

**COMMUNITY POLICY DEVELOPMENT GROUP
27 SEPTEMBER 2016**

PUBLIC HEALTH STRATEGY AND ACTION PLAN 2016-19

Cabinet Member(s): Cllr Margaret Squires
Responsible Officer: Simon Newcombe, Public Health and Professional Services Manager

Reason for Report: To provide a framework for public health action across Mid Devon.

RECOMMENDATION: Members recommend to cabinet that the proposed strategy and action plan (Appendix A) be approved.

Relationship to Corporate Plan: The Public Health Strategy and Action Plan align with and directly support a number of key themes in the Corporate Plan as follows:

- *Priority 2 Homes: Aim 2 – Working with Private Landlords to improve housing conditions*
- *Priority 3: Aim 1 – Work with local communities to encourage them to support themselves*
- *Priority 3 Community: Aim 3 - Increase physical activity and promote health and wellbeing*

The production of a Public Health Plan is also a priority project within the Corporate Plan for completion 2016-17.

Financial Implications: No direct impact however the strategy is linked and dependent upon existing service budgets and planning obligations internally in addition to external resourcing from relevant external organisations to achieve outcomes. These will be monitored through the on-going review and delivery of the plan actions.

Legal Implications: None

Risk Assessment: Failure to address health inequalities has wider implications. Mid Devon District Council should aim to get public health value out of services that are already being delivered. The Health and Social Care Act (2012) places a duty on upper tier local authorities (Devon County Council) to work to improve the health of their population. In doing so they must work collaboratively with District Councils to support our development of district level locality action plans. The Devon Health and Wellbeing Board will work through this collaborative approach to oversee the impact of local actions on the range of health and wellbeing outcomes and progress in relation to reducing health inequalities.

1.0 Introduction

1.1 Our health is determined by a complex interaction between individual characteristics, lifestyle, and the physical, social and economic environment.

- 1.2 District councils have a key role to play in keeping us healthy. They have a distinct, local role in service provision, economic development, planning, and helping to shape and support their communities all key areas that are increasingly recognised as vital components of a true population health system (The district council contribution to public health: a time of challenge and opportunity, Kings Fund 2015).
- 1.3 To achieve more on public health, district councils need to work in partnership with others, ranging from Public Health England and other tiers of local government and directors of public health, to the local NHS and commissioning boards, the voluntary and business sectors, and communities themselves. Partnerships should be formed to deliver outcomes and not merely be an end in themselves.
- 1.4 Devon County Public Health provides the public health strategic leadership and technical support for public health action across the whole of Devon. They provide strategic oversight and the evidence base for local health priorities. Their consultants provide direct support and advice to the Mid Devon Public Health Officer and Public Health Services Manager.

2.0 HEALTH INEQUALITIES IN MID DEVON

- 2.1 The Mid Devon District Local Public Health Plan is informed by the priorities set out in the Devon Joint Health and Well Being Strategy to address health inequalities and the district specific health surveillance data.
- 2.2 This data is set out in a range of clinical and health indicators measured against England, Regional and Devon averages and produced by Public Health England and Public Health Devon at Devon County Council. A summary of this information is shown on pages 7-10 of the Action Plan. The full dataset for 2015/16 can be viewed at <http://www.devonhealthandwellbeing.org.uk/jsna/himp/>.
- 2.3 The plan recognises that we must prioritise our efforts on areas of greatest concern to public health and where we have a direct or indirect role or influence. Taking this into account there must also be recognition that we cannot influence or focus our resources on all areas that impact upon public health and avoidable poor health/early death.
- 2.4 Consequently, the following four priority areas have been developed within the plan as informed by additional consultation with stakeholders:
 - Mid Devon District Public Health Working Group (representatives of internal services, NHS and commissioning groups, Devon County Council and third party/voluntary sector)
 - MDDC Public Health Services (Environmental Health, Licensing, and Private Sector Housing),
 - Devon County Council Public Health team independently
 - Members of the Community Well Being Policy Development Group

The plan also builds upon work already carried out within Mid Devon in 2014 and 2015.

2.5 The four priority areas in Mid Devon are:

- Prevention of cardiovascular disease and cancer

Between 2010 and 2012, of the 587 deaths of under-75s in Mid Devon during this period over 40% were attributed (main cause or risk factor) to coronary heart disease, other chronic pulmonary diseases and specified cancers (Devon Public Health 2015). In common with most other areas, these clinical conditions are substantially the biggest cause of early death in the district.

The underlying causes are broad and complex including lifestyle influences such as smoking, diet, obesity, sedentary behaviour and in addition to genetic or environmental factors

- Decent high quality housing

Poor housing has a fundamental effect on public health. The impact of on physical health for example is clear, for example damp surroundings cause or worsen respiratory conditions and serious hazards in the home can give risk to serious accidents or deaths. Poor housing also has serious bearing on mental health and wellbeing, especially cold, unsuitable or overcrowded homes.

New estimates (BRE Trust 2016) indicate that poor housing costs the NHS at least £1.4bn per year. This highlights the key role of the Private Sector Housing Team in securing safe, decent and sustainable housing and keeping people out of hospital and also our direct influence by ensuring good quality housing conditions across the Council owned housing stock.

- Emotional/mental health and resilience

Emotional and mental health impacts have a direct influence on many underlying lifestyle and behaviour factors impacting on public health.

Physical health problems significantly increase the risk of poor mental health, and vice versa.

Around 30 per cent of all people with a long-term physical health condition also have a mental health problem, most commonly depression/anxiety (Lancet online 2012).

Mental health problems can seriously exacerbate physical illness, affecting outcomes and the cost of treatment. The effect of poor mental health on physical illnesses is estimated to cost the NHS at least £8 billion a year (The Kings Fund and Centre for Medical Health 2012).

- Air quality

According to a Government Committee on the medical impacts of air pollution (COMEAP) in 2015 around 29,000 early deaths per year are causing by particulate air pollution (more 10 times that of road accident deaths for comparison). The same committee has shown associations between other pollutants such as nitrogen dioxide with short-term hospital admissions and long-term reduced life expectancy. These pollutants are those most associated with road transport.

Using Public Health data for the same period for the most harmful of ultra-fine particulate matter indicates this pollution causes almost 300 deaths county-wide with around 3% of the population exposed to high concentrations are transport related pollutions

This is not issue restricted to major urban areas alone, there are two formal air quality management areas (AQMAS) declared within Mid Devon for exceedances of statutory air quality limit values for both particulate matter and nitrogen dioxide. Overall there are 14 AQMAS across the county.

2.6 There is scope to work in other areas of concern, for example with skin cancer, where the evidence indicates higher levels compared with the national average.

2.7 The impact of the above is not equal, for example there is a life expectancy gap of over 5 years for both men and women between the most and least deprived communities in Mid Devon (Devon Public Health 2015). The conditions contributing this gap between for males and females is shown on Pages 11-12 of the plan and has influencing those priority target areas shown above. Any actions we take to address public health also take into account these geographic and demographic factors and ensure we try to reach most relevant, most vulnerable and poorest members of the community.

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Circulation of the Report:

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List of Background Papers: None