitting and will signpost to cessation-support, including No Smoking Day in March and [Stoptober](#).

Locally, we liaise with Devon's new specialist stop smoking service funded by Devon County Council, launched in November 2023. StopForLife Devon provides specialist behavioural support and stop smoking products such as nicotine replacement therapy (NRT) and vapes to smokers looking to quit. The service also provides free specialist training and support to community stop-smoking advisors.

#### [Vaping: terminology, evidence and action](#)

The NICE (National Institute for Health and Care Excellence) guidance identifies nicotine-containing e-cigarettes as a first choice stop-smoking aid and recommended that people who smoke and want to quit should be advised that nicotine-containing e-cigarettes, when combined with behavioural support, are more likely to result in them successfully stopping smoking.

Manufacturers originally used the term electronic cigarette to signal to smokers that this was an alternative to cigarettes. Some early devices were designed to resemble cigarettes, but the newer, and more effective, devices do not. Very few vapers use this term; we now refer to vapes or vaping devices, to the use of these devices as vaping and occasionally to people who use these devices as people who vape. (NCSCT [National Centre for Smoking Cessation and Training] 2023)

There are concerns about the rise in vaping among children, with youth vaping tripling and one in five children having now used a vape. Vaping is rightly used by adults to quit, but the advice is clear – if you don't smoke, don't vape and children should never vape. (NCSCT 2023).

In July 2023, the Local Government Association (LGA) released a statement calling for the Government to ban the sale and manufacture of disposable vapes by 2024, on environmental and health grounds. (LGA 2023). Disposable vapes will be banned as part of government plans to tackle the rise in youth vaping and protect children's health. (Dept Health & Social Care, January 2024). Senior leaders and the health community need to show united support and advocacy for this Bill to get through Parliament.

## Alcohol and other drug use

Current language used is 'alcohol and other drug use'. This reflects that alcohol is also a drug and more people consume alcohol than any other drug. The phrase aims to help reframe and recognise that the harms caused by alcohol are as important and valid as other drugs. (Personal communication with Richard Merrifield, Senior Commissioning Manager at Public Health Devon, 19.02.24).

Behavioural risk factors such as smoking, alcohol, poor diet and lack of physical activity are the leading influences of ill health and premature mortality both nationally and locally in Devon. The impact is even greater for those living in poorer neighbourhoods. (DCC, 2023).

Data on adult substance misuse, published by the Office for Health Improvement & Disparities (OHID, 2023), shows:

- At 84,697, alcohol alone made up the second largest group.
- Of those who completed treatment, 49% did so successfully.
- People treated for alcohol had the highest successful completion rate at 59%.

The number of adults treated for alcohol misuse in England climbed 10% in the year to March 2022, fuelled by a rise in drinking during lockdown. The OHID 2023 data shows this rise pushed the number of people receiving treatment for all types of substance misuse to 289,215, a seven-year high. Experts say that many more people struggling with drug or alcohol use who are not receiving treatment. The charity Alcohol Change UK believes about 600,000 people in the UK require alcohol treatment, but said "the vast majority are not accessing it... Evidence shows that, for many people, the Covid-19 pandemic led to an increase in their drinking with those already drinking heavily most likely to have been drinking more." (BBC News report, 2023)

As part of the [NHS Long Term Plan](#), the government has invested £27 million to establish specialist alcohol care teams in the 25% of hospitals with the highest rates of alcohol-related mortality and deprivation. This is estimated to prevent 50,000 admissions over 5 years and will reduce demand on the NHS. The government also published a [10-year strategy](#) for tackling drug and alcohol-related harms in 2021, backed by £532 million of new funding over 3 years (to 2024 to 2025) to rebuild drug and alcohol misuse treatment and recovery services in England, as well as increase the availability of inpatient detoxification beds.

To keep health risks from alcohol consumption to a minimum, the [UK chief medical officers' \(CMOs\) low risk drinking guidelines](#) recommend:

- Not to drink more than 14 units of alcohol a week on a regular basis (equivalent to roughly 6 pints of average strength (4% ABV) beer or 6 medium (175ml) glasses of standard strength (13% ABV) wine).
- To spread your drinking over 3 or more days if you regularly drink as much as 14 units a week.
- To limit the amount of alcohol you drink on any single occasion.
- Not to drink alcohol at all if you are pregnant or think you could become pregnant to keep risks to your baby to a minimum.

The [Health Survey for England 2021](#) found that 1 in 5 adults (about 10 million people) drink above the UK CMOs' recommended weekly limit of 14 units, significantly increasing their risk of harm. Of these adults, 1.7 million are drinking at levels already likely to be negatively affecting their health, which is 35 units a week or more for women and 50 units a week or more for men.

23.2% of East Devon's population regularly drink alcohol [2018 data] (DCC JSNA Headline Tool).

Deaths following drug use in Devon in the years 2017-2022 = a total number of 399 cases, following criteria outlined in the report by National Programme on Substance Abuse Deaths [NPSAD] (undated). This appears higher than the England national average, perhaps because drug use is particularly prevalent in coastal towns, of which there are several across Devon. Drug-related deaths are more predominant in men. There are likely several different reasons for this, including that men are more likely to engage in risky behaviour, drug use in women is more stigmatised, and drugs and alcohol are more readily available to men. Age at death was significantly different between the two genders, with males on average dying at a younger age than females. The largest proportion of decedents in Devon were unemployed at the time of their death. The largest proportion of decedents in Devon were registered as living alone. People who use drugs are disproportionately represented amongst people with no fixed abode. (NPSAD, undated).

Data from *Number of deaths and age-standardised mortality rate per 100,000 population for deaths related to drug poisoning, persons by local authority, England and Wales, deaths registered between 2018 and 2022* (Table 3, [Deaths related to drug poisoning by local authority, England and Wales - Office for National Statistics \(ons.gov.uk\)](#)):

	<b>2020-22</b>	<b>2019-21</b>	<b>2018-20</b>
<b>Devon</b>	185 deaths Rate 8.3	176 deaths Rate 8.1	174 deaths Rate 7.9
<b>East Devon</b>	27 deaths Rate 6.8	24 deaths Rate 6.1	24 deaths Rate 6.2

We will work across the district to support campaigns by national and regional agencies and local efforts by the police, County Council colleagues and third sector groups, for instance via the Prevention of Alcohol & other Drug related Deaths & Clinical Safety of Substance Misuse Services Forum. Plans for this forum include developing a shared understanding of the essential skills and competencies for people working with people experiencing multiple disadvantage, alongside the promotion of existing training available to inform develop a delivery plan for workforce-development in future years.

More generally, work could include raising awareness, educating and informing about safe alcohol and other drug use. For example more people could be encouraged to purchase alcohol-free drinks in pubs, restaurants, shops and venues if alternatives to alcoholic drinks can be seen as more popular and are more widely available. Here is our Licensing team's [Statement of licensing policy 2021-2026 - East Devon](#).



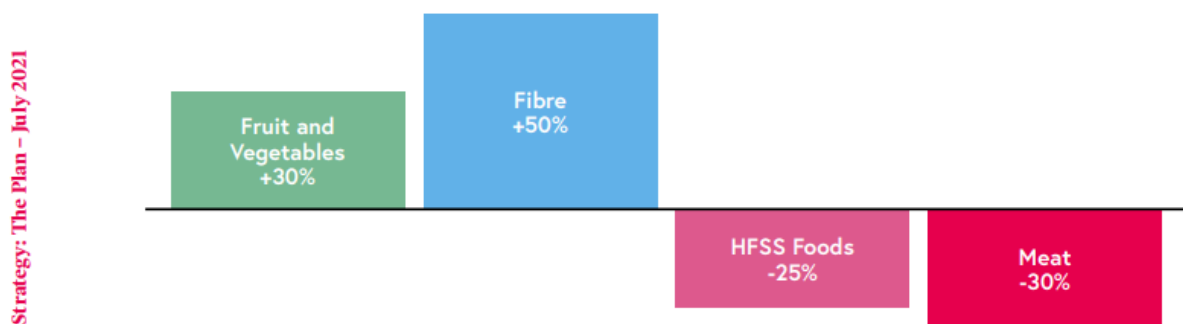
## Diet and nutrition

Our food system appears broken. We have a diet of ultra-processed foods; individuals suffer from malnutrition at the same time as we have an obesity epidemic; we make more use of food banks than ever before and yet we throw away tonnes of food every year.

Food is crucial to our health, but it is also a driver of ill health, health inequalities, and damage to the environment. Henry Dimbleby's 2021 independent review for Government, the *National Food Strategy*, called for an overhaul of the entire food system and included a series of recommendations regarding all sectors to create a healthier, more sustainable, and equitable system.

The following diagram shows the changes Dimbleby concluded are needed:

### Changes needed to the national diet by 2032 (compared to 2019) to meet health, climate and nature commitments<sup>†</sup>



<sup>†</sup> Three of the diet-related targets are based on advice from the Scientific Advisory Committee on Nutrition. A 30% increase in fruit and vegetables would bring us in line with the Eatwell recommendation to eat five pieces of fruit and vegetables per day; a 50% increase in fibre would bring us in line with the SACN recommended 30g/day; a 25% reduction in consumption of HFSS foods will take us towards the required 60% reduction in salt, 20% reduction in saturated fat; and 50% reduction in free sugars. A 30% reduction in meat is required to achieve the 5th Carbon budget and the 30x30 nature commitment – this represents the creation and maintenance of at least 410,000 hectares of woodland, maintaining and restoring 325,000 hectares of peatlands, and managing 200,000 hectares mainly for nature (for example, healthland and species-rich grassland some of which would be managed through conservation grazing).

© Dimbleby, (2021, ch 16 p2)

Dimbleby's evidence-based recommendations in this strategy were designed to intervene in the system at multiple levels. These were concrete proposals for immediate action, designed to be implemented over the next three years, as essential first steps in a longer-term transition. Fourteen recommendations were grouped in the following four sections:

1. Escape the junk food cycle and protect the NHS.
2. Reduce diet-related inequality.
3. Make the best use of our land.
4. Create a long-term shift in our food culture.

The following quotes endorsed his Strategy:

*"The pandemic has turned the divide between the rich and the poor into a gaping chasm. A terrible legacy of this time will be the exponential growth of food banks and hand-outs. Sadly the fact is that the less well off you are, the more likely you are to be prey to unhealthy food. There is a nutritional gap between rich and poor in this country, and it's a slowly unfolding tragedy."* Dame Louise Casey Baroness Casey of Blackstock.



*“The Dimbleby report is a wake-up call to this country and government to do something about our food system and the epidemic of obesity and ill health destroying our country. We eat more ultra-processed unhealthy food than any other European country and it is getting relatively cheaper and more deadly each year.”* Tim Spector, Professor of Genetic Epidemiology at King’s College London and author of Spoon Fed.

*“This significant report makes strong recommendations to make everyday foods healthier for all, and which must be considered as part of the comprehensive action needed to tackle obesity. Diets high in sugar and salt drive dangerous risk factors such as obesity and high blood pressure, putting millions of people at increased risk of heart attack and stroke”.* Charmaine Griffiths, Chief Executive of the British Heart Foundation.

Food issues are rarely out of the news, as celebrities including Jamie Oliver and Martin Rashford raise awareness and tackle health inequalities. Research into the complex issues surrounding our relationships with food receives regular media attention, for example:

[Health of England’s children at risk from policy inaction on obesity, report finds | Children's health | The Guardian](#) (25.12.23)

[Families 'throw away £1,000 of food a year' \(telegraph.co.uk\)](#) (25.12.23)

[Surge in number of people in hospital with nutrient deficiencies, NHS figures show | Food poverty | The Guardian](#) (21.12.23)

[Cost of people being overweight in UK now £98bn, study finds | Obesity | The Guardian](#) (04.12.23)

[Why people in their 50s have the highest cholesterol \(telegraph.co.uk\)](#) (06.11.23)

[Childhood obesity rates down amid ‘disturbing’ rise in underweight pupils | The Independent](#) (19.10.23)

[UK families ‘eating less healthily’ due to cost of living crisis | UK cost of living crisis | The Guardian](#) (02.10.23)

The Food, Farming and Countryside Commission’s (FFCC) recent report found that the UK public overwhelmingly back state intervention to improve the food system. Citizens see that food is at the crux of many of the issues facing us today. They want government to make sensible policy decisions that protect people and planet, and they want powerful food businesses to be more accountable. (Food, Farming and Countryside Commission, 2023).

However the British Nutrition Foundation’s recent survey found that over half (56%) of respondents who use social media for information on health said they would be likely to make changes to their diet based on information they’ve seen on platforms like Tik Tok or Instagram. Just over a quarter (27%) of those surveyed said that they’d recently read information about diet and health on social media; the top motivators given for changing diet were weight loss (40%) and improving fitness (36%). The Foundation warns that some of the biggest social media diet trends are not based on sound science, would be difficult to maintain and could even pose health risks. (British Nutrition Foundation, 2023).

29.7 percent of East Devon’s population have excess weight [2018 data] (DCC JSNA). EDDC is a member of the [Devon Food Partnership](#), which formed in 2021 in response to Dimbleby’s *National Food Strategy*. The Partnership gained ‘Sustainable Food Places’ [SFP] membership – a national partnership programme led by the Soil Association, Food Matters and Sustain which brings together food partnerships from across the UK to share ideas and knowledge to bring about a transition to a

healthier, more sustainable, and more equitable food system. The Partnership's work, leading to [Devon's Good Food Strategy 2023-28](#), has six priorities aligned with the SFP's six themes:

1. Food Governance and Strategy
2. Good Food Movement
3. Healthy Food for All
4. Sustainable Food Economy
5. Catering and Procurement
6. Food for the Planet.

The Devon Food Partnership is also part of the [Devon Carbon Plan](#) and any actions we can take will align with EDDC's own Climate Change Strategy.

Our various Service Plans will reflect commitment to our activities. Across the council we will do what we can to help combat the nutritional gap between rich and poor. We will continue to work alongside East Devon's food banks, listed here: [Benefits and support information - Benefit advice, support and foodbanks - East Devon](#) many of whom are reporting rising demand. For example Exmouth Food Bank reports that "December is always a busy month for Exmouth Food Bank and this one was no exception. Our loyal supporters ... enabled us to distribute 390 parcels that fed over 990 people. This is an 8% increase in demand when compared to December 2022. ... Increasingly we see individuals and families who are in work but who, due to the current cost of living, struggle to put food on the table, particularly by week three of the month." (Exmouth Food Bank, 2024).

We will continue to collaborate with our partners to explore ways to create a healthier, more sustainable, and equitable food system. We will continue to issue regular health messages aiming to inform and combat misinformation, so that our residents can make healthy choices. We will structure messages on Dimpleby's recommended changes - to increase fruit and vegetables and increase fibre, and to reduce intake of foods high in fats, salt or sugar (HFSS) and reduce meat.

We will collaborate with local groups working to educate residents about for example the risks of a diet of ultra-processed foods; and will do what we can to reduce food waste. For example we will help to promote activities such as Devon County Council's information on [Reducing food waste can save you money - News \(devon.gov.uk\)](#).

## Physical activity

WHO have estimated that insufficient physical activity is now the fourth most frequent cause of death in the world, with 3.2m deaths a year attributed to insufficient physical activity. (WHO Global Health Observatory).

We know that exercise is good for our physical health and our mental wellbeing. But exercising or getting active can seem quite daunting for anyone who hasn't taken any exercise for while or finds it too difficult to fit into a busy life. Walking is ideal because it does not require special equipment or training, and can be done almost anywhere.

The pandemic resulted in reduced levels of physical activity in the UK, and people's daily step count still had not returned to baseline two years later. That a sedentary lifestyle is linked to poorer health is well established, but until recently, the optimal number of steps people should aspire to has been unclear, or if there is an upper limit beyond which further health gains are minimal. Walking just 4,000 steps a day may reduce the risk of dying from any cause, the largest analysis to date suggests, – although more walking gives greater the health benefits, with each additional 1,000 steps daily associated with a further 15% reduction in risk. (Guardian report 09.08.23 covering research looking at results from 17 studies, published in the European Journal of Preventive Cardiology).

A recent study (Sleurs, 2024) found that children living in places with 20-25% more natural areas near their homes have significantly stronger bones, potentially leading to lifelong health benefits. Increasing the size and accessibility of green spaces for children could therefore prevent fractures and osteoporosis in older people, so this study's public health message is that planners can make stronger bones of children! Previous research has found greater access to green spaces increases physical activity in children; studies have also seen multiple benefits for child development, including reduced risk of being overweight, lower blood pressure, higher IQs and better mental and emotional wellbeing. Green spaces are also linked to better physical and mental health in adults: woodland walks are estimated to save £185m a year in mental health costs in the UK.

Local data shows that:

21.1 percent of East Devon's population are physically inactive [2018 data] (DCC JSNA)

29.7 percent of East Devon's population have excess weight [2018 data] (DCC JSNA)

We are lucky that our district has such special green spaces and beautiful coastlines: we are committed to ensuring that this outstanding environment contributes to the health and wellbeing of our residents. Our natural open spaces provide valuable opportunities for us to achieve many of our public health priorities, increasing levels of physical activity while at the same time improving mental wellbeing and reducing social isolation.

We offer many opportunities for exercise on our land – through play areas, outdoor gyms and skateparks. There are opportunities for volunteers to help at our nature reserves, getting exercise at the same time as gaining benefits such as learning new skills, confidence, and building social networks. For further details please see [East Devon District Council Leisure Strategy 2021-2031](#) (final version June 2022).

[LED Community Leisure Ltd](#) (charitable Community Benefit Society) delivers leisure, health and community services. LED Community Leisure operate public sports and leisure facilities across East Devon, often working in partnership with schools and other sporting organisations. They organise and run a wide range of community-based activities in schools and in/on East Devon's countryside and beaches, many staffed by volunteers such as the Walking for Health programme. See [Appendix 5](#)

for a summary of activities by LED Community Leisure which support our strategic priorities. They offer a style of social prescribing 'exercise on prescription' -type health referral schemes, e.g. gym use and swimming, in many cases for individuals with long-term health conditions.

These spaces offer us tangible opportunities to align with partners in integrated care work including the potential for increased social prescribing and/or health referral schemes. We will help to create and protect local networks of places that are good for wildlife and people. We will deliver this on our own land and encourage landowners to follow our example.

Our Planners will work with partners to ensure the joined-up thinking needed to create this network of green spaces and avoid social and environmental problems. Streetscene, our Countryside team, Leisure East Devon, our Community Development Workers and others will involve our communities in delivering and deriving benefit from our green spaces and our coastlines. Our Planning and other policies can contribute to increased physical activity through good design and transport designs.



Graphic showing that considered green infrastructure is vital to create healthy places [add copyright when known]

## Pandemic preparedness

There are many risks to think about – everything from transport incidents to flooding. There is also a danger that people have no more capacity to think of other disease risks after Covid, but we should think about them in terms of when not if – avian flu, other influenzas, monkeypox, diphtheria are just some examples. Long-term post-disaster health problems include chest, respiratory and digestive symptoms, as well as poor mental health. (Easthope, 2022).

Data is at the heart of decision making. This was never more apparent than during the pandemic, where ONS mortality statistics and the UK wide COVID-19 Infection Survey (CIS) provided a vital source of regular and timely data.

An engagement exercise held by National Voices explored how communities and groups were affected differently by both the Covid-19 virus and the measures to control it. *Learning the Lessons – The Unequal Impact of the COVID-19 Pandemic: Voices of People and Communities* captures the findings about how communities and groups were affected differently by both the COVID-19 virus itself and the measures to control it. It found that the pandemic response exacerbated existing, deep-rooted inequalities across the UK, and compounded the disadvantages experienced by people from minoritised communities, by disabled people and by people living with long-term conditions. (National Voices, September 2023).

The *Build Back Fairer: The COVID-19 Marmot Review* report by the UCL Institute of Health Equity and commissioned by the Health Foundation as part of its COVID-19 impact inquiry investigated how the pandemic affected health inequalities in England. (Marmot Dec 2020) The report highlights that:

- Inequalities in social and economic conditions before the pandemic contributed to the high and unequal death toll from COVID-19.
- The nation's health should be the highest priority for government as we rebuild from the pandemic.
- The economy and health are strongly linked – managing the pandemic well allows the economy to flourish in the longer term, which is supportive of health.
- Reducing health inequalities, including those exacerbated by the pandemic requires long-term policies with equity at the heart.
- To build back fairer from the pandemic, multi-sector action from all levels of government is needed.
- Investment in public health needs to be increased to mitigate the impact of the pandemic on health and health inequalities, and on the social determinants of health.

The report, *Health Inequalities, Lives Cut Short*, has confirmed that a million people in 90% of areas in England lived shorter lives than they should between 2011 and the start of the pandemic. Using ONS data sources, the Institute of Health Equity [IHE] made these calculations from the number of excess deaths (the increase in the number of deaths beyond that would be expected) in the decade from 2011 in England. The new findings from the IHE add weight to its two reviews of health inequalities in 2020 (Marmot Review 10 years On Review and COVID-19 Marmot Review): that the cumulative impact of regressive funding cuts (which hit poorer areas more), associated with austerity, contributed to life expectancy failing to increase, and actually falling for women in the 10% of poorest areas, and health inequalities widening. (IHE, 2024).

If, and when, there is another pandemic, being prepared nationally *and* locally is the best way to ensure the right response is taken. Good data will play a key part in informing the UK's response to the threat of another pandemic. A global collaboration, led by the UK's Office for National Statistics



and funded by Wellcome, is to create the Pandemic Preparedness Toolkit - which could make a valuable contribution to the next global pandemic response. (ONS, 17 Oct 2023)

As a result of the COVID-19 pandemic, East Devon District Council is in a much stronger position of preparedness. We have tried and tested ways of working with staff from the County Council and other districts via Team Devon workstreams. We established and could do so again, a network of local voluntary and third sector groups. We created better links with NHS and other agencies than we had had before, and are finding ways of continuing these links with One Devon Integrated Care System.

One of the immediate and ongoing actions we can help in preparation, is to combat mis-information for instance around vaccinations. Speakers at a UKHSA webinar on 27.05.22 noted that regarding Covid vaccination uptake, inequalities still exist in uptake, e.g. BAME population, pregnant women, at-risk children; there are disparities in uptake especially in young people of ethnic background and people for instance not realising that their diabetes raises their risk. There has been a downward trend with childhood vaccinations / boosters since the pandemic, so measles could be the next outbreak because children aren't receiving MMR vaccines.

We can help to distribute reliable, safe health messages from trusted sources for example as summarised here by UKHSA:

## Get your health and vaccine information from trusted sources

- It is hard to combat Dr Google, always refer to national programme resources – they answer the FAQs and signpost to more information. Give the right version – accessibility of the information is key
- Misinformation can be deadly. Only share trusted information
- Beware of misinformation, especially when it involves infant vaccination and alternatives – grifters are on and offline <https://www.gov.uk/government/collections/covid-19-vaccination-programme>
- <https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine/>
- <https://www.nhs.uk/conditions/vaccinations/>
- Vaccine Knowledge project <https://vk.ovg.ox.ac.uk/vk/>
- **Video: vaccines - are they safe for my child?** <https://www.nhs.uk/conditions/vaccinations/why-vaccination-is-safe-and-important/>
- <https://www.england.nhs.uk/london/our-work/covid-19-vaccination-programme-2/covid-19-vaccine-communication-materials/>
- <https://www.england.nhs.uk/london/our-work/covid-19-vaccination-programme-2/covid-19-vaccine-sites-in-london/>

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## Health effects of climate and adverse weather events

The following evidence is based on UKHSA's latest peer-reviewed "Health Effects of Climate Change" [HECC] report (UKHSA December 2023).

Climate change matters for health. A key message from the report is that climate is the context in which we will need to protect health from a wide range of climate-sensitive hazards; not just an item to consider. It looks at various scenarios, all posing public health risks. We are on track for ~2-3 degrees warming, and even with rapid de-carbonisation temperatures will continue to rise until at least mid-century. Climate will affect a wide range of health outcomes and determinants of health.



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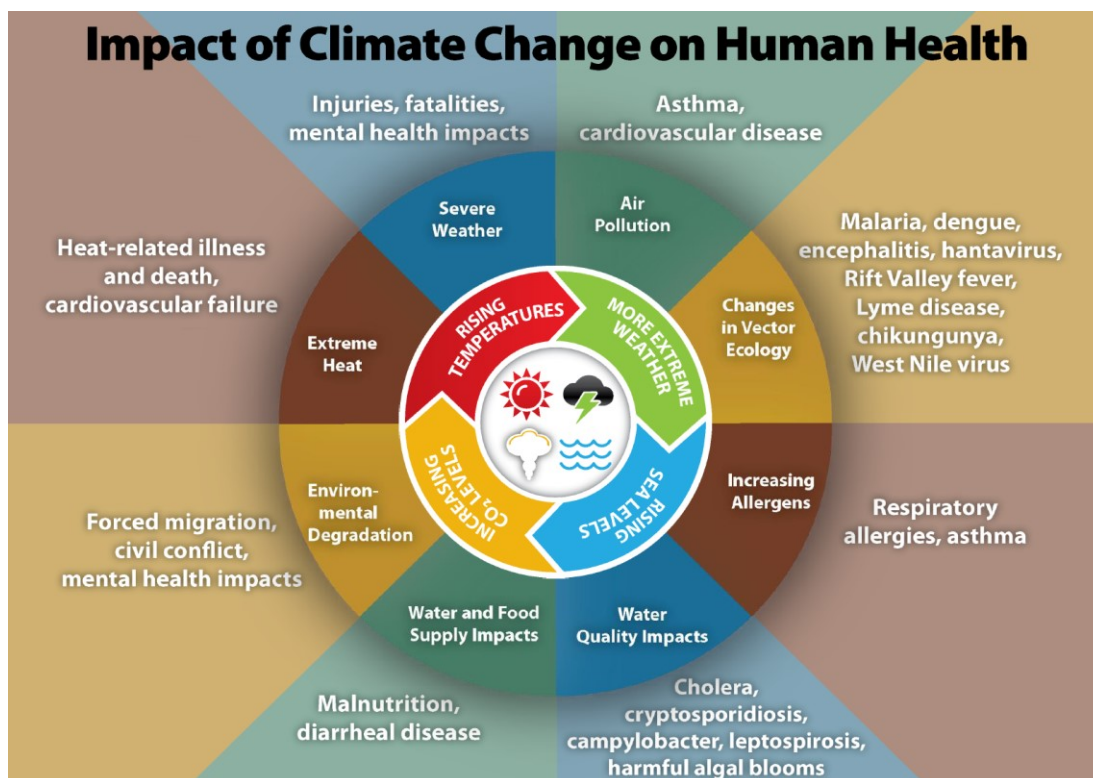
We can expect major impacts on physical and mental health, while our changing climate will also exacerbate existing health inequalities. We are already seeing threats to health in the UK:

in 2022, summer heat reached 40.3 degrees C; there were approx. 2,985 all-case excess deaths. **Heat and cold-related deaths** are both projected to increase in the UK, impacting on the vulnerable.

**Disease vectors:** the UK will become more suitable for the survival of vector species of public health importance. To date our UK winters have historically been too cold for *Aedes albopictus* (Asian tiger mosquito) to survive, but for example Paris had locally transmitted cases of dengue fever in 2023.

**Flooding has various significant negative impacts including upon mental health.** Increased risk of flooding will mean that people and properties, as well as health and social care facilities, transport lines and schools will become at risk of flooding. **Impacts of sea-level rise and flooding will be greatest in coastal towns, low-lying areas, and in or near floodplains.**

Evidence suggests that **food imports and prices**, particularly for fruits and vegetables, will be more volatile due to high UK dependence upon foods from particularly climate-vulnerable countries.



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We must be aware of the implications for local authorities including East Devon:

- Health risks won't be distributed equally.
- Existing inequalities will be exacerbated.
- Those most vulnerable = older adults over 65; children; individuals with pre-existing health conditions.
- Individuals less able to control environments or adapt behaviours will be vulnerable, e.g. social care residents, homeless populations, and settings such as schools and prisons.

The greatest opportunity comes from the potential to align health goals with the UK's decarbonisation agenda, generating a range of health benefits particularly air quality, food, housing and transport. Many adverse health impacts of climate change are avoidable through climate change mitigation and others are preventable through effective adaptation. UKHSA suggests that local authorities focus on these mitigations and adaptations:

- Active transport to reduce emissions and increase physical activity.
- Nature-based solutions: provides shade, reduces flood risk, improves air quality, benefits mental health, but may increase aeroallergens and vectors.

Local authorities have a critical role and certain opportunities. We can prevent some of the challenges and impacts and should focus on co-benefits.

We will work with partners and engage with national services such as the [Adverse Weather and Health Plan - GOV.UK \(www.gov.uk\)](#) and local initiatives such as the Devon Food Partnership and [Devon Carbon Plan – Devon Climate Emergency](#). Our actions will form golden threads through our Council Plan and Climate Change Strategy as well as our new Public Health Strategy.

The intention is to inform policy, action and decision-making going forward.



## The evidence-base for our priorities: which communities will we focus on?

We will work across the East Devon district, with particular focus on those communities in most need, including deprived and isolated rural communities.

We will use statistical data such as Census 2021 and Devon JSNA to identify priority communities; we will also assess and respond to “soft” intelligence such as information received from officers, councillors, other agencies and our third sector partners.

“Agree with adding in more deprived and isolated rural communities. On this point the deprivation dimensions measure in the 2021 Census which is available down to census output area (about a fifth the size of an LSOA) could be helpful here”. (Public Health Consultant Simon Chant, personal communication, July 2023).

### **Why have we added rural areas into our Strategy**

Living in a rural area brings specific challenges for people on low incomes, and this has been exacerbated by the cost of living crisis. Many rural jobs are low paid. Transport costs are higher as people have to travel further to access work, training and essential services. It is more difficult for rural residents to access affordable healthy food: shops that serve these communities tend to be more expensive and public transport options can be very limited. These extra costs add up for rural families. (LGA 2023)

There has been a continued tendency to view inequality as a North versus South phenomenon. However, there is a case for arguing that the key problem is peripherality. Growing awareness of the challenges facing coastal communities as new and worrying patterns of deprivation have materialised (See CMO report 2021). These include unemployment, low incomes, seasonal jobs, low skills and education attainment, social immobility, high rates of anti-depressant and opioid prescribing and poor public health outcomes. In geographic terms ‘peripherality’ is defined in terms of remoteness from the centre of an economic system. Applied to population health, these encompass issues in relation to more limited socio economic opportunities, isolation and access to services and housing in rural and coastal areas in particular. Within the UK ‘peninsula’ areas such as the far South West typically experience higher levels of need, more rapid increases in demand relating to population growth and ageing, challenges in the delivery of services and maintaining staffing levels, and impacts on mental and physical health and wellbeing. Devon has strong similarities to Cumbria, East Anglia and North Yorkshire in this regard. We can also think of peripherality within the Devon and Eastern Devon systems with distance from Exeter and the M5/A38 limiting opportunities and economic development. (Lynnette Chapman, 2023)

The very particular health issues facing coastal communities were highlighted in [Chris Whitty’s annual report](#) in 2021.

## Partnership and stakeholder consultation

We have acknowledged the importance of working in partnership with other agencies, our local communities and stakeholders, to improve and sustain individual and population health and wellbeing. Input from other agencies, local CICs, charities and other community groups is crucial. Our local third sector groups help us to identify priorities. The discretionary functions of our Town and Parish Councils can contribute significantly to the wider determinants of health.

We will seek to develop our partnership activities to help achieve our public health objectives, and through a more joined-up approach to support effective use of local government resources.

We shared our Quick-Read version and full Strategy document with nearly one hundred key external professional stakeholders in February 2024. We are grateful for and have considered all feedback received, from colleagues representing the following organisations:

- Devon Association of Local Councils.
- Devon County Council Communities.
- Devon County Council Learn Devon.
- Devon County Council Public Health.
- Devon Mental Health Alliance, Eastern Devon.
- HeadsUP Mental Health Awareness CIC.
- Honiton Dementia Action Alliance / Dementia Friendly Honiton.
- Honiton Health Matters.
- LED Community Leisure.
- Open Door Exmouth.
- Ottery and District Health Matters.
- Ottery Help Scheme.
- Parental Minds CIC.
- Project Food.
- Torbay and South Devon NHS Foundation Trust.
- Woodbury, Exmouth & Budleigh (WEB) Community Health & Wellbeing Board.

## A note on monitoring: outputs and outcomes

Outputs = how much did we do? Are we busy?

Outputs are usually quantifiable things we can count, based on the number of 'things' produced by an activity for instance numbers of:

- People seen.
- Sessions delivered.
- Signposts to a particular service.
- Leaflets handed out.
- Information sessions delivered.
- Hours' service provided.

Being busy does not necessarily mean that we made a difference! We want to know that we are busy doing the things that lead to measurable change.

Outcomes = what difference did we make? Are we busy doing the right things to create change? A well-defined outcome clearly articulates some type of change. Often outcomes can be ordered over time. When writing outcomes for a project it is helpful [adapted from Chapman, Lynnette (2023) PHM Eastern Devon Workshop 3: Developing our Priorities and Logic Model. Internal communication by SWAHSN for One Devon] to note:

- **For whom we expect to see change:** which particular people, e.g. people aged xx, people living in xxx, people experiencing xx etc. And/or what will change for staff working in xx?
- The **type of change** they will experience: e.g. a change in awareness, knowledge, attitude, skills, confidence, behaviour.
- **How** something will change: increase; decrease.
- **When** the change is expected to take place (short, medium, long term?)
- Reflect on **health inequalities** as part of the outcome-development.
- Consider **'whose outcomes'** - would our outcomes be the same ones that a community might define as important?

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February 2024

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## Appendix 1: our district

The percentage of households in the social rented sector increased in East Devon, but fell across England.

Private renting in East Devon increased from 13.6% to 16.0%, while the rate of home ownership decreased from 75.0% to 72.2%.

The percentage of people (aged five years and over) providing up to 19 hours of weekly unpaid care in East Devon decreased by 3.1 percentage points [ONS note that Census 2021 was undertaken during the coronavirus (COVID-19) pandemic. This may have influenced how people perceived and managed their provision of unpaid care, and therefore may have affected how people chose to respond.]

The percentage of people aged 16 years and over who were unemployed (excluding full-time students) in East Devon decreased by 0.3 percentage points. [ONS]

There are dispersed rural communities and several towns including the new town of Cranbrook. 15.9 % of East Devon's population have no car.

Affordability of homes is an issue. East Devon is in the top 25% of local authority areas for house prices but one of the lowest nationally in terms of wages. Adults in lower-income households were more likely to report acute sickness than higher-income households [Health Survey For England (HSE) 2015]

### Key facts:

- East Devon's population has an older age structure than England.
- Residents' average age is 50.3 years (national average is 40 years).
- East Devon has the highest age profile in Devon, with the largest percentage of those aged 65+ at 30.6%.
- The percentage of those aged 85+ years or more in East Devon is 4.8% and in Sidmouth the figure is 7.6% compared with 2.3% for England. This proportion is expected to increase as the 'baby boomer' generation gets older and people choose to retire here.
- Depression, social isolation and loneliness are concerns, as well as more complex physical health issues developing with age. An ageing population impacts on housing requirements, the labour market and economic growth in addition to healthcare-provision.
- With an increasingly ageing population the number of paid and unpaid carers is expected to increase. Caring can have a negative impact on the carer's physical and mental health alongside reduced income, and for young carers it can also impact on education.
- There are pockets of social and economic deprivation particularly in areas of Exmouth and Honiton. Shorter life expectancy is seen across Devon in deprived areas and areas with a high concentration of care homes. It is also lower in certain groups including Gypsies and Travellers, the homeless and persons with moderate or severe learning disabilities [JSNA].
- Averages mask variations within the district. Between 2012-16 average life expectancy at birth for the population across Exmouth ranged from 77.3 years [Exmouth Town: Central, Exeter Road East (Madeira Villas area)] to 92.8 years [Exmouth Brixington: Dinan Way and Bystock Road area]. This is a difference of 15.5 years across Exmouth.

See also [Knowing East Devon - East Devon](#).

## Appendix 2: the Devon Joint Forward Plan

The Devon Joint Forward Plan is the whole-system response to the One Devon Integrated Care Strategy. Twelve 'Devon Challenges' have been distilled from Devon's JSNAs/Joint Health and Wellbeing Strategies:

1. An ageing and growing population with increasing long-term conditions, co-morbidity and frailty
2. Climate change
3. Complex patterns of urban, rural and coastal deprivation
4. Housing quality and affordability
5. Economic resilience
6. Access to services, including socio-economic and cultural barriers
7. Poor health outcomes caused by modifiable behaviours and earlier onset of health problems in more deprived areas
8. Varied education, training and employment opportunities, workforce availability and wellbeing
9. Unpaid care and associated health outcomes
10. Changing patterns of infectious diseases
11. Poor mental health and wellbeing, social isolation, and loneliness
12. Pressures on health and care services (especially unplanned care).

[Devon Plan - including the Joint Forward Plan and Integrated Care Strategy - One Devon](#)

## Appendix 3: King’s Fund recommendations and enabling actions for district councils

A King’s Fund report observes that “District councils can play a valuable role within integrated care systems (ICSs) because they can influence the wider determinants of health; can act and react in fast and agile ways; and have strong, close connections with local communities.” (King’s Fund 2023) Their recommendations for district councils are for us to:

- Advocate on behalf of district councils, and for the contribution they can make to system working. Leaders need to push themselves forward, explain how their work influences population health and offer their services as testing grounds for place-based projects.
- Identify areas of shared priority, where district councils’ priorities align with those of others – including other district councils – involved in the ICS.
- Accept accountability and responsibility for specific goals on behalf of ICS partners.
- Invest in building relationships by cultivating connections with partners across the ICS, including leaders in other districts and in county councils.

### Summary of enabling actions



TheKingsFund

## Appendix 4: feedback on East Devon's proposed priorities

The following are comments from Simon Chant, Public Health Consultant, Devon County Council (personal communication, July 2023).

Agree with you about the post-pandemic emphases on young people's mental health, cost of living, and diet/nutrition (if we consider obesity that is quite important in the context of the East Devon demographic).

There is also a bit of additional context we can bring from the Integrated Care Strategy for Devon and subsequent Joint Forward Plan which are both now out. The 12 'Devon Challenges' in particular are distilled from our JSNAs/Joint Health and Wellbeing Strategies, and actually pick out economic resilience (building from 'Cost of Living' but recognising the history and longer term challenges in Devon), mental health, and changing patterns of infections as 'rising tide issues' and full documents available here: [Devon Plan - One Devon](#).

Probably worth reflecting on the prevention workstreams in East Devon (CYP MH and substance misuse, the health of carers, and loneliness), which have been in place for a couple of years. A couple of more recent developments are the Population Health Management Action Learning Sets for Eastern Devon which are centring in on suicide risk in middle-aged men as a priority, and the establishment of the One Eastern Devon Partnership Forum. This group is meeting again and are likely to select a couple of priority themes, with mental health and respiratory health (which covers smoking, climate change and housing as 'wider determinant' issues) looking like the likely candidates at present.

## Appendix 5: LED Community Leisure - activities linking to EDDC Public Health Strategy

Strategy	LED Deliver
<b>Physical Activity</b>	All LED Centres Swimming, Gym, Group Ex, Tennis, Junior Activities Get Active Gym Schools exercise pathways Promote National Activity Recommendations
<b>Diet and Nutrition</b>	Nutrition Consultation Healthy Recipe Packs Gym journey Personal Training Stroke Group Nutrition 6 week programme - Littleham
<b>Mental Health</b>	Linked into Social Prescribing model with 30 days free exercise Linked with schools delivering exercise to those in need working in partnership with Heads Up Mental Health Schools exercise pathway Volunteering Opportunities
<b>Loneliness and social isolation</b>	Wellbeing Walks Walking Sports - Tennis, Netball, Football Link activities with social prescribers
<b>Dementia</b>	Linked with memory café and support through health walks Wellbeing Walks Axminster Dementia Group
<b>Long Term Health Conditions</b>	Health Referral Program Cancer Rehab Cardiac Rehab Escape Pain Stroke group Good Boost Fibromyalgia Group
<b>Frailty and Falls</b>	Strength & Balance Groups Links with NHS groups giving 6 hours access at site to develop community groups Swimming Wellbeing Walks
<b>Priority Areas</b>	Swim to the Sea project for Littleham Primary School Exmouth Stroke Survivors Group in Littleham Honiton Primary and Secondary School project Cranbrook - Move More Group and Steering Group attendance. Work in St Martins and CEC Pre Natal Exercise Class at EX5