

# Health and Wellbeing in Devon

What's important to you?  
Tell us what you think. . .



***Committed to promoting health equality***



## Introduction

Devon's Health and Wellbeing board has been set up to bring people together across different organisations to set out the priorities in Devon based on the evidence and what works, taking into account people's views.

The improvement of the health and wellbeing of Devon's population relies on a shared vision across public, private, voluntary and community sectors.

This will be written into a Joint Health and Wellbeing Strategy, which tells the story of health and wellbeing in Devon and shows the areas where partners will need to work together to bring about improvements.

The board will monitor and check how well organisations deliver on the top priorities for Devon.

**This leaflet is an opportunity for you to offer your views on the priorities that have been identified so far.**

### **Councillor Andrea Davis**

Chairman of the Shadow Devon Health and Wellbeing Board

## Who are we?

The board is made up of members from county and district councils, Clinical Commissioning Groups, patient, service users and carers' representatives, and the NHS National Commissioning Board.

## What are our principles and priorities?

The Shadow Board has adopted a set of principles of working which:

- focuses on improving health and wellbeing for individuals and communities
- ensures services are efficient and effective
- promotes healthy lifestyles and identifies illness and/or need for support at an early stage
- supports joint working
- uses evidence of what works, informed by people's views, to guide its work
- enables improvements and progress to be measured.

The Board is committed to an open and clear approach to business, so that individuals and communities can make an informed contribution to its work.

## How have we identified our priorities?

We have gathered a lot of evidence over recent years, working in partnership with a range of communities including patients and service user groups. This is the basis of our Joint Strategic Needs Assessment.

There are a wide range of factors that influence people's health and wellbeing, ranging from lifestyle choices such as smoking and physical activity to environmental factors such as the house we live



in, the roads we have to cross and whether we have access to public transport.

We have looked at the various stages from pre-birth to older age to understand what health issues may arise over the course of our lives. We want people to have the best start in life, the right opportunities as they develop and start working, and enjoy healthy older age with necessary care and support that may be needed. This approach has allowed us to identify an initial set of priorities.

These priorities will inform our Joint Health and Wellbeing Strategy and will influence the way services are delivered in the future. Both the Joint Health and Wellbeing Strategy, and the Joint Strategic Needs Assessment, will be reviewed annually.

We welcome your views on whether you agree with these priorities, and if there are any additional priorities you think should be included.

**Please take a look through the following list of priorities and complete the questionnaire to let us know whether you agree with each one.**

smoking social isolation exercise dementia carers' support



## Our priorities

### **Poverty**

Poverty plays a critical role in shaping the life chances of children and will have ongoing impacts throughout people's lives and contributes to variations in ill health and the gap in life expectancy across Devon.

### **Domestic and sexual violence and abuse**

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

### **Targeted family support**

In Devon, 1370 families have been identified which are particularly affected by problems such as low school attendance, youth crime and anti-social behaviour and unemployment. Of the £9 billion currently spent on troubled families nationally, £8 billion is spent on reacting to, rather than preventing their problems.



## **Pre-school educational outcomes**

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

## **Transition**

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

## **Contraception and sexual health**

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





## Alcohol

Alcohol misuse in Devon contributes to increased hospital admissions, early mortality, crime and disorder, domestic violence and health and social inequalities. People living in the most deprived areas in Devon are almost four times more likely to be admitted to hospital for alcohol specific conditions than those in the least deprived areas.

## Educational outcomes

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

## Housing

The age, condition and high cost of housing in Devon have a number of health consequences relating to overcrowding, fuel poverty and excessive cold, respiratory problems and emotional wellbeing.



## Screening

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

## Exercise, physical activity, healthy eating and smoking

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

## High blood pressure (Hypertension)

Improving the early identification and treatment of high blood pressure, which affects around 216,000 people in Devon, would reduce the risk of ill health and death through heart disease, stroke and other conditions.





## Offender health

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

## Falls

The risk of an accidental fall increases rapidly with age, and higher levels are evident in people living alone, people with existing medical conditions, and people living in more deprived areas. In Devon the number of people aged 65 and over suffering at least one fall in the last 12 months is predicted to increase from 46,700 in 2011 to 74,500 in 2030.

## Dementia

The term 'dementia' describes a set of symptoms that include loss of memory, mood changes, and problems with communication and reasoning. In Devon, the number of people living with dementia is predicted to increase from 12,800 in 2011 to 20,300 in 2030.



## Carers' support

Around one in nine people in Devon are unpaid carers with the highest proportions and time spent providing unpaid care in older age groups. The general health of carers also declines more rapidly than those without caring responsibilities.

## Living environments

The 2010 national Indices of Deprivation highlighted that housing conditions in Devon are generally poorer than the national average. The home environment plays a significant role in physical and emotional health and wellbeing, which can be addressed through a focus on safety in the home and supporting vulnerable residents.

## Social isolation

A combination of an ageing population, higher levels of rural deprivation compared to the national average, and greater distance from health and social care services and amenities contribute to higher levels of social isolation in Devon, and a focus on social support and improving access to services can help to address this.

## What do you think?

Respond to our survey online at  
[devonhealthandwellbeing.org.uk/board/survey](http://devonhealthandwellbeing.org.uk/board/survey)

Alternatively complete the survey, print it off and return to

Corporate Consultation (L10)

FREEPOST EX214

Devon County Council, County Hall, Exeter EX2 4QD

You can also email any questions and comments to  
[enquiries@devonhealthandwellbeing.org.uk](mailto:enquiries@devonhealthandwellbeing.org.uk)

To request a paper copy of the questionnaire, or if you would like it in a different format, email your requirements to  
[customer@devon.gov.uk](mailto:customer@devon.gov.uk)  
telephone 0845 155 1015

## What happens next?

The survey closes on 3 September 2012 and based on your feedback we will develop a Joint Health and Wellbeing Strategy, which will be available for comment.

We will feed back your views and comments on the Devon Health and Wellbeing pages at  
[devonhealthandwellbeing.org.uk](http://devonhealthandwellbeing.org.uk)

## How can I find out more?

Visit [devonhealthandwellbeing.org.uk](http://devonhealthandwellbeing.org.uk) for more information and updates on the Health and Wellbeing Board, Joint Strategic Needs Assessment and information about health and wellbeing.

If you need more information or a different format phone 0845 155 1015, email [customer@devon.gov.uk](mailto:customer@devon.gov.uk) text 80011 (start your message with the word Devon), textphone 0845 155 1020 or write to: Devon County Council, County Hall, Topsham Road, Exeter EX2 4QD