Public Health Annual Report

2020-21

Devon
County Council

If you need more information or a different format phone 0345 155 1015, email customer@devon.gov.uk, text 80011 (start your message with the word Devon), or write to Devon County Council, County Hall, Topsham Road, Exeter EX2 4QD.

Acknowledgements

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① Introduction

The past year has been challenging for us all. The first confirmed cases of COVID-19 in the UK came at the end of January 2020 and we have been living with the pandemic ever since.

While most people who caught COVID-19 experienced mild symptoms and made a swift recovery, others became seriously ill and have felt the health impact for many months afterwards. Many have sadly lost family and loved ones.

COVID-19 has affected every single person: some have lost businesses, others their jobs; many have had to work from home and parents/caregivers have had to support their children with home learning.

The proportion of people in Devon with COVID-19 has been small when compared to the UK and the rest of the world. Worldwide there have been over 141 million confirmed cases and over 3 million people have died with COVID-19 since the start of the pandemic. Sadly, we expect these numbers to continue to rise.

One thing that is not always mentioned but that is of real public health importance is that the pandemic has not affected everyone in society equally. As with so many diseases, those who have the least have tended to suffer the most. For example, particularly in the first wave, the virus disproportionately affected people living in poorer areas or who were members of Black, Asian and minority ethnic groups. Some, though not all, of this difference was because of the type of work people did or because they had other health problems. The pandemic has made existing health inequalities worse, and the most vulnerable people and families have suffered the most.

I would personally like to thank the people of Devon for the way they have conducted themselves during the past 12 months. I have no doubt that a large part of why we have been spared some of the worst of the virus is that the people of Devon have done a good job of adhering to the

**Steven Brown
Director of Public
Health for Devon**

national guidance and restrictions. It is important that we continue to be vigilant and stick to the guidance to reduce risk and prevent further spread.

I also wish to pay tribute to the work of all of our local providers, partners and organisations, including the voluntary and community groups, who came together when needed and have worked tirelessly throughout the pandemic to ensure residents received the services and support they needed.
I would like to give a special mention to our health and social care workers who have been working on the frontline throughout the pandemic.

In this report, we review the past 12 months and describe the story of COVID-19, assessing the impact it has had on people's lives and on local services, workplaces and businesses. We consider what action is needed to address the inequalities exacerbated by the virus and anticipate the longer-term health and wellbeing impact of COVID-19.

As with seasonal flu and other infections, we are going to have to continue to live with COVID-19 for the foreseeable future, particularly as new variants emerge. This year has been an unprecedented challenge, but we have learnt, adapted and are prepared for the next phase of our response to this pandemic.

Steven Brown
Director of Public Health for Devon

Recommendations

1 Public Health Devon, working with colleagues within Devon County Council, the NHS and Public Health England, maintains a comprehensive COVID-19 surveillance system to provide real-time monitoring data to enable swift and decisive actions to any increase in cases or outbreaks.

2 An effective local testing and contract tracing service, run by Public Health Devon, is maintained for as long as required to support the NHS Test and Trace service.

3 The local authority's health protection function is reviewed in the light of the pandemic and the relationship with the new UK Health Security Agency* (replacing Public Health England) is established.

4 Lessons from reviews of the response informs how we prepare for and respond to future communicable disease outbreaks and shapes our recovery.

5 Devon County Council continues to work with NHS partners and other stakeholders to promote the uptake of the COVID-19 vaccination programme, with a particular focus on addressing inequalities in uptake.

6 Public Health Devon continues to advocate for and contribute to Devon-wide, as well as place-based, plans for tackling poverty and reducing health inequalities.

7 Public Health Intelligence Team and Smarter Devon, with stakeholders, coordinate the gathering and sharing of intelligence on the wider impacts of the pandemic in Devon and that this is used to inform partners' recovery plans.

8 Public Health Devon continues to advocate for a collaborative, cross-sector asset-based approach to reducing inequalities ensuring that communities' assets, priorities and perspectives are understood by, and inform the support offered by, organisations.

9 Recovery programmes should be based on the evidence of what works to reduce health inequalities.

10 Review how agencies' policies and programmes and the use of impact assessment tools harness the potential we have for addressing the climate emergency and reducing inequalities.

*Public Health England's Health Protection functions transferred to the new UK Health Security Agency (UKHSA) on the 1st April 2021.

② Devon's Pandemic

On 31st December 2019, the World Health Organisation received reports of cases of pneumonia of unknown cause in China. During early January 2020, more details emerged about a new coronavirus, originating in Wuhan, in Hubei province, the sign of a local outbreak developing into a spreading infection (an epidemic).

The World Health Organisation declared 'a public health emergency of international concern' on 30th January 2020. The Public Health Devon team convened its first 'response' meeting to prepare for a worsening situation on 31st January 2020. The rapid international spread of this new coronavirus infection, which was to be at the centre of the viral pandemic, known as COVID-19, has changed the lives of billions of people.

Prior to the availability of COVID-19 vaccinations, the main measures to prevent the spread of infection were through effective infection, prevention and control measures, such as good hand and respiratory hygiene, regular environmental cleaning and the use of Personal Protective Equipment (PPE), alongside social distancing. Further measures were later introduced through imposing local or national lockdowns.
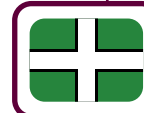
2020

February

The UK Government declared a 'serious and imminent threat to public health'. **10th**

The UK Government advised people returning from affected areas of Italy to self-isolate, with testing and contact tracing. **25th**

The first case identified in Devon was in late February.

March

The UK Government published its four-phase coronavirus 'action plan'. **3rd**

The World Health Organisation designated COVID-19 a pandemic. **11th**

The UK moved from the 'containment' phase of the pandemic (and associated social distancing measures) to the 'delay' phase. **12th**

Prime Minister Boris Johnson announced national lockdown measures. **23rd**

April

The national goal of 10,000 COVID-19 tests per day was reached. **2nd**

May

The Prime Minister announced a conditional plan for lifting lockdown. **10th**

June

A phased reopening of schools began. **1st**

Non-essential shops reopened. **15th**
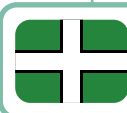
Devon County Council was selected as a 'Beacon Council' in the South West to develop and share best practice, one of eleven nationally.

July

First local lockdown was announced in Leicester.
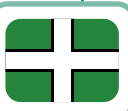
Devon published a Local Outbreak Management Plan. This described our response to tracking people who were infected, identifying outbreaks and areas of concern, and taking action needed to reduce further spread.

Eat Out to Help out scheme launched. **3rd**

Lockdown restrictions were eased further, and some indoor leisure facilities reopened. **14th**

August

The 'Rule of 6' was introduced. **14th**

Work from home and a 10pm curfew in hospitality were introduced. **22nd**

September

An outbreak was identified at Exeter University.

New three-tier Covid-19 restrictions started in England. **14th**

October

Devon was placed in Tier 2.

The second national lockdown came into force in England. **5th**

In Liverpool, a pilot scheme to test large numbers of people who showed no signs of illness began.

November

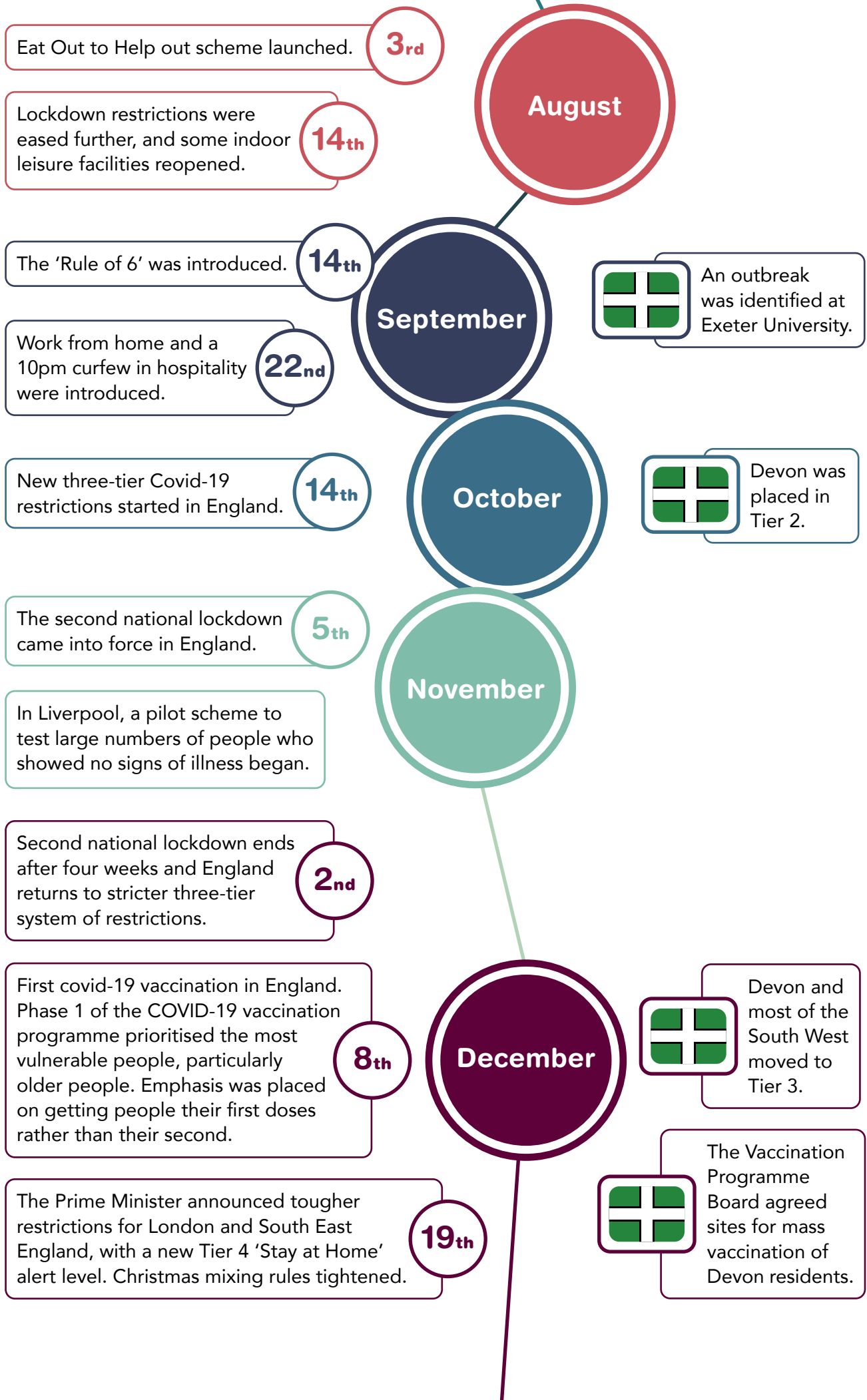Second national lockdown ends after four weeks and England returns to stricter three-tier system of restrictions. **2nd**

First covid-19 vaccination in England. Phase 1 of the COVID-19 vaccination programme prioritised the most vulnerable people, particularly older people. Emphasis was placed on getting people their first doses rather than their second. **8th**

December

Devon and most of the South West moved to Tier 3.

The Prime Minister announced tougher restrictions for London and South East England, with a new Tier 4 'Stay at Home' alert level. Christmas mixing rules tightened. **19th**

The Vaccination Programme Board agreed sites for mass vaccination of Devon residents.

2021

January
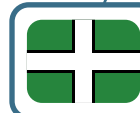
6th — England entered the 3rd national lockdown.

This month saw the highest infection levels in Devon: 223 out of every 100,000 people were infected, 1786 in total.

The number of infections in care homes also peaked this month.

The Community Testing Programme launched in Devon with sites in Exeter, Barnstaple and Devon.

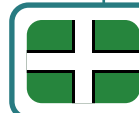Sites in Home Park (Plymouth) and Westpoint (Exeter) opened for COVID-19 vaccinations.

February

14th — The milestone of 15 million first doses was reached, meaning those in the most vulnerable groups had all received that dose.

By 14th February, 342,397 people in Devon had received a first dose vaccine.

Local contact tracing was launched to support the National Test and Trace programme.

March

The Roadmap for lifting lockdown was published.

8th — Students returned to school.

14th — Measures were eased further: the stay at home message changed, the "rule of six, two households outdoors" came into force, and care home residents allowed one visitor.
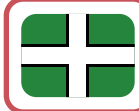
Outbreaks in care homes reduce and weekly cases numbers dropped to September 2020 levels.
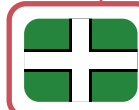
The Mobile Vaccination Unit (MTU) pilot was launched to take vaccination directly to communities who might not otherwise access a vaccine.
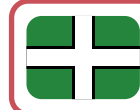
By the end of March, 12 people per 100,000 in Devon were infected: 98 in total.

Since the start of the pandemic, more than 20,000 people in Devon have had COVID-19. Figure 2.1 compares the rate of people infected in Devon compared with England over the course of the pandemic. It shows that rates in Devon (the green line) have remained consistently below England's (the blue line). Devon's highest level of 223 per 100,000 was much lower than the peak of 681 per 100,000 in England as a whole.

Figure 2.1: Confirmed weekly COVID-19 cases per 100,000 population, Devon vs England.
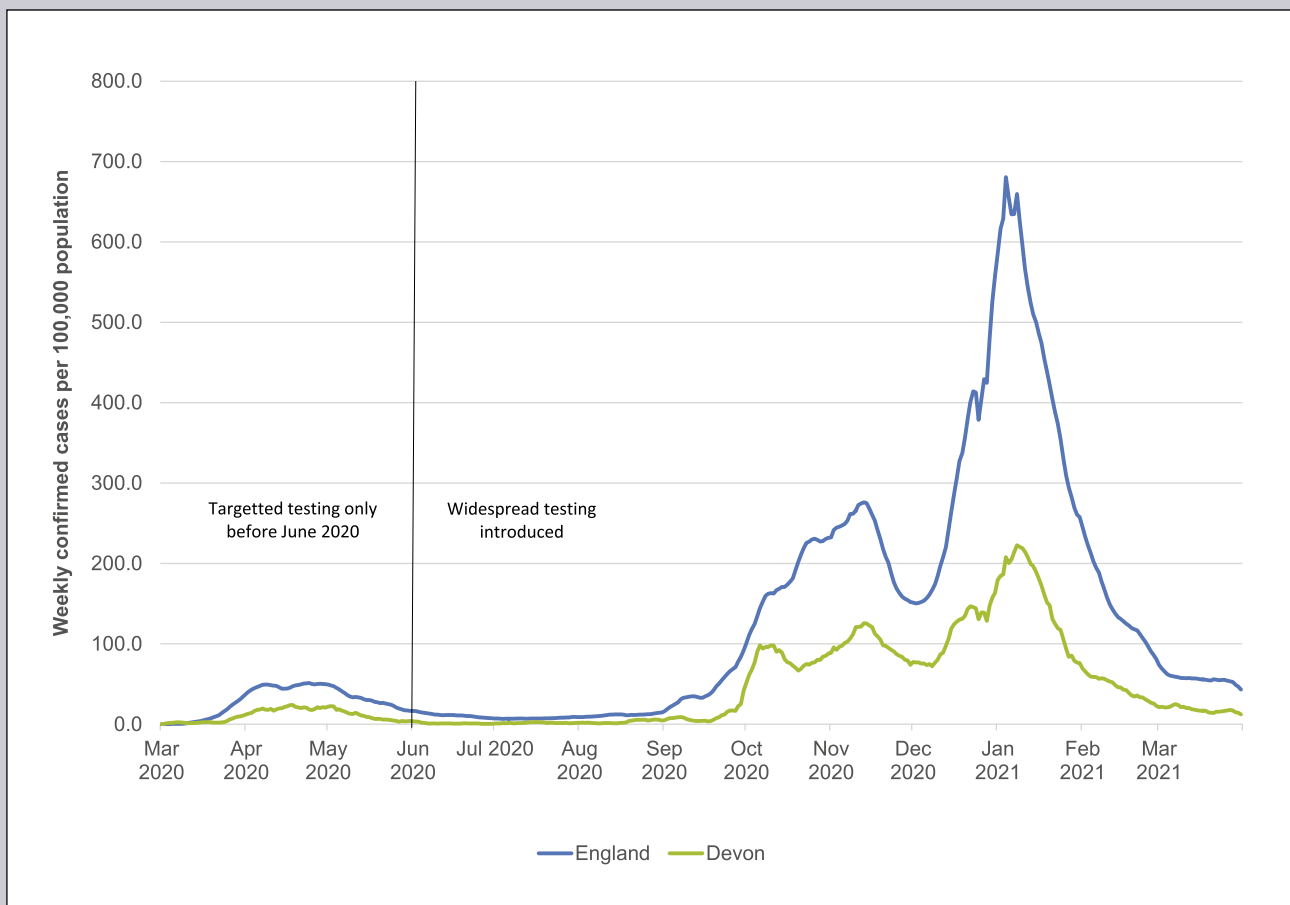
In terms of the early impact of COVID-19, looking at the numbers of people who had to go into hospital because of the virus or who sadly died with COVID-19 is more informative than looking at the recorded number of infections. Figure 2.2, shows the numbers of people in hospital in Devon with COVID-19 (black line) or who died with COVID-19 (red bars). Numbers peaked in April 2020, dropped off, and then began to rise again in the winter, with the highest numbers of deaths occurring a little after the highest numbers of people in hospital.

Figure 2.2: Numbers of people with COVID-19 in Devon hospitals* and COVID-19 related deaths of Devon residents.
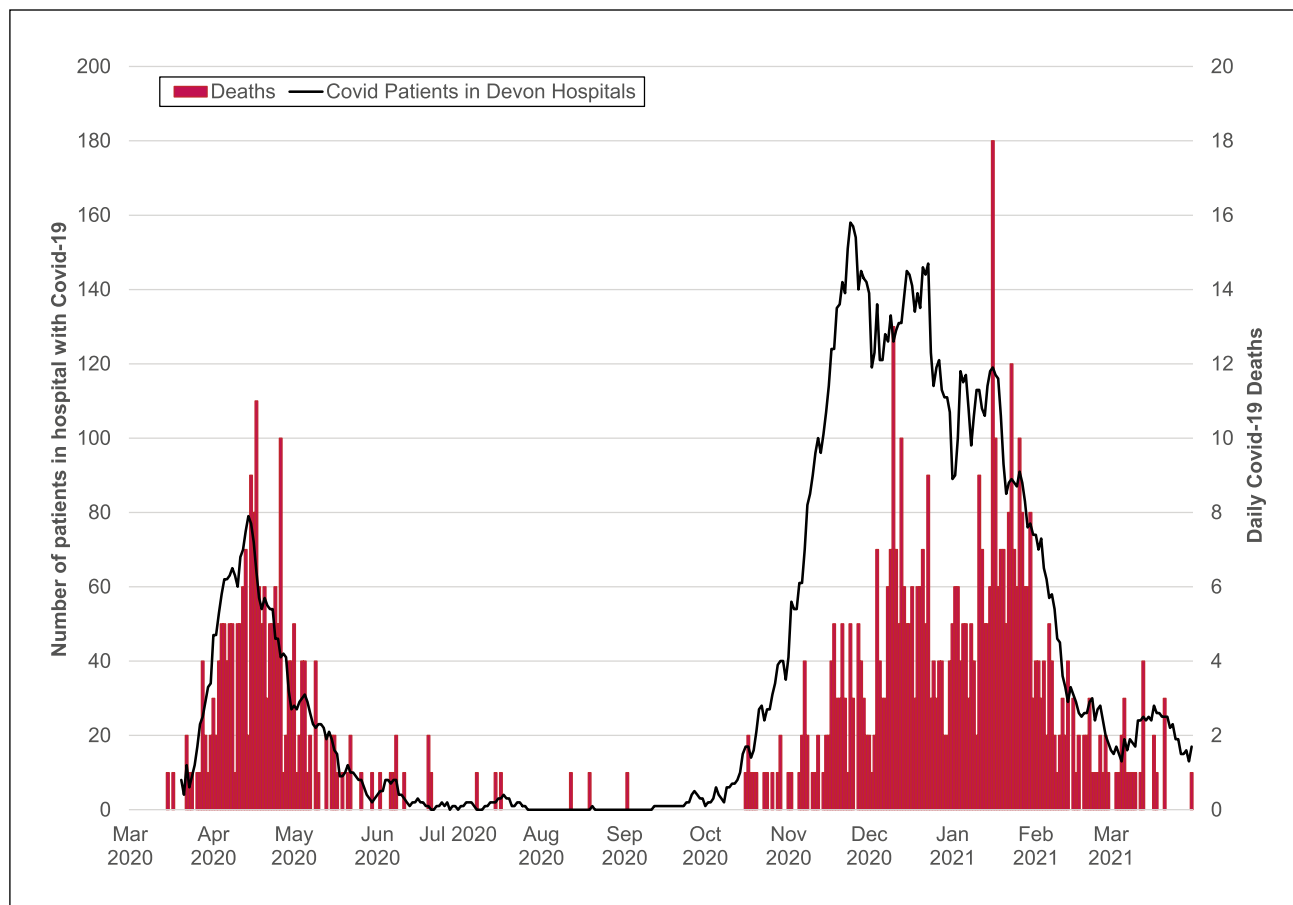
A joined-up response to a public health emergency

As with many emergencies, an effective response to the pandemic required many organisations to work together. Devon's Public Health team was at the heart of the local response, providing leadership and expertise based on our experience of dealing with other outbreaks of infectious disease. Nonetheless, the contribution of partner organisations was essential, and the team worked closely with colleagues in Devon County Council (DCC), the District Councils, the NHS, Public Health England, and with health and social care providers. The response was one coordinated right across the wider public, private, and voluntary, community and social enterprise sectors. It is also important to acknowledge the vital role our communities and residents played in reducing the spread of the virus and preventing outbreaks by following public health guidance and advice.

During the pandemic we further developed our infrastructure for excellent identification and communication of new local infections and outbreaks. This meant we could act swiftly when problems arose and do what was necessary to help prevent further spread. The unprecedented scale and complexity of this pandemic meant we have all had to learn as we go along as well as being flexible in responding to new information or national guidance.

Doing it for Devon: Local Outbreak Management Plan

In June 2020 all local authorities were instructed to produce and publish their own Local Outbreak Management Plan. The plan clearly describes how the local authority will work with its partners, alongside Public Health England and the NHS Test and Trace Service, to identify, contain and manage local COVID-19 outbreaks. The plan has been regularly updated as national guidance and legislation has changed during the pandemic. Addressing inequalities has been an important consideration of the COVID-19 Local Outbreak Management Plan and a central part of the vaccination programme locally (see box 2.3).

In addition to the publication of the Local Outbreak Management Plan there was also a requirement from central government to establish a COVID-19 Health Protection Board and a Local Outbreak Engagement Board. The primary purpose of the Health Protection Board is to bring together key agencies within Devon to ensure a collective response to the Pandemic and local outbreaks. The Local Outbreak Engagement Board is chaired by the leader of Devon County Council and has a responsibility to communicate and engage with residents and communities.

Box 2.3: Addressing Inequalities in Uptake of COVID-19 Vaccines

Early in the COVID-19 NHS vaccination programme roll-out, Public Health Devon led a multi-agency group to ensure that efforts were directed at addressing inequalities in vaccine uptake. Working with the NHS and a range of stakeholders we have been able to implement initiatives at pace, remove barriers to vaccination, and promote and provide vaccinations to people less likely to take up vaccination through the usual routes.

Some of the activities of the COVID-19 Health Inequalities Cell to date have included:

○ Piloting a Mobile Vaccination Unit to deliver vaccinations to migrant workers and our homeless communities.

○ Development of a toolkit for vaccinators covering resources, support, and referral pathways for vaccinators/sites to address barriers to uptake.

○ Delivering a pop-up vaccination clinic at Exeter Mosque.

○ Using local champions and media channels to promote vaccine uptake in the Black, Asian and minority ethnic communities.

○ Engagement with authorised sites to inform our approach to supporting vaccinations within our Gypsy, Traveller and Roma communities.

○ Developing an inclusion checklist to support vaccination sites to self-assess, identify good practice and areas for improvement.

Reflections

The people who have been involved in tackling COVID-19 locally – in local government, the NHS, Public Health England, education, other public organisations, community and private sectors – have worked tirelessly over many months and have had to deal with high levels of pressure and uncertainty. Many individuals have gone above and beyond their roles and responsibilities, particularly health and social care staff on the frontline caring for and treating people during the pandemic.

It is also important to recognise the extraordinary camaraderie which the pandemic has fostered. People have worked in new ways, in new roles; some have retrained or been redeployed. Engineers, Fire and Rescue staff and trading standards officers came together to set up our community testing programme. Volunteers helped to set up and support the running of NHS vaccination centres. Staff from the Devon County Council human resources and trading standards team worked to set up and run the local contact tracing service.

Staff and volunteers who have been involved in the pandemic response will inevitably have an ongoing role in the recovery. They must be supported to recover from the physical and mental health impacts.

The last year has seen people working with a common sense of purpose and we have all learned a lot. Harnessing new ways of working and building on the relationships developed during the response phase of the pandemic will be vital as we begin to recover from the pandemic.

Recommendations

1 Public Health Devon, working with colleagues within DCC, the NHS and Public Health England, maintains a comprehensive COVID-19 surveillance system to provide real-time monitoring data to enable swift and decisive actions to any increase in cases or outbreaks.

2 An effective local testing and contact tracing service, run by Public Health Devon, is maintained for as long as required to support the NHS Test and Trace service.

3 The local authority's health protection function is reviewed in the light of the pandemic and the relationship with the new UK Health Security Agency (replacing Public Health England) is established.

4 Lessons from reviews of the response informs how we prepare for, and respond to, future communicable disease outbreaks and shapes our recovery.

3 COVID-19 and Health Inequalities in Devon

The COVID-19 pandemic has affected everyone, but it has not affected everyone to the same extent. What we have known for a long time is that not everybody in society has the same risk of becoming ill or of dying early and the differences are related to many factors including gender, ethnic group, and poverty. We refer to these differences as health inequalities and a central role of public health is to try to reduce them. (See Box 3.1 for a summary of what health inequalities are and why they matter to all of us.)

We learned early in the pandemic that people in certain groups were – and still are – at greater risk of being infected by and dying from COVID-19. (PHE 2020) **COVID-19: review of disparities in risks and outcomes - GOV.UK (www.gov.uk)**

People at higher risk include:

- Older people
- Men
- People living in deprived neighbourhoods
- People from Black, Asian and minority ethnic (BAME) groups
- People working in key worker roles, such as caring and nursing professionals, taxi drivers, security guards
- Care home residents
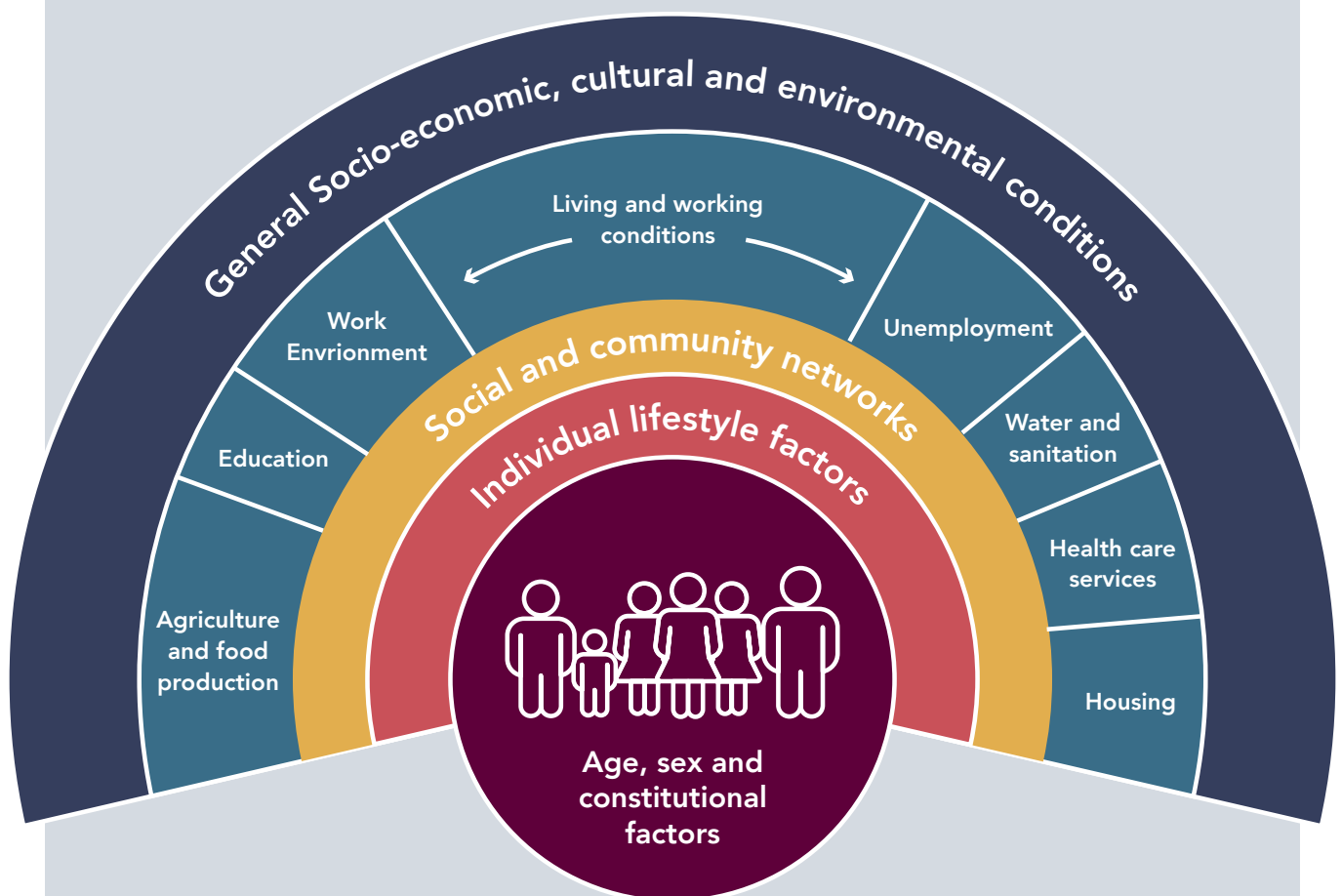- People with certain long-term conditions such as hypertension and diabetes

Many people in these groups were in poor health even before the pandemic. A significant effect of the pandemic has been to make the health of people in these groups worse.

Box 3.1: Health inequalities

Health inequalities refer to differences in people's health and wellbeing that result from the conditions in which they are born, grow, live, work, and age (Marmot, 2010). These conditions include education, employment, income, access to health services, housing, and affordable food and fuel.

One of the best-known depictions of how such conditions affect people is Dahlgren and Whitehead's rainbow model (see below), which illustrates what they called the "wider determinants of health". Health inequalities are preventable and unjust and result in people experiencing poorer health and shorter lives. Health inequalities matter to everyone because international studies have shown that in societies and communities where there is less inequality, everybody enjoys better health.

General Socio-economic, cultural and environmental conditions

Living and working conditions

Social and community networks

Individual lifestyle factors

Work Environment

Education

Agriculture and food production

Unemployment

Water and sanitation

Health care services

Housing

Age, sex and constitutional factors

Wider Determinants of Health, Dahlgren and Whitehead 1991.

In April 2020, the Chief Medical Officer for England, Professor Chris Whitty, asked decision makers to think about four consequences of the pandemic. These were:

1 Death as a direct result of COVID-19.

2 The problems and harm that would occur if the NHS became overwhelmed and hospitals were unable to provide care for large numbers of people with COVID-19 and – as a result – for patients with other conditions.

3 An increase in the number of deaths and in health problems because the NHS could not provide the care it usually did. For example, people who needed hip replacements could face additional delays because people with COVID-19 had to be given priority, and people with cancer might face delays in treatment because they had delayed visiting their doctor.

4 An economic downturn linked to the pandemic could create new health problems because we know that unemployment and poverty can cause ill-health and increase health inequalities.
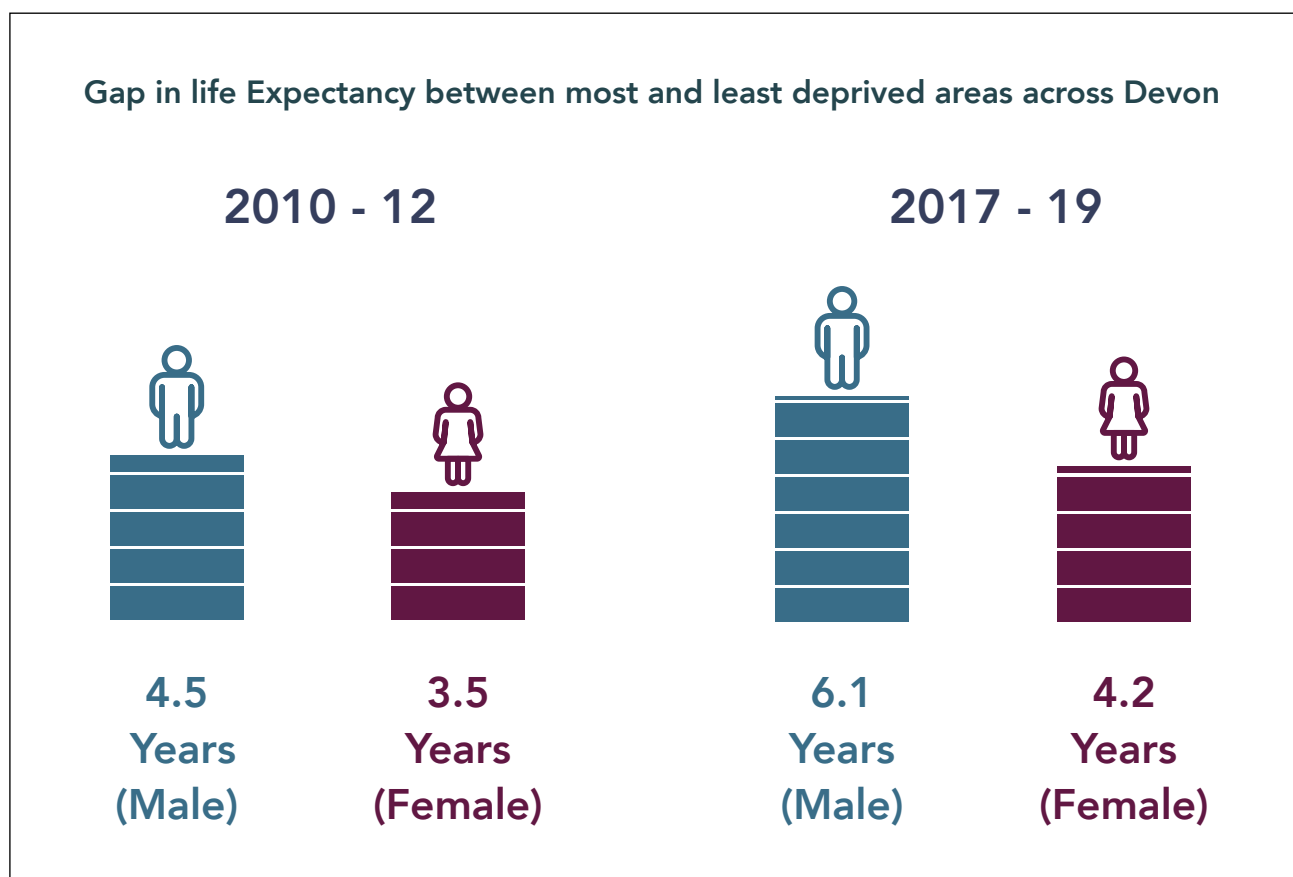
How can we reduce health inequalities?

In his landmark review of health inequalities, Michael Marmot (2010) recommended that action to reduce health inequalities should start before birth (i.e. during pregnancy) and continue through to old age. He made six recommendations, based on available evidence, about how this could be done:

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

However, in the ten years that followed the publication of his report inequalities in health in England have widened. This has also been the case in Devon.

Gap in life Expectancy between most and least deprived areas across Devon

2010 - 12

4.5 Years (Male)

3.5 Years (Female)

2017 - 19

**6.1 Years (Male)**

4.2 Years (Female)

Box 3.2: Everyone In

In March 2020 the government called for 'Everyone In' in response to calls to protect people experiencing homelessness, many of whom were highly clinically vulnerable and could not easily self-isolate or prevent spread while out on the streets or in crowded hostels. Large numbers of rough sleepers were housed, almost overnight, in emergency hotels or temporary accommodation, and in Devon local partnership groups were set up to coordinate the homeless sector's response to COVID-19. So far, very few cases and no outbreaks have been seen in people experiencing homelessness in Devon.

The 'Everyone In' policy almost certainly saved lives (Lewer, 2020). It also catalysed new ways of working, bringing together partners from across local authorities, voluntary sector and health services, to look at other ways to support people while they were safely indoors. For example, health checks were provided as well as a vaping pilot for people who found it difficult to quit smoking using traditional methods. Around 400 people were housed in Devon through Everyone In. Local authorities have continued to receive funding to help people move into long-term accommodation and, with partners, are working to ensure everyone finds accommodation with over half now settled in "move-on" accommodation. COVID-19 vaccinations are well underway, with over 350 first doses already given to people experiencing homelessness in Devon, delivered through outreach, as well as mainstream, clinics.

Finding safe, secure and affordable accommodation is only part of the challenge. People experiencing homelessness often have complex needs due to mental health issues, substance misuse, offending and trauma in early life. In Devon, partners continue to collaborate; involving people with lived experience, sharing learning and exploring new ways of working together in an effort to end homelessness.
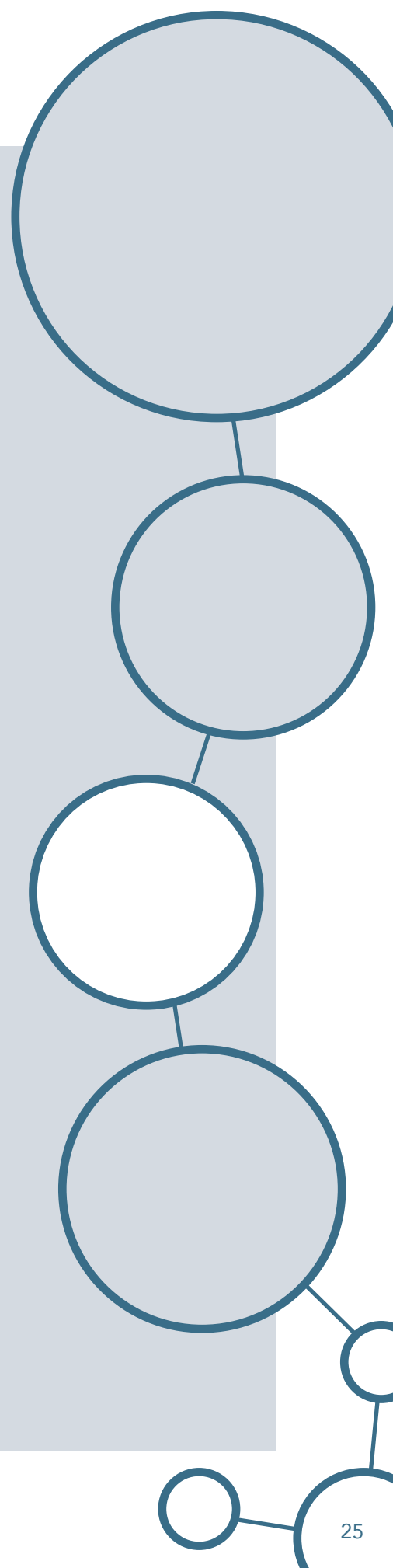
Reflections

The pandemic has put a spotlight on inequalities, with the impact of COVID-19 falling hardest on the most vulnerable people, families and communities within Devon. The pandemic has made health inequalities worse than ever.

Addressing these inequalities has been at the heart of our pandemic response: partnerships were established, for instance, to address inequalities in access to vaccination and to protect people experiencing homelessness.

Just as addressing health inequalities has been a part of the response phase of the pandemic, we also need a renewed focus on inequalities during the recovery phase. To do this we have to create and nurture the conditions that enable health and well-being for all: equitable access, for example, to good work, affordable housing, nutritious food and family, friends and communities.

Recommendations

5 Devon County Council continues to work with NHS partners and other stakeholders to promote the uptake of the COVID-19 vaccination programme, with a particular focus on addressing inequalities in uptake.

6 Public Health Devon continues to advocate for and contribute to Devon-wide, as well as place-based, plans for tackling poverty and reducing health inequalities.

4 Understanding the wider impacts of the pandemic

The impact of the pandemic has not been limited to impacts of people becoming ill and dying from COVID-19 but has affected all aspects of our lives. The impact on Devon's economy and our wider society will continue long after we bring the virus under control. Understanding the many ways in which the pandemic has affected people's lives and livelihoods is vital. Having a shared understanding of what this means can help us focus attention and resources where there is greatest need.

This chapter describes the early evidence of the health, social, economic and environmental impacts of the COVID-19 pandemic on Devon's communities. The following overviews collate information from local and national sources highlighting impacts and inequalities. A full list of these references is provided on page 82.

Health impacts of COVID-19

HEADLINES

- Over 20,000 confirmed cases and around 700 deaths in Devon.
- Large scale disruption to health and care services.
- Reluctance to seek help and use services leading to late diagnosis.
- Negative impacts of lockdown on health-related behaviours.

Key facts

Direct Health Impacts of COVID-19 infection: Over 20,000 cases & 700 deaths in Devon since start of pandemic.

NEGATIVE IMPACT

Disruption to health and social care services: Suspension of some services and restricted access.

NEGATIVE IMPACT

Cancer Screening and treatment: Referrals down during lockdown leading to late diagnosis and worse health.

NEGATIVE IMPACT

Immunisation/Vaccination: Uptake of routine immunisation programmes went down at first but flu and COVID-19 vaccination programmes have been much more successful.

MIXED

Flu and Pneumonia: Lockdown and social distancing meant fewer people became ill, were admitted to hospital, or died.

POSITIVE IMPACT

Smoking: Smoking reduced during lockdown but inequalities between groups worsened.

MIXED

Physical Activity: Physical activity at work and in leisure time were disrupted, particularly in people who were already the least active.

NEGATIVE IMPACT

Alcohol Use: Lockdown led to more drinking, especially in people who were already heavier drinkers.

NEGATIVE IMPACT

Diet/Obesity: People were less active but ate more so obesity became more of a problem.

NEGATIVE IMPACT

INEQUALITIES IN SPECIFIC GROUPS

Ethnicity: People in Black, Asian and minority ethnic groups were more likely to die - for example, people who described themselves as Black were between two and four times as likely to die as those who were White.

Poverty: People from poorer backgrounds were more likely to become very ill or die but less likely to get a vaccination.

**Age:** Older people were more likely to get ill or die but younger people were more likely to take risks.

Occupational: Deaths more common in people who do face-to-face work, such as taxi drivers, care workers, security staff, people working in cafes and restaurants.

Disability: People with disabilities were more likely to get the virus, to get seriously ill with it, and to die, and were less likely to be vaccinated.
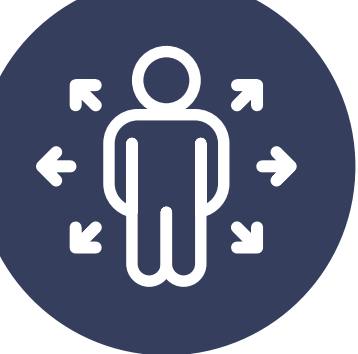
Social impacts of COVID-19

HEADLINES

- In some areas there were increases in volunteering and community spirit but in other places tensions and problems became more common.
- Loneliness and mental health problems became more common and, at the same time, people found it harder to get help.
- Abuse and violence in families became more common and, again, people found it hard to get support.

SUMMARY OF IMPACTS

Civic Participation: New volunteer groups have been set up and supported and there is increasing focus on inequalities.

POSITIVE IMPACT

Social Cohesion: Most adults believe country is more united but in some areas there have been increased tensions and more hate crimes.

MIXED

Social Isolation and Loneliness: More people feel lonely, especially young adults, people living alone, and those who are poor or unwell.

NEGATIVE IMPACT

Mental Health and Wellbeing: People are more depressed, anxious, and afraid because of lockdown, family concerns, and bereavement.

NEGATIVE IMPACT

Family Violence and Abuse: Domestic and family violence and abuse have increased. Helpline use up.

NEGATIVE IMPACT

Social Disorder: Young people were more likely to join gangs. Anti-social behaviour, fraud, and scams became more common.

NEGATIVE IMPACT

Hidden Safeguarding Issues: Families found it harder to get support, which in turn made it harder for services to identify problems early.

INEQUALITIES IN SPECIFIC GROUPS

Poverty: People living in deprived areas were more likely to experience community tensions, violence, loneliness, and harm.

Household Composition: People living alone were more likely to feel lonely and have mental-health problems.

Ethnicity: Community tensions and hate crime targeted at particular Black, Asian and minority ethnic groups and nationalities have become more common.

Disability: People with disabilities and long-term conditions were more likely to feel lonely or have mental-health problems.

Age: Younger people were more likely to feel lonely during lockdown and to experience mental health problems as a result.

Economic impacts of COVID-19

HEADLINES

- The number of people in Devon claiming unemployment benefit went from 8,600 in March 2020 to 21,100 in March 2021. 53,600 Devon workers remained furloughed at end of February 2021.

- The national economic downturn has hit Devon hard because a lot of our economy involves tourism, shopping, and services.

- Children from poorer backgrounds have suffered most due to schooling disruptions.

- Those who have suffered most in economic terms are those who were already worst off: low earners, single parents, and people in Black, Asian and minority ethnic groups

- The economic recovery is likely to be slow.

SUMMARY OF IMPACTS

Educational Attainment: Inequalities in home learning activities and education resource access leading to poorer outcomes in more deprived areas.

NEGATIVE IMPACT

The Devon Economy: Business problems and closures will hit particularly hard in small town and deprived areas and will particularly affect retail and service industries.

NEGATIVE IMPACT

Job Security and Opportunity: unemployment has increased most in the youngest and oldest workers and in those with low incomes.

NEGATIVE IMPACT

Household Incomes: Falls in household income are worst for low earners, single parents, and people in minority ethnic groups.

NEGATIVE IMPACT

Work Environment: Some people struggle to work from home; others are at risk because they are in contact with lots of people in their workplace.

NEGATIVE IMPACT

INEQUALITIES IN SPECIFIC GROUPS

Poverty: People from poorer areas are doing worse in terms of education, jobs, and income.

Ethnicity: Household income has decreased more rapidly in Black, Asian and minority ethnic groups.

Household composition: Single parent households have been worst affected by lower incomes.

Age: Young adults have been most affected by unemployment and falling household incomes.

Environmental impacts of COVID-19

HEADLINES

- There have been some benefits in relation to access to green space, reduced car use, and air pollution, but these have been patchy and limited.
- People have encountered more problems related to housing, internet access, and food. In each case, inequalities have grown.

Key facts

Adequate housing: Homelessness dropped during the first lockdown but has gone back up and more families are living in temporary accommodation.

NEGATIVE IMPACT

Housing Quality: Poor quality housing and heating have had a greater impact because people have had to spend more time at home.

NEGATIVE IMPACT

Green Space: More people have used parks and green areas but people in poorer areas continue to have problems accessing them.

MIXED

Digital Access: People have been asked to work at home but the cost of IT equipment and internet access makes this difficult for many.

NEGATIVE IMPACT

Transport: People used cars less and cycled more but only really during lockdown.

MIXED

Air Pollution: Air quality improved during lockdown but got worse afterwards and the effect was patchy.

MIXED

Recycling and Waste Disposal: Fly tipping become more common.

Food Security: More people went hungry, ran short of food, and had to rely on food banks.

INEQUALITIES IN SPECIFIC GROUPS

Poverty: People living in deprived areas have experienced more problems with housing, food, and fuel and have found it harder to work from home and access green spaces. Inequalities have increased.

Age: Young adults and young families have suffered the most by shortages of food, fuel, and adequate housing.

Reflections

As we described in section 3, one of the most harmful effects of the pandemic has been to increase existing health inequalities and to worsen many things for those in society who were already struggling the most. By creating a shared understanding of these impacts, we can work together, as we have been working together to respond to the pandemic, to address these longer-term and arguably more challenging issues in the years ahead. The inspiration for how we can do this comes from the extraordinary efforts of communities and agencies as they worked tirelessly during the last year to help those in most need.

Recommendation

7 Public Health Intelligence Team and Smarter Devon, with stakeholders, coordinate the gathering and sharing of intelligence on the wider impacts of the pandemic in Devon and that this is used to inform partners' recovery plans.

5 Communities and agencies: pulling together

Devon's response to COVID-19 saw communities come together to support and care for one another – helping family, friends, neighbours and those who most needed support. Public, private and voluntary, community and social enterprise (VCSE) organisations and groups collaborated, working alongside local communities to support vulnerable people and businesses.

Groups like the Georgeham & Croyde Caring Community (GCCC) sprung up all over Devon.

Community collaboration in Georgeham and Croyde

In March 2020, as it became clear that a lockdown was imminent, a small group of people met to plan what support might be needed in the weeks ahead. The Georgeham & Croyde Caring Community (GCCC) was born. The group covers two villages and two hamlets in North Devon, each with a sizeable proportion of older and vulnerable residents.

The group quickly attracted over 100 volunteers who supported anyone who needed help with shopping, getting medication, putting out bins, walking dogs, or simply a friendly phone call. The group linked up with local GPs, the parish council, and voluntary services to let them know what support they could provide to anyone in need.

"It became clear early on that being able to shop locally was vital for some members of the Community as online supermarket slots were difficult to get and not suitable for everyone. Both Post Offices stepped up to the task and started retailing fresh produce as well as staples and, with the help of our volunteers, provided a delivery service for those self-isolating.

As time progressed it became evident that it was not just the elderly and self-isolating who were going to need help and support. We established a Food parcel service for those in need setting up a donation box at each Village Store - as well as an online account. Goods for the boxes were bought from the local stores so helping to support them too. A link was made with the local school as we felt they would know where help may be needed, and seven families were identified to have a weekly food box in the first instance."

The GCCC group helped bring the community together describing the random acts of kindness, sharing of excess plants, organising a rota to provide meals to one person in particular need, decorating the villages with rainbows and teddy bears, giving young people the chance to play music as part of the weekly Clap for Our Carers, and by simply sharing in the pleasure of living in a beautiful part of the world.

"Times have been hard - and will continue to be very hard for some - but our community is doing what it can to help each other and we are all lifted by knowing that people care and that we will do whatever we can to get through it together."

GEORGEHAM & CROYDE CARING COMMUNITY GROUP

Communities reaching out to one another: Catch 77 Bradninch

In May 2020, responding to the challenges of the pandemic, people in Bradninch came together to start a project to help families who found themselves in financial difficulties during the first lockdown. Working alongside two local schools (Cullompton Community College and The Duchy School, Bradninch), the team ensured that families in need in their local area received a hamper containing food and meal plans for at least five hot meals a week, no matter how big the family.

From this local start the project grew as other schools and preschools heard of the project and were offered support. It is now supporting almost 100 families every week and has delivered over 5000 hampers to families not only in Bradninch but also in Tiverton, Willand, Uffculme, Copplestone, Honiton, and Cranbrook. This expansion inspired the name the project now goes by, Catch 77, which refers to the aspiration of the group to support people in all of Devon's 77 towns and villages.

As well as continuing to provide free food boxes, meal plans, and menus the group wants to encourage resilience and self-reliance in families through education and skills training. They received start-up funding from Devon County Council and subsequently successfully applied for COVID-19 Emergency Funding from the National Lottery Community Fund. They have now established themselves as a Community Interest Company, employ a part-time administrator, and work alongside other food projects such as Exeter Food Action.

There are many other examples of communities coming together. The pandemic has exposed not only the inequalities that exist, but it has also shone a bright light on the incredible assets that there are within communities. It has shown that there is huge value in hyper-local, neighbourhood-level knowledge, action, and organisation, both for the people receiving support and those who give it. Devon was exceptionally well-served by community-initiated neighbourhood response groups.

And in turn these groups were supported by other organisations. For instance, the Devon Communities Together Covid Response & Recovery Telephone helpline provided advice, information & support in response to over 1,500 queries from volunteer & community groups and organisations during the last year, working together to support vulnerable people in their communities during the lockdowns and social restrictions.

Nurturing community connections: Wellbeing Exeter

Providing support for and nurturing community connection is an important role played by many voluntary sector organisations and is at the heart of Wellbeing Exeter's approach. They offer both social prescribing, for young people and adults in combination with asset- based community development. Their aim is to provide firm foundations to enable individuals and communities to improve and promote their own health and wellbeing.

Asset-Based Community Development (ABCD) builds on the assets that are found in the community and mobilizes individuals, associations, and institutions to come together to realise and develop their strengths. (Cormac Russell, 2020)

Wellbeing Exeter uses the term **social prescribing** to describe a system whereby primary care providers (GPs) introduce those patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary and community sector. They organise this process through trained Community Connectors who take time to listen to referred individuals and to build a holistic picture of what for them constitutes a good life. They then work together to decide how to move towards their goals.

The work of Wellbeing Exeter takes its direction from the "5 Ways to Wellbeing" set out by the New Economic Foundation: Give, Connect, Be Active, Take Notice, and Keep Learning.

During the pandemic and the periods of lockdown, the members of the partnership reaffirmed their commitment to working together to provide practical help and support for local people. They emphasised the importance of ensuring communities have what they need to look after their most vulnerable people, getting support to those who need it, and putting people in touch with others who can arrange help and support.

Wellbeing Exeter is a partnership between Devon County Council, Exeter City Council, NHS New Devon CCG, and Sport England.

5 WAYS TO SUPPORT EACH OTHER
COMMUNITY ACTION RESPONSE: COVID-19

Think of others, consider your actions & be kind

Connect and reach out to your neighbours

Make the most of local online groups

Support vulnerable or isolated people

Share accurate information and advice

For more information visit: www.exeter.gov.uk/wellbeing

Call: 01392 265000

Mon-Fri 9am to 5pm

# Supporting people facing domestic violence and abuse

A problem that has risen to national prominence over the course of the pandemic is the rise in levels of domestic violence and abuse. Domestic and family abuse was exacerbated due to people who might otherwise have left the house to go to school or work being stuck at home for long periods. At the same time, the organisations supporting people needed to adapt their ways of working and react to these rising levels of need. The rise in abuse of all types – emotional, physical, sexual, financial, psychological – was reflected in a large growth in the numbers of calls to helplines over the last year.

Support organisations needed to change how they worked, secure funding for increased levels of need and raise the profile of the issue so victims would know that support was available.

A spokesperson for Splitz, a charity that supports victims of abuse across Devon, noted that rises in domestic and sexual violence were related to increased fear and anxiety related to the pandemic, limitations on people's movement, financial worries caused by wider economic problems, restrictions on access to schools, and people's concerns about the virus and about the future. She emphasised that there is never an excuse for domestic violence and her message to victims is that they are not alone and that there is still support and safety available when they need it.

The police ran a campaign aimed at increasing awareness of support for victims during the crisis.

Additional funding was sought by the Exeter-based organisation SAFE and North Devon Against Domestic Abuse to enable them to respond to the significant increase in demand they were seeing whilst also adapting how they provided support.
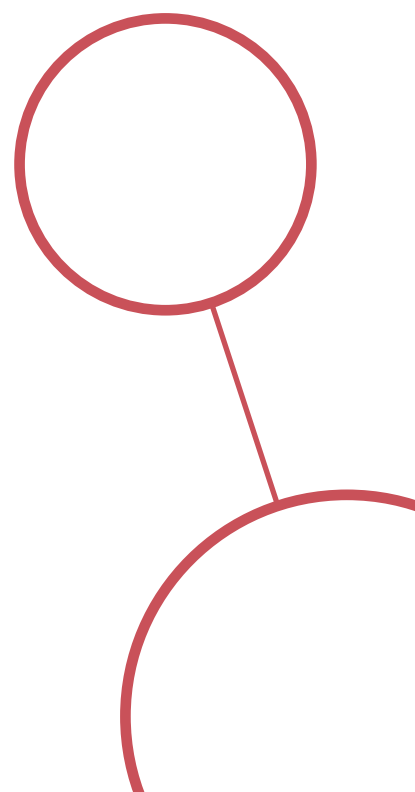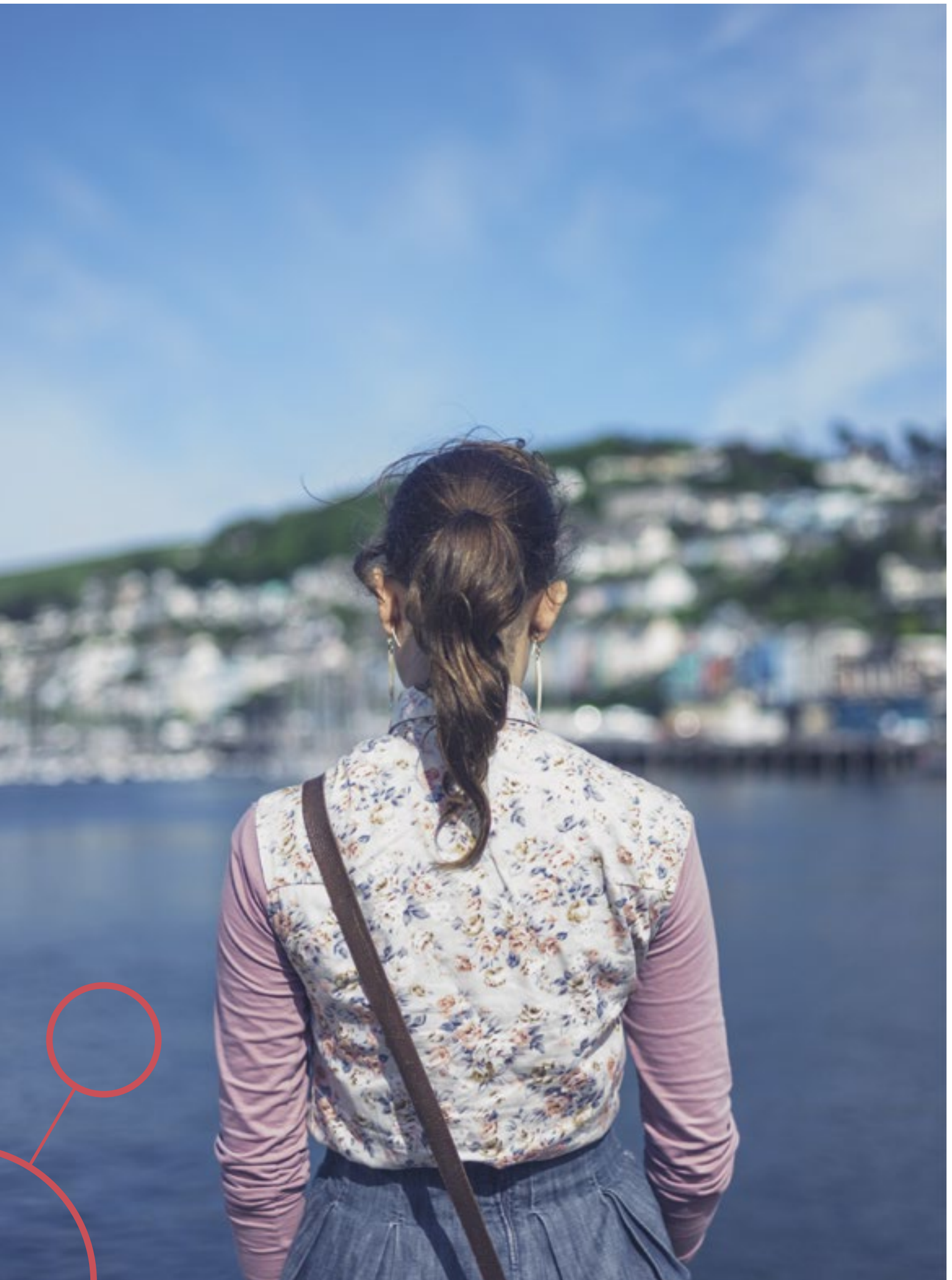
Supporting people in, and into, work during the pandemic

Central to good public health is a healthy, sustainable economy. Support for local employers hard hit by the pandemic and their employees, as well as those seeking work, is another case of where collaborative working has been invaluable. For example:

An Enterprise Centre to support businesses outside of Devon's larger towns and cities was established in Roundswell in North Devon. The Centre, which is known as Node, will help support start-up businesses, businesses who need a flexible workspace or those who need business support. Node has received a lot of enquiries from within and outside Devon from businesses interested in the site, and in its funded business-support packages. As well as support from Devon County Council and from local businesses, the project received a generous injection of over £2 million in Growth Deal funding from Heart of the South West Local Enterprise Partnership, who clearly recognised the growth potential in an area affected by economic deprivation and inequalities.

Devon's Library Services has highlighted the importance of helping people access online resources. This aspect of their work has become invaluable for some and has helped, and continues to help, people get online and remain connected. Digital exclusion is the name for inequalities that mean some people are unable to get online when they need to. For example, library staff have supported people to put together CVs and make online job applications - and even attend online funeral services when they had no other way of taking part. The Library Services' Business and Intellectual Property Centre has been supporting small businesses and social enterprises across the county and will continue to do so as the recovery gathers pace.

A 'Listening Ear' project was piloted to provide wellbeing support to small and medium sized business owners. This was borne out of a recognition that running a business became even more challenging and stressful during the pandemic, and that those affected might not have people around to whom they could easily speak. The project recruited volunteers who had experience of working in and with businesses to provide a friendly "listening ear". The project was funded by Devon County Council and developed by a partnership of Devon Communities Together and Heart of South West Growth Hub.

Reflections

This last year has demonstrated that to address the biggest challenges facing us it is vital that we all work together. The myriad of amazing community, individual and agency responses to the pandemic have shown that where people come together, professionals and volunteers, formal and informal groups, businesses and charities, brilliant things can be done.

While many individuals, families, organisations and businesses have been impacted by the pandemic it is important that we build on the assets we do have. It is vital that there is a continuation of the collaborative working, seen in the response to the pandemic, as we move towards recovery from the pandemic. The importance of making sure there is an effective way of ensuring the needs and priorities of Devon residents and communities are heard is vital for the recovery of Devon.

Recommendation

8 Advocate for a collaborative, cross-sector asset-based approach to reducing inequalities ensuring that communities' assets, priorities and perspectives are understood by, and inform, the support offered by organisations.

⑥ Recovery: Building back fairer

This report has described how COVID-19 has affected everyone, with the impacts unevenly spread and serving to deepen and widen the inequalities our communities already experience.

In responding to the pandemic, we have seen an amazing pulling together of individuals, communities, businesses, statutory and non-statutory organisations. These partnerships will be even more important in enabling and supporting our communities as they recover from the longer-term effects of COVID-19.

The scale and complexity of the COVID-19 recovery process is unprecedented. It does, however, present a major opportunity to 'build back better' and address both the issues of inequality and the Climate Emergency.

" **The Build Back Better (BBB) concept was developed following the tsunami in the Indian Ocean in 2004. It showed that the aftermath of a disaster can be the optimal time to drive societal change (Fernandez, 2019). Recovery policies can trigger economic investment and behavioural changes that will reduce the likelihood of future shocks and increase society's resilience to them when they do occur. Central to this approach is focusing recovery efforts on policies and programmes that are good for both people and planet: ensuring well-being and inclusiveness is aligned with long-term emission reduction goals, resilience to climate impacts, slowing biodiversity loss and increasing circularity of supply chains (OECD, 2020).** "

Aligning climate emergency plans and COVID-19 recovery plans:

The impact of COVID-19 on health inequalities is the focus of this report. Last year's Annual Public Health Report focused on planetary health. Actions to tackle the climate emergency and those to address health and social justice are almost always aligned and have much to contribute to each other. Aligning our climate emergency plans with those of our recovery will bring many dual benefits. Progress towards the planetary health priorities identified in last year's report are described below (see page 63, section 7).

Intelligence led:

The COVID-19 pandemic has highlighted the importance of having good quality data, as near to real time as possible, to support good decision-making during the response. Pooling the intelligence of a broad partnership of statutory, voluntary sector and community organisations can help develop a shared understanding of impact of the pandemic on communities. This is essential so that policies and programmes are responsive to different communities' needs and builds on their assets.

Focusing on what we have rather than what we do not have:

Supporting an Asset-Based Community Development (ABCD) approach to the recovery efforts is key because doing the things that matter within a community begins with local people, their kindness and the energy they harness. Communities' increased understanding of, and personal involvement in, health, and the upswell of community support during the pandemic presents an important opportunity. We need to support such community action, so it is sustainable and enduring in the years ahead.

Research into recovery after disasters shows that community resilience is linked with faster and more effective recovery (IFRC, 2014). The wider voluntary, community and social enterprise sector plays a vital role, directly supporting communities and particularly the most vulnerable within them as well as mobilising direct community action.

The Devon Community Resilience Forum was key in working together with the Devon Association of Local Councils and their partners to enable cross community learning and to provide guidance and support at a local community level throughout the period of lockdowns and to support community emergency response planning.
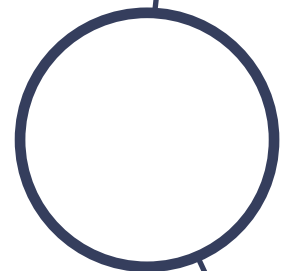
Prioritising prevention and reducing health inequalities through the Integrated Care System:

Reducing health inequalities has always been a priority of Devon's Integrated Care System. In response to the impact of the pandemic NHS England (NHSE) developed a set of 8 Urgent Actions to address health inequalities (NHSE 2020) and a plan was developed locally. This is now being refreshed in line with NHSE's 2021/22 operational guidance (NHSE 2021) which describes actions needed at a system level to reduce inequalities. This includes: accelerating preventative programmes that proactively engage those at greatest risk of poor health outcomes; ensuring datasets are complete; mitigating against digital exclusions; restoring NHS services inclusively and strengthening leadership and accountability.

Economy and Health:

The economy and health are strongly linked. For instance, low-paid and insecure jobs and unemployment is a significant driver of poor health. Equally poor mental health can make it difficult for people to obtain or maintain employment. Increasing the availability of good employment opportunities and promoting better mental health are both vital for our recovery.

Even before the pandemic Devon was home to the District with almost the lowest average wages of anywhere in the UK. Devon was predicted (RSA, 2020) to end up being one of the economically worst hit counties in England. The challenge outlined by the 'Team Devon COVID-19 Economy and Business Recovery Prospectus' (July 2020) is twofold; to catalyse activity to alleviate and manage the overall impacts of COVID-19, managing and mitigating a once in a lifetime economic shock to the County's economy; and ensure the County has support and recovery packages which can address the needs of the hardest hit, whether individuals, businesses, whole sectors or whole communities and towns. This requires a joined-up, cross-disciplinary approach to recovery over several years, with partners from the public, private and VCSE sector working together to support the people and businesses of Devon.
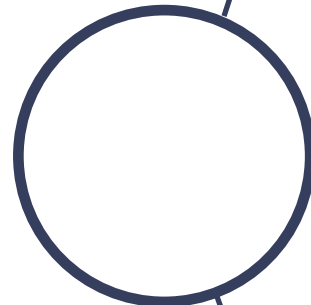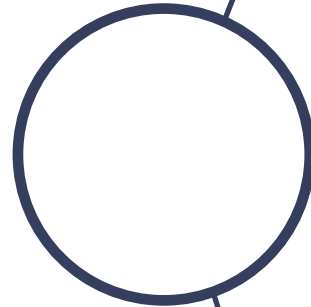
Inclusive and sustainable economies:

"It has been estimated that, between 1 January 2003 and 31 December 2018, over a third of deaths in England were attributable to socioeconomic inequality. Such avoidable inequalities are unjust, and there is both a moral and economic argument for acting at scale to reduce health inequalities.

Before COVID-19, health inequalities in England were estimated to cost the NHS an extra £4.8 billion a year, cost the UK between 31 and 33 billion pounds each year in lost productivity and between 20 and 32 billion pounds a year in lost tax revenue and higher benefit payments. Health is therefore a major determinant of economic performance and an important contributor to economic prosperity. Acting on health inequalities is essential for the national economy, local prosperity and to build back better from COVID-19.

An inclusive and sustainable economic approach requires universal action that is proportionately targeted towards the most disadvantaged. Such efforts will help reduce the gap between and within regions, help those population groups that are furthest away from the job market into employment, and contribute to lifting 13.5 million people in the UK out of poverty, 7.4 million (55 percent) of which are in working families."

(Inclusive and sustainable economies, PHE 25th March 2021).

An evidence-based framework for recovery

Recovering from the pandemic will require a coordinated approach. A framework that is based on the evidence of what works to reduce inequalities will be key. Public Health England, SW Centre, has advocated that local recovery partnerships adopt the Marmot recommendations as the basis for their recovery plans. We endorse this approach. The key policies needed to embed each of the six marmot principles (see diagram below) and the detailed evidence of what works to embed these principles is outlined in the PHE thematic and topic based action cards which can be found here: **khub.net/group/south-west-phe-health-and-wellbeing-division**

Health inequalities and marmot principles:

The PHE South West Centre COVID-19 Recovery Framework has been structure to reflect Marmot Principles. These principles focus on the social determinants of health and aim to:

Give every child the best start in life **A**	**Enable all children, young people and adults to maximise their capabilities and have control over their lives** **B**	**Create fair employment and good work for all** **C**
Thematic Overview Card	Thematic Overview Card	Thematic Overview Card
Topic based Action Cards	Topic based Action Cards	Topic based Action Cards
Ensure a healthy standard of living for all **D**	**Create and develop healthy and sustainable places and communities** **E**	**Strengthen the role and impact of ill-health prevention** *Proportionate Universalism - scaled up where need is greatest* **F**
Thematic Overview Card	Thematic Overview Card	Thematic Overview Card
Topic based Action Cards	Topic based Action Cards	Topic based Action Cards

Reflections

The vaccination programme in Devon has been hugely successful. It will help protect the most vulnerable people in Devon and is critical to support our communities as we all learn to live with COVID-19 in the years ahead.

There is good evidence that following a crisis or major incident communities that are resilient and work together are in the best position to recover and build back better. It is important that we learn from the pandemic, build on what has worked well and ensure there is a renewed focus, working alongside communities, to tackle inequalities and the climate emergency.

Recommendations

9 Recovery programmes should be based on the evidence of what works to reduce health inequalities.

10 Review how agencies' policies and programmes and the use of impact assessment tools harness the potential we have for addressing the climate emergency and reducing inequalities.

7 Update on the recommendations of the 2019-20 Report

1 **Recommendation:** To recognise and mitigate (wherever possible) the impact of changes to the health of the planet on health and social inequality.

Update: The Devon, Cornwall and the Isles of Scilly multi-agency 'Climate Impacts Group' is identifying the likely local impacts of climate change, estimating the risks posed, and proposing mitigation measures. Considering health and social inequalities is central to their work. The Devon Climate Emergency Response Group is advocating for a socially just recovery. This aligns with the recommendations of the UK Committee on Climate Change in May 2020 regarding the role that climate policy must play in the COVID-19 recovery, including the embedding of fairness as a core principle.

2 **Recommendation:** The wider public health community to contribute to the Climate Emergency response.

Update: Public Health Devon has contributed to the Devon Climate Emergency Response Group, the Climate Impacts Group, and the Tactical Response group. As a wider public health community, we champion planetary and social justice issues through our work programmes. For instance, this year the team helped establish and fund the Devon Sustainable Food Partnership (which focuses on food insecurity and waste, diet-related illness, and creating a sustainable local food economy) and supported colleagues in the Transport Department to bid for active travel funds by collating evidence on the health benefits of active travel.

3 **Recommendation:** Local authority policies to describe their impact on planetary health as well as public health by extending the 'Health in All Policies' approach.

Update: Local authorities already assess the environmental and social impacts of their policies and plans. Next year, we will assess the ways in which departments understand and address their impact on the climate emergency and on inequalities. After this, we will develop ways of communicating and working to ensure all departments consider planetary health and health inequalities.

DCC's 2020-21 priority areas are: climate change, fairness and equity, changing demographic structure, trust and confidence and financial resilience and prosperity.

4

Recommendation: Policies on cutting greenhouse gases and improving the environment should also be used to reduce inequalities in health.

Update: The draft Devon Carbon Plan outlines how everyone in Devon can help reduce our emissions to net zero. It says: "Addressing the climate and ecological emergency is an opportunity to create a fairer, healthier, more resilient and more prosperous society. Those most affected by climate change need more of a say in how we respond, and our actions to mitigate climate change must be aligned with goals for public health improvement, green growth and the reduction of social vulnerability."

5

Recommendation: To embed sustainable commissioning, by ensuring providers are reducing their carbon footprints.

Update: Devon County Council now expects its larger providers to inform them, on an annual basis, of:
• their total annual carbon emissions in the public domain
• the annual carbon emissions associated with contract delivery, and
• their carbon-emission-reduction goals

The Council is exploring the introduction of similar requirements for smaller providers.

6

Recommendation: To use the Government's plans for housing and new developments to embed health in 'place' – for example to improve air quality and increase active travel; building Passive Houses (1) to reduce carbon footprints and building houses to withstand extreme weather events.

Update: Public Health Devon reviews large-scale planning proposals and comments on their likely public health impacts, e.g., on air quality and active travel and considers the public health implications of large developments, such as Cranbrook, on an ongoing basis. We liaise with our colleagues in Planning and Public Health England in responses to proposed changes to planning policy frameworks and allied design statements. Building health-promoting communities that respect planetary boundaries is vital in tackling climate change, supporting human health, and ensuring fairer, more sustainable and resilient economies. DCC continues to invest in infrastructure and other interventions that support sustainable and active travel.

7

Recommendation: To take every opportunity, individually and collectively, to increase active travel.

Update: Public Health Devon comments on the design of large planning applications to highlight how the plans encourage and could further promote sustainable and active travel. Active Devon promotes the benefits of active travel to organisations and to individuals and builds confidence and skills. To encourage people to cycle, DCC provides cycling confidence courses, shares mapped cycle routes and safety tips, and promotes the UK government's cycle-to-work scheme so employers can help employees to buy affordable bikes.

In response to the COVID-19 pandemic, DCC put in place temporary changes to road networks in place to help people walk and cycle more safely while avoiding the risks of shared transport. We evaluated the impact of these changes and, where local communities agree, will make them permanent.

8

Recommendation: To support the understanding of, access to and use of the natural landscape to promote health and wellbeing.

Update: There is strong evidence that connecting with the natural environment hugely benefits physical and mental health and wellbeing. Programmes of work to promote the health benefits of Devon's beautiful natural environment include Devon Local Nature Partnership's 'Naturally Healthy' initiative, the Naturally Healthy Forum, and an annual Naturally Healthy campaign. We have ensured primary care and social prescribing link workers can connect to these programmes and have developed work on green prescribing. The Connecting Actively with Nature programme is another Local Nature Partnership Programme, supported and funded by Sport England and managed by Active Devon. It supports and inspires people aged over 55 to reconnect with nature, including people with are isolated, who have health problems, and who are unused to exercise.

9

Recommendation: To promote 'reduce' and 're-use' as extensively as recycling.

Update: DCC waste management priorities are reduction, reuse, and recycling, in that order. DCC leads on countywide campaigns on home-composting, reducing food waste, and promoting reusable and sustainable sanitary products. The www.recycledevon.org website and social media are central to this work.

DCC works with community groups to promote repair, re-use, and waste reduction. In 2019/20, 14 groups put on 265 events including repair cafes, refill campaigns, and clothes swishes with a total of 8548 attendees and 18.5t CO2e avoided; repair cafes fixed 580 items that would otherwise have been dumped.

10

Recommendation: To promote healthy eating advice which advocates a diet rich in vegetables, nuts, seeds and fruit (2).

There is lots of local activity and energy around promoting diets that are healthy for people and planet. The OneSmallStep healthy lifestyle service continues to support residents of Devon to make changes to their lifestyle; a sustainable food partnership for Devon has been developed and aims to address a range of food-related issues at a county level, including tackling food insecurity and diet related ill-health, creating a sustainable local food economy, and tackling the climate emergency through sustainable food and farming. These initiatives link with the interim Devon Carbon Plan's aspirations to develop demand and supply chains for local, healthy food. During the last year, local food networks have coordinated support to local emergency food providers set up because of increased numbers of local families at risk of going hungry.

Looking forward, the emphasis is on encouraging provision of locally sourced, sustainably produced, nutritious meals. Initiatives such as the South West Food Hub, the Healthy Weight Declaration, and Sugar Smart Devon are all encouraging organisations to improve the healthiness and sustainability of the food they make and provide.

11

Recommendation: To improve air quality in those areas or at those times of day when air pollution is increased.

The Pandemic has demonstrated the effects of reduced travel and how rapidly changes can take place. In the first UK lockdown, in 2020, Devon County Council Planning, Transportation and Environment service recorded that traffic in Devon was about 60% less than in 2019. Road transport accounts for 28% of Devon's total carbon emissions so this drop in traffic led to a 17% reduction in Devon's emissions. Air pollution is harder to track because it is affected by things like weather, making it harder to tell how much difference lockdown made. Air quality needs to remain a focus of future work.

12 **Recommendation:** To actively support the United Nations 17 Sustainable Development Goals.

A Devon-wide partnership of statutory and non-statutory agencies is co-ordinating our recovery from COVID-19. This group, the Recovery Coordination Group, is looking at how Devon is addressing many of the United Nation's Sustainable Development goals. They are using the best possible evidence to promote recovery and working with the voluntary and community sector on plans to meet the needs of Devon's population across: Wellbeing and safeguarding; Community safety; Health; Economy; Education and learning; Housing and homelessness; Transport; Environment; and the Climate emergency.

13 **Recommendation:** At an individual level, change your behaviour, for example by making one or more of the Eden Project's "What you can do" pledges (3).

Devon County Council requires all staff to undertake mandatory training on how as a whole organisation could reduce our environmental impact through the way we commission and deliver our programmes of work. As part of this annual mandatory training, all staff are asked to make a pledge that will reduce their personal carbon footprint over the course of the next year.

Updates provided March 2021

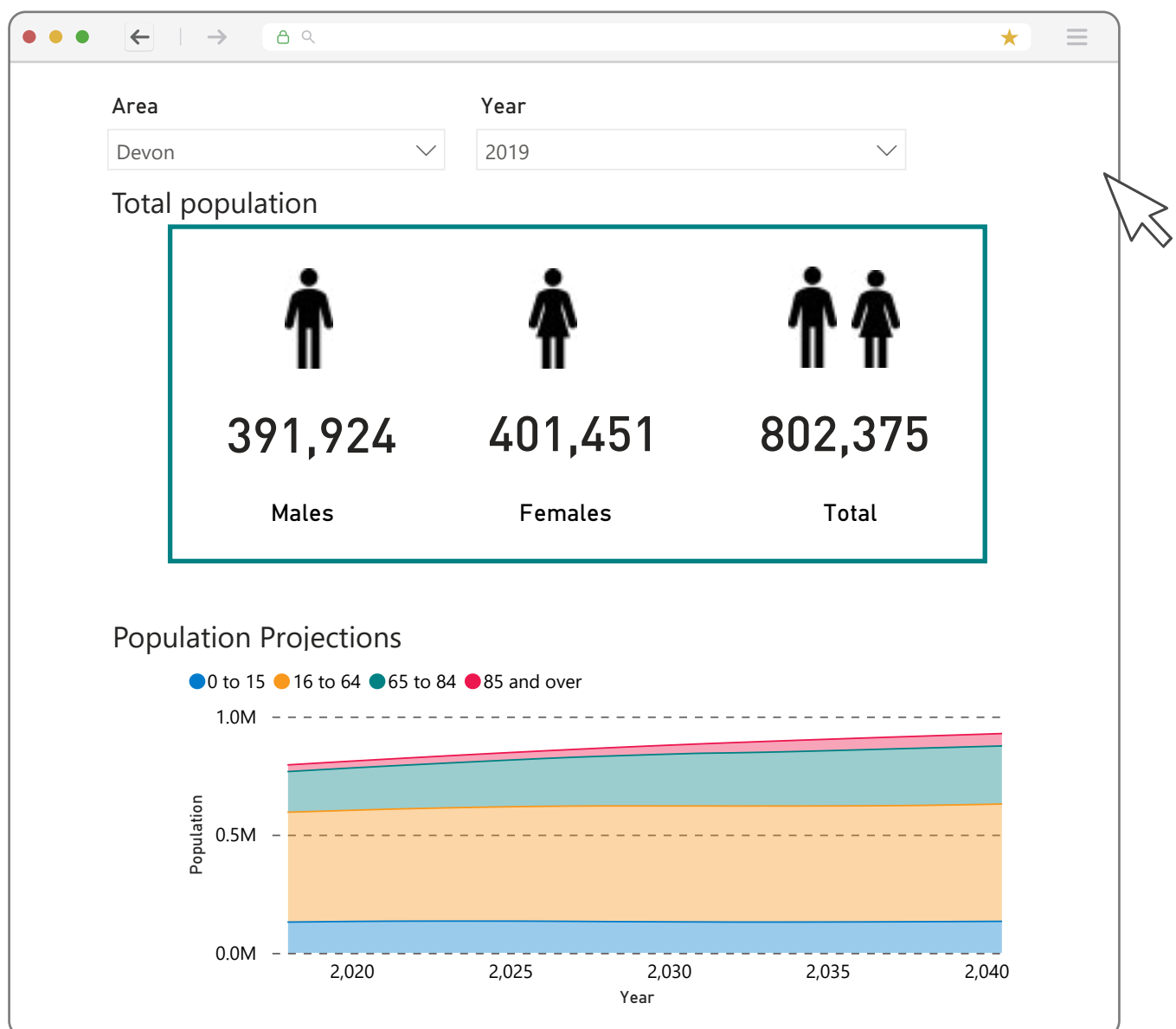# 8 A Summary of the Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment (JSNA) looks at the current and future health and social care needs of the local population and it is a legal requirement of the Health and Wellbeing Board to produce and publish a JSNA. The assessment informs and guides the planning, commissioning and delivery of local health, well-being, and social care services. This chapter provides a summary of the Devon JSNA.
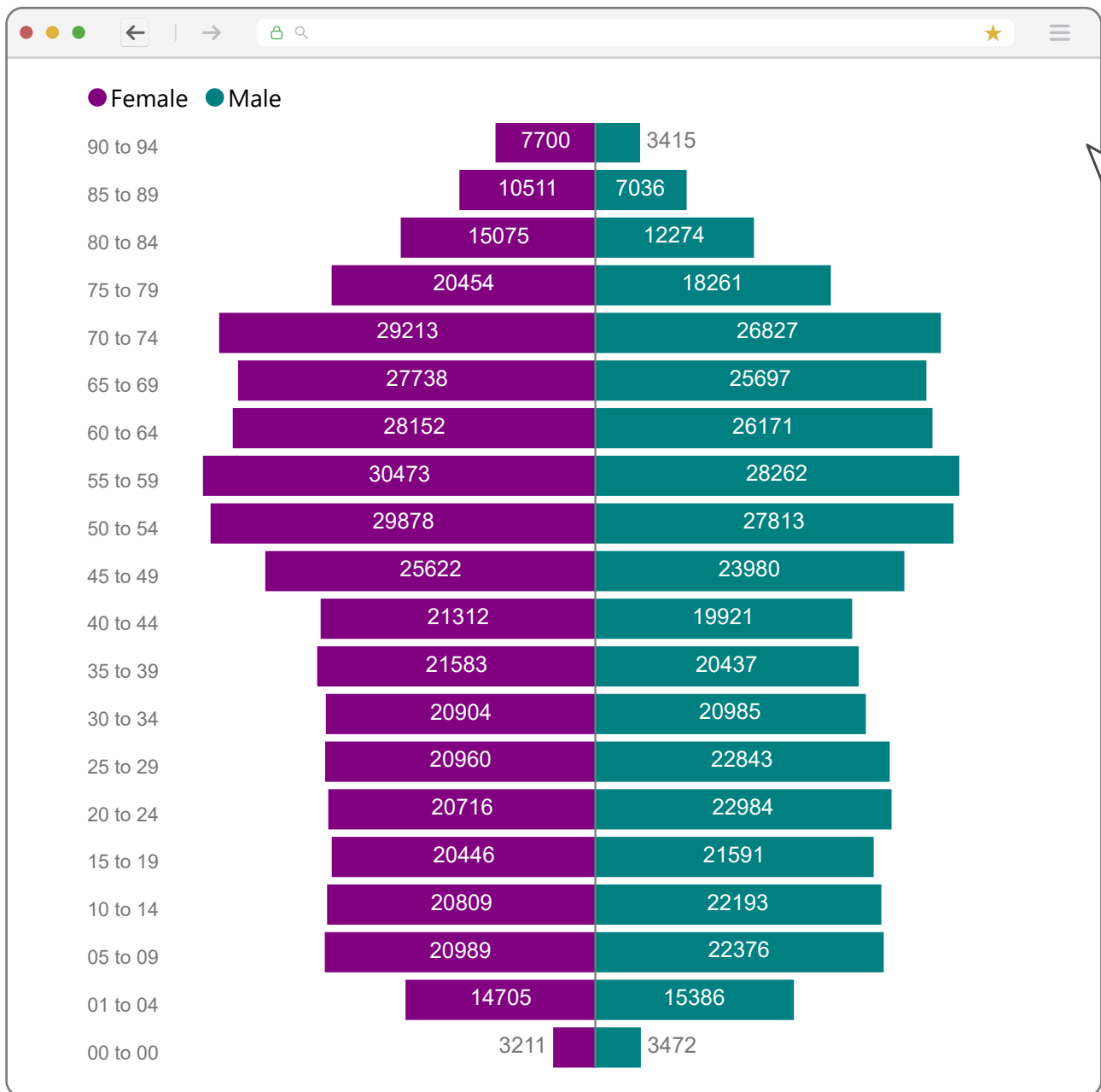
The Devon JSNA in made up of many different interactive tools and reports. The data and visualisations in this chapter are contained within the dynamic JSNA tools. Please visit **www.devonhealthandwellbeing.org.uk/jsna/overview/** to explore the JSNA in more detail.

Devon has an ageing and growing population, with proportionately more older people compared to the population structure of England. The growth in the Devon population is attributable to longer life expectancy, internal migration and increases in planned development.

Figure 8.1: Demographic summary for Devon (2019).

Population pyramid — Devon

Age group	Female	Male
90 to 94	7700	3415
85 to 89	10511	7036
80 to 84	15075	12274
75 to 79	20454	18261
70 to 74	29213	26827
65 to 69	27738	25697
60 to 64	28152	26171
55 to 59	30473	28262
50 to 54	29878	27813
45 to 49	25622	23980
40 to 44	21312	19921
35 to 39	21583	20437
30 to 34	20904	20985
25 to 29	20960	22843
20 to 24	20716	22984
15 to 19	20446	21591
10 to 14	20809	22193
05 to 09	20989	22376
01 to 04	14705	15386
00 to 00	3211	3472

In Devon there are many population groups across the life course that experience inequalities in health and wellbeing outcomes. This blend of different population groups presents opportunities in how we as a system support the varying needs of the Devon population.

Health and wellbeing outcomes follow a social gradient which shows us that as deprivation increases, the risk of poorer outcomes increases. There is a notable north-south division which much of East Devon, South Hams and Teignbridge being less deprived compared to North Devon, Torridge and West Devon.

Map: Indices of Multiple Deprivation 2019.

© Crown copyright and database right 2019.
Ordnance Survey 100019783.
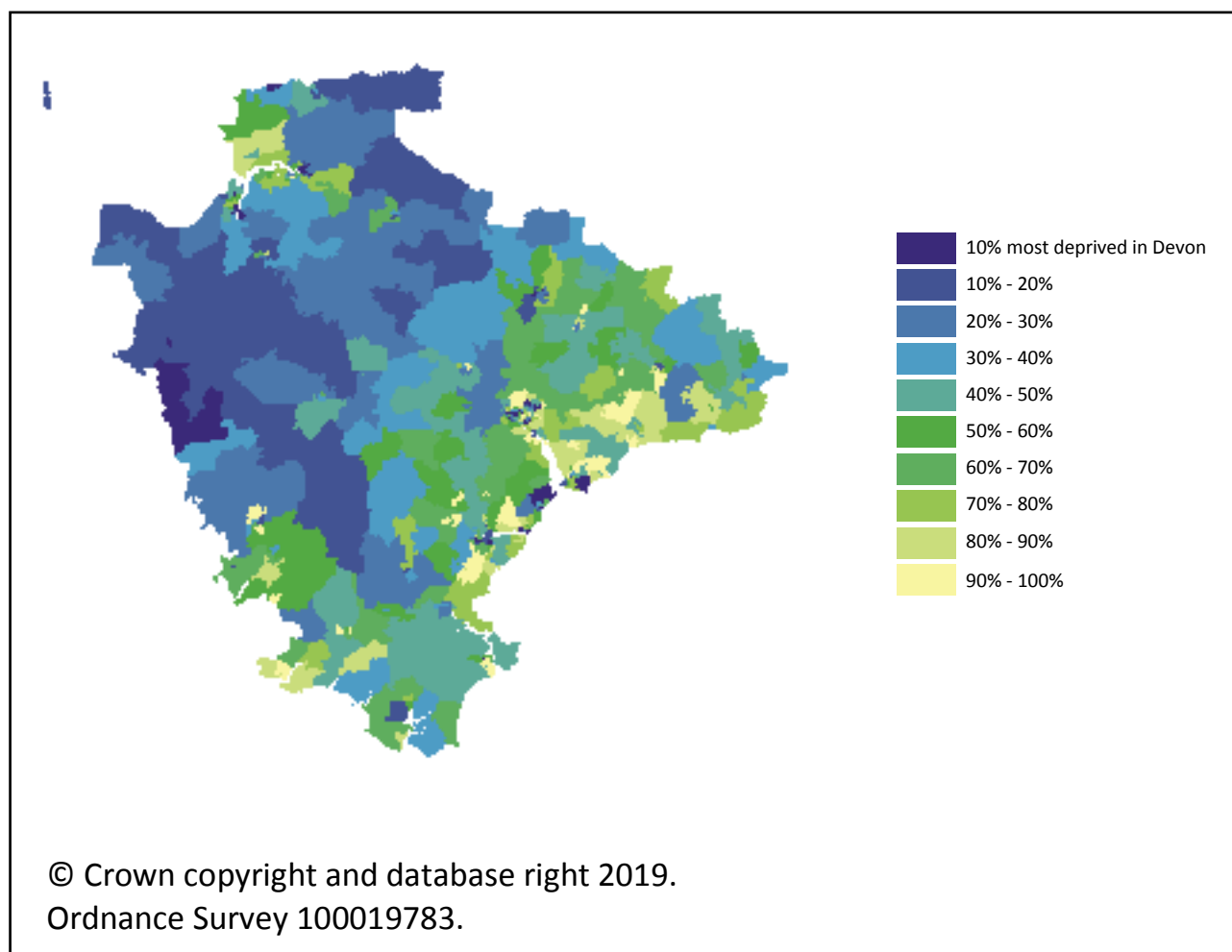
A focus on an upstream approach to improve population health and wellbeing is required to prevent ill health and enable those to live healthier for longer, for early detection of disease and treatment, and to and maintain a good quality in life in those with a long-term condition.

Poorer mental health has a great social and economic impact. It can affect people at any stage of the life course and can diminish the life chances of individuals significantly impacting physical health, educational and employment prospects, and life expectancy. Equally, poor physical health can lead to an increased risk of developing mental health problems. Just with physical health, inequalities can be found in mental health. This gap is even great for those with severe mental illness.

It is important to note that disparities in health and wellbeing outcomes are even greater when looking across smaller areas and/or different population groups in Devon.

Starting and Developing Well

Across Devon there are proportionately fewer younger people when comparing nationally. Health and wellbeing outcomes for children and young people across Devon is mixed.

There are considerable opportunities and benefits in improving interventions to support best start in life which include reducing smoking during pregnancy, increasing new birth visits, sustaining and improving breastfeeding from 6 to 8 weeks, improving health protection measures such as handwashing and increasing immunisation coverage particularly for children in care.

A focus on improving behavioural risk factors for children and young people around diet and physical activity is required to reduce dental decay in younger children and obesity in primary school aged children.

Whilst a fair proportion of children at the end of reception reach a good level of development, around a quarter of pupils are not achieving this level which may have an impact throughout their life. This gap in school readiness is considerably wider for disadvantaged children.

Poor mental health in children results in poorer outcomes relating to health and wellbeing. Hospital admissions in children and young people are considerably higher in Devon for mental health conditions, self-harm and injuries. This gap is even wider for vulnerable groups such as disadvantaged and looked after children.

Living and Working Well

Devon has proportionately fewer working age people compared to England, particularly in those aged 16 to 49 years. Economic activity remains higher than the England average, however the sectoral composition across Devon creates low earnings employment. This impacts on a variety of wider determinant factors which influences health and wellbeing.

Figure 8.2: Trend of Healthy Life Expectancy (HLE) and Life Expectancy (LE) in Devon.
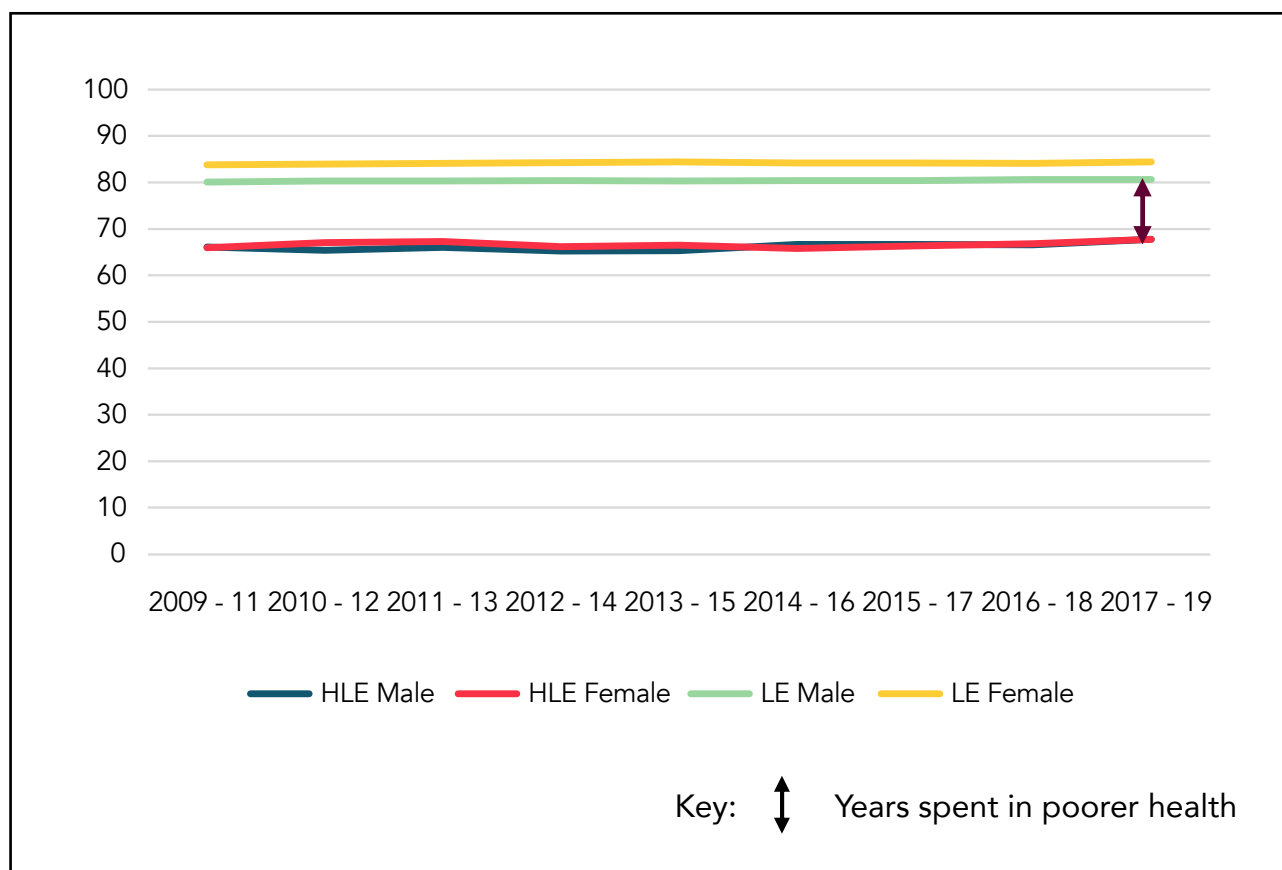
Source: Public Health Outcomes Framework, 2021.

Life expectancy has remained marginally similar over the last decade with people living their remaining 10 to 15 years of life in poorer health. This gap is starker across areas with higher deprivation as well as minority groups and different communities. Whilst improvements have been ascertained across some behaviour risk factors and, better treatments and technological advances have contributed to better health and longer life expectancy in general, more work is required to improve diet, physical activity, alcohol intake and smoking. These are the leading behavioural risk factors which influence ill health and preventable mortality across Devon. Premature preventable mortality has not changed significantly over the past 10 years.

Poorer health can further manifest downstream. It can impact on the ability to work which may lead to receipt of state benefits and/or creating more cost across the health and social care system for treatment and support-based services. If the population of Devon are living between 10 to 15 years in poorer health and require treatment and support, evidently it will be a significant and increasing cost to the system.
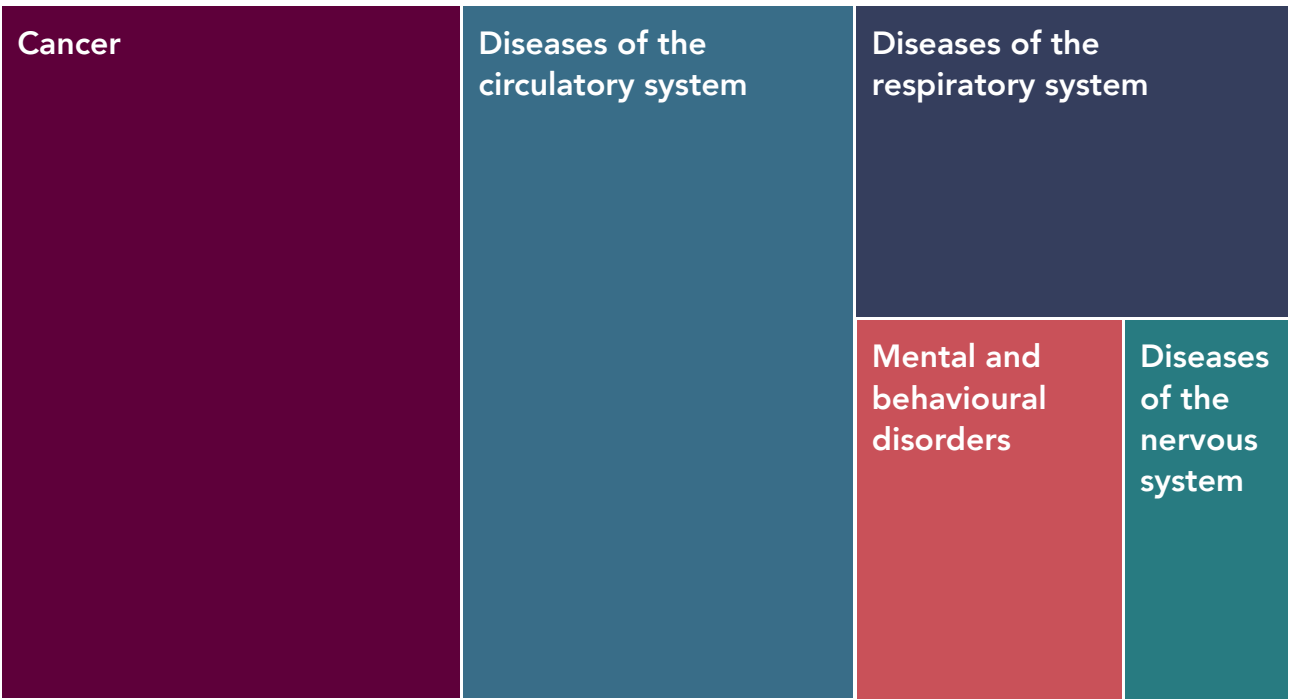
There are opportunities to improve primary and secondary prevention such as increasing immunisation and screening coverage and improving health protection measures to prevent ill health, reduce disease progression and mortality from many diseases.
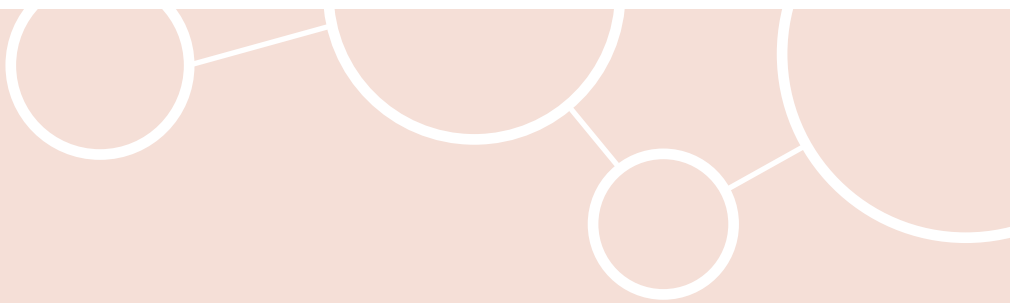
Ageing and Dying Well

Devon has an ageing and growing population with proportionately more older people compared to England. As identified in the 'Living and Working Well' section, life expectancy has marginally changed over the last decade, similar to mortality rates from conditions considered preventable. Furthermore, people across Devon are living on average between 10 and 15 of their final years in poorer health which will have a significant impact on service cost and demand across the system.

Figure 8.3: Top 5 leading causes of death in Devon.

| Cancer | Diseases of the circulatory system | Diseases of the respiratory system | |
| | | Mental and behavioural disorders | Diseases of the nervous system |

Please note: Figure 8.3 only contains the top five causes of death across Devon. For data related to other causes of death, please visit the Vital Statistics Tool.

Devon is generally less deprived overall relative to England, however disparities relating to how deprived or how affluent areas across Devon do exist which can influence health and wellbeing outcomes. Devon boasts a beautiful landscape with a third of the county classified as rural. However, this presents challenges around access to services and isolation contributing to poorer health outcomes.

The development of frailty, long term conditions and multi-morbidity is impacted greatly by social and behavioural risk factors. This can be influenced by poorer mental health or poor physical health may lead to poor mental health. This impact is even greater where inequalities are a considerable challenge.

Cancer, diseases of circulatory, respiratory, nervous system, and mental health and behavioural disorders are the leading causes of death across Devon. From a seasonal perspective, higher excess winter deaths occur in older people with pre - existing circulatory and respiratory diseases. Across Devon excess winter deaths have remained relatively unchanged. However increased uptake of primary and secondary interventions such as immunisations and screening programmes may help to reduce excess winter deaths.

Immunisations for flu in those aged 65 and over, and at-risk individuals, and pneumococcal polysaccharide vaccine (PPV) are all below the recommended targets for uptake. Whilst uptake for flu immunisations aged 65 and over is improving, flu immunisation for at risk individuals and PPV immunisation has not significantly changed for a number of years. Cancer screening for bowel, cervical and breast indicate that uptake for Devon are higher compared to national uptake rates. However, around 1 in 4 people within those target groups are not being screened.

Dementia diagnosis remains unchanged in Devon and highlights a potential gap of unmet need where 2 in 5 people aged 65 and over are estimated to have dementia but are undiagnosed.

From an inequalities perspective immunisations and screening, and incidence and mortality rates may also differ when looking at more deprived areas and cohorts with protective characteristics. Therefore, in some instances the gap in outcomes may be wider.

To conclude, the Devon population is diverse in its needs and inequality can take many forms which impacts population health, to which organisations from across the system need to respond.

For a closer look at the statistics in this chapter please visit:
www.devonhealthandwellbeing.org.uk/ jsna/vital-statistics/

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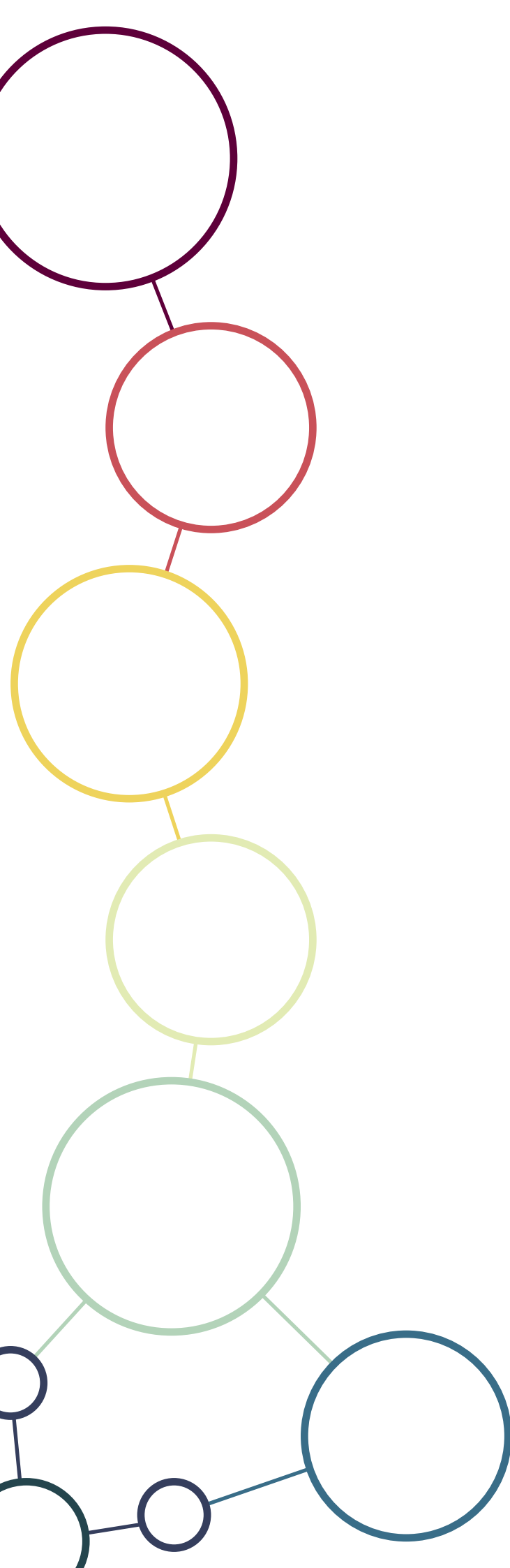
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