

Health and Wellbeing in Devon

A Joint Health and Wellbeing Strategy for 2016–2019

Committed to promoting health equality
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South Devon and Torbay
Clinical Commissioning Group



Northern, Eastern and Western Devon
Clinical Commissioning Group

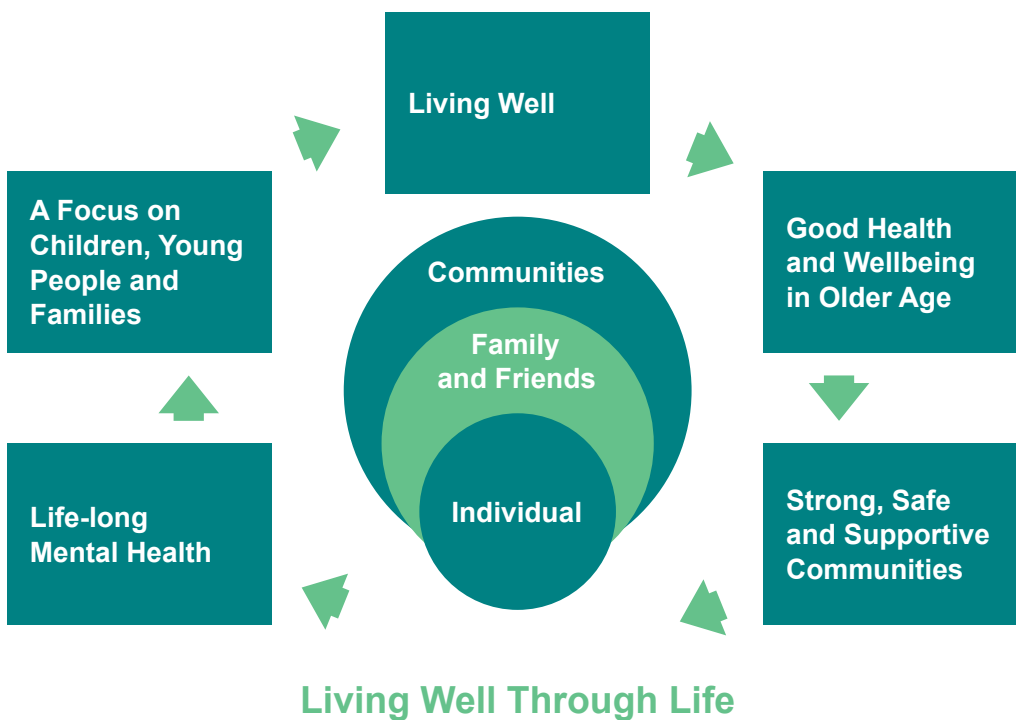


Introduction

The Devon Health and Wellbeing Board has reviewed its priorities and approach for 2016-19. Current demand on services, high costs and demographic pressures coupled with the impact of preventable premature morbidity and mortality and reduced funding will continue to put pressure on the local health and care system.

A new vision for place-based health is emerging and people must be empowered to take greater control over their own lives, to influence personalised services and to take greater responsibility for their health outcomes. We want to focus on the individual, supported by families and friends within their local communities. All resources and assets in places must be used to support the wider determinants of health and improve health and wellbeing outcomes. There needs to be a shift towards prevention and early intervention which will require services to organise and professionals to behave in very different ways.

Improving Health and Promoting Health Equality



The Board has been tracking the progress we have made over the last three years to improve the health and wellbeing of Devon’s population and how we are impacting on health inequalities, in some areas we have made great progress and are working creatively with our local communities but in other areas such as mental health we are not improving and we would like to see that position changed in the next three years despite challenging financial circumstances.

Chairman Devon Health and Wellbeing Board,
Councillor Andrea Davis

Priority **1** A Focus on Children, Young People and Families

Starting Well

We want all children in Devon to have the best start in life, growing up in loving and supportive families, and being happy, healthy and safe. This means access to high quality universal services such as health care and education; early intervention when needed, and targeted support for children and families who are in difficulties. We want to prevent children and young people from developing emotional problems and having to live in poverty, or where they or their families are affected by abuse, violence or misuse of substances, so that we prevent problems being passed from generation to generation.

The Facts:

- Child poverty levels continued to fall in 2013
- Recorded levels of child development are above the South West and England averages
- Rates of smoking at delivery are falling over time and are amongst the lowest in the South West
- Teenage conception rates have fallen sharply, particularly in more deprived areas
- Self-harm admissions in younger people are above the national average, with higher risk in females and more deprived areas
- Alcohol-related admissions for persons aged under 18 are above the national average
- Excess weight in children at reception remains similar to the national average but at year 6 is better.

Achievements so far

- The Children, Young People and Families Alliance was established with a clear vision and set of priorities
- Looked after Children and Neurological Conditions in Children Health Needs Assessment undertaken to support development of future support and services
- Teenage conception rates continue to fall.

Goals for 2016-2019

- Early help for children, young people and families will be embedded
- Healthy weight for children at reception year will be better than the national average and continue to improve at year 6
- Educational attainment in some areas where not doing so well will improve
- There will be greater understanding of the needs of local children with a physical disability.

See priority:

2

Looked after children: What makes you happy?

In October 2015, Children in Care in Devon were surveyed and asked about their views on their health and well-being, as part of a wider Health Needs Assessment in support of the JSNA. Independent of age group, all children and young people placed a high value on 'family', 'friends' and 'hobbies & sports' to support their happiness. Older participants (16 and over) also focused on being 'safe and loved' and 'entertainment, having fun and play'. The word cloud shows the responses to the question – with the most popular represented by larger size words.



Priority **2**

Living Well

We want people in Devon to choose to live healthy lives – by taking responsibility for their own health and wellbeing and particularly by eating healthy food, moving more every day, not smoking, not drinking alcohol excessively, and being mindful of their mental health and wellbeing. We recognise this can be more difficult for some people and we want to see recognition of this in strategies to improve the health of the poorest much faster. We want to see a reduction in avoidable long-term conditions particularly in more deprived areas for example diabetes.

The Facts:

There are changing patterns of health-related behaviour particularly in the young but in Devon:

- 79,000 adults smoke
- 141,200 adults are obese (412,900 including overweight)
- 163,900 adults are physically inactive
- 120,600 adults drinking at potentially harmful levels
- 2,177 deaths under 75s in Devon 2014

Achievements so far

- Smoking prevalence has reduced significantly from 16.4% in 2013 to 12.2% in 2015
- A new healthy lifestyle offer has been commissioned based on insight with a new approach to empower and support people to make lifestyle change
- There are many examples of joined up work to improve activity through walking, cycling and enjoying Devon
- The Board has a compact with the Local Nature Partnership and has delivered a 'naturally healthy' programme with a wide range of stakeholders including the National Parks making the most of Devon's natural assets.

Goals for 2016-2019

- There will be a focus across the life-course and care pathways on moving more, drinking less, stopping smoking and eating well
- The national pre-diabetes programme will provide support to individuals in Devon
- Routine and manual smoking rates will also fall
- Alcohol admission rates will improve.

See priority:

1 **3**

1

Working together to keep Devon smokefree

Stover Country Park near Newton Abbot is taking a lead in encouraging visitors to keep the park smoke free. New signs have been placed throughout the park's picnic areas and bird hide to thank visitors for helping keep Devon smoke free. Stover is the latest addition to a number of smoke free areas in the county which now include many play parks and all of its children's centre grounds, hospital sites and the Council's County Hall headquarters. The 2015 visitor survey showed that people visited the park mainly to walk, exercise and enjoy the peace and quiet supporting the priority to keep people naturally healthy.



Priority **3** Good Health and Wellbeing in Older Age

Ageing Well

We want adults to develop and maintain health and independence as long as possible so that they can live life to the full. When people start to develop a long-term health problem, we want to focus on preventing them developing further health and social problems. We want to see local services focused on those who have the greatest need, to reduce health inequality and to enable a greater focus on prevention of ill health.

The Facts:

- Devon has an ageing population and the older population will increase significantly over the next 30 years
- A significant healthy life expectancy and life expectancy gap persists in some places and with some groups
- There are many unknown carers who may need support
- The accidental falls rate is not benchmarking as well as previously
- Long term conditions and multiple long term conditions continue to increase and contribute a significant proportion of local spend
- Too many people are dying in hospital rather than their usual place of residence.

Achievements so far

- Life expectancy and healthy life expectancy are high and many people are living long and healthy lives
- Carers support has been reviewed and improved in response to the Care Act
- Devon Carers is now supporting more Carers than ever – 20,040, of which 3054 are young carers aged 17 or under
- Living Well at Home has been commissioned to improve the quality of personal care and support across Devon and to help people remain independent in their own homes. Rapid response has also been expanded.

Goals for 2016-2019

- There will be a greater understanding of future demands on health and care services
- An End of Life health needs assessment will be completed to inform future models of care
- People will be supported to remain well and independent for as long as possible.

See priority:

1 **2**

4 **5**

1 **2**

2 **4**

5

New Approach to carers

There are more than 84,000 Carers in Devon of whom 18,412 provide 50 hours or more of care per week. Their combined contribution to care is valued at £1.6 billion annually, so they are essential to the sustainability of public services. Protecting their health and wellbeing and therefore their potential to continue to care in a financially challenged context, in the most cost-effective ways possible, will be a major challenge.

The top priority has to be developing a balanced system that promotes and protects Carers' independence and wellbeing while being responsive to higher level needs within our resources. The highest priority during the remainder of 2016 and the start of 2017 is listening and understanding how we need to change services to better meet carers' needs in the most cost effective way.

Priority **4** Strong, Safe and Supportive Communities

We want people to thrive in supportive communities, with people motivated to help one another. Our communities are strong, vibrant places to live, where people are not anxious about violence and abuse or criminal activity and social disorder, and where individuals are supported by families and friends within their communities and are not lonely or isolated. A shift towards place based health will be delivered by a step-change in the nature and quality of out-of-hospital care recognising the importance of the home and the need for it to be warm and safe and for individuals and communities to support one another.

The Facts:

- Devon has a diverse population and deprivation is dispersed, inequality takes many forms
- 20% of the older population are mildly lonely, 8-10% of the older population are intensely lonely
- 57% of social care users do not have as much social contact as they would like
- Highest risk groups are lone pensioners, older carers, people over 75, the recently bereaved and older people in deprived areas
- Domestic violence and abuse affects a large number of people, with an estimated 8.2% of women and 4.0% of men aged 16 to 59 had been a victim of domestic abuse past year according to the Crime Survey for England and Wales) for 2015-16 we estimate 27,500 women and 12,500 men experienced domestic violence in the past 12 months, and 91,000 women and 41,100 men experiencing domestic violence since the age of 16
- Fuel poverty rates are high and many households experience high cost and poor quality housing
- Many areas are in the most deprived nationally for the indoor environment.

Achievements so far

- There are many examples of our vibrant and thriving voluntary and community sector
- There are many examples of place based approaches to meet local need and building on local assets. For example Integrated Care Exeter (ICE)
- Cranbrook has achieved Healthy New Town status and a Health, Care and Wellbeing Strategy has been developed to ensure the health of the new younger population
- Protected characteristics are now embedded in the JSNA
- The number of households accepted as homeless has increased nationally, but in Devon the number of homeless acceptances has decreased and rough sleeping amongst single homeless people in Devon has increased however, this rise is significantly less than the national increase of 30%.

Goals for 2016-2019

- The learning from Cranbrook will be shared with our other new and growing towns
- The learning from programmes such as ICE will support development of the new place based approaches
- Develop the domestic and sexual violence and abuse strategy to move towards ending domestic violence and abuse in Devon
- We need to address the quality, affordability and warmth of homes in Devon and ensure housing is an important aspect of any new model of care
- Develop closer links with the Safer Devon Partnership.

See priority:

1 2

3



Integrated Care for Exeter: Getting Serious about Prevention

Mobilisation of a City-wide architecture for prevention and community resilience - Integrated Care Exeter (ICE) is a strategic alliance of leading public, voluntary and community sector organisations, set up in recognition that, to meet the needs of our changing and older population, we have to find another way of delivering public services. The model builds on what already exists in the city, and stakeholder enthusiasm to pool resources. This establishes a single structure for encouraging preventative behaviours by individuals and promoting “resilience” within the system and across communities. In practical terms this means offering a range of community-based options to individuals, who can access what they want to maintain health and wellbeing, reducing the need for statutory care services now and into the future.

Cosy Devon Central Heating Fund transforms elderly couples’ life

A retired couple from Devon have had their lives transformed; they suffer from ill health and lived without proper heating for decades until they were given support via the Central Heating Fund a grant secured by Devon Local Authorities.

Mr Burgess suffers with COPD and uses a stair lift and an oxygen tank. Before the central heating they had numerous electric plug-in heaters, an open fire and at one point used butane cylinders. But they were advised by Torbay Hospital that due to the oxygen tank they needed to keep his equipment 10 metres away from potential fire hazards. This gave Frank very limited space to be able to put his oxygen tank. The hospital had also advised them to get central heating. Mr Burgess commented: ‘Our home is now much easier to heat and we are much more comfortable. We no longer need to worry about the risk of open flames and the oxygen tank.’

A fuel poverty and health course has been delivered to health professionals and others to support referrals to the scheme and raise awareness.

Priority **5**

Life-long Mental Health

We want to ensure a positive attitude to mental health and wellbeing is fostered and that prevention and early intervention to support lifelong mental health is everyone's priority. Mental was part of strong and supportive communities but is now a priority in its own right in recognition of some of the challenges locally and the Five Year Forward View for Mental Health and we want mental and physical health to be equally important. This priority includes promoting positive mental health using assets across the community and tools such as five ways to wellbeing.

The Facts:

People with mental health conditions have a lower life expectancy and poorer physical health outcomes than the general population. Evidence suggests this is due to a combination of clinical risk factors, socioeconomic factors and health system factors. The outcomes report shows that Devon does compare well for some mental health indicators.

Achievements so far

- Early Help 4 Mental Health services commissioned with schools to support young people online and face to face to meet their needs
- Improved access and recovery outcomes related to Improving Access to Psychologic Therapies (IAPT) with improving access to IAPT
- Improved provision of places of safety so people of all ages can avoid being detained in police custody
- Dementia diagnosis rates are improving and support services are improving. Take up of memory matters has increased and there are now 57 memory cafes.

Goals for 2016-2019

- Implement the 5 year forward view for mental health and ensure a focus on prevention early intervention and pathway development
- Improve mental health outcomes in Devon so that we are no longer worse than the England average
- Eliminate the stigma and discrimination felt by those with a mental illness
- Realise the opportunities from Devolution and the Sustainability and Transformation Plan mental health priorities to improve health outcomes and reduce health inequalities.

See priority:

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| 1 | 2 |
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Summary

The strategy seeks to address some of the main challenges identified in the Devon Joint Strategic Needs Assessment (JSNA) below and provides some areas of focus for the next 3 years.

- An ageing population resulting in an increase in demand for services
- New towns and growth in existing towns with a younger population profile and different health and wellbeing needs providing an opportunity for a different approach
- Financial pressures requiring a different solution to improving health and wellbeing
- Complex organisational configuration
- Rurality and access to services impacting on the model of care and support
- A high quality outdoor environment but poor quality indoor environment in some areas due to poor housing
- Below average earnings and high cost of living and housing impacting on poverty, fuel poverty, homelessness and mental health
- The need to focus on prevention and living well at all ages to improve health in later life and address the 10-15 year inequalities gap
- Mental health and the focus on groups and places where outcomes are poor
- Social isolation and loneliness particularly in older people, certain groups and isolated places
- Changing patterns of health-related behaviour particularly in the young
- Long-term conditions and multi-morbidity and the impact on health in later life and the need for services to adapt to multiple conditions

- Growing levels of severe frailty and onset of pre-frailty at a younger age due to health inequalities providing an opportunity to act early
- A diverse population. Inequality takes many forms and can be hidden

The full JSNA is available at

www.devonhealthandwellbeing.org.uk/jsna

and local area profiles are available. The Health and Wellbeing Library contains all published Health Needs Assessments developed in response to local need and challenges to support local commissioning and decision making.

<http://www.devonhealthandwellbeing.org.uk/library/needs-assessments/>

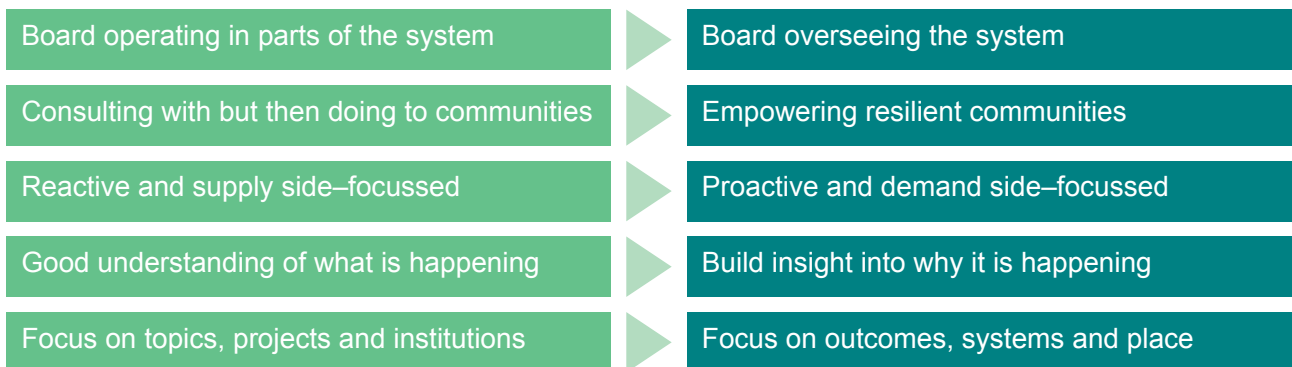
Next Steps for the Board

Devon Health and Wellbeing Board is a Statutory Board responsible for the development of the JSNA and producing the Joint Health and Wellbeing Strategy based on local need and priorities. The Board has a role to support commissioning by understanding need, assets and areas for focus. The commissioning approach is shifting locally with a focus on the whole system, a user centred approach, building on individual and community assets. Now that the Board is established and is positioned in wider governance structures there is an opportunity for key shifts for the Board as described in 'Get Well Soon' (2015). The changing organisational landscape provides an opportunity to put health and wellbeing at the centre.

Now

Key shifts

The opportunity



Outcomes Reporting: How will we know we are making a difference?

We will focus on outcomes, tracking progress and responding to changes and emerging issues and we will empower communities to engage with the challenges and develop the solutions.

Devon compared with the Local Authority Comparator Group for all Health and Wellbeing outcome measures, September 2016:

Devon compared with the Local Authority Comparator Group (LACG) for Health and Wellbeing outcomes Now █ 2013 █

Measure	Rate			Significance		LACG Rank / Position	
	Devon	LACG	England	LACG	England	Rank	Position
Life Expectancy Gap in Years (Male)	5.6	7.0	9.2	Similar	Better	1 / 16	
30 Day Readmissions to Hospital (%)	10.3	11.0	11.8	Better	Better	1 / 16	
Reablement Services Effectiveness (%)	88.8%	82.8%	82.1%	Better	Better	1 / 16	
Low Happiness Score (%)	6.3%	8.0%	9.0%	Similar	Better	1 / 16	
Life Expectancy Gap in Years (Female)	3.1	5.4	7.0	Better	Better	1 / 16	
Early Years Good Development (%)	71.6%	67.1%	66.3%	Better	Better	2 / 16	
Circulatory Disease Deaths, under 75	59.1	65.4	75.7	Better	Better	2 / 16	
Excess Weight in Year Six (%)	28.7%	31.0%	33.2%	Better	Better	2 / 16	
Adult Smoking Rate (%)	12.2%	15.3%	16.9%	Better	Better	2 / 16	
Feel Supported to Manage own Condition (%)	66.6%	64.0%	63.1%	Better	Better	3 / 16	
Physical Activity (%)	60.3%	58.6%	57.0%	Better	Better	3 / 16	
Carer Reported Quality of Life	8.100	7.806	7.900	Better	Better	3 / 16	
Admission Rate for Accidental Falls	1763.7	1903.5	2124.6	Better	Better	4 / 16	
Alcohol Admission Rate (Broad Definition)	1795.1	1911.7	2188.6	Better	Better	4 / 16	
Child Poverty (%)	12.4%	14.1%	18.6%	Better	Better	5 / 16	
Cancer Deaths, under 75	129.7	132.1	141.5	Similar	Better	6 / 16	
Stable Accommodation - MH (%)	60.9%	55.2%	59.7%	Better	Better	8 / 16	
Teenage Conception Rate per 1,000	20.8	21.2	24.0	Similar	Better	9 / 16	
Dementia Diagnosis Rate (%)	56.5%	56.5%	60.8%	Similar	Worse	9 / 16	
Alcohol Admission Rate (Narrow Definition)	611.1	617.6	651.3	Similar	Better	9 / 16	
Smoking at Time of Delivery (%)	11.7%	11.0%	10.6%	Worse	Worse	10 / 16	
Excess Weight in Reception Year (%)	22.4%	21.8%	21.9%	Similar	Similar	10 / 16	
Social Connectedness	42.8%	45.4%	44.8%	Worse	Worse	12 / 16	
Stable Accommodation - LD (%)	65.6%	69.9%	73.3%	Worse	Worse	12 / 16	
Incidence of Clostridium Difficile	30.9	28.5	26.0	Similar	Worse	13 / 16	
Suicide Rate	10.4	9.6	8.9	Similar	Worse	13 / 16	
Hospital Admission Rate for Self-Harm	565.1	436.2	398.8	Worse	Worse	15 / 16	
Reablement Services Coverage (%)	1.4%	2.8%	3.1%	Worse	Worse	15 / 16	

(Local Authority Comparator Groups: Cumbria, Dorset, East Sussex, Essex, Gloucestershire, Leicestershire, Lincolnshire, Norfolk, North Yorkshire, Somerset, Staffordshire, Suffolk, Warwickshire, West Sussex, Worcestershire)

The **Devon Health and Wellbeing Outcomes Report** is updated for each Health and Wellbeing Board meeting and there are individual reports for each measure.