



East Devon Public Health Plan 2014 – 2017

*...making a positive difference to the health and wellbeing of
residents and communities...*

FOREWORD

In East Devon we are embracing the opportunity for councils to take a lead on encouraging healthier lifestyles. Making a positive difference to the health and wellbeing of our residents is at the heart of almost everything we do. Most of our Council services have a strong base in public health from the obvious activities like Environmental Health, refuse collection, street cleansing and Housing through to the less obvious activities such as Planning, Countryside, Economic Development and Benefits. Our partners across East Devon have come together to develop this aspirational Plan to provide us with a public health framework for the next three years.

Now that public health has returned to local authority responsibility we see a great opportunity to join forces with Devon County Council and the new Clinical Commissioning Groups to deliver a comprehensive public health service.

This Plan has emerged through various activities and events and we hope it reflects the voices of all those involved. The Plan does not include all the work which is going on around the county but focuses on the areas where we believe we can make the greatest difference by working together. In preparing the Plan we recognise that we cannot achieve all of the ambitions as a District Council, but we will use our powers of influence towards our public health partners who have the ability to improve health outcomes.

There are no significant new resources going towards public health locally so this Plan is necessarily about using our existing resources and capacity more intelligently.

We would like to thank everyone who has contributed to this Plan to date. All your hard work and contributions will be reflected in the detailed action plans which will identify how each outcome will be addressed. We look forward to working together with you over the coming years to achieve our ambitions.

Our health is one of the most important things in our life. It influences the quality of life and is the responsibility of local authorities, the medical profession and individuals.

Cllr Paul Diviani – Leader of East Devon District Council
Cllr Peter Sullivan – Health and Wellbeing Member Champion

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Setting the Scene

What is public health?

Public health is defined as ‘the science and art of preventing disease, prolonging life and promoting health through the organised efforts of society’ (Acheson 1988). As well as a focus on disease prevention, improving the public’s health requires a wider understanding of both wellbeing and the impact on our health from how and where we live our lives.

What has changed in the public health landscape?

This Plan has been produced in response to the transfer of public health responsibility from the National Health Service to the County Council and the public health offer Devon County Council has made to the districts. This Plan also presents an opportunity to show how we intend to deliver the Health and Wellbeing Strategy locally, and ensure that this integrates with our health equalities ambitions.

Why do we need this plan?

Tackling the determinants of health and wellbeing and promoting social policies that maximise the health and wellbeing of residents requires a multidisciplinary approach with partners aligning their knowledge, skills and resources to achieve the population health outcomes we aspire to. The purpose of this plan is to provide a framework for achieving these aims over the next three years.

This plan has been developed in collaboration with partners and identifies the main issues we need to work on together. In a time of constrained resources, this plan will play an important role in supporting public services manage the additional pressures of growing population needs. There is little additional funding identified to support this work but an expectation that we will pull together our combined efforts, skills and resources to achieve the stated ambitions for our communities.

Who is it this Plan for?

This plan aims to focus the work of statutory and non-statutory agencies, the voluntary and business sector and community groups across east Devon to combine their resources and skills to help improve the health and wellbeing of the residents and communities of East Devon.

How does the plan take account of the health needs of the population?

Understanding the lives of individuals, communities and the resources they have access to is vital in achieving improved health outcomes for all. With greater understanding of these variables and the influences they have, a more informed and targeted approach can be taken to support health improvement.

A tool we use for considering the health of the district is a **Joint Strategic Needs Assessment** (JSNA) which looks at the current and future health and care needs of

local populations to inform and guide the planning and commissioning (buying) of health, well-being and social care services within a local authority area.

In this Plan we have committed to understanding the current needs and assets within communities but also the impact of population change on the future needs of residents in East Devon, including changes in births, life expectancy and migration.

How will the plan adapt and change over the next 3 years?

We want the Plan to be challenging but realistic. Some aspects of the plan are more developed than others and for some issues we will be working initially to understand more about them and their impact on our residents' health. Behind each of these priorities we will develop action plans with milestones and targets to help us to reach our goals as well as an evaluation framework across the whole plan to determine how we are doing. Both the overall framework and the work plans will need to be dynamic to reflect the changing context of the public's health over the next three years'.

How will the plan be monitored?

Annual action plans will outline programmes of work to progress the defined priorities. Programmes will feature a targeted outcome, outcome progress and evaluation measurement. Alongside the annual review of action plans we will review and report on achievements and report on outcomes to the Director of Public Health and the Council's Overview and Scrutiny Committee.

East Devon District Council's Public Health Role

Why does the Council see public health as a priority?

The Council already delivers a wide range of services which directly impact on public health and wellbeing. While the Council has a statutory duty to provide some of these services, others are provided because it wants to actively improve opportunities for individuals. The Council believes that everyone should be given the opportunity to live a healthier life and recognises that this work cannot be done without close partnerships.

When people think about their health, they may think about exercise, diet, visiting their GP, but most will not think about their local Council. While it is true that East Devon District Council does not get involved directly with an individual's medical treatment, it does influence your health on a daily basis; how it does this will depend on the services you use. Below is a brief outline of practical public health interventions which contribute to the health and quality of life for communities and individuals.

Environmental Health

The Environmental Health service plays a key part in maintaining and improving public health through its advice, regulation and enforcement roles. It influences health by ensuring food hygiene is maintained in commercial premises, that employees health and safety is protected, improving air quality for everyone in the district, correcting issues of poor sanitation. In addition the Service has an active health promotion role, being pro-active in supporting people to make informed healthy living choices as well as ensuring the implementation of the East Devon Public Health Strategy.

Housing

We aim to achieve a decent home for all. This involves preventing homelessness and improving housing conditions in the public and private sector. This may include resolving poor housing or nuisance issues, enforcing appropriate conditions if needed in houses of multiple occupation and converting empty homes back to use for those who need to somewhere to live or adaptation of a property to aid those living with disabilities. Our Housing Service also delivers community development initiatives which contribute towards the emotional wellbeing of residents and attempts to improve the quality of life in targeted communities. We operate a community alarm service called Home Safeguard with over 5000 customers connected to our control centre providing 24/7 assistance.

Community Safety

Community safety covers the reduction in crime, disorder and anti-social behaviour. East Devon has a Community Safety Co-Coordinator and supports a partnership of agencies which deals with these issues, making East Devon one of the safest places to live in the entire country. Community safety contributes to public health by sustaining an environment in which people can live happily and safely.

Countryside

This Service provides Nature Reserves, a programme of outdoor activities and supports the Areas of Outstanding Natural Beauty. We encourage access to and use of the countryside, which contributes towards emotional wellbeing and physical activity. We also have a role in protecting trees and hedgerows across the district. Our corporate priority recognises that East Devon is an outstanding place and our Countryside Service attempts to ensure that residents and tourists benefit from the high quality environment in which we live, work and play. The service also has responsibility for the leisure client role working with the Council's leisure provider LED and the local authority arts and culture offer.

Streetscene Services

The Council is committed to creating and maintaining the outdoor environment to a high standard across the district. Cleansing operations in our streets and parks ensure that getting out and about is a pleasant experience. The Service manages a range of operations which have a positive effect on everyday healthy living including street cleansing, refuse collection, recycling, the reduction of waste, maintaining parks and open spaces and beach management.

Licensing Service

With responsibility for regulating temporary events, licensed premises, the sale of alcohol and overseeing the licensing of taxis and private hire vehicles, decisions have a marked influence on public health.

Development Management

Through its planning policy work, primarily the Local Plan, the Council is able to consider the formulation of a range of policies to be taken into consideration when new development proposals come forward. The range and extent of these must be compatible with the national planning context, most particularly the National Planning Policy Framework, published by the government in March 2012. Policies can cover issues such as the provision of walking and cycling routes, access to community facilities and provision for children's play and recreation for all ages. The Council currently anticipates the publication of its draft District Local Plan in spring 2014, the adopted policies will be taken into account in decision making, undertaken by the development management service, when development proposals come forward in the future.

Active Recreation

Leisure East Devon (LED) is the Council's leisure trust established some years ago to provide sports and recreational facilities throughout the district. LED provides leisure facilities in most East Devon towns and outreach facilities for the rural parts of the district. LED programmes link with GPs and health professionals to deliver the exercise referral scheme PULSE and other condition-specific rehabilitation programmes.

Health Inequalities

What are health inequalities?

Health inequalities are preventable and unjust differences in health status experienced by certain population groups. People in lower socio-economic groups are more likely to experience chronic ill-health and die earlier than those who are more advantaged. Health inequalities are not only apparent between people of different socio-economic groups, they exist between different genders and different ethnic groups.

Health inequalities are often observed along a social gradient. This means that the more favorable your social circumstances such as income or education, the better your chance of enjoying good health and a longer life.

Why do health inequalities exist?

The causes of health inequality are complex but they do not arise by chance. The the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness strongly influence health. These circumstances are in turn shaped by a wider set of influences: economics, social policies, and politics

Reducing health inequalities

The aspiration that every person should receive access to equal life chances and opportunities for good health is not new. Making it happen is the challenge. 'Fair Society, Healthy lives' is a review written by Professor Sir Michael Marmot which includes examples, evidence and a set of approaches aimed at reducing health inequalities. One of the key messages Sir Michael promotes is "proportionate universalism". He concluded that focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. He proposed that to achieve a reduction in the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage.

The East Devon Public Health Plan seeks to embrace the following six policy objectives summarised in the Marmot review (2010):

1. Give every child the best start in life;
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives;
3. Create fair employment and good work for all;
4. Ensure a healthy standard of living for all;
5. Create and develop healthy and sustainable places and communities;
6. Strengthen the role and impact of ill-health prevention.

Within the Devon Public Health Annual Report 2012-13, these areas are highlighted and expanded as the top ten areas where we can have the greatest impact on **health inequality**:

1. Reducing smoking;
2. Increasing the proportion of the population at a healthy weight;

3. Detecting and treating diseases earlier, such as heart disease, high blood pressure, diabetes, cancers;
4. Targeting preventive interventions at those vulnerable groups with the worst; health, including those who may be at risk of domestic or sexual violence and abuse;
5. Investing in the health and wellbeing of all children and young people;
6. Improving mental health and emotional wellbeing, and preventing loneliness;
7. Increasing income levels and employment and reducing poverty;
8. Improving the quality and warmth of housing;
9. Reducing misuse of substances, including alcohol and drugs;
10. Helping people in their neighbourhoods to live healthier and happier lives.

East Devon District Council vision for tackling health inequalities

The Council is committed to tackling health inequalities within East Devon. Whilst East Devon is considered to be a good, healthy place to live in and its residents generally benefit from better health outcomes in comparison to some neighbouring district, there are still variations and differences in health outcomes across the district which are not acceptable and require a coordinated approach to address.

The East Devon Public Health Plan 2013-2016 is the catalyst for the practical delivery and implementation of the Council's desire to reduce health inequalities. This is supplemented by our Health Equality Policy.

The public health role of the Council through the work of its various departments will be reflected in the content of the Service Plans. Within the strategy as part of the Plan priority there is also an objective which seeks to recognise the public health contribution that employees make. The intention is that each employee whether their role revolves around a greater or lesser health and wellbeing contribution will see their connection and importance to the overall public health work of the Council. We want to create a Council ethos that through its councillors, officers and the residents it serves, we will all understand the vital part we play in maximising our health outcomes and continue to reduce the inequalities in health within the district.

East Devon Public Health Plan Principles

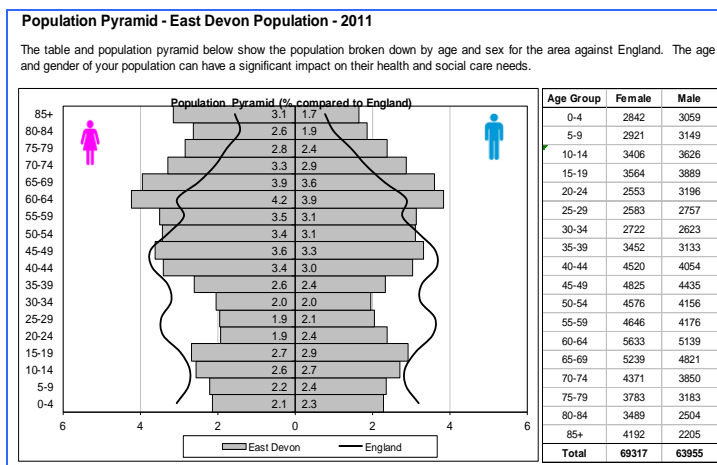
As a result of our considerations the East Devon Public Health Plan seeks to reflect:

- The six Marmot core principles aimed at reducing health inequalities over the life course;
- The Public Health White Paper and measurement domains of the Public Health Outcomes Framework;
- East Devon District Council's corporate objectives - an outstanding place;
- The Devon Health and Wellbeing Strategy priorities;
- The Joint Strategic Needs Assessment (JSNA) and the value of contributing to it;
- The importance of using evidence of effectiveness to guide project development and a commitment to building the evidence base where it is lacking;
- Maximised partnership working to extend reach, align resources and avoid duplication.

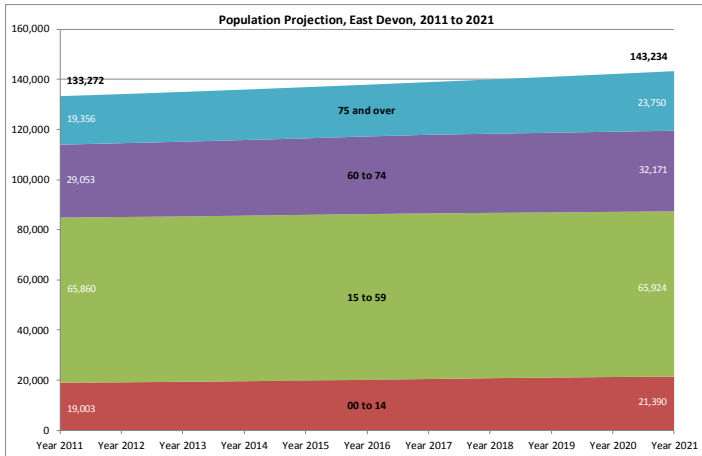
The Health of East Devon residents and communities

Demographics

East Devon, with a population of approximately 133,272 is a relatively affluent district with longer than average life expectancy and a good quality of life for residents. The average life expectancy for the population of the East Devon is 81.2 years for men and 84.3 years for women, comparing well with the Devon averages of 80.2 years for men and 83.8 years for women and the national averages of 78.6 and 82.6 years respectively. Indicators such as mortality rates and infant health continue to improve in all parts of the county.



Overall, East Devon has an older age structure than England. The proportion of people aged 85 years or more in East Devon is 4.79% and in Sidmouth is 10.99% compared with 2.23% in England. It is expected that this proportion will increase over the next decade as the 'baby boomer' generation gets older. As well as developing more complex physical health issues as we grow old, depression, social isolation and loneliness are key concerns. Approximately 3277 older people are estimated to have depression with over a thousand having severe depression in East Devon. It is estimated that a significant number people in East Devon provide an important resource of unpaid care. As the number of older people increases it is expected that the number of paid and unpaid carers will also need to increase. Being a carer has a negative impact on physical and mental health and for young carers it can also impact on education.

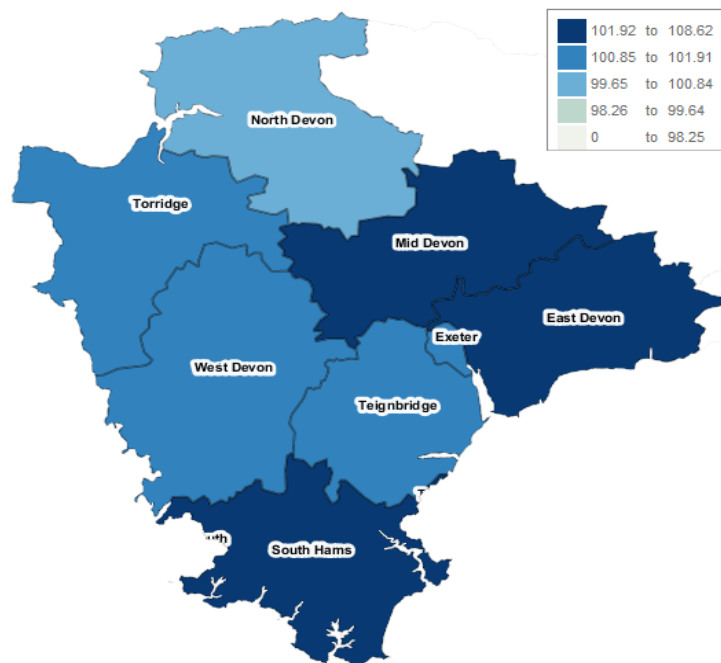


Health

Nationally, there have been major improvements in public health over the course of the last century, with large increases in life expectancy. However, this overall picture masks significant geographical variations and health inequality. Our health profile assesses East Devon according to a number of health indicators, including life expectancy, expected prevalence of smoking and obesity, infant mortality and standardised mortality ratios.

East Devon is ranked 22 out of 407 districts on our health score, indicating standards of health that are in the top 20% of districts nationally.

The map shows the performance of districts within Devon on our health score (life expectancy indexed to the national average). The areas with very dark shading score highly and those with very light shading score poorly.



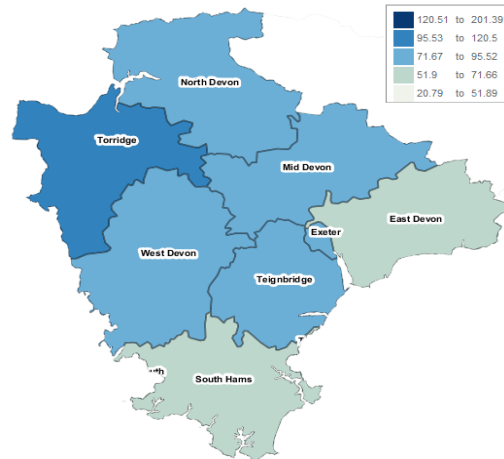
Deprivation

The Government's standard measure of deprivation and inequality in England is the Index of Multiple Deprivation (IMD). Our deprivation profile assesses conditions within East Devon according to a number of aspects of deprivation, including

disadvantage in education; income; employment; health; and housing. At the district level, most domains within the index show a favourable score except the housing domain score, which ranks within the 20% most deprived districts.

East Devon is ranked 237 out of 354 districts on our deprivation score, putting it in the 40% least deprived districts nationally.

The map shows the performance of districts within Devon. The areas with very dark shading have higher levels of deprivation and those with very light shading have lower levels.

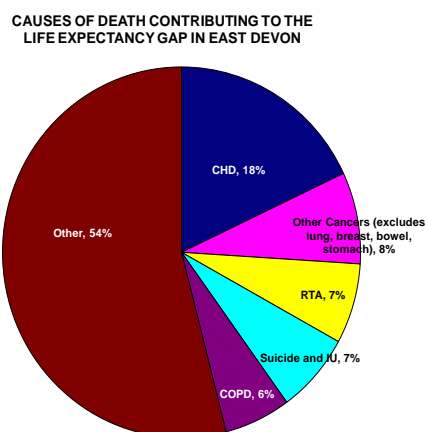


Source: LA Summaries IMD 2010

Within the district there are some communities in East Devon that are relatively deprived, particularly in Exmouth- Littleham and the town centre area and in Honiton - Streamers Meadows and King Street areas near the High Street. Life expectancy is 5.2 years lower for men and 2.8 years lower for women in the most deprived areas of East Devon compared with the least deprived areas. In addition to the towns, some of the district’s rural areas, around Axminster and Honiton are more deprived than the average rural area in England. In particular, using the Index of Multiple Deprivation scoring (2010), Musbury, Whitford and surrounding areas rank within the top 10 most deprived Devon villages, hamlets and isolated dwellings.

Deprivation has a strong direct association with poorer health as well as other aspects of life that influence our wellbeing, such as employment. Priority housing waiting lists are growing in the county and this pressure on housing is expected to increase as benefit changes are implemented nationally. The evidence is clear that our progress through our early years (0 to 5 years) is critical for our future health and wellbeing. Children in the more deprived areas in East Devon do not have as strong a start as most children in the county.

Although premature mortality rates are generally low the biggest causes of early



death are heart disease and stroke. Significant numbers of people have lifestyle risk factors for these conditions such as smoking, drinking alcohol, and being overweight or obese. People from more disadvantaged backgrounds experience a higher prevalence

of lifestyle risk factors and consequently, higher rates of heart disease and stroke.

Unless lifestyles improve we can expect perpetuating health inequalities and a negative impact on the health of all East Devon residents in future, with an increased demand for health and social care services.

What is our response to the public health challenges?

This Plan focuses on the areas where we believe we can make the greatest difference by working together in a more joined up way with partners. It sets out the important health outcomes for our residents and communities that we all agree we should aspire to.

Considering the needs of the population at present and looking forward, we will focus on three themes:

- 1. Realising our health potential**
- 2. Connected resilient communities**
- 3. Influences on our health**

Priorities relating to these themes will be developed and reviewed annually, acting to focus our collaborative response to improving health and wellbeing of the East Devon population.

The year 1 priorities have been agreed as:

- 1) Active engagement in the Targeted Family Support Programme
- 2) Emotional health and wellbeing
- 3) Cardiovascular disease prevention in priority communities
- 4) Raising levels of physical activity across the life-course
- 5) Falls prevention
- 6) Action to address Poverty/support for those experiencing hardship

The Devon County Council Health and Wellbeing Strategy 2013 – 2016 has informed the development of this plan. The key priorities of the Health and Wellbeing Strategy are set out below, with links drawn to show how East Devon's Public Health Plan themes and priorities link.

East Devon Public Health Plan 2013-16		Devon County Council Health and Wellbeing Strategy 2013 – 16	
Overarching Themes	Initial Priorities	Areas for Action	Overarching Priorities
Realising our health potential (theme 1)	(1) Active engagement in the Targeted Family Support Programme	Poverty, Targeted family support, Domestic and Sexual violence and abuse, Pre-school education outcomes, Education outcomes and skills, Transition.	A focus on children and families
	(2) CVD Prevention in priority communities	Alcohol misuse, Contraception and sexual health, Screening, Physical activity, healthy eating and smoking cessation, High blood pressure (hypertension), <i>Integrated pathway for self-care.</i>	Healthy lifestyle choices
	(3) Raising levels of physical activity across the life-course	Falls, Dementia, Carers support, <i>End of life care integrated pathway.</i>	Good health and wellbeing in older age
Connected resilient communities (theme 2)	(4) Falls prevention		
Influences on our health (theme 3)	(5) Emotional health and wellbeing	Mental health and emotional wellbeing, Living environments, Housing, Social isolation, Offender health, <i>Protected characteristics JSNA.</i>	Strong and supportive communities
	(6) Action to address Poverty/support for those experiencing hardship.		

1. Realising our health potential (theme 1)

Starting Well

'The evidence is clear that children's experiences in their early years strongly influence their outcomes in later life, across a range of areas from health and social behaviour to their employment and educational attainment.'
Fair Society, Healthy Lives - The Marmot Review February 2010.

There is a strong body of evidence that demonstrates:

- Children's experiences in their early years strongly influence their health, social, educational and employment outcomes in later life.
- The importance of the first three years of a child's life on brain development.
- A strong start in the early years increases the probability of positive outcomes in later life.
- A weak foundation significantly increases the risk of later difficulties.

Therefore, supporting children's early years has long-term benefits in improving health and wellbeing. Targeted support to those in greatest need in the early years will contribute to reducing health inequalities enabling children to fulfil their health potential as adults.

Critical factors for improving outcomes for children in their early years are:

- Children's health.
- Good maternal mental health.
- Parenting style.
- Learning activities and the home learning environment.
- High quality early education.

We recognise that there is some scope for us as a district council to influence and help shape children's early year's experiences.

The public health challenge is to (what):

- Achieve better health outcomes and reduce health inequalities.
- Reduce the impact of child poverty in East Devon.
- Promote improved immunisation uptake.
- Promote reduced maternal smoking rates.
- Reduce the negative impact of parental mental illness on East Devon families.
- Help families with the most complex needs to create and sustain positive futures.

We will achieve this by (how):

Supporting the Targeted Families Programme and Health and Wellbeing Strategy to oversee and coordinate comprehensive, integrated, approach to improving East Devon children's early years' experience. This will include:

- Actively participating in the Troubled Families Programme.
- Playing our role in the Early Help Strategy for children and families.
- Supporting measures to reduce the impact of child poverty.
- Operating a Local Welfare Support scheme and Discretionary Housing Benefit scheme.
- Ensuring that safeguarding referrals are made when a child is considered to be at risk.
- Implementing robust safeguarding programmes.
- Undertaking community development activities with families and young people.
- Strengthening the district and locality-based multi-agency partnership working arrangements and the integration of services to raise the quality of early year's provision.
- Encouraging access to the countryside and use of the green infrastructure.
- Providing or securing good quality family homes.

Priorities:

- 1) Active engagement in the Targeted Family Support Programme.**
- 2) Emotional Health and Wellbeing.**

Keeping Ourselves Healthy

Our lifestyles have a major impact on our health and wellbeing. We all have a responsibility for the food we eat, how much we drink, protecting our skin, how physically active we are, whether we smoke and for our sexual health. However, we do not make these choices in a vacuum. These choices are heavily influenced by the environment in which they are made and as such there is a responsibility at individual, family, community and governmental level to support and promote healthy lifestyles.

Cardiovascular disease (including Coronary Heart Disease, Stroke and Diabetes) is responsible for a significant number of deaths in East Devon and contributes to more than 18% of the gap in life-expectancy between those from the least and the most disadvantaged areas.

Programmes are in place to help raise awareness of how lifestyles affect disease risk, such as the NHS Health Checks programme for adults aged 40-74. Targeted action to prevent Cardiovascular Disease and encourage people to take part in NHS Health Checks in the most disadvantaged areas may contribute to a narrowing of health inequalities.

Drinking Sensibly

Impacts of harmful drinking on individuals, families and society are wide ranging including health (e.g. deaths from liver disease and accidents as well as increased cardiovascular disease), crime (including domestic abuse, assault or drink-driving) and employment.

By applying national research to the East Devon population we estimate the following:

- 31,100 people aged 16+ who have “increasing and higher risk” drinking behaviour;
- 4,295 people aged 18-64 are predicted to have alcohol dependence.

Becoming Smoke Free

The creation of smoke-free environments following legislation on 1 July 2007 has been credited with a steady downward trend in smoking in adults. Extending the areas where smoking is not permitted reduces the risks of passive smoking and spreads the smoke-free norm. Supporting people to quit smoking remains a top public health priority as it accounts for half the difference in life expectancy between the richest and poorest in our society. Smoking prevalence within East Devon at 14% is already under the county’s target for 2015 which is 15%, but prevalence among routine and manual workers, some groups of pregnant women, people from lesbian, gay, bisexual and transgender communities is disproportionately higher and remain a concern for the district.

Looking After Our Skin

Skin cancer rates have increased rapidly in the last 30 years. The South West has the highest incidence and mortality rates in the country, and East Devon’s rates are statistically higher than the national and south west average and requires a concerted approach.

Overall, risk of skin cancer increases with age, but rates of malignant melanoma (the most deadly type) are disproportionately high in 15-34 year olds. Across Devon the priority target groups are teenagers for primary prevention and people over 50 years of age for early diagnosis.

Sexual Health

Good sexual health is important to individuals and to society. It is therefore important to have the right support and services to promote good sexual health. The *Public*

Health Outcomes Framework for England 2013-2016 set three principal indicators for sexual and reproductive sexual health:

- A continuing fall in the rate of births to women under the age of 18;
- A reduction in the proportion of people with HIV whose infection is diagnosed late;
- An increase in Chlamydia diagnoses among young people aged 15-24.

Sexual ill health and unintended teenage pregnancies are strongly linked with deprivation and health inequality. East Devon has lower rates of teenage pregnancy and sexually transmitted infections than the English average. However, Devon is seeing a rise in the rate of diagnosed sexually transmitted infections

Eating Healthily

Good nutrition is essential for health, playing an important role in growth and development, building strong bones, a resilient immune system, preventing cancers and vascular disease and keeping warm.

The current economic environment is likely to have a direct impact on individuals and families' ability to maintain a balanced diet. In a recent report, (*Oxfam, 2013*) Oxfam and Church Action Poverty state that there has been a sharp rise in numbers of people turning to food banks in the past year. Local experience describes a similar picture in East Devon, with Food Banks actively supplying people referred by agencies in every town in East Devon. Work needs to prioritise the improvement of health and wellbeing through food; addressing food poverty, growing, cooking, sourcing skills and the development of community cohesion through food.

Healthy Weight

Overweight and obesity have increased sharply in recent years. In England almost two-thirds of adults and a third of children are either overweight or obese. Overweight and obesity can lead to adverse effects on health and wellbeing. Potential problems include respiratory difficulties, chronic joint problems, depression, relationship problems and infertility. The more life-threatening problems fall into four main areas: cardiovascular disease, type 2 diabetes; certain types of cancers and gallbladder disease.

In East Devon, 24.3% of adults are estimated to be obese, which is in line with the national average. Overall, a higher proportion of East Devon children have a healthy weight when compared to national rates, with most recent data from the National Child Measurement Programme (DH, 2013) reporting that 22.2% of 4-5 year olds and 29.3% of 10-11 year olds are either overweight or obese.

As with many other lifestyle related issues, there is a strong positive relationship between deprivation and obesity prevalence, both locally and nationally. Within Devon, Exmouth Learning Community has been highlighted as an area where there is a statistically significantly higher proportion of overweight and obese children compared to the Devon average.

Physical Activity, Sport and Active Recreation

Increasing physical activity has the potential to improve the physical and mental health of the community and prolong life healthy expectancy. It can also save money by significantly easing the burden of chronic disease on health and social care services. Increasing cycling and walking can also reduce transport costs and reduce impacts on the environment. Other potential benefits linked to physical activity in children and young people include the acquisition of social skills through active play (leadership, teamwork and co-operation), better concentration in school and displacement of anti-social and criminal behaviour.

The Chief Medical Officer's recommends all adults to participate in 150 minutes of physical activity per week and for all children, a minimum of an hour per day.

Far too many people participate in little or no physical activity. National research indicates that over half the East Devon population do little or no sport or active recreation, with only 26% participating three or more times per week.

We want to encourage people to be active whether in sport, active transport or other forms of leisure or recreation. Leisure East Devon (LED) is the Councils leisure service provider and facilities manager, operating as a trust and receiving an annual subsidy from the Council. We have limited resources to invest and so we wish to influence partners in bringing forward opportunities for all of our residents.

Sporting excellence and competitive sport is outside the scope of this Plan and we look to Government, sports governing bodies and sports clubs to provide for 'serious' athletes.

The public health challenge is (what):

- To reduce hospital admissions for alcohol related harm (compared with the expected increasing trend).
- Reduce the rate of young people and adults who are smoking, including pregnant and maternal smokers and those with routine and manual occupations.
- To create more smoke-free environments in order to support a tobacco-free societal norm.
- To decrease rates of malignant melanoma in East Devon
- Reduced rates of unplanned teenage conceptions and sexually transmitted infections, particularly Chlamydia.
- Reduce food poverty and build food resilience.
- Create a downward trend in the level of excess weight in children and adults.
- Increase rates of physical activity across life-course.
- Decrease rates of cardiovascular disease especially in more deprived communities.
- Increase the uptake of NHS health checks, especially in more deprived communities.

We will achieve this by (how):

- Working closely with multi-agency colleagues to improve evidence based

pathways to support safer drinking, sexual health, tobacco control and substance misuse, ensuring services are made available to those most in need.

- Working with colleagues, to reduce the inappropriate availability of alcohol and tobacco for children and young people.
- Working towards the outcomes in the Local Government Declaration on Tobacco Control we signed up to.
- Working with Community Safety Partnership and other colleagues to support education and awareness raising campaigns.
- Increasing health input into licensing decisions made locally.
- Implementing the smoke free playgrounds and children's centres programmes.
- Implementing evidence-based prevention and early diagnosis initiatives for skin cancer.
- Ensuring access to positive advice, information and support around contraception and sexual health.
- Working with colleagues to embed a culture of healthy eating, through cooking, growing and sourcing, working where possible to use food as a vehicle for building community cohesion/tackling social isolation.
- Undertaking food safety inspections to assure the quality of the food we eat.
- Supporting food banks and local welfare support.
- Implementing comprehensive childhood and adult obesity pathways.
- Supporting leisure providers, clubs and associations to promote their activities to the community.
- Ensuring that green infrastructure (such as access to green space, play facilities and routes to facilitate active transport) is given high priority within planning policy, particularly in the new developments in the west end of the district.
- Promoting NHS checks and services within priority groups and communities.
- Working with colleagues, to reduce the inappropriate availability of alcohol and tobacco for children and young people.
- Working closely with multi-agency colleagues to improve pathways to support safer drinking, sexual health, tobacco control and substance misuse, ensuring services are made available to those most in need.
- Working with Community Safety Partnership and other colleagues to support education and awareness raising campaigns.
- Increasing health input into licensing decisions made locally.
- Commissioning evidence based intervention programmes for young people.
- Implementing the smoke free playgrounds and children's centres programmes.
- Supporting evidence-based prevention and early diagnosis initiatives for skin cancer.
- Ensuring access to positive advice, information and support around contraception and sexual health.
- Working with colleagues to embed a culture of healthy eating, through cooking, growing and sourcing, working where possible to use food as a vehicle for building community cohesion/tackling social isolation.
- Supporting comprehensive childhood and adult obesity pathways.
- Supporting leisure providers, clubs and associations to promote their activities

to the community.

- Promoting and improving access to the countryside and outdoor activities.
- Encouraging LED and other providers to establish who is currently using the district's facilities and programmes and to target future activities towards priority groups and communities, considering affordability and location.
- Ensuring that the new community of Cranbrook has a high quality country park.
- Including physical activity in community development work.

Priorities:

3) Cardiovascular disease prevention in priority communities.

4) Raising levels of physical activity across the life-course.

Ageing Well

The increase in life expectancy and the resulting ageing population is one of the most significant public health successes in the past century. Whilst this is to be celebrated, the increase in the number of very old people will present challenges not only for individuals and families, but also for public services in the future.

In East Devon:

- We have an older population structure than England, with a greater proportion of people in the 60+ and 80+ age groups.
- The percentage of younger working age adults in East Devon is much smaller than England. This means that the ratio of dependents (children and older people) to those of working age is high and likely to increase. There will be greater pressure on the working age group, both as a workforce and to provide informal unpaid care.
- The large number of "baby boomers" i.e. people born between 1945 and the mid 1960s, are now coming into the 60+ age groups and in East Devon there is also net inward migration of people aged 55+ from other parts of the UK. These will act to increase the dependency ratio.
- As with the overall population, people aged 65+ years in East Devon are relatively healthy, but as we age we are more likely to have a long term condition or disability, and may need support to maintain our independence and quality of life.
- Falls and fractures are a common and serious problem affecting older people, with high levels of personal and financial cost. Falls and fall-related fractures have a significant impact on health and social care costs as well as on individuals.
- Dementia is increasingly common in older people, affecting approximately 1 in 14 people over 65. People with dementia experience declining memory, difficulties with communication and daily activities and psychological symptoms such as agitation and depression.

It is important that discussion about ageing is not confined to health and social care services as:

- Public transport usage increases with age;
- Older people spend more time in their own home, and need warm, affordable, good quality housing;
- There are, and will be, increasing numbers of older people continuing to work, this will require increased flexibility in the workplace; and
- For all people, young or old, social networks, friends and being part of a community, are vital to health. Social isolation and depression are frequently raised by older people as their main problem or concern. It is important, for the individual and wider community, that older people are supported to participate, whether in paid employment, volunteering or learning opportunities.

The public health challenge is (what):

- People are better prepared for ageing; physically, emotionally and socially.
- Older people are treated with dignity, respect and offered personalised care.
- Services are better equipped to support the growing ageing population.
- Older people feel more connected in their communities, less isolated and lonely.

We will achieve this by (how):

- Supporting the participation of older people in employment, volunteering, learning or leisure opportunities.
- Supporting work which promotes choice, dignity and respect of older people and notably the most vulnerable (e.g. promotion of cross-agency responsibility of adult safeguarding, Dementia Friendly areas).
- Ensuring that service users are involved and have choice and control.
- Increasing the number of preventative, health promoting and rehabilitative “upstream” interventions and funding (e.g. provision of gritting in winter to prevent trips or falls).
- Expanding Home Safeguard services to enable more customers to maintain independence, including telecare monitoring devices.
- Providing sheltered housing support services and offering the service to older people in general needs housing and the private sector.
- Delivering initiatives to promote postural stability, prevention of slips, trips and falls.
- Developing an evidence base for planning effective, joined-up services that have the right workforce and sufficient capacity to support the increase in the number of older people in future.
- Promoting and supporting warmer homes and affordable warmth initiatives for older people.
- Improving the home environment for older people, (e.g. work to reduce fuel poverty, poor insulation, increase the use of supportive adaptations, technology and telecare, and improve the quality of care home provision).
- Delivering health promoting activities in sheltered housing community centres,

- including digital and social inclusion initiatives.
- Promoting Neighbourhood Health Watch and similar “connected communities” initiatives.

Priorities:

- 4) Falls prevention.**
- 5) Emotional Health and Wellbeing.**

2. Connected Resilient Communities (theme 2)

Feeling fine, coping well

Emotional Wellbeing is defined as “a dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community.” Self-determination, having some control over one’s life, having a sense of purpose and resilience are important aspects of emotional wellbeing as well as spiritual and cultural aspects of life. (The *National Institute for Health and Clinical Excellence*.) We want all residents to feel happy, confident and satisfied with their lives.

Nationally disorders such as anxiety and depression, account for a significant number of days lost from work and of GP visits.

In older people, depression, social isolation and loneliness are important concerns. It is estimated that in East Devon 3,277 older people (aged 65+) have depression with over a thousand older people have severe depression.

National data shows that mental health and emotional wellbeing issues have an enduring impact on the population.

The public health challenge is (what):

- For people to feel content and have a meaningful place within society.
- For communities to support each other to have emotional resilience, connectedness, and reduced social isolation.
- For people with mental health problems to experience less stigma and discrimination, so they can work, participate in communities, enjoy family life and seek help for like anyone else.
- Protecting people and property from flooding/severe weather events and emergency situations.

We will achieve this by (how):

- Ensuring that emotional wellbeing forms an integral part of all aspects of the Public Health Plan.
- Supporting targeted and universal parenting programmes.
- Supporting workplaces and schools in the district to enable their staff and pupils to be happy, healthy and productive.
- Promoting access to the countryside and physical activity as a stress reliever.
- Providing an arts and culture offer with outreach arts development activities.
- Building social value/capital and social support networks by supporting/expanding programmes which enable communities to help themselves (e.g. community development).
- Facilitating public services, the voluntary sector and the independent sector to work together to improve emotional health and wellbeing.
- Supporting residents to access support around debt management and budgeting, skills for employment and participation in learning.

- Working collaboratively to tackle domestic and sexual violence.
- Ensuring that service users having the opportunity to make a significant input into the development of local services.
- Undertaking Neighbourhood Assessments with an emotional and physical health bias.
- Promoting the Home Safeguard community alarm service that provides security and reassurance, and enables independent living.
- Providing advice and support to communities during emergency events such as flooding.

Taking Care of Each Other

It has been estimated that a significant number of people in East Devon are unpaid carers. Furthermore, within the district there is an ageing population, with an increasing number of people needing support with their dementia.

Care giving is considered to be one of the most stressful social situations and evidence shows that more hours of unpaid care meant a decline in the (self-assessed) health of the carers. Carers of frail older people have higher rates of anxiety and depressive symptoms than non-carers. Young carers also shoulder a considerable burden. Published research shows that life for young carers can be characterised by back strain from lifting, isolation from peers, poor school attendance and performance, and emotional exhaustion featuring anger, anxiety and resentment (see Thomas et al, 2002).

Evidence suggests that supporting carers can reduce admission rates into hospital, as problems related to the carer, such as ill-health and fatigue, contributed to readmission in 62% of cases (Williams & Fitton, 1991). Furthermore, within the research field there is growing evidence of the economic benefits of supporting carers.

It is generally considered that, within the county, carers are largely hidden because contracting for carers support is too focused on acute crises.

The public health challenge is (what):

- Carers of all ages will be recognised, appreciated and feel supported so as to minimise the impact of their caring role on them as individuals.
- Young carers are identified as early as possible and then supported within a whole family approach.
- Ensure that children and vulnerable adults needs are safeguarded.
- Carers' needs are integrated into all relevant public health and social services work streams.
- Enable older residents to live independently in their own homes.

We will achieve this by (how):

- Participating in the Troubled Families initiative.

- Targeting our community development activities at young people and their carers.
- Encouraging and making it easy for carers and those they care for to use the countryside facilities.
- Being a carer friendly employer and encouraging others to do the same.
- Improve our understanding of the needs of carers of all ages.
- Recognise the positive impact of the carer's role on those they care for.
- Providing a housing support service in sheltered housing.
- Providing a community alarm service (Home Safeguard) to enable clients to remain independent in their homes.
- Advising target groups how to avoid slips, trips and falls.

Priorities:

2) Emotional Health and Wellbeing.

4) Falls prevention.

3. Influences on our health (theme 3)

Where we live (Housing)

Housing has a direct impact on health issues across all the themes set out in this plan. These are particularly categorised around:

- Poor housing conditions
- Lack of housing supply
- Fuel Poverty and affordable warmth
- Housing environment
- Housing affordability

It is estimated that it costs the NHS in England £600 million per year treating people as a result of poor housing. Many of our housing activities are targeted towards achieving healthy living conditions in and around the home. Our Systems Thinking purpose for private sector housing is – Better Housing – Better Health.

Staying At Home

There remains a strong body of opinion that supports continued investment in “staying put” initiatives that enable older people to remain independent and in their own home if they wish. Home Improvements and schemes that provide adaptations such as stair lifts, level access showers, hand rails, not only maintain independence but can offer substantial savings to health and social care services.

Physical Health Impacts of Cold Damp Homes

The well-documented health impacts of living in cold damp homes include:

- *Increased risk of hypothermia* – Older people, and those that are less mobile or in wheelchairs, are particularly at risk.
- *Increased respiratory illness, worsening asthma and chronic obstructive pulmonary disease* – Damp leads to growth of mould that can increase respiratory illnesses and the cold impairs lung function. People with asthma are two to three times more likely to live in damp homes.
- *Increased risk of heart attack, stroke and accidents* – Low temperature increases blood pressure thus leading to an increase risk of heart attack and strokes. Finger strength and dexterity decrease in cold weather. Symptoms of arthritis, particularly pain, become worse among people who live in cold, damp homes.

Fuel Poverty

High housing costs reduce funds available to low income families which affects their spending on food and heating. The government has recently set out a new definition of fuel poverty. Under the new definition, a household is said to be in fuel poverty if:

- they have required fuel costs that are above average (the national median level);
- were they to spend that amount they would be left with a residual income below the official poverty line.

The key drivers behind fuel poverty are:

- The energy efficiency of the property (and therefore, the energy required to heat and power the home);
- The cost of energy;
- Household income.

The East Devon population has a higher proportion of households in fuel poverty than the average proportion in Devon, South West and England.

Difficulties in Sustaining Tenancies

A significant proportion of people who struggle to maintain housing tenancies experience chaotic lifestyles, substance misuse, unemployment and/or financial problems. A failure to observe basic obligations such as the payment of rent/mortgage can lead to an inability to maintain secure accommodation with an increased risk of tenancy breakdown.

For services trying to support people in such difficulties, there are challenges in identifying and providing such accommodation and ensuring that clients stay engaged with this support.

Effect of poor housing and housing difficulties on mental well-being

Poor quality housing, insecurity, homelessness and environment can increase the risk of stress, isolation, depression, dependence, loss of confidence and self esteem. Secure, affordable housing in a good condition and in a good environment is a fundamental building block for emotional wellbeing. Reform of the housing benefit system will reduce benefit entitlements, change access to housing markets and impact upon the disposable income of households. Any build up of arrears in housing costs (rented or owned) increases the risk of housing insecurity and triggers stressors that can lead to an increase in GP consultations, depression, anxiety, stress and insomnia.

The public health challenge is (what):

- Enabling high quality, affordable housing and a decent home for all.
- Enabling older people to remain independent and in their own homes for as

long as is appropriate.

- Addressing the diverse housing needs of the growing older population.
- The provision of adequate and suitable accommodation and support to assist people who abuse alcohol and/or suffer mental health problems.

We will achieve this by (how):

- Improving access to housing both in terms of affordable housing, and reducing the risk of being made homeless.
- Ensuring that Local Plan policies provide for an adequate supply of new homes.
- Ensuring that planning decisions consider health and wellbeing factors leading to good design.
- Regulating houses in multiple occupation to ensure that reasonable standards are achieved.
- Promoting fire safety in homes and communal areas.
- Reviewing how housing support for older people is funded and services delivered.
- Developing Home Safeguard services including the use of telecare devices.
- Monitoring the impact of the recession and changes in benefits on people's access to suitable accommodation.
- Providing accessible housing advice and support for carers such as financial and welfare benefit advice; information on adaptations and home improvements to enable carers and their families to "stay put" in their home.
- Working with the community to take care of the environment in which we live.
- Working with private landlords to improve the condition of private accommodation offered in East Devon.
- Continued investment in home improvements and schemes that reduce accidents (particularly falls) and fuel poverty and provide adaptations such as stair lifts, level access showers, and handrails.
- Ensuring that recognition and priority is attached to the presence of carers in the assessment and allocation of housing (ensuring suitable accommodation and avoiding overcrowding).
- Developing the provision of a range of housing solutions including extra care housing (physical and sensory impairment, mobility problems and dementia) to meet local needs.

Priorities:

6) Action to address Poverty/support for those experiencing hardship.

Employment, Training and Education

Injuries and stress endured in the workplace can be bad for health, but being unemployed can lead to poor physical and mental health, across all age groups, with major impacts for the individual concerned, their spouse and family. Getting back into work improves people's health, as long as it is decent work.

East Devon has several distinct economic areas: the western part of the district influenced by Exeter; the rural economy and the holiday/leisure economy in the seaside towns.

Characteristics of the East Devon economy are likely to make it difficult for people in low paid, low skilled jobs to improve their income and career prospects, especially those living in the rural and coastal areas.

Devon is a member of the Heart of the South West Local Enterprise Partnership (LEP), a strategic organisation with the aim of improving economic growth and job creation. The LEP Business plan identifies four key objectives in achieving this vision and the most relevant to the East Devon Public Health plan is objective 2: Maximise Employment Opportunities.

The LEP wants to promote “a broad, linked set of career development initiatives. These should include apprenticeships, graduate retention projects and work placements. Local businesses should be encouraged to offer both short-term work tasters and long-term work placements to schools, recent graduates and the unemployed. Additionally, people should be inspired to set up their own enterprises and social enterprises in response to opportunities or needs in their communities.”

The public health challenge is to secure (what):

- A reduction in the numbers of unemployed people and specifically an increase in employment in the Coastal and rural areas of East Devon.
- The creation of more of the right kind of jobs to enable people in low paid jobs to progress, and to attract people with higher levels of qualifications such as graduates and professionals.
- An increase in educational attainment resulting in greater numbers of young people in paid employment, higher education or training.
- An increase in the number of skills development opportunities including apprenticeships, short-term work tasters and long-term work placements to schools and for opportunities to gain experience for those currently unemployed.
- A decrease in the number of adults claiming job seekers benefit.

We will achieve this by (how):

- Working with partners to improve opportunities for young people and those out of work to access training, education and employment (through apprenticeships, internships and work experience).
- Working with the Local Enterprise Partnership (LEP) and their strategic priorities (drive productivity and enterprise, attract new business and investment: maximise employment opportunities and promote infrastructure to connect with markets).
- Promoting and enforcing high health and safety standards in the workplace.
- Delivering community development activities that help prepare people to

- access work.
- Participating in the Troubled Families initiative and encourage adults into work.

Priorities:

1) Active engagement in the Targeted Family Support Programme.

5) Emotional Health and Wellbeing.

Delivering the Plan

In order to deliver the outcomes in this Plan the public health 'system' will need to work effectively and efficiently. Residents and communities in East Devon will need to play an active role in taking responsibility for their own health and wellbeing, while communities will need to work together to support the vulnerable and isolated. This will contribute to improved public health capacity alongside a strengthened skilled public health workforce.

The ambition is that the Plan will be owned and recognised across East Devon, both by those who will benefit from it and those who will take action to address its outcomes. Implementing the plan will entail the building of a strong public health system, the recognition of the diverse public health workforce in the county and resources to deliver our aspirations.

Ways of Working

To meet the public health challenge we need to:

- Build a stronger, more identifiable, public health/health and wellbeing system in East Devon, ensuring we have better coordination and delivery of services.
- Make best use of our public health workforce.
- Have strong combined leadership for public health with shared priorities and consistency of messages.
- Support the communities and residents of East Devon in making it a healthier place.
- Maintain and develop a focus on localities and local accountability and the accountability of community groups and individuals.
- Build on better engagement with communities and stronger community partnerships.
- Improve the training programmes and opportunities available to ensure we have a skilled public health workforce.
- Ensure that there is clarity of roles, responsibilities and accountabilities for action.
- Ensure there are sufficient resources to achieve greater health and wellbeing in our residents and communities.

The Public Health Workforce

