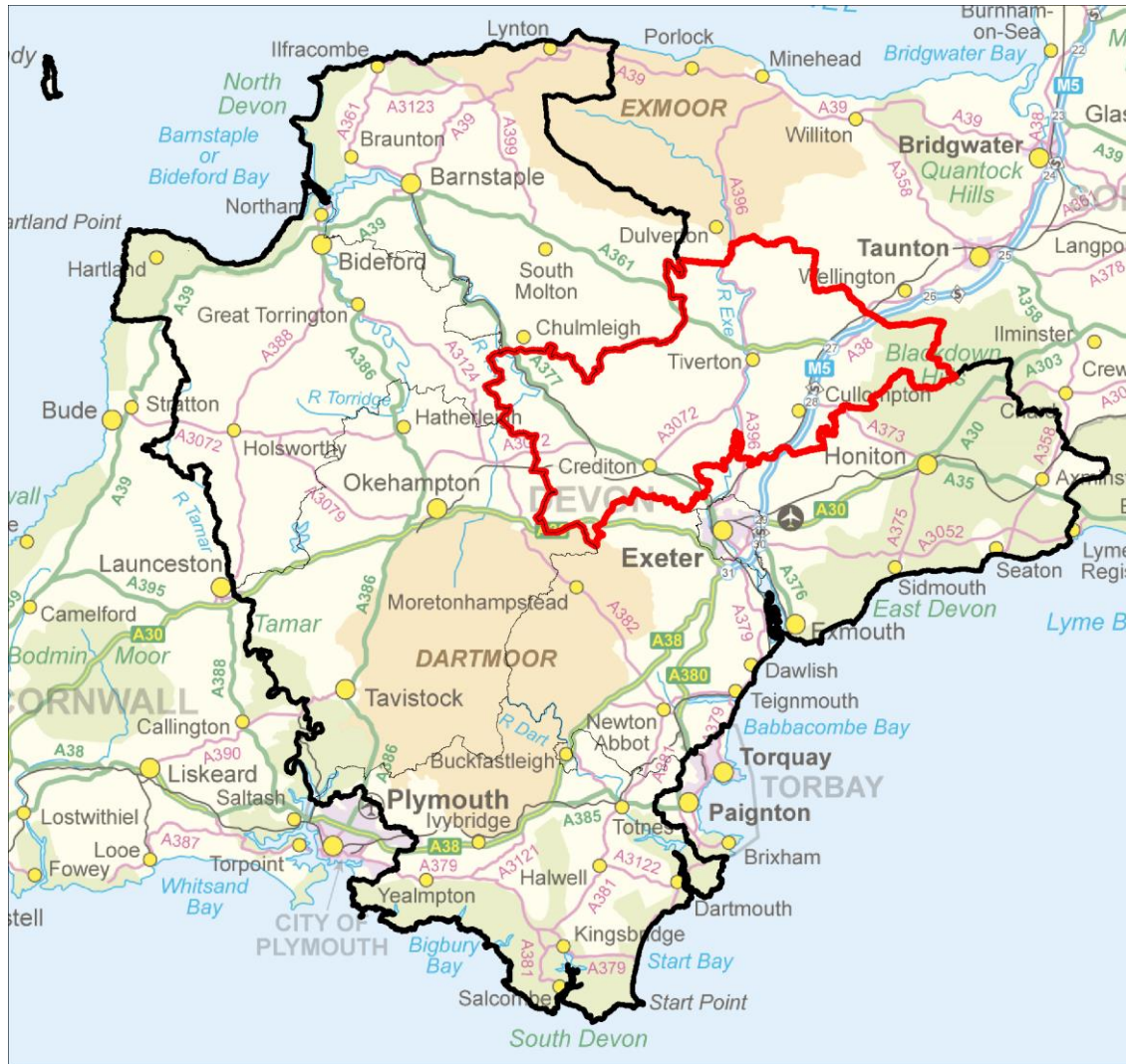


Mid Devon District Council



District Public Health Plan 2016-19

Version Control Sheet

Title: District Public Health Plan

Purpose: This document outlines the public health priorities for Mid Devon District Council (MDDC).

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Consultation **This document was sent out for consultation to the following:**

Devon County Council Public Health team
Portfolio holder for Public Health
Management Team

Document History

This document obtained the following approvals.

Title	Date	Version Approved
Head of Service	09/09/16	1.0
Management Team	13/09/16	1.0
Community Well-Being PDG	27/09/16	1.0
Cabinet		
Council		

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Introduction

This document outlines the public health priorities for Mid Devon District Council (MDDC). The priorities have been developed in consultation with Devon County Council Public Health, Mid Devon District Public Health Working group, MDDC Public Health Services (Environmental Health, Licensing, and Private Sector Housing), and Members of the Community Well Being Policy Development Group and builds upon work already carried out within Mid Devon in 2014 and 2015.

Implementation of the plan is also dependent upon active involvement and engagement of services provided by Council (e.g. Leisure, Housing and Planning, Public Health Services), and participation of the community and voluntary sectors.

The priorities reflect and acknowledge the current public health dialogue on health inequalities, evidence and reports nationally and locally, highlighted in the following key documents:

- Devon Joint Health and Well Being Strategy 2013-16
- Joint Commissioning Strategy for Prevention 2015-18
- Marmot Review 2010
- Public Health Outcomes Framework
- Devon Annual Public Health Report 2014-15
- Public Health Devon Outcomes Report 2015
- Mid Devon District Health Profile 2015
- Mid Devon District Public Health Summary 2015-16
- Other District Public Health plans (Teignbridge, East Devon, South Hams and West Devon, and Exeter)

Background

Following the devolution of public health to local authorities MDDC reviewed and restructured its Environmental, Licensing and Private Housing teams into a single public health unit and appointed a new Public Health Manager in September 2014.

A Mid Devon District Council Public Health Working group was created, representing Devon Public Health, Community Development, Leisure, Community Safety, Environmental Health, Private Sector Housing and Involve (Mid Devon voluntary organisation). The group undertook an exercise that sought to map the breadth of existing services that impact on a range of health priorities. Four priorities were identified - **Emotional health and resilience;**

Cardiovascular disease and cancer prevention; Clean Air for All; and Decent high quality housing. These priorities identified are seen as having the most impact for Mid Devon with flexibility to include new opportunities or address emerging issues as they arise.

In November 2015 a public health officer role was appointed to work with external and internal partners to develop and deliver an action-led public health plan for Mid Devon, and to embed public health understanding, influence service planning, policy formation and strategy development. Funding was provided from Devon County Council Public Health and MDDC funds for 2 years. A similar arrangement also occurs in East Devon.

In addition to the above priorities, Mid Devon District Council has developed a Corporate Plan for the next five years. Key elements of the Corporate Plan reflect and acknowledge Council's role in addressing health inequalities – priority areas identified in the Corporate Plan are Economy, Homes, Community and Environment. Within these priority areas a number of specific goals have been included that will influence public health outcomes:

- Work with partners such as the National Health Service and Devon County Council on the public health agenda to address health inequalities
- Ensure the financial sustainability of our Leisure Centres
- Actively promote the facilities that are available in our District for health and wellbeing such as walking (footpaths) and cycle paths
- Develop cultural, sport, leisure and heritage facilities with activities that benefit the entire District
- Work with private sector landlords to increase and improve housing stock

Public Health Services Mid Devon

Public Health Services embrace three specific statutory functions; Licensing, Environmental Health and Private Sector Housing in addition to corporate oversight on public health generally. This brings together the core work and functions of this authority that improve the safety and health of the residents, visitors and workers in Mid Devon. The work carried out by these teams is essential to ensure the health and safety of residents, visitors and workers in Mid Devon.

Mid Devon Functions and Services

Other functions and services within Council have a direct and indirect influence on public health. Leisure Services have a more obvious impact through the delivery of accessible facilities, groups and programs that provide a range of options for residents to improve their physical health and also provides venues for other social activities and informal social groupings. Public Health Services will work directly with the Leisure Services Management team to support programs and activities that provide the necessary elements that promote inclusiveness and participation.

Housing development will be a key area of activity for Council in the coming years. The Mid Devon District Council Core Strategy sets out the levels of new dwellings required over the period 2006 – 2026. The overall requirement set out in the adopted Core Strategy is to provide approximately 6800 dwellings from 2006 – 2026. The standard of accommodation is a major contributory factor in attaining good health. Public Health Services will engage with the development process within Council to provide comment and support as appropriate in those areas where there are opportunities to improve health outcomes. For example, providing advice on improving and monitoring air quality, access to green space, promoting the use and establishment of pathways and cycle paths and different transport modes. A further priority for 2016-17 is to develop a health and wellbeing policy approach to planning which will enable public health to comment on plans

Responsibilities, Monitoring and Evaluation

The Public Health Officer and Public Health Services Manager will have overall responsibility for delivery of the public health plan. Review and progress of the plan will be reported to MDDC's Community Well Being Policy Development Group. Progress reports will also be provided to Devon County Council's Public Health who also will provide strategic oversight and input.

Strategy and Action Plan

MDDC will consider the public health impact of all its policies so that they provide the most health benefit for the investment, improve the health and wellbeing of the population and reduce health inequalities locally.

It is about developing a new culture in which health is at the heart of integrated planning and services, in which all parts of the council and all of the providers delivering services on the councils' behalf understand how they can contribute to better public health outcomes.

Mid Devon District Council recognises its central role in delivering good public health outcomes and acknowledges that it must use the limited resources wisely and intelligently in order to make a real difference to the lives of our community, particularly to our most vulnerable groups.

Public Health Services will take a lead role in delivering on the priorities, however, more widely the Council is engaged in numerous activities that have a direct and indirect effect on public health outcomes such as protecting the environment, creating green space, facilitating business and employment growth, community safety initiatives, planning and housing, and providing facilities and services such as Leisure centres.

At the heart of our strategy is partnership working. We will build on our existing partnerships and facilitate the development of new ones that will add value and help us to deliver programs. We will work with our elected representatives and their communities to ensure that we are meeting local needs and expectations.

We will work closely with Public Health Devon to ensure that our efforts are aligned and support national and regional objectives and address health inequalities. We will seek support and advice from Public Health Devon to ensure that our actions are supported by the evidence.

The actions detailed in the following tables will be flexible, with scope to add and alter as new evidence, changing circumstances and funding opportunities arise. Following the tables are some of the key data from the Mid Devon District Public Health Summary 2015-16 that provides some of the underpinning evidence.

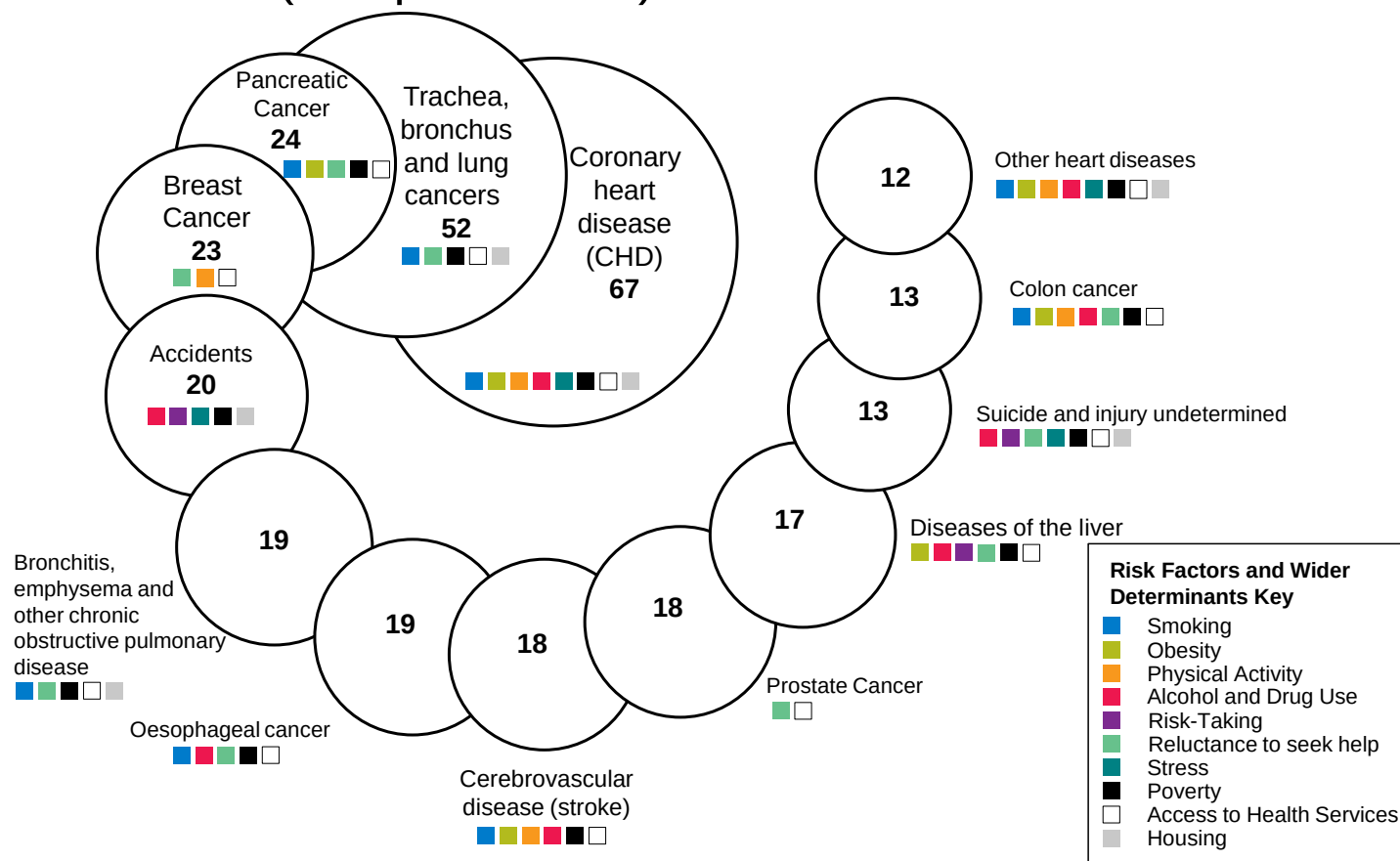
MDDC Public Health Priorities	Actions/Projects	Lead and partners	Timeframe
Decent high quality housing (including fuel poverty) <i>Theme 3 Devon JH&WS</i> <i>MDDC CP Priority 2 Homes: Aim 2 – Facilitate the housing growth that Mid Devon needs, including affordable housing</i>	Promote the Cosy Devon/Central Heating Fund schemes in Mid Devon Engage with key stakeholders (NEA, Power utilities, DECC) to take advantage of scheme initiatives Engage with private sector landlords and other partners to bring empty homes back into use. Provide input into planning obligations (s106) that targets public health priorities e.g. air quality, green space, cycle and footpaths infrastructure, transport (bus and train)	National Energy Action/Private Sector Housing Team/Public Health Officer Public Health Officer Private Sector Housing Team Public Health Officer and Public Health Services Manager/Forward Planning Team	Ongoing
Cardiovascular disease and cancer prevention <i>Theme 1,2,3 Devon JH&WS</i> <i>MDDC CP Priority 3 Community: Aim 3 - Increase physical activity and promote health and wellbeing</i>	Work with Leisure centres and partners to deliver programs that are inclusive and promote physical activity for identified individuals and groups. Promote Health Checks – provide to MDDC employees and businesses employing key target groups e.g. transport, gardening, building. Actively promote the facilities that are available in our District for health and wellbeing such as walking (footpaths) and cycle paths. Work with communities to identify new path sites and/or improve existing ones. Physical activity programs – Build partnerships to develop and deliver programs in the Mid Devon area E.g. Walking football, GP	Public Health Officer/Leisure Centres/GPs and health professionals/Active Devon/Age UK Mid Devon Public Health Officer/Devon Doctors Public Health Officer/MDDC Comms/District, Town and Parish Councils/Volunteer, community and residents associations and groups/Ramblers Group/Sustrans Active Devon/Exeter FC/Active Devon/Age UK Mid Devon/Leisure	Ongoing

	exercise referral program Promote skin protection and skin checks Work with partners to promote and develop healthy food programs Promote a Mediterranean diet	Centres/GP networks Public Health Officer/local pharmacies/GPs/health professionals Public Health Officer/PH DCC	
Emotional health and resilience <i>Theme 4 Devon JH&WS</i> <i>MDDC CP Priority 3: Aim 1 – Work with local communities to encourage them to support themselves</i>	Provide a mechanism (Voluntary and Community Services fund) that contributes to the development and sustainability of voluntary and community groups which support the achievement of public health outcomes in the Mid Devon district area. Provide support to the lead dementia groups across Mid Devon to deliver programs that improve physical and mental health of participants and their carers. Facilitate Dementia awareness training for MDDC staff, briefings for Members Support the membership of MDCC to the Dementia Alliance	Public Health Officer/Involve Mid Devon Alzheimer's Society/ Upstream Tiverton, Cullompton and Crediton Alliances Public Health Officer Public Health Officer	Ongoing Ongoing October 2016 March 2017
Clean Air for All <i>Theme 4 Devon JH&WS</i> <i>MDDC CP Priority 4: Aim 2 – Reduce our carbon footprint</i>	Develop the Air Quality Strategy 2016-2020 for Mid Devon. Work with adjoining districts towards a Greater Exeter strategy. Support the growth of the ECO stars program to establish it as a Devon-wide scheme. The program aims to put in place an effective mechanism with which to engage and influence the environmental impact of operators of commercial vehicles by	Environmental Health Team/Public Health Officer/Forward Planning Team/DCC Public Health Officer/Transport & Travel Research Ltd./Devon District	November 2016 Ongoing

	reducing harmful emissions. Conduct personal exposure studies with groups that travel through Mid Devon's AQMAs in Crediton and Cullompton. Incorporate findings in the development of school travel plans and advice to vulnerable groups.	Councils/Devon County Council Public Health Services	
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Deaths of under 75s in Mid Devon by main cause and risk factor, 2010 to 2012

587 deaths (196 per annum)



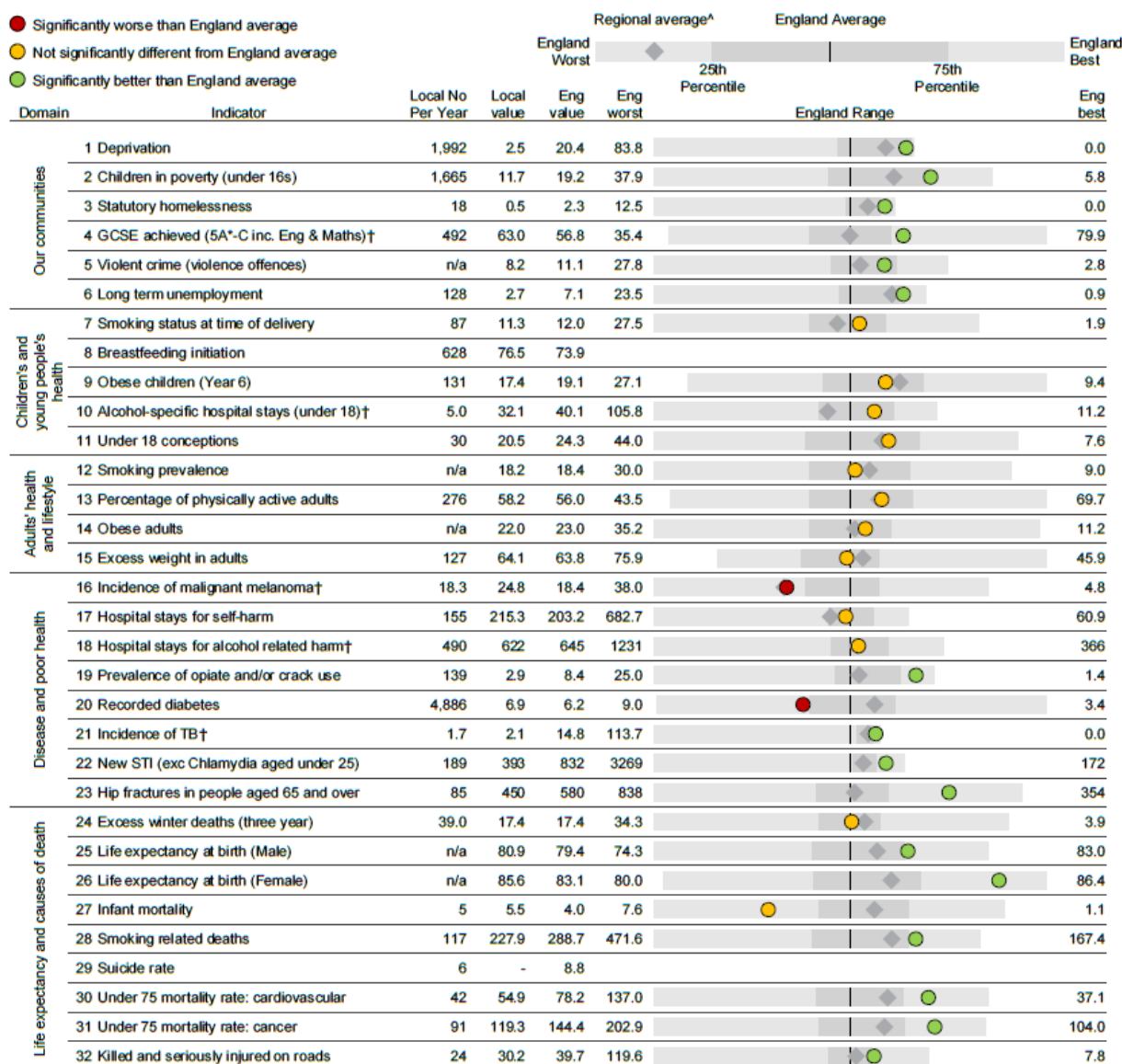
Health summary for Mid Devon

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

● Significantly worse than England average

● Not significantly different from England average

● Significantly better than England average



Indicator notes

1 % people in this area living in 20% most deprived areas in England, 2013 2 % children (under 16) in families receiving means-tested benefits & low income, 2012 3 Crude rate per 1,000 households, 2013/14 4 % key stage 4, 2013/14 5 Recorded violence against the person crimes, crude rate per 1,000 population, 2013/14 6 Crude rate per 1,000 population aged 16-64, 2014 7 % of women who smoke at time of delivery, 2013/14 8 % of all mothers who breastfed their babies in the first 48hrs after delivery, 2013/14 9 % school children in Year 6 (age 10-11), 2013/14 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2011/12 to 2013/14 (pooled) 11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2013 12 % adults aged 18 and over who smoke, 2013 13 % adults achieving at least 150 mins physical activity per week, 2013 14 % adults classified as obese, Active People Survey 2012 15 % adults classified as overweight or obese, Active People Survey 2012 16 Directly age standardised rate per 100,000 population, aged under 75, 2010-12 17 Directly age sex standardised rate per 100,000 population, 2013/14 18 The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause, directly age standardised rate per 100,000 population, 2013/14 19 Estimated users of opiate and/or crack cocaine aged 15-64, crude rate per 1,000 population, 2011/12 20 % people on GP registers with a recorded diagnosis of diabetes 2013/14 21 Crude rate per 100,000 population, 2011-13, local number per year figure is the average count 22 All new STI diagnoses (excluding Chlamydia under age 25), crude rate per 100,000 population, 2013 23 Directly age and sex standardised rate of emergency admissions, per 100,000 population aged 65 and over, 2013/14 24 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 01.08.10-31.07.13 25 26 At birth, 2011-13 27 Rate per 1,000 live births, 2011-13 28 Directly age standardised rate per 100,000 population aged 35 and over, 2011-13 29 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population, 2011-13 30 Directly age standardised rate per 100,000 population aged under 75, 2011-13 31 Directly age standardised rate per 100,000 population aged under 75, 2011-13 32 Rate per 100,000 population, 2011-13

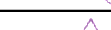
† Indicator has had methodological changes so is not directly comparable with previously released values.

^ "Regional" refers to the former government regions.

Indicators from National Public Health Outcomes Report

MID DEVON PUBLIC HEALTH OUTCOMES REPORT

Indicator List (follow links for detailed indicator reports)

RAG	Indicator	Value	England	Trend	MD/Dev/Eng
G	0.01 Life Expectancy Male	80.9	79.4		
G	0.01 Life Expectancy Female	85.6	83.1		
G	0.02 Gap in Life Expectancy Male	5.6	9.2		
G	0.02 Gap in Life Expectancy Female	5.3	6.8		
A	1.01 Children in Poverty	11.6%	19.2%		
G	1.10 Killed or Seriously Injured on Roads	32.6	39.2		
G	1.11 Domestic Violence	12.7	19.4		
R	1.17 Fuel Poverty	12.8%	10.4%		
G	1.18 Social Contentedness	50.0%	44.2%		
G	2.03 Smoking at Time of Delivery	9.3%	12.7%	-	
G	2.04 Under 18 Conception Rate	20.5	23.4		
A	2.06 Excess Weight in Four / Five Year Olds	23.2%	22.5%		
A	2.06 Excess Weight in 10 / 11 Year Olds	30.5%	33.5%		
G	2.07 Hospital Admissions for Injury, 0 to 14	100.2	112.2		
-	2.08 Emotional difficulties in looked after children	-	-	-	-
-	2.09 Smoking at Age 15	-	-	-	-
R	2.10 Hospital Admissions Self-Harm, 10 to 24	496.0	412.1		
G	2.11 Diet	65.3%	56.3%	-	
A	2.12 Excess Weight Adults	64.1%	63.8%	-	
G	2.13 Proportion of Physically Active Adults	62.4%	57.0%		
A	2.14 Adult Smoking Prevalence	18.2%	18.4%		
-	2.15 Drug Treatment Completion, Opiates	-	-	-	-
-	2.15 Drug Treatment Completion, Non-Opiates	-	-	-	-
G	2.18 Alcohol-Related Admissions (Narrow)	626.5	638.1		
G	2.18 Alcohol-Related Admissions (Broad)	1625.5	2137.7		
G	2.19 Cancer Diagnosed at Stage 1 or 2	50.4%	45.7%		
R	2.22 Percentage Offered an NHS Health Check	21.3%	42.5%		
R	2.22 Percentage Receiving an NHS Health Check	12.7%	20.6%		
G	2.22 NHS Health Check Uptake Rate	59.5%	48.4%		
-	2.23 Self-Reported Wellbeing (% low happiness)	-	-	-	-
G	2.24 Injuries Due to Falls	1520.8	2064.3		
A	3.02 Chlamydia Diagnosis Rate	1587.3	2012.0		
G	3.03 Population Vaccination (MMR Aged 5)	93.6%	88.5%		
G	4.03 Mortality Rate from Preventable Causes	136.2	183.9		
G	4.04 Under 75 Mortality Rate Circulatory Disease	54.9	78.2		
G	4.05 Under 75 Mortality Rate All Cancers	119.3	144.4		
A	4.10 Suicide Rate	0.0	8.8		
-	4.12 Preventable Sight Loss (Registrations)	-	-	-	-
G	4.13 Health-Related Quality of Life	0.766	0.726	-	
R	4.16 Dementia Diagnosis Rate	47.7%	60.8%		

RAG Ratings

R	RED: Major cause for concern locally, benchmarking poor / off-target
A	AMBER: Possible cause for concern locally, benchmarking average / target at risk
G	GREEN: No major cause for concern in locally, benchmarking good / on-target

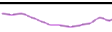
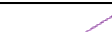
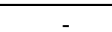
Indicator Types (Devon): Core = core measure significant impact/cost, Improve = poor outcomes or trend

www.devonhealthandwellbeing.org.uk/jsna/performance/phof/devon-reports

Indicators from Local Health and Wellbeing Outcomes Report

MID DEVON HEALTH AND WELLBEING OUTCOMES REPORT

Indicator List (follow links for detailed indicator reports)

RAG	Indicator	Value	England	Trend	MD/Dev/Eng
Priority 1: A Focus on Families					
A	Children in Poverty	11.6%	19.2%		
G	Early Years Foundation Score (social/emotional)	58.7%	58.0%		
G	Smoking at Time of Delivery	9.3%	12.7%	-	
G	Teenage Conception Rate	20.5	23.4		
R	Hospital Admissions for Self-Harm, Aged 10 to 24	496.0	412.1		
Priority 2: Healthy Lifestyle Choices					
G	Proportion of Physically Active Adults	62.4%	57.0%		
A	Excess Weight in Four / Five Year Olds	23.2%	22.5%		
A	Excess Weight in 10 / 11 Year Olds	30.5%	33.5%		
G	Alcohol-Related Admissions (Narrow Definition)	626.5	638.1		
G	Alcohol-Related Admissions (Broad Definition)	1625.5	2137.7		
A	Adult Smoking Prevalence	18.2%	18.4%		
G	Under 75 Mortality Rate - Circulatory Diseases	54.9	78.2		
G	Under 75 Mortality Rate - All Cancers	119.3	144.4		
Priority 3: Good Health and Wellbeing in Older Age					
-	Incidence of Clostridium Difficile	-	-	-	-
G	Injuries Due to Falls	1520.8	2064.3		
R	Dementia Diagnosis Rate	47.7%	60.8%		
G	Feel Supported to Manage Own Condition	73.1%	63.3%		
G	Re-ablement Services (Effectiveness)	91.5%	81.9%		
-	Re-ablement Services (Coverage)	-	-	-	-
A	Readmissions to Hospital Within 30 Days	9.5	11.8		
Priority 4: Strong and Supportive Communities					
A	Suicide Rate	0.0	8.8		
G	Male Life Expectancy Gap	5.6	9.2		
G	Female Life Expectancy Gap	5.3	6.8		
-	Self-Reported Wellbeing (low happiness score %)	-	-	-	-
G	Social Contentedness	50.0%	44.2%		
-	Carer Reported Quality of Life	-	-	-	-
G	Stable/Appropriate Accommodation (Learn. Dis.)	79.0%	73.3%		
-	Stable/Appropriate Accommodation (Mental Hlth)	-	-	-	-

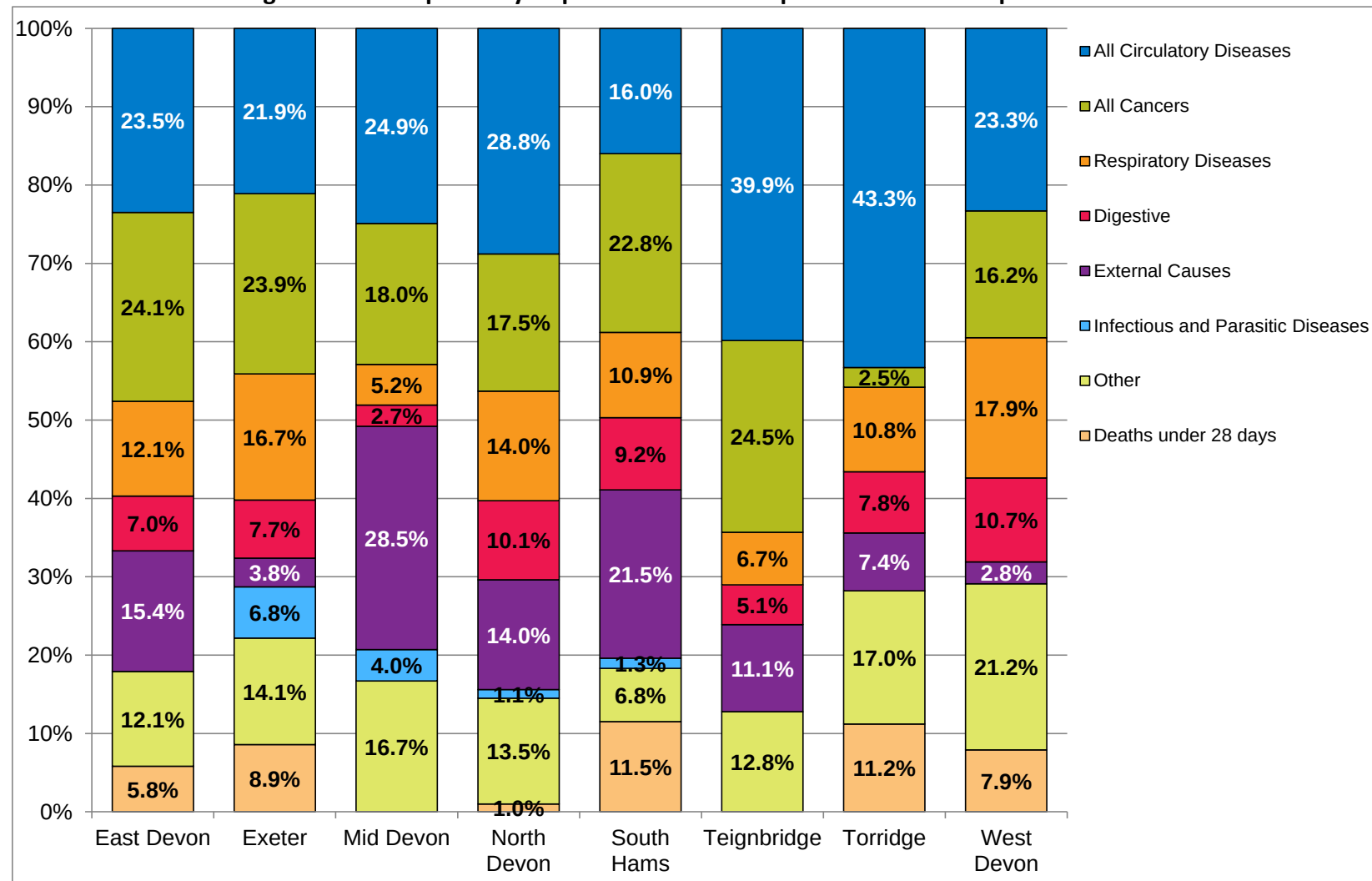
RAG Ratings

R	RED: Major cause for concern locally, benchmarking poor / off-target
A	AMBER: Possible cause for concern locally, benchmarking average / target at risk
G	GREEN: No major cause for concern in locally, benchmarking good / on-target

Indicator Types (Devon): Chall = Devon Board role is to challenge lead organisations on poor outcomes, Improve = Joint working required to improve outcomes, Watch = outcomes good, monitoring role for board

www.devonhealthandwellbeing.org.uk/jsna/health-and-wellbeing-outcomes-report/

Conditions Contributing to the Life Expectancy Gap between Most Deprived and Least Deprived Communities: Males



Conditions Contributing to the Life Expectancy Gap between Most Deprived and Least Deprived Communities: Females

