

# East Devon Public Health Plan

*Annual Review  
June 2014 – May 2015*



*Improving health and wellbeing for residents and  
communities across East Devon*

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# FOREWORD

Our health is important to each of us and directly influences our quality of life and that of our families and those around us. Making a positive difference to the physical health and mental wellbeing of our residents and communities across East Devon is central to our activities at East Devon District Council.

This Review shows how in East Devon we have embraced opportunities to take a lead in combating inequalities and encouraging healthier lifestyles over the past year, since our *Public Health Implementation Plan* was adopted.

We have sought effective and creative ways of achieving this within existing resources. We also recognise that on our own we cannot achieve all the aspirations stated in *our Public Health Implementation Plan*, and have worked proactively with partners to develop improvements across the District.

*Statement of support by Councillor Iain Chubb, Environment Portfolio Holder*



Planting Littleham Community Orchard, February 2015

# PUBLIC HEALTH ACROSS EAST DEVON: SUMMARY

## *Our vision*

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



## *“An outstanding place”*

East Devon District Council has a responsibility to protect, maintain and improve the physical and mental health and wellbeing of individuals living in, visiting and working in East Devon. We aspire to lead the way in addressing this responsibility to ensure lasting beneficial impact across our district. This review summarises our progress towards making a positive difference to the health and wellbeing of residents and communities over the course of the past year.

The Council has shown commitment and drive to progress many health-related activities which meet the actions identified via the *East Devon Public Health Plan 2014-2017*. The key themes are:

1. Realising our health potential
2. Developing connected communities
3. Positively influencing our health.

Based on statistical evidence provided by Devon County Council, the accompanying document *Public Health Priority Actions Implementation Plan* written in 2014 identifies six areas for focus:

1. Targeted family support
2. Prevention of cardiovascular disease in priority communities
3. Raising levels of physical activity across the life-course
4. Falls prevention
5. Emotional health and wellbeing
6. Actions to address poverty and provide support for those experiencing hardship.

Eighteen evidence-based activities contributing to the six over-riding priorities listed above are listed in the *Implementation Plan*. Teams across the Council including Housing, Countryside and Environmental Health have embraced these activities. The post of Public Health Project Officer was filled at the end of October 2014 with a remit to support these implementation activities.

In addition to these stated eighteen activities, many elements of public health work have contributed to the Council’s wider agenda e.g. by initiating and developing partnerships with groups and organisations across East Devon.

A range of press releases and tweets covering positive stories relating to these activities have assisted in raising the profile of the Council.

For the *Public Health Priority Areas Implementation Plan*, see Appendix 1. Progress against each of the eighteen actions will be available in due course in Appendix 2.

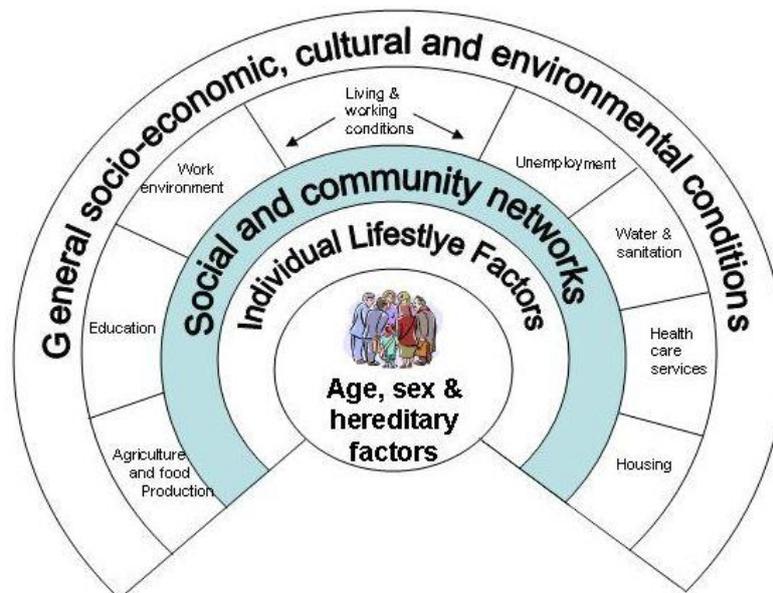
## What we mean by public health: definition

Public health is defined as: “The science and art of preventing disease, prolonging life and promoting health through the organised efforts of society.”<sup>[1]</sup> It includes “The assessment of the health of populations, formulating policies to prevent or manage health problems and significant disease conditions, the promotion of healthy environments, and societal action to invest in health-promoting living conditions.”<sup>[2]</sup>

In addition to a population’s physical health, the significance of mental health and wellbeing have been recognised since the early 2000s, e.g. the Department of Health’s (DH) 2011 Strategy *No health without mental health*.<sup>[3]</sup> The term ‘public health’ will be used throughout this Review to cover physical and mental health and wellbeing of everyone in our District.

Some health determinants (age, gender and hereditary factors) are non-modifiable, while others including lifestyle factors and wider environmental factors are modifiable. These latter are the issues which public health schemes aim to improve.

Figure 1. Dahlgren and Whitehead’s model<sup>[4]</sup> of health determinants:



## BACKGROUND: WHY PUBLIC HEALTH MATTERS TO US ALL

The Office for National Statistics (ONS) identified that in 2008 an estimated 170 000 deaths in England and Wales, i.e. around a third of all deaths, were premature (under the age of 75).<sup>[5]</sup> Many of these deaths could have been prevented by lifestyle changes undertaken at an earlier time of life: diseases associated with smoking, lack of physical activity, obesity and alcohol misuse feature among the leading causes of premature death in the UK.

## National and regional context

In response to Sir Michael Marmot's *Fair Society, Healthy Lives* Report, the Government's 2010 White Paper *Healthy Lives, Healthy People: Our strategy for public health* in England adopted Marmot's life-course framework for tackling the wider social determinants of health, and outlined commitment to protecting the population from serious health threats; helping people live longer, healthier and more fulfilling lives; and improving the health of the poorest, fastest. <sup>[6]</sup>

Public Health England published seven national priorities published by in October 2014 <sup>[7]</sup>:

1. tackling obesity particularly among children
2. reducing smoking and stopping children starting
3. reducing harmful drinking and alcohol-related hospital admissions
4. ensuring every child has the best start in life
5. reducing the risk of dementia, its incidence and prevalence in 65-75 year olds
6. tackling the growth in antimicrobial resistance
7. achieving a year-on-year decline in tuberculosis incidence.

County-level reports are available that guide activities, including:

Devon Health and Wellbeing Board: Joint Strategic Needs Assessment (JSNA)  
<http://www.devonhealthandwellbeing.org.uk/jsna/about/>

Devon County Council: East Devon Locality Public Health Plan Summary 2013/14  
<http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/2013/12/Locality-Public-Health-Plan-East-Devon-2013-14.pdf>

## Local context

Local authorities were given renewed responsibility for public health as part of the health and social care reforms introduced in April 2013. The broader determinants of health – people's local environment, housing, transport, employment, and their social interactions – can be significantly influenced by how local authorities deliver their core roles and functions. Local authorities also have to demonstrate that they are delivering 'social value' – i.e. that they have considered the social, environmental and economic impacts of their commissioning decisions. A King's Fund report <sup>[8]</sup> identified nine key areas where local authorities can have a significant impact on the public's health:

1. early years
2. education
3. helping people get and keep good jobs
4. active and safe travel
5. warmer and safer homes
6. access to green and open spaces and leisure
7. community resources, wellness and resilience
8. public protection and regulatory services (including takeaway/fast food, air pollution, and fire safety)
9. health and spatial planning.

This responsibility is both a privilege and a challenge. There are compelling ethical as well as financial reasons for seeking to improve health and wellbeing across our community.

East Devon DC and Devon County Council (DCC) have produced a number of documents (available upon request) underpinning the actions reviewed here:

- East Devon Public Health Plan 2014-2017
- East Devon District Council: District Public Health Plan Summary 2014-15
- East Devon Public Health Plan: Priority Actions Implementation Plan (Appendix 1)

Local policies and strategies such as East Devon’s Green Space Strategy, currently being written, also help to support the local public health agenda.

## Local demographics

East Devon’s catchment area covers 314 square miles, and serves a resident population of nearly 135,000 plus numerous summer visitors.

Figure 2. Value of tourism 2012: East Devon – key facts <sup>[9]</sup>

526,000	Staying visitor trips
2,223,000	Staying visitor nights
£119,522,000	Staying visitor spend
4,213,000	Day visits
£136,905,000	Day visitor spend
£256,427,000	Direct visitor spend
£11,977,000	Other related spend

The local population includes dispersed rural communities, several towns including the new town of Cranbrook, high percentages of older residents compared to the national average, and pockets of severe social and economic deprivation particularly in areas of Exmouth and Honiton.

## Putting a value on health

Addressing these issues is inarguably the ‘right’ thing to do. There are also sound economic drivers. Research has found <sup>[10]</sup> that the current level of tobacco use is estimated to cost the NHS around £2.7 billion every year, while treating people with health problems related to being overweight or obese is estimated to cost the NHS £4.2 billion annually, a figure which is forecast to more than double by 2050 in terms of current prices. Physical inactivity is estimated to cost the NHS £1.06 billion per year. Costs of treating the chronic and acute effects of alcohol misuse up to £1.7 billion per year and it is estimated that up to 35% of all accident and emergency attendances and ambulance costs are alcohol related.

Additionally, in the UK mental illness accounts for over 20 percent of the total burden of disease; in 2011 the wider economic costs (health care, lost productivity, and state benefits) were estimated to be £110 billion per year. <sup>[11]</sup>

Figure 3. Summary costs from the National Institute for Health and Care Excellence (NICE) <sup>[12]</sup>:

	Cost to society	Cost to NHS
Smoking	£13.74 billion	£2.7 billion
Alcohol	£20 billion	£2.7 billion
Physical activity	£6.5 billion	£1.06 billion
Obesity and overweight	£16 billion	£4.2 billion

## PROGRESS OVER ONE YEAR: THE STORY SO FAR

Evidence-based public health aims to ensure that any intervention can be backed up with evidence “To show that it is likely to be effective and successful, rather than because historically they have ‘always’ been run or are based on beliefs or opinion.” <sup>[13]</sup> Priorities were identified with support from DCC using the best available current evidence. *East Devon Public Health Implementation Plan* identified six specific priority areas for 2014/15. Teams across the Council have grasped responsibility: this Review describes progress in each priority area.

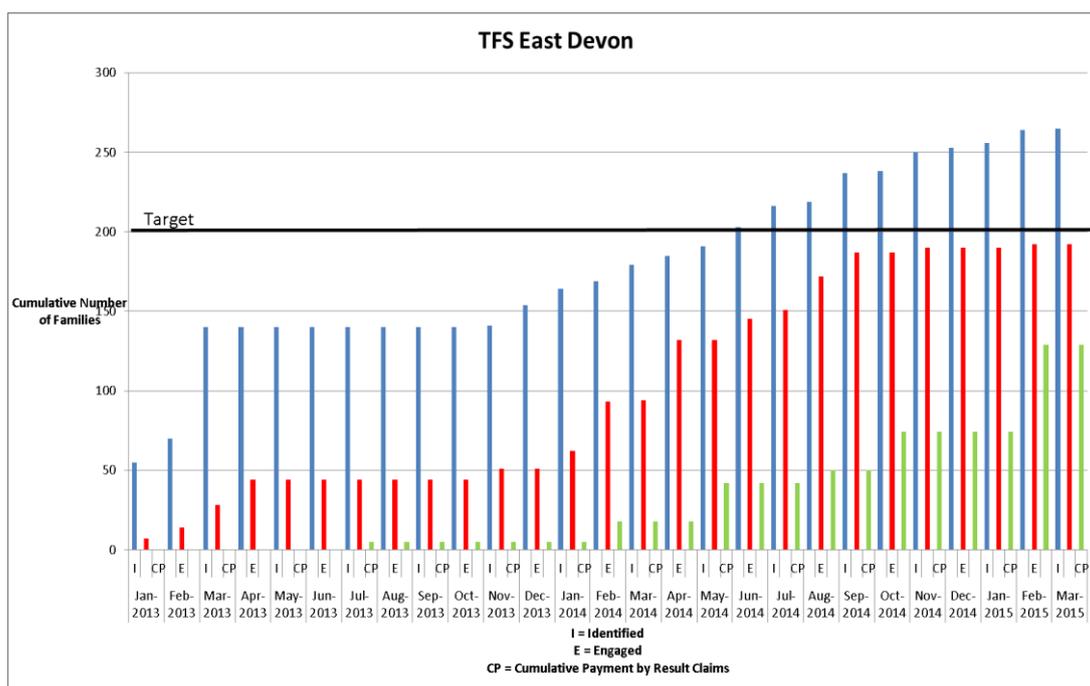
### Priority Area 1: active involvement in the Targeted Family Support Programme

***“I wouldn’t be able to do my job if it wasn’t for targeted family support”***  
**Head teacher of East Devon primary school, 2015**

National research estimated that two percent of families live in complex situations suffering significant multiple problems such as parents not working, children not in school and youth crime. This can make them more likely to place demands on local services, such as health, social care and criminal justice. The Government committed to turning around the lives of 120,000 troubled families in England by 2015, of which approximately 1,370 are in Devon County Council borders. This involves getting children back into school, reducing youth crime and anti-social behaviour, putting adults on a path back to work, and simultaneously reducing the costs to the public sector that are associated with these families. <sup>[14]</sup> The Targeted Family Support Programme (TFSP) is Devon’s response.

TFSP identified 265 families (131% of our initial target of 200) for East Devon to work with. After a slow start during the first year, starting in January 2013, the TFSP in East Devon is progressing well to support these families to turn their lives around. The Community Support Workers and other EDDC staff are engaging positively with 192 of these families; for example ten individuals have been helped into continuous employment, and four are being supported to progress into work.

Figure 4. East Devon’s progress with the Targeted Family Support Programme



## Priority Area 2: prevention of cardiovascular disease in priority communities

Cardiovascular disease (CVD) includes all the diseases of the heart and circulation including coronary heart disease, angina, heart attack, congenital heart disease and stroke. CVD is a leading public health problem in the UK measured by the economic burden of disease, costing the UK economy £29.1 billion in 2004.<sup>[15]</sup> The major cost component was health care, which accounted for 60% of the cost, followed by productivity losses due to mortality and morbidity, accounting for 23%, with the remaining 17% due to informal care-related costs.

There are several risk factors for CVD, including<sup>[16]</sup>:

- Smoking
- High blood pressure
- High blood cholesterol
- Being physically inactive
- Being overweight or obese
- Diabetes
- Family history of heart disease
- Ethnic background
- Gender - men are more likely to develop CVD at an earlier age than women
- Age - likelihood of developing CVD increases with age.

Over the period in review, we have focused on exercise, diet and smoking. The aim of this priority area is to ensure that we are tackling inequalities and reaching those with poor health outcomes; anecdotally it has been commented that not enough services were provided in the right localities for low-income families. This is being addressed, for example EDDC provides youth club facilities for 8-18-year-olds in Millwey (Axminster) and Littleham (Exmouth), where activities tailored for priority communities contribute to this agenda.

## 2.1 Exercise (see also Priority Area 3)

Regular youth club activities at Millwey include pool, table tennis, sports field for football and cricket. More boys than girls tend to take up these activities, so girls need to be encouraged to become more active too.

Specific events co-ordinated by the Housing and Community Support Workers have included:

- Two days of dance workshops attended mainly by girls (see comment above)
- Two events taking fifteen boys and girls sea kayaking and paddle boarding
- John Muir scheme: Housing and Countryside teams working with 15 young people from priority communities
- Fun days and festivals: between 20-60 participants at 6 fun days and 100-500 people attending three festivals over the summer of 2014, which included sports activities and circus-skills workshops.



Leisure East Devon (LED) started a weight management scheme in June 14 and have received 157 referrals. They deliver 12 and 24 weeks of physical activity and healthy eating as part of the programme. Those referred are expected to attend 75% of their planned sessions and achieve 2% weight loss. If this is achieved participants can have 12 additional funded weeks.

## 2.2 Diet

Cookery skills courses are delivered via various schemes with EDDC's support in East Devon:

i) Healthy Food: partnership with Axminster-based charity HALFF (Health and Local Food for Families) to provide ongoing cooking sessions throughout term-times for young people; responsive to feedback and also cover other life skills e.g. employability.

<i>Youth club</i>	<i>Frequency</i>	<i>Age group</i>	<i>Average attendance</i>
Millwey	2 monthly sessions	9-13	15
		13-16	10
Littleham	1 fortnightly session	9-13	25

ii) Pilot course of five cookery classes in February/March '15 at Littleham Primary School for six children and their accompanying parent/carer; delivered by Learn Devon and supported by Tesco Exmouth. Further sessions planned for the summer term '15.

iii) Otter Rotters were helped to source funding for project days at Broadclyst Community Farm to work with local people referred via Job Centre to grow and use vegetables.

iv) After-school project in Littleham to provide healthy snacks with which these children might otherwise be unfamiliar.



EDDC bid for Locality funding in March to cover equipment costs (hobs, pans, *cookit* kit) for Learn Devon, enabling their teaching to take place across the district. The Housing team are also working to expand similar schemes with HALFF.

### 2.3 Smoking

37 signs promoting smoke-free playgrounds were installed at selected sites across East Devon during winter 2014, also involving Littleham Primary School, and gaining press coverage.



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## Priority Area 3: raising the levels of physical activity across the life-course (see also 2.1 above)

*“There are few public health initiatives that have greater potential for improving health and well-being than increasing the activity levels of the population of England.”*  
Sir Liam Donaldson, Chief Medical Officer 2004 <sup>[17]</sup>

Public health England (PHE)’s latest report at [www.noo.org.uk/NOO\\_pub/](http://www.noo.org.uk/NOO_pub/) from February 15 states that obesity is widespread, prevalence is rising and consequences are costly. Two thirds of adults, a quarter of 2-10 year olds, and one third of 11-15 year olds are overweight or obese. Obese adults are less likely to be in employment and are at more risk of hospitalization; life expectancy is reduced by an average of three years for obese adults, and by eight to ten years in severely obese adults. Overweight or obesity in adults is predicted to reach 70% by 2034.

Obesity harms health in many ways, being linked to:

- Type 2 diabetes
- Heart disease
- Stroke
- Asthma
- Some cancers
- Liver disease
- Reproductive complications
- Depression and anxiety
- Sleep apnoea
- Osteoarthritis and back pain.

A high BMI is costly to health and social care and has wider economic and societal impacts:

- cost to wider economy £27bn
- cost to NHS £5.1bn
- obesity medication £13.3m
- social care £352m
- obesity-attributed sickness days 16m.

Research found that most Britons are more likely to watch than partake in athletics and two-thirds of adults fail to take enough physical exercise.<sup>[18]</sup> In July 2012 NICE launched a series of public health briefings to help local councils manage major issues such as physical activity, stating that *“Physical activity is not only fun and enjoyable, it is essential for good health, helping to prevent or manage over 20 conditions and diseases... It can also help improve people's mental health and wellbeing”*.<sup>[19]</sup>

A DEFRA review<sup>[20]</sup> from 2010 calculated that *“People who live within 500 metres of accessible green space are 24% more likely to meet recommended levels of physical activity”*, and that *“Reducing the number of sedentary individuals in the population by just 1% could reduce morbidity and mortality rates valued at £1.44 billion”*. Similarly, Natural England established the Accessible Natural Greenspace Standard (ANGSt), recommending that *“Everyone should have access to an area of green space bigger than two hectares within five minutes’ walk or 300 metres from their home.”*<sup>[21]</sup>



We are proud of our beautiful natural spaces and the benefits they offer, however we acknowledge that there are populations within East Devon who for various reasons do not visit these places. As above, the aim of this priority area is to ensure that we tackle inequalities and reach those with most need. We have recently installed outdoor gym equipment at Stowford Rise in Sidmouth and Pavilion Gardens in Exmouth. Leisure centre membership appears to show that those living in deprived areas near a centre may use facilities, but residents living in a deprived area further from leisure facilities tend not to use them.

LED is the local delivery partner for Active Devon in East Devon on the Active Communities project. This is a three year project aimed at Exmouth, Axminster, Ottery/Cranbrook, Honiton, Sidmouth and Seaton. Funding is for age-14 and can be used to kick-start activities or aid existing clubs and groups to increase participation in physical activity. This can be through training, equipment purchases, facility hire, marketing etc. The end of year two is approaching; by the end of year two 32 projects will have been delivered across East Devon, engaging with 350 new participants and training 20 new leader/coaches. A wide range of activities have been delivered, including back-to-netball, Nordic walking, walking-football, circuits, cycling, beginners' running, skateboarding, table tennis and basketball.

At the end of 2014 LED report that 8565 participants attended East Devon "Walk this Way" schemes provided in Axminster, Exmouth, Sidmouth and Honiton. LED report that 2015 brings further opportunity to develop the scheme; they plan to expand Level 1 walks and are currently recruiting through the children's centres for volunteers to start buggy walks for parents with young children.

Our Countryside team has developed a range of **outreach activities**, including 14 targeted events during this review period in priority communities within Axminster, Honiton, Exmouth and Sidford. Events have included work with children's centres (35 children, 34 adults), parenting classes (5 adults and 10 children), toddler groups, delivering the John Muir scheme for 16 children, and sessions for 27 children from youth groups as part of the Switch project. The Countryside Team has also attended four community festival days in May and June 2014 providing activities and information on active outdoor opportunities:



<i>Festival venue</i>	<i>Approx numbers of attendees</i>
Sidford, Lower Brook Meadow	120
Littleham	200
Millwey	200
All Hallows	400

During the review period we facilitated over 62 walks/work parties. In addition we provided over 350 volunteering opportunities including practical events, survey, office and visitors information roles. This accounted to over 5000 hours of work.

**New events** have been offered this year, including two Nordic walking sessions and three orienteering sessions. More new events are in development for the coming year, including canoe safaris and outdoor theatre. The Countryside Team also offered 100 other outdoors events, and our partnering organisations offered 76 outdoor events around the District, for example **LED** support over 300 health walks in the District each year. Part of LED's remit is specifically to broaden outreach activities.

## **Naturally Healthy Devon Schools Project**

In February EDDC won the 2-year contract to deliver this project, funded by Natural England, Devon Local Nature Partnership and the Council for the Protection of Rural England. The focus will be on schools within Exmouth and build on the Natural Connections Demonstration Project which is the one of the largest outdoor learning projects in the UK. Part of the purpose is to monitor and evaluate the health benefits of learning in the natural environment. In 2015 the project is in the development and recruitment phase. We will network with schools, assess current learning outdoors provision and recruit both a beacon and cluster schools. Towards the end of 2015 will be working on action plans for those schools and designing a training programme to deliver on those plans.

## **Priority Area 4: falls prevention**

Devon County Council indicated 231 emergency admissions for hip fractures in people aged over 65 in 2012/13, while over 10,000 in the same age-group are predicted to experience a fall in 2015. Falls and fractures among the elderly are associated with high morbidity, mortality and substantial costs\*. Hip fracture is the most common serious injury and this can result in admission to long-term care. Even falls not resulting in injury may cause loss of confidence, fear of future falls, decreased activity, social isolation and depression.<sup>[2]</sup> Many factors can contribute to likelihood of falls, including nutritional status, environmental hazards, clinical conditions e.g. Parkinson's and medication including its effect on balance and inactivity. A consistent feature of falls is that the person tends to be less mobile, in poorer health and more overweight.<sup>[2]</sup> Encouraging older people to remain physically active is therefore a major priority.

Since April 2015 the responsibilities of local authorities towards clients in residential homes have changed; this is now the remit of the Care Quality Commission (CQC). A visit in April 15 to a Sidmouth nursing home identified examples of best practice in recording and monitoring falls; ways of sharing their practice and seeking tools to share with other homes in the District are underway.

Within our Landlord Services this is an on going activity: when mobile support officers perform a single assessment process (SAP) they determine via questions and answers how much support the tenant needs, at what level and for how long; they ensure there are no hazards including medication (over 4 types of medication is a falls indicator). If a tenant is known to have had 3 falls in close proximity the staff will refer to the doctor. SAPs are reviewed annually or sooner if requested.

LED contribute to this priority activity: they report that they have recently funded Age UK to train up workers in care homes to deliver 'seated vitality' to their residents through funding called Opportunity clubs and also that they have started walking-football sessions in April 15 at St John's School, Sidmouth, linking with Exeter City in the Community. Upstream provide weekly one-hour 'gentle seated exercise' classes in Seaton, Honiton, Axminster, Sidmouth and Exmouth. Upstream report that Seaton is the best attended, averaging 15-24, while Sidmouth and Axminster average 11 attendees. They have also worked with a local nursing home initially delivering a weekly class then supporting a member of staff to take on this activity.

\* Morbidity rate looks at the incidence of a disease across a population during a single year. Mortality rate is the rate of death in a population. The two are often used together to calculate disease prevalence and how likely that disease is to be deadly, particularly for certain demographics.

## Priority Area 5: emotional health and wellbeing

One in four people will experience a mental health problem at some time in their life <sup>[22]</sup>. People with mental health problems may face interrelated difficulties such as:

- They may have fewer qualifications
- They may find it harder to find a job and keep it
- They may earn less money
- They are more likely to be homeless or close to being homeless
- They are more likely to be unwell
- They may not eat healthily and may be overweight.

In 2001 WHO emphasised the importance of mental health as being “*Crucial to the overall wellbeing of individuals, societies and countries.*”<sup>[23]</sup> i.e. having mental health problems causes difficulties not just for the individual, but also their families, friends, carers and communities. Community health and wellbeing has become core to 21st Century public health.<sup>[13]</sup> Our aims within this priority area are therefore to build resilience for individuals *and* communities across East Devon.

### 5.1 Workforce wellbeing

The workplace is a key environment for promotion of mental health and there is growing evidence that interventions in the workplace can improve or maintain an individual’s mental health. <sup>[11]</sup>

EDDC is the largest employer in the District, and must therefore be seen to take this seriously:

- various successful long-running schemes in operation e.g. Activate walks
- occasional ‘taster’ days e.g. Alexander Technique
- annual Christmas draw
- fund-raising cake sales and other charity activities
- Dry January 2015 campaign promoted to staff via emails and in person in the canteen
- Book Swap space created in canteen/TV area, February 15
- Credit Union services re-advertised to staff
- Reading for leisure encouraged via World Book Night – free book giveaway, April 15
- Staff encouraged to engage with the Workplace Challenge

The Human Resources team have allocated staff-resource from April 2015 to progress this agenda.

Activities across East Devon: the Public Health Project Officer liaised with Axminster Power Tools and LED staff to encourage their support of Alcohol Concern’s “Dry January” campaign to reduce alcohol-intake, by explaining the scheme and distributing materials to them.

### 5.2 Self harm

Some individuals at risk are known to EDDC staff through youth work and Targeted Families Support scheme. They can sensitively be signposted to the Child and Adolescent Mental Health Services (CAMHS) and/or *The Project* in Honiton. The Housing Team are also helping other similar schemes to get established: one each in Sidmouth and Axminster; one to start soon in Ottery and one in Honiton in September.

## Some additional achievements over the year

These activities will have helped to generate a sense of community cohesiveness in priority areas, strengthening emotional wellbeing, as well as providing opportunities for physical exercise.

**Men's Shed:** EDDC provided accommodation and arranged low rates of rent to support this group managed by Open Door, now regularly gaining twenty attendees three times a week. A new planning application to provide bespoke accommodation is work in progress.



**Volunteers:** the Countryside Team has worked with over 100 volunteers who have contributed over 5,000 hours of time. Three practical volunteer sessions per week are offered across the district, alongside additional opportunities for visitor engagement such as bird watching guides along with water vole and nest box monitoring.

**Community orchard:** East Devon's first pilot community orchard was created in February 2015 by the Countryside Team and a Community Support Worker alongside more than thirty local residents in Exmouth's Littleham Ward. A programme of community events in the Orchard has been planned for 2015.



**Get digital:** scheme delivering digital inclusion leading to social inclusion - currently running 12-week courses in Axminster and Exmouth; supporting spin-off fortnightly computer groups in Exmouth and weekly groups also in Exmouth run by tenants; Sidmouth runs a weekly ancestry/heritage group; offering quarterly Xbox challenges. To date we have probably trained over a hundred individuals; tenants and others. Retention is good, with most completing the course. We plan to run at least three 12-week courses in Exmouth and Axminster.

**Parenting skills:** classes started in April 2015 for six weeks in Littleham, covering healthy eating, budgeting, employment skills.

**Tackling loneliness:** e.g. by raising awareness of Esther Rantzen's national Silver Line phone line for older people via our mobile support workers.



## Priority Area 6: action to address poverty and offer support for those experiencing hardship

Deprivation is a significant factor for health inequalities. DCC figures indicate that 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. Individuals living in the most deprived areas are more likely to experience problems as outlined above ranging from cardiovascular disease to mental illness; our efforts to reduce such inequality are therefore ethically as well as economically the right thing to do.

In the year to date, Housing Needs have provided £195 Co-op vouchers for gas and electricity, and £12,876.16 for purchases of essential items including furniture e.g. from the *Turntable Project* and white goods, removals and transport. This financial support is often used to assist people setting up tenancy, but does not differentiate between Council tenants and other residents within East Devon. We are reaching our joint objectives of (a) assisting people in crisis and (b) encouraging people to become more self-sufficient in the long run. We are receiving fewer approaches despite the fact that the amount spent on items has risen, perhaps because we did not have the ability to purchase via credit card for a few months into the scheme.

Donations via Local Welfare Support Scheme funding in June 2014 include:

<i>Organisation</i>	<i>£</i>
Christians Against Poverty	1,600.00
Honiton Community Action Trust	5,000.00
Exmouth Welfare Trust	5,000.00
Exmouth Community Larder	5,000.00
Sid Valley Food Bank	3,000.00
Ottery St Mary Food Bank	3,000.00
<b>Total</b>	<b>22,600.00</b>

### 6.1 Homemaker

*Homemaker Southwest* provides budgeting, benefits and debt advice and has supplied this service to Revenues and Benefits since January 2013.

*Homemaker's* service is intrinsic to our service delivery model, following significant welfare reforms including the introduction of Council Tax Support and the loss of the spare room subsidy and also forming part of EDDC's Discretionary Hardship Payment (DHP) Policy. Assistance is provided by looking at customers' issues holistically and by supporting them to become self-reliant.

The service offers two levels of support:

- One-hour appointments in Sidmouth or Exmouth (or at home for customers who are housebound)
- "Floating" support over a period of weeks or months for those customers who need additional help to carry out actions such as debt relief orders or bankruptcy.

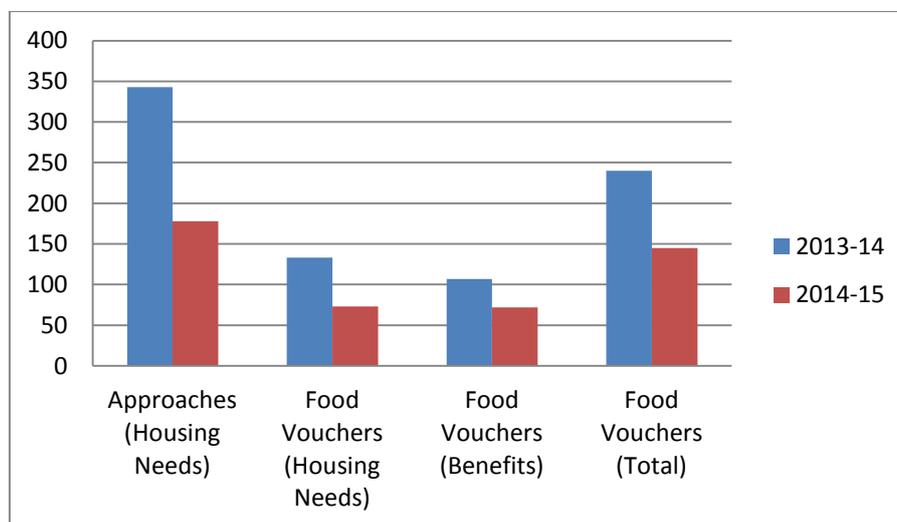
In 2014/15 *Homemaker* saw 343 customers for one-hour appointments and provided floating support to 26 customers. The one-hour sessions identified £2.4 million of financial gains for

customers and £94,397 budgeting uplift, which is an average of £94.80 additional disposable income per week per customer. Floating support identified £199,055 financial gains for customers and £69,767 budgeting uplift, which is an average of £198.83 per week per customer in additional disposable income. A financial gain is the additional income which could be obtained if the customer follows advice and limits expenditure in a given area, e.g. switching fuel suppliers and/or applies for benefits which are due or succeeds in achieving debt write-offs through a Debt Relief Order or similar. *Homemaker* advice sessions and floating support will continue in 2015/16.

## 6.2 Foodbanks

Food banks operate in Exmouth, Honiton, Axminster, Seaton, Ottery, and Sidmouth.

EDDC Local Welfare Support Scheme 2013-14 and 14-15 showing details of food vouchers issued by Housing Needs and Housing Benefits:



Exmouth Larder observes that “The current issue is that running out of food is the final crunch for people in trouble, but helping them up needs help with money issues as well as food provision.” Their summary of referrals in 2014 indicates that 25% or more come from agencies which most probably do not provide any help with money problems. Their complete list of referrals made in 2014 show instances of frequent and repetitive referrals, including cases where the client has swapped around between agencies and instances where there are multiple referrals, but only from child services or health staff. This representative of Exmouth Larder requested a meeting in March 15, saying “We in The Larder are not a support agency and have no wish to become one; but we are in effect the last resort at the bottom of the holes people get into.”

Relatively few referrals come from the Council, presumably because we are the only organisation that provides a financial check and assessment prior to making a decision, so it is easier for people to access vouchers from other agencies. We are concerned that handing out vouchers with no checks or records encourages improper claims: we have raised these concerns at Exmouth Larder meetings and will continue to do so, as we believe that easy access to food vouchers threatens the stability and long-term security of food banks, such that genuine demand may not then be met. There is, therefore, sometimes a perceived conflict between providing short-term and longer-term support which is more sustainable if people can be helped to develop stronger financial skills.

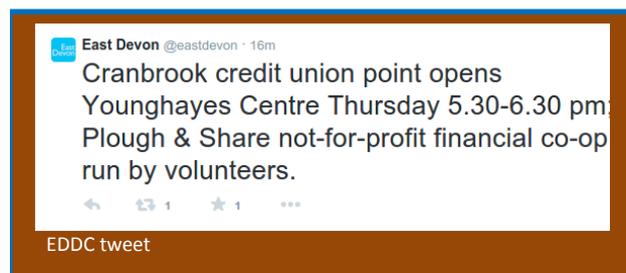
The Local Welfare Support scheme was originally for two years, but has been extended to cover one more year. Through responsible management of this funding, we may have the means to support local groups beyond 2016, but this source of funding is finite. Our focus therefore has been on encouraging self sufficiency, both of individuals and the food banks (and other similar agencies). We believe the food banks are embracing this opportunity to run in a businesslike manner.

### 6.3 Credit Union services

Problems caused by pay-day loan companies have received much recent publicity and it is now widely recognised that some individuals and families live in debt for many years. In addition, the Universal Credit welfare reform will require people to manage their money on a monthly basis: we anticipate that many people will need support to achieve this.

Credit Unions are not-for-profit organisations which are owned by their members and regulated by the Financial Conduct Authority. *Plough & Share* is an ethical, local and friendly cooperative owned by and serving the people of Devon. Plough & Share credit union service points are staffed by volunteers and already available in Axminster, Exmouth and Honiton. During the year in review, these services have been promoted to tenants via the Housing Newsletter and to all EDDC staff.

Efforts have focused on expanding the service by establishing a service point for Cranbrook: funding for room-hire and sundries was gained in March 15; volunteers have been identified, have received training from *Plough & Share* and have started promotional activities prior to launching sessions in June 15.



### 6.4 Apprenticeships

EDDC has taken steps to offer apprenticeship placements to local people from the East Devon Area. The apprenticeships that we have offered have been wide ranging and have facilitated career paths and internal appointments where vacancies have been available, offering the living wage and collaborating with Exeter College to place Apprentices on a relevant learning path and an independent training provider to deliver an in-house housing qualification for apprentices specific to the Housing Service. As at January 2015 EDDC has 5 apprentices in post.

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## Additional activities

### Contributing to health and wellbeing, equality, community engagement and partnership

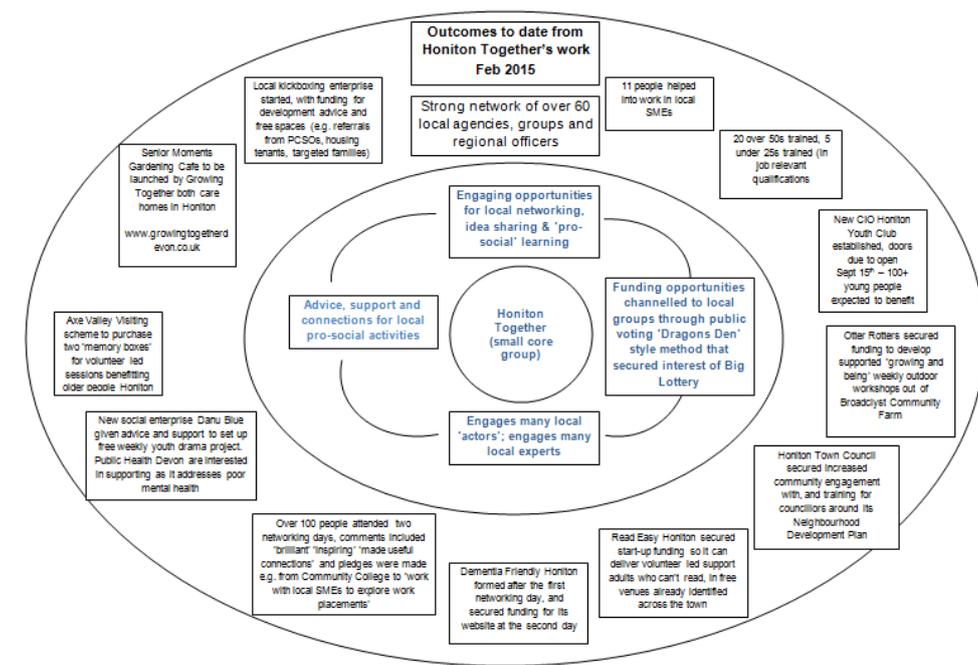
EDDC's full range of Environmental Health activities over the year, ranging from commercial food safety inspections to pest control, will be available in due course in the Environmental Health Annual Review upon request. These activities are underpinned by statutory requirements and all contribute to protecting public health.

In addition to progressing the six priority areas and eighteen activities identified in the *Implementation Plan*, additional Public Health activities by EDDC teams have included:



- Working to positively influence **developments at Cranbrook** to ensure this becomes a healthy, resilient and vibrant new town
- **Building networks** with Northern Eastern and Western Devon Clinical Commissioning Group
- Supporting Change4Life's "**Sugar Swaps**" campaign: we promoted the scheme to EDDC staff and Exmouth Children's Centre, January '15
- Facilitating **fire trigger-point training** to 51 EDDC front-line staff by the Devon & Somerset Fire & Rescue Service in March/April '15
- Promoting a range of relevant **national campaigns** e.g. cold weather advice from PHE and the Met Office; Chief Fire Officers Association's Drowning Prevention and Water Safety Week 2015
- Raising awareness of availability of **Cosy Devon** grants to insulate homes over winter 14/15, helping to improve energy efficiency and tackle fuel poverty
- **Employability:** Honiton Together include a project on employability; youth club participants and helped to apply for jobs:

Figure 5. Honiton Together outcomes diagram (©Alex Gibson, EDDC CSW, 2015)



## PUBLICITY AND PROMOTION: COMMUNICATING OUR ACTIVITIES

A community-wide approach to implementation has been adopted through developing partnerships e.g. with LED, Devon County Council, neighbouring councils, neighbouring NHS trusts, charities and voluntary groups.

Efforts have been made to send messages to all stakeholders via a range of methods and formats, celebrating progress and achievements, highlighting case studies, encouraging engagement and aiming to educate, via:

- Housing Newsletters
- Press releases
- Tweets



### The year in headlines

EDDC Communications team report a ‘massive’ number of items picked up by the media. A selection from the year in review are listed here, chosen to illustrate stories reflecting activities highlighted in our Public Health implementation Plan. Items range from increasing physical exercise, improving wellbeing by being out of doors (e.g. orchard, volunteering), tackling poverty e.g. home insulation, tackling inequalities, and our smoke-free playground campaign.

Date	Sample press headlines
June 14	Community to have say on gym proposals
July 14	Your very good heath! Pupils’ pond dipping thrill Care home plan wins approval Jobs fair highlights local opportunities A bright idea for spending £26k? Good support for Millwey festival day
Aug 14	Council works to protect tenants Look to lower your energy bills thanks to CosyDevon
Sep 14	Jurassic Centre project breaks ground How to get advice on tax and benefits Council cash given to community shop scheme New facilities on the horizon / Play area opens... and there is more to come Honiton skate park set to be reopened today
Oct 14	Uniting to tackle isolation Installation of £15k gym works out well for town No cause for alarm after Home Safeguard’s inspection success
Nov 14	Outdoor gym open to public Art exhibition for sheltered housing tenants Night walk at Fire Beacon Hill
Dec 14	Residents urged to give up booze during January Cosy home deal on offer at Christmas Cracker Voluntary scheme launched to stub-out smoking near children

	Pupils take over for kitchen hygiene lessons Pupils' grand design for garden Free debt advice being offered by district council
Jan 15	Community's chance to shape Honiton together / It's Honiton discovery day
Feb 15	Trees for community Sidford set for fun day
Mar 15	Families help clear estuary for wildlife Residents welcome new petanque playing area Council-funded minibus to serve towns' hospitals Effort to help the homeless Many hands make light work creating a wonderful wildlife garden Scooter for wetlands / Grants to secure disabled access to Wetlands Learn about nature in reserve walk Village halls boosted by community fund
Apr 15	Discover wild food / How to eat out for free Bluebell day returns to Holyford Woods Musical display strikes a chord for THG visitors A paw-fect day for nature walk River Cottage team up with council to 'inspire visitors'
May 15	Sun shines on Littleham community fun day Villagers welcome new £30,000 outdoor gym £15,000 spent on sport wall
June 15	Get exercise on new outdoor bikes and charge up your mobile phone at the same time!

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## MANAGING THE PLAN

It is now generally agreed that at all levels, economic decision-making relating to healthcare needs to shift from short-term financial gain to seeking long-term benefits. The Implementation Plan listed activities for six priority areas as outlined above. This section of the Review summarises how the activities have been managed, monitored and reported over the year.

### Governance

- Spring 2014 - Proposals to adopt the Implementation Plan were approved by Cabinet
  - Governance and staffing structure developed to support Implementation
  - Public Health Project Officer took up post autumn 2014 to help deliver the Plan
  - Progress against our Implementation Plan monitored regularly at Health and Wellbeing Steering Group meetings, attended by key staff from across the Council's departments
  - Progress against this Plan monitored and reported annually, via this Review.
-

# LOOKING FORWARD: OUR PRIORITIES FOR 2015-16

## Review of our and other councils' public health implementation plans

For local authorities, improving the public's health requires clarity of purpose and a robust local framework based on outcomes-focused partnerships, and commitment to systematic health impact assessment.<sup>[11]</sup> With a view to updating the Plan for EDDC, Teignbridge and East Devon staff have shared their Implementation Plans, to help inform future progress. Neighbouring Teignbridge was chosen as being particularly relevant given the similar typologies and demographics in this district.

## Recommendations

To review and update East Devon's Public Health Implementation Plan and propose it to Members by September 2015

In addition to progressing ongoing activities in the existing *Implementation Plan*, alternative or additional activities may be required for 2015-16. These should be identified in accordance with national and regional guidelines, the latest evidence and changing local needs. These activities may include one or more of the following:

1. Cranbrook health and wellbeing: appropriate time and effort should be allocated to ensure provision of the best possible health and wellbeing facilities for Cranbrook - probably the most significant and challenging priority for the coming year
2. Increasing access to health information e.g. by creating a webpage to signpost relevant information online, including for GPs to use
3. Improving awareness of one or more conditions such as dementia, diabetes, melanoma
4. Supporting Devon-wide projects on fuel poverty, physical activity, air quality, workplace mental wellbeing as appropriate
5. Ensuring that all activities are promoted effectively to share positive messages with residents, visitors and those working across our District.

To ensure that our activities can be monitored and recorded, it is recommended that the updated Implementation Plan will show evidence-based deliverables that are SMART (specific, measureable, achievable, realistic and timed).

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Author: Helen Wharam – Public Health Project Officer

June 2015

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## APPENDIX 1

### East Devon Public Health Plan - Priority Actions Implementation Plan

#### Priority Area 1: Active involvement in the Targeted Family Support Programme

Project	Brief Scope	Lead EDDC/PH	Partners	Milestones/ Timescales	Performance indicators
Targeted Family Support	Roll out of project across district	Housing-JR/LOL	Wide range of partners and Key Worker	Engage with East Devon cohort of families by September 2014	National payment by results indicators

#### Priority Area 2: Prevention of Cardiovascular Disease in priority communities

Project	Brief Scope	Lead EDDC/PH	Partners	Milestones/ Timescales	Performance indicators
Gain insight into acceptability and appeal	Work with Community Development Workers to understand how services could be more acceptable	Housing/CD	Environmental Health- (neighbourhood surveys?) Countryside	Research completed by December 2014	Scoping work completed
Align resources based on insight and research	Create multi-agency partnerships committed to deliver this action	CP/LOL	Leisure East Devon Health Promotion Devon Food for Life Partnership	Project plan in place by September 2014	Decrease in CVD cases
Commission services to fill gaps	Commission cooking skills courses to be delivered based on insights gained	EH/Steering group	Voluntary sector Children's centres Schools	Project plan in place by December 2014	Numbers attending services
Smoke free play areas	Identify 5 areas to place signs asking people to refrain from smoking in area	EH	Town and Parish councils Community Development Workers	Play Areas identified by December 2014 Opportunities to rollout project	Target achieved

Priority Area 3: Raising the levels of physical activity across the life-course

Project	Brief Scope	Lead EDDC/PH	Partners	Milestones/ Timescales	Performance indicators
Insight into who uses leisure centres	Understanding the customer needs and providing activities that encourage physical activity	CP	Leisure East Devon Countryside	Research completed by December 2014	Increase in numbers visiting leisure centres and other activities
Increase no. leisure providers registered with PA Finder tool	Promote the PA Finder tool to increase awareness of local opportunities	CP/LOL	Wide range of providers	Promotion completed by December 2014	Number of providers using the tool
Active Communities	Expand outreach work to encourage hard to reach groups	CP/Community Development	Leisure East Devon Countryside	First scheme in place by October 2014	Numbers participating in activities
Increase physical activity opportunities available within priority communities	Project to go beyond sports and leisure centre customers and encourage others into alternative physical activities	CP/Community Development	Leisure East Devon Countryside Housing	Expand existing schemes by January 2015	Numbers participating in activities

Priority Area 4: Falls Prevention

Project	Brief Scope	Lead EDDC/PH	Partners	Milestones/ Timescales	Performance indicators
Prevention Strategy Postural Stability Classes	Work with Westbank to implement Prevention Strategy Postural Stability Classes in 1 market town, linking with physio depts. and care homes	EH	Westbank NDHCT-Physio Depts Care Home staff and residents Community centres	Scheme in place by October 2014	Number of schemes active
Community based	Develop locally	EH/Leisure/Housing	Leisure East Devon	Project in place by	Number of project

balance, stability and falls prevention classes	delivered classes utilising community centres- available for all residents. Promoted by primary care/physios		Community Centre Leads Community Development Workers/Housing NDHCT-Physio Depts. Primary Care	October 2014	active
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Priority Area 5: Emotional Health and Wellbeing

Project	Brief Scope	Lead EDDC/PH	Partners	Milestones/ Timescales	Performance indicators
Neighbourhood Health Watch	Support roll out/facilitate ID of target areas for NHW in district	EH	Churches Primary Care Elected members Community Safety Partnership- LAGs	Promotion campaign in place by January 2015	Number and effectiveness of schemes established.
Promotion of 5 Ways to Wellbeing within workforce	Workforce training/raising of awareness around 5WW	LOL	Health Promotion Devon EDDC Staff	Project in place by January 2015	Reduction in sickness absence and wellbeing measures
Insight into self harm and building resilience	Working group to explore issues around self harm and building resilience in Honiton	LOL	Honiton schools School nurse/Health visitors Youth service Children's centres Community development EDVSA Targeted Families Support Co-ordinator	Research completed by September 2014	Number of reported instances.

Priority Area 6: Action to address Poverty/support for those experiencing hardship

Project	Brief Scope	Lead EDDC/PH	Partners	Milestones/ Timescales	Performance indicators
Homemaker	Ensure that budgeting and financial assistance is available for hardship cases.	LJ	Housing/Benefits	Review of funding arrangements by December 2014	Numbers assisted and savings achieved
Food banks-insight	Ensure that food banks are secure and able to meet demand.	JG	Voluntary sector Housing	Review of Local Welfare Support scheme by December 2015	Number of customers served and donations secured
Credit Unions	Encourage the use of ethical Credit Unions and avoidance of loan sharks	JG	Housing	Campaign in place by October 2014	Increase in customer base and use of services
Apprenticeships/placements	Work with partners organisations to audit how many apprenticeships and work placements/tasters offered and pledge to increase activity	JG	Housing Countryside Human Resources Building Contractors	First apprentices in post by summer 2014	Number of apprentices created.

**APPENDIX 2**

*[pending]*