

TITLE: **Establishing an Evidence base for proposals for new
Community Health Facilities and Services**

REPORT FOR: **DRC Health Theme Group**

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SUMMARY: There is commitment to provide new Community Health Facilities
and Services within Devonport. Community consultation has
established a set of 'wishes' for consideration. This report sets out
some of the evidence that relates to these wishes.

: There is evidence to support some of the elements of the wish list.
This evidence is presented as both relevant epidemiological data
for the neighbourhood of Devonport (or nearest available
geographical area) and evidence of whether the interventions
included in the wish- list are known to be effective.

It would seem that most of the 'wishes' which are both related to
demonstrated health needs in the area and have been shown to be
effective are best delivered through a holistic, healthy living type
centre or campus of facilities. Access to services and opportunities
that together respond to many aspects of the health as well as
social needs are important and with local residents involved in their
planning and provision.

For such a development, good practice on which to model such a
facility is available both locally (Jan Cutting HLC) and nationally.

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**Devonport Regeneration Company: Health Theme.
Linking Local Wishes (community consultation) with Public Health Evidence**

“Wish”	Related Epidemiological data	Evidence to support intervention	Data & Evidence support intervention?
1. Friendly, welcoming reception staff	<ul style="list-style-type: none"> • MORI Survey 2000 provides some info on ease of access and customer satisfaction with health and social services. Devonport is in line with Plymouth average. • Local consultation days indicate that local users are not always treated courteously and with respect. 	A requirement within standards of practice	YES
2. Access to female GPs	<ul style="list-style-type: none"> • Comparison of south-west Plymouth GP Surgeries with whole Plymouth indicates approximately 2 males for every one female GP. (cw 1.5 m/f in Plympton) 	<p>A requirement within standards of choice. Kings Fund report strong evidence for women not accessing services for female related health problems when male doctors are only option.</p> <p>National survey indicates preference for female doctors independent of patient gender.</p>	YES
3. Diagnostic services locally	<ul style="list-style-type: none"> • DNA rates: 17.2% Devonport c.w. 10.5% Plymouth as whole. Highest of all neighbourhoods. Particularly noticeable in 0-14 yr old patient group. 	<p>A requirement within standards of choice and access. The move to provide diagnostic services nearer to patients' homes is implicit in recent health policy. Devonport is one of the furthest neighbourhoods from Derriford.</p> <p>National Listening Exercise by DoH.</p>	YES

<p>4. MIU open for extended hours</p>	<ul style="list-style-type: none"> • Devonport has equal highest A&E attendance rates within the city at 26,000 per year. 	<p>Evidence from user's survey. Extension of service beyond 5pm- particularly X-ray. Use of MIU reduces pressure on A&E. Majority of MIU are open between 7am to 9pm. Research has demonstrated shorter waiting times within MIUs.</p>	<p>YES</p>
<p>5. Increased NHS Dental services</p>	<ul style="list-style-type: none"> • % of Children with missing/decayed or filled teeth is approx 50%. (7th highest in the city) cw 17% for Colebrook (Plympton). Dental survey- 5year olds (2000). 	<p>National evidence that dental health is poorer in low-income areas where access to low cost dental care is limited. Low incomes, inadequate facilities and poor geographical distribution demonstrated as barriers to oral health care. (Freeman: Queens, Belfast. 2001).</p>	<p>YES</p>
<p>6. To include certain aspects of social care, housing, employment, debt and benefit advice etc.</p>	<ul style="list-style-type: none"> • Material Deprivation: Devonport ranks highest of all 43 Plymouth neighbourhoods. (Townsend 2001) • Child Poverty Index: Highest CPI score for all Plymouth, Devon and Torbay wards. (St Peter Ward). 2000. 	<p>Evidence from the Healthy Living Centres evaluation (Kings Fund 2005) that one stop shop approach provides more holistic approach to patient needs and reduces repeat visits. National Picture of Multi-Agency Centres and Shared Use Centre (NHS National Co-ordinating Centre) demonstrates their success and emphasises the need for bespoke designs to respond to each individual settlements needs.</p>	<p>YES</p>
<p>7. All children and family services to be in one place (including CAMHS) – possibly as a Children's Centre?</p>	<ul style="list-style-type: none"> • Devonport ranks 3rd in terms of % of Vulnerable families. 50% cw 7% for Woodford. (2004 Plymouth HV data) 	<p>Evidence from the Healthy Living Centres evaluation (Kings Fund 2005) that one stop shop approach provides more holistic approach to patient needs and reduces repeat visits. Big Lottery Fund 2005. Every Child Matters (2004) requires close working between all agencies dealing with the welfare of children</p>	<p>YES</p>

<p>8. Provision of a range of complementary therapies, which are available on either the NHS or at low cost.</p>	<ul style="list-style-type: none"> Nationally, 50% of GP Practices offer complementary medicine/therapy of some kind. None in Devonport. 1/3rd of households have an adult in pain. BMJ. 	<p>Limited evidence. Some therapies known to be effective (e.g. Acupuncture for pain relief, drug addiction and midwifery) BMJ 2003. RCTs have demonstrated efficacy of massage for reducing anxiety. BMJ 2004 etc.</p>	<p>UNCERTAIN</p>
<p>9. Community exercise facility (some could be provided by Brickfields?)</p>	<ul style="list-style-type: none"> 61% respondents report taking less than 30mins active exercise pr week. MORI Survey 2001 	<p>Evidence from success of GP Exercise on Referral schemes. Major benefits are psycho-physical and have led to big reductions in return visits to Primary Care for mental health issues as well as weight and fitness related poor health.</p> <p>Cardiac Rehab evidence where exercise facilities are easily accessed is strong.</p>	<p>YES</p>
<p>10. Enhanced community nursing services, nurse-practitioner and other specialist nursing services (e.g. Diabetes, CHD etc)</p>	<ul style="list-style-type: none"> Devonport has the highest under 75 yr death rate of all Plymouth neighbourhoods. Recognised high levels of CHD, Diabetes and other circulatory diseases. High levels of smoking 49%of adults smoke MORI 2004 All HV data 2001-2004 indicates levels of preventable poor health 	<p>Intense nurse led primary care support shown to be effective in neighbourhoods with poor health</p> <p>RITA approaches allow patients to remain in own homes with demonstrated health and social benefits.</p> <p>Diabetes specialist outreach team currently successful in helping to support newly diagnosed type 2 diabetic within the community.</p>	<p>YES</p>
<p>11. Crèche facilities to be available</p>	<ul style="list-style-type: none"> Devonport has amongst the highest % of children under 5 within Plymouth DNA rates for Paediatric appointments are 27% cw under 20% for Plymouth average. Housing Development proposals expected to lead to a demographic shift towards more under 5's. 	<p>Child Care is a big barrier to involvement of women in accessing health services and activities.</p> <p>Child Care availability and patient friendly environment has led to a 98% reduction in community midwifery DNAs at Leander House</p>	<p>YES</p>

<p>12. Space & resources for health prevention related projects & services – must be a shared approach with community organisations and agencies.</p>	<ul style="list-style-type: none"> • Devonport has the highest under 75 yr death rate of all Plymouth neighbourhoods. • Recognised high levels of CHD, Diabetes and other circulatory diseases. • High levels of smoking 49% of adults smoke MORI 2004 • All HV data 2001-2004 indicates levels of preventable poor health 	<p>Healthy Living Centre evaluation indicate the success of HLCs in targeting areas of greater inequalities and attracting users who are of lower socio-economic positions and are in worse health. They have been successful in setting up a range of activities which provide interesting and attractive ways of encouraging their target populations in maintaining healthy life styles. An essential element is staffing with 'outreach' community development and health promotion skills. Big Lottery Fund 2005</p>	<p>YES</p>
<p>13. Pharmacy</p>	<ul style="list-style-type: none"> • 2 pharmacies in the neighbourhood. 	<p>It is considered good practice to site Pharmacies close to other health and social care facilities and in particular GP surgeries.</p>	
<p>14. All health and other services to be tailored to meet the needs of all members of the community</p>	<ul style="list-style-type: none"> • Devonport has the lowest rating of the number of people who feel they have someone to turn to in the event of need. Social Capital Data from MORI 2000 	<p>A requirement within standards of choice and access. The move to provide diagnostic services nearer to patients' homes is implicit in recent health policy. Devonport is one of the furthest neighbourhoods from Derriford. National Listening Exercise by DoH.</p>	<p>YES</p>
<p>15. Screening for diseases such as diabetes, CHD, COPD, colorectal cancer etc</p>	<ul style="list-style-type: none"> • Devonport has the highest Emergency admission rate for Plymouth for under 75s 	<p>Screening programmes are national programmes. However, screening type interventions that are related to positive health behaviours programmes such as BMI, cholesterol testing and Blood Pressure are known to effective in promoting health. (i.e. 'Health MOT's', well men and well women clinics.)</p>	<p>PARTIAL</p>

<p>16. Space for counselling and cognitive behaviour therapy</p>	<ul style="list-style-type: none"> • Devonport has 2nd equal highest Suicide and undetermined injury Rates of the 43 Plymouth Wards. (1981-2002) • 22% of children with behaviour problems receiving programme of intervention. (Top 6/43 in the city). HV Data- • 86% of all physical assaults are related to domestic abuse 	<p>The efficacy of cognitive-behavioural therapy (CBT) and counselling for the treatment of childhood anxiety and other problems of mental life has been demonstrated in a community setting. (– <i>Journal of the Australian Association for Cognitive and Behaviour Therapy</i>)</p>	<p>YES</p>
<p>17. Space for healthy living activities such as training, health promotion and healthy lifestyle drop-ins, both individual and group</p>	<ul style="list-style-type: none"> • Devonport has the highest under 75 yr death rate of all Plymouth neighbourhoods. • Recognised high levels of CHD, Diabetes and other circulatory diseases. • High levels of smoking 49% of adults smoke MORI 2004 • All HV data 2001-2004 indicates levels of preventable poor health 	<p>Healthy Living Centre evaluation indicate the success of HLCs in targeting areas of greater inequalities and attracting users who are of lower socio-economic positions and are in worse health. They have been successful in setting up a range of activities which provide interesting and attractive ways of encouraging their target populations in maintaining healthy life styles. An essential element is staffing with 'outreach' community development and health promotion skills. Big Lottery Fund 2005</p>	<p>YES</p>
<p>18. Healthy eating café</p>	<ul style="list-style-type: none"> • 1995 BMI Survey (Update due this year) 	<p>The Public Health White Paper calls for community based interventions, which address both the lack of availability of good food and the lack of skills in preparing it. Some healthy eating cafes have extended their retail role into training and skills development work with demonstrated success. FSA 2004.</p>	<p>YES</p>

<p>19. Customer care training to be given to all health professionals and other staff to ensure that local people are treated with respect and dignity at point of access to all services</p>	<ul style="list-style-type: none"> • MORI Survey 2000 provides some info on ease of access and customer satisfaction with health and social services. Devonport is in line with Plymouth average. • Local consultation days indicate that local users are not always treated courteously and with respect. 	<p>A requirement within standards of practice</p>	<p>YES</p>
<p>20. Involvement in the design of the new premises and the services within</p>	<ul style="list-style-type: none"> • Strengthening community involvement in all aspects of service provision is a key element of the DRC process • An expectation through the Patient Public Involvement agenda of the NHS. 	<p>A number of studies have demonstrated the long-term benefit of user involvement in service design. Some studies have reported that user involvement extends the planning and set up period but improves the final outcome in terms of addressing local need and access.</p>	<p>YES</p>