onenorthern**devon**

Safe, Clean, Sustainable Places | **Health & Wellbeing** | **Economy, Employment & Skills**

10 Year Quality of Life Strategy – 2020-2030

VISION

One Northern Devon's Strategy covers a 10 year period starting in 2020, the year that saw a global pandemic transform the way we live and work. By bringing together our full range of partners in a united purpose, we can mitigate the threats and challenges brought about by the crisis and use every opportunity and advantage we have in Northern Devon to design a way of life that is fairer for all.

Our vision is that people in Northern Devon live **happy and healthy lives** in safe, clean and connected communities where people are supportive of one another and aspirations are achieved through **equal access to the best education & employment, whilst living in decent homes and enjoying our world-class natural environment**

Who are we?

One Northern Devon is a partnership of public services, businesses, voluntary & community groups

What do we do?

We **collaborate** together, influence policy & **work over the long term** to improve the quality of life, protect our shared natural environment and address local inequality

Why do we exist?

We exist because **concerted, systematic action** is needed across **multiple fronts** to address the causes of health & social inequalities. We need to work as **ONE system** to tackle complex, multifaceted factors involved

Our strength:

Our strength is in being able to **bring organisations and communities together** to change things for the better

Our approach:

Collaboration is key - there are things we can only do and problems we can only solve if we work together.

We create positive change by:

Empowering communities

Working together to improve services

Challenging each other to work in a way that benefits us all

Acting as a collective voice for Northern Devon

Attracting new resources to Northern Devon

A SYSTEM NOT SECTOR STRATEGY

"Interventions to tackle health inequalities need to reflect the complexity of how they are created and perpetuated, otherwise they could be ineffective or even counterproductive. Evidence shows that a comprehensive approach can make a difference. This includes, but goes well **beyond, the health and care system." - King's Fund**

"W**e need a vision & mission which brings together local effort** with specific goals to narrow the gap. It will mean **new partnerships with other public services, with the community and voluntary sector and with industry.** We are watching with interest the government's 'levelling up' agenda … focusing on the links between health and economic development, to understand and develop the considerable opportunities in this area" – NHS Confed, Feb 2020

OUR MOTIVATION

Based on factors often outside their direct control, people in England experience **systematic, unfair & avoidable** differences in the opportunities they have to lead healthy lives. (Marmot Review Feb 2020). In Northern Devon, people in the most deprived communities can expect to die 15 years earlier than those in our most affluent.
Our partners have come together out of a moral and social duty to address this inequity.

KEY ISSUES FACING NORTHERN DEVON

Child poverty: N. Devon/ Torridge worst in Devon
Excess weight in 11yr olds: Torridge worst in Devon
GSCE attainment: Torridge worst in Devon
Teenage conception: Torridge worst in Devon
Physical activity: Worst in Devon
Alcohol related admissions: North Devon worst in Devon
Domestic violence: North Devon 2nd highest after Exeter
Rough sleeping: North Devon highest after Exeter
Fuel poverty: Highest in Devon

Early Covid Evidence

- Death rate double in disadvantaged areas
- Economic downturn likely to increase inequalities
- Child/ fuel poverty will increase
- Loneliness/ mental health issues will increase
- Positive signs of how life could change for the better including environmental & technological changes

10 PRIORITIES

We aim to tackle these inequalities together through interventions focussed on 10 priorities:

THEME	PRIORITY	LEAD PARTNER
Health & wellbeing	1. Obesity/healthy weight (pg 2)	Devon CCG
	2. Loneliness (pg 3)	NDVS & TTVS
	3. Crisis prevention and support (pg 4)	D&C Police & Devon PH
	4. Child poverty (pg 5)	Action for Children
Safe, clean sustainable places	5. Fuel poverty (pg 6)	361 Energy
	6. Climate emergency (pg 7)	North Devon Biosphere
	7. Strong and resilient communities (pg 8)	One Communities Group
Economy, employment & skills	8. Supporting local employers (pg 9)	North Devon Plus
	9. Local supply chain development (pg 10)	North Devon Biosphere
	10. Increasing employment opportunities (pg 11)	Petroc

PRIORITY ONE: Obesity/healthy weight LEAD PARTNER: Devon CCG

Key issues

Obesity is a major factor in poor health, disease and life expectancy.

North Devon/ Torridge compare badly with the rest of Devon for excess adult weight. Torridge also compares badly for excess eight at age 11.

North Devon has the highest rate of dental extractions/ year for children in Devon. Each extraction costs around £1000

North Devon has the highest concentration of fast food outlets in Devon.

8% -10% of the NHS budget is spent on Type 2 diabetes, and 90% of this is preventable and down to social and lifestyle factors.

This strategy will place the most vulnerable as its central focus with all Workstreams prioritising disadvantaged groups.

Key interventions

We will work with partners to create healthy places:

- Create a safe cycling and walking network and improve walking and cycling routes in Northern Devon by bringing all interested parties together to establish proposals
- Maximise physical activity opportunities through engagement with local leisure providers
- Work with the business community and planning authorities to support healthy eating out options
- Improve access to places where people can grow and share healthy food
- Promote healthy places of work by supporting all OND partner organisations to sign up to the Healthy Weight Declaration

We will promote healthy lifestyles:

- Create a strong Northern Devon presence for national and regional physical activity initiatives and maximise funding and resources
- Link with local schools and local supply chain workstream to promote healthy eating at school
- Supporting healthy lifestyle choices in pregnancy, early years and throughout life
- Encourage and endorse exercise for prevention, treatment & management of chronic disease
- Establish network of 'healthy weight leads' within each key organisation in Northern Devon

PRIORITY TWO: TACKLING LONELINESS LEAD PARTNER: NDVS & TTVS

Key issues

Loneliness is fast becoming recognised as one of society's greatest challenges, a growing problem which not only reduces quality of life for large numbers of residents, but which also contains significant implications for health and care services. As well as being linked to early deaths on a par with obesity and smoking, loneliness can increase the risk of coronary heart disease, strokes, depression and cognitive decline. People who can feel particularly lonely include those aged between 16 and 24, widowed, having poor health, unemployed or have caring responsibilities.

What do we mean by loneliness?

The Jo Cox Commission on Loneliness describes loneliness as 'a subjective, unwelcome feeling of lack or loss of companionship, which happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want.' A person can be socially and physically isolated and not feel lonely, this is 'solitude'. Equally, a person can be surrounded by others and appear well-connected but can feel alone, this is 'loneliness'.

Key interventions

- Supporting connections – providing support such as transport and technology to help develop and sustain relationships
- Social prescribing - linking the individual to an activity and others that interests them
- Asset based community development – utilising local assets ie natural environment
- Information / signposting services
- Supporting learning/new skills development in a social setting
- Good neighbour programme

PRIORITY THREE: CRISIS PREVENTION & SUPPORT LEAD PARTNER: D&C POLICE (HIGH FLOW) & DCC PUBLIC HEALTH (SUICIDE PREVENTION)

Key issues

Lack of dedicated health service provision for homeless people

People who are homeless experience some of the worst health outcomes in England, and die 30 years earlier than the general population. Of the current 24 known rough sleepers in North Devon none of them regularly attend a GP practice. Of the current 50 people in temporary accommodation and known to be of high risk, 25 are engaged with and attend a GP Practice.

Suicide Prevention

In 2016-18:
England suicide rate: 9.6/100,000
SW: 11.1
Devon: 11.2
North Devon: 13.0
Torridge: 12.8

People with complex needs who are frequent service users without ever getting the support they need

Key interventions

- **We will:**
- Promote equity in provision between Northern Devon and the rest of the county where where healthcare services are commissioned by the Devon CCG and provided by the Clock Tower in Exeter and by general practice outreach services in South Devon and Plymouth.
- High Flow (+ MEAM SW links)
- Support our One Communities to become Suicide Safer Communities
- Suicide prevention awareness & training

PRIORITY FOUR: CHILD POVERTY FOR CHILDREN

LEAD ORGANISATION: ACTION

Key issues

%age of children eligible for benefits'-based free school meals are claiming them in N. Devon?

The % of pupils attaining 5 or more GCSEs comparted to those on free school meals:
England: 43.5 compared to 21.7
Devon:41.0 compared to 18.2
N. Devon:36.7 compared 17.9
Torridge:28.0 compared to 13.2

North Devon has the highest rate of tooth extractions in children aged 0-19 years across the county: 83.5 per 10,000 compared to 51.1 per 10,000 across Devon. There is a clear deprivation gradient across the DCC area. Children in the most deprived IMD quintile are 3.9 times more likely to experience a GA for tooth extractions, with a rate of 118.4 per 10,000 children, compared with a rate of 29.7 per 10,000 children in the least deprived IMD quintile.

Key interventions

Education & training

- Lead a free school meal take-up campaign (does the application process need simplifying?)
- Narrow the educational attainment gap (increasing aspirations through schemes such as Out of the Blue; NCS?)

Health

- Oral health improvement programme. Promote oral health advice across settings and increase access to dental services
- Period Poverty scheme

Income & employment

- Campaign to tackle loan sharks and promote financial inclusion. Support and promote the work of Wiser Money, CAB and other debt advice organisations
- Tackle economic deprivation so that the benefits of growth are felt by everyone

Partnerships

- Active business involvement in tackling economic deprivation. Run a real living wage campaign. Use learning from Plymouth around clustering of businesses to increase skills, enable career progression and increase average wages
- Work with North Devon Homes and other housing associations with joint campaigns
- Work with early years providers
- Ask OND partners to include impact assessments of policy decisions on lowest earners

PRIORITY FIVE: Fuel Poverty

LEAD PARTNER: 361 Energy

Key issues

- Fuel poverty is a significant problem in especially in very rural areas of North and West Devon, and Torridge. The numbers of households in fuel poverty in the county are equivalent to national figures (11.1%), but this rises to 12.4% in Torridge.
- An estimated 30% of excess winter deaths are as a result of cold homes. Between 1 Jan and 31 March 2018, including a period of very cold weather, there were an additional 15,000 deaths in the UK.
- Cold housing can exacerbate conditions such as arthritis and rheumatism, chronic lung disease and asthma. It can weaken the body's immune system and result in an increase in incidence of colds and flu.
- Children in households facing fuel poverty have poorer educational outcomes: are more likely to miss school through ill health, might struggle to find a quiet, warm space to study, and may be socially excluded through reluctance to invite friends home.
- There is growing evidence of the detrimental effect anxiety relating to fuel poverty can have on mental health and wellbeing, especially for young people.
- In the countryside there is a high proportion of older, detached houses (often larger properties lived in by retired people), often of solid wall and floor construction, which are harder to insulate and are in conservation areas, which can restrict alterations.
- Rural homes are more likely to be off the mains gas grid, so relying on oil, electricity or bottled gas for heat. The rural premium on living costs is about 10-20%, and energy is the largest element.
- There are relatively high levels of private rented accommodation, as opposed to local authority or housing association property. Those in private rented accommodation are at the greatest risk of severe fuel poverty – they have lower average income than owner-occupiers, and their homes tend to be less energy efficient than those of social housing tenants. Private tenants can be reluctant to raise issues with poor insulation or heating for fear of eviction or rent rises. The dispersed nature of these fuel-poor households means the problem is essentially hidden.

Key interventions

1. Home Energy Visit included in NDDH discharge
2. GP processes/referrals
3. 361 offering promotion via NHS staff/community nursing
4. HAD/Home Energy Data as a shared tool
5. Research between fuel poverty and health
6. Domestic retrofit funding opportunity
7. More?

PRIORITY SIX: CLIMATE EMERGENCY BIOSPHERE

LEAD PARTNER: N.D

Key issues

1. Flooding will be more frequent in the area from tidal, river and surface water events as part of relative sea-level-rise and increased storm intensity/frequency
2. Heat stress on older people and in especially in urban areas will increase
3. Slow to change ecosystems such as forest need action to adapt over the coming 100 years or risk reducing their carbon sequestration capacity.
4. High nutrient and bacteriological pollution is reducing the marine habitat capacity for carbon sequestration as well as increase risk to health and wellbeing.
5. North Devon has the highest levels of deprivation of access to green spaces
6. Northern Devon has high emissions arising from land-use change and transport (Energy use 20% for personal transport and 31% for domestic energy use) as the main sectors.
7. Only half of the north devon protected biodiversity areas are in good condition
8. Social distancing will reduce the tourism economic capacity of the area.

Key interventions

1. Work with landowners to enable natural solutions as cost effective flood risk management strategy (BR/EA)
2. Increase urban cooling features such as street trees and water features in the design of urban areas. (BR and local planning authorities)
3. Develop adaptation strategies for ecosystems fit for the future climate (BR/Universities)
4. Work with landowners to increase natural capital to reduce pollution and improve resilience (BR)
5. Increase the size and quality of accessible natural green space (BR/LPA)
5. Engage the (mentally) vulnerable people in nature based activity and furthering the Pledge for Nature and Nature's Tonic. (BR/AONB)
6. Support healthier walking and cycling (continuation of) through infrastructure change and support (DCC)
6. Reduce fuel poverty in offgas areas with woodheat/district heating from sustainable woodland management (BR/ Energy361)
7. Support landowners to improve biodiversity and natural capital with good production methods (BR/DWT)
7. Encourage an accredited buy local through UNESCO BR branding. (BR)
7. Land-use and management framework for north Devon (BR)
8. Reduce impact of recovered tourism on biodiversity and create new opportunities with good masterplanning (BR UoE)
8. Work with tourism sector to develop products and activities suited positively to social distancing (BR)

PRIORITY SEVEN: STRONG & RESILIENT COMMUNITIES LEAD PARTNER: One Communities Group

Key issues

Communities in Northern Devon have often expressed frustration at being 'done to' by larger councils and statutory bodies. The top down approach doesn't recognise that the people who know what's best for their community are the people that live and work in them.

Additionally, communities face very different challenges based on their geography, size, rurality, economy and social infrastructure. Some of our towns face particular issues of inequality with life expectancy and social mobility rates amongst the worst in the country.

Many people are willing to help their communities and their neighbours but there isn't always a clear route into different types of volunteer role matched to their skill in their community.

Effect of Covid-19 on Northern Devon Communities

Northern Devon will be disproportionately negatively affected by Covid-19 due to the economic impact on our tourism economy. People in the lowest paid and seasonal jobs are going to be particularly affected.

Figures suggest that the South West had the highest number of people claiming benefits at this time.

It is more important than ever to provide early access to practical support and help with such things as housing and benefit advice so that people don't find themselves in crisis. Whilst there are lots of advice channels available people do not always know now to access these and are not able to work out which is the best place to go to for specific advice.

Communities have risen remarkably to the challenge of Covid 19 but there could soon be a deluge of issues arising as mortgage payment holidays are over and workers who are currently furloughed may face redundancy if businesses are no longer viable. Although people have been able to be helped with the short-term measures put in place, as we start the path to a new normal there will be an increase in people claiming universal credit and finding that they do not have enough money to pay their bills.

Key interventions

- Strengthen the 'One Community' approach so that agencies work 'with' communities and co-design solutions using the existing One Community infrastructure.
- Collective Advice & Guidance package from all partners who provide an advice & guidance function. One–stop-shop portal with links to local and national support.
- One Barnstaple Community Hub creation as a result of community engagement
- One Bideford Community Hub creation as a result of community engagement
- Suicide Safer Communities
- Safer Towns
- OND Good Neighbour Programme

PRIORITY EIGHT: SUPPORTING LOCAL EMPLOYERS LEAD PARTNER: NORTH DEVON +

Key issues

Covid-19 related issues

- People are coping with a sudden loss of income. Debt counselling may need to be more available.
- Many of the business affected at this time would not have an HR function within their operation and support is needed by business owners and their staff to ensure that their mental health is well supported.

Key interventions

Easily accessible advice and support options, national and local around:

- Covid-safe working.
- Workforce resilience
- Debt counselling for employees
- Re-train
- Financial advice
- Housing advice

Future working options:

- Collate the positives that evolve out of this situation such as a better understanding of distance working, people having improved IT skills and reduced travelling and the opportunities this presents.

Addressing skill gaps

- Middle and higher level skills. Work with Jobcentre Plus to apply for Community Budget funding specifically for fast track opportunities into middle and higher skilled jobs working with local employers to build in on-the-job training opportunities. In particular, we will target the growth industries identified below.

Trusted employer

- Best practice policies for improved workforce resilience, marginalised employees etc

Growth industries

- Healthy ageing
- Decarbonisation
- Digitalisation

PRIORITY NINE: LOCAL SUPPLY CHAIN BIOSPHERE LEAD PARTNER: N. D.

Key issues

A coordinated approach to local sourcing with a specific focus on understanding and stimulating local supply chain development is a major opportunity to link health/ wellbeing agendas with healthy economies and healthy communities. This can be tackled on a sector basis, however, the nature of integrated supply chains is complex and invariably covers a number of sectors and themes. It is frequently the case that the benefits are not recognised, particularly in respect of indirect job creation. Maintaining therefore a strategy which can incorporate this overarching approach can be empowering. It also can enable agreed economic and strategic outputs to be achieved, such as, sustainability. The North Devon Biosphere provides a vehicle for this approach to be adopted. Examples against sectors can include the following:

Key interventions

Environmental improvements

This can be linked to enhanced biodiversity, natural capital gains, benefits to eco-tourism, benefits to hospitality and leisure businesses, opportunities for education.

Natural Capital Economic Activity

There is a broad spectrum of potential under consideration. For example, planting trees for the purpose of improving carbon capture leads to investment to secure carbon sequestration benefits. The woodlands areas created provide new habitats. There are extensive management opportunities arising. Primary and secondary industries can be created, such as, a wide range of timber products and the potential to establish a hub for the manufacture of modular timber structures (housing etc.). The additional benefits include a wide range of training and apprenticeship opportunities.

Food & Drink

A sub regional approach to food and drink procurement has wide ranging implications across many sectors. It can provide an effective business plan for the agricultural economy as it moves away from dependence upon single farm payments. Added value can be achieved, both on and off farm. A wide range of local small producer groups can be engaged in the process providing extending product ranges. New food products which are currently only sourced from either national or international sources, such as fruit and vegetables, can be produced locally. The logistics of managing the food chain from farm to fork also provides opportunities in logistics, packaging (sustainable materials), branding, storage and general distribution. The need for product diversity and innovation is a major stimulus for research and innovation projects. There are also extensive opportunities for skills, apprenticeship and workforce development.

PRIORITY TEN: INCREASING EMPLOYMENT OPPORTUNITIES LEAD PARTNER: PETROC

Key issues

People in the following categories are disproportionately under-represented in the employment market:

- Care leavers
- Ex-offenders/prison leavers
- Those with a history of illness
- People with learning disabilities
- People with low or no academic qualifications
- Homeless people and those insecurely housed
- People on low income/seasonal or zero hours contracts

This contributes to increasing health inequalities as meaningful employment plays an important part in a person's wellbeing.

Key interventions

Interventions need to be targeted to people who need support at different parts of the employment pathway:

- Ready to learn or train
- Support while learning or training
- Support while in employment

- Target people within the cohorts described above through agencies and organisations that they are currently involved with. Campaign to describe the benefits and the available opportunities to get into learning or employment.
- Campaign to local businesses to highlight the issue of employment inequality.
- Create a support package for employers who are willing to engage in this campaign.
- Create an Employee Mentor scheme where existing employees can volunteer and be trained to act as mentors to individuals in the above cohorts.
- Create an Employers' charter which includes best practice processes for supporting employees in the above cohorts. Promote local companies who are signed up to the charter.

One Northern Devon Development Teams

Health & Wellbeing

Cllr Barry Parsons (Chair) - DCC
Dr Kay Brennan – Devon CCG
Dr Ruth Tapsell – GP
Dr Andrew Davies – Deputy Medical Director, NDHT
Nicola Glassbrook – DCC Public Health
Karen Evans/Darren Hill – CVS
Noel Burke – D&C Police
Jessica Foye – Action for Children
Dr Sarah Williams – GP
Claire Fisher – Encompass South West
Andrea Beacham/Hannah McDonald – OND

Economy, Employment & Skills

Tim Jones (Chair) – South West Business Council
Alan Dykes – North Devon Plus
Mike Matthews – North Devon FSB
Philip Byers – Project SW
Jon Hardy - Petroc
Alex Coull - DWP
Rob Passmore – 361 Energy
Jeff Wilton-Love – ChapterCare
Paul Knox/Hilary Prouse – Pearce Construction
Paul Coles - BT
Chris Fuller – Torridge District Council
Dominie Dombrook – North Devon Council
Nicola Frost – Andigestion
Paula Byers – Lime Technology
Bob Boothby – Millbrooke Cottage and Estates
Andrea Beacham - OND

Safe, clean and sustainable communities

David Relph (Chair) – How Places Work
Dr James Szymankiewicz – Devon Local Partnership
Andy Bell – N.D. Biosphere
Rob Passmore – 361 Energy
Karen Evans/Darren Hill – CVS
Cllr Paul Crabb – NDC & DCC