

Locality Public Health Plan: Data Summary

Exeter (CCG Eastern Locality)

2013/14



The Exeter Public Health plan is a mechanism for monitoring and prioritising health and well-being issues across the Exeter city area.

North East & West (NEW) Devon Clinical Commissioning Group and its Localities

Table 1: Summary figures for NEW Devon clinical commissioning group

NEW Devon Clinical Commissioning Group Summary				
	Total	Eastern	Northern	Western
Resident Population	899,500	378,000	163,900	357,500
Aged 65 and over	181,100 (20%)	81,600 (22%)	36,500 (22%)	62,900 (18%)
Average Live Births per Annum	9,106	3,597	1,579	3,929
Average Deaths per Annum	8,904	3,872	1,727	3,305
Life Expectancy (M/F)	79.4 / 83.2	80.4 / 83.7	79.0 / 83.5	78.5 / 82.5
Income Deprived (%)	12.1%	10.1%	13.0%	13.9%
Smoking Prevalence (%)	20.4%	19.0%	20.5%	21.3%
Alcohol Admissions Rate	1821.0	1569.6	1839.8	2080.6



Public Health Annual Report 2012-13

Executive Summary

The Devon Public Health Annual Report 2012-13 outlines that the areas of health and wellbeing where the greatest impact can be made on health inequality are:

1. Reducing smoking
2. Increase the proportion of the population at a healthy weight
3. Detecting and treating diseases earlier such as heart disease, high blood pressure diabetes and cancers
4. Targeting preventative interventions at those vulnerable groups with the worse health, including those who may be at risk of domestic or sexual violence and abuse
5. Investing in the health and wellbeing of all children and young people
6. Improving mental health and emotional wellbeing and preventing loneliness
7. Increasing income levels and employment, and reducing poverty
8. Improving the quality and warmth of housing
9. Reducing misuse of substances including alcohol and drugs
10. Helping people in their neighbourhoods to live healthier and happier lives

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

- 1: Increasing levels of Physical Activity
- 2: Reduction in Alcohol misuse
- 3: Reducing falls and cold homes
- 4: Health of the most disadvantaged

The Health Profile for Exeter 2013 highlights: incidence of malignant melanoma, hospital stays for self harm, acute sexually transmitted infections, Alcohol specific hospital stays (Under 18) and violent crime as being significantly worse than the England rate. Link: [Exeter Health Profile](#)

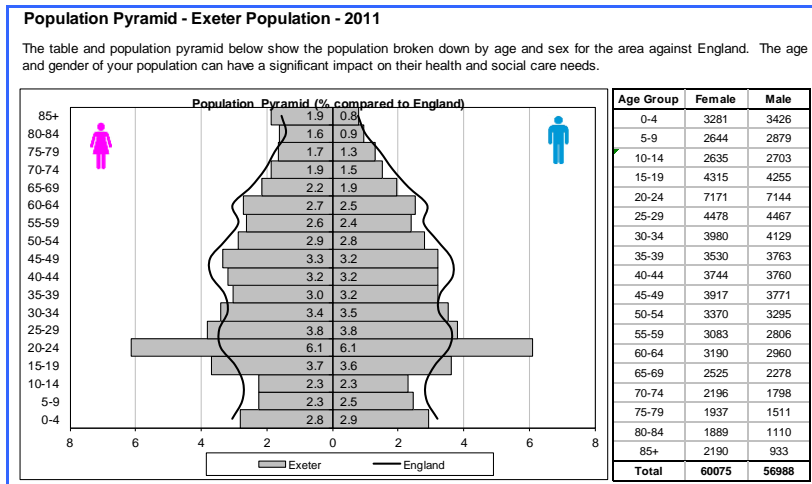
The Devon Health and Wellbeing pages provide further information in the Joint Strategic Needs Assessments (JSNA) for the Eastern locality and The Exeter city council area as well as GP practice profiles. Link: [Devon Health and Wellbeing Pages –JSNA](#)

Exeter Health and Wellbeing Board is producing an Exeter Health and Wellbeing Strategy with an associated action plan to monitor progress against the chosen health and wellbeing priorities. This will be published in due course on the Exeter City Council Website.

Demographics

Exeter city area has a population of 122,770 (June 2010). This breaks down to 62504 females and 60266 males.

Figure 1: Exeter population pyramid compared to Devon (June 2010) Data source: Patient and Practitioner Services Agency.

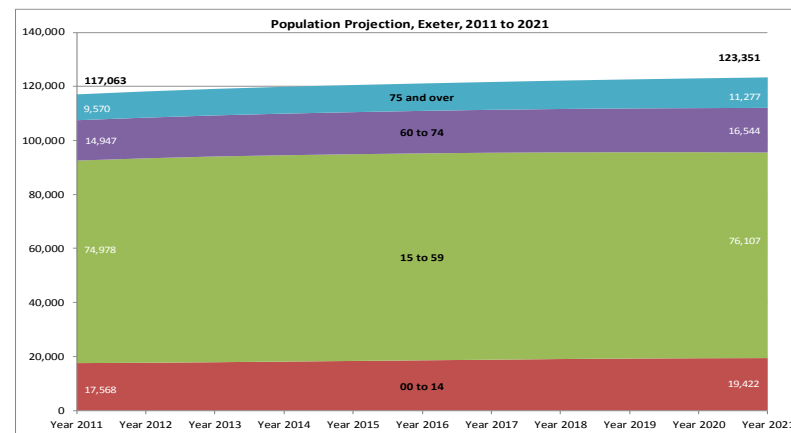


The city area has a much higher proportion of people in the younger age brackets particularly 20-24. This reflects the high student population due to the university.

Population Growth

The population of Exeter is predicted to increase by 15833 people between 2011 and 2026, a rise of 12.6%

Figure 2: Exeter population projection by age group. Data source: Jan 2010 DCC population projections



Ageing Population

The Exeter 85+ population is currently 2.62% which is slightly ahead of England which will be like Exeter in 2017. The figure below demonstrates the differences.

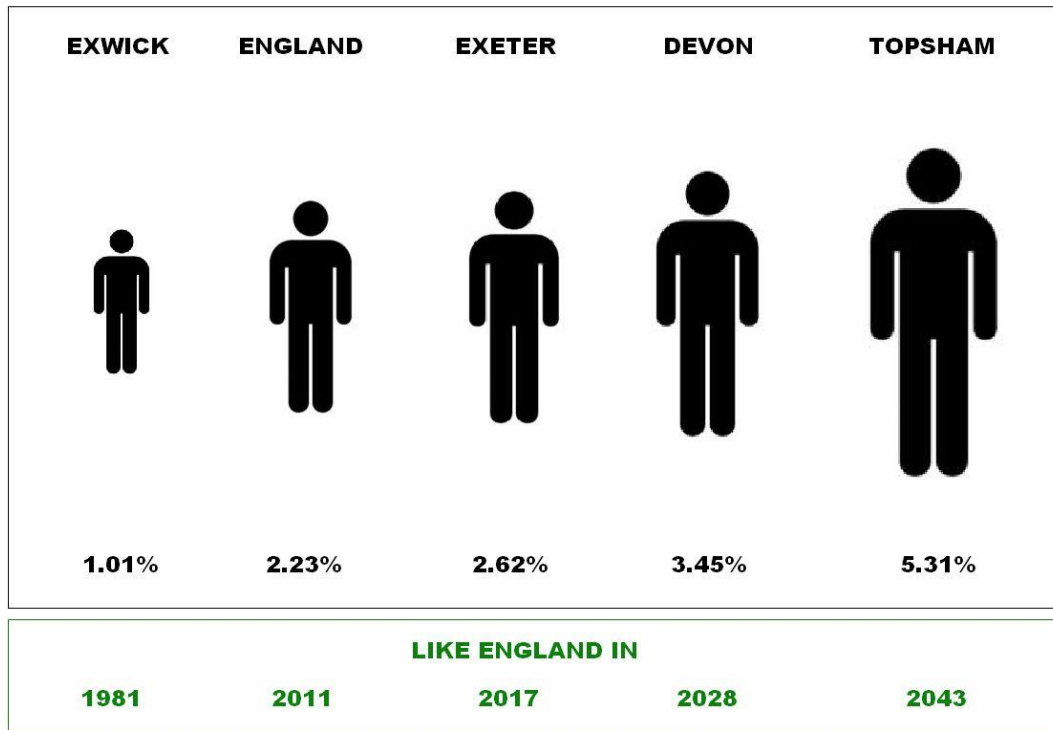


Figure 3: Scaled comparison of the 85 and over population in Exeter Devon and England 2012

Deprivation

Deprivation is a significant factor for health inequalities. Figure one shows the most deprived areas of Exeter.

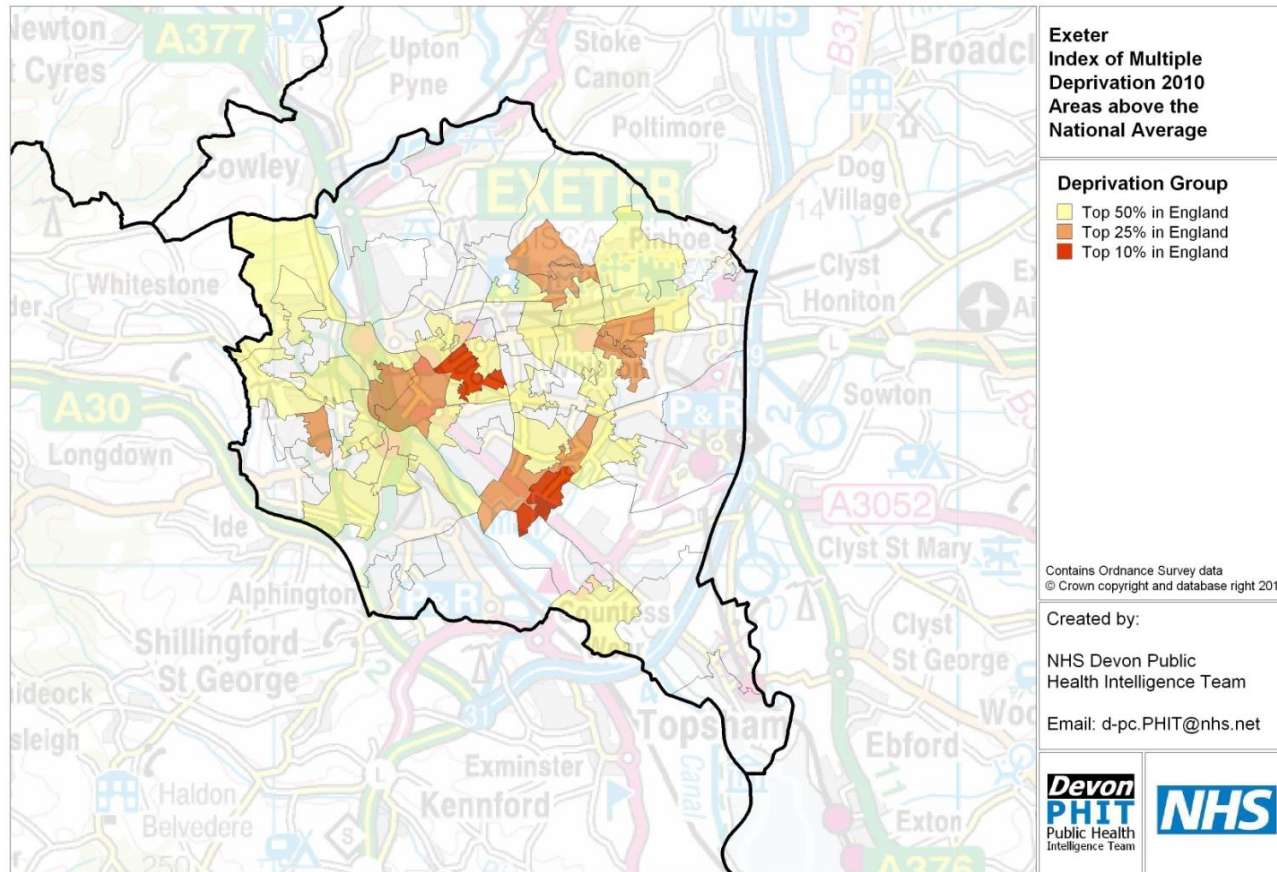
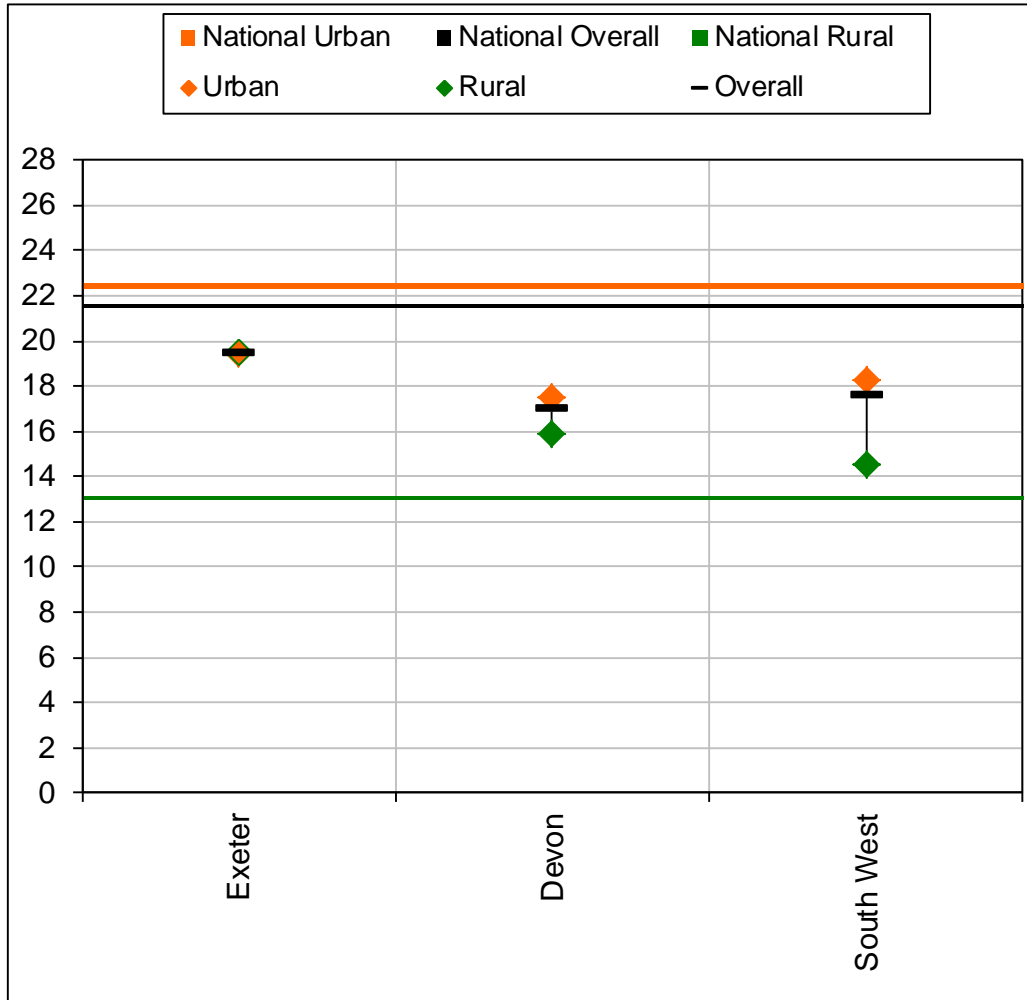
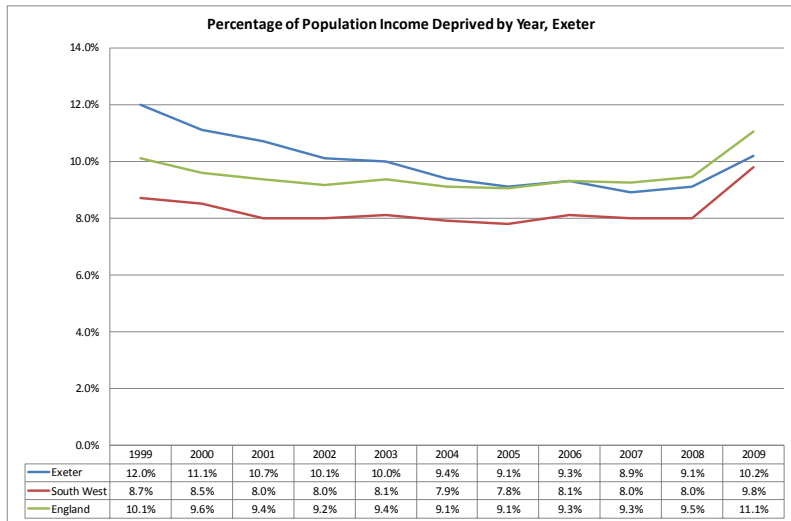


Figure 4: Areas above the national average for deprivation in Exeter. Source: Office for National Statistics 2012



Exeter has higher levels of urban deprivation than both Devon and the South West

Figure 5: Urban deprivation for Exeter compared to Devon and the South West



The trend in deprivation over time follows the South West and England rate and shows an increase in deprivation in terms of income and employment following the recession

Figure 6: Income deprivation by year

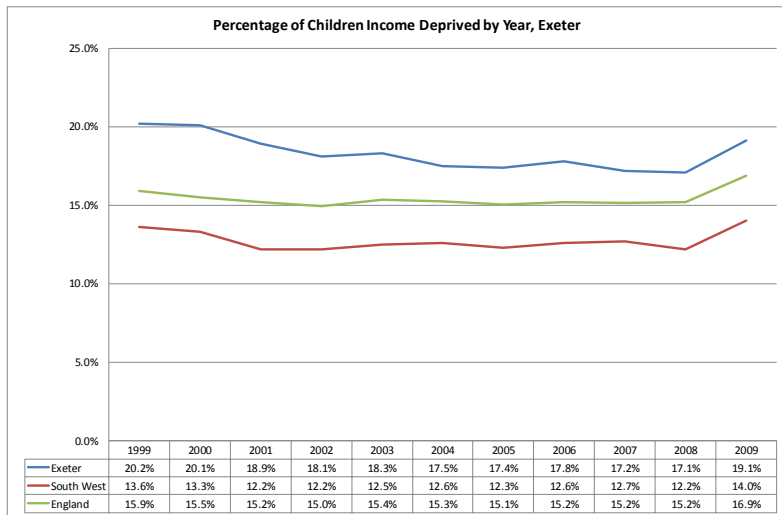


Figure 7: Children income deprived by

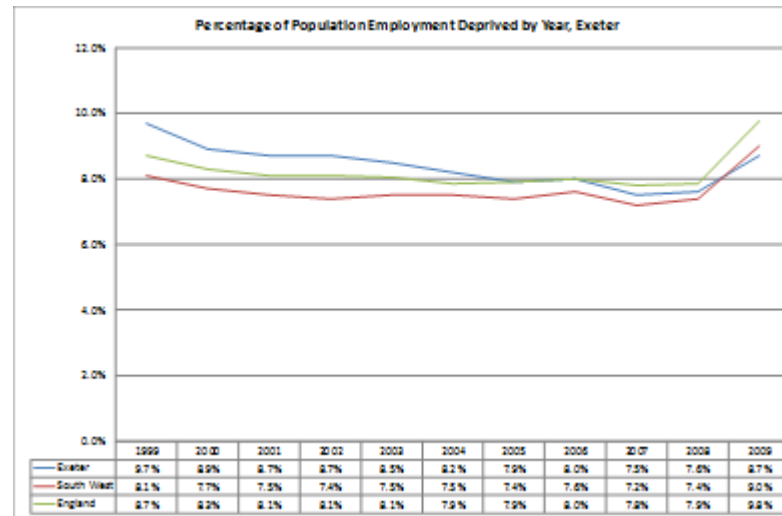


Figure 8: Population Employment

Health Inequalities

Average life expectancy for the Exeter locality is 82.6 years; this is higher than the Devon average of 82 and the national average of 80.2 yrs. However there are marked differences between the least and most deprived areas in the city at lower super output area (LSOA) representing a gap of 16.8 years for Exeter.

The biggest impact in reducing health inequalities in the Eastern locality area NHS Devon and partner agencies would be made by focusing on interventions which will impact most on the top five conditions contributing to the gap in life expectancy. These are Coronary heart disease, other cancers, road traffic accidents, chronic obstructive pulmonary disorder and lung cancer.

For the Exeter City area the difference in life expectancy between the most and least deprived quintile could be most greatly impacted by action on Circulatory Disease, Cancer and respiratory disease. Smoking prevalence in the city is higher than the Devon average with areas of higher deprivation and high concentration of routine and manual workers, such as St David's, Newtown & St James, Mincinglake, Pinhoe, Whipton Barton and Priory demonstrating prevalence rates of up to 25% compared to the Devon Average of 18.5%.

Gap in Life Expectancy

Figures 9 & 10 below show the gap in life expectancy between the most deprived 10% of the district's population and the least deprived 10%.

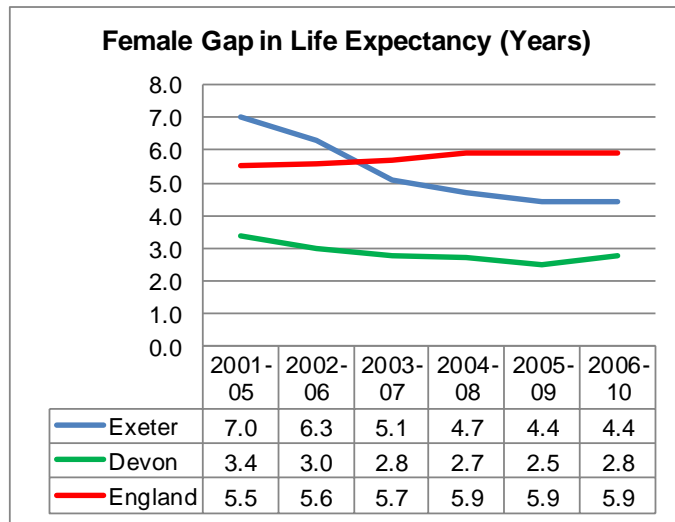


Figure 9: Female life expectancy

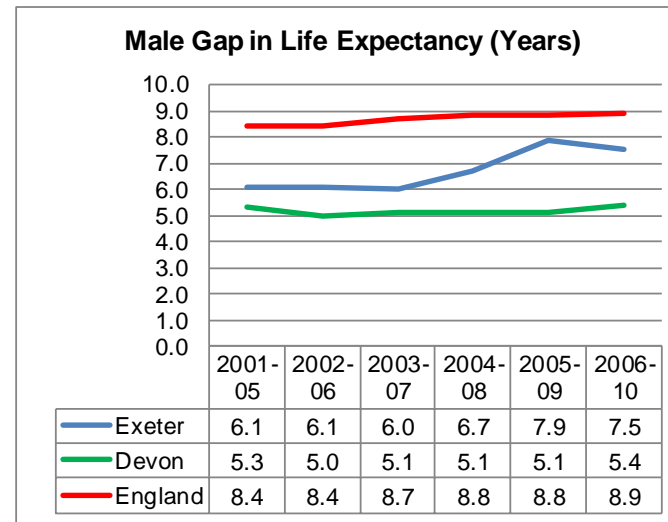
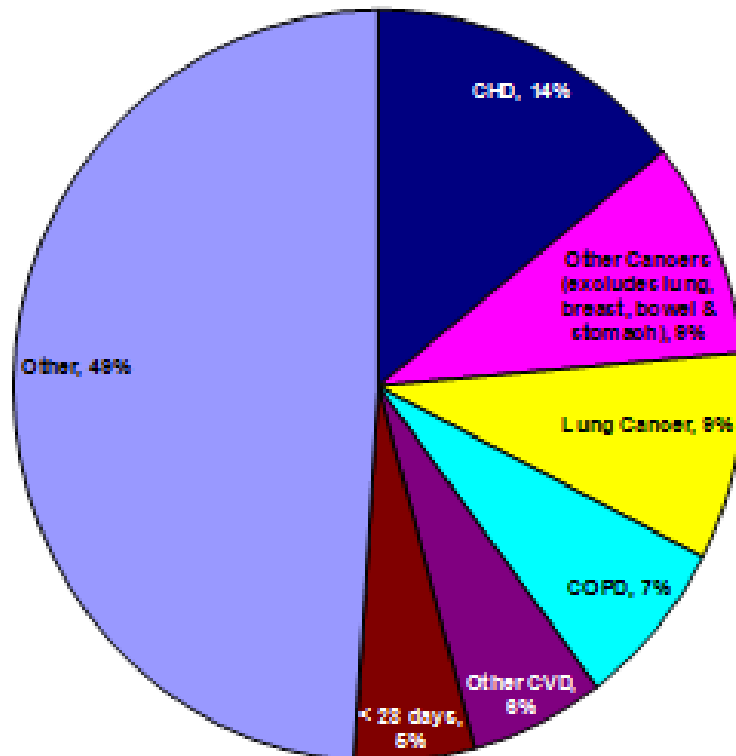


Figure 10: Male life expectancy gap

There is a gap of 16.8 years between the LSOA with the longest life expectancy (Gallows Bridge area, 90.4 years) and the shortest (Priory Road area in Polsloe, 73.6 years).

Figure 11: Causes of death contributing to the life expectancy gap in Exeter and interventions to narrow the gap between the most and least deprived communities 2010

CAUSES OF DEATH CONTRIBUTING TO THE LIFE EXPECTANCY GAP IN EXETER



How can we narrow the gap?

- Address the root causes of health inequalities (housing, work, poverty etc.)
- Stop Smoking clinics and tobacco control
- Early detection of cancer (screening and public awareness)
- Health Checks
- Prescribing of statins and anti-hypertensives
- Healthy eating and physical activity
- Reducing harm from alcohol
- Improving mental health and wellbeing

Alcohol related admissions by locality and Devon town

The increase in alcohol related hospital admissions is now below the South West and England rate this is particularly so in Exeter which may be impacted by improved access to alcohol treatment. Chronic disease conditions are more evident in older age and acute attendances in the younger age group. Mental health alcohol related admissions are more evident in the 40-60 age groups.

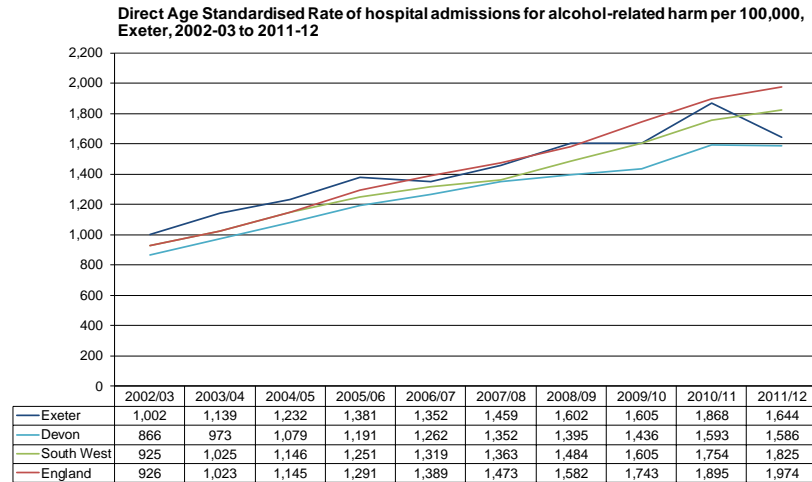


Figure 12: Direct Age Standardised Rate of hospital admissions for alcohol-related harm per 100,000 Exeter, 2002-3 to 2011-12

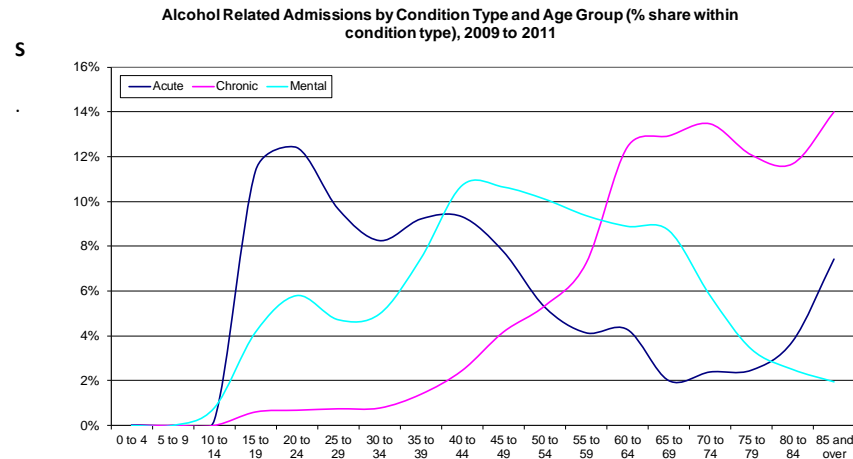


Figure 13: Share of Alcohol-Related Admissions by Age by Admission Type – 2009-2011

Devon wide analysis, updated to 2009 to 2011 highlighting the impact of different admission types at different ages

Alcohol related hospital admissions are falling in Devon against the national trend. Devon's national rank is continuing to fall and currently remains one of the lowest rates in England. Exeter however has the highest Directly Age Standardised Rate in the Eastern locality and remains slightly above the Devon average. Certain areas of the city have significantly higher rates with the Lower Super Output Areas (LSOAs) of Longbrook Street, City Centre, Sidwell Street, Exwick Cemetery area and Heavitree Fore Street, having the highest.

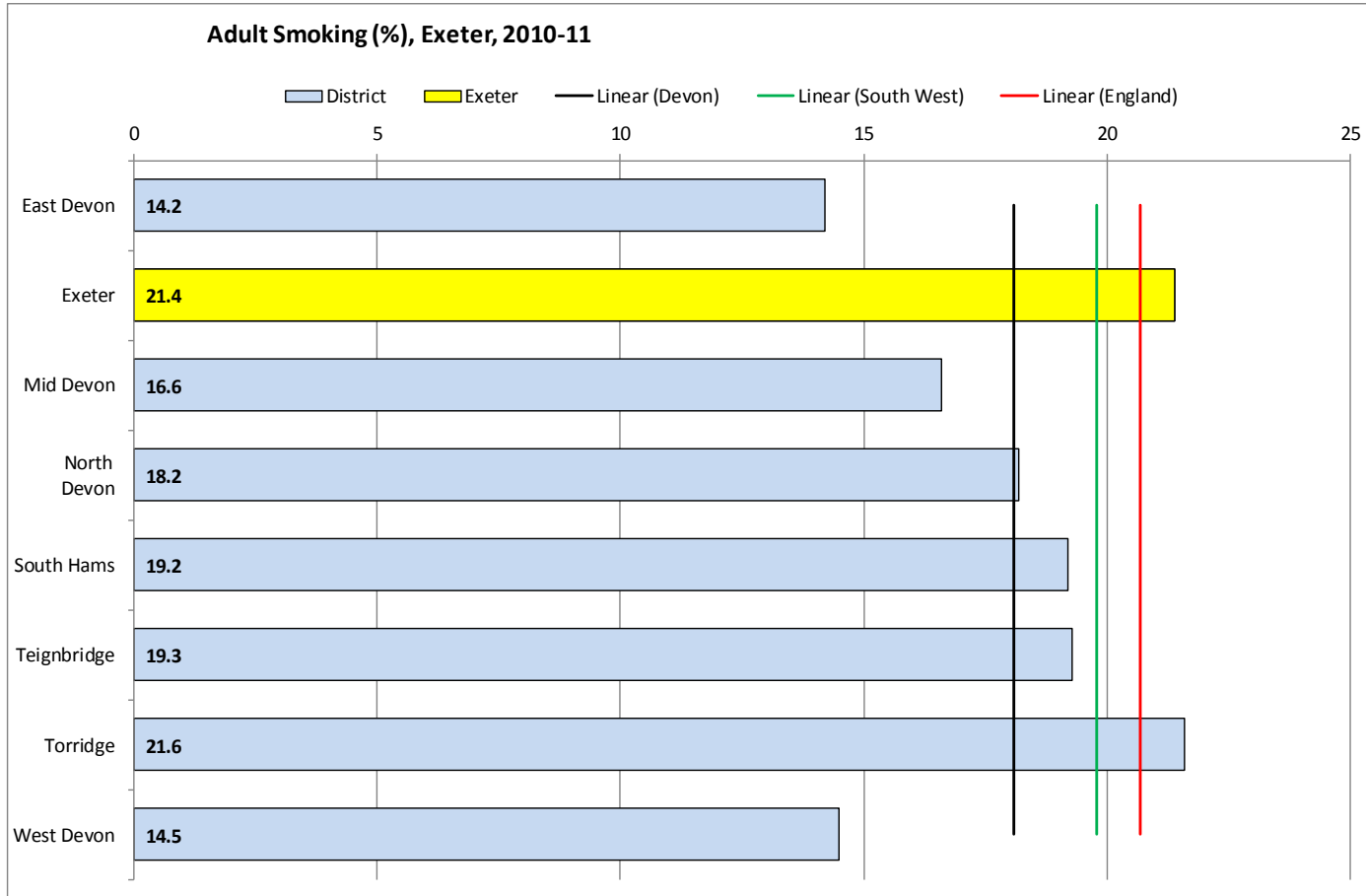
Exeter

The chart below shows the areas in Exeter with the significantly higher than Devon alcohol related hospital admission rates.

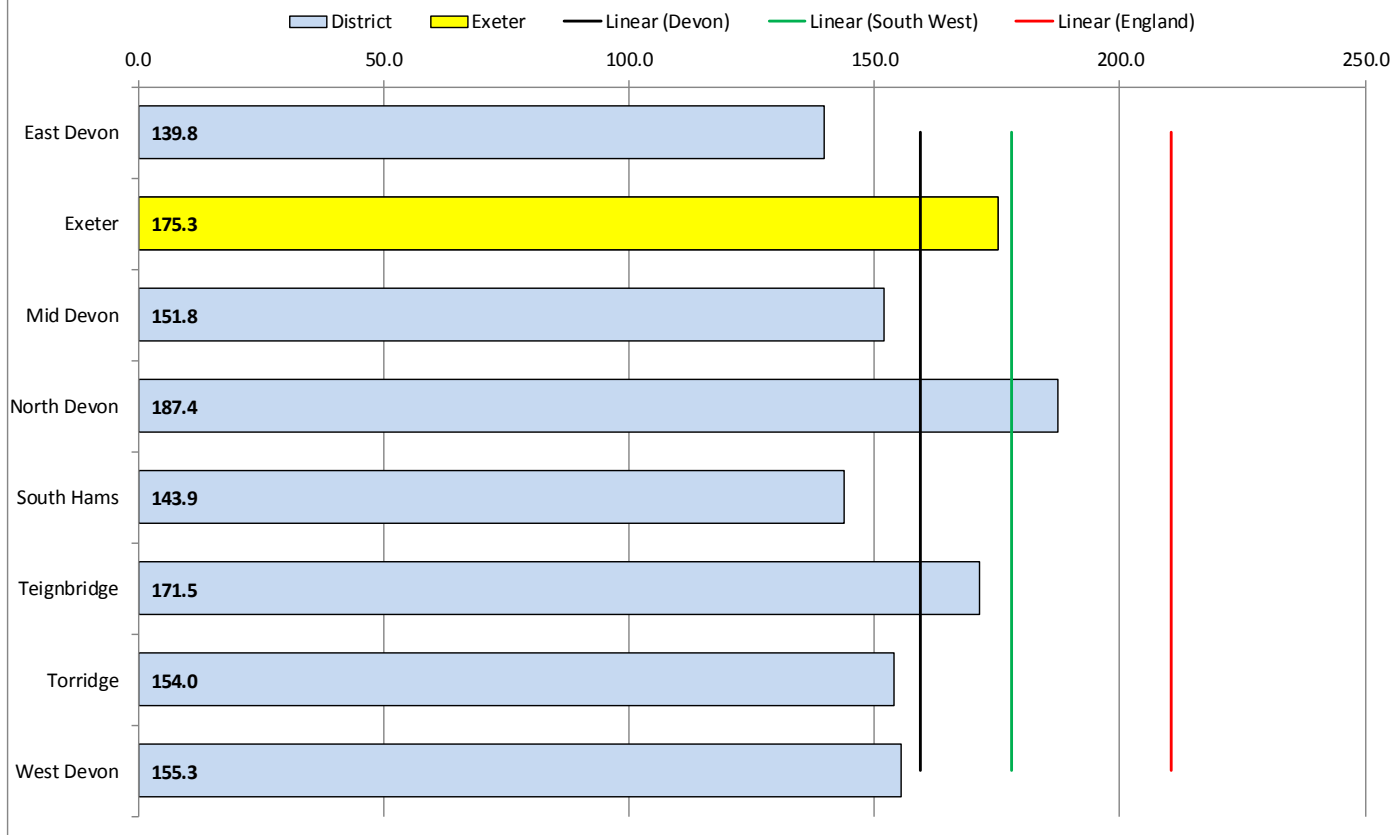
LSOA	Area Description	Total P.A.	DASR per 100,000	95% CI	Relationship to Devon Average
E01020022	Exeter: Longbrook Street area	134	3688.3	(3006.0 to 4370.6)	Significantly Higher
E01020016	Exeter: Cathedral and City Centre East	228	3623.1	(3130.0 to 4116.1)	Significantly Higher
E01020018	Exeter: City Centre West	185	3277.3	(2759.1 to 3795.6)	Significantly Higher
E01019995	Exeter: Sidwell Street and Clifton Road area	158	3204.9	(2645.4 to 3764.4)	Significantly Higher
E01019985	Exeter: Exwick - Cemetery area	126	2866.5	(2361.9 to 3371.0)	Significantly Higher
E01019987	Exeter: Heavitree - Fore Street area	131	2634.3	(2139.3 to 3129.2)	Significantly Higher
E01020030	Exeter: St Thomas - Cowick Street area	141	2590.7	(2138.7 to 3042.6)	Significantly Higher
E01020021	Exeter: Howell Road area	100	2548.8	(2018.9 to 3078.8)	Significantly Higher
E01020032	Exeter: St Thomas - Pincas Gardens area	111	2163.6	(1749.2 to 2577.9)	Significantly Higher
E01019973	Exeter: Cowick Lane - School, Allotments and Playing Fields	129	2149.1	(1745.9 to 2552.3)	Significantly Higher

Smoking

The Health Profile 2013 reveals smoking prevalence was **21.4% compared to 20.7%** for England and 18.1 for Devon reducing prevalence will impact on health inequality and improve health. A focus on quitting is required in deprived areas and areas of high routine and manual workers. Appendix 1 maps the areas of Exeter with highest smoking prevalence. Smoking during pregnancy is harmful, there is not reliable data on smoking status at time of delivery but the data available suggests it is higher in Teignbridge and North Devon.

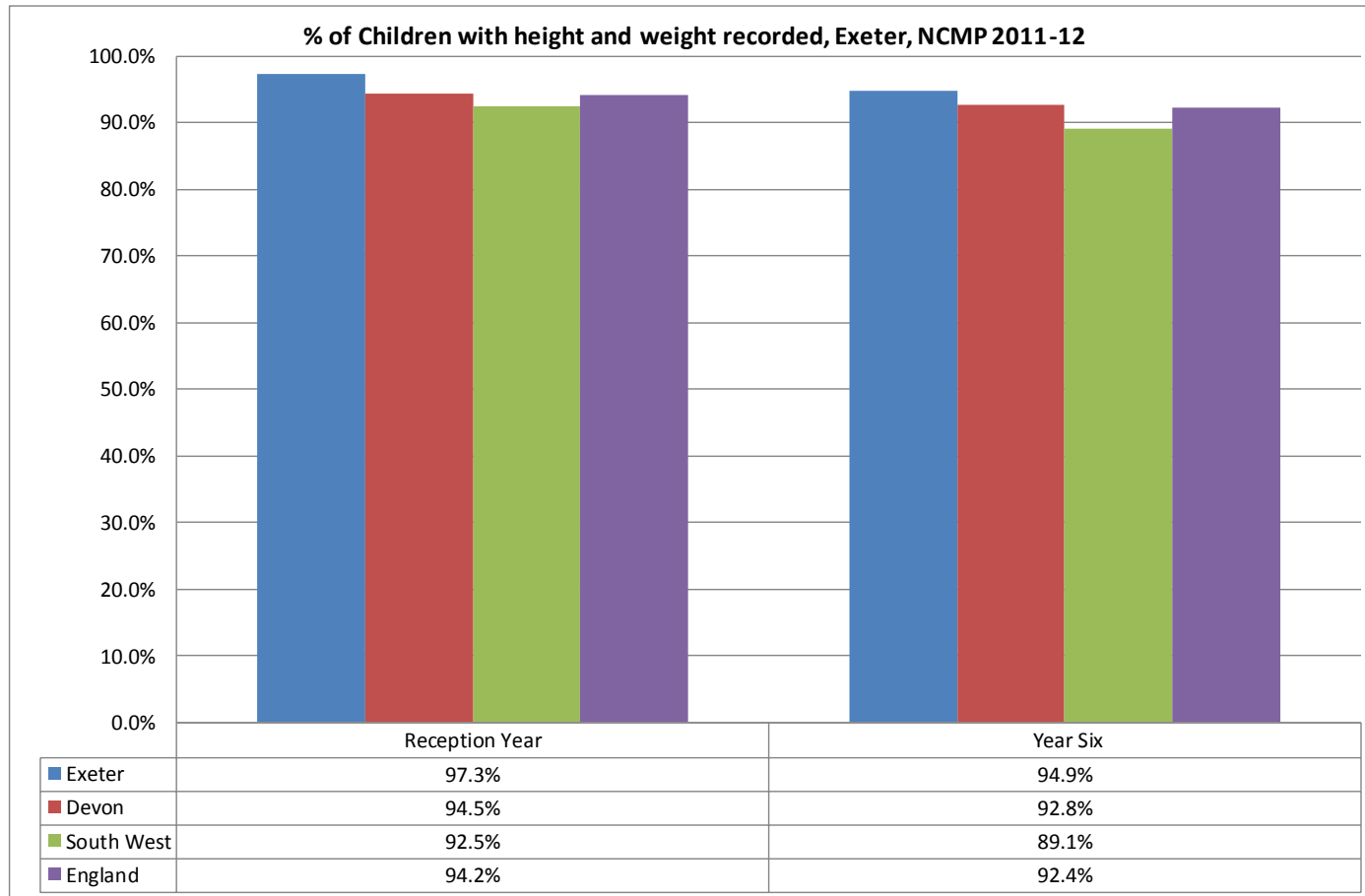


Smoking Related Deaths, DASR per 100,000 (35+), Exeter, 2008 to 2010

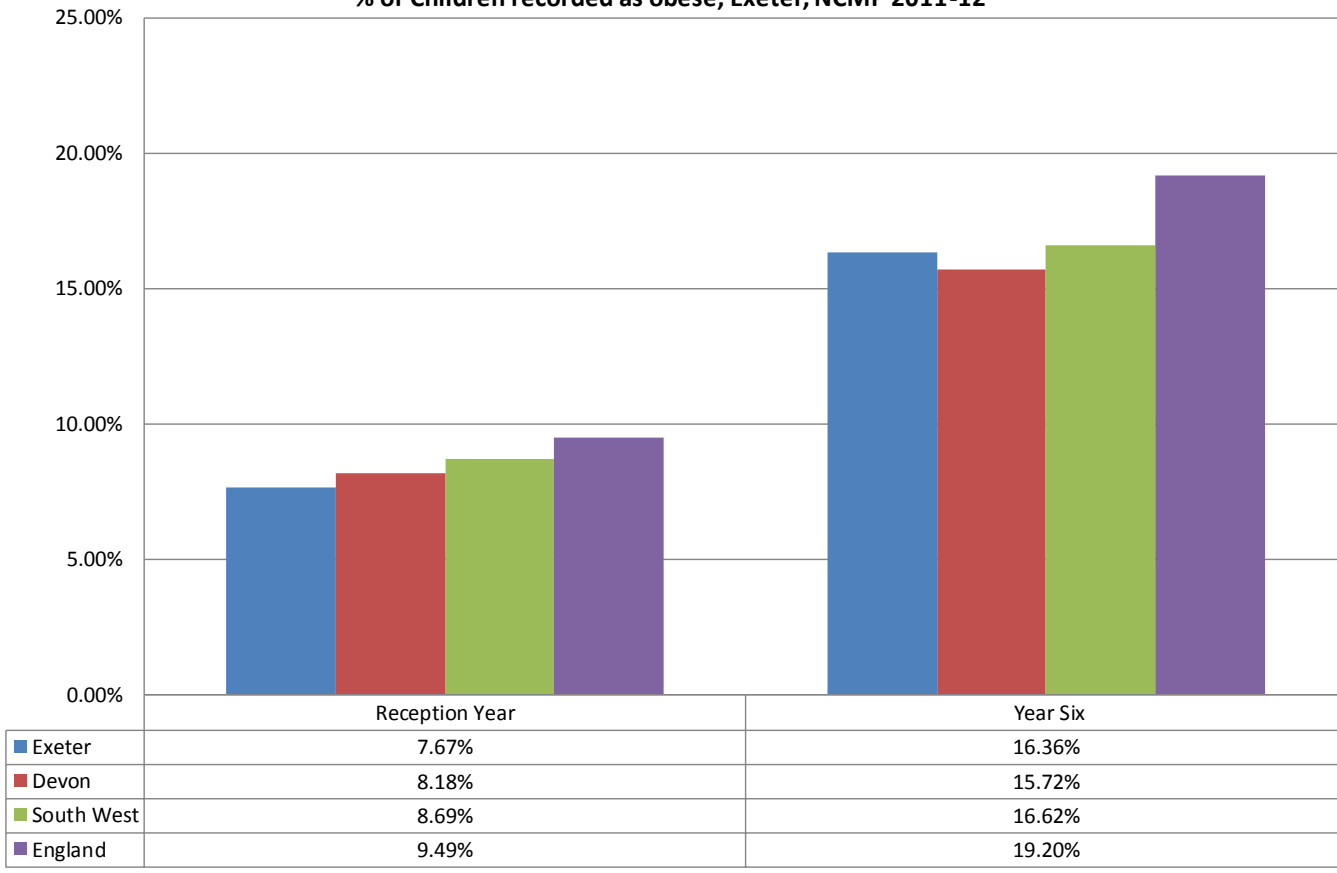


Obesity – National Child Measurement Programme

Every year children in Devon are weighed and measured at reception and year six as part of the national child measurement programme. Appendix 1 provides a map of childhood obesity at reception and year 6. The programme has been running for six years. Levels of obesity in reception year and year 6 have remained relatively stable over recent years demonstrating that more action is required to achieve a downward trend.

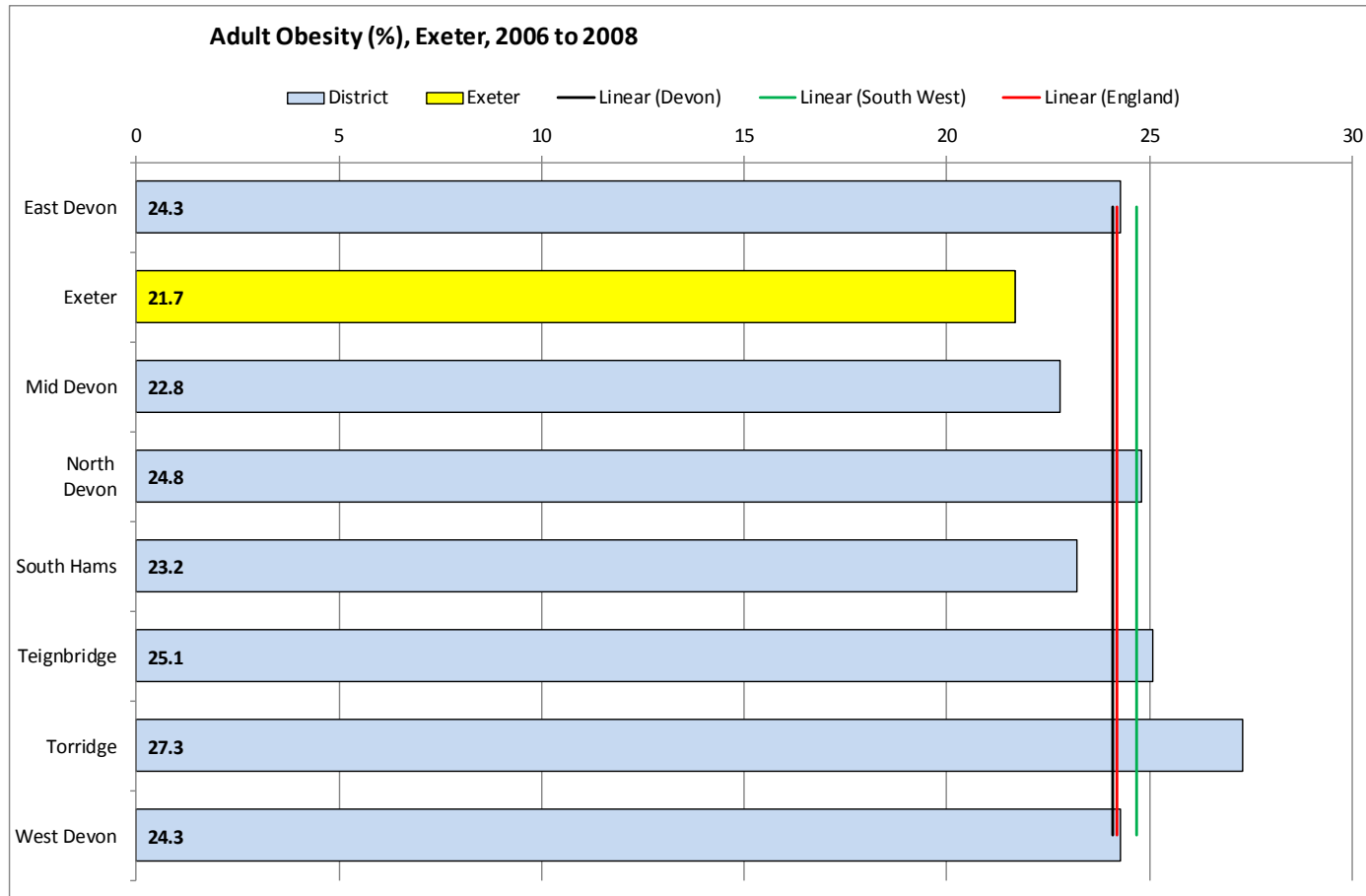


% of Children recorded as obese, Exeter, NCMP 2011-12



Adult Obesity

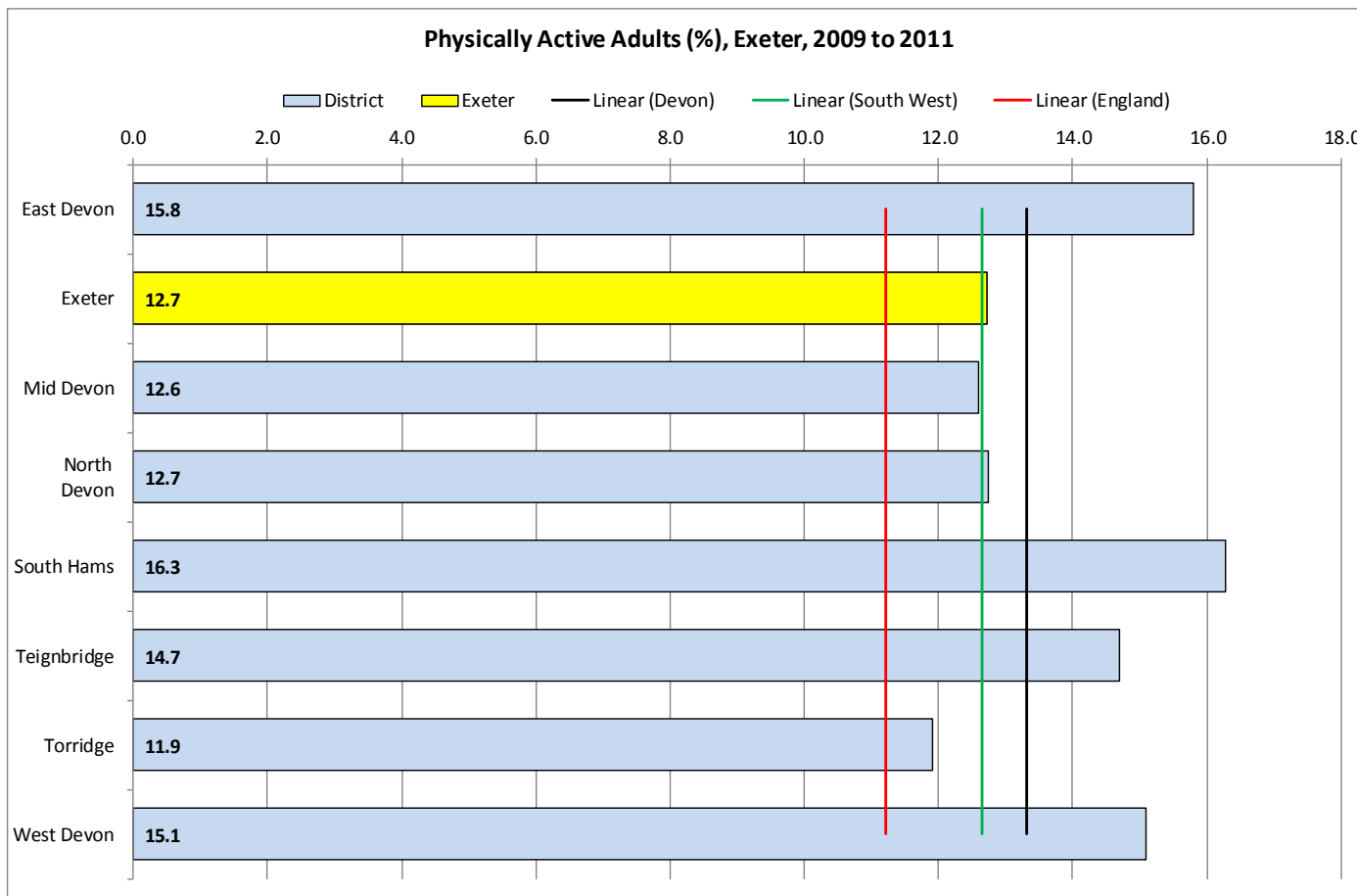
Population estimates are available for adult obesity the latest figures show that over 21.7% of the adult population are obese which will have an impact on long-term health outcomes but this is the lowest level in Devon.



Physical Activity

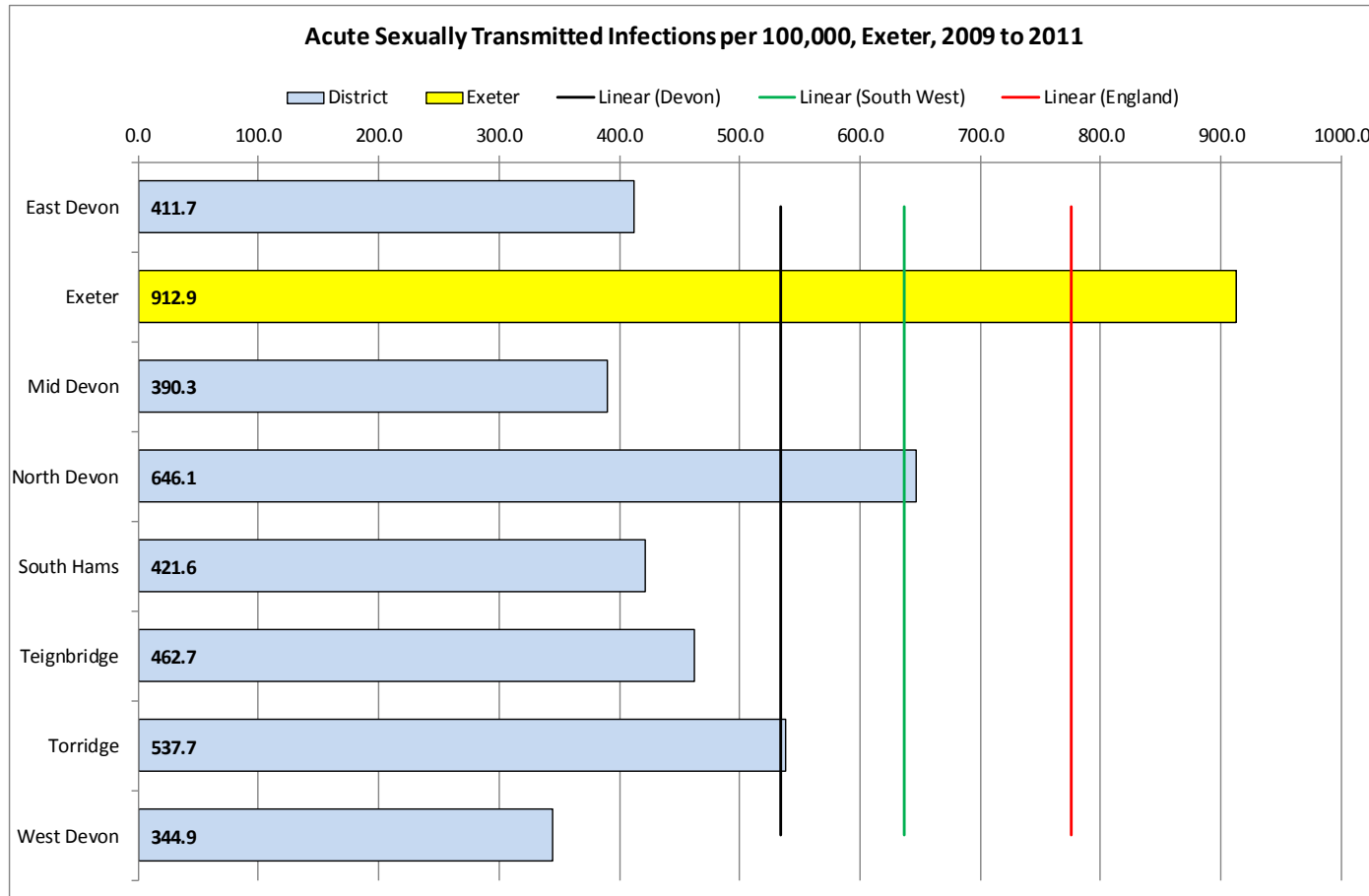
Physical activity is essential for long-term health and being active will promote emotional health and wellbeing and improve cardiovascular health. The Active People Survey measures adult participation in sport and recreation and the graph below plots adult participation in 30 minutes moderate intensity sport and active recreation on 20 or more days in the previous 4 weeks, (equivalent to 30 minutes on 5 or more days per week). This activity level satisfies the main aim of the Chief Medical Officer's guidelines (2011) on physical activity.

Devon has seen an increase in both indicators from the initial survey in 2005/6. Exeter residents have one of the lowest levels in the County, indicating that approximately **87%** of the Exeter residents are not yet active enough to receive health benefits.

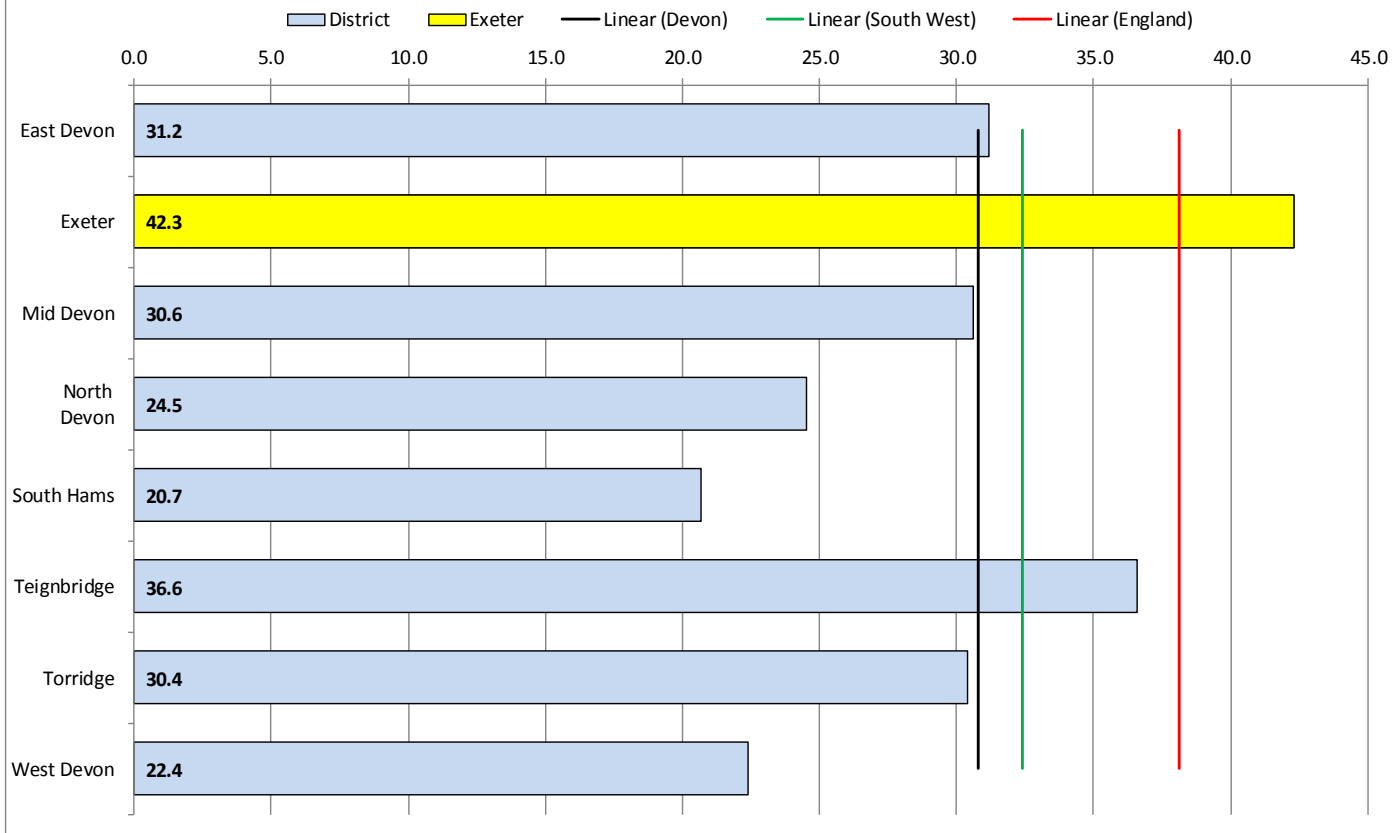


Sexual Health

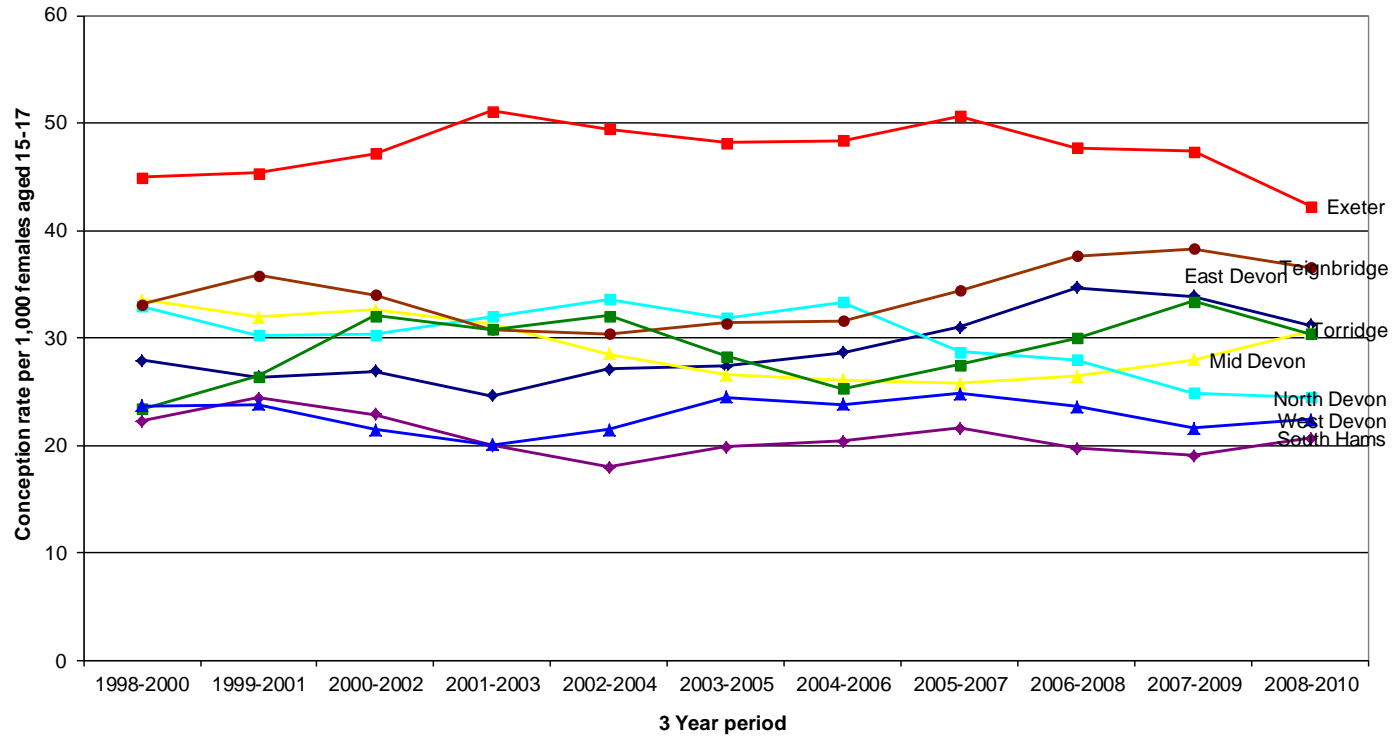
Sexual health is important for health and wellbeing, health inequalities and equalities impacts. Exeter has a comparatively high sexually transmitted infection rate and high teenage conception rate when compared to the rest of Devon.



Under 18 Conceptions per 1,000 females aged 15 to 17, Exeter, 2008 to 2010



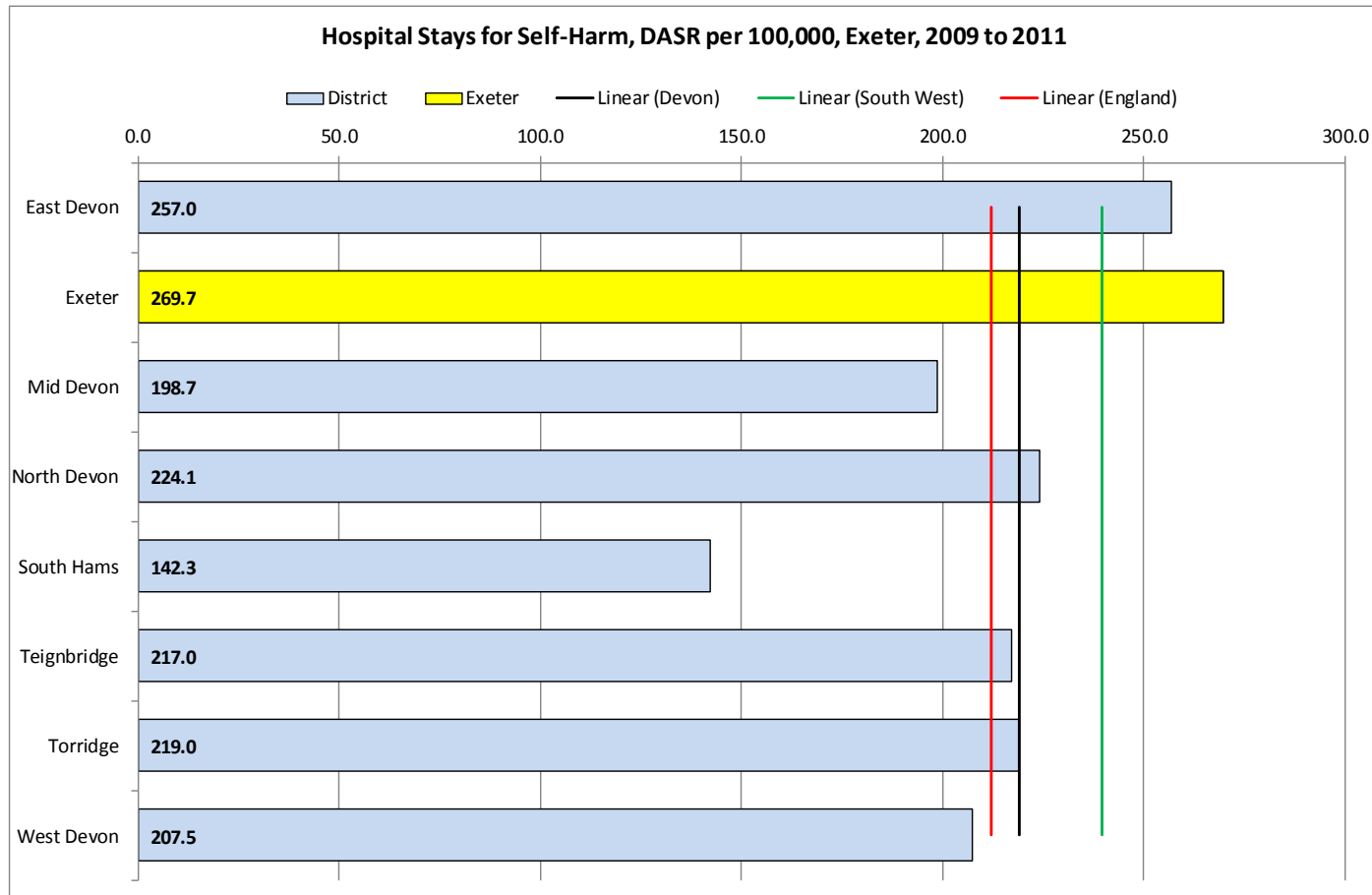
Trend in Under 18 Conception Rate, 1998 to 2010, by Devon District



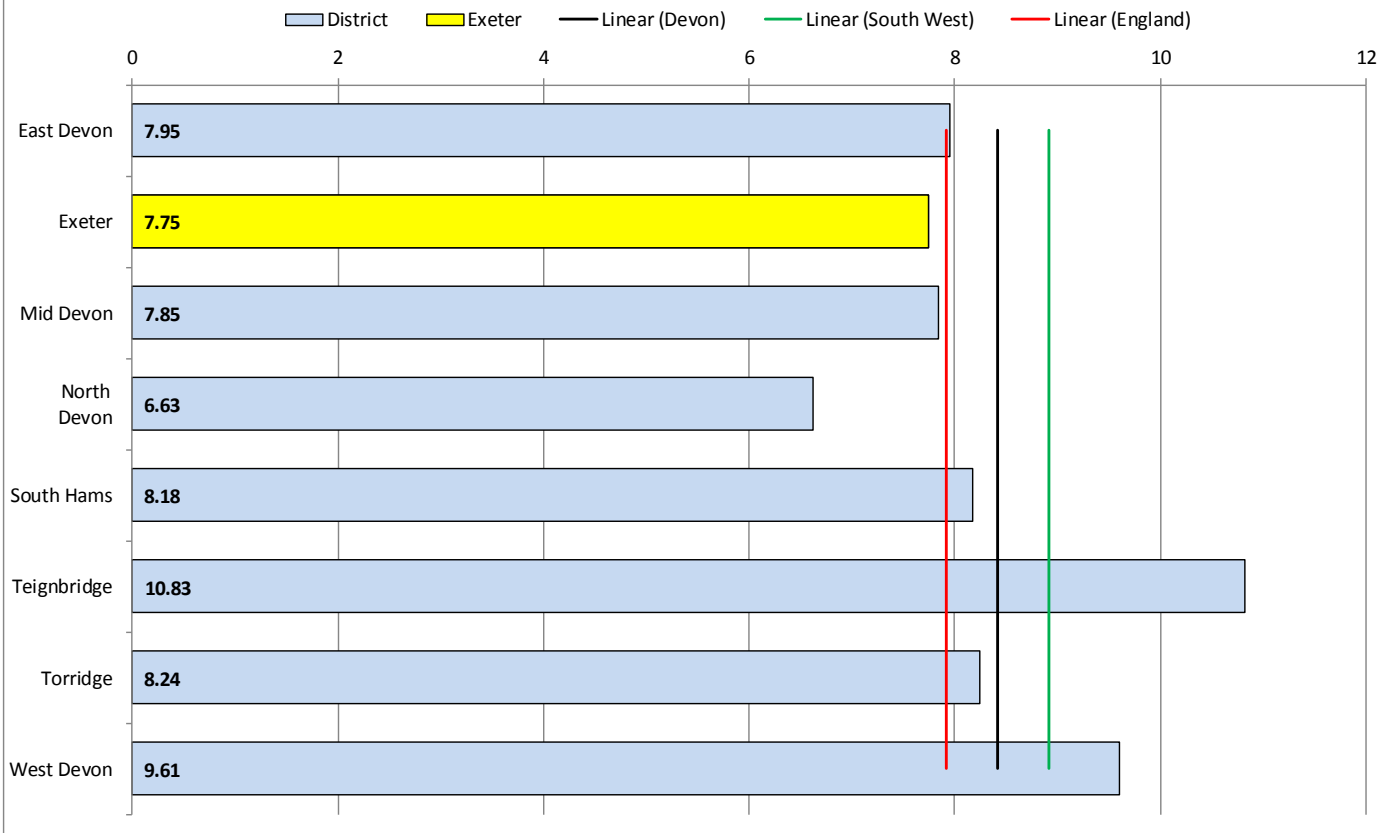
Teenage pregnancy is a complex issue and high rates are found in areas of poor education attainment, low aspirations and deprivation.

Suicide and Undetermined Injury

The most recent data highlights Exeter City Council area as having a lower direct age standardised suicide and injury undetermined rate when compared to other Devon areas. Due to small numbers this does fluctuate. Hospital stays for self-harm are higher than the Devon rate.

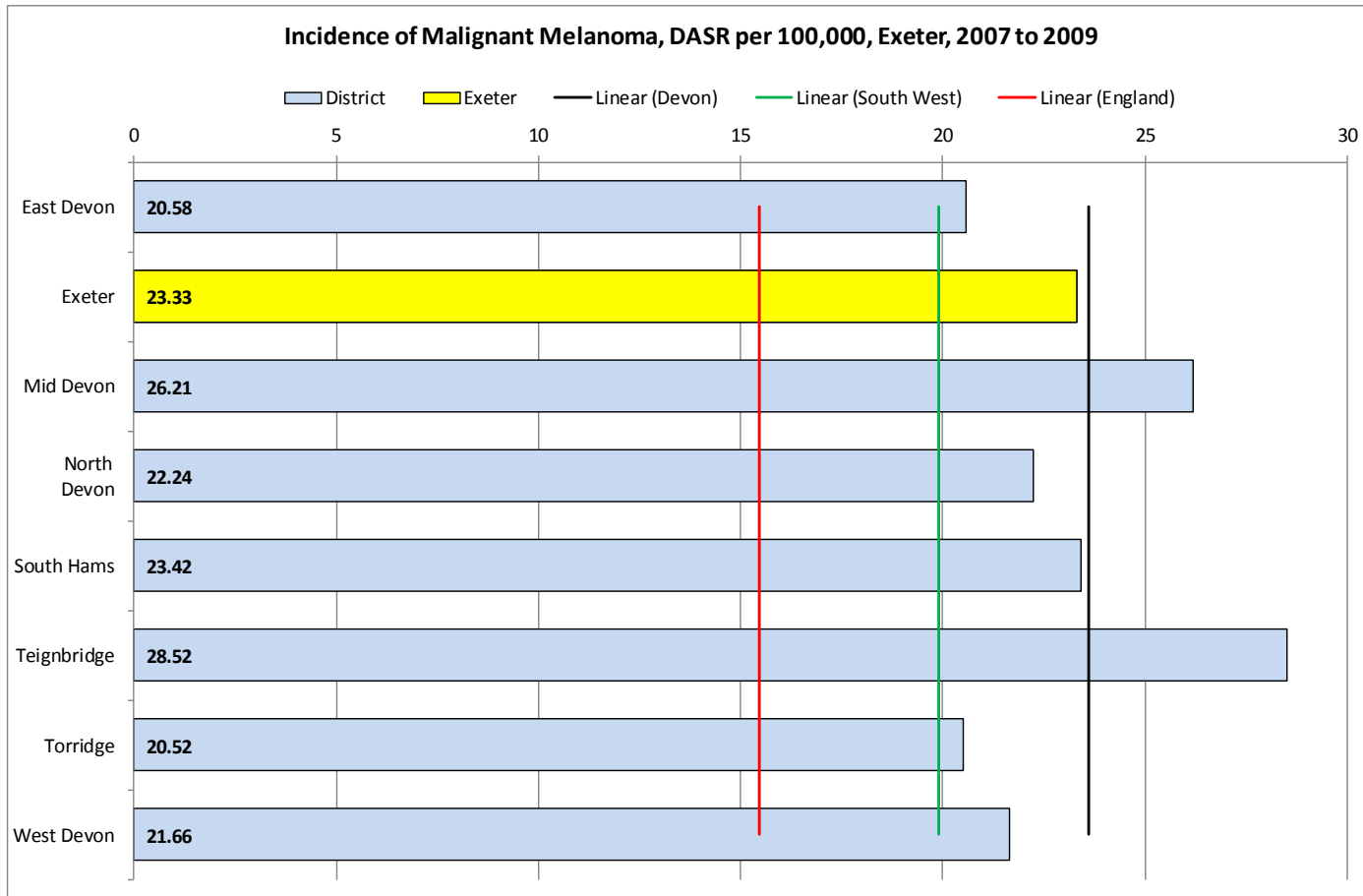


Deaths from Suicide or Injury Undetermined, DASR per 100,000, Exeter, 2008 to 2010



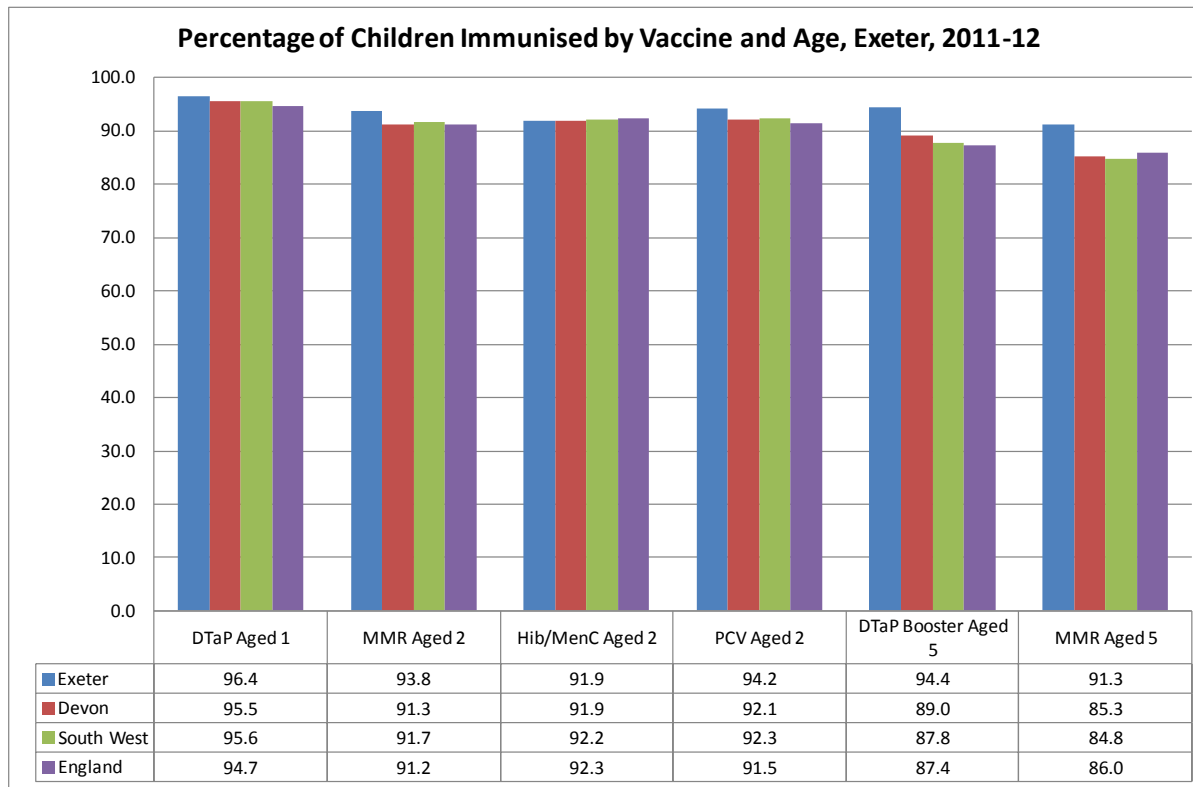
Malignant melanoma

Based on the population and indices of skin cancer, the Devon Skin Cancer Prevention Strategy 2011-14 has two priority groups: teenagers and older people (early diagnosis). Planned interventions focus on behaviour change rather than just awareness raising, using a mixture of evidence-based methods to tailor messages to the target audiences. Wider awareness raising and interventions to reduce sun bed use are also important. Exeter has the fourth highest rate in Devon.



Immunisation

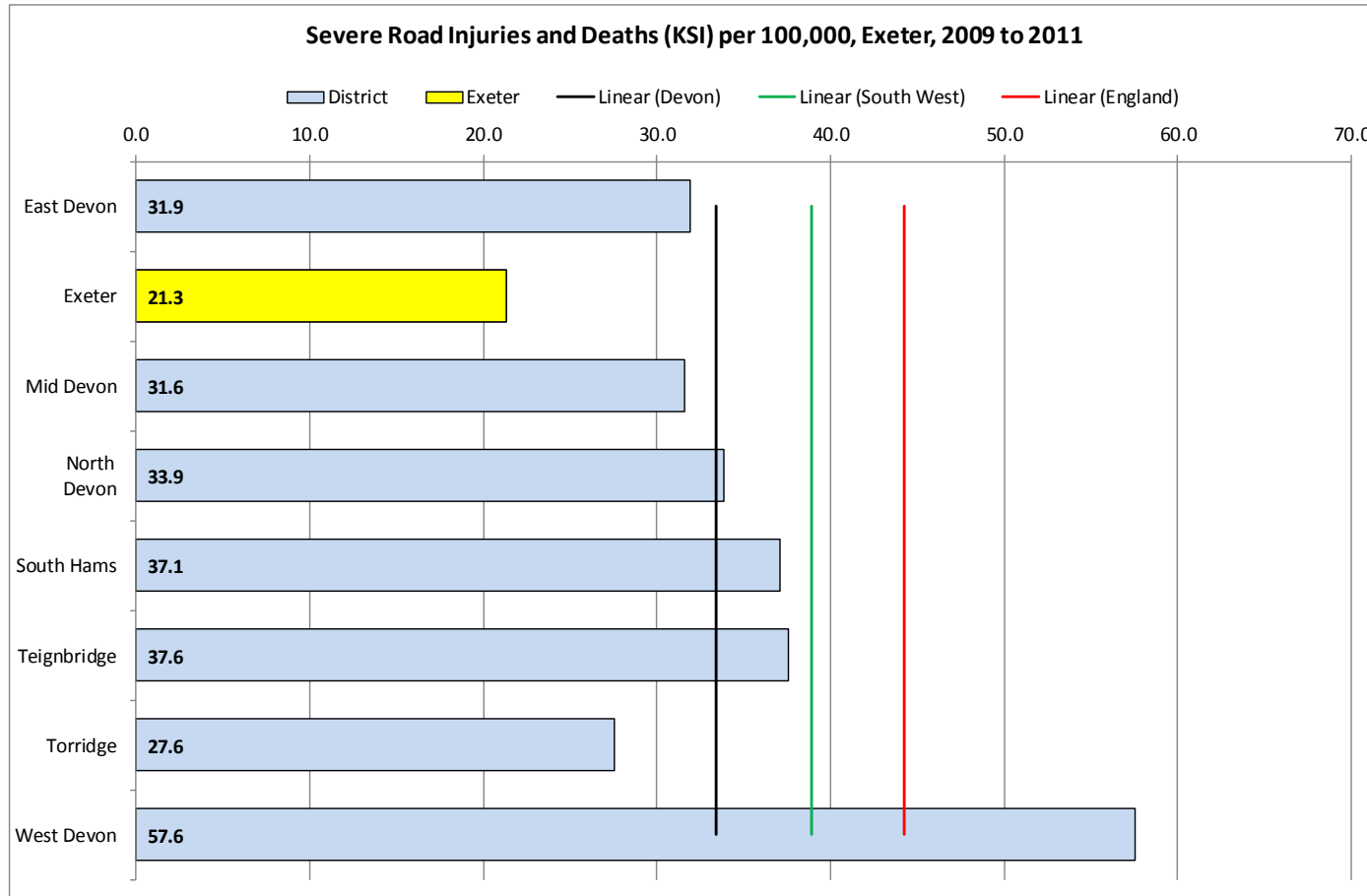
Immunisation and screening became the responsibility of Public Health England in April 2013, coverage for screening and immunisation is important for health protection and early diagnosis of certain diseases and conditions. Rates in Exeter are comparatively higher than rates in Devon, the South West and England.



The Wider Determinants of Health

Road Traffic Accidents

In some areas road traffic accidents are a significant cause of accidents and death in children and young people. Exeter has the lowest rate of severe road injury and deaths in Devon

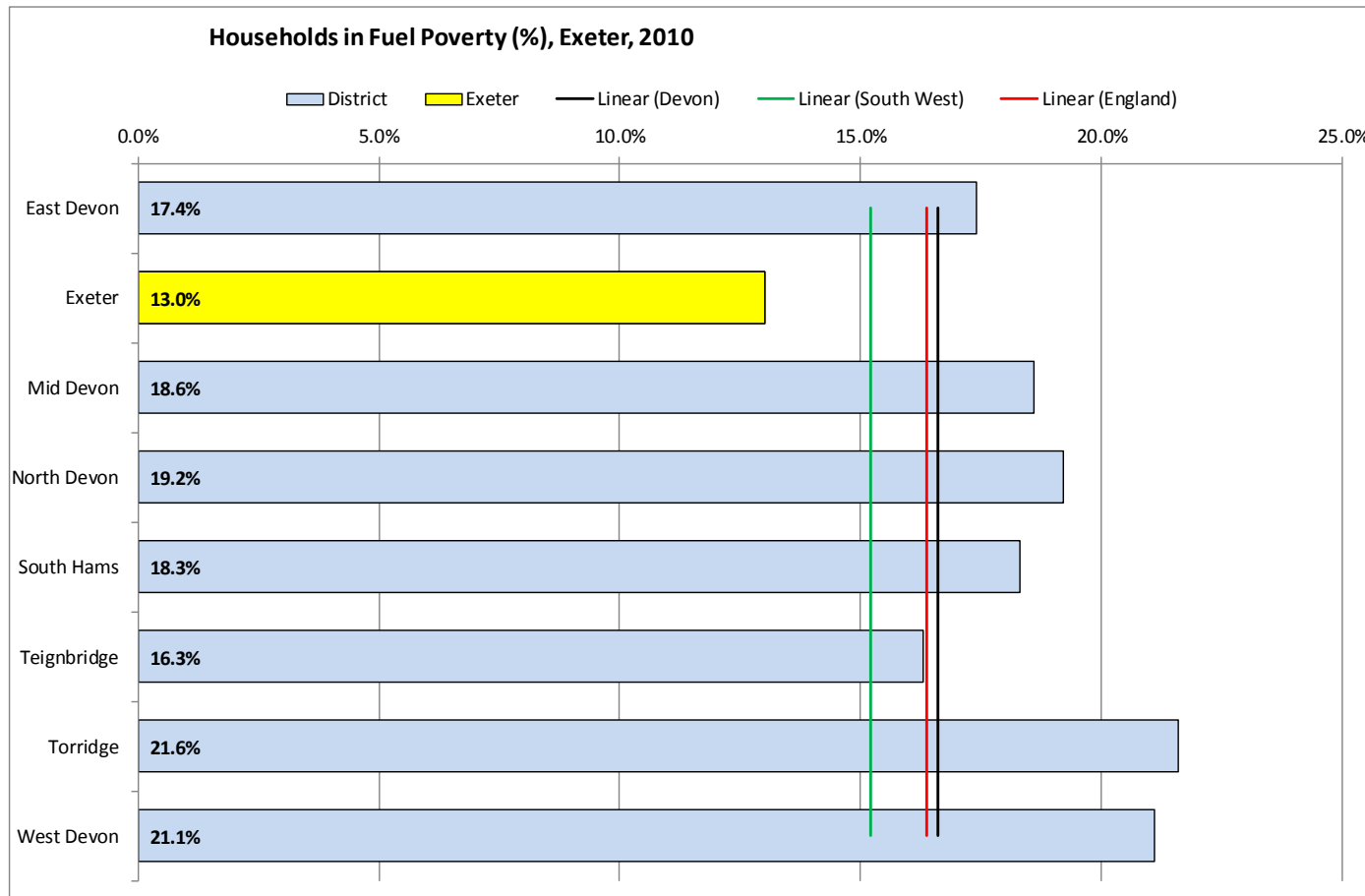


Air Quality

Poor air quality is an important determinant of health. Exeter has air quality management areas on all of the main roads in and out of the City.

Fuel Poverty

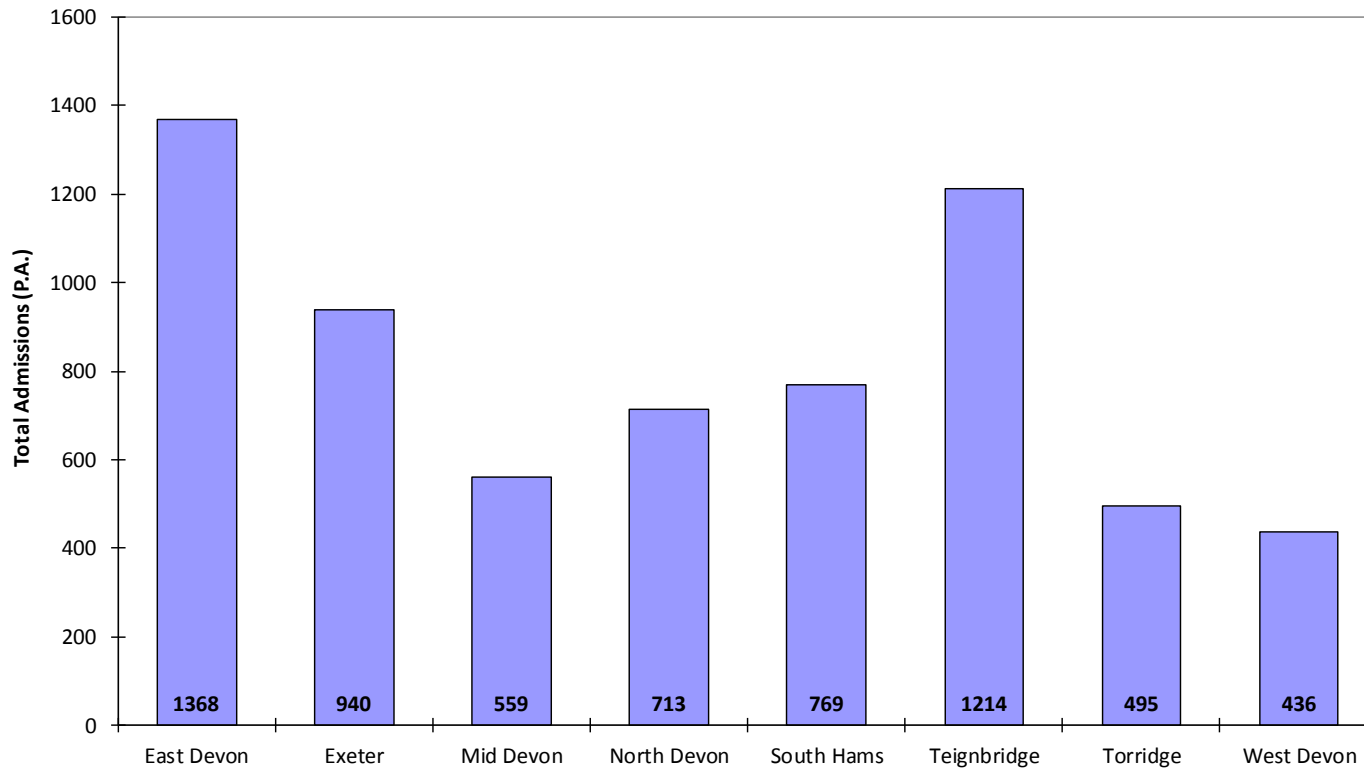
Fuel poverty has an impact on health and wellbeing and although lower than some other parts of Devon addressing fuel poverty is important. Appendix 1 provides a map of fuel poverty in Exeter.



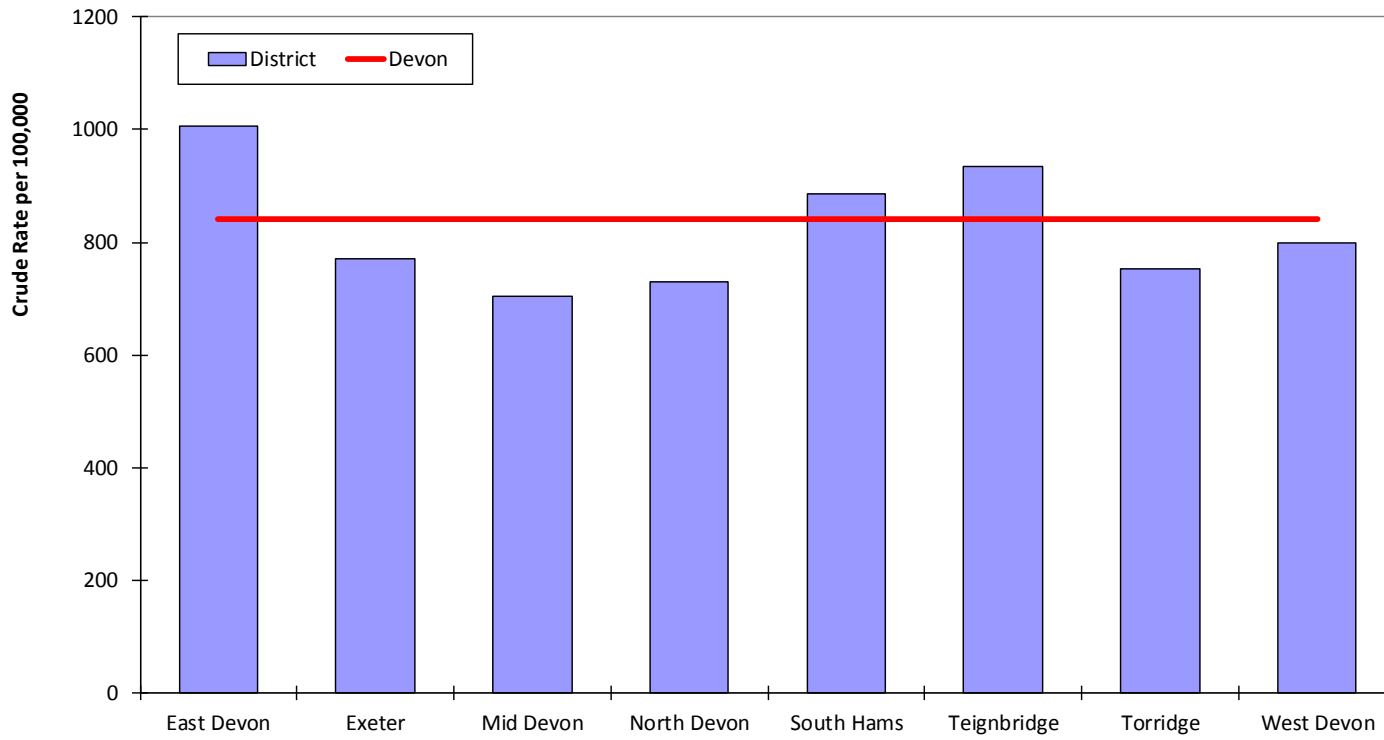
Falls

Falls prevention is important as the impact of a fall on future health outcomes is significant, in Exeter the ageing population will have an impact on the number of falls, the crude rate of falls is relatively lower than Devon but the direct age standardised rate is statistically significantly higher than Devon.

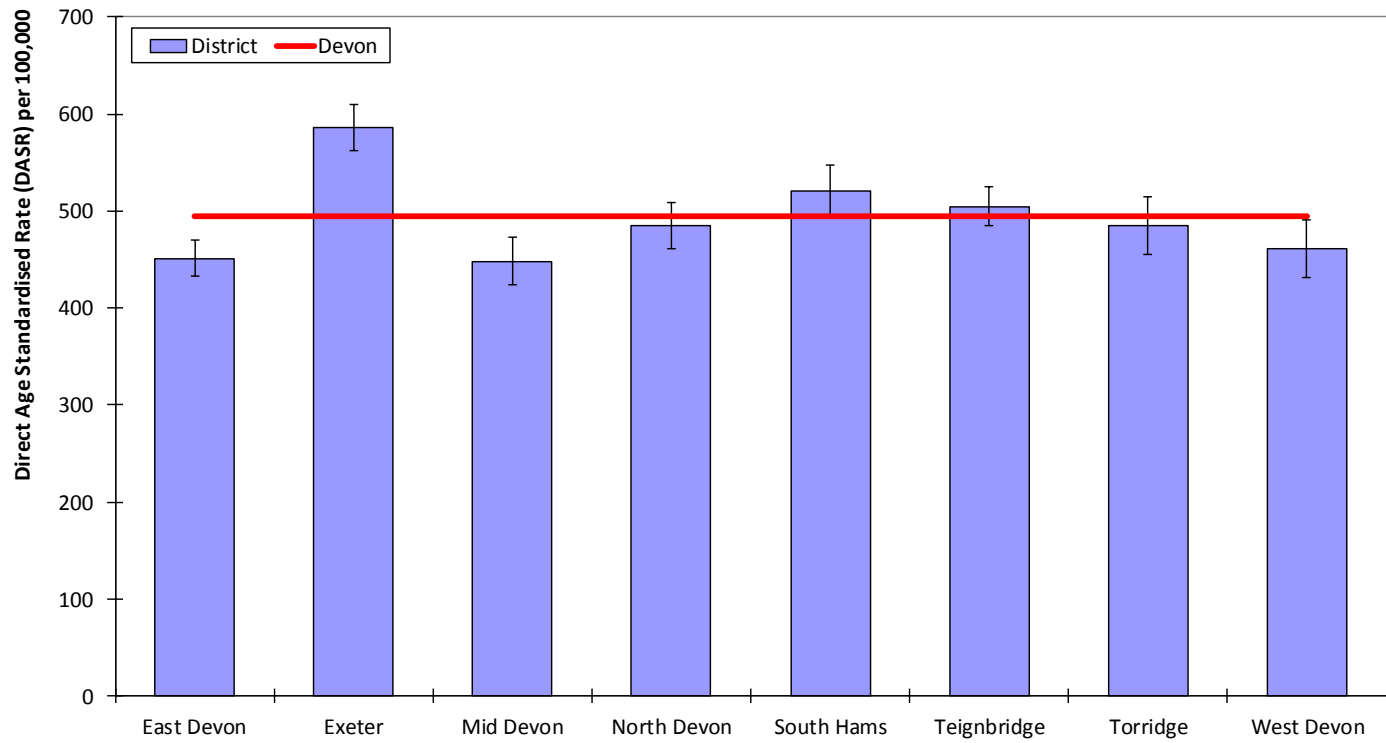
Accidental Falls Emergency Admissions by District 2009 to 2011



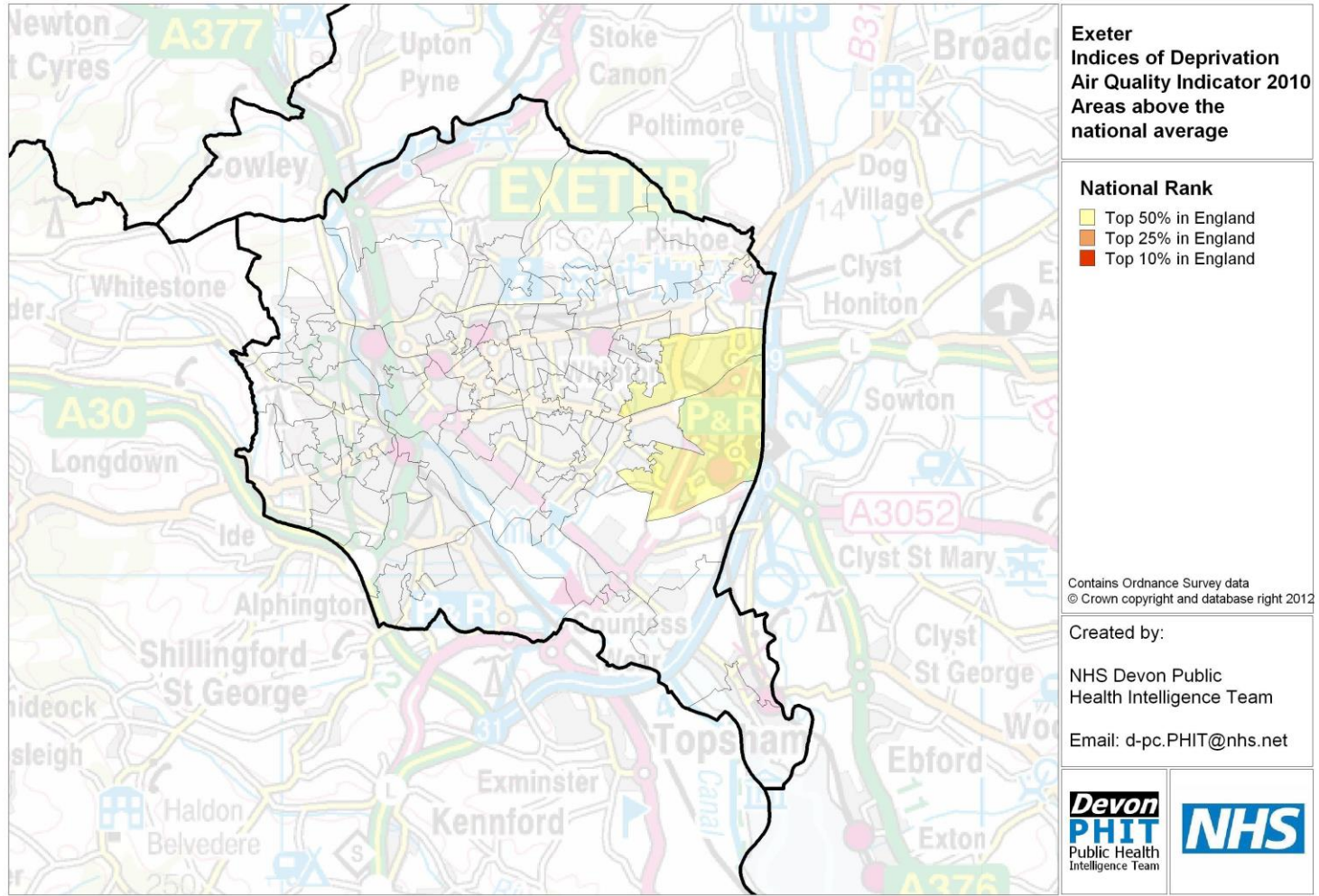
Accidental Falls Emergency Admissions by District 2009 to 2011
Crude Rate per 100,000

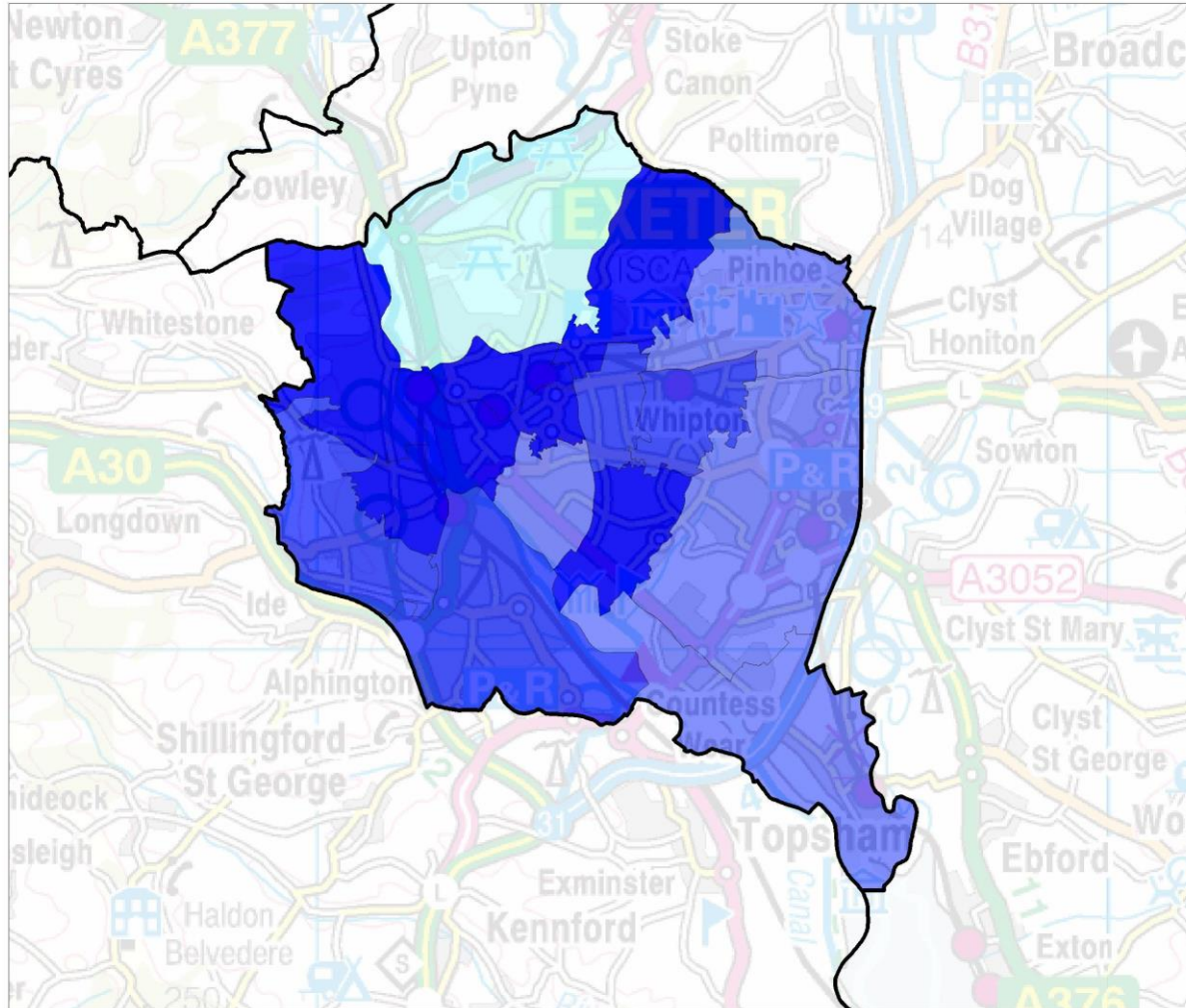


Accidental Falls Emergency Admissions by District 2009 to 2011
Direct Age Standardised Rate (DASR) per 100,000

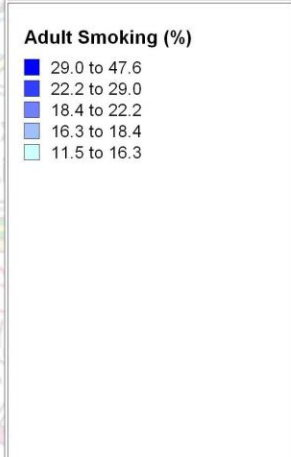


Appendix 1: Exeter locality maps for deprivation, smoking prevalence, childhood obesity and fuel poverty





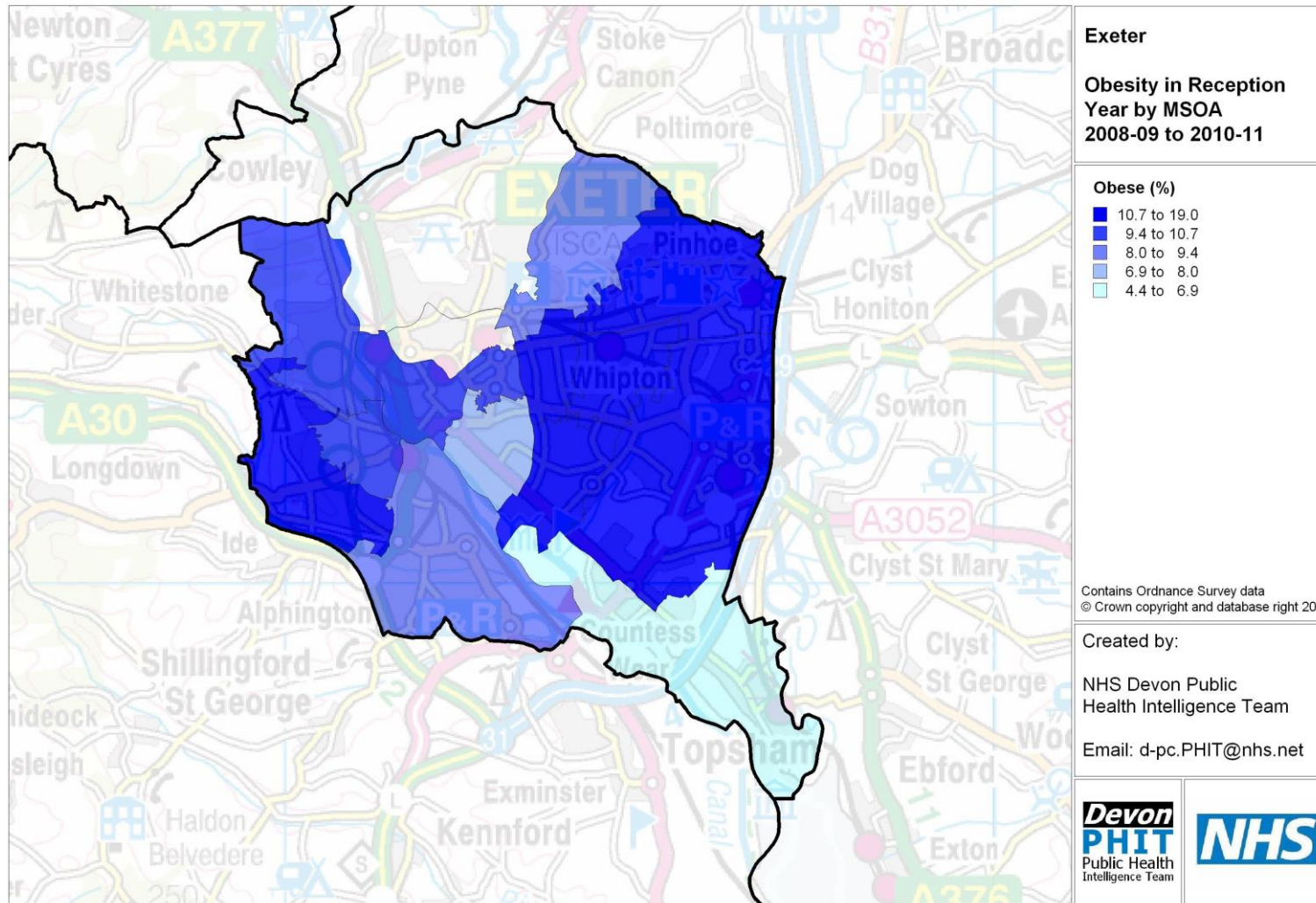
Exeter
Adult Smoking (%)

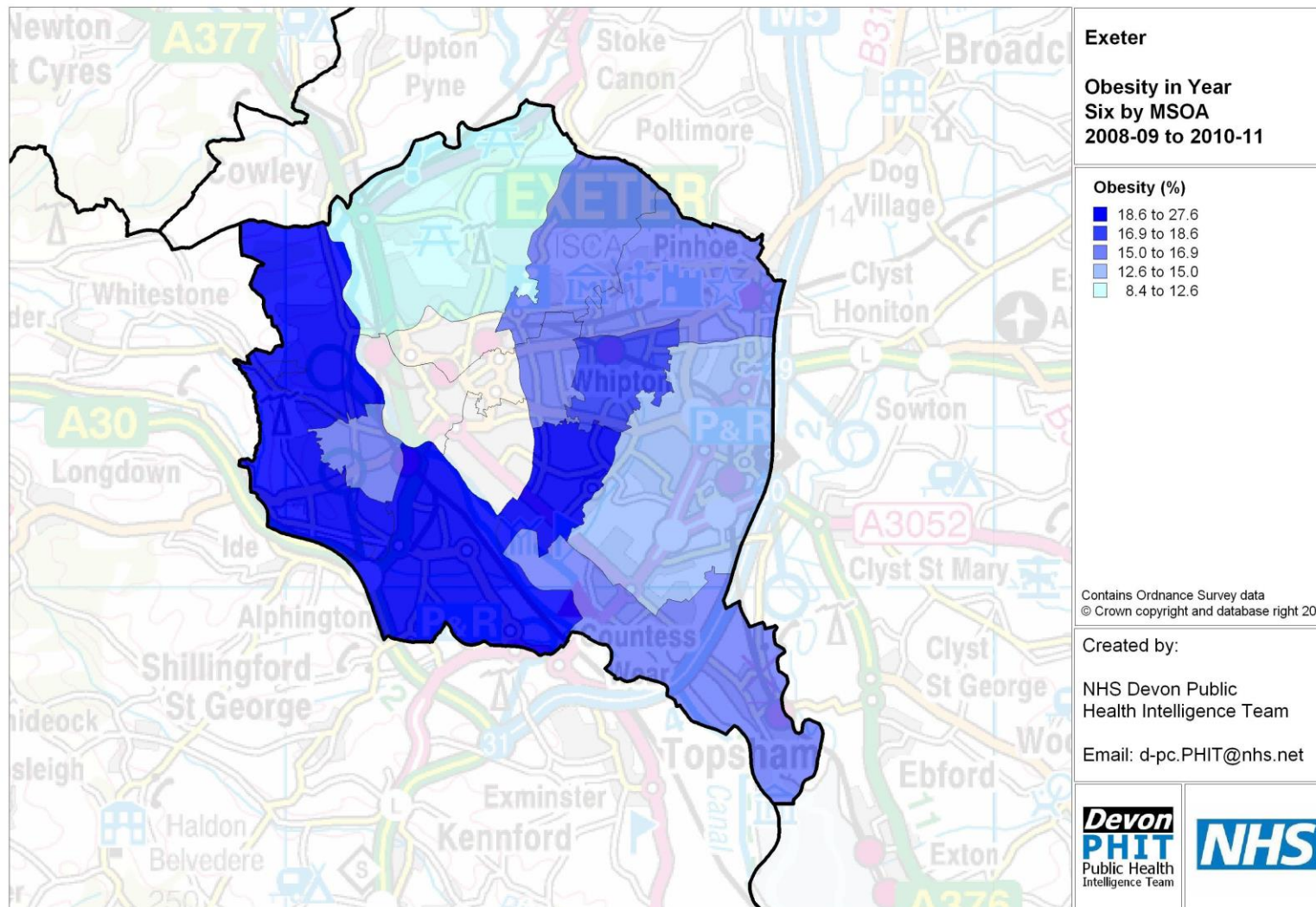


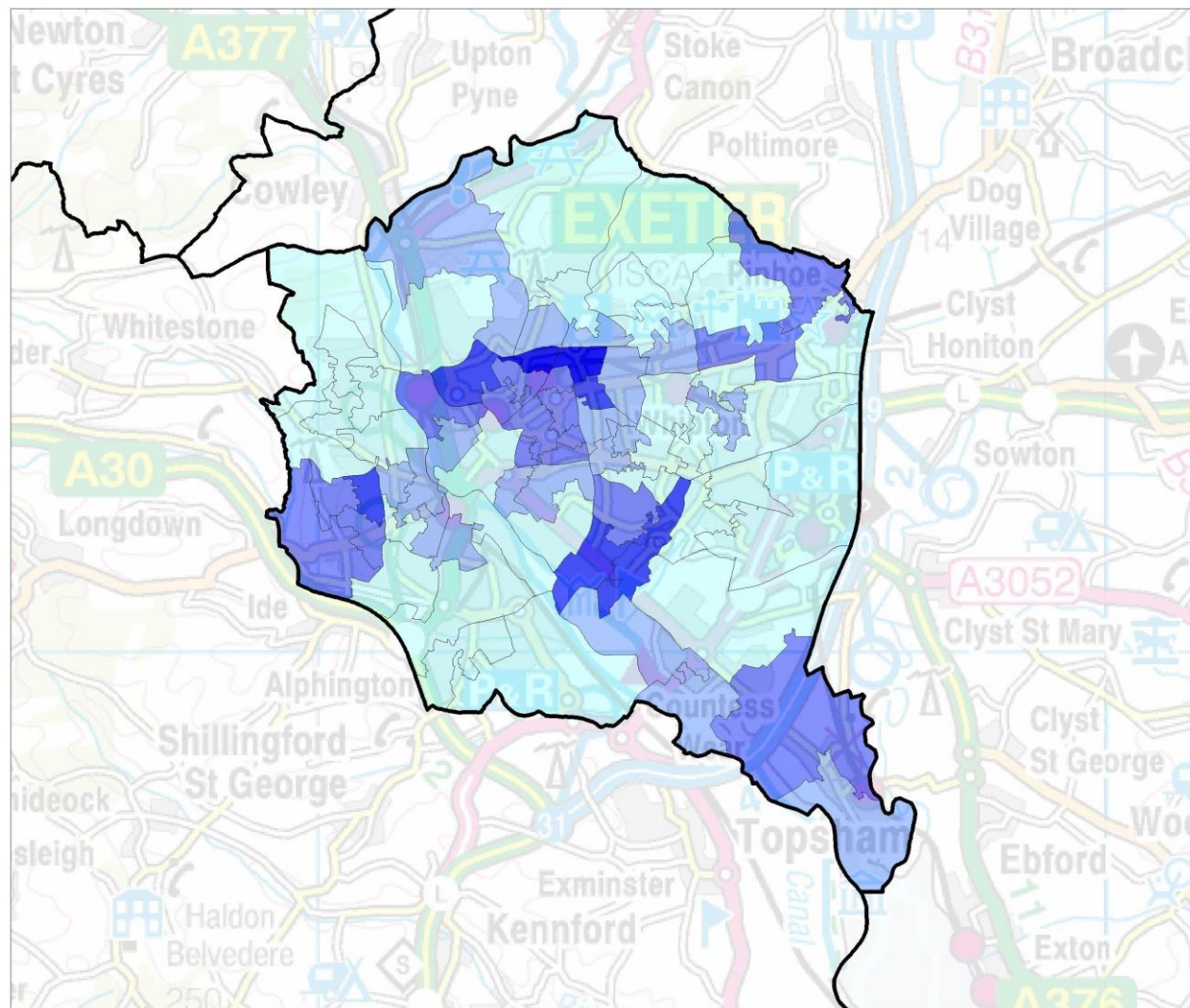
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Created by:
 NHS Devon Public Health Intelligence Team
 Email: d-pc.PHIT@nhs.net









Exeter

Fuel Poverty
Fuel Poor Households
in 2010 (%)

Fuel Poor (%)

- 20.3% to 35.5%
- 17.1% to 20.3%
- 15.0% to 17.1%
- 12.7% to 15.0%
- 3.3% to 12.7%

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