

Devon Health and Wellbeing Board

“Committed to promoting health equality”

Priorities consultation survey - What you told us

The consultation

The Health and Wellbeing Board consulted on a number of issues that had been identified through the Joint Strategic Needs Assessment in Devon, which provides a picture of health and wellbeing needs across the County. (For further information on the Joint Strategic Needs Assessment visit www.devonhealthandwellbeing.org.uk)

We asked you whether you agreed that these issues should be a priority for the Health and Wellbeing Board.

We received a total of 370 individual responses, 78 responses from people with learning disabilities who took part in group sessions on the priorities, and 37 responses from organisations representing specific groups of people.

The issues we consulted on were all regarded as high priorities by large numbers of respondents, although some did come out as higher priorities. The responses suggest that the themes of getting the best start in life, enabling people to make healthy choices, supporting older people and developing community support which underpin the work of the board are appropriate.

The responses to the individual priorities in the questionnaire will help determine how different issues are addressed and influence the development of the Joint Health and Wellbeing Strategy. These results are summarised below, along with some quotes which illustrate some of the feedback we received.

The issues

Dementia

“Unless community support is strengthened it will place a unsustainable burden on residential care.”

Dementia was the highest priority for respondents to both the individual and organisational surveys with over 90% saying this was a very high or high priority.

Carers' support

“Residential respite care is a high priority for carers.”

This issue was the second highest priority for respondents in both the individual and organisation surveys, with around 90% saying carers' support should be a very high or high priority.

Education

“There is a link between poor education, deprivation and health inequality, which can be eroded by better access to education opportunities.”

Education featured very highly in your priorities. Over 80% of you thought it was a very high or high priority, with around 11% unsure, making it the third highest priority in the survey.

Exercise, physical activity, healthy eating and smoking

“Health promotion is vital in preventing many long term health issues.”

Lifestyle issues such as smoking and healthy eating, feature highly in your priority list, with 73.6% of individuals saying it’s a high or very high priority, and 88.2% of organisations.

Social isolation

“The rural nature of Devon and poor public transport makes isolation a particular problem for people who are unable to drive.”

72.9% of individuals and 86.1% of organisations responding to the priorities survey considered social isolation a high or very high priority, with around 15% unsure.

Domestic and sexual violence and abuse

“This is often a secondary factor to alcohol and/or drug misuse, poverty and housing conditions.”

This was a high priority in the survey, with 79.6% of individual respondents and 76.5% of organisations rating it high or very high.

Screening

“Health-screening programmes have and will play an important role in identifying and preventing ill-health and deaths.”

Around four out of five individual respondents (79.0%) and two thirds of organisations (66.7%) thought screening should be a high or very high priority.

Alcohol

“Besides the increase in chronic liver disease in the population, the increasing and excessive consumption of alcohol has great detrimental impact in many other aspects of society.”

64.9% of individual respondents and 80.0% of organisations considered alcohol a very high or high priority for the board.

Housing

“There is a strong linkage between cold homes, fuel poverty and ill-health, and with cold homes and excess winter deaths.”

Housing was an issue for 69.9% of individual respondents and 75.0% of organisational respondents to the survey – around halfway on the priorities list.

Poverty

“Poverty is intertwined with poor housing, fuel poverty, poor diet and health inequality.”

64.2% of respondents considered poverty to be a high or very high issue for the board, with 77.1% of organisations rating poverty as a high or very high priority.

High blood pressure

“A higher level of screening for this “hidden killer” would in my view reap benefits for all.”

Hypertension, or high blood pressure, was considered a high or very high priority by 71.3% of individual respondents and 69.4% of organisations.

Falls

“It is a key issue for older people in Devon but should be tackled as part of a wider scheme of work for older people and improving housing environments for all.”

Of the individual respondents, 65.5% consider falls to be a high or very high priority, with 72.2% of organisations rating it as a high or very high priority.

Targeted family support

“Although a relatively small population, the move from curative to preventative support techniques is a very important channel shift to make...”

Targeted work with troubled families was considered a high or very high priority by 58.6% of individual and 67.6% of organisations, whilst over a quarter were unsure.

Contraception and sexual health

“There is a strong correlation between sexual health & unintended pregnancy and deprivation/health inequality.”

Just over 60% of respondents think contraception and sexual health should be a high or very high priority for the health and wellbeing board.

Pre-school education

“All the evidence is that if we get things right for young children and their parents at this early age, there is a life-time health benefit for individuals and communities.”

Just over half (56.7%) of individuals and 60% of organisations thought nursery and pre-school education should be a priority for the board.

Living Environments

“Living environments are very important for people with a visual impairment.”

57.9% of individual respondents and 54.3% of organisations thought living environments were a priority, although over 30% of respondents were unsure.

Transition

“The lack of support during this period can have negative impact on both the individual and the community.”

Around half of respondents thought transition was high or very high on the priority list. Over a quarter were unsure.

Offender health

“This is a specialised population with distinctly higher health deficiencies, but the population size is relatively small in comparison with the size of populations with other health impacts.”

Despite this issue receiving the lowest score, the consultation showed that 45.5% of individual respondents and 54.3% of organisations still consider this a high or very high priority, and 30% of respondents were unsure.

Additional issues for consideration

Of the 370 individual respondents to the survey, 80% did not identify any additional issues that should be considered a priority(297).

Of those that did here are the ones that occur more than once:

Individual Survey: Additional Needs included in comments	Total
Mental Health and Emotional Wellbeing	16
Transport	4
Joined up thinking	3
Volunteering	2
Victims of Crime	2
Improved Information	2

In the organisational survey, 18 organisations (48.6%) did not identify any additional issues that should be considered a priority. Of those who did, mental health and emotional wellbeing figured most prominently.

Organisation Survey: Additional Needs included in comments	Total
None	18
Mental Health and Emotional Wellbeing	9
Mental Health and Emotional Wellbeing and Diet	1
Access to Natural Environment	1
Access to Social and Recreation Activities	1
Brain Injury	1
Community Fitness Coordinators	1
Pensions	1
Priorities should be shortened and refocused	1
Strengthening Marriages and Family Life	1
Transport	1
Visual Impairment	1

“Given the impact that housing, offending, environment, poverty, alcohol and physical health all have on mental health and that one in four people suffer from mental health difficulties, I am disappointed that mental health isn't a priority.”

In light of this, the Joint Health and Wellbeing Strategy will be changed to provide explicit reference to mental health and emotional wellbeing.

Priorities Ranked - Individual Survey (including learning disability group sessions)

Priority	Very high priority	High priority	Not sure	Low priority	Very low priority	(blank)	Grand Total	% Very High	% High or Very High	% Unsure
Dementia	251	138	26	13	6	14	448	57.8%	89.6%	6.0%
Carers support	232	155	28	13	4	16	448	53.7%	89.6%	6.5%
Education	194	157	49	26	3	19	448	45.2%	81.8%	11.4%
Domestic and sexual violence and abuse	177	162	63	20	4	22	448	41.5%	79.6%	14.8%
Screening	187	145	68	17	3	28	448	44.5%	79.0%	16.2%
Exercise, physical activity, health eating, and smoking	176	145	54	54	7	12	448	40.4%	73.6%	12.4%
Social isolation	136	166	66	37	9	34	448	32.9%	72.9%	15.9%
High blood pressure	145	168	79	45	2	9	448	33.0%	71.3%	18.0%
Housing	136	154	79	42	4	33	448	32.8%	69.9%	19.0%
Falls	128	157	102	46	2	13	448	29.4%	65.5%	23.4%
Alcohol	115	168	77	59	17	12	448	26.4%	64.9%	17.7%
Poverty	139	132	99	45	7	26	448	32.9%	64.2%	23.5%
Contraception and sexual health	101	160	81	62	17	27	448	24.0%	62.0%	19.2%
Targeted family support	95	137	108	49	7	52	448	24.0%	58.6%	27.3%
Living environments	114	129	110	58	9	28	448	27.1%	57.9%	26.2%
Pre-school education	106	136	88	81	16	21	448	24.8%	56.7%	20.6%
Transition	86	128	102	66	14	52	448	21.7%	54.0%	25.8%
Offender health	73	127	129	92	19	8	448	16.6%	45.5%	29.3%

Priorities Ranked - Organisational Survey

Priority	Very high priority	High priority	Not sure	Low priority	Very low priority	(blank)	Grand Total	% Very High	% High or Very High	% Unsure
Dementia	22	11	2	0	0	2	37	62.9%	94.3%	5.7%
Carers support	14	18	3	1	0	1	37	38.9%	88.9%	8.3%
Education	11	20	4	0	0	2	37	31.4%	88.6%	11.4%
Exercise, physical activity, health eating, and smoking	17	13	4	0	0	3	37	50.0%	88.2%	11.8%
Social isolation	16	15	5	0	0	1	37	44.4%	86.1%	13.9%
Alcohol	9	19	4	3	0	2	37	25.7%	80.0%	11.4%
Poverty	15	12	5	3	0	2	37	42.9%	77.1%	14.3%
Domestic and sexual violence and abuse	10	16	8	0	0	3	37	29.4%	76.5%	23.5%
Housing	12	15	8	1	0	1	37	33.3%	75.0%	22.2%
Falls	11	15	8	1	1	1	37	30.6%	72.2%	22.2%
High blood pressure	7	18	9	1	1	1	37	19.4%	69.4%	25.0%
Targeted family support	13	10	9	1	1	3	37	38.2%	67.6%	26.5%
Screening	8	16	11	1	0	1	37	22.2%	66.7%	30.6%
Contraception and sexual health	6	16	8	5	0	2	37	17.1%	62.9%	22.9%
Pre-school education	9	12	11	3	0	2	37	25.7%	60.0%	31.4%
Transition	8	12	11	4	0	2	37	22.9%	57.1%	31.4%
Offender health	6	14	10	5	0	2	37	17.1%	57.1%	28.6%
Living environments	6	13	12	3	1	2	37	17.1%	54.3%	34.3%

Priorities Ranked - % High or Very High Priority – Individual vs Organisational Survey

Rank (1 is highest)	Individual Survey		Organisational Survey	
	Issue	% High or Very High Priority	Issue	% High or Very High Priority
1	Dementia	89.6%	Dementia	94.3%
2	Carers support	89.6%	Carers support	88.9%
3	Education	81.8%	Education	88.6%
4	Domestic and sexual violence and abuse	79.6%	Exercise, physical activity, health eating, and smoking	88.2%
5	Screening	79.0%	Social isolation	86.1%
6	Exercise, physical activity, health eating, and smoking	73.6%	Alcohol	80.0%
7	Social isolation	72.9%	Poverty	77.1%
8	High blood pressure	71.3%	Domestic and sexual violence and abuse	76.5%
9	Housing	69.9%	Housing	75.0%
10	Falls	65.5%	Falls	72.2%
11	Alcohol	64.9%	High blood pressure	69.4%
12	Poverty	64.2%	Targeted family support	67.6%
13	Contraception and sexual health	62.0%	Screening	66.7%
14	Targeted family support	58.6%	Contraception and sexual health	62.9%
15	Living environments	57.9%	Pre-school education	60.0%
16	Pre-school education	56.7%	Transition	57.1%
17	Transition	54.0%	Offender health	57.1%
18	Offender health	45.5%	Living environments	54.3%