

Devon Strategic Partnership

stronger together

Sustainable Community Strategy for Devon

Theme Analysis

Health

Draft for consultation

February 2007

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Devon Strategic Partnership Sustainable Community Strategy

Strategic Analysis Template for Evidence Base

Health theme analysis

Context: the DSP is producing a new Sustainable Community Strategy by mid 2007. One part of this document is to be a web based evidence base to be developed by early 2007. This document contributes to the evidence base by taking the statistical data that has been identified for every theme, and providing an expert strategic analysis that ideally has the backing of key agencies and organisations in the theme. When this information is added to the views of residents, agencies and organisations regarding current issues and a vision for the future, a clear mandate will be established for the issues that the Devon Strategic Partnership should be pursuing in the Sustainable Community Strategy.

Theme: Health
Written by: Ian Tearle
Title & Organisation: Public Health Team Devon Primary Care Trust (PCT)
Link to theme/ Devon Strategic Partnership

Please list the key people/ organisations this response has been discussed & agreed with:	
Devon PCT Public Health Team	

Signed on behalf of the theme:

Date:

Introduction

Within the Devon Sustainable Community Strategy a broad definition of health has been adopted which includes mental and social health as well as physical health. Two definitions of health provided by the World Health Organisation (WHO) demonstrate these wider dimensions of health. The World Health Organisation's 1948 definition of Health now commonly used is **"Health is a complete state of physical, mental and social well being, and not merely the absence of disease or infirmity"**. This definition is broad and indicates that health has many components, it is not just being free of disease or illness.

The 1984 WHO definition of Health identifies the utility of health as a resource for everyday life **"The extent to which an individual or a group is able to realise aspirations and satisfy needs, and to change or cope with the environment. Health is a resource for everyday life, not the objective of living; it is a positive concept emphasising social and personal resources as well as physical capabilities (WHO, 1984)"**

The determinants of health stretch beyond provision of and access to health services, or exposure to infectious diseases. They include elements of personal lifestyle such as smoking, exercise and diet, social and environmental factors such as education, housing, and social support, to structural social and economic issues such as poverty, and unemployment and housing

A detailed breakdown of health determinants has been developed by Lalonde (1974) and Lebonché (1993) and is shown in the table below. From this, it is clear that access to public services (including healthcare) is a necessary but not sufficient objective within the overall aim of improving the well being of communities and individuals within them.

Determinants of Health	
Biological factors	Age, sex, genetic factors
Personal family circumstances and lifestyle	Including family structure and functioning, education, occupation, unemployment, income, behaviour, diet, smoking, alcohol, substance misuse, exercise, recreation, transportation.
Social environment factors	Including culture, community participation, cultural participation, spiritual participation, peer pressure, discrimination and social support.
Public service factors	Housing, leisure, employment, social security, public transport, policing, access, primary care, community care, secondary health care, child care, social services.
Public policy	National and local priorities, economic, social environment and health trends.

The issues in this theme reflect some of the main factors and challenges in health that can be impacted upon positively through the development of public policy across a wide range of sectors. The majority of the areas reflect the main lifestyle factors that can lead to illness and death. The issue of health inequalities highlights that although the health of people in Devon is generally good there are geographical communities and some groups of people who because of their social, environmental and economic circumstances they experience poorer health.

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The data in the theme concentrates on the risk factors that can contribute to a range of diseases rather than the death rates for the specific diseases. This is because the relationship between the causes and the diseases is a complex. For example there are a number of different Cancers; lung, bladder, breast which may result from a number of causes e.g. smoking, alcohol misuse, poor diet. Data on the specific disease conditions can be found in the Devon Directors of Public Health Report 2005 -2006 which will be available on the Devon Primary Care Trust website www.devonpct.nhs.uk by the end of March 2007.

Contents

Analysis

[Issue One – Accidental Injury](#)

[Issue Two – Emotional Wellbeing](#)

[Issue Three – Health Protection and Emergency Planning](#)

[Issue Four – Health Inequalities](#)

[Issue Five – Obesity](#)

[Issue Six – Smoking](#)

[Issue Seven – Sexual Health](#)

[Issue Eight – Sensible Drinking](#)

Evidence

[Issue One – Accidental Injury](#)

[Issue Three – Health Protection and Emergency Planning](#)

[Issue Four – Health Inequalities](#)

[Issue Five – Obesity](#)

[Issue Six – Smoking](#)

[Issue Seven – Sexual Health](#)

[Issue Eight – Sensible Drinking](#)

ISSUE No: One

TITLE OF ISSUE: Accidental Injury

1 Identification of Issue

a What is the issue for Devon? Accidents are a major cause of avoidable death and possible consequential ill health. They are responsible for a considerable number of admissions to hospital outpatients and accident and emergency unit attendances and GP consultations.

b Who does it affect? Accidents occur in predictable patterns. Many have a known cause and are preventable. There is a strong correlation between deaths from accidents and social class. There are three priority groups;

- Children and families
- 15 to 24 year olds for road traffic accidents
- Older People

c Does it affect all of Devon geographically or certain parts? The priority groups are more vulnerable to specific types of accidents;

- Children and Young Families; scalds, burns and falls
- 15-24 yr olds: road traffic accidents
- Older people: falls

The workplace is also a key setting for accidents with trips, slips and falls the main factors contributing to injuries. Manual handling is major source of injury. Accidental injury rates are also higher in deprived groups in some geographical areas i.e. Exeter, Torridge and North Devon.

2 Justification/ demonstration of Issue

a How do you know the issue is there?

i Research

There is a growing body of evidence to support the notion that the most effective approaches to accident prevention involve environmental and legislative changes backed up by educational programmes, requiring multi-agency collaboration.

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b Links to other strategies

Document or author	Title of document and web address?	How is issue raised?	Implications for Devon
Local Area Agreement			Opportunity to consider setting objectives in 2008-11 programme
Regional Spatial Strategy			
District Community Strategies		Regeneration programmes and social inclusion strategies	Targeting deprived communities
MCTi/ Parish/Town plans			
Publications from authority bodies or other organisations in this sector			
Major Research			
Central govt			
Devon Rural Strategy			
State of the South West report			
Other reports such as State of the SW Environment, SWCCIP, Govt Area profiles and neighbourhood statistics.			
Other			

c Links to / impact on other themes / issues

Theme / issue	Possible links to/ impact of this issue on:
Environmental sustainability, including climate change and sustainable energy	
Economic sustainability	Awareness raising with self employed and SME's about health and safety issues
Social sustainability e.g. community cohesiveness and individual well being	
Rural issues	
Housing	
Health	Major cause of premature death and ill health
Older people	Falls a major issue
Children and young people	
Safer Devon	Road safety a priority
Strong Communities	
Culture	
Transport and accessibility	
Other (please specify)	

3 Drawing on the above, what therefore is/ are the challenge(s) Devon must meet to address this issue?

- Reduce accidents and injury in children and families particularly those in deprived communities
- Reduce injury and death on Devon's roads
- Reduce falls in older people

Accidental Injury

Indicator 1 - Serious accidental injury relating to hospital admissions in people of all ages, 2004/05

Local Authority	Average annual deaths	Rate per 100,000	95% CI
East Devon	1,106	383.6	(355 – 412)
Exeter	578	359.0	(327 – 391)
Mid Devon	451	414.4	(372 – 456)
North Devon	551	363.4	(329 – 398)
South Hams	508	374.7	(337 – 413)
Teignbridge	903	414.4	(383 – 446)
Torrige	416	400.0	(355 – 445)
West Devon	327	411.6	(360 – 463)
Devon PCT	4,840	385.6	(373 – 398)
South West SHA	28,306	365.5	(361 – 370)
England and Wales	222,737	332.4	(331 – 334)

Source: Compendium of Clinical and Health Indicators

Definitions: Number of hospital admissions for serious accidental injury, with a length of stay exceeding 3 days for people of all ages. (ICD-10 primary diagnosis S00-T98X and external cause code in the following ranges: V01-99, W00-X59 and Y40-84).

The South West SHA, Devon PCT, Teignbridge, Mid Devon, West Devon, Torrige, East Devon and South Hams all have statistically significantly higher rates compared to England and Wales. Devon PCT has a statistically significantly high rate compared to the South West SHA.

ISSUE No: Two

TITLE OF ISSUE: Emotional Wellbeing

1 Identification of Issue

a What is the issue for Devon? The self-esteem of an individual is a key factor in relation to their ability to make healthy lifestyle choices. By placing emotional wellbeing in a social, environmental and economic perspective a range of influences can be identified that contribute either positively or negatively to the 'mental state' of individuals and communities. The number of suicides fluctuates a great deal year and year. Whilst rates in Devon are generally higher than those in the South West and England overall, there is now a downward trend. By working through partnership approaches the opportunities to actively promote positive mental health can be utilised.

b Who does it affect? Since the early 1980s there has been increasing recognition that the health of individuals and communities is closely linked to and affected by social, environmental and economic deprivation. People with mental health problems are among the most excluded groups in society and they consistently identify stigma, discrimination and exclusion as major barriers to health, welfare and quality of life.

Where there is poor family cohesion and low parental self esteem children are more likely to have poor educational attainment and increased risk of poor self control and aggressive behaviour leading to raised risk as adults of relationship breakdown, premarital parenting, low self esteem and poor coping strategies. The socio-economic circumstances of adults with mental health problems aged 16-74 means that in comparison to people without mental health problems they are more likely to:

- fall behind with bills
- live in a rented home
- experience problems with daily living
- have experienced a major life event such as divorce or bereavement

There are strong links between poor housing and mental and physical ill health. Six in ten homeless people suffer some sort of mental distress, 20% have a severe mental illness and people who sleep rough are 35 times more likely to kill themselves than the general population.

c Does it affect all of Devon geographically or certain parts? By association those areas of greatest deprivation in Devon will have individuals and families experiencing a range of mental health conditions. By addressing a range of social, economic and environmental conditions. mental health status can be stabilised and consequently improved.

Suicides seem to be higher in more affluent communities.

2 Justification / demonstration of Issue

a How do you know the issue is there?

i Research

There is evidence that a number of interventions can impact positively on positive emotional wellbeing. These are categorised at three levels:

Strengthen individuals; increasing emotional resilience by promoting self esteem, and developing life skills such as communicating, negotiating, relationship and parenting skills.

Strengthen communities; increasing social support, social inclusion and participation; improve community safety and neighbourhood environments; promote childcare and self help networks; develop health and social services which support mental health; promote mental health within schools and workplaces e.g. through anti-bullying strategies and mental strategies.

Reduce structural barriers to mental health; develop initiatives to reduce discrimination and inequalities in society as a whole to promote access to employment, housing, services, and support for those who are vulnerable.

b Links to other strategies

Document or author	Title of document and web address?	How is issue raised?	Implications for Devon
Local Area Agreement		Objective in the Children and Young People's, Healthier Communities and Older People's Block	Target the Regeneration areas for interventions to promote emotional wellbeing.
Regional Spatial Strategy			

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District Community Strategies			Clarity of actions that relate to parenting, housing, employment and training, transport and access, workplace policy and supporting vulnerable groups
MCTi/ Parish/Town plans			
Publications from authority bodies or other organisations in this sector		Devon Health Forum toolkit on promoting Emotional Wellbeing	Identifies key actions across lifecycle phases.
Major Research		National Institute for Mental Health Education evidence analysis.	
Central govt			
Devon Rural Strategy			
State of the South West report			
Other reports such as State of the SW Environment, SWCCIP, Govt Area profiles and neighbourhood statistics.			
Other			

c. Links to/ impact on other themes/ issues

Theme/ issue	Possible links to/ impact of this issue on:
Environmental sustainability, including climate change and sustainable energy	Planning for positive emotional wellbeing into communities e.g. green and open spaces, physical activity opportunities.
Economic sustainability	Increasing the availability of education and training to unemployed and/or vulnerable young people
Social sustainability e.g. community cohesiveness and individual well being	Working with deprived communities to address key needs that help empower individuals and communities.
Rural issues	
Housing	Increasing the availability of and access to affordable and decent standards of housing. The response to the decent homes standards will impact on the quality of housing stock including private rented accommodation and single person households
Health	Ensuring health services are accessible. Provision of community services where early identification and intervention with children, families and individuals are prioritised
Older people	Improving access to services, opportunities to volunteering and/or work and increasing social networks contribute to the improvement of positive mental health.
Children and young people	Parenting programmes can be prioritised for families in all areas along with welfare benefit uptake campaigns in deprived areas. Within the Devon Healthy Schools programme emotional wellbeing for both children and staff is a key theme with specific criteria for policy and practice to promote self esteem, confidence and emotional resilience
Safer Devon	
Strong Communities	Clear and coherent partnership working can be made explicit in areas which promote the quality of life and reduce social exclusion, tackle discrimination and promote positive wellbeing across all settings and age ranges

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Culture	
Transport and accessibility	Improved transport co-ordination will improve access to services and work/leisure opportunities for all
Other (please specify)	

3 Drawing on the above, what therefore is/ are the challenge(s) Devon must meet to address this issue?

- Implement the key interventions identified within the three levels of strengthening individuals, strengthening communities and reducing structural

ISSUE No: Three

TITLE OF ISSUE: Health Protection and Emergency Planning

1 Identification of Issue

a What is the issue for Devon?

Health Protection – Minimising the outbreak of infectious diseases e.g. Mumps, Tuberculosis is a priority. Maintaining high quality water supplies, addressing poor air quality to limit the impact of any pollution incidents and putting in place preventive measures to reduce the effects of radon are major public health objectives.

Emergency Planning – The terrorist attacks in London in July 2005 and recent concerns over avian flu and pandemic flu have raised public awareness of risks and the need to have robust multi-agency plans to respond to major incident that are robust and have been tested.

b Who does it affect? Potentially everyone is at risk although the nature of the risk varies with the cause i.e. Devon has a large area of agricultural land therefore increasing the potential for a pollution incident in relation to contaminated water supplies.

c Does it affect all of Devon geographically or certain parts? Particular risks are associated with the following circumstances:

- Areas at high risk of flooding from river or sea
- Some areas, particularly South Hams and West Devon having higher levels of Radon
- Areas of congested traffic have poorer air quality
- Designated sites at potential risk of terrorist attack e.g. Exeter Airport
- Agriculturally acquired infections e.g. cryptosporidium

2 Justification/ demonstration of Issue

a. Links to other strategies

Document or author	Title of document and web address?	How is issue raised?	Implications for Devon
Local Area Agreement			
Regional Spatial Strategy			
District Community Strategies			Targeting deprived communities
MCTi/ Parish/Town plans			
Publications from authority bodies or other organisations in this sector		All public sector organisations having major incidents plans	
Major Research			
Central govt			
Devon Rural Strategy			
State of the South West report			
Other reports such as State of the SW Environment, SWCCIP, Govt Area profiles and neighbourhood statistics.		Local Resilience Forum Major Incident Plan.	
Other			

b. Links to/ impact on other themes/ issues

Theme/ issue	Possible links to/ impact of this issue on:
Environmental sustainability, including climate change and sustainable energy	Awareness of environmental incidents e.g. flooding, subsidence
Economic sustainability	
Social sustainability e.g. community cohesiveness and individual well being	
Rural issues	
Housing	Implementing preventive measures relating to Radon

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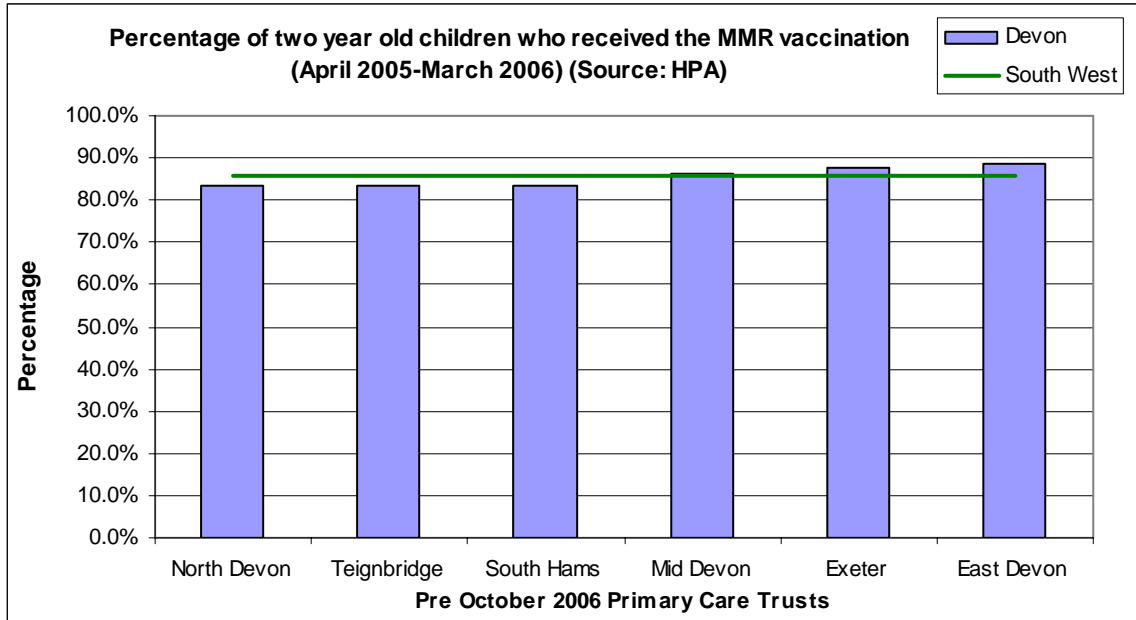
Health	Ensuring good infectious disease surveillance mechanisms are in place and that suspected outbreaks are identified as soon as possible and the necessary control measures put in place. Potential for major death and illness from epidemics
Older people	
Children and young people	
Safer Devon	
Strong Communities	
Culture	
Transport and accessibility	Setting air quality targets with Transport plans
Other (please specify)	

3 Drawing on the above, what therefore is/ are the challenge(s) Devon must meet to address this issue?

- Ensure that there are regularly tested plans that facilitate coherent and appropriate multi agency plans to incidents and that individual organisations have their own business continuity plans.

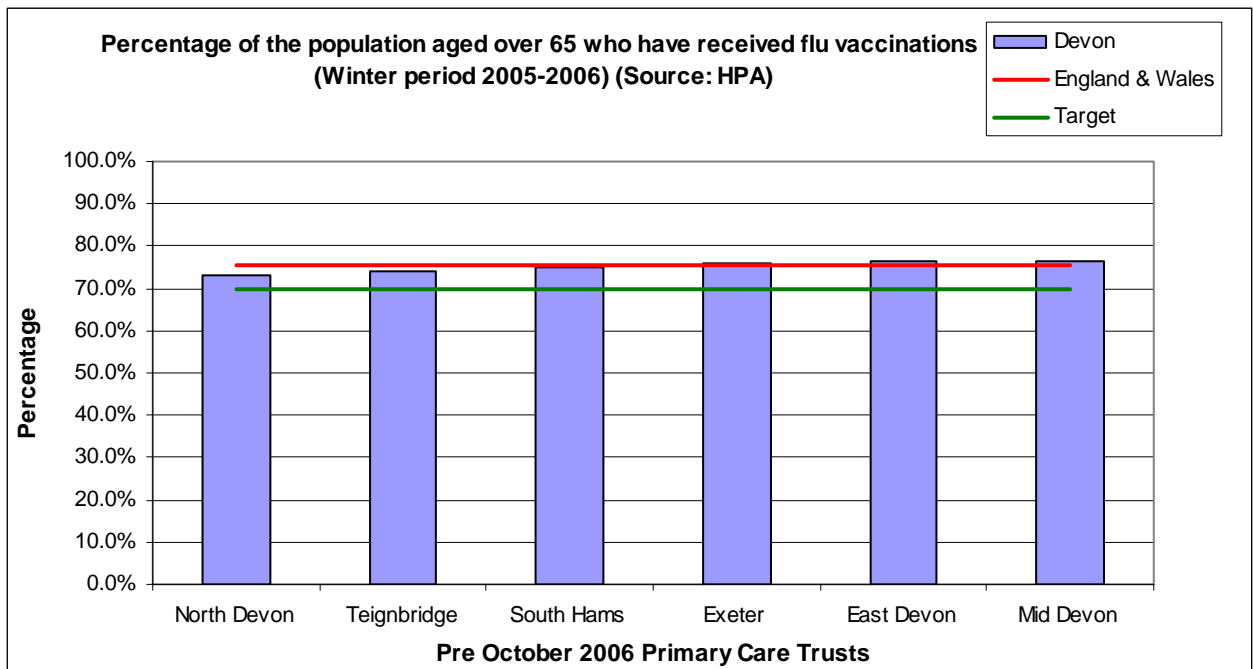
Health Protection and Emergency Planning

Indicator 2 – Percentage of two year old children who received the MMR vaccination



Source: Health Protection Agency

Indicator 3 – Percentage of the population aged over 65 who have received flu vaccinations



Source: Health Protection Agency

ISSUE No: Four

TITLE OF ISSUE: Health Inequalities

1 Identification of Issue

- a What is the issue for Devon?** Devon is often seen as an area where quality of life is high and health is good. Indeed, by national comparison, the population comes out well on many indicators. However this masks the fact that within our population there are communities and groups whose experience is far worse than the general population. The rural nature of much of Devon also compounds the issue of provision and access to services for many people.
- b Who does it affect?** The list of factors that can contribute to poor health includes poor access to education, training and skills, inability to secure employment, low income and poverty, poor access to health and other mainstream services. Prejudice and inequity of service provision further affect some groups.
- c Does it affect all of Devon geographically or certain parts?** Life expectancy is used as a summary indicator of the health status of a population. It is an estimate of the average number of years a new born baby would survive if he or she experienced the particular areas age specific mortality rates for that time period throughout his or her life. Therefore, people born in communities or members of population groups experiencing all or a combination of the factors in b. are likely to have a lower life expectancy.

2 Justification/ demonstration of Issue

a How do you know the issue is there?

i Research

The National Strategy for Neighbourhood Renewal 2000 set out an agenda of actions aimed at narrowing the gap between deprived areas and the rest of the country with success defined within four areas; more jobs, better educational achievement, less crime and better health. This strategy has subsequently informed a range of policy areas.

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b Links to other strategies

Document or author	Title of document and web address?	How is issue raised?	Implications for Devon
Local Area Agreement		Regeneration areas identified	Reduction in inequalities
Regional Spatial Strategy			
District Community Strategies		Regeneration programmes and social inclusion strategies	Targeting deprived communities
MCTi/ Parish/Town plans			
Publications from authority bodies or other organisations in this sector			
Major Research			
Central govt			
Devon Rural Strategy			
State of the South West report			
Other reports such as State of the SW Environment, SWCCIP, Govt Area profiles and neighbourhood statistics.		South West Public Health Observatory Health Inequalities Report 2006	Identifies health inequalities by County and Districts
Other			

c Links to / impacts on other themes / issues

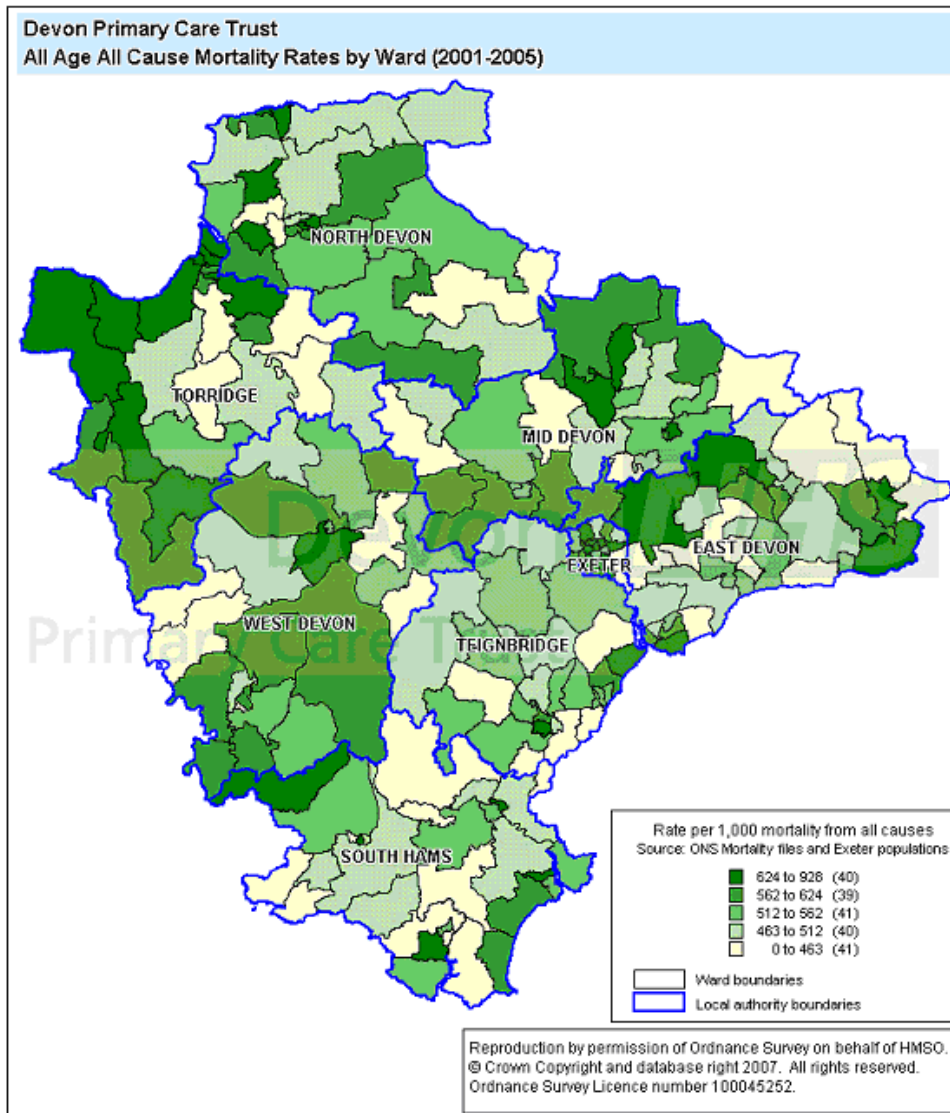
Theme/ issue	Possible links to/ impact of this issue on:
Environmental sustainability, including climate change and sustainable energy	
Economic sustainability	Targeted onto areas of high unemployment, low levels of education and training. Measures to tackle low wages
Social sustainability e.g. community cohesiveness and individual well being	Community development programmes with deprived communities to empower local people to have more control over the decisions they make in their lives
Rural issues	Increase affordable housing. Tackle low wages.
Housing	Implement the decent homes requirement. Tackle fuel poverty
Health	Ensure access to health services
Older people	Provision of immunisation programmes for over 65 yr olds.
Children and young people	Ensure good maternal health
Safer Devon	
Strong Communities	
Culture	
Transport and accessibility	
Other (please specify)	

3 Drawing on the above, what therefore is/ are the challenge(s) Devon must meet to address this issue?

- Ensuring multi-agency support for community development programmes that tackle deprivation

Health Inequalities

Indicator 4 – All cause all age mortality across Devon by electoral ward.



Source: ONS Mortality files and Exeter populations

There are obvious differences between wards highlighting inequalities across the PCT

ISSUE No: Five

TITLE OF ISSUE: Obesity

1 Identification of Issue

- a What is the issue for Devon?** Obesity is responsible for more than 9,000 premature deaths per year in England and is an important risk factor for a number of chronic diseases such as heart disease, stroke, some cancers and type 2 diabetes. Obese people are more likely to suffer from psychological problems such as low self-image and confidence, social stigma, reduced mobility and a poorer quality of life. Reducing obesity will require a long term strategy which has at its centre the development of public health policy that helps people understand the health benefits of eating less and taking more exercise. This will require a cultural change in our society where choosing healthy eating options and taking physical activity are currently not the norm. Attention needs to be paid to food retailing where current policies contribute significantly to a 'modern' but obesity-inducing lifestyle. People also need to be encouraged, through public policies, to make walking or cycling regular activities we all follow on a regular basis.
- b Who does it affect?** Current trends in the prevalence of obesity indicate that over 25% of men and nearly 30% of women will be obese by 2010. Data extrapolated from the Household Survey for England shows that the above projection is applicable to Devon. It is not only adults who are at risk. As part of the national initiative the recent reception (4 yr olds) and Yr 6 (11 yr olds) height and weight measurement programme suggests that over 10% of children in these to age groups are obese.
- c Does it affect all of Devon geographically or certain parts?** The increased prevalence in obesity is an issue for all areas and age ranges in Devon.

2 Justification/ demonstration of Issue

a Links to other strategies

Document or author	Title of document and web address?	How is issue raised?	Implications for Devon
Local Area Agreement		LPSA 2 Target for children Healthier Communities block objectives	Reduction in the % of yr 6 pupils (11 yr olds) classified as overweight or obese Increased levels of physical activity and uptake of 5 A DAY fruit and vegetable consumption
Regional Spatial Strategy			
District Community Strategies		Leisure and Recreation Objectives	Increased participation in physical activity
MCTi/ Parish/Town plans			
Publications from authority bodies or other organisations in this sector	Audit Commission Report 2001		
Major Research			
Central govt			
Devon Rural Strategy			
State of the South West report			
Other reports such as State of the SW Environment, SWCCIP, Govt Area profiles and neighbourhood statistics.			
Other			

b Links to / impact on other themes / issues

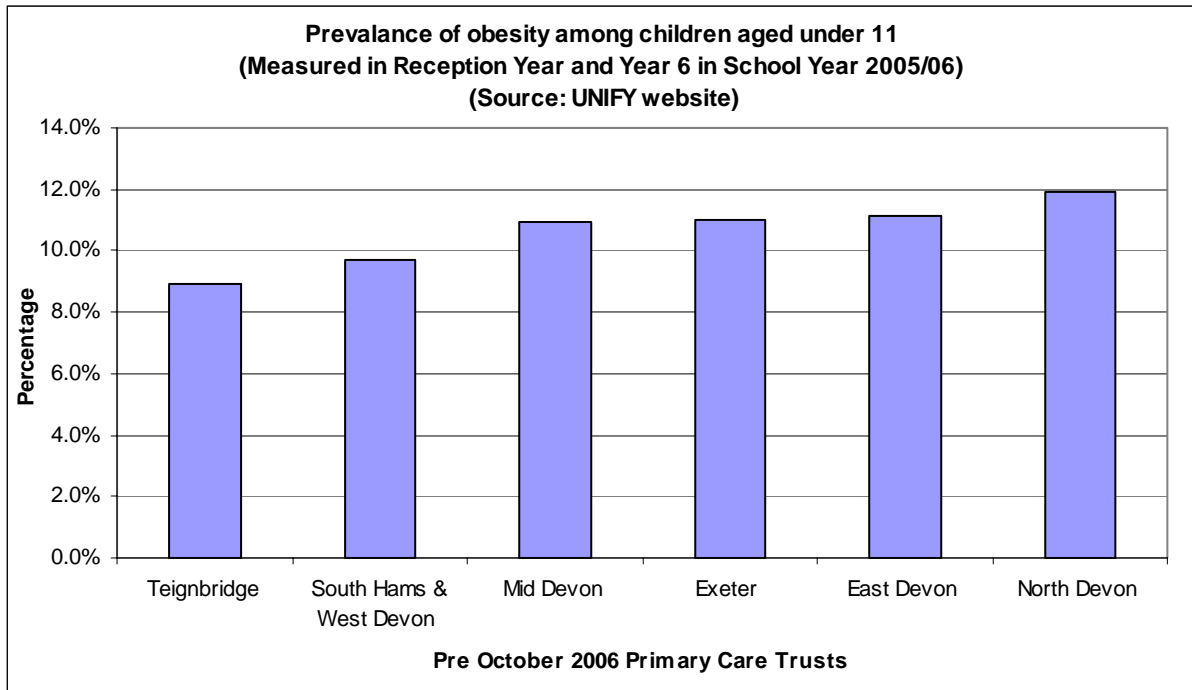
Theme/ issue	Possible links to/ impact of this issue on:
Environmental sustainability, including climate change and sustainable energy	Locally produced and sourced produce.
Economic sustainability	Access to affordable fresh produce.
Social sustainability e.g. community cohesiveness and individual well being	
Rural issues	
Housing	
Health	Promotion of increased levels of physical activity and consumption of % portions of fruit and vegetables a day for all age groups within all settings
Older people	As for health
Children and young people	As for health through Healthy Schools Programme
Safer Devon	
Strong Communities	
Culture	
Transport and accessibility	Promotion of safe and accessible physical activity opportunities
Other (please specify)	

3 Drawing on the above, what therefore is/ are the challenge(s) Devon must meet to address this issue?

- Increasing levels of physical activity for all ages
- Increasing the consumption of 5 portions of fruit and vegetables per day as part of a balanced diet.
- Increasing the awareness and acquisition of healthy cooking skills

Obesity

Indicator 5 – Prevalence of childhood obesity among children aged under 11



Source: UNIFY website

Note: Children in Reception Year and Year 6 were weighed and measured and their BMIs calculated and analysed. Data will be monitored in line with the choosing health target to halt the increase in childhood obesity by 2010.

ISSUE No: Six

TITLE OF ISSUE: Smoking Cessation

1 Identification of Issue

- a What is the issue for Devon?** Smoking is the single largest cause of preventable death in England. It is a major risk factor for Cancer and Coronary Heart Disease. In Devon there are over 6000 smoking related deaths annually from smoking related diseases.
- b Who does it affect?** All smokers are at risk of ill health and subsequently death from smoking. There has been a decrease in smoking related deaths in males over recent years but this has not been the case for women. Priority groups for whom stopping smoking has particular benefits include pregnant women, manual groups and children and young people. There is also evidence that Second Hand smoke can impact negatively on people's health. This has been a central factor in the regulations within the Health Act 2006 which introduces legislation to ensure 'Smoke Free enclosed Public Places.
- c Does it affect all of Devon geographically or certain parts?** The national rate for smoking is 26% whilst in Devon prevalence rates range from 19% to 30% with South Hams district having the lowest rate and Exeter the highest.

2 Justification/ demonstration of Issue

a How do you know the issue is there?

i Research

The NICE guidance on the effectiveness of brief interventions and referral for smoking cessation in primary care and other settings recommends that everyone who smokes should be advised to quit, their readiness to quit should be assessed, pharmacotherapy and/or behavioural support should be offered together with self-help material or onward referral to a specialist advisor.

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b Links to other strategies

Document or author	Title of document and web address?	How is issue raised?	Implications for Devon
Local Area Agreement		Smoking is an objective within the Healthier Communities block	Supporting tobacco control legislation to ensure smoke free enclosed public places
Regional Spatial Strategy			
District Community Strategies		Smoke free environments	Implementing and regulating tobacco control policy
MCTi/ Parish/Town plans			
Publications from authority bodies or other organisations in this sector			
Major Research			
Central govt			
Devon Rural Strategy			
State of the South West report			
Other reports such as State of the SW Environment, SWCCIP, Govt Area profiles and neighbourhood statistics.			
Other			

c Links to / impact on other themes / issues

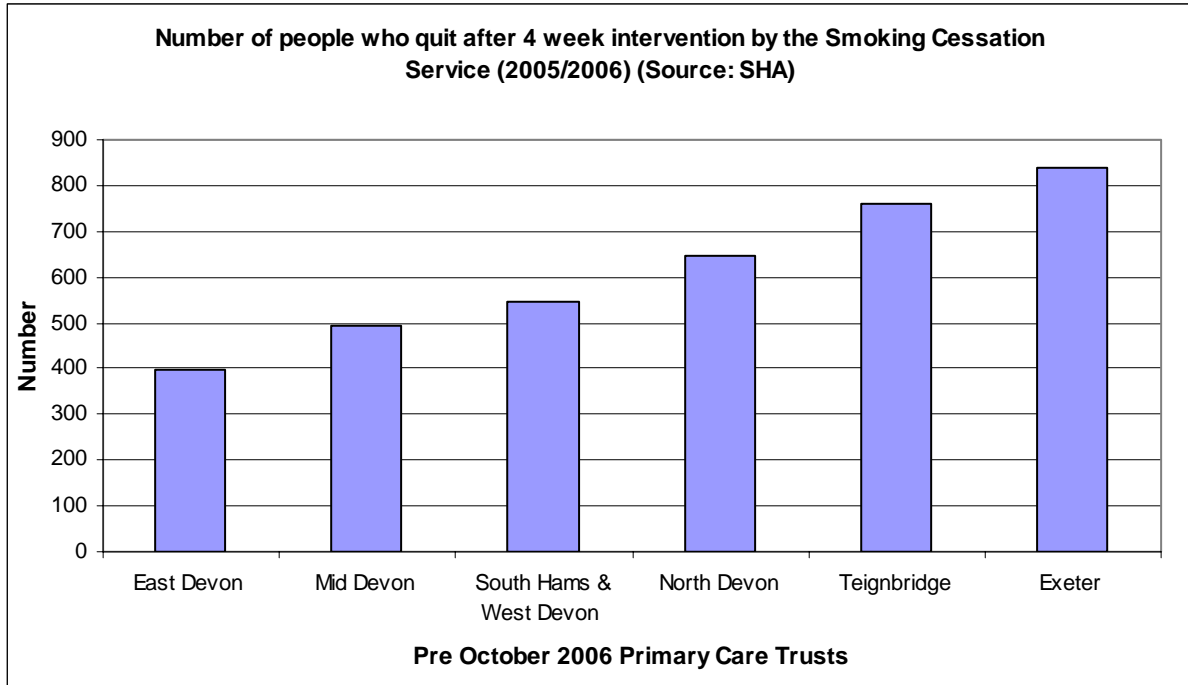
Theme/ issue	Possible links to/ impact of this issue on:
Environmental sustainability, including climate change and sustainable energy	
Economic sustainability	
Social sustainability e.g. community cohesiveness and individual well being	
Rural issues	
Housing	
Health	Major cause of premature death and ill health
Older people	
Children and young people	
Safer Devon	
Strong Communities	
Culture	
Transport and accessibility	
Other (please specify)	

3 Drawing on the above, what therefore is/ are the challenge(s) Devon must meet to address this issue?

- Raising public awareness of the health risks
- Increasing the availability of accessible smoking cessation services
- Implementing the legislation within the Health Act 2006 to ensure smoke free enclosed public places

Smoking Cessation

Indicator 6 – Number of people who quit after 4 week intervention by the Smoking Cessation Service



Source: Strategic Health Authority

Note: Greater work is being done around the monitoring of this data for the future and making the data more timely.

ISSUE No: Seven

TITLE OF ISSUE: Sexual Health

1 Identification of Issue

- a What is the issue for Devon?** Promoting positive sexual health and responding to sexual ill health and is a challenge both in relation to the needs of the local population and the geography of the area. There are wide variations in terms of availability, quality and choice in relation to the services, which may discourage or delay some individuals seeking help and can result in delayed diagnosis or treatment of preventable sexual ill health.
- b Who does it affect?** There has been a consistent trend over the last five years of an increase in incidence of sexually transmitted infections (STI's) nationally. Reflecting the national trend, Devon saw increases in the incidence of syphilis, chlamydia, genital herpes and genital warts in 2005. Improving access to sexual health services is a key national priority and a challenging target has been set, *'by 2008 to be offered an appointment within 48 hours of contact with the GUM service'*.
The teenage conceptions rate for Devon has been steadily falling over recent years from 32.1 per 1,000 females in 2003 to 28.9 per 1,000 females in 2005 (under 18 years). However there are large variations in rates across the PCT with Exeter having the highest rates and South Hams having the lowest. Just under half (44%) of the teenage conceptions in Devon lead to abortions.
- c Does it affect all of Devon geographically or certain parts?** Higher rates of teenage conceptions are associated with areas of deprivation and particularly poor educational attainment.
Whilst all age groups are at risk of sexually transmitted infections (STI's) the incidence of some STI's among young people particularly aged 16 – 25 has increased within Devon.

2 Justification/ demonstration of Issue

a How do you know the issue is there?

i Practitioner and expert experience of issue

It may be that there is little statistical data to demonstrate the issue exists but the people working in the field have become aware of it. It is valid to say this here, as this document will be coming from you as a leader in the field, and with support from the theme.

b Links to other strategies

Document or author	Title of document and web address?	How is issue raised?	Implications for Devon
Local Area Agreement		Reducing teenage conceptions an objective in the Children and Young People's block	Focus services into areas with low attainment at secondary level
Regional Spatial Strategy			
District Community Strategies			
MCTi/ Parish/Town plans			
Publications from authority bodies or other organisations in this sector			
Major Research		Self assessment toolkit from the Teenage Pregnancy Unit	Will enable a baseline of current Devon services to be established.
Central govt		Choosing Health target area with targets for access to GUM and Chlamydia screening	Improving access to services
Devon Rural Strategy			
State of the South West report			
Other reports such as State of the SW Environment, SWCCIP, Govt Area profiles and neighbourhood statistics.			
Other			

c Links to / impact on other themes / issues

Theme/ issue	Possible links to/ impact of this issue on:
Environmental sustainability, including climate change and sustainable energy	
Economic sustainability	
Social sustainability e.g. community cohesiveness and individual well being	Provision of effective health education programmes and accessible and appropriate sexual health services.
Rural issues	
Housing	
Health	Strengthening partnership approaches to health education, support for teenage parents and the awareness of and access to sexual health services
Older people	
Children and young people	Utilising the Children and Young Peoples Plan and the Local Area Agreement process to ensure effective partnership working and the engagement of young people
Safer Devon	
Strong Communities	
Culture	
Transport and accessibility	Improved transport co-ordination will improve access to services and work/leisure opportunities for all
Other (please specify)	

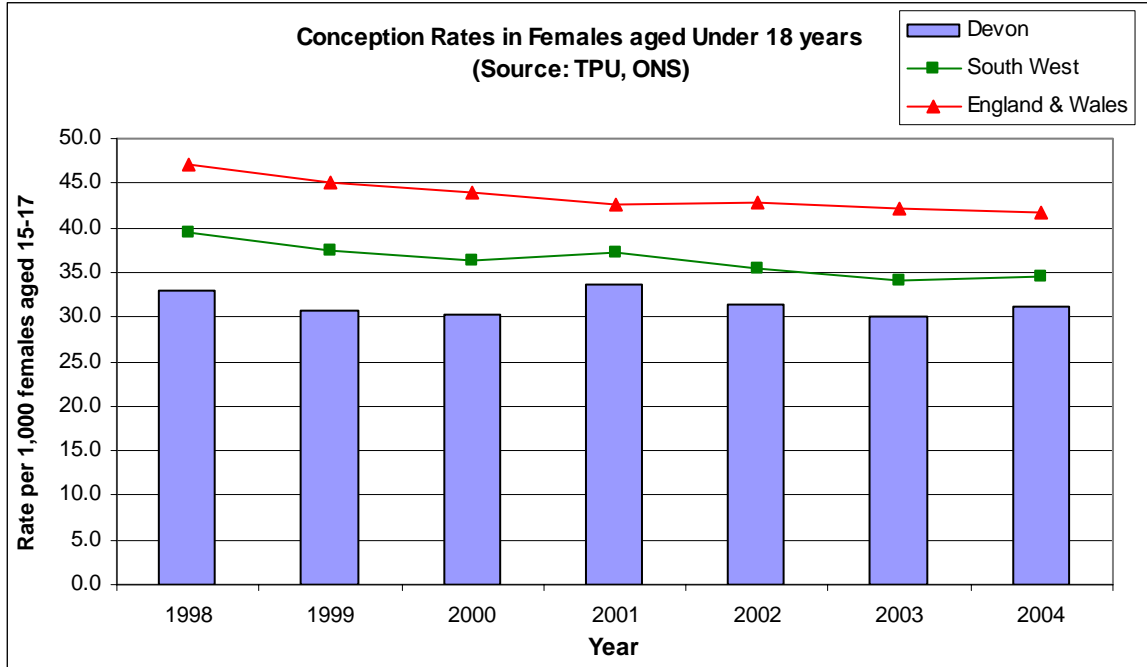
3 Drawing on the above, what therefore is/ are the challenge(s) Devon must meet to address this issue?

- Focus services onto those areas of highest risk for teenage conceptions. Increase awareness and access to sexual health services and the Chlamydia screening programme.

Sexual Health

The areas of sexual health shown below relate to targets that are currently being worked towards across Devon.

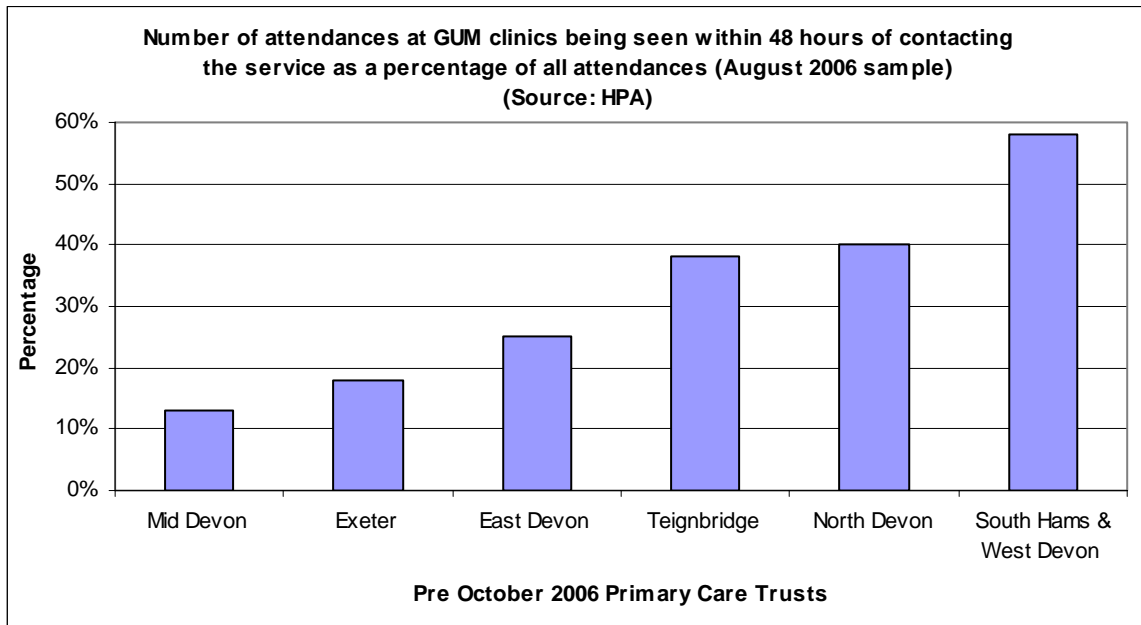
Indicator 7 – Conception Rates in females aged under 18 years



Source: Teenage Pregnancy Unit, ONS

The trend in teenage pregnancy is showing a downward trend across Devon, although the rates are below the South West and England and Wales rates.

Indicator 8 – Number of attendances at GUM clinics being seen with 48 hours of contacting the service as a percentage of all attendances.



Source: HPA

Note: Data based on a sample survey in August 2006

The proportion of people being seen by the GUM clinics within the target time scales vary a great deal across Devon with the proportion still being below target in all areas.

ISSUE No: Eight

TITLE OF ISSUE: Sensible Drinking

1 Identification of Issue

- a What is the issue for Devon?** Whilst there are a number of health and social benefits to sensible drinking there has been a steady rise in alcohol consumption since 1992 and a worrying increase towards more hazardous drinking patterns such as binge-drinking, and increased drinking in particular groups, most notably teenagers and young people. The impact of alcohol misuse you can be categorised in terms of physical and psychological problems as well as it being a contributory factor in anti social behaviour.
- b Who does it affect?** Alcohol Concern (2006) set out the widespread nature of the impacts:

Alcohol damages health and exacerbates health inequalities

Alcohol is responsible for:

- Up to 150,000 hospital admissions and 15-22,000 deaths each year
- 11% of all deaths from breast, rectum, colon, oropharyngeal, laryngeal, liver and oesophageal cancers
- 47% of deaths from assault
- Only one in 18 people access the treatment they need for alcohol problems
- Men in the unskilled manual class are up to 20 times more likely to die from alcohol-related causes than those in the professional class.

Alcohol causes crime and anti-social behaviour

Alcohol is implicated in:

- 47% of violent crimes
- 33% - 73% of domestic violence incidents
- 70% of people say drinking in public places or on the street is a problem in their area
- One third of prisoners have a severe alcohol problem

Alcohol harms children

- 30% - 60% of child protection cases involve alcohol. Up to 1.3 million children are affected by parental alcohol problems in the UK
- Children are drinking twice as much today as they did ten years ago.
- 87% of 11-15 year olds succeed in buying alcohol from pubs, and 73% from shops.
- 35% of students in one study had had sex without contraception after drinking.
- 18% of 12-13 year olds and 28% of 14-15 year olds report damaging or destroying things after drinking.

Alcohol misuse damages economic development

- 11-17m working days are lost annually due to alcohol related sickness.
- Reduced performance and productivity through alcohol misuse costs the economy up to £6.4bn per year.
- Alcohol causes up to 25% of accidents at work.

c Does it affect all of Devon geographically or certain parts? Whilst there are some geographical variations in terms of levels of ‘binge drinking’ it is an issue across Devon.

2 Justification/ demonstration of Issue

a How do you know the issue is there?

i Practitioner and expert experience of issue

It may be that there is little statistical data to demonstrate the issue exists but the people working in the field have become aware of it. It is valid to say this here, as this document will be coming from you as a leader in the field, and with support from the theme.

b Links to other strategies

Document or author	Title of document and web address?	How is issue raised?	Implications for Devon
Local Area Agreement		Objectives identified for Children and Young People, Safer Communities and Healthier Communities	Need for a coherent and co-ordinated approach to sensible drinking.
Regional Spatial Strategy			
District Community Strategies		Local objectives related to Crime Reduction	Reductions in alcohol related crime and anti - social behaviour.
MCTi/ Parish/Town plans			
Publications from authority bodies or other organisations in this sector	Alcohol Concern LAA Guidance		

DRAFT FOR CONSULTATION

Major Research			
Central govt		Choosing Health target area. National Alcohol Strategy (2004)	Sets out key objectives
Devon Rural Strategy			
State of the South West report			
Other reports such as State of the SW Environment, SWCCIP, Govt Area profiles and neighbourhood statistics.			
Other			

c Links to / impact on other themes / issues

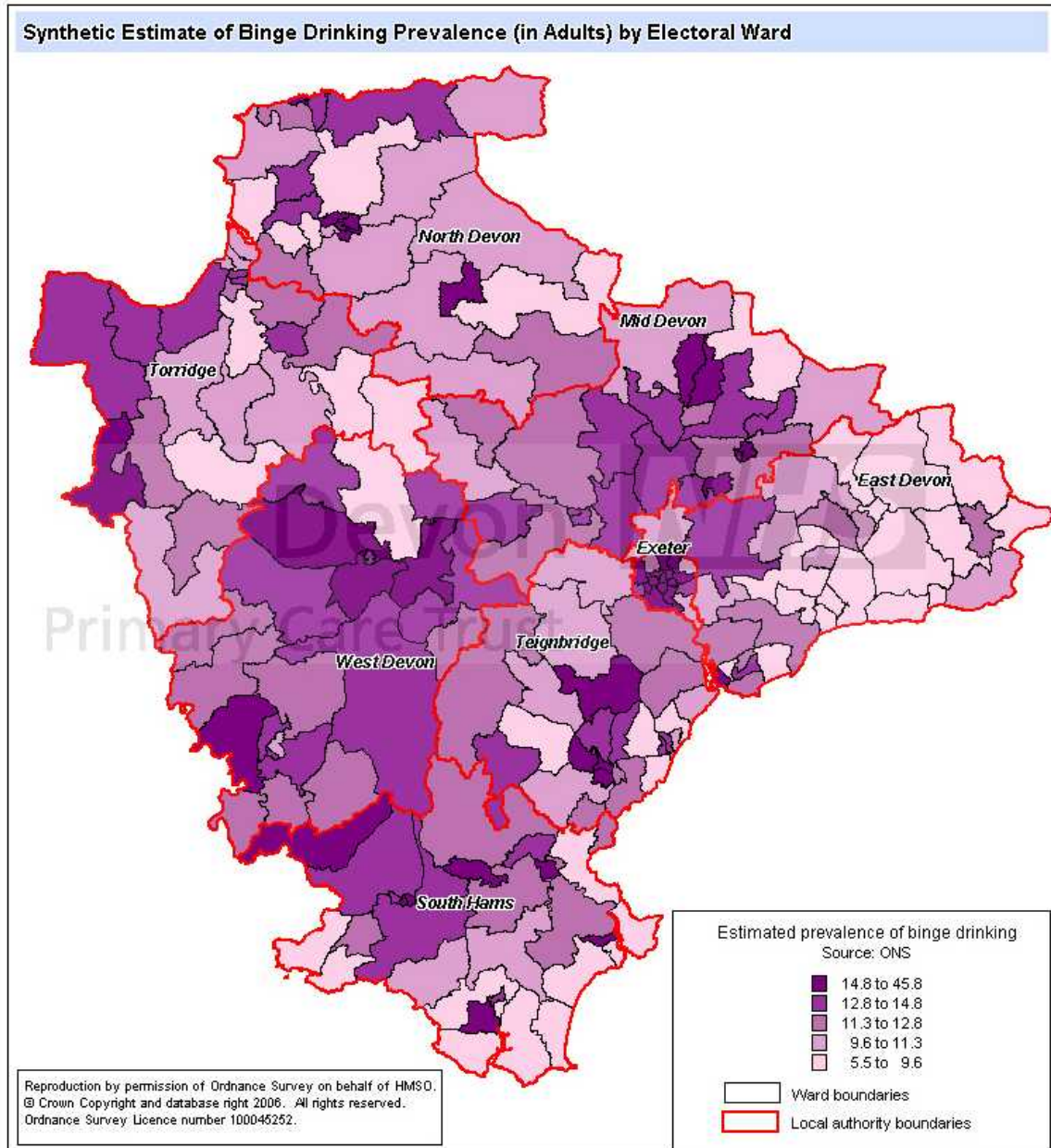
Theme/ issue	Possible links to/ impact of this issue on:
Environmental sustainability, including climate change and sustainable energy	
Economic sustainability	
Social sustainability e.g. community cohesiveness and individual well being	Provision of appropriate and accessible services and campaigns to address anti social behaviour
Rural issues	
Housing	
Health	Prioritising alcohol misuse as an issue for prioritisation within primary and acute care
Older people	
Children and young people	Delivery of health education messages about the risks of alcohol misuse.
Safer Devon	Clarity of actions to address alcohol related anti social behaviour
Strong Communities	
Culture	
Transport and accessibility	
Other (please specify)	

3 Drawing on the above, what therefore is/ are the challenge(s) Devon must meet to address this issue?

- Achieving a consensus about appropriate strategies to promote sensible drinking and reducing alcohol misuse.

Sensible Drinking

Indicator 9 – Synthetic estimates of binge drinking prevalence (in adults) by electoral ward



Source: Office for National Statistics

Note: This data is modelled and is therefore based on a number of indicators.

There are some quite large differences between wards and generally higher prevalence showing in more urban areas.

Indicator 10 – Alcohol related hospital admissions, 2003/04 – 2005/06

Local Authority	Average annual admissions	Rate per 100,000	95% CI
East Devon	305	217.3	(202 – 232)
Exeter	477	417.1	(395 – 439)
Mid Devon	182	230.1	(210 – 250)
North Devon	429	458.2	(432 – 484)
South Hams	175	209.8	(191 – 228)
Teignbridge	140	102.0	(92 – 112)
Torrige	225	343.3	(316 – 370)
West Devon	114	215.1	(191 – 239)
Devon PCT	2,047	266.4	(260 – 273)

Source: Planning Information shared services, Exeter, South Devon Health Informatics Service and Plymouth Hospital Trust

Definition: The directly age-standardised rate per 100,000 population primary and secondary diagnoses where ICD10 code F10, K70 or T51

North Devon, Exeter and Torrige local authorities have the highest alcohol-related hospital admission rates, and are statistically significantly higher compared to Devon overall. Mid Devon, East Devon, West Devon, South Hams and Teignbridge all have statistically significantly low rates of admissions.