

INTRODUCTION

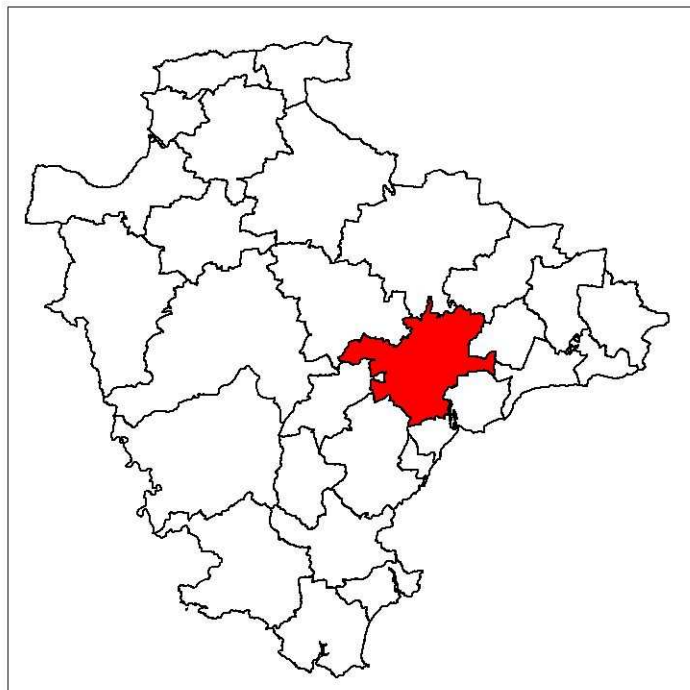
This is the Devon Joint Strategic Needs Assessment for the Exeter area, which also encompasses Exminster and the surrounding rural parishes.

The aim of the Joint Strategic Needs Assessment is to collaboratively identify current and future health and well being needs and inform future service planning and delivery. The purpose of this city profile is to provide a detailed assessment of current need and service activity at a local level. This profile looks at the health and social care needs of the city and its rural surroundings and other smaller surrounding settlements.

Data for this report was gathered and collated by the NHS Devon information teams, and the Devon County Council Adult and Community Service and Children and Young Peoples Service and Strategic Intelligence teams.

A glossary is available providing detailed definitions and background information for the measures in this report:

http://www.infopoint.devonpct.nhs.uk/Library/Public_Health_Commissioning/JSNA_2009_Glossary_Devon.pdf



FEEDBACK

Any feedback or questions concerning the information in this report would be gratefully received. We would be keen to receive feedback on whether you recognise the community as described in the profile, is any key information is missing or any local priorities or issues you wish to identify.

Please contact d-pc.strategicreview@nhs.net with any comments or questions.

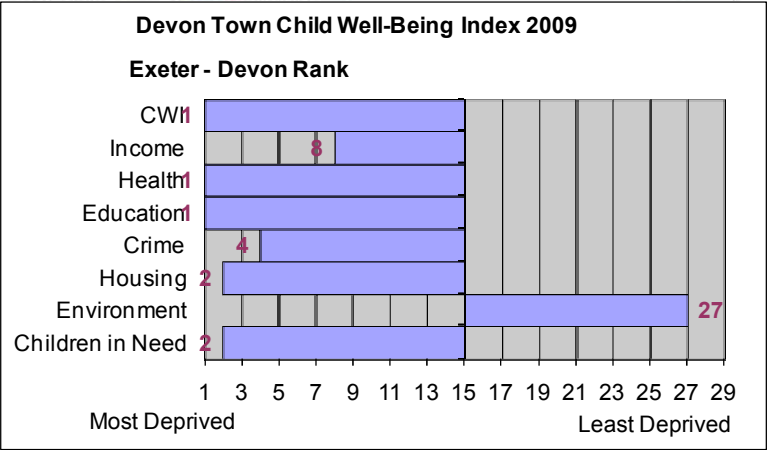
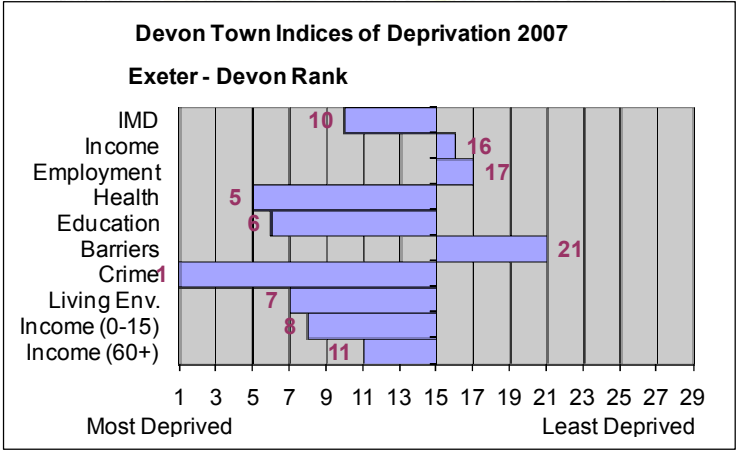
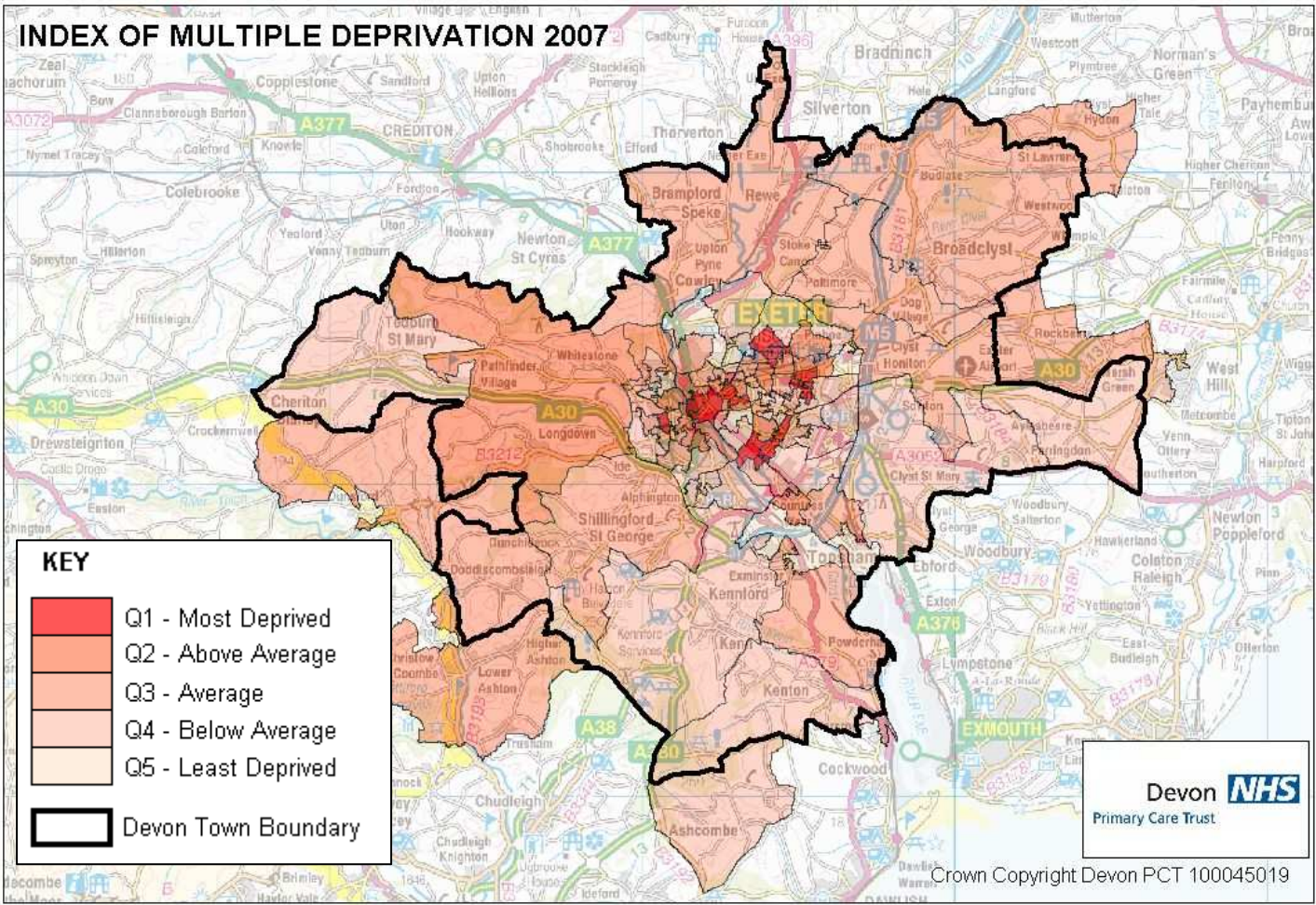
EXECUTIVE SUMMARY

- Overall deprivation is in above the Devon average, with particular pockets of deprivation in city centre areas, Wonford, Whipton and Mincinglake, and particular issues around crime, health, education and deprivation affecting children.
- The population of Exeter is predicted to increase by 24,525 people between 2006 and 2021 – a rise of 18%. The largest change is predicted to be in the 70 to 74 age group with an increase of 48.4%
- The birth rate is below the Devon average, which is mainly due to the large student population.
- Life expectancy is below the Devon average, although it is longer in Exminster and the rural hinterland.
- The area has the highest proportion of children and young people from Black and ethnic minority groups.
- GCSE performance is below the Devon average.
- Whilst the youth offending rate is below the Devon average, there are more persistent offenders.
- The rate of referrals for older people aged 65+ into Adult and Community Services in Exeter is the highest referral rate for this age group across Devon (out of 29 Devon towns)
- The rate of referrals for people aged 18-64 into Adult and Community Services in Exeter is the 4th highest referral rate for this age group across Devon (out of 29 Devon towns)
- The rate of Safeguarding alerts for vulnerable adults in Exeter is comparable with the Devon average
- Levels of hospital activity are typically above the Devon average.
- The rate of alcohol-related admissions is significantly above the Devon average.
- Teen conception rates are typically above the Devon average, with significantly higher rates in city centre areas, Wonford and Exwick.
- Death rates are consistently above the Devon average.

DEPRIVATION

The main source of information on deprivation is the 2007 Indices of Deprivation, which combine data on different social issues to produce an overall deprivation score for local areas, the Index of Multiple Deprivation. In the Exeter area the most deprived areas are within the city of Exeter, particular in the city centre, Wonford, Whipton and Mincinglake. The least deprived areas are Duryard, St Leonards, Topsham and outlying villages such as Kennford, Kenton and Tedburn St Mary.

A breakdown of the individual domains from the Indices of Deprivation reveals crime as the top indicator for the whole of Devon. Particular issues related to health, education and the living environment domain (a measure of housing quality, road traffic accidents and air quality) are highlighted. This also reveals that income deprivation is more of an issue in the child population. A separate Child Wellbeing Index was released in 2009, which reveals that whilst Exeter is least deprived in terms of environment the other domains show substantial deprivation including health, education, housing, crime and children in need.

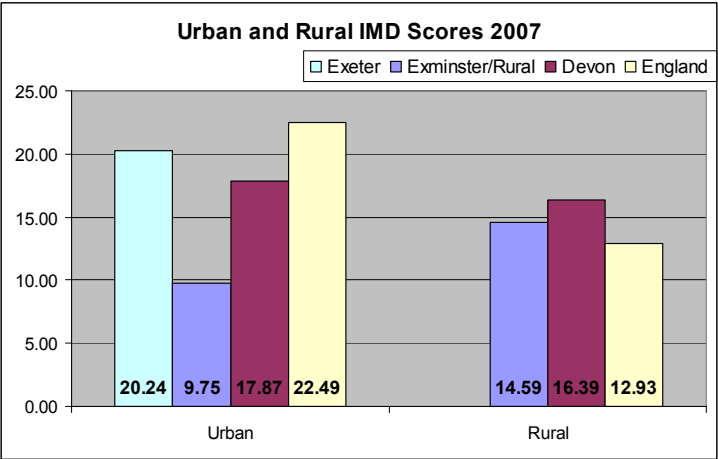


For full description of domains please view the glossary

DEPRIVATION IN URBAN AND RURAL AREAS

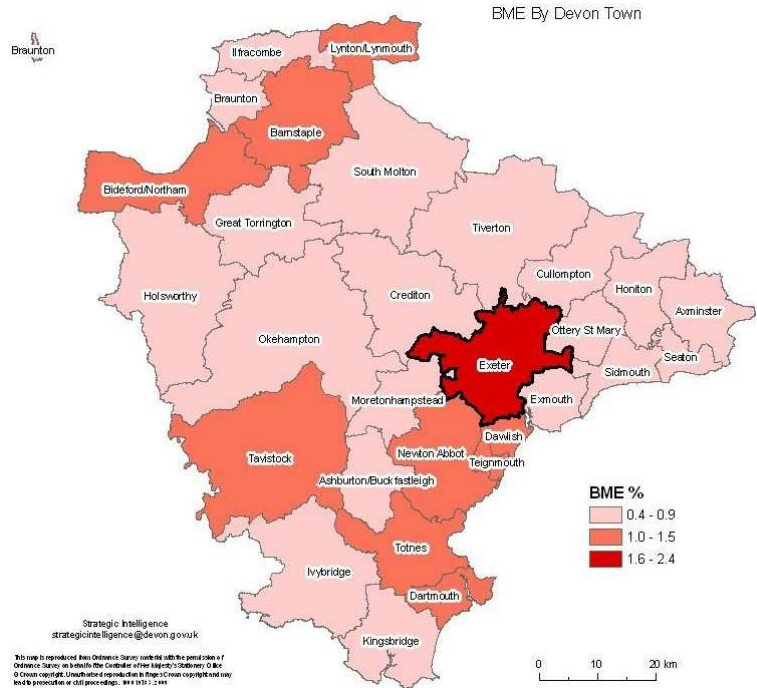
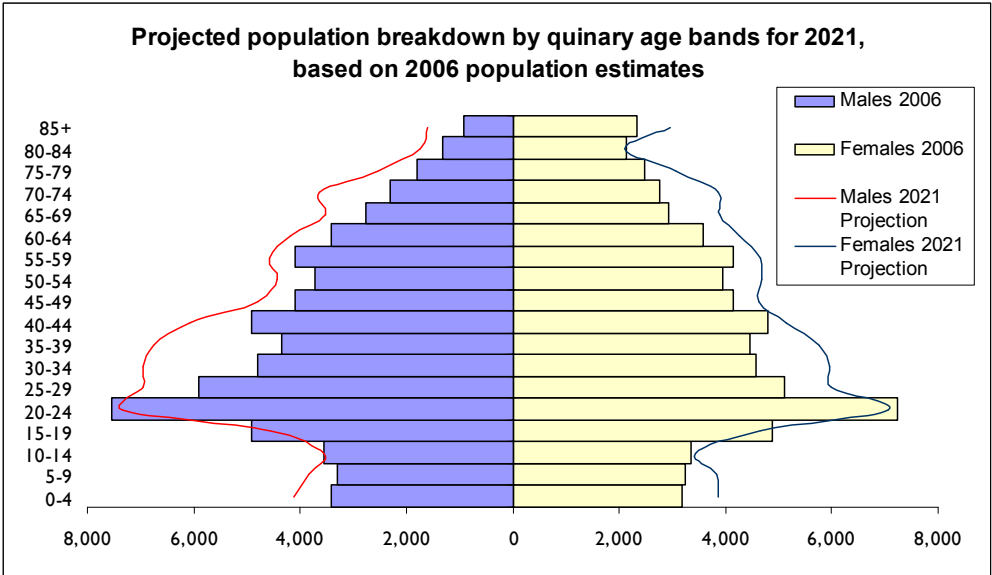
The following chart compares index of multiple deprivation scores for the urban area of Exeter and Exminster with the surrounding rural hinterland, along with average urban and rural Index of Multiple Deprivation scores for Devon and England as a whole.

This reveals that the urban centre of Exeter is more deprived than the Devon average, whereas Exminster is much less deprived. Exeter urban area is however less deprived than the urban national average. Exeter urban area is more deprived than the rural surrounds but these rural areas are more deprived than the national rural average but less deprived than the Devon rural average.



POPULATION

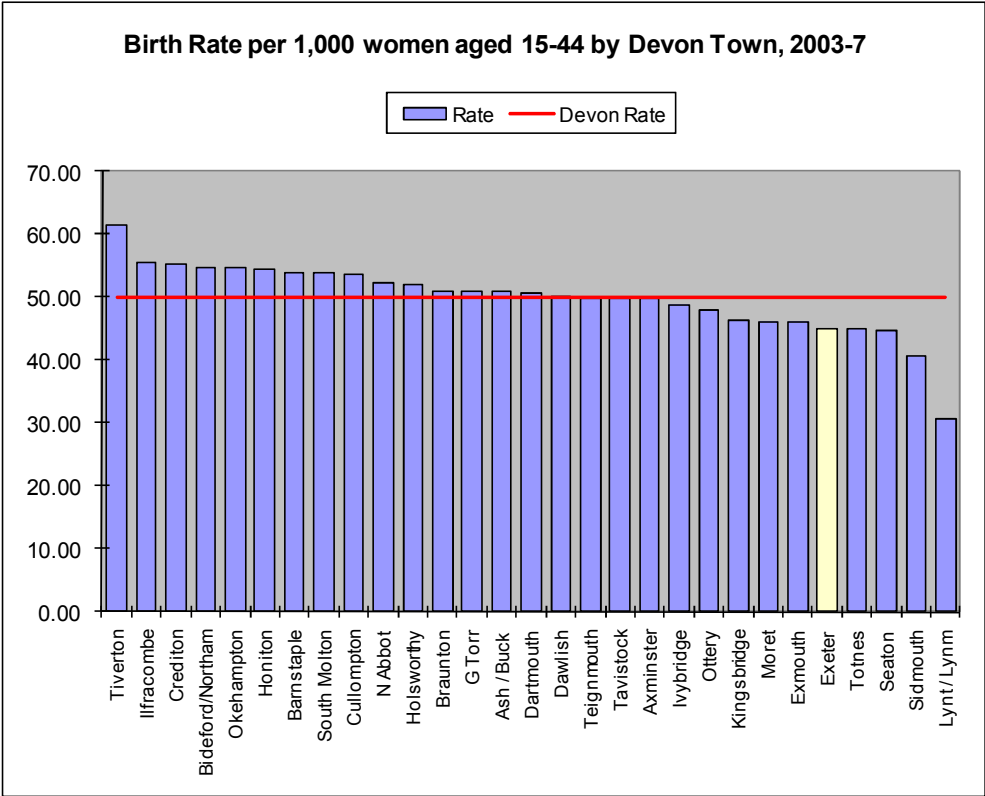
The population of Exeter is predicted to increase by 24,525 people between 2006 and 2021 – a rise of 18%. The total number in the younger age groups (from 0 to 19) is predicted to increase by 2,034 to 31,890 – a rise of 6.8%. The 20 to 44 year age band is also predicted to see an increase, in this case of 10,254 to 63,967 or 19.1%. The 45 to 64 age group should see an increase of 5,004 people (16%) to 36,190. The older age groups (65 years and older) are due to see an increase in number of 7,233. This equates to a 33.3% increase over the 15 years that these projections cover and will take the population in this group up to 28,959. The largest change is predicted to be in the 70 to 74 age group with an increase of 48.4%.



The proportion of Exeter's population from BME communities based on the 2001 census is 2.4%. This is an over representation when compared to the overall Devon BME of 1.1%.

BIRTHS

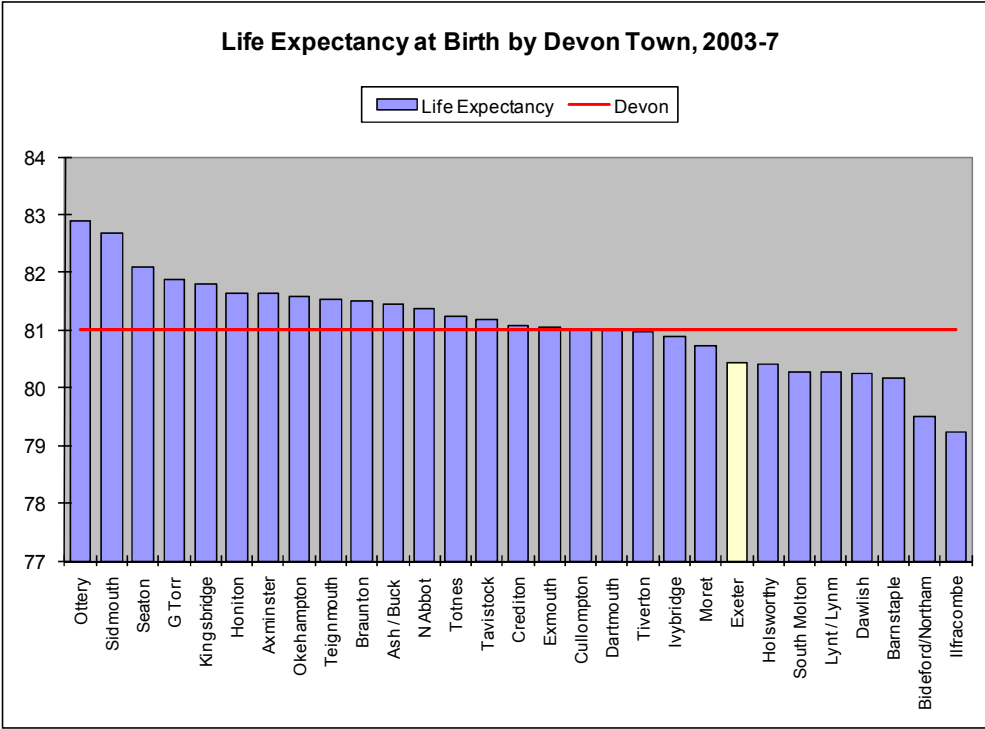
The birth rate in the Exeter area is below the average of Devon, which is largely due to the high number of university students resident in the area.



Area	Average births per year	Birth Rate
Exeter	1,194	44.30
Exminster	46	60.69
Exeter Hinterland	119	47.39
Exeter Wider Area	1,359	44.97
Eastern Locality	2,981	48.14
Devon	6,721	50.02
Devon Urban	4,797	50.35
Devon Rural	1,925	49.24

LIFE EXPECTANCY

Life expectancy in the Exeter area is marginally below average life expectancy in Devon. Longer average life expectancy is seen in Exminster and the surrounding rural hinterland.

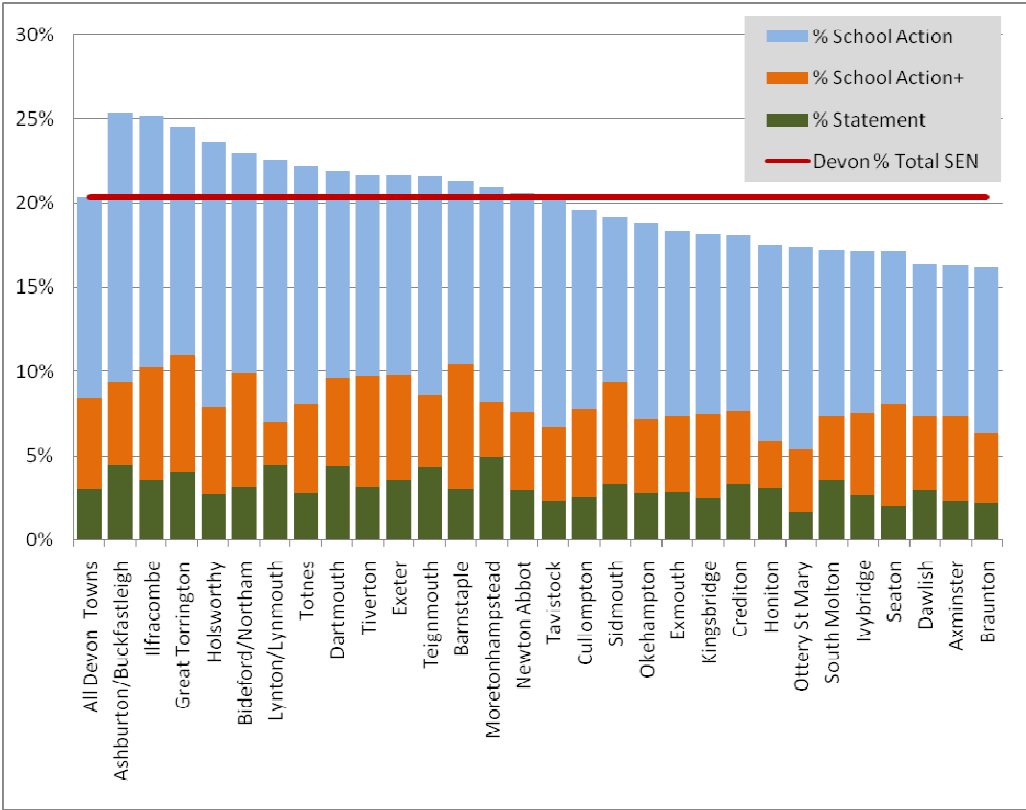


Area	Female	Male	Total
Exeter	82.6	78.1	80.4
Exminster	83.6	79.4	82.0
Exeter Hinterland	82.8	80.8	81.9
Exeter Wider Area	82.6	78.1	80.4
Eastern Locality	83.0	79.1	81.1
Devon	83.0	78.9	81.0
Devon Urban	82.5	78.4	80.5
Devon Rural	84.0	80.0	82.0

CHILDREN AND YOUNG PEOPLE

Exeter City Area has a slightly greater number of those with Special Educational Needs; below average GCSE performance; a below average youth offending rate (although with more persistent offenders); and, an above average number of children and young people from black and ethnic minority groups (the largest proportion in Devon).

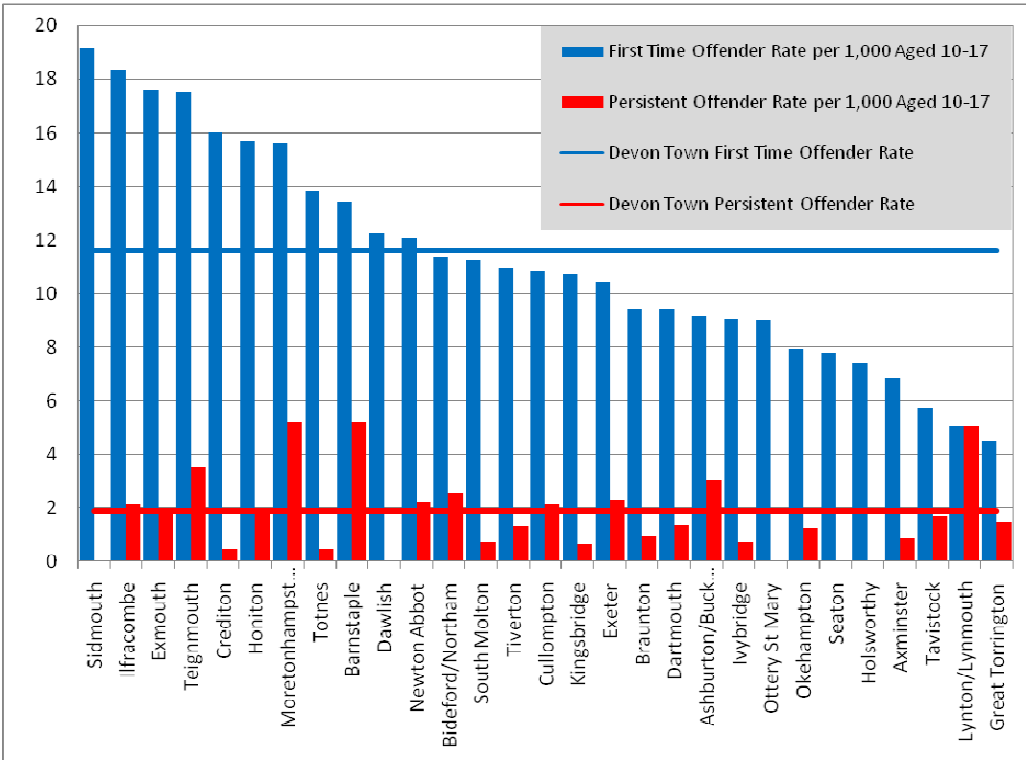
SPECIAL EDUCATIONAL NEEDS (2007/08)



This graph represents the percentage of young people with SEN attending a DCC school in 07/08 by their town of residence. The national average for the proportion of pupils identified with SEN (i.e. Statemented, School Action Plus and School Action combined) is approximately 20%. We want children and young people to access services and provision within their Local Learning Communities wherever possible. Some children with complex needs will require access to specialist support in additionally resourced provision or special schools. Where there are significant variations it reflects the level of support needed within the community.

Data Source: DCSF School Census (Oct 07, Jan 08 and May 08)

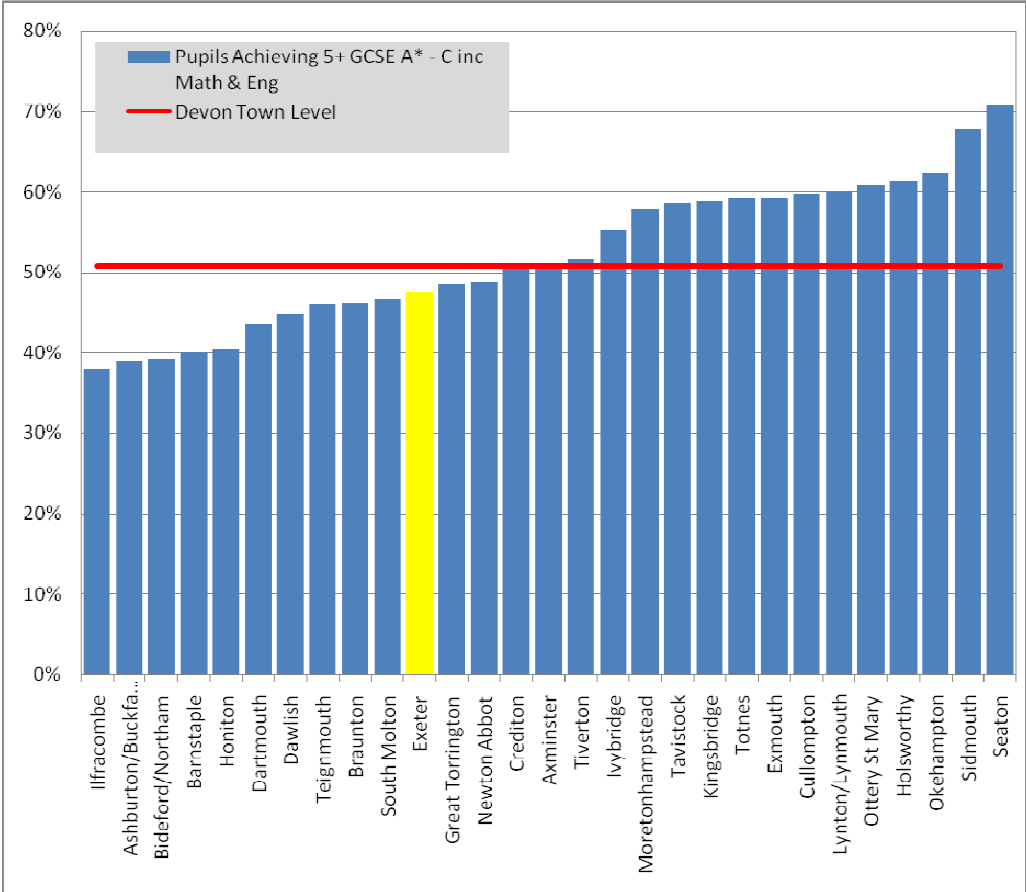
YOUTH OFFENDING (2008)



Devon's First Time Entrants (FTEs) figure has been below the regional and national average since 2004/5, and continues to fall - current projections for the financial year 2009/10 are that the FTE rate will drop by over a third, compared to the baseline year of 2007/8. Within Devon, such small numbers of FTEs can cause significant statistical variations from one year to the next, particularly in the smaller towns and communities. In general, around two thirds of FTEs do not re-offend, but the pattern of those who re-offend more persistently (Persistent Youth Offenders - PYOs) is even more liable to fluctuation outside of the four largest communities (Barnstaple, Exeter, Exmouth and Newton Abbot). Preventative work by the Youth Offending Service and Children's Trust is increasingly focused, therefore, on the towns

where there is a longer term pattern of FTEs and PYOs above the Devon average. Data Source: Devon Youth Offending Team 2009

GCSE PERFORMANCE (2008)



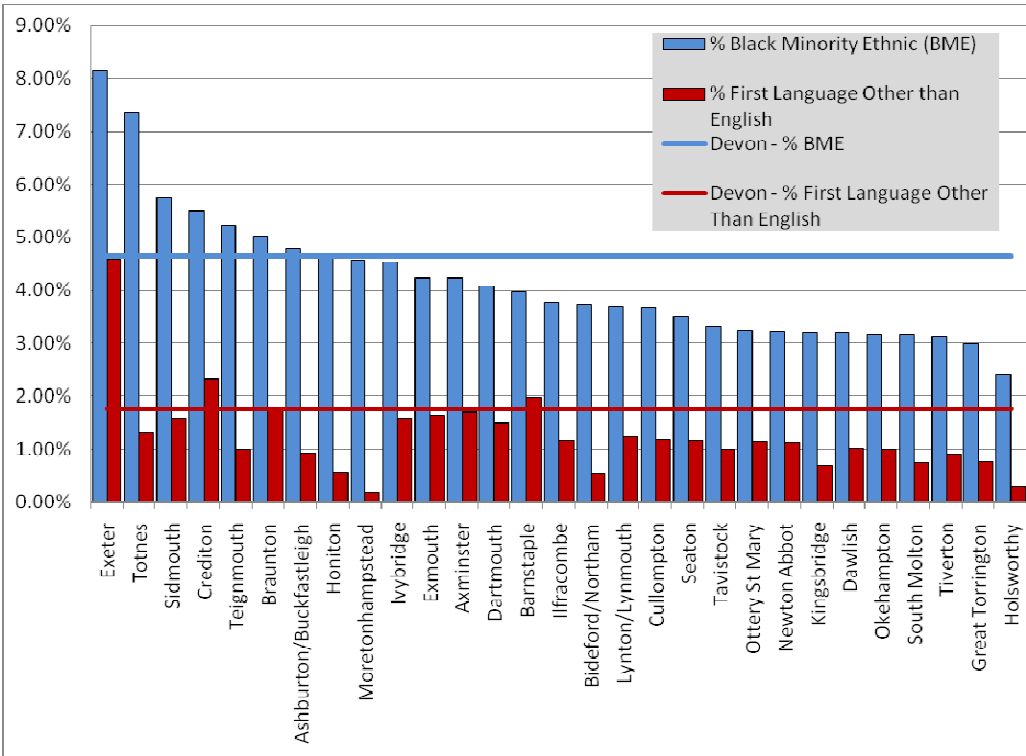
The graph illustrates GCSE performance in 2008 for pupils in Devon Maintained Schools by Town of residence.

Devon pupils' achievement at GCSE level is slightly above the National average (49.5%) but there still too many pupils not gaining 5 or more GCSEs including Maths and English.

The Local Authority has established a 'Narrowing the Gap' Programme to improve the attainment of the lowest 20% of achievers, and a 'Raising the Bar' programme to stretch the most able.

Data Source: Devon Learning and Development Partnership

ETHNICITY AND FIRST LANGUAGE (2007/08)



This graph represents the percentage of young people with a first language other than English who were attending a DCC school in 07/08 by their town of residence. In this time period there were 4,440 pupils from a minority ethnic background in Devon schools (4.65% of the total school population) and of these 1,731 have English as an additional language.

There are over 60 different languages spoken by children and young people in Devon schools the largest minority language groups being Polish (252) and German (88).

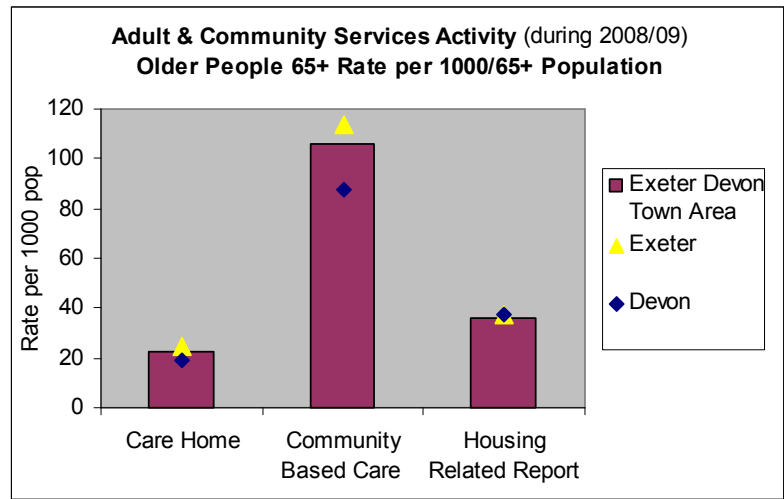
There are few schools without minority ethnic pupils and an increase in those schools with over 6% Black Minority and Ethnic pupils on roll. Currently, the largest ethnic group are Polish families located

across the county.

Data Source: DCSF School Census (Oct 07, Jan 08 and May 08)

ADULT AND COMMUNITY SERVICES

Older People 65+



The table illustrates that service activity for older people aged 65+ in Exeter is in line with the overall Devon average for the proportion of people based in Care Homes and the proportion receiving Housing Related Support. The proportion receiving Community Based Care is over represented when compared to the Devon average.

The rate of referrals for older people aged 65+ into Adult and Community Services in Exeter is 200 (per 1000 65+ population). This is the highest referral rate for this age group across Devon (out of 29 Devon towns). The proportion of referrals for older people aged 65+ in Exeter dealt with at point of contact and those sent on for further assessment is in line with the overall Devon average of 14% and 86% respectively. 31% of referrals for the 65+ age group in Exeter are from Primary Health

/ Community Health.

The rate of older people aged 65+ in Exeter receiving assessments is 73 (per 1000 65+ population) and 95.4 for reviews, these rates are both comparable to the Devon average.

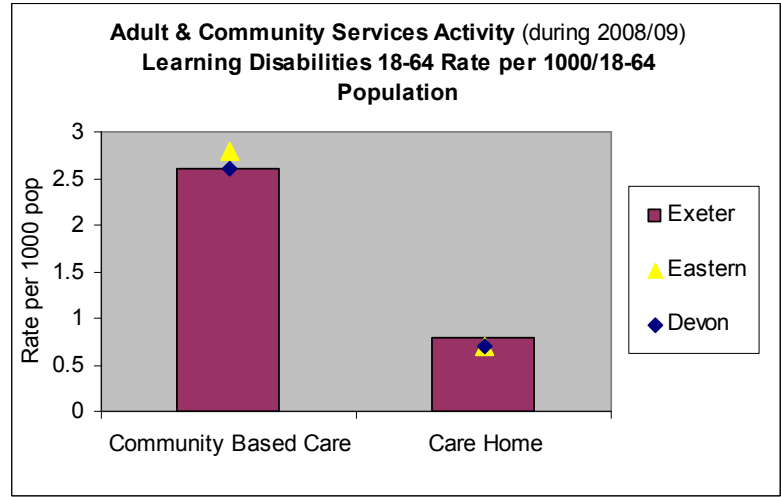
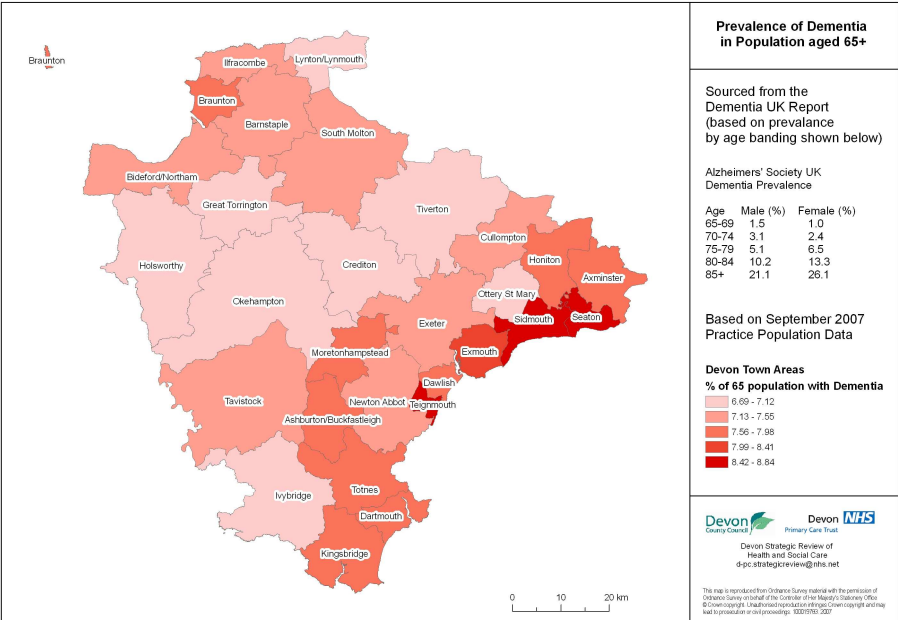
Mental Health and Learning Disabilities

Applying the nationally accepted prevalence rates for Dementia to the population in Exeter shows that there are an estimated 1648 people in the area with Dementia. This gives an overall prevalence rate in the 65 and over population of 7.5%.

The table below presents people in Exeter aged 18-64 predicted to have a mental health problem, projected to 2025

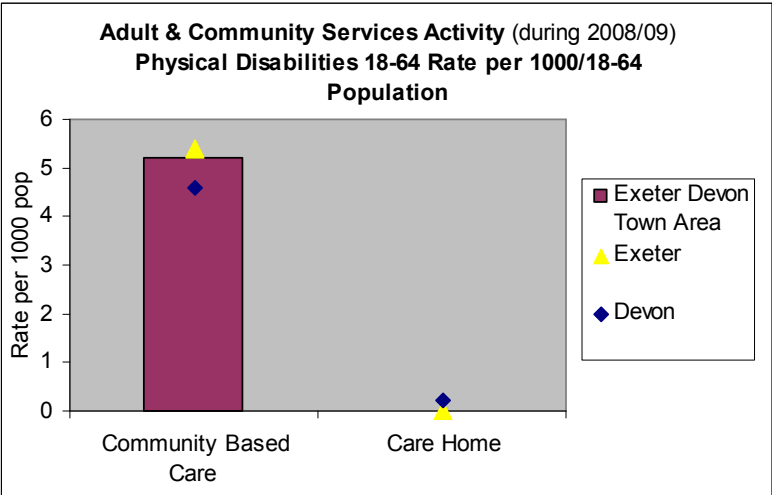
	2008	2025	% Change
Depression	2,167	2,687	24%
Neurotic disorder	13,966	17,264	24%
Personality disorder	3,755	4,713	26%
Psychotic disorder	469	585	25%

Data Source: PANSI



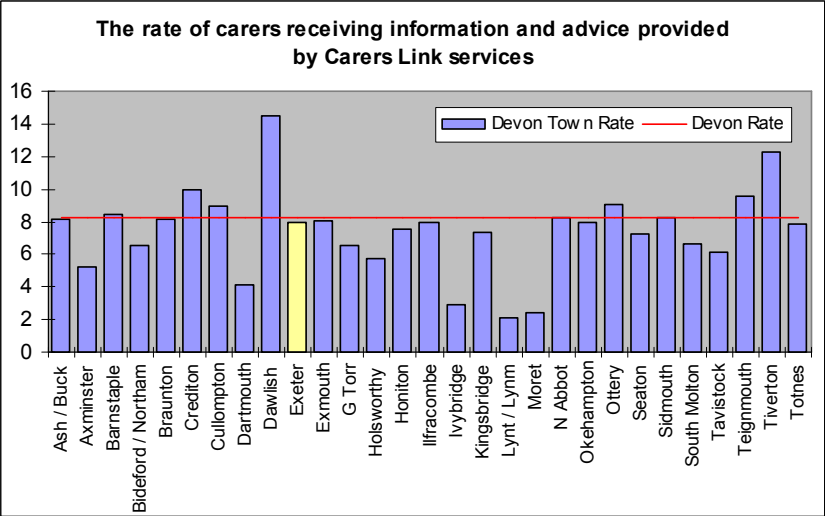
In Exeter the proportion of people with learning disabilities aged 18-64 receiving Community Based Care and the proportion of people based in Care Homes is comparable to the overall Devon average.

Physical Disabilities 18-64



This table demonstrates that Exeter is comparable with the overall Devon average for the number of people with physical disabilities aged 18-64 receiving Community Based Care and the number based in a Care Home. The rate of referrals for people aged 18-64 into Adult and Community Services in Exeter is 9.9 (per 1000 18-64 population). This is the 4th highest referral rate for this age group across Devon. The rate of people with physical disabilities aged 18-64 in Exeter receiving assessments is 3.5 (per 1000 18-64 population) and 2.8 for reviews, these rates are both comparable to the Devon average. The rate of Safeguarding alerts in Exeter is 1.9 (per 1000 18+ population) which is in line with the Devon average of 1.6.

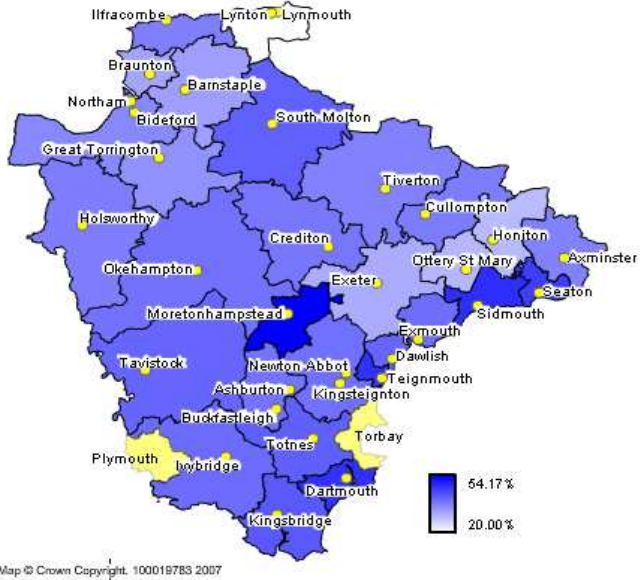
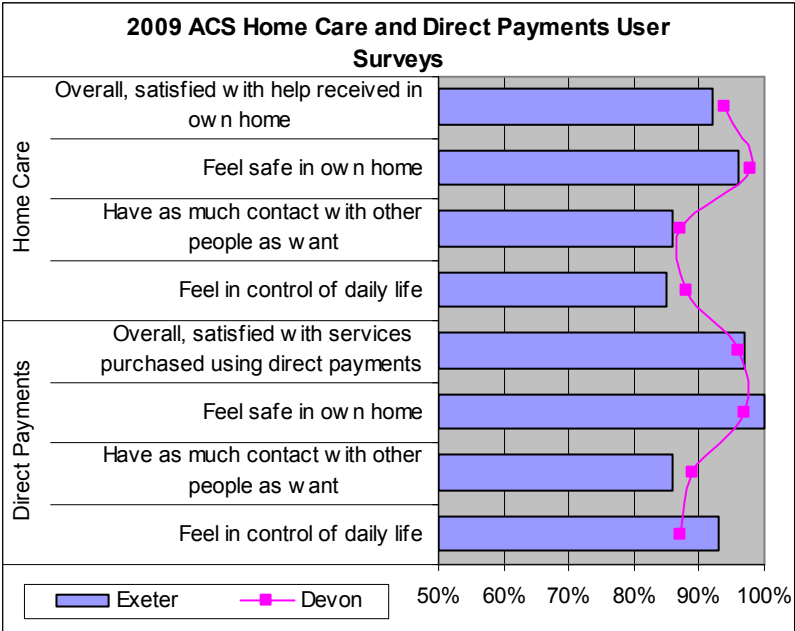
Carers



The rate of Carers assessments and reviews in Exeter is 6.6 (per 1000 18+ population) and is comparable with the Devon average. The table opposite illustrates that the rate of carers receiving Information and advice provided by Carers Link services in Exeter is comparable to the Devon average. A large proportion of this is carers of people with physical disabilities.

Respect and consideration
Older people are able to get the support needed to continue to live at home

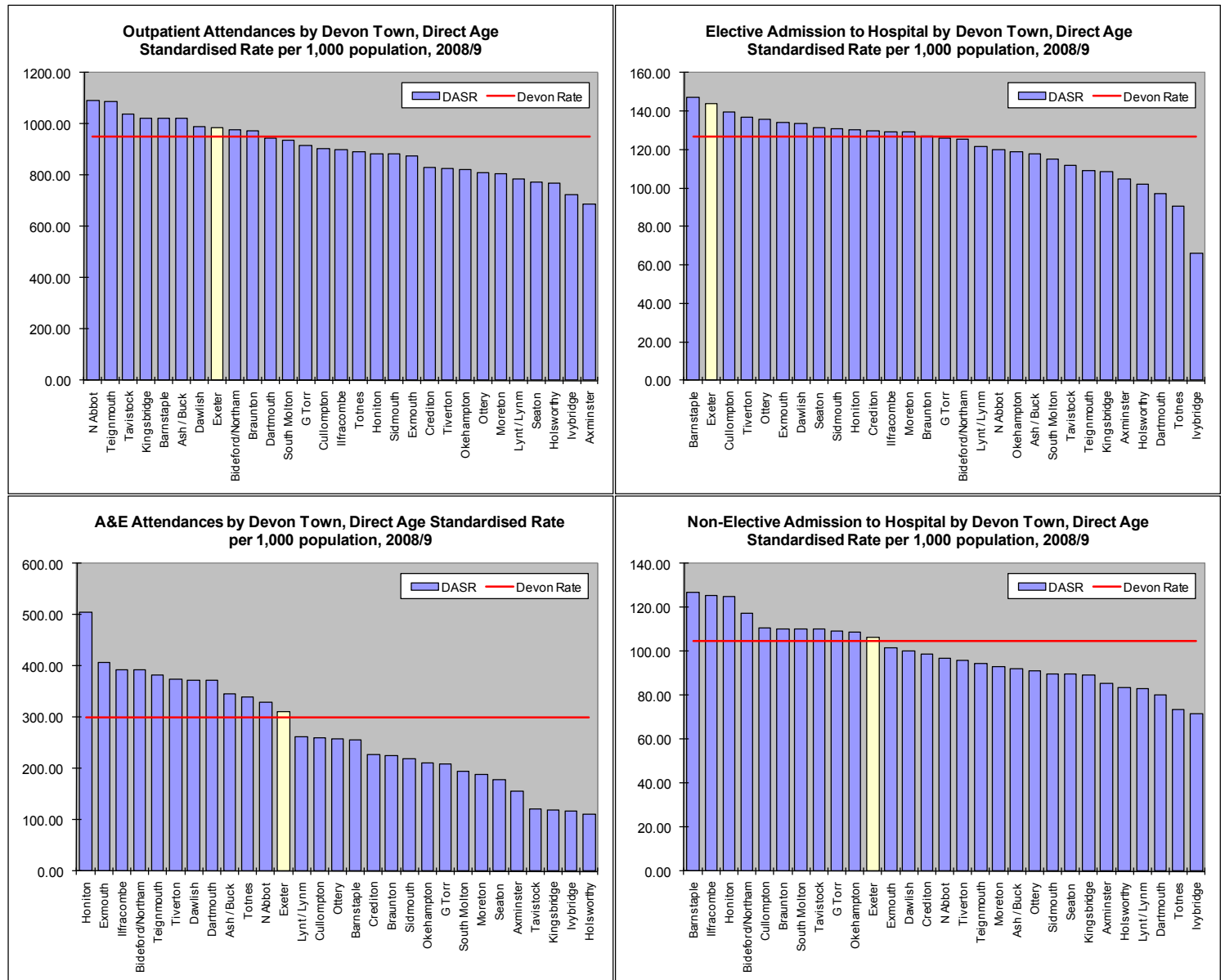
User Experience / Feedback



Results of the 2008 Place Survey reveal that 31% of Exeter residents who responded to the survey felt that older people are able to get the support needed to continue to live at home compared to the Devon average of 36%. The 2009 ACS User Survey results for Direct Payments recipients indicate that respondents in Exeter feel more in control of daily life than in Devon overall. However, low response rates in some districts can skew survey results.

HOSPITAL ACTIVITY

The rate of outpatient attendances in the Exeter city area is slightly above the Devon average, with the rate of elective admissions to hospital is the second highest in Devon and well above the Devon average. Both the rate of Accident and Emergency attendances and non-elective admissions to hospital, which cover emergencies, maternities and transfers, are in line with the Devon average.

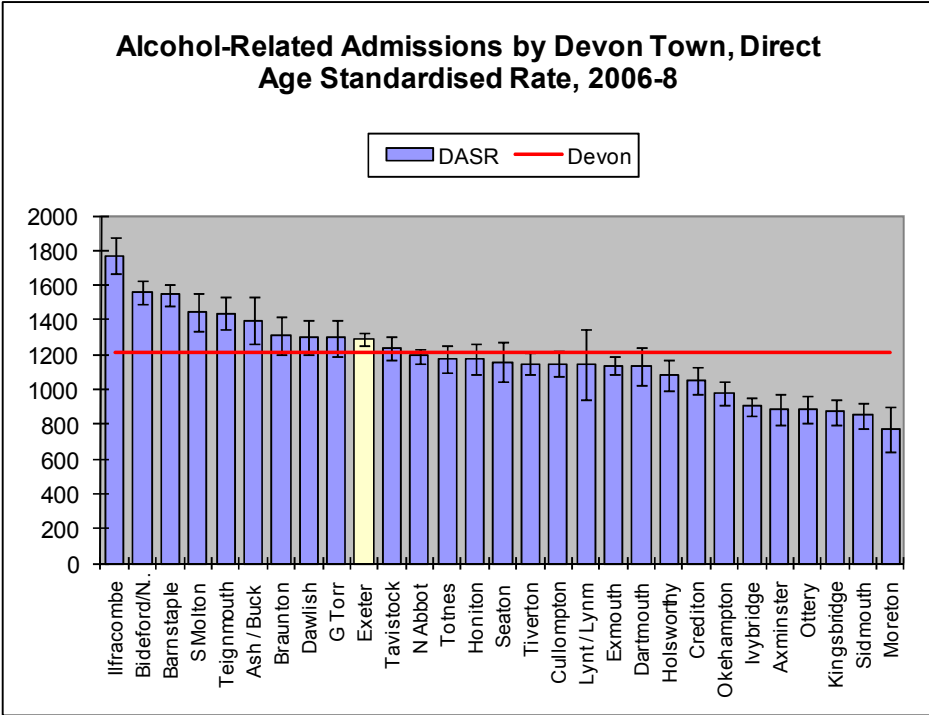


Hospital Activity, Direct Age Standardised Rates by Activity Type, 2008/9

Area	A&E Attends	Outpatient Attends	Elective Admissions	Non-Elective Admissions
Exeter	321.3	997.3	142.0	109.4
Exminster	272.2	1021.2	178.9	95.1
Exeter Hinterland	263.6	922.0	147.1	84.6
Exeter Wider Area	312.0	987.0	143.9	106.3
Eastern Locality	313.2	889.5	134.5	101.9
Devon	300.3	951.4	126.9	104.8

PUBLIC HEALTH – ALCOHOL-RELATED ADMISSIONS

Alcohol-Related admissions include those where acute, chronic and mental conditions are known to relate either fully or partially to alcohol use. Further details on how these figures are derived can be found in the glossary. The Exeter area has a slightly higher rate of alcohol-related admissions than Devon as a whole. Admission rates are considerable higher in Exeter than Exminster and are higher than the Devon urban average.



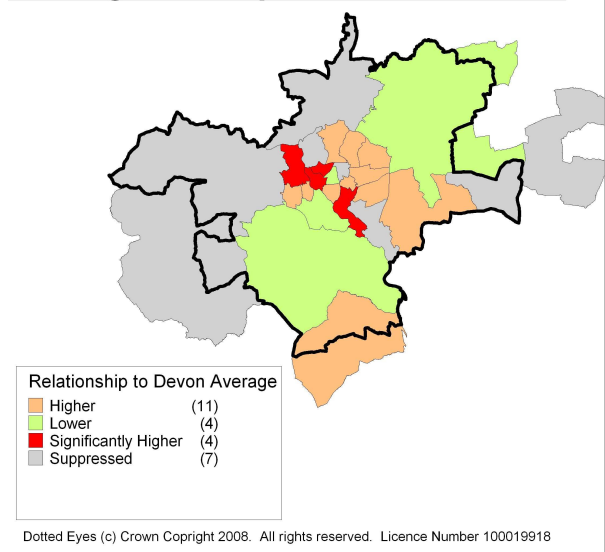
Area	Admissions per year	DASR* per 100k
Exeter	1,797	1338.6
Exminster	50	977.6
Exeter Hinterland	237	1029.7
Exeter Wider Area	2,083	1291.7
Eastern Locality	5,082	1159.1
Devon	12,742	1215.3
Devon Urban	8,877	1319.4
Devon Rural	3,863	1012.1

* Direct age standardised rate, see glossary

PUBLIC HEALTH TEEN CONCEPTIONS

Levels of conceptions amongst females aged below 18 are significantly higher in four wards of Exeter (Priory, St Davids, St James' and Exwick). Most city wards are above the Devon average, although rates are lower in outlying rural areas.

Teenage Conception Rates, 2004-6



PUBLIC HEALTH DEATH RATES 2003-7

The table below presents mortality or death rates for the Exeter city area compared with Devon. Mortality rates are higher for all measures and four of these (all causes, male, under 75 and circulatory) are statistically significant.

Measure	Average deaths per year	DASR	Devon DASR	Relationship to Average
All Causes	1221	565.7	533.3	Sig High
All Causes, Female	642	464.6	448.3	N.S.
All Causes, Male	579	707.4	640.6	Sig High
All Causes, under 75	370	272.5	254.4	Sig High
Cancer	327	168.0	163.9	N.S.
Cancer, under 75	147	106.9	105.5	N.S.
Circulatory	458	197.4	183.8	Sig High
Circulatory, under 75	102	73.6	65.8	N.S.

N.S. = Not statistically significant. For more information on definitions and measures, see glossary