
Locality Health Improvement Plan

North Devon

2012/13



Figure 1: Detailed Map of the Northern Locality area.

Public Health Annual Report 2011-12

The Northern Locality health improvement and tackling health inequalities plan is a mechanism for monitoring and prioritising health and wellbeing issues across North Devon.

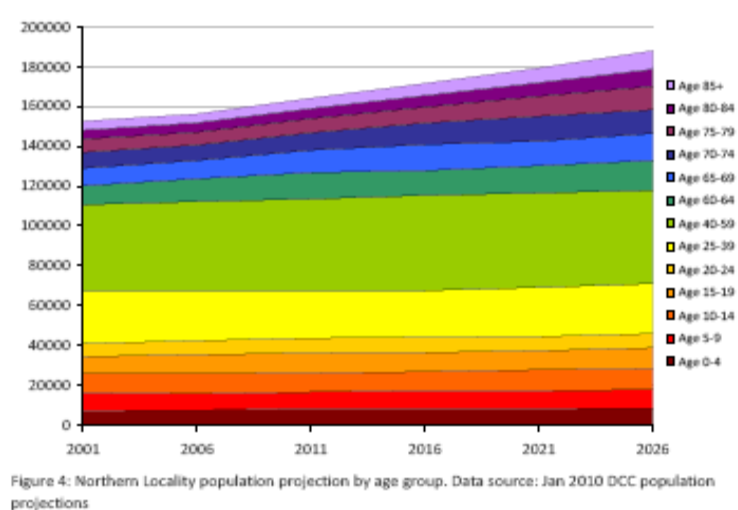
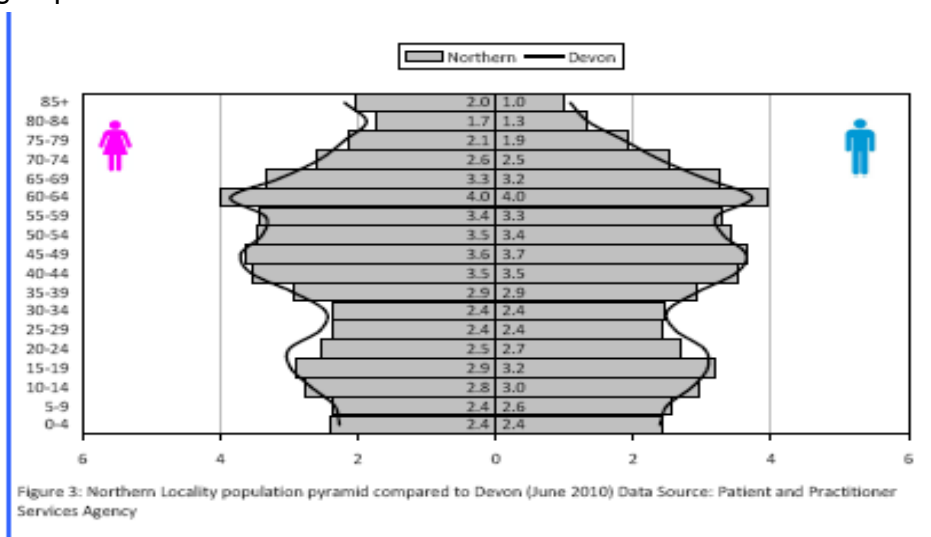
Executive Summary

The priorities for improving the health and wellbeing of the Devon population are:

1. To target preventative interventions in those people whose health is poorer and where health inequalities exist.
2. To prioritise health-promoting interventions such as smoking cessation, healthy eating, the promotion of physical activity, prevention of skin cancer, mental health and emotional health and wellbeing and sexual health.
3. To promote early detection of cancer through screening programmes or awareness raising amongst the public.
4. To prevent falls in vulnerable populations and to ensure effective treatment if injuries occur.
5. To reduce the harm from alcohol and drugs by public protection, promoting self-help and providing accessible treatment options.
6. To encourage self-care and independence in older people.
7. To support carers, including safeguarding their wellbeing.
8. To build community resilience through social networks and increasing opportunities for volunteering.
9. To continue to work with schools, academies and communities to promote health and wellbeing.
10. To commission evidence-based services for vulnerable groups, for example children and families with complex needs, or offenders or those who experience domestic and sexual violence and abuse.

Demographics:

Northern Devon is a rural area with significant pockets of deprivation and a population of c163, 900. The population is predicted to increase by 14.5% over the next 15 years, with a significant increase in older age groups – 42.7% in the 65–84 year olds and 79.1% in the 85+ age group.



The area has a similar profile to Devon with a slightly lower younger working age population but a larger over 60 year age population. Life expectancy is high when compared nationally. The average life expectancy in Northern Devon is 80.5 years which is 1.1 years shorter than the Devon average of 82. However there are variations across the locality with the average life expectancy in Ilfracombe at 79.8 years which is the lowest level for a Devon market town.

The Health Profile for North Devon 2011 highlights increased drinking and diabetes rates as well as low educational attainment and Torridge highlights increased drinking, obesity and diabetes as well as low educational attainment.

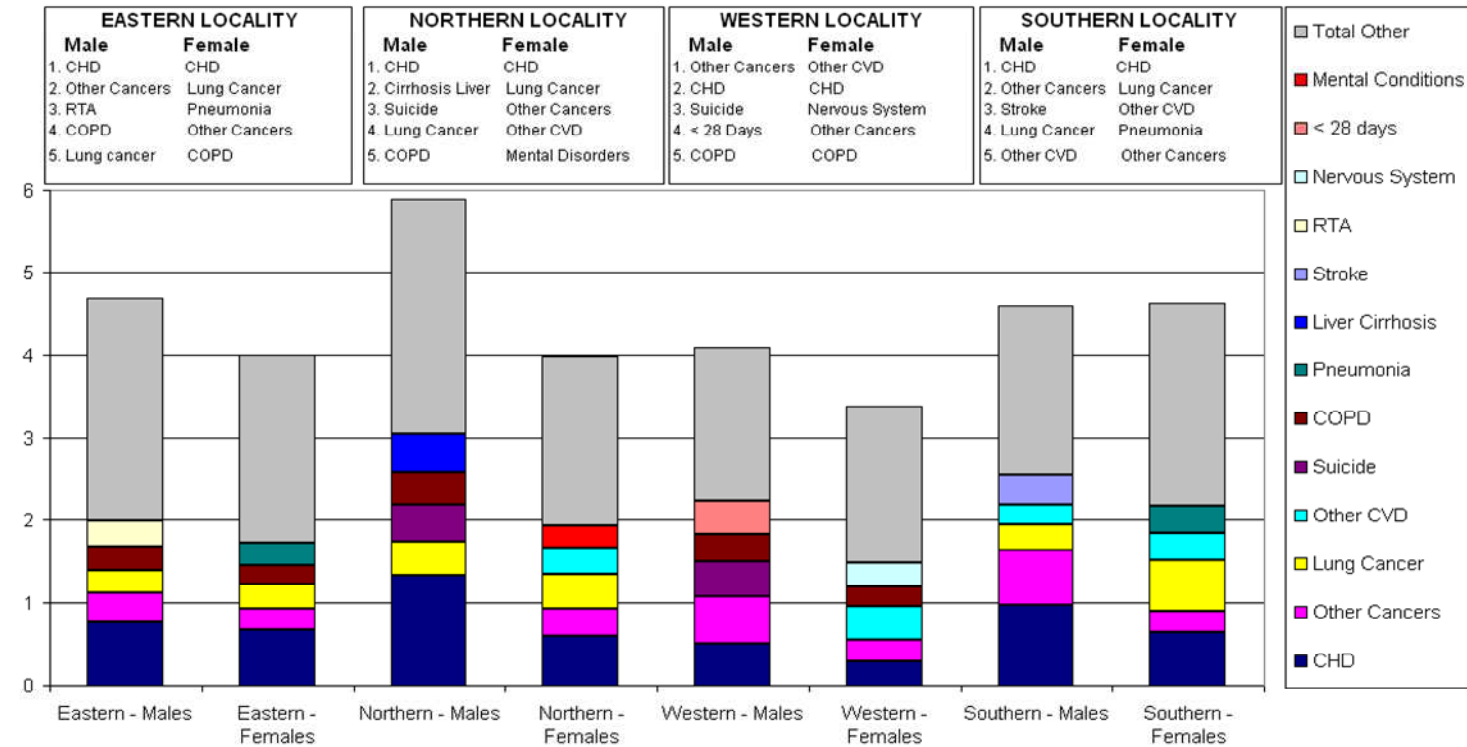
Link: [Health Profiles](#)

The Devon Health and Wellbeing web pages provide further information in the Joint Strategic Needs Assessment (JSNA) for the Northern Locality and District Council Areas as well as GP practice profiles. Link: [Devon Health and Wellbeing Pages -JSNA](#)

Health Inequalities

To address the health inequalities gap in Northern Devon health and partner interventions should particularly focus on prevention and early intervention for the top five conditions in males and females which contribute to the gap including: coronary heart disease (CHD) ; suicide, chronic cirrhosis of the liver, respiratory conditions (COPD) and lung and other cancers. Interventions would include those to ensure early diagnosis and lifestyle interventions such as stopping smoking, reducing alcohol consumption, eating healthily and being more active. Alcohol related admissions in the locality are high from the key deprived areas of Ilfracombe, Barnstaple and Bideford. With admission rates in the region of 400 above the expected Devon average.

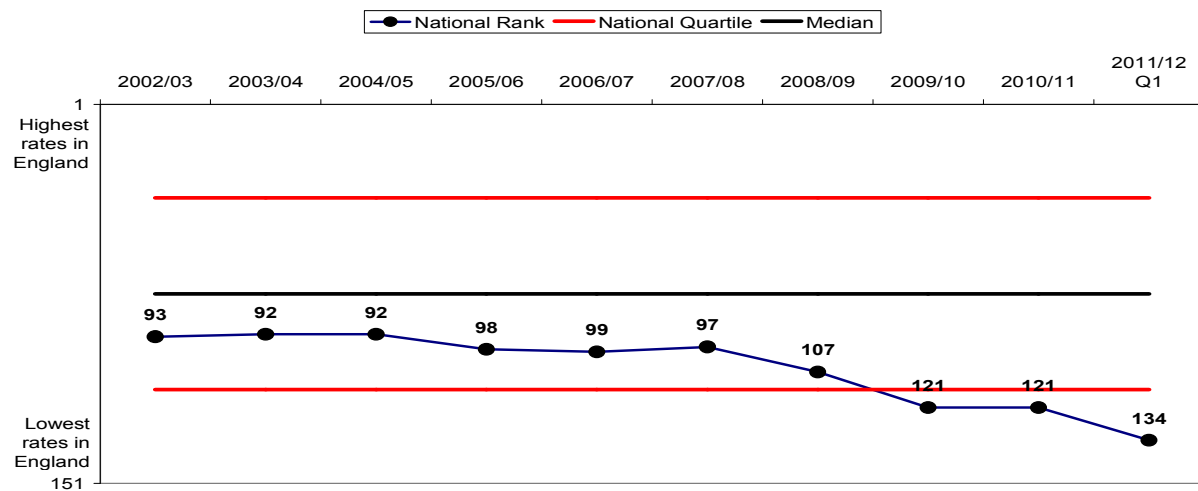
The Gap in Life Expectancy in Years - Top Five Conditions by Locality Area, 2010



N.B. Other Cancers include prostate, pancreatic, bladder, leukaemia, cervical cancer and others; Other CVD includes Aortic aneurysm, phlebitis & thrombolisis, pulmonary embolism and others.

Alcohol related hospital admissions

Figure 7, Devon National Rank for Alcohol-Related Hospital Admissions by Year



Possible explanations for the differences are:

- Deep rooted, chronic conditions in Northern Devon directly associated with, or related to alcohol use. For example, there was a 42% increase in admissions for hypertension, a 36% increase in alcoholic liver disease and a 32% increase in cardiac arrhythmias, between 2006 and 2010.
- Links to deprivation – there are strong and clear links between levels of deprivation and alcohol related hospital admissions. Alcohol related admission rates are higher in more deprived areas with rates in the most deprived areas 1.8 times the Devon average, and 2.4 times the least deprived areas.

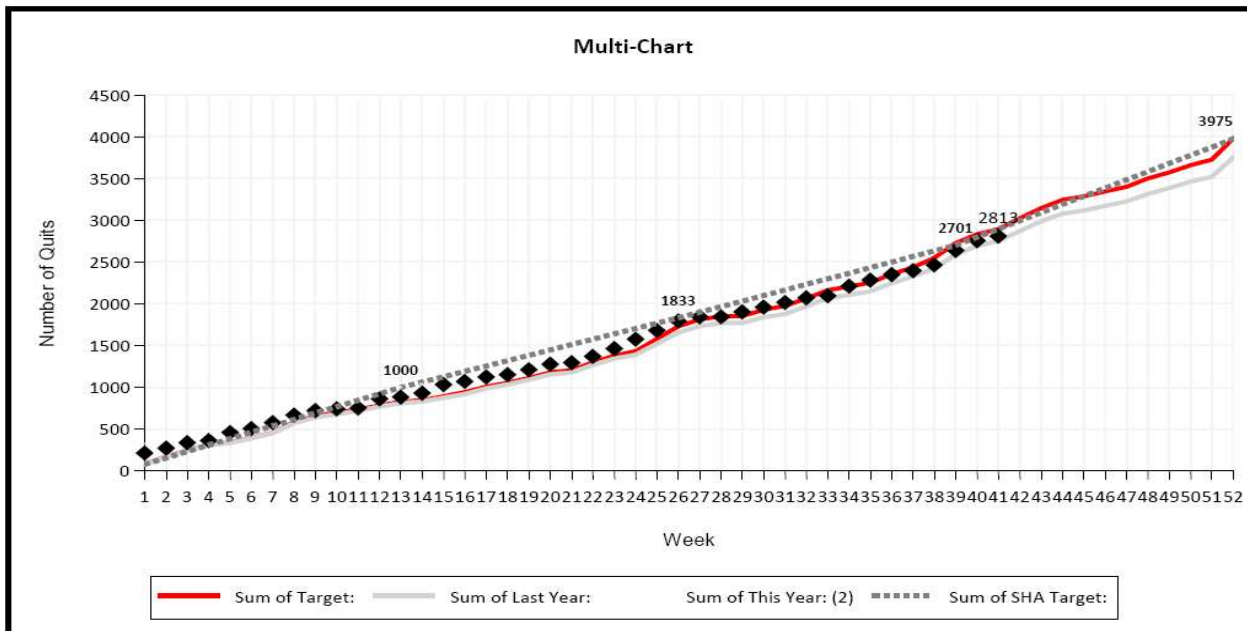
**Alcohol -related hospital admissions, directly age-standardised rate per 100,000 population
Northern Devon Locality Top 10 areas (LSOA) 2008 - 2010**

Description	District	Admissions per year	DASR	Confidence Interval
Barnstaple Town Centre	North Devon	69	3509.3	(3022.3 – 3996.2)
Ilfracombe – High Street, Fore Street and Quay	North Devon	77	3472.1	(3012.5 – 3931.7)
Ilfracombe West (Wilder Road and Torrs Park	North Devon	63	3460.3	(2939.9 – 3980.7)
Barnstaple – Forches Avenue Area	North Devon	44	2886.8	(2387.1 – 3386.5)
South Molton – College, Mill Street, Poltimore Road area	North Devon	60	2667.8	(2250.5 – 3085.1)
Ilfracombe – College Area	North Devon	49	2596.8	(2158.0 – 3035.5)
Bideford Town Centre	Torridge	58	2330.1	(1975.7 – 2684.5)
Barnstaple – Sticklepath area	North Devon	42	2324.3	(1870.5 – 2778.2)
Barnstaple – Litchdon Street and Victoria Road area	North Devon	47	2274.7	(1871.2 – 2678.2)
Northam Central (Fore Street and Dodwell Road area)	Torridge	52	2199.9	(1817.4 – 2582.3)
Whole of Devon			1386.9	

Smoking:

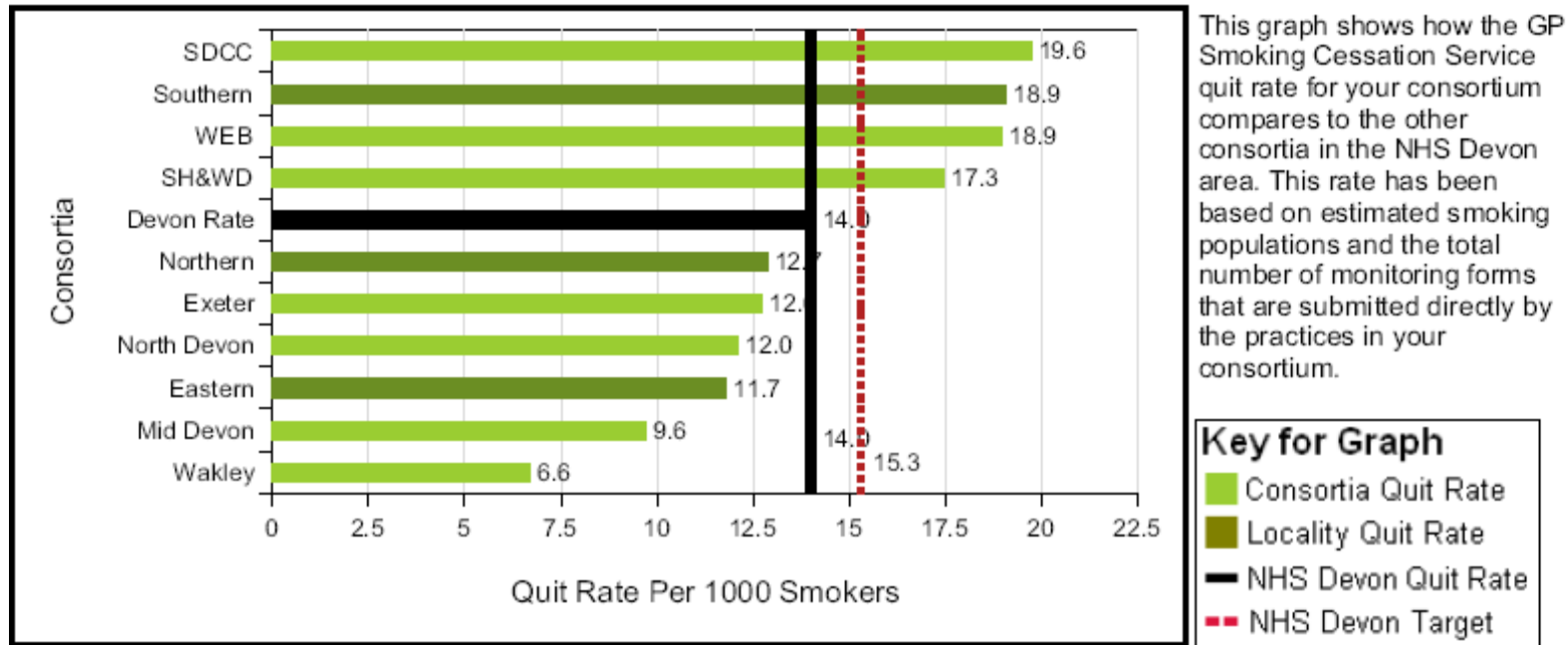
Figure 9 highlights that there were 2,813 quits at week 41, which is 2.8% below the local target trajectory, and 5.1% above the corresponding 2010-11 total (2,677 quits). Whilst a quit-based target will remain for 2012-13, a target based on smoking prevalence will be introduced from 2013, although it is expected that smoking quits will still need to be monitored locally to support and document efforts to reduce prevalence. Smoking prevalence, smoking-related admissions and deaths across Devon are all significantly below the national average in Devon. The overview detail shows that GP surgeries are producing more quits than last year however the overall target for NHS Devon remains a challenge for this year.

Figure 9 Smoking Quits in Devon



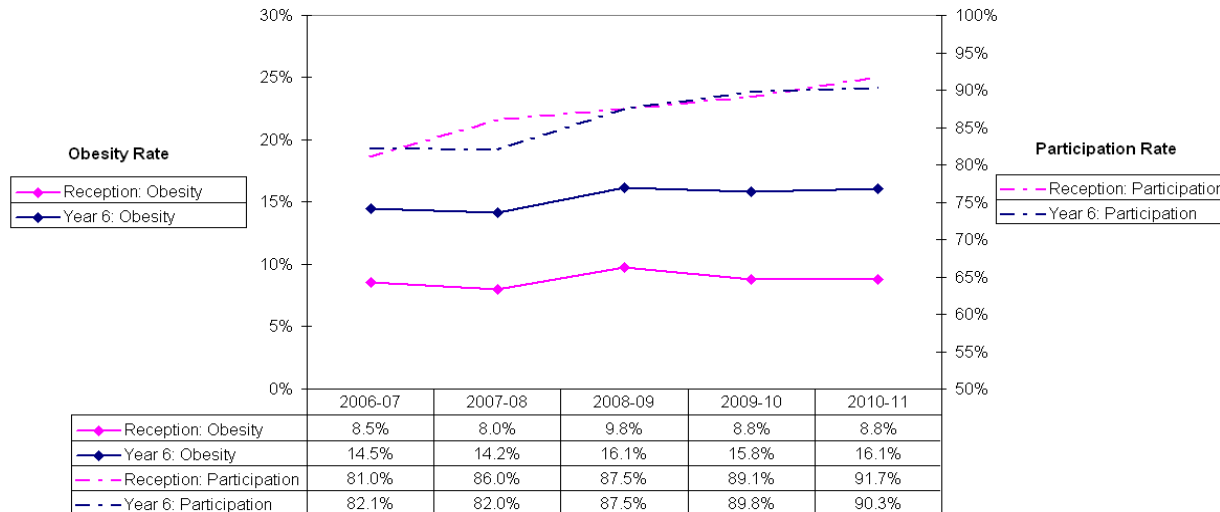
The figure below shows the smoking quit rate for the Consortia/Locality in North Devon

Consortia/ Locality Quit Rates



Obesity

(Figure 5) National Child Measurement Programme, obesity and participation rates by academic year



Results from the National Child Measurement Programme for 2010-11 indicate that levels of recording have continued to improve, with levels of childhood obesity staying relatively steady.

Figure 5 displays trends in obesity and participation rates in Devon, highlighting relatively static levels of obesity in reception year, a slight increase to 2008-09 levels in year six, and continued improvements in participation rates.

In order to identify Learning Communities where children are becoming very overweight and overweight prior to starting school, further analysis of reception year children has been undertaken. This analysis identifies areas where interventions are needed at an early stage. In the North Locality Holsworthy Learning Community is likely to have a higher prevalence of overweight and very overweight children compared to the Devon average. Whereas Braunton is likely have a significantly lower than expected prevalence of overweight and very overweight reception year children.

Conclusions:**PRIORITY ISSUES for the North Locality -**

1. Alcohol 2. Smoking 3. Physical Activity and Healthy Weight (including Falls)

PRIORITY COMMUNITIES

1. Ilfracombe (Neighbourhood Community Budget National pilot; Troublesome Families Pilot) 2. Bideford (Troublesome Families Pilot) and 3. Barnstaple

LOCALITY BUDGET: The locality health improvement budget in 2012/13 has been allocated to support community led work supporting young people in deprived wards together with support for community dementia work and the development of a local hub for physical activity opportunities.

PRIORITY ACTIONS FOR 2012/13 - *Reduce inequalities in all domains*

Domain	Action	Clinical Pathways	Public Health Outcomes
Wider Determinants of Health			
Priority Communities – Ilfracombe; Bideford and Barnstaple	<p>Key focus area linked to Housing and opportunities to address Fuel Poverty in the most deprived wards (linked to county wide initiatives)</p> <p>Using opportunities in the priority communities to utilise green space for exercise/healthy lifestyles especially for older people</p>	<p>Long Term Conditions</p> <p>Bone Health and Falls</p>	<p>Fuel Poverty</p> <p>Self reported wellbeing</p> <p>Use of green space for exercise/health reasons</p> <p>Falls and injuries in the over 65s</p>
Priority Communities	Work with national Pilot programmes in Ilfracombe; Bideford and Barnstaple	Links to a range of health improvement	People are helped to achieve healthy

	(e.g., Neighbourhood Community Budget; Troublesome Families)	pathways	lifestyles, make healthy choices and reduce health inequalities.
Health Improvement			
Alcohol	<ul style="list-style-type: none"> • Assertive Community Outreach opportunities • Alcohol support for Hospital Liaison Work and • Links with the NCB pilot programme in Ilfracombe (Health & Wellbeing theme) 	Alcohol C2C and related Long Term Conditions work	Alcohol related hospital admissions
Smoking/Tobacco Control	<ul style="list-style-type: none"> • Stop Smoking Services and Tobacco control opportunities with a focus on Priority Communities, especially in the NCB Ilfracombe area working with partners. • Build on the ASSIST programme in local schools where resource allows 	Respiratory C2C and related LTC work	Smoking prevalence
Physical Activity and Healthy Weight	<p>Identify key areas for focus –</p> <ul style="list-style-type: none"> • Establish C2C • Develop Pathway for Healthy Weight Tier 2 • Work with Healthy Eating/Healthy Lifestyle Initiatives in Locality (NCB Ilracombe) • Provision of physical activity to support exercise initiatives and referrals 	<p>To establish an appropriate C2C linked to related LTC work</p> <p>Bone Health C2C and related LTC work</p>	People are helped to achieve healthy lifestyles, make healthy choices and reduce health inequalities

Health Protection			
Screening and Immunisation	Promote the uptake of immunisation and screening programmes with key partners		Continue to improve coverage for vaccination/screening
Health Care Public Health and Preventing Premature Mortality			
Oral Health	Work to embed the refreshed Oral Health Strategy in locality work and linked to Oral Surgery service provision Links to work around healthy eating/healthy lifestyle initiatives	Local Professional Network and possible Oral Health C2C	Reduction in tooth decay in children aged five
Falls prevention	Explore opportunity to develop Fracture Liaison Service in North Devon Continue to work with partners to support physical activity and healthy lifestyle initiatives (including NCB Ilfracombe)	Long Term Conditions Bone Health C2C	Reduced hip fractures in over 65s Increased participation in physical activity
Early diagnosis – skin cancer, Carers Health Checks	Support for primary education to support mole management and lesion diagnosis Work to increase provision of Carers H&WB Checks in GP settings building on the national pilot programme in Devon	Dermatology C2C	Mortality from causes considered preventable

Appendix 1: Clinical Commissioning Group and Locality Performance Summary – April 2012 (updated monthly)

Measure	NEW Devon CCG				South Devon and Torbay CCG			Target
	Eastern	Northern	Western	Total	South Devon	Torbay	Total	
Total GP Registered Population	377,600	164,500	358,800	900,900	136,300	145,900	282,200	-
% of population income deprived	10.1%	13.0%	13.9%	12.1%	11.9%	18.3%	15.1%	-
Breastfeeding at 6-8 weeks (recording)	94.0%	99.3%	95.0%	95.4%	97.1%	99.5%	98.4%	95.0%
Breastfeeding at 6-8 weeks (prevalence)	54.9%	54.1%	38.6%	48.1%	46.6%	37.5%	41.7%	on p.21
DTaP/IPV/Hib, Aged 1 (COVER)	97.6%	97.0%	96.5%	97.0%	91.6%	97.9%	95.1%	95.0%
PCV Booster, Aged 2 (COVER)	93.8%	91.3%	94.3%	93.5%	92.5%	92.2%	92.3%	95.0%
Hib/MenC, Aged 2 (COVER)	93.5%	92.8%	92.2%	92.9%	91.6%	91.4%	91.5%	95.0%
MMR First Dose, Aged 2 (COVER)	93.4%	88.9%	93.3%	92.5%	91.0%	90.8%	90.9%	95.0%
DTaP/IPV, Aged 5 (COVER)	94.3%	82.0%	91.3%	90.8%	89.3%	87.7%	88.5%	95.0%
MMR Second Dose, Aged 5 (COVER)	91.1%	79.9%	88.7%	88.1%	84.3%	84.5%	84.4%	95.0%
NCMP, Reception Year, % obese	9.04%	8.68%	9.26%	9.06%	8.44%	9.51%	8.93%	on p.21
NCMP, Reception Year, % coverage	91.1%	95.5%	92.2%	92.4%	92.1%	81.8%	87.4%	90.0%
NCMP, Year Six, % obese	16.44%	17.02%	17.81%	17.10%	14.77%	15.50%	15.11%	on p.21
NCMP, Year Six, % coverage	91.4%	92.4%	89.0%	90.7%	89.2%	81.8%	85.7%	90.0%
Alcohol-Related Admissions, DASR/100k	1569.6	1839.8	2080.6	1821.0	1581.3	2143.4	1858.6	on p.21
Smoking, NHS Assisted Quits	1204	510	1888	3602	618	612	1230	on p.21
Smoking, % Quits CO Validated	78.5%	74.5%	77.0%	77.2%	80.3%	74.2%	77.2%	85%
Smoking, Quit Rate	53.8%	48.1%	43.4%	47.1%	55.5%	45.2%	49.8%	35-70%
Chlamydia Diagnosis Rate, 15 to 24	2229.0	1368.5	2158.2	2079.1	1835.6	3115.1	2494.0	2,400
Under 18 Conception Rate per 1,000	33.9	27.0	39.3	34.7	33.3	55.7	44.3	on p.21
Clostridium Difficile, acute trust	82	15	38	135	N/A	N/A	19	on p.21
MRSA Bacteraemia, acute trust	1	0	6	7	N/A	N/A	0	on p.21
Clostridium Difficile, acute & community	289	51	76	416	54	66	120	on p.21
MRSA Bacteraemia, acute & community	5	3	4	12	1	0	1	on p.21

Death Rates, All Age All Cause, Male	545.3	593.9	646.0	594.3	551.6	613.3	582.0	on p.21
Death Rates, All Age All Cause, Female	406.7	391.8	472.2	429.9	409.5	463.9	436.3	on p.21
Death Rates, Cancer, under 75	99.6	96.0	112.7	104.2	80.1	116.5	98.1	on p.21
Death Rates, Circulatory, under 75	42.3	47.9	65.3	52.4	55.3	60.5	57.8	on p.21