

## **3. Overview of Devon**

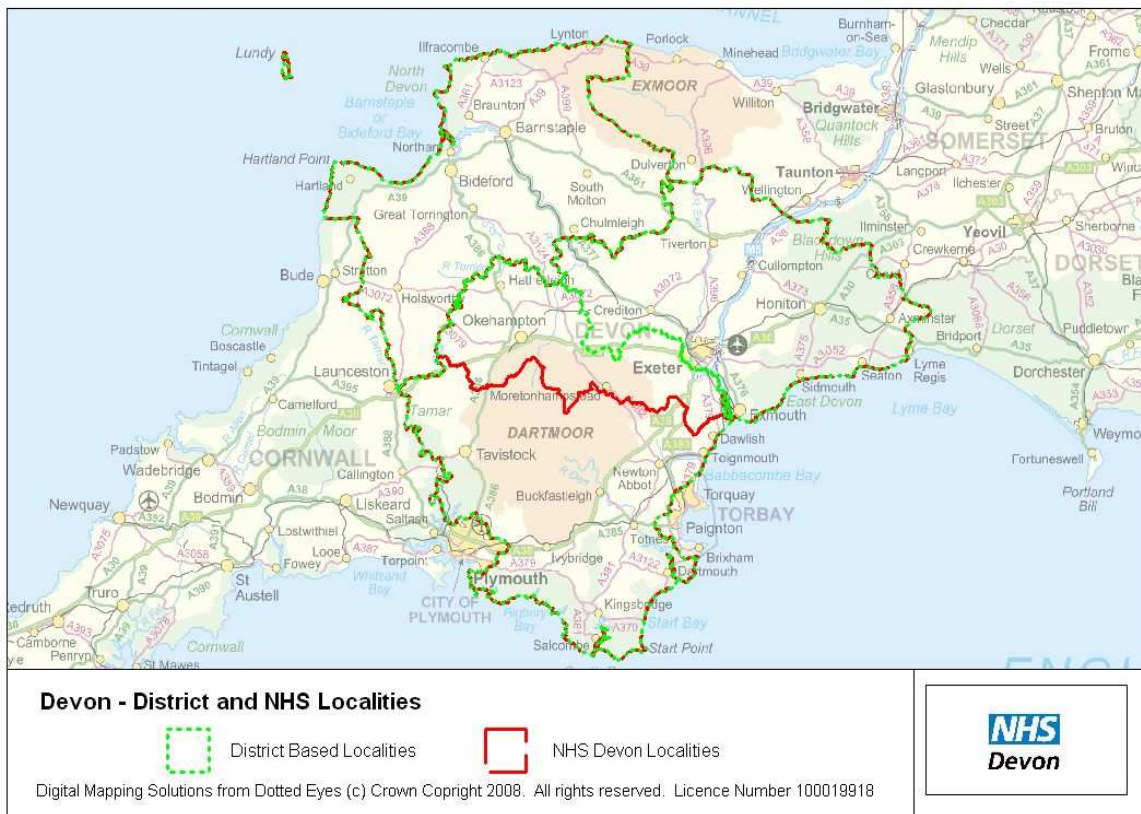
### 3.1 Devon

Devon is the third largest county in England with NHS Devon and Devon County Council covering 2,534 square miles of the county. The distance from Ilfracombe in the north to Dartmouth in the south is around 80 miles, and from Tavistock in the west to Axminster in the East is 69 miles.

Devon has the twelfth highest county population with 767,400 residents. The county is also the seventh most sparsely populated county, with few large settlements and a dispersed rural population, covering two national parks. Dartmoor national park covers 368 square miles and is the largest open space in southern England. Exmoor national park covers 267.5 square miles and is situated in the North of the county. The county is also home to England’s only natural World Heritage Site, the Jurassic Coast which is well known for its unique geology and geographical features.

The population of Devon is mainly centred on the 28 Devon market and coastal towns and the City of Exeter which will each be analysed individually as part of the JSNA. These 28 Devon market and coastal towns and the City of Exeter are split into 3 localities. The locality geographical areas are different for Devon County Council and for NHS Devon. Figure 1 shows the differences in the boundaries. The NHS Devon localities are new for this years Joint Strategic Needs Assessment (JSNA), and due to the new revisions it has been agreed that for the 2009/10 JSNA, the Devon County Council locality areas will be used. This will be reviewed for the 2010/2011 JSNA.

**Figure 1: Devon District and NHS Localities**



## 3.2 Demography

The demography section of the Devon JSNA aims to give an overview of the key Demographic characteristics of the Devon population including:

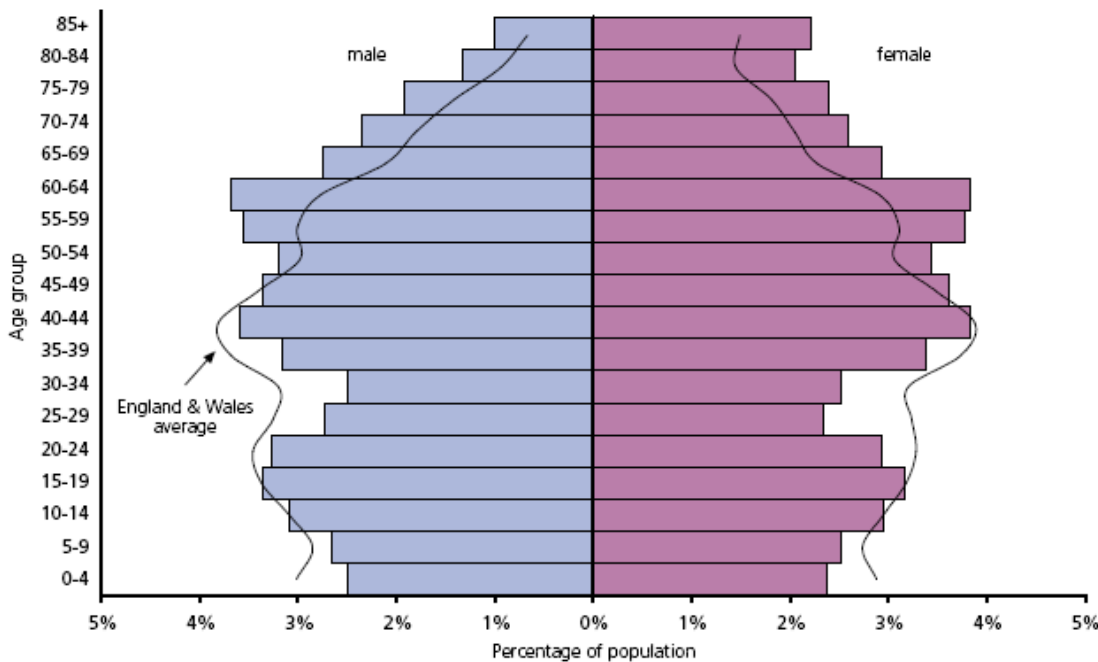
- A clear understanding of the size, growth and make-up of the population
- Information on the minority groups within Devon
- Overview of the lifestyles as categorised by Mosaic
- The numbers of births and deaths, and the life expectancy of Devon's residents

This will aid Devon County Council and NHS Devon in understanding the current and future demography of the county so that future commissioning and service redesign can be undertaken with the patients at the heart of the service.

### 3.2.1 Population

The population of Devon is currently more than 750,000. The age profile displayed in Figure 2 indicates that Devon has an older population compared to the national average; this is especially true for those aged 50 years and over. This is counterbalanced by the proportionally lower than average numbers of adults aged between 25 and 39 years and children aged less than 10 years.

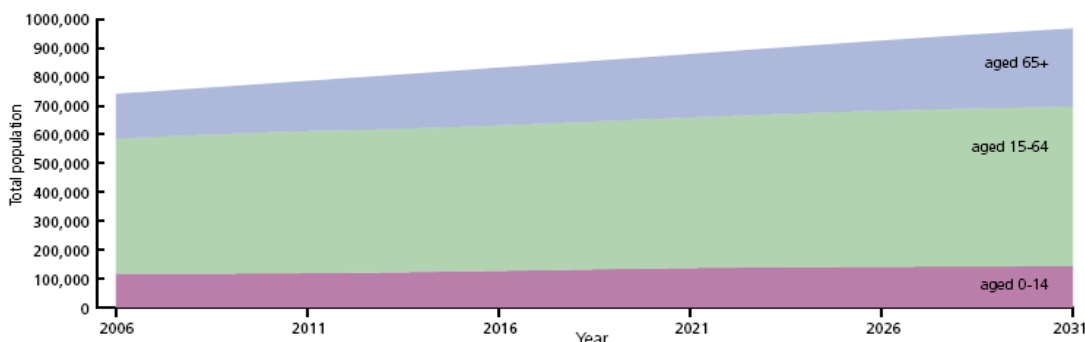
**Figure 2: Structure of the mid-year 2007 population in Devon compared with England and Wales**



Source: Office for National Statistics, Crown Copyright 2008

Over the next 20 years the Office of National Statistics (ONS) predicts that the population of Devon will grow by nearly a quarter from 767,400 (in 2009) to 967,800 (in 2031) which is an increase of 200,400 people. The greatest increase is expected in the population aged 65 years and above with large increases of 75% and 85%, being anticipated. There is expected to be little growth in the population aged 14 years and younger. By 2031 over a quarter of the population will be aged 65 years and above (Figure 3).

**Figure 3: Projected demographic change in the population structure of Devon, by age group, 2006-2031**



Source: Office for National Statistics, Crown Copyright, 2008

### 3.2.2 Ethnicity

96.6% of the Devon population is white (figure 4) with only 3.1% of this group stating that they are not 'White British'. This is well below the national average of 11.8%. The smallest ethnic group in Devon is Black with only 4,400 residents. This shows that the county has a low ethnic mix and highlights the need to ensure that the different ethnic groups are seen as integral to Devon and are not disadvantaged or excluded in any way.

**Figure 4: Mid-year population estimates 2007**

Ethnic Group	Devon mid-year estimates (2007)		England mid-year estimates (2007)	
	Number	%	Number	%
White	724,700	96.6%	45,082,800	88.2%
Mixed	6,400	0.9%	870,000	1.7%
Asian	7,800	1.0%	2,914,800	5.7%
Black	4,400	0.6%	1,447,900	2.8%
Chinese or Other	6,700	0.9%	776,400	1.5%
<b>All Groups</b>	<b>750,100</b>	<b>100%</b>	<b>51,092,000</b>	<b>100.0%</b>

Figures are rounded to the nearest hundred and generated from experimental estimates

Source: Office for National Statistics, Crown Copyright, 2008

The pattern of ethnicity in the Devon population is changing - between 2001 and 2007 the proportion of the population from different ethnic backgrounds increased greatly (Figure 5). Data on ethnicity is also collected at school enrolment and the most recent data (2009) shows that 4.9% of school entrants are from a minority ethnic background. This has shown a steady increase since 2005 from 2.9%.

**Figure 5: Population growth (2001-2007) by ethnic group for Devon**

Ethnic Group	Devon Growth 2001-2007	
	Number	% Growth
White	27,400	3.9%
Mixed	3,100	93.9%
Asian	6,100	358.8%
Black	3,500	388.9%
Chinese or Other	4,400	191.3%
<b>All Groups</b>	<b>44,500</b>	<b>6.3%</b>

Figures are rounded to the nearest hundred and generated from experimental estimates

Source: Office for National Statistics, Crown Copyright, 2008

### 3.2.3 Lifestyle

Devon County Council is using a geodemographic profiling tool called MOSAIC Public Sector to understand the lifestyle types in Devon. The tool identifies 11 groupings of lifestyle characteristics and behaviours for households based on postcodes. The 11 groupings have key features which are distinctive and are useful in identifying typical behaviours which link to the main prevention areas:

1. Smoking
2. Healthy Eating and Activity
3. Binge Drinking

To produce the groupings 400 data items are used for each of the 24 million households in the UK. 54% of this comes from the 2001 Census data and 46% from Experian household or postcode level data.

Using this method the Strategic Intelligence team at Devon County Council has produced detailed profiles of the 28 Devon market and coastal towns and the City of Exeter using MOSAIC classifications and these have been included in the review. In Table 6 all of the mosaic groups across the county have been brought together to provide an overall summary.

In Devon almost 23% of households fall into MOSAIC group K – Rural Isolation, this is compared to the national picture of only 5%. This indicates that nearly a quarter of the population live away from the biggest settlements in Devon making it harder for NHS Devon and Devon County Council to provide services that are equally accessible to all.

Devon also has a large percentage of MOSAIC group J (22%) – independent pensioners. The health and social care services in Devon will need to be flexible to this large group by providing the necessary services close to the patient's homes.

**Figure 6: Table showing the percentage of each MOSAIC lifestyle group in Devon**

<b>Mosaic Group</b>	<b>MOSAIC Description Devon</b>	<b>Percentage</b>
A	People with rewarding careers who live in sought after locations, affording luxuries and premium quality products	4%
B	Families with focus on career and home, mostly younger age groups now raising children	10%
C	Families who are successfully established in comfortable, mature homes. Children are growing up and finances are easier	12%
D	People living in close-knit inner city and manufacturing town communities, responsible workers with unsophisticated tastes	13%
E	Young, single and mostly well-educated, these people are cosmopolitan in tastes and liberal in attitudes	3%
F	People who are struggling to achieve rewards and are mostly reliant on the council for accommodation and benefits	1%
G	Families on lower incomes who often live in large council estates where there is little owner-occupation	2%
H	People who though not well-educated are practical and enterprising and may well have exercised their right to buy	8%
I	Elderly people subsisting on meagre incomes in council accommodation	3%
J	Independent pensioners living in their own homes who are relatively active in their lifestyles	22%
K	People living in rural areas where country life has not been influenced by urban consumption patterns	23%

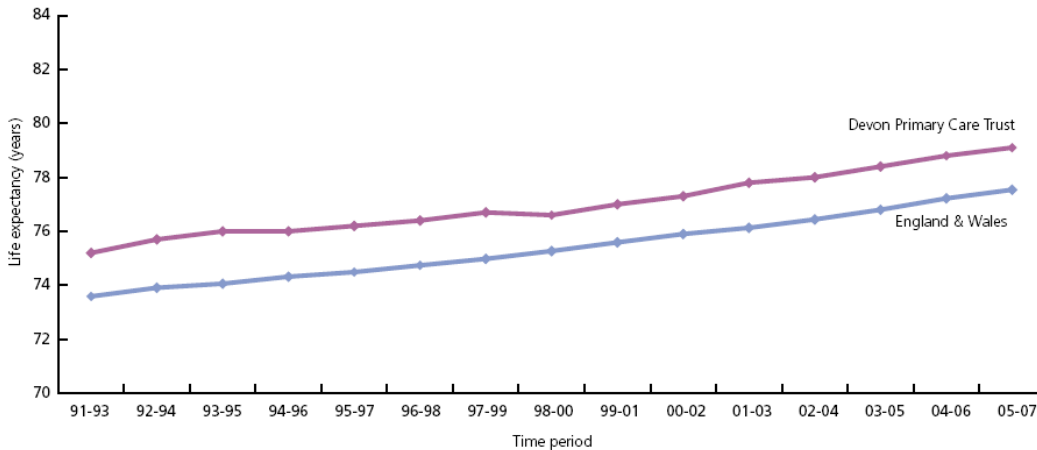
Source: Devon County Council / Experian 2008

### 3.2.4 Births, Deaths & Life Expectancy

Each year the number of deaths exceeds the number of births in Devon. In 2008 Devon experienced 7,172 live births with 8,333 deaths. High inward migration means that despite this, the population of Devon continues to grow.

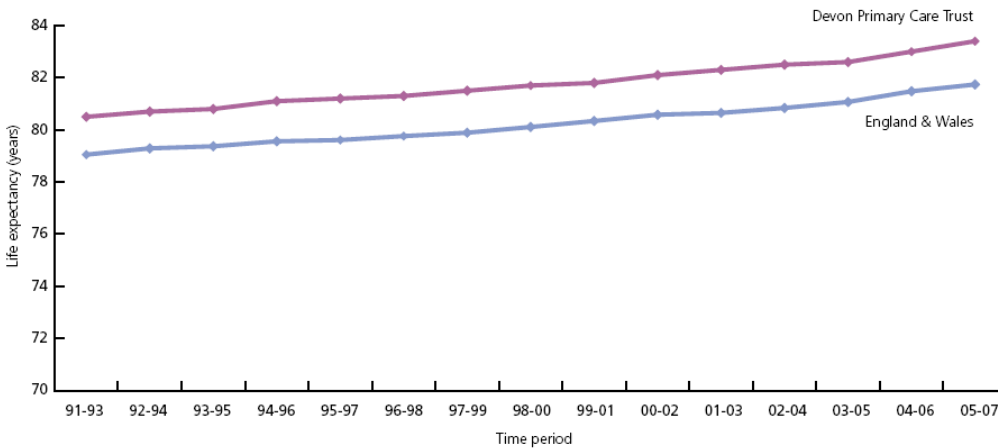
In Devon, life expectancy is higher in comparison to England and Wales. Figures 7 and 8 show the relative improvement in life expectancy of people in the Devon Primary Care Trust area compared with England and Wales, from 1991-93 through to 2007-08. Within Devon, some areas have notably lower life expectancy.

**Figure 7: Male life expectancy for Devon Primary Care Trust for three-year periods compared with England and Wales over time**



Source: Office for National Statistics, Crown Copyright, 2008

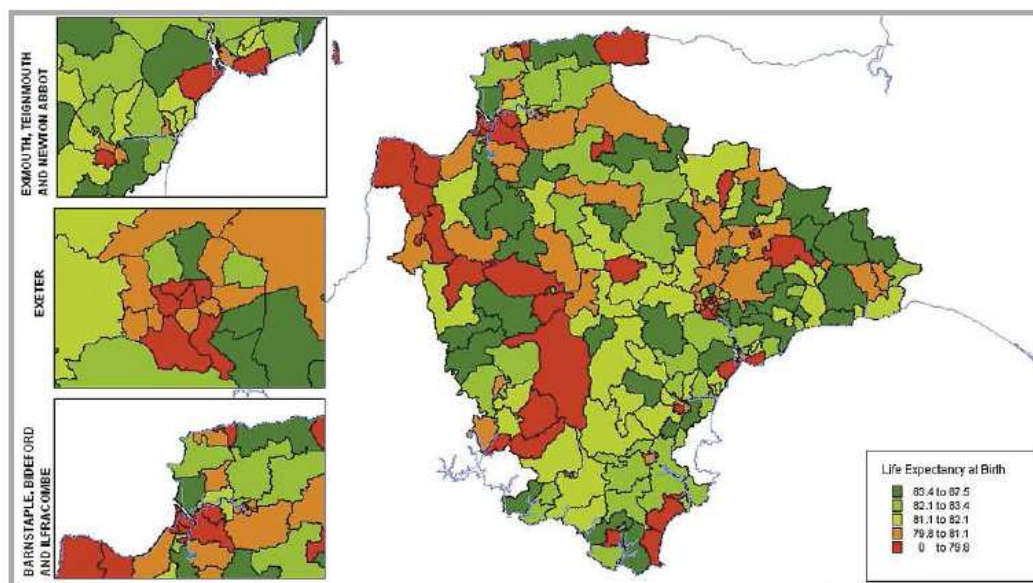
**Figure 8: Female life expectancy for Devon Primary Care Trust for three-year periods compared with England and Wales over time**



Source: Office for National Statistics, Crown Copyright, 2008

Figure 9 shows life expectancy in each electoral ward within Devon Primary Care Trust. At ward level the longest life expectancy is 87.5 years (in Chagford in West Devon) and the shortest is 74.7 years (in Ilfracombe Central ward, in North Devon).

**Figure 9: Map of Devon Primary Care Trust area showing life expectancy at birth for all persons from 2003-2007, by Electoral Ward**



Source: Office for National Statistics, Public Health Annual Death Extracts, Crown Copyright, 2008  
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Figure 9 highlights that even within relatively small geographical areas, such as a District Council area, there can be wide variations in life expectancy at birth. This is seen in North Devon where there is a variation of 10.6 years between the longest and shortest life expectancy. The issue of lower life expectancy in Ilfracombe in North Devon has been analysed in more depth to try to identify the health issues in the population which can be addressed.

### 3.3 Social & Environmental

The Social & Environmental section of the Devon JSNA aims to provide an understanding of the:

- Deprivation levels and locations within Devon
- Communities of interest
- Rurality of the county and how this affects the access to services
- Types, condition, quality, need and affordability of housing
- Employment and education
- Environment quality, accessibility and fuel poverty
- Trends in crime

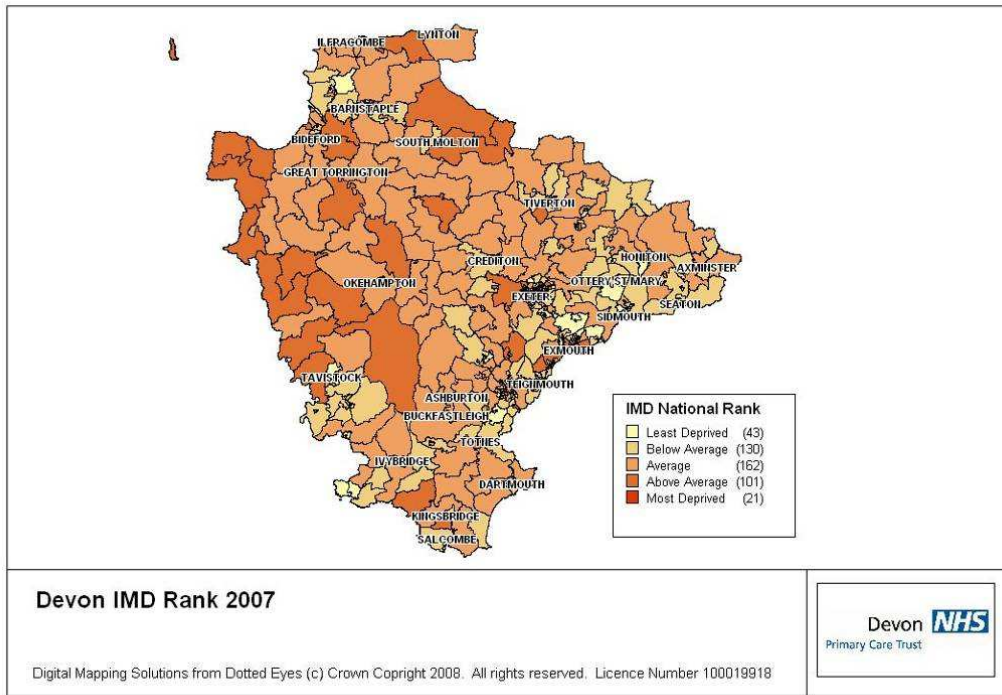
This will allow NHS Devon and Devon County Council to better understand the county socially and environmentally, and therefore be able to predict the health and wellbeing of the current population and provide services to match these outcomes and in locations close to the people who are most in need or at risk.

#### 3.3.1 Deprivation

Figure 10 is a map of Devon showing the Index of Multiple Deprivation (2007) shown by Super Output Areas. Super Output Areas are small geographical areas created by the Office of National Statistics, showing areas of deprivation for similar size populations. This allows for more consistent comparisons to be made across the county.

In Devon 457 Super Output Areas were identified. 21 of these were found to be in most deprived quintile (one-fifth) in the country. These areas are mainly in Exeter and North Devon. By comparison, 43 Super Output areas are in the least deprived quintile.

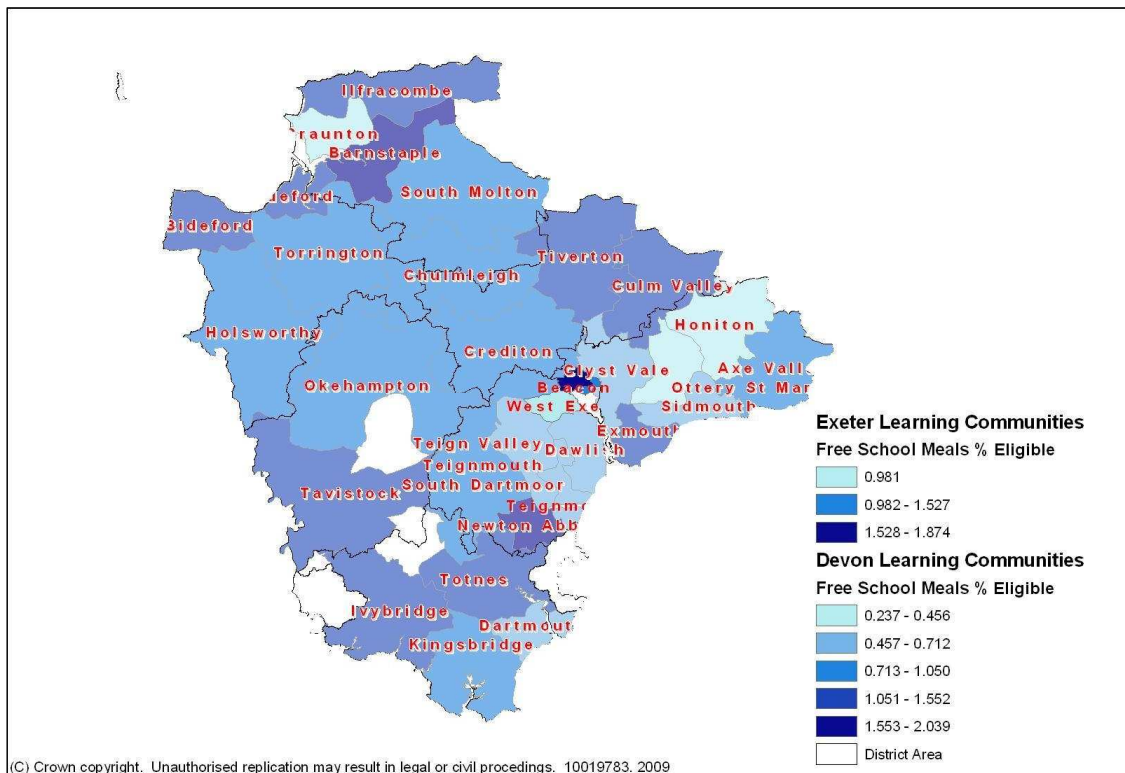
**Figure 10: Map of Devon showing IMD rank by Super Output Areas**



Source: Indices of Deprivation 2007, DCSF, Crown Copyright, 2008

Free School Meals has been identified as another good way of identifying deprivation in individual families. As you can see in Figure 11 has some similarities with Figure 10. However, due to the stigma attached, it is very likely that the percentage of children entitled to free school meals is higher than the percentage of children claiming them, but it still provides NHS Devon and Devon County Council with another comparator.

**Figure 11: Percentage Eligible for Free School Meals (Autumn Term 2008)**



Source: DCSF School Census January 2009

### 3.3.2 Communities of Interest

As well as deprived communities, there are groups within the population who can experience considerable disadvantage. These include:

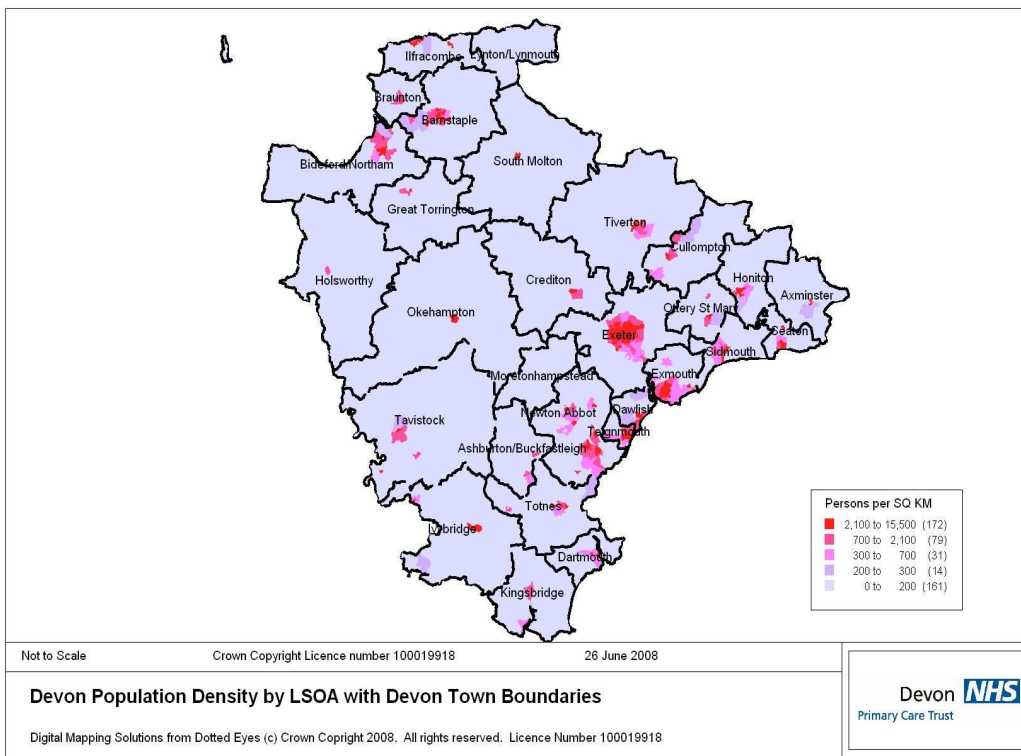
- Black and Minority Ethnic groups
- Homeless single people and families
- Travellers
- Offenders or those at risk of offending
- Those at risk of Domestic Violence
- Migrants

Each of these groups is covered in detail within this overview, with the aim of increasing awareness and ensuring that they are also seen as an integral part in everything that NHS Devon and Devon County Council undertake.

### 3.3.3 Rurality & Access to Services

Devon is a dispersed and rural county. Of the county's 422 parishes, 97% have a population of less than 10,000 and 75% have fewer than 1,000 inhabitants. This brings with it many spatial challenges in terms of service delivery and meeting the needs of communities. Issues associated with rurality are intensified by the fact that Devon is the third largest county in England. Figure 12 shows the population density within Devon.

**Figure 12: Devon Population Density by LSOA with Devon Town Boundaries**



Source: NHS Devon, 2008

Rurality brings with it problems of accessibility. The issue of accessibility cuts across all age groups, from children and young people, through to young adults and families to retired and older people. The distance that rural patients live from primary care and hospital services has been found to have a profound effect on their likely use of such services (Figure 13). This 'distance decay effect' has resulted in rural patients showing lower levels of health services utilisation than their urban counterparts. Nationally, for example, this has been seen to cause late or after death diagnosis of common cancers.

**Figure 13: Access to Healthcare in Devon**

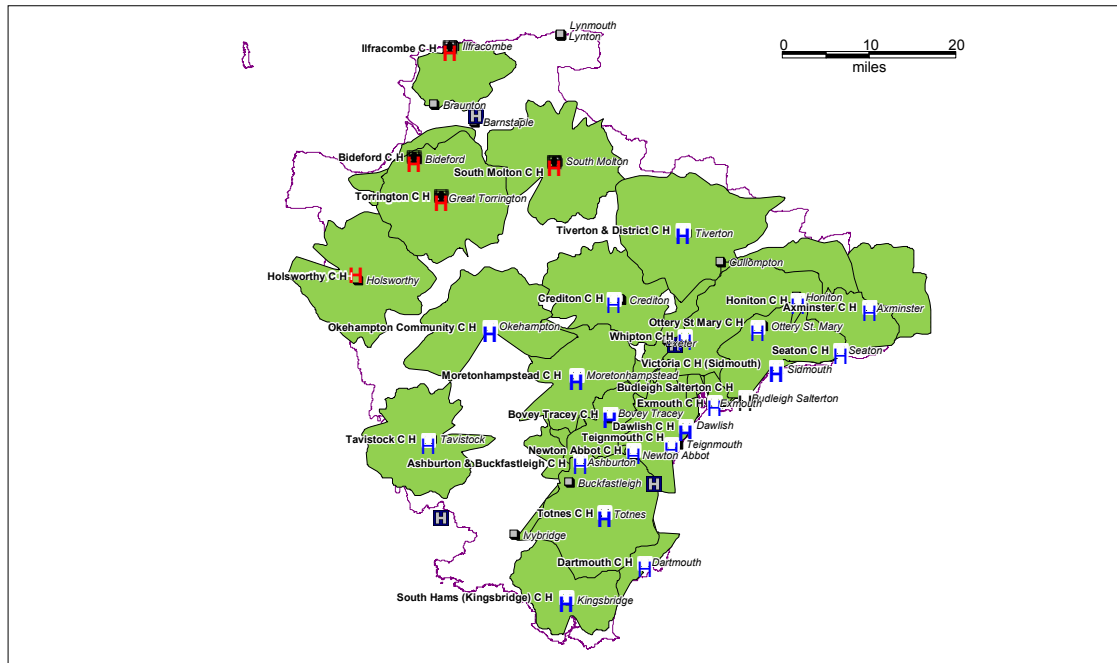
Area	All Households	Percentage of households that can access:	
		Acute hospital within 60 minutes	GP within 30 minutes
Devon	298,578	66.7%	86.6%
England	17,436,116	82.8%	95.2%

Source: Department of Health, Crown Copyright, 2008

Rural Devon however, does experience high levels of personal mobility with 80.9% of households having a car compared to the national average of 73.2%. However, for the 19.1% without use of a private vehicle, accessibility and mobility are very difficult.

To achieve further understanding of there occurring issues in health and social care a drive time model has been developed to show the percentage of the population who can reach a health location within 20 minutes. A screen shot of this model can be seen in Figure 14.

**Figure 14: Drive Time Model Screen Shot**



Rurality also has a big link to problems of mental health with isolation, occupational stress, economic crises, and unforeseen events seen as the major contributors. Other health issues include accidents that result from rural employment, including for example, major trauma injuries from farm vehicle and machinery accidents. Teenagers in remote communities have fewer opportunities for entertainment. Whilst rural areas are viewed as good places in childhood, they can be constraining for young people. Limited opportunities leave the young vulnerable to alcohol, smoking and drugs.

### 3.3.4 Housing

Housing is important to people's sense of community, quality of life, health and wellbeing. In Devon the demand for housing has increased greatly due to two factors. The first factor is the growth in the counties population which is entirely as a result of migration. Secondly, there have been the effects of social change and its impact on the formation of households: people are living longer, more are choosing to live alone and marital break-ups are splitting families over more than one household.

### 3.3.4.1 House Sales

The volume of sales in Devon fell significantly in 2008 in line with the rest of the country. This has been due to a lack of confidence and difficulties in obtaining mortgages. Figure 15 shows that in Devon between Q2 of 2008 and 2009 there was a reduction in sales by 51%. However, there are signs that the tide may be turning as between Q1 and Q2 of 2009 house sales climbed by 37% but are still below those of 2008.

**Figure 15: Trend in Number of Home Sales, Q2 2008-09**

Area	No sold Q2 2008	No Sold Q1 2009	No sold Q2 2009	Annual Change Q2 2008/09
Exeter	397	174	367	-7.6%
E. Devon	516	262	490	-5.0%
M.Devon	248	181	230	-7.3%
T'bridge	420	240	377	-10.2%
Devon	4156	2146	3651	-12.2%

Source: Land Registry Crown Copyright, 2009

### 3.3.4.2 House Prices

The demand for housing has a significant impact on house prices. Changes to house prices can put substantial pressures on households either in terms of inability to access affordable housing or, in more recent times, becoming a victim of negative equity.

The economic downturn has impacted on the local housing market with prices in Devon decreasing by about 6.1% between the second quarter of 2008 and the second quarter of 2009. However, this trend is starting to reverse with a rise of around 7.1% recorded in the previous quarter. The year on year data shows that the decline in Mid Devon is larger than local and national figures. The largest growth in quarterly prices occurred in Exeter with 9.5% whilst Mid Devon saw the smallest increase, with average house prices some 3.8% above levels seen in the first quarter of 2009.

East Devon remains the most expensive area to live in Devon with average house prices of £247,700 while Exeter remains the lowest, but this is mainly due to the large number of apartments and flats available (Figure 16).

**Figure 16: Average House Prices and Full-Time Salaries, 2009**

Area	Average House Price	Average Full Time Salary	Affordability Ratio
Exeter	£197,600	£22,300	8.9
E. Devon	£247,700	£22,700	10.9
M. Devon	£202,600	£22,300	9.1
N. Devon	£199,500	£18,400	10.8
S. Hams	£274,600	£27,100	10.1
T'bridge	£210,100	£24,300	8.6
Torrige	£200,200	£20,800	9.6
W. Devon	£216,500	£24,900	8.7
Devon	£201,600	£22,800	8.8

Source: Land Registry and Office for National Statistics Annual Survey of Hours and Earnings, Crown Copyright, 2009

### 3.3.4.3 Affordability

The ratio of earnings to house prices is high across Devon with the average earnings in Devon falling below the national average, and house prices in Devon being over the UK average. Exeter has the lowest ratio of the Devon districts with West Devon and South Devon having the highest.

House price falls in 2008 have had little effect on affordability and this is clearly a major issue for Devon. The income thresholds required to access market housing are very high and well in excess of average earnings and prospective purchasers also now require a minimum 10% deposit, which is difficult for many first time buyers to access without family assistance.

### 3.3.4.4 Housing Type

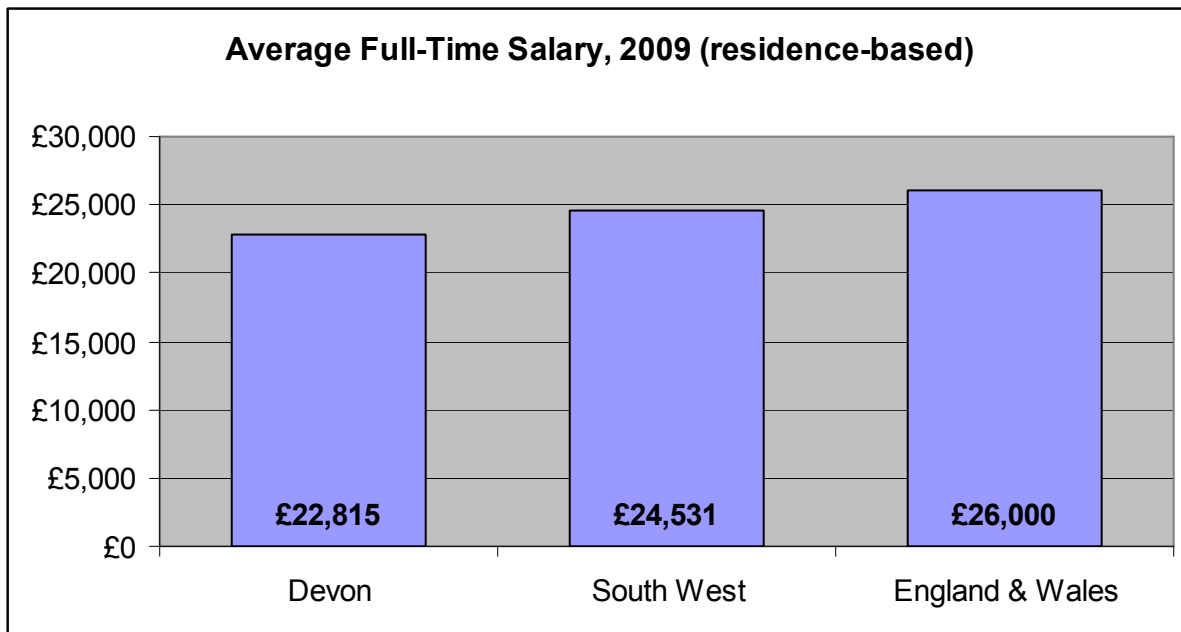
Currently, an estimated 88% of the Devon housing stock is privately owned, meaning that access to housing for those unable to afford to buy is restricted. In 2008, of the 40 Local Authorities with the lowest proportion of social housing in England, four were in Devon: East Devon, Torridge, Teignbridge and West Devon

### 3.3.5 Employment & Education

Average earnings in Devon are below the UK national average as shown in Figure 17. However, average earnings are variable across Devon with North Devon and Torridge experiencing below Devon and UK average.

Average earnings in South Hams however, are well above the national average. This is due to the popularity as a place to live for higher earning commuters working elsewhere and by its popularity as a location for some of the higher value added sectors (e.g. marine and creative industries).

**Figure 17: Average Full-Time Salary (residence based) 2009**



Source: Office for National Statistics Annual Survey of Hours and Earnings, Crown Copyright, 2009

Devon has a relatively broad economic base with the wholesale and retail trade the largest sector at 17.5%. Higher value added sectors such as manufacturing tend to be under represented. In Devon manufacturing makes up 12.2% of the economy which is the third largest in the county, but is still below the national average of 14.8%.

Industries that would sit well with a rural economy including Hotels and catering, agriculture, forestry and fishing form quite a small component of the Devon economy. However, this traditional image of a rural area of high environmental quality, which is attractive to tourists, is also a significant factor in attracting modern footloose industries where quality of life is an important factor in location.

**Figure 18: Employment of people living in the area by industry (2001)**

Sector	DCC	England
Agriculture, hunting and forestry	4.6%	1.5%
Fishing	0.1%	0%
Mining & Quarrying	0.3%	0.2%
Manufacturing	12.2%	14.8%
Electricity, gas & water supplies	0.9%	0.7%
Construction	7.7%	6.8%
Wholesale & Retail Trade	17.5%	16.9%
Hotels and catering	6.6%	4.7%
Transport, storage & communication	5.6%	7.1%
Financial intermediation	2.6%	4.8%
Real estate, renting & business activities	9.9%	13.2%
Public administration & defence	6.5%	5.7%
Education	8.1%	7.7%
Health & social work	12.4%	10.7%
Other	5.0%	5.2%

Source: 2001 Census, Crown Copyright

Devon's claimant count is significantly lower than the national average. Levels in Devon have registered a slight fall in the past year, whereas, nationally and regionally there has been a slight rise. In light of predicted economic circumstances over the next few years, it is likely that rates will begin to rise.

Despite the low unemployment rate in Devon, there still exist pockets of hidden unemployment (those not receiving benefits) and under-employment (not able to find employment commensurate with experience and qualifications).

Devon has a slightly lower overall skill and qualification base than both the nation and the region at degree level but is slightly more qualified at all other levels. The GCSE rate in Devon is close to average with 63.5% of pupils tested achieved the equivalent of 5 or more grades A\* to C (just below the national average of 65.3%). 49.5% of pupils tested achieved the equivalent of 5 or more grades A\* to C including English and Maths (just above the national average of 47.6%). However, 27% of the Devon population stated in the 2001 Census that they hold no qualifications at all.

### 3.3.6 Environment

#### 3.3.6.1 Fuel Poverty

Fuel poverty is the situation where a household spends more than 10% of its income heating the home to a safe and comfortable level.

There is no accurate estimate of the number of households in fuel poverty in Devon but estimates range from 47-60,000 households. In common with the rest of the South West the incidence of fuel poverty in Devon is higher than other parts of England. This is due to a number of factors including:

- A higher proportion of pensioner households
- The proportion of homes that are "hard to heat"
- Have the cheapest and most efficient form of home heating
- Incomes are lower than average in Devon

The following groups of people are most at risk of fuel poverty: the elderly; families with young children; the long term sick/disabled; the long term unemployed.

Recent research for the South West Councils shows significant pockets of Devon have private sector housing stock which is performing badly in terms of energy performance and thermal comfort. There are also high proportions of dwellings which do not meet decent homes standard.

As well as reducing energy consumption and lowering CO2 emissions, measures to improve the energy efficiency of the housing stock aims to reduce the numbers of households in fuel poverty in Devon, with benefits for health, well-being and quality of life.

### 3.3.6.2 The Quality of the Environment

Devon is rich in environmental assets. It has:

- Three sites designated for their international environmental importance [the E Devon and Dorset Coast World Heritage Site; The Cornwall and West Devon Mining Landscape; and the North Devon Biosphere Reserve.
- Nationally important assets: Two National Parks; five Areas of Outstanding Natural Beauty
- Almost 200 Sites of Special Scientific Interest
- Two lengthy and varied coastlines totalling over 250 miles/400Kms

The rich environment is complemented by a varied cultural environment. The two offer an unrivalled tourism experience. The quality of the environment underpins the findings of the recent Place Survey [2008] which ranked Devon as 7th in England [out of 151 upper tier authorities] in terms of satisfaction with the local area as a place to live. The numerous recreation opportunities provided by the environment – walking, cycling, horse riding, sailing, fishing and surfing provide enjoyment and exercise with health benefits.

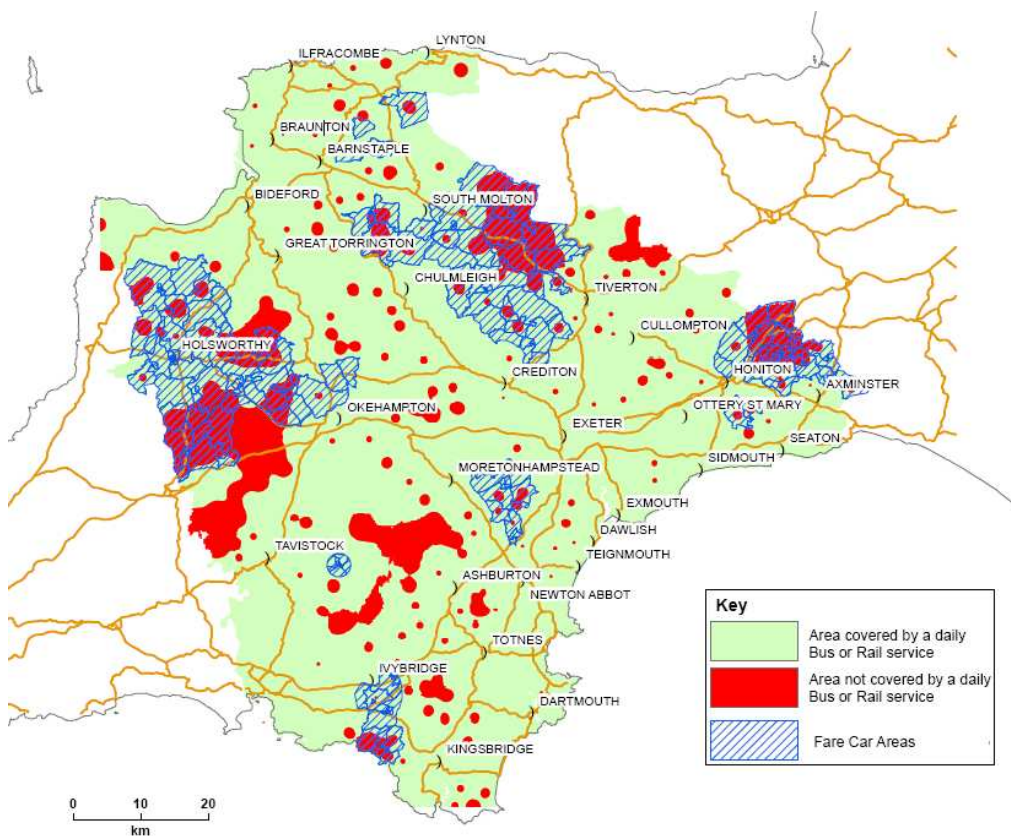
### 3.3.6.3 Accessibility

The ability for people living in Devon to have access to essential services needs to be seen as an essential part of service delivery. In a large rural county, such as Devon, access and transport are key and have been identified in surveys of residents as a major concern. Access is increasingly being regarded as an equality issue: equality to essential services regardless of where a person lives or whether they have access to a car or can drive.

The county council's access strategy provides and/ or supports a number of overlapping services which provide access, e.g. supported bus routes to augment commercial bus services, Fare Cars (pre-booked taxi-bus services), Ring & Ride services for the frail elderly and disabled, Wheels-to-Work, and community car schemes. Devon has achieved its target to improve access by 15% in the second Local Transport Plan (2006-2011) – see map below –but further work, particularly through joint-working arrangements with agencies such as NHS Trusts is becoming increasingly essential.

Jointly with Devon NHS Trusts, Devon County Council supports community group operated contact points for people to call if they have difficulty in accessing health service appointments, which co-ordinate and provide transport through voluntary sector community car schemes if needed if possible. There is significant scope for achieving greater benefit in terms of both wider/ better provision of access to health appointments, and reduced costs, through improved joint working between the county council and Devon NHS Trusts in a number of aspects (Figure 19).

**Figure 19: Population without access to a town centre by daily public, community or voluntary transport service**



Source: Devon County Council, 2009

### 3.3.7 Crime

The health and wellbeing of individuals can be greatly affected by the actual and perceived levels of crime within a community. Actual crime is where damage is caused to people and their property. Perceived crime is when people live in the fear of crime which can lead indirectly to poorer health. The main causes of crime are poverty, deprivation and low educational attainment and therefore NHS Devon and Devon County Council have a big part to play, in conjunction with the Police to prevent crime from occurring.

In the past year, Devon has experienced a reduction in overall crime by 8.1%. However, nationally the perception of crime has increased.

One of the biggest reductions in Devon is vehicle crime which has reduced by 26.5% between April 2008 and March 2009. This shows the positive steps that have been taken by the Police to cut crime. Violent Crime which has a direct impact on health has experienced a large reduction of 12.2%.

The reduction in crime has been achieved through the hard work that the Cornwall and Devon Constabulary have undertaken, but it has also been due to joint working within Devon. The effect of this joint working was highlighted in a recent public survey undertaken by Cornwall and Devon Constabulary where 79.7% of participants agreed that the Police and the Council are dealing with the anti-social behaviour and crime that matter.

The only major area where crime has increased was in the handling of stolen goods which increased by 35.5% between April 2008 and March 2009.

It is not just adults that are affected by crime; it also affects children and young people. In 2006/07 3,287 crimes were reported in Devon where a young person (aged under 19) was the primary victim, for 2007/08 this fell to 2,837 and 2008/09 this fell again to 2,623.

## 3.4 Health & Wellbeing

This section of the Devon JSNA aims to describe the health and wellbeing status of the Devon population including:

- Birth and Maternity
- Disease Prevalence
- Disabilities
- Mental Health
- Healthy Living and Obesity
- Smoking
- Sexual Health
- Alcohol
- Falls
- Carers

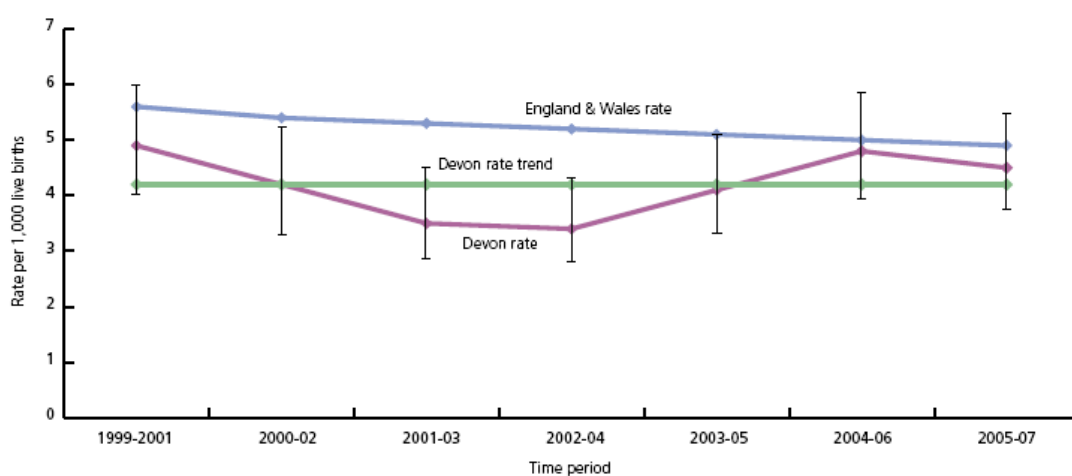
This will provide Devon County Council and NHS Devon with an insight into the current and future health and wellbeing needs of the population of Devon, allowing the correct services to be provided in the areas where they are required.

### 3.4.1 Birth & Maternity

NHS Devon is keen to promote healthy pregnancies and the normality of childbirth to ensure that every baby has the chance of a good start in life, improving the long-term health of the counties population.

The trend in infant mortality in Devon from 1999-2001 through to 2005-07 is shown in Figure 20. For the period 2000-02 to 2002-04, infant mortality rates were statistically significantly lower than those for England and Wales. However, since the period 2003-05, the Devon rates are no longer significantly lower.

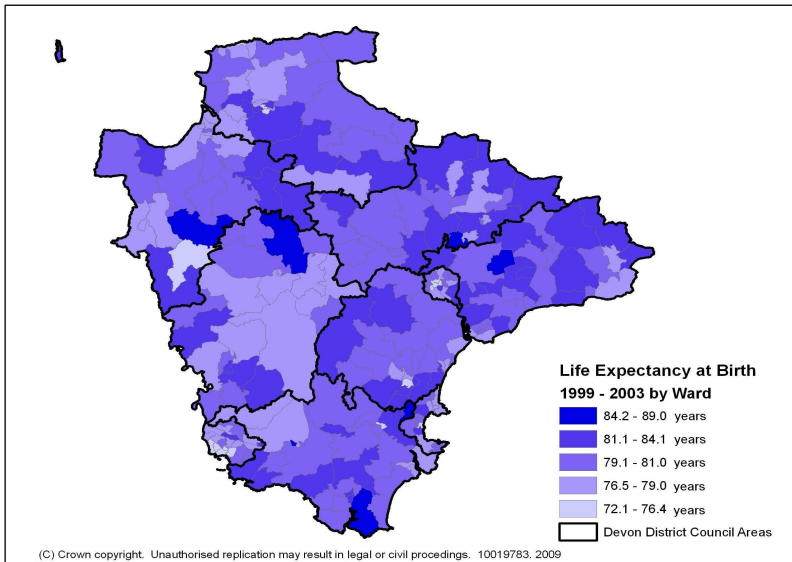
**Figure 20 - Infant mortality rates (per 1,000 live births) in Devon for three-year periods between 1999 and 2007**



Source: National Compendium of Clinical Indicators, Crown Copyright, 2009

Figure 21 presents that last official ward estimate of life expectancy covering the years 1999 to 2003 and highlights how the gap in life expectancy highlighted in figures 7-9 have persisted over time. The pattern of life expectancy at birth is subject to geographical variation across the county with the urban centres such as Barnstaple and Exeter having a life expectancy that falls well below the English average of 78.3 years. At a ward level there is a difference of approximately 14 years between the lowest life expectancy in the Ilfracombe Central Ward (72.9 years) area and the highest life expectancy in Ivybridge Woodlands Ward (86.8). There is a high percentage of unemployment and deprivation in Ilfracombe compared to Ivybridge which is a contributory factor. Whilst all Devon districts have a life expectancy above the English average, the comparatively low life expectancies for males in Exeter and North Devon areas and as well as Females in North Devon are a cause for concern.

**Figure 21: Variation in life expectancy at Birth by ward across Devon (1999 – 2003)**

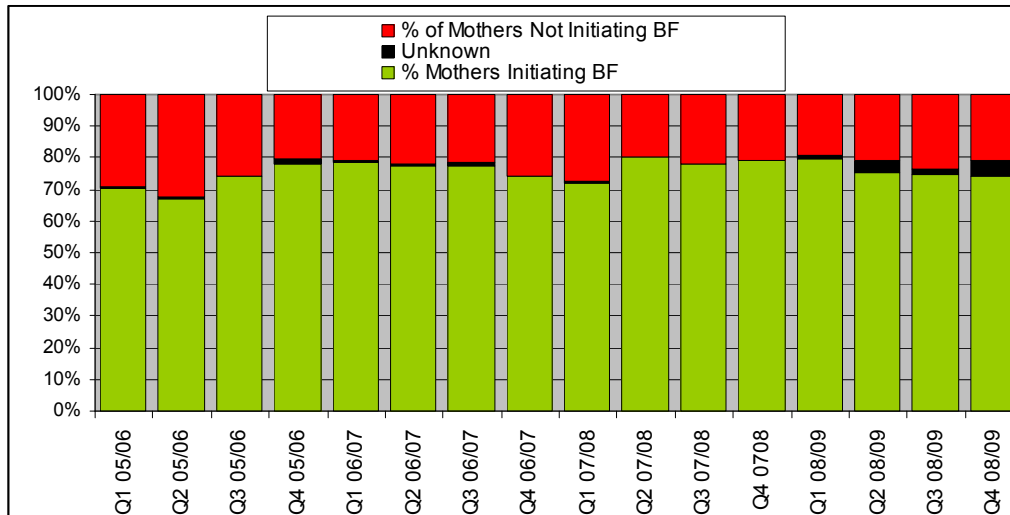


Source: South West Public Health Observatory, Crown Copyright, 2006

Breastfeeding is another important factor in birth and maternity as it prevents illness in both baby and mother. In Devon, the breastfeeding initiation rate was just over 80% in 2008 (Figure 22). However, there is a marked decline in breastfeeding within the first few weeks after initiation to 47.4%. Initiation rates are lowest among families from lower socio-economic groups.

Within Devon PCT 74% of new mothers were known to have initiated breastfeeding in 2008/09, this compares to around 70% nationally. At 6-8 weeks this dropped to 47.4%. Historic data is not available for the 6-8 weeks measure as it is a new indicator for 2008/09. Overall breastfeeding rates are similar to the national average but there is a 10% variation in uptake across Devon, even when deprivation is taken into account.

**Figure 22: Mothers Initiating Breastfeeding as a Percentage of Maternities in Devon**



Source: NHS Devon, 2009

After clean water, vaccination is the most effective intervention in the world for saving lives and promoting good health. Hence childhood vaccination is extremely important in reducing infant mortality, and providing a healthier population.

Immunisation rates vary widely across Devon with the Devon Towns of Holsworthy, Bideford/Northam, Kingsbridge and Dawlish having consistently high uptake of vaccinations when compared with the rest of Devon. At the other extreme Dartmouth, Ashburton/Buckfastleigh and especially Totnes may give rise to significant concern over their poor vaccination performance.

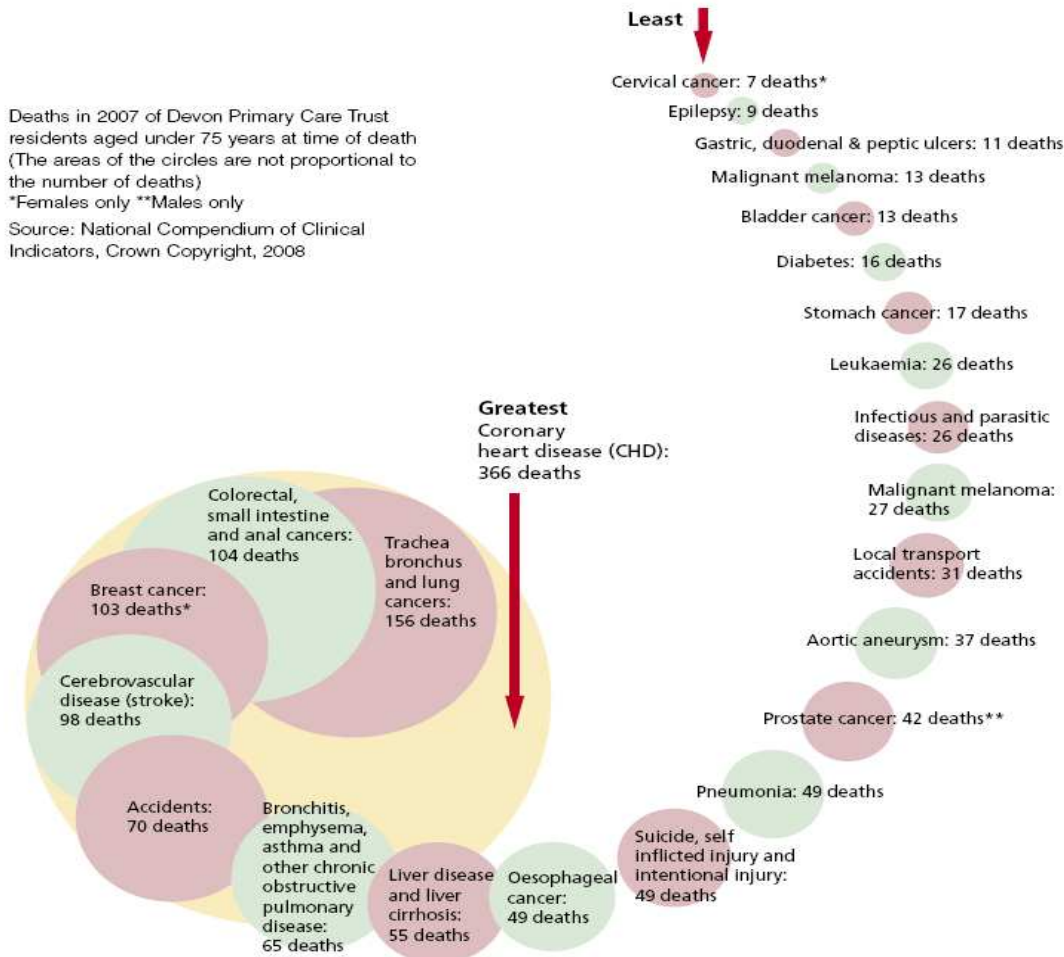
Smoking in pregnancy is the cause of potentially preventable factors associated with low birth weight, very preterm birth (less than 32 weeks) and perinatal death. Within Devon PCT 12.6% of women were known to be smokers at the time of

delivery in 2008/09. Smoking is more common in younger women with almost a third of teen mothers are smokers at the time of delivery.

### 3.4.2 Disease Prevalence

In 2007, almost 2,200 people died prematurely (before the age of 75 years) in Devon. The commonest cause of premature death was coronary heart disease (CHD) with 366 deaths, which was considerably higher than the second biggest which was Lung Cancer with 156 premature deaths (Figure 23). Both of these conditions are closely associated with smoking.

**Figure 23 - Deaths from selected causes under the age of 75 years**

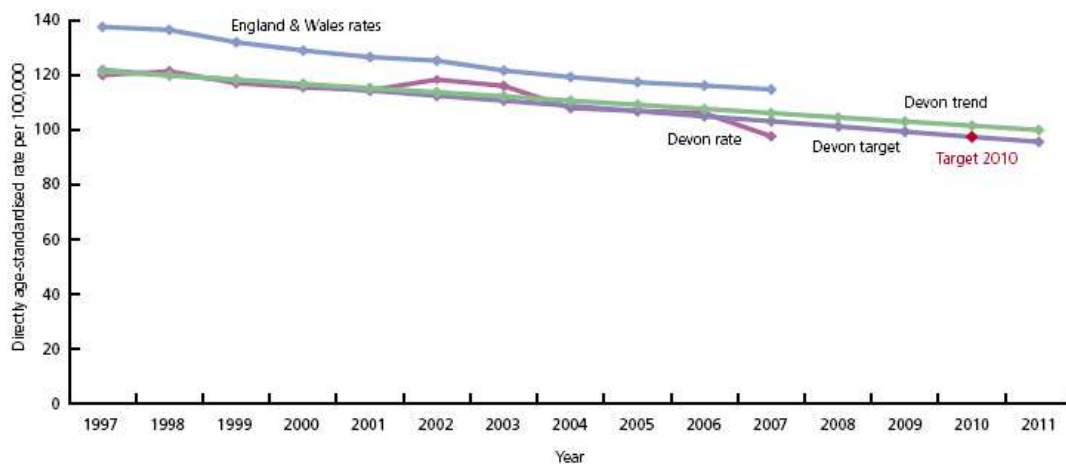


Source: Office for National Statistics, Public Health Annual Death Extracts, Crown Copyright, 2008

#### 3.4.2.1 Circulatory disease (including heart disease and stroke)

Circulatory disease is an extremely important area for NHS Devon as coronary heart disease is the top cause of premature death and stroke is the fifth. NHS Devon has made excellent progress towards reducing the levels of circulatory disease. Figure 24 shows that NHS Devon had achieved the 2010 target for the number of people suffering from circulatory disease five years ahead, in 2005. The latest figures for 2007 show a slight increase in rates of deaths from circulatory disease, although the trend is still such that the target will be achieved. The decreasing rate of death from circulatory disease has also been seen nationally with Devon's reduction occurring in parallel to the national reductions.

**Figure 24 - Trends in circulatory disease in people aged under 75 within Devon Primary Care Trust**

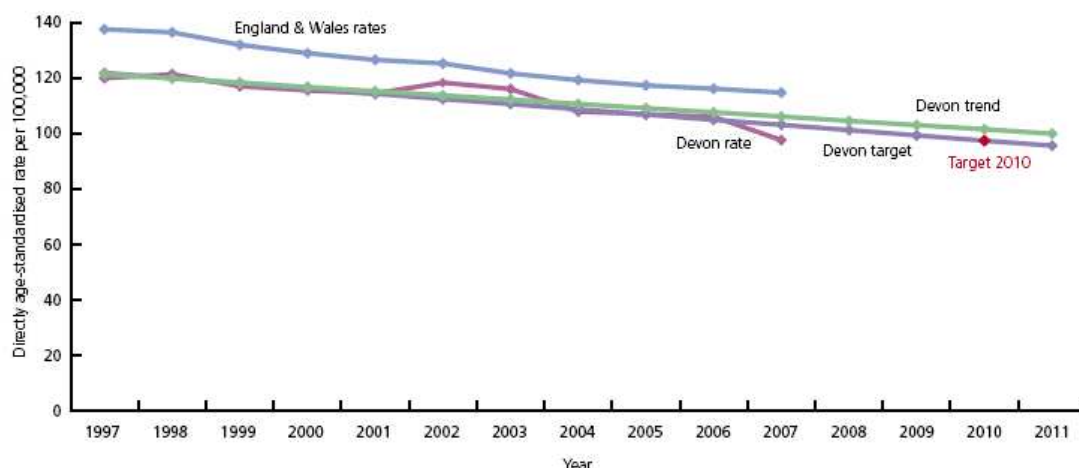


Source: National Compendium of Clinical Indicators, Crown Copyright, 2009

### 3.4.2.2 Cancer

Cancer is the overall biggest cause of premature death in Devon. Figure 25 shows that the cancer rate in Devon has fallen slightly over the last year and is on track for achieving the 2010 target. Again, the Devon Primary Care Trust rates are lower than the national ones and the reductions are occurring in parallel.

**Figure 25 - Trends in cancer in people aged under 75 within Devon Primary Care Trust**



Source: National Compendium of Clinical Indicators, Crown Copyright, 2009

### 3.4.3 Disabilities

Disabled people are more likely to experience disadvantage in many aspects of daily life compared with non-disabled people. These aspects include:

- **Poverty** – the income of disabled people is on average less than half of that earned by non disabled people
- **Educational qualifications** – disabled people are more likely to have no educational qualifications
- **Economically inactive** – only one in two disabled people of working age are currently in employment, compared with four out of five non-disabled people
- **Hate crime or harassment** – a quarter of all disabled people say that they have experienced hate crime or harassment
- **Housing** – nine out of ten families with disabled children have problems with their housing
- **Transport** – the issue given most often by disabled people as their biggest challenge

However, the cause of this appears to work in both directions: people are also more likely to become disabled if they have a low income, are out of work or have low educational qualifications.

In 2009 the numbers of people aged 18-64 predicted to have a moderate or serious physical or sensory disability living in Devon was 49,593. Of these, 2,076 were helped to live at home or supported in care homes by Adult and Community

Services (1,912 helped to live at home and 164 live in residential and nursing care). The number of people predicted to be living in Devon in 2015 with physical or sensory disability is 50,753.

### 3.3.4.1 Learning Disabilities

Information from Devon GP registers suggest there are just under 3,000 adults with a learning disability in Devon. However, practice registers are known to normally only record people with more severe learning disability. Estimates for Devon suggest the adult population with learning disability aged 18-64 is 11,063 for 2009, with 2,207 currently receiving services from Adult and Community Services. 1,465 of the people supported are receiving community based care enabling them to remain in their own homes and an additional 742 being supported by the local authority in residential or nursing care.

Modest predictions of sustained growth over the next two decades in the numbers of people with learning disabilities known to learning disabilities services is estimates to be 11% over the decade 2001-2011 and 14% over the two decades 2001-2021. The factors causing this increase include:

- Longer life expectancy, especially for people with Down's Syndrome
- More children and young people with complex and multiple disabilities surviving into adulthood
- A rise in the reported number of school age children with autistic spectrum disorder
- More learning disability in some minority ethnic groups of South Asian origin

On average 35 children have been identified with either a severe or profound multiple learning disability who will transfer to learning disability services each year for the next four years. It has also been estimated that 110 service users are living with carers over 70 years of age and this figure is likely to grow as both people with learning disabilities and their carers live longer.

The health of people with a learning disability is much worse than the population as a whole. One third have a sensory impairment, around a fifth have a physical disability and a quarter will suffer from some form of mental ill health during their life. People with a learning disability are also more likely to be obese, develop epilepsy and have a higher mortality rate and greater morbidity in relation to treatable conditions.

People with a learning disability need special consideration to make sure that they get the same access as others to all aspects of healthcare. Staff across NHS Devon and DCC need education and training to raise their awareness of the specific needs of people with learning disabilities to ensure the services provided are also suitable to people with learning disabilities.

## Mental Health

Mental health is a common problem in the UK and it is estimated that at any given time one in six British adults aged 16 to 74 is experiencing at least one diagnosable mental health problem. Mental health problems are diverse, ranging from common forms of mental illness, such as anxiety and depression, to schizophrenia which affects fewer than one person in 100.

For adults aged between 16 to 74, around 89,314 have one or more diagnosable problems. The most common mental health problems in this age group are depression and anxiety. They are estimated to affect 34,000 and 28,000 people respectively.

For children aged between 5 and 15, 9,000 are likely to have one or more diagnosable mental health problems.

For older people, aged 75 and over, approximately 20,000 people have symptoms of depression.

In Devon, there are areas of the county where mental health is more prevalent. Ilfracombe, Barnstaple and pockets of Exeter fall into the top 10% for mental health prescribing and admissions in England. These areas of Devon correlate with those areas of deprivation in Devon shown in section 3.3.1 and are in line with research showing that people living in deprived areas have higher levels of mental health problems.

There are a number of vulnerable groups in whom mental health problems are more common than the general population. These include victims of abuse and domestic violence, the elderly, prisoners, homeless, carers and lesbian, gay, bisexual and transgendered people.

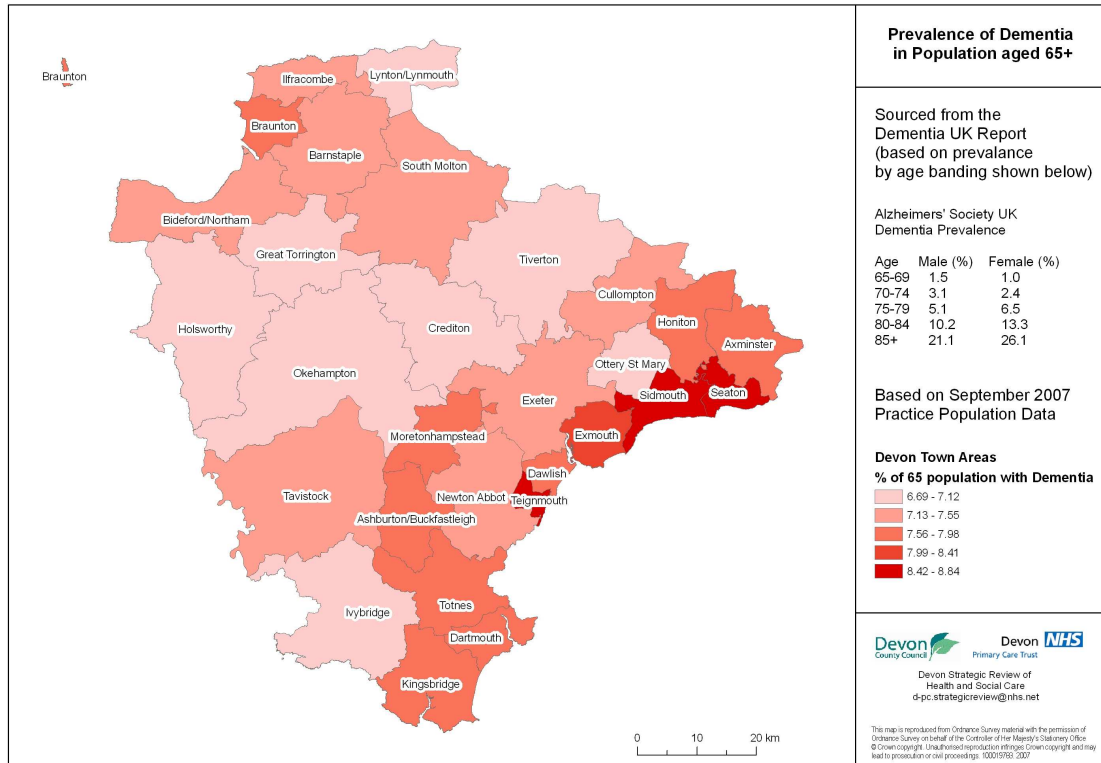
It is also recognised that many people with drugs and alcohol issues will also have mental health issues. In a recent survey (2007) of individuals living in Devon who had a drug and/or alcohol misuse problem, approximately two thirds

reported that they had either current or previous mental health problems. The most common problems were stress, anxiety, mild depression and severe depression. In the same survey, a third of all respondents had been treated by mental health services.

### 3.3.5.1 Dementia

Applying the nationally accepted prevalence rates for Dementia to the population in Devon shows that there are an estimated 11,955 people in the area with Dementia. This gives an overall prevalence rate in the 65 and over population of 7.56% (based on September 2007 Practice Population Data). Figure 26 shows that Eastern Devon has the highest numbers of individuals with Dementia.

**Figure 26 – Prevalence of Dementia in Population Aged 65+**



Source: Devon County Council and NHS Devon, 2009

## 4.5 Healthy Living & Obesity

Healthy living and obesity has become one of the UK's major public health issues with the numbers of people who are obese increasing dramatically, doubling in the UK within the last 25 years. The most recent data from the 2005 Health Survey for England shows that nearly a quarter of men (22%) and women (24%) were obese and it is predicted to have increased considerably.

It is important to reduce obesity as it leads to increased incidences in certain medical conditions including:

- High blood pressure
- High cholesterol
- Cardiovascular disease
- Type 2 diabetes
- Some types of cancer

Obesity is not just affecting adults and Devon Primary Care Trust has just completed the second year of the national weighing and measuring programme for children in reception (aged 5 years) and Year 6 (aged 10 years). Figures 27 and 28 show the prevalence of obesity in Devon for reception and Year 6 pupils, respectively. It is important to highlight that these data were not available for all pupils (82% only) and therefore might underestimate the true levels of obesity in these age groups.

**Figure 27: Prevalence of obese children, Reception Year, 2007/08**

Area	Obese	Total Measured
	Prevalence	
East Devon	6.3%	933
Exeter	9.7%	893
Mid Devon	5.9%	790
North Devon	9.0%	796
South Hams	6.7%	654
Teignbridge	8.9%	977
Torridge	9.4%	500
West Devon	8.8%	307
Devon	8.0%	5,850
England	9.6%	477,652

Source: National Child Measurement Programme: 2007/08 school year, headline results

**Figure 28: Prevalence of obese children, Year 6, 2007/08**

Area	Obese	Total Measured
	Prevalence	
East Devon	15.9%	1,129
Exeter	15.8%	906
Mid Devon	12.9%	676
North Devon	14.4%	926
South Hams	12.2%	714
Teignbridge	13.6%	1,098
Torridge	13.9%	592
West Devon	12.9%	459
Devon	14.2%	6,500
England	18.3%	495,421

Source: National Child Measurement Programme: 2007/08 school year, headline results

In both age groups a lower percentage of children in Devon are overweight or obese compared with England and Wales as a whole. The greatest difference is observed with obesity in Year 6 children. The national target is by 2020, to reduce the proportion of overweight and obese children to 2000 levels, with a South West target to achieve a downward trend by 2013. The 2007 data show that for Devon there was a slight increase in the number of children (Reception and Year 6 combined) who were classified as obese from 10.8% (2006) to 11.8% (2007).

Childhood obesity in Devon is a recognised problem. Within primary schools 23.51% of children have been identified as obese or overweight by the end of year 6 (10 and 11 yr olds). Also, among over 16 year olds, more than 52,000 adults are recorded on GP registers as clinically obese. These figures may be an under representation of the true picture due to difficulty in acquiring consent and associated lack of reporting.

A national weighing and measuring programme does not exist for adults so establishing accurate up-to-date- figures is more problematic. However, there is no evidence to suggest that the adult population of Devon should be significantly different to the general population, which indicates that nearly a quarter of adults are obese. Data also demonstrates that the incidence of obesity varies with age with the highest proportion of obesity in men and women in the 55 to 64 age bracket.

### 3.4.6 Smoking

Smoking is one of the biggest causes of death and illness in the UK. Every year, around 114,000 smokers die from smoking-related diseases. Smoking harms almost every organ of the body, reducing quality of life and life expectancy and resulting in diseases such as cancers, respiratory, circulatory and digestive diseases.

Tackling smoking is a key improvement area within the NHS, Strategic Health Authority (SHA) Local Delivery Plans and Local Area Agreements. Government targets are to reduce the percentage of adults who smoke to 21% or less by 2010, with a reduction in prevalence among routine and manual groups to 26% or less.

Data from 2006 show that in England and Wales overall, 22% of all individuals aged 16 and over smoke compared with 29% from routine and manual groups. In the South West as a whole, 23% of those aged 16 and over are smokers (General Household Survey, 2006). Data recorded by GPs indicate that in Devon 20% of adults smoke, with higher prevalence seen in more deprived areas, such as Ilfracombe, Bideford, Barnstaple and parts of Exeter.

In 2006-07, 5,056 people quit smoking across Devon with support from a NHS professional. New legislation brought into force in July 2007 preventing smoking in enclosed public spaces and prevention of sale of tobacco products to the under 18s in October 2007, have supported and encouraged smokers to quit. There is still more work to be done encouraging smokers to quit, especially reaching men and those in more deprived communities.

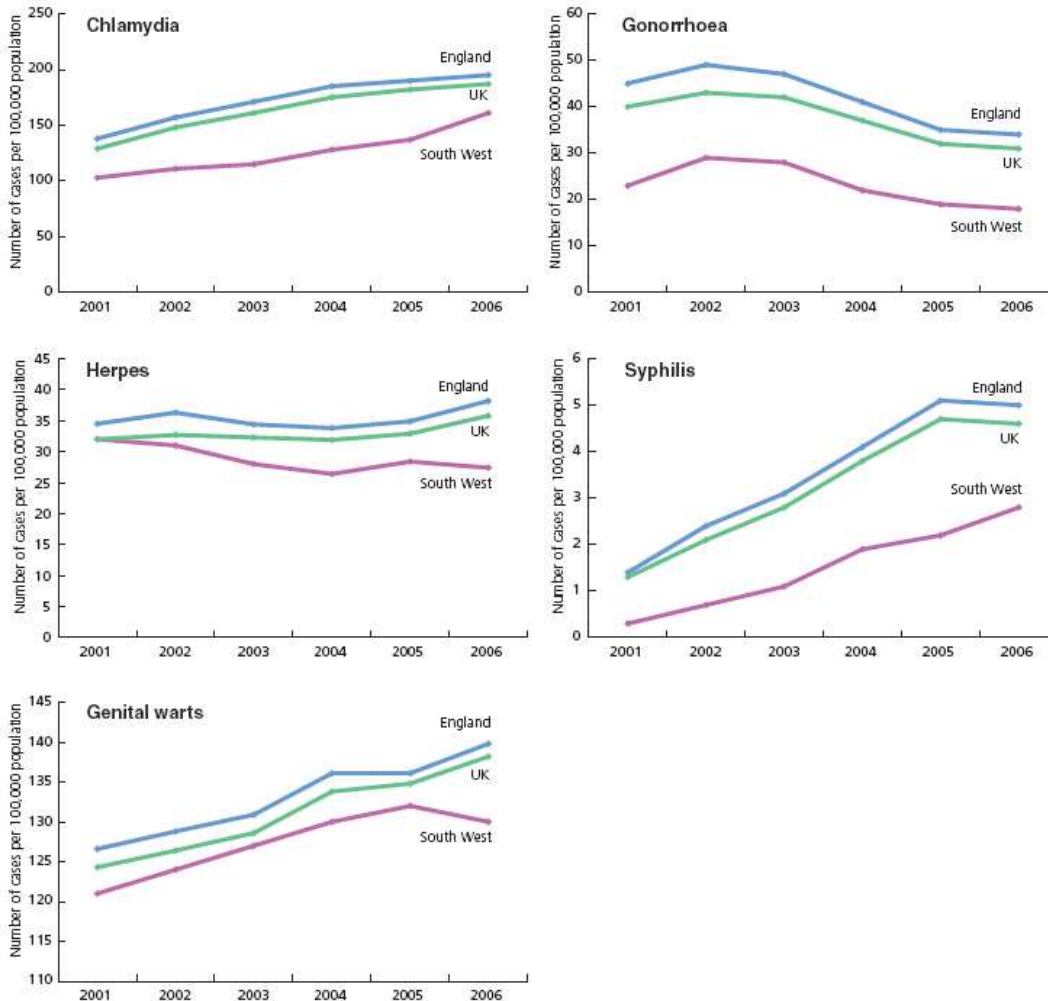
### 3.4.7 Sexual Health

In Devon and the UK as a whole, the number of new sexually transmitted infections diagnosed in genito-urinary medicine clinics has risen by 2%. This rise in sexually transmitted infections is in part due to more people coming forward for testing as they are more aware of these infections.

Sexually transmitted infections can cause a range of problems for individuals including brief episodes of discomfort, and possibly embarrassment, to long-term and serious disability including infertility and in some cases death as a result of HIV and AIDS.

Devon has seen a significant rise in sexually transmitted infections in the 15 to 26 year age group. While this group only represents 12% of the total population, they accounted for nearly half of all sexually transmitted infections diagnosed in genitourinary medicine (GUM) clinics across the UK in 2007. The rise in Chlamydia amongst this age group in Devon is of particular concern. Figure 29 highlights the increase in diagnoses of both complicated and uncomplicated Chlamydia at the local genito-urinary medicine clinics in Devon.

**Figure 29: Rates of sexually transmitted diseases diagnosed within the South West Region, England and the UK per 100,000 population for the period 2001-2006**



Source: KC60 returns, Health Protection Agency

The incidence rate for HIV infection within Devon is 5.2 per 100,000 population for the two year period from 2005 to 2007. The rates of HIV patients seen for care continue to increase in Devon (Figure 30).

**Figure 30: Rates of diagnosed HIV-infected patients seen for care by Primary Care Trust in 2006 (per 100,000 population aged 15 and over)**

Primary Care Trust	Rate for 2005	Rate for 2006	% Change (2005/2006)
Devon	23.9	32.6	15.4
Torbay	56.6	80.7	17.5
Plymouth	43.8	58.1	14.0
Cornwall	19.3	24.0	10.8
Somerset	18.5	24.7	14.4
Dorset	23.9	31.2	13.2

Source: Health Protection Agency, Crown Copyright, 2008

### 3.4.8 Alcohol

NHS Devon is currently working hard to reduce the amount of alcohol misuse that occurs in the county. This is because alcohol misuse leads to an increase risk of the two biggest causes of premature death, circulatory diseases and cancer. It is also known that a significant number of people with substance misuse issues also have mental health problems/issues

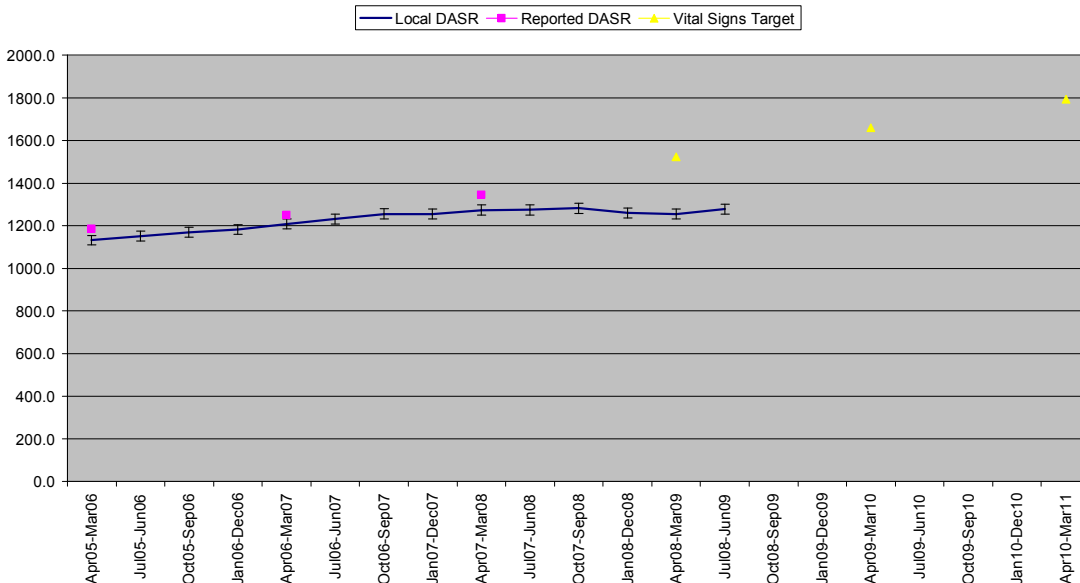
In Devon Approximately 110,991 people between the ages of 16 and 64 in Devon will drink at hazardous or harmful levels and there are in the region of 2,832 people aged 16 to 64 in Devon with an alcohol dependence. Also up to 2,400 will be living with a parent or carer with an alcohol misuse problem

The total number of alcohol-related hospital admission in Devon stood at just over 14,000 in 2008/9. The rate of admissions is lower than the South West and England rate, and the growth in admissions over the last year has been only 3% in Devon, compared to 8% nationally. There was 0% growth in admissions in the first quarter of 2009/10.

It is estimated that 35% of attendances at A&E are alcohol related and for Devon this equates to 57,185 in one year, 1,099 a week or 160 per day. However, as shown in Figure 31. Devon has recently seen a reduction in alcohol related admissions and is well below the projected numbers set out in the Vital Signs document.

**Figure 31: Locally Estimated DA SR per 100,000 for Alcohol-Related Admissions, plus officially reported figures.**

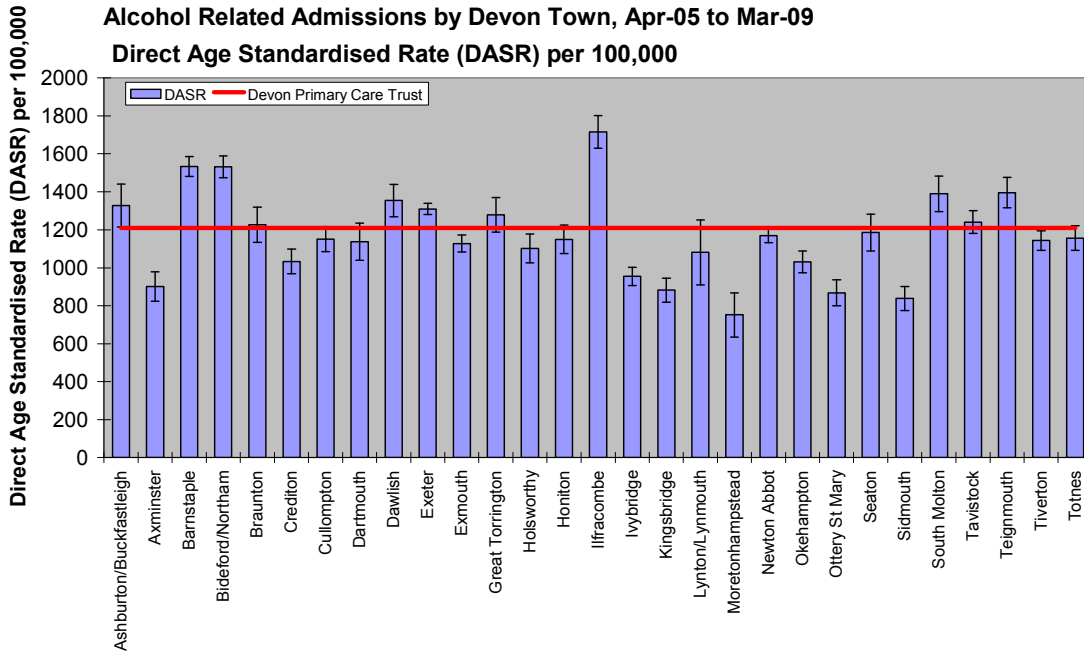
Locally Estimated DASR per 100,000 for Alcohol-Related Admissions, plus officially reported figures (North West Public Health Observatory) and Vital Signs Targets, 2005 to 2011



Source: NHS Secondary Uses Service Commissioning Dataset, 2009

Figure 32 shows alcohol-related admission rates by Devon town. The highest rates are seen in Ilfracombe, with Barnstaple, Bideford, South Molton, Dawlish, Teignbridge and Exeter also exhibiting rates significantly above the Devon average.

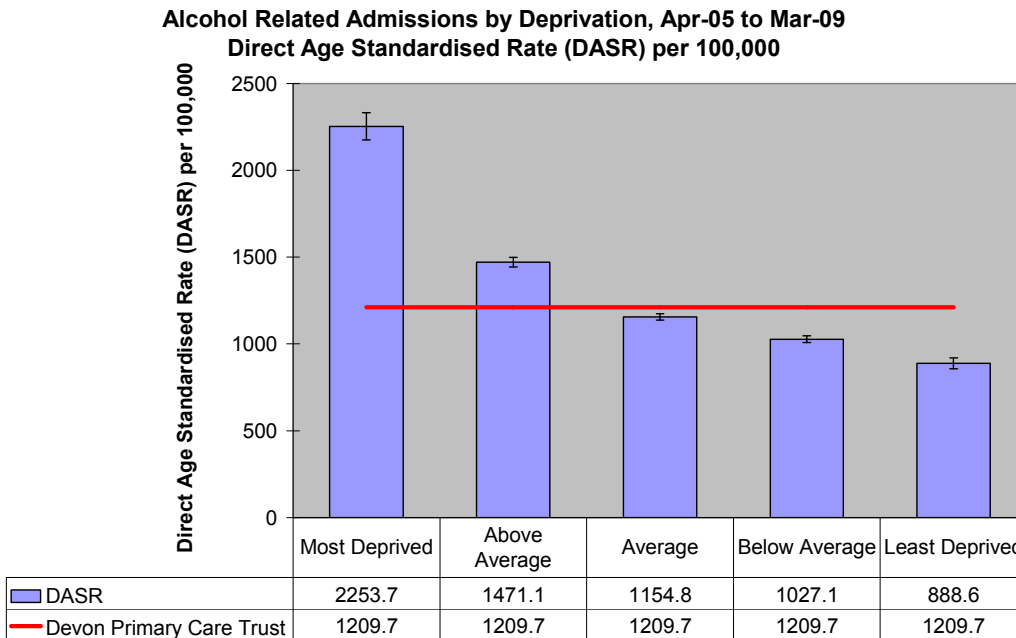
**Figure 32: Alcohol-Related Hospital Admissions by Devon Town Area, April 2005 to March 2009, Direct Age Standardised Rate per 100,000 population**



Source: NHS Secondary Uses Service Commissioning Dataset, 2009

Figure 33 highlights alcohol-related admission rates according to area deprivation within Devon. This highlights that the most deprived areas of Devon have admission rates almost double the Devon average, and almost three times the least deprived areas.

**Figure 33: Alcohol-Related Hospital Admissions by Deprivation, Devon, April 2005 to March 2009, Direct Age Standardised Rate per 100,000 population**



Source: NHS Secondary Uses Service Commissioning Dataset, 2009

### 3.4.9 Falls

Older people who are frail or have osteoporosis are more likely to experience falls and fall-related fractures. Those who fall are at increased risk of further falls, loss of mobility and independence, and of dying.

The Department of Health state that one in three women and one in twelve men over 50 are affected by osteoporosis. Osteoporosis is a condition characterised by a reduction in bone mass and density increases the risk of fracture when an older person falls. Fractures occur most commonly in the hip, spine and wrist.

The majority of falls do not result in serious injury, but the consequences for an individual of falling include:

- Psychological problems - fear of falling and loss of confidence
- Loss of mobility - leading to social isolation and depression
- Increase in dependency and disability
- Hypothermia
- Pressure-related injury
- Infection

However, there are still a large number of people, especially with osteoporosis, who require admission to long-term care.

Devon has a fall related death rate significantly above the national rate. For 2004-06, the mortality rate from accidental falls in Devon, compared to the national average rate of 100, was 141.9. The rate in Exeter, East & Mid Devon was 152.1 and the rate in North Devon & Torridge was 167.2. With an already and increasingly ageing population in Devon this has become a high priority area as reducing falls can greatly reduce deaths and admissions to hospital.

## 3.5 Vulnerable Groups

This section aims to gain a further understanding of the vulnerable groups within Devon in terms of numbers and inequalities that they face. The vulnerable groups that have been analysed in this section include:

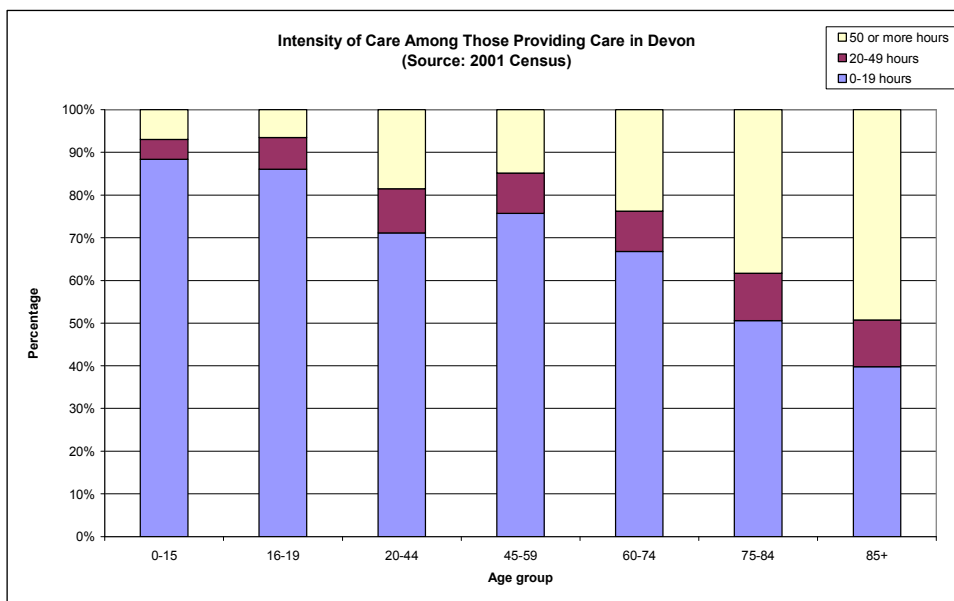
- Carers
- Vulnerable adults - Safeguarding
- Children and Young People - Safeguarding
- Homeless Single People and Families
- Gypsies and Travellers
- Migrants
- Domestic Abuse

This will help commissioners to consider reducing the inequalities for these groups when commissioning, decommissioning or redesigning services.

### 3.5.1 Carers

In Devon there are more than 72,400 people (of all ages) that act as carers (Census 2001 figures) or 1 in 10 people. Carers are providing around the clock care with 20% of carers providing more than 50 hours of care and support per week. A large majority of these carers are of retirement age. 12% of carers are aged 65 years and over, with 9% aged 75 years and over. Figure 34 shows that there is a strong link correlation between age and hours of care provided, with older people found to be providing the most hours of care. This category of carers is therefore an important area to focus on.

**Figure 34: Intensity of Care among those Providing Care in Devon (Source 2001 Census)**

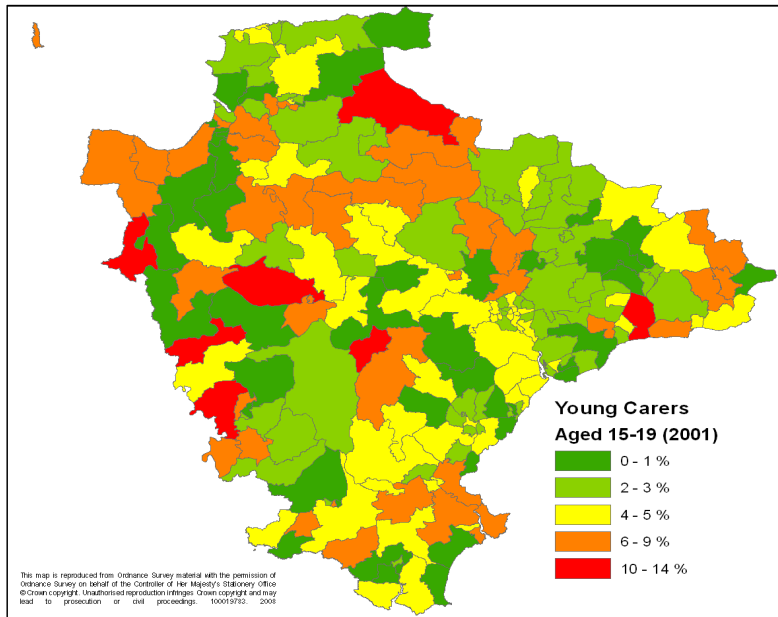


Source: 2001 Census, Crown Copyright

Devon reflects the national picture in that women are more likely to be carers than men. Nationally, 54% of carers were women, when looking after some one in the same household and this rose to 60% when looking after someone living elsewhere. The dependant person was more likely to be female than male and if living alone, is more likely to be aged 65 or older. The more hours of care per week given, the more likely there is a negative impact on the health and wellbeing of the carer leading to in-equalities in health.

There are also a large number of young carers in Devon. The census figures show that Devon has 2,000 young carers aged 0 -19 years (less than 3% of carers of all ages), although it is believed that there are significantly more. Roughly half of young carers, 1,098, are aged between 0-15 years of age. Research by ONS around the Census suggested that only about 1 in 5 young carers in this age bracket were known about, which would give us a potential Devon estimate of 5,490 young carers aged 0-15 for 2001 in the Devon County Council area. Across the county the numbers varied with the highest proportion in several of the North Devon towns and the coastal areas of East Devon, those areas with a higher older-age population (Figure 35).

**Figure 35: Percentage of Young People aged 0-15 who provide unpaid care (2001 Census)**



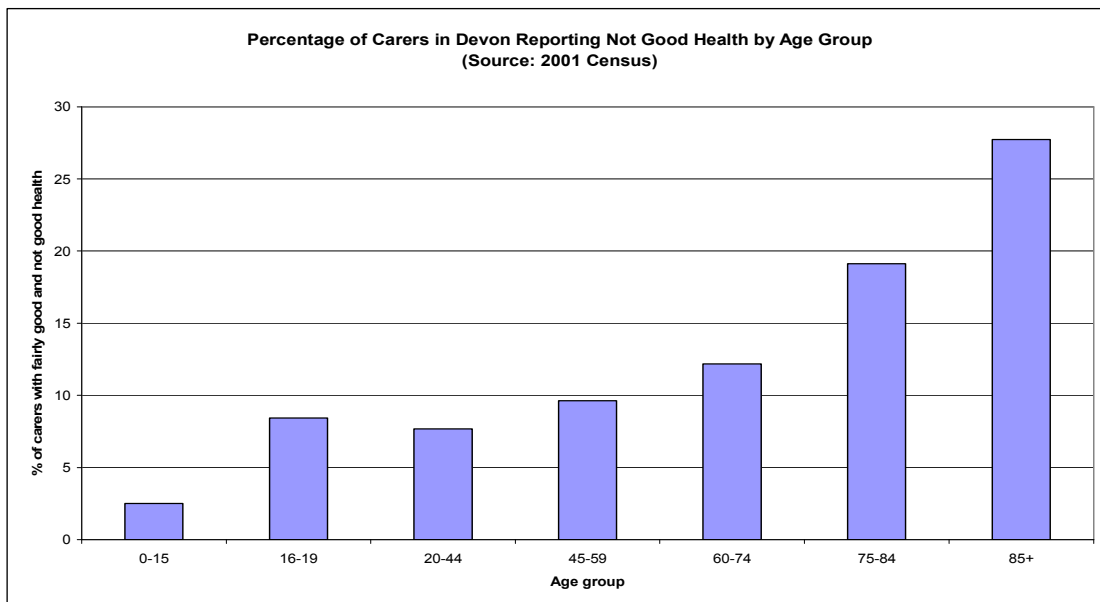
Source: 2001 Census, Crown Copyright

Caring has a big impact Young carers' health and they can be severely affected by:

- Caring on a daily basis and sometimes through the night
- Physical tasks such as repeated lifting and handling
- Emotional impact, anxiety, stress depression and sense of isolation
- Poor diet
- Lack of opportunity to socialise and exercise leading to an unhealthy and isolated life

The impact of caring on physical and mental health is a key issue for attention. With the growing age range of the population and increased incidence of long term conditions we can expect the population of carers to continue to grow, with an increasing number of elderly carers (Figure 36).

**Figure 36: Percentage of Carers in Devon Reporting Not Good Health by Age Group (Source 2001 Census)**



Source: 2001 Census, Crown Copyright

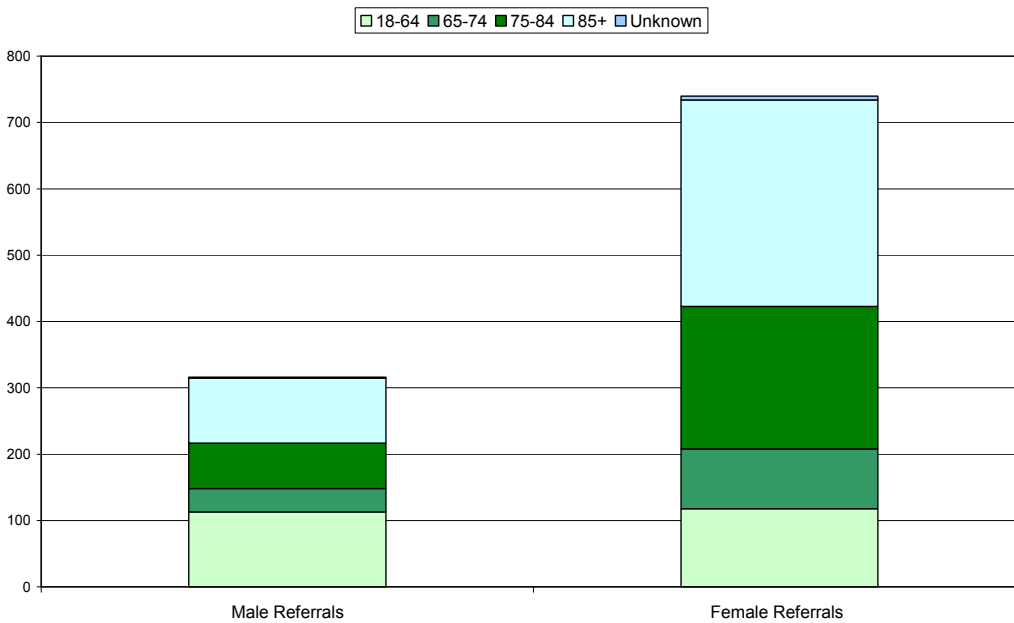
### 3.5.2 Safeguarding adults

A Vulnerable Adult is someone aged 18 or over who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

Abuse is a violation of an individual's human and civil rights by any other person or persons. Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

In 2008/09, the number of adult protection referrals submitted in Devon was 1057, representing a rate of 1.7 (per 1000 18+ population). The highest number of adult protection referrals was for females aged 85+ (Figure 37).

**Figure 37: Adult protection referrals by gender and age group 2008/09**



Source: Devon County Council, 2009

There are a number of services received by vulnerable adults in 2008/09:

- 202 received a domiciliary care service
- 153 received a residential care service
- 54 received a nursing service in the year.

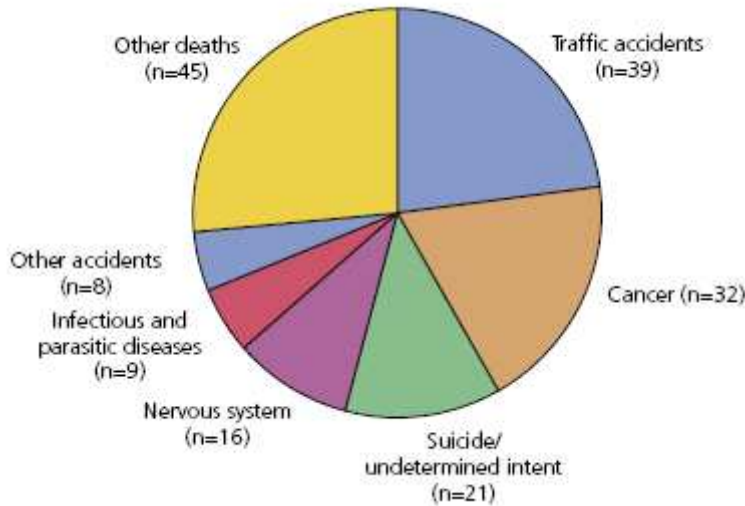
### 3.5.3 Children and young people - Safeguarding

Safeguarding and promoting the welfare of children is a high priority area for NHS Devon and Devon County Council. It is the process of protecting children from abuse or neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care, which is undertaken so as to enable children to have optimum life chances and enter adulthood successfully.

Unintentional injury is a leading cause of death and illness among children aged one to 14 years and causes more children to be admitted to hospital each year than any other reason and crucially many of these are preventable. Children and young people from lower socioeconomic groups are more likely to be affected by unintentional injuries.

In Devon there were a total of 170 deaths in children and young people over the 2001-07 year period. Of these 170 deaths, 47 were deaths resulting from an accident of which 39 deaths were from traffic accidents (Figure 38). Of the 47 deaths by accidents, 29 were in the 17-18 age group and a further 12 were in the 12-16 age group. The majority (25) of the accidents in the 17-19 age group were due to road traffic accidents.

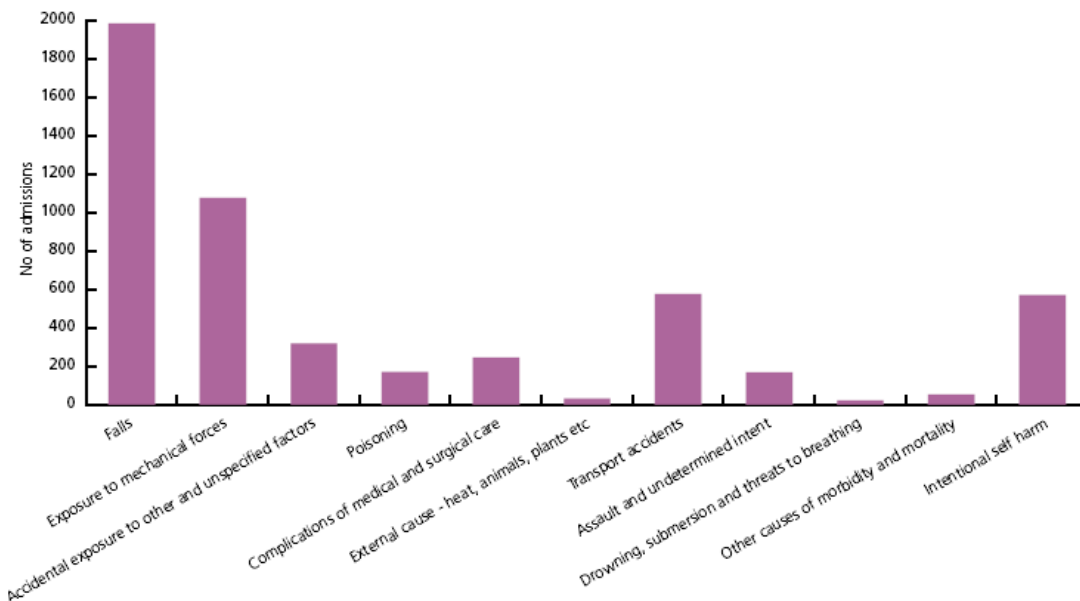
**Figure 38: Cause of deaths in children and young people in Devon for the period 2001–07**



Source: Office for National Statistics, Public Health Annual Death Extracts, Crown Copyright, 2008

The main types of injury resulting in admission to hospital in the Devon area during April 2005 to March 2008 are shown in Figure 39. This is similar to the national picture of unintentional injury across the 0-14 age group resulting in admission to hospital. There were a total of 5,207 admissions for the period April 2005 to March 2008, with the highest admissions for falls (1985) followed by transport accidents.

**Figure 39: Admission to hospital by cause (Devon Primary Care Trust, April 2005 to March 2008, under 19 years of age)**



Source: NHS Secondary Uses Service Commissioning Dataset, 2008

Approaches to preventing unintentional injuries range from education (providing information and training) to product or environmental modifications and enforcement (regulations, legislation).

### 3.5.4 Homeless single people and families

The age profile of people using homelessness services is dominated by the 16-24 age group and then by the 25-44 age group with use of services trailing off significantly in the 45-64 age group. Therefore the most relevant population age range for the homelessness sector is 16-44.

Overall there are no significant projected changes in the population of Devon in the 16-44 age range that are likely to affect the demand for homelessness services. However there are localised changes within specific towns that are more likely to have an impact, e.g. the growth in the 25-44 population in Exeter by 2021.

**Table 40: Estimated Demand for homelessness services (per annum)**

<b>Devon Homelessness Sector – Estimated Demand (per annum)</b>	
Estimated population at risk of needing support	42,899
Estimated population in need of housing support	4,289

Source: Devon County Council, 2009

The people who are using or may need to access homeless sector services represent some of the most disadvantaged groups within Devon. Current and potential clients of homelessness sector services are likely to come from areas of the county that are identified as the most deprived in the JSNA (see section 3.3.1 for information on, and map of deprivation in Devon). However, it is important to recognise that current and potential homeless individuals and families will be from areas that are not identified as the most deprived, i.e. individuals who need to access homelessness sector services are relatively small in number and their needs are likely to be more 'hidden' in the less deprived areas of the county.

The effectiveness of homelessness prevention activities by local authorities and other organisations, particularly in relation to young people, mean that the numbers of individuals 'accepted' as homeless by the housing authorities in 2007/08 is falling (33 acceptances in Q3 of 2005/06 to 6 acceptances in Q3 2007/08). However this does not necessarily indicate that demand for housing support services is falling; it is more likely to evidence the success of local authorities implementing their homelessness prevention activities, including the use of some homelessness sector services to achieve this desirable reduction in homelessness acceptances.

The data used to estimate the population at risk of needing support does not allow for the potential impact of the current predicted economic downturn and the potential consequences of that in terms of increasing homelessness due to home repossessions and rent arrears. By way of comparison in 1989 12% of all homeless acceptances were due to mortgage and rent arrears, compared to 4% today.

Devon County Council is providing support services for people who have experienced homelessness to assist individuals from becoming dependent on support services. However, it can be expected that a proportion of these individuals will continue to be at risk of homelessness as they become older.

### 3.5.5 Gypsies and Travellers

Whilst experts differ on the number of different Gypsy and Traveller groups in England most agree that the largest group, possibly comprising half of all Gypsies and Travellers, is Romany Gypsies. However, there is no national data on the number of Gypsies and Travellers living in the United Kingdom because the 2001 Census did not identify Gypsies and Travellers as an ethnic category. Other coding opportunities are largely incomplete but can reflect the desire of Gypsies and Travellers not to provide details of their cultural backgrounds for fear of prejudice and discrimination.

Many Gypsies and Travellers are settled, not all live a nomadic life although they may choose to travel for part of the year. There is evidence that Gypsies and Traveller communities, be they children, adults or older people, experience more poor health than any other disadvantaged group living in England. The health needs of settled Gypsies and Travellers are every bit as bad as that of mobile Gypsies and Travellers. A lifetime of exposure to prejudice, racism and discrimination is likely to contribute to poor health and mental wellbeing.

Despite the lack of robust national or local statistics there is sufficient evidence from a number of studies of the inequalities experienced by Gypsy and Traveller communities are significant and it is important therefore, that NHS Devon and DCC consider the needs and circumstances of these communities when developing services.

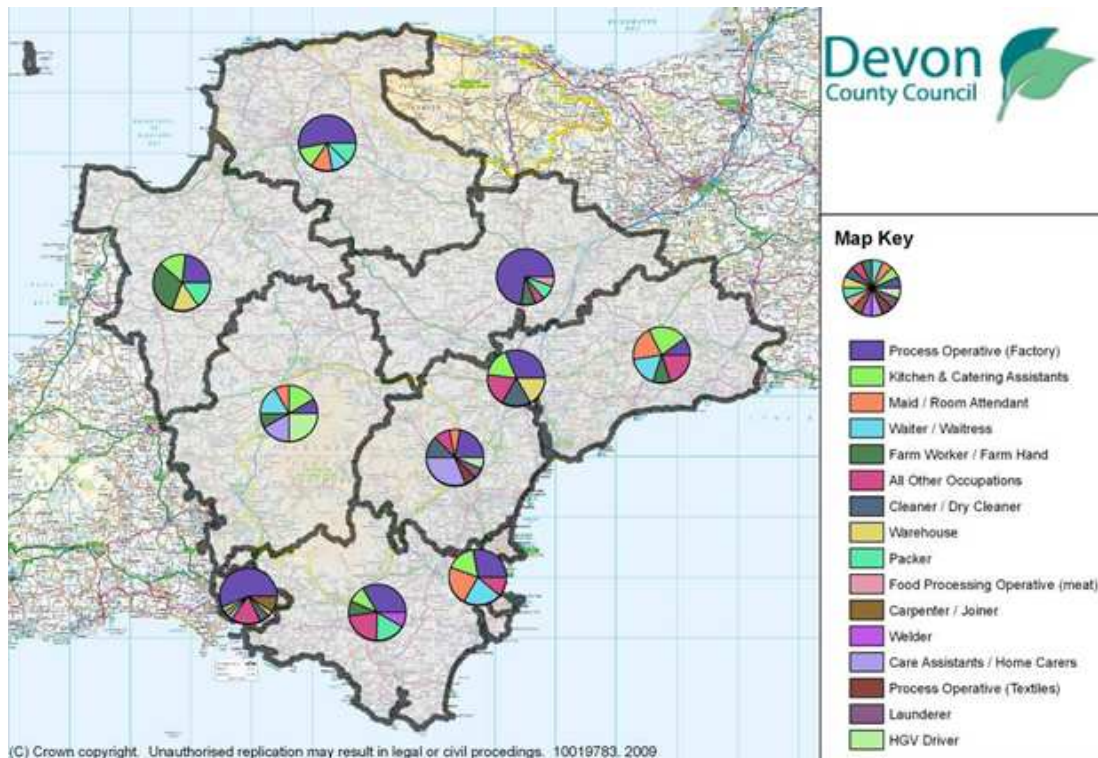
### 3.5.6 Migrants

Migrants are the main reasons why the population of Devon is increasing. A large number of these migrants come from outside the UK, especially from countries within the European Union looking for work. These types of migrants are referred to as economic migrants.

In Devon it is estimated that 85% of economic migrants are aged between 15–44 years of age. Their general health needs are similar to those of the indigenous UK population of equivalent age and sex.

Available statistics indicate that there were an increasing number of economic migrant workers in Devon between 2001/02 and 2005/06. However, since the latter part of 2008 migration into Devon has declined sharply. Figure 7 below provides a graphic presentation of the main employment sectors for migrant workers in Devon

**Figure 41: Main Employment sectors for Migrant Workers in Devon**



Source: Devon County Council, 2009

The general issues facing migrants /new arrivals nationally include:

- **Interpretation and translation** – without good services migrants find public services such as the NHS hard to access and hard to use.
- **Housing** – Many migrants have difficulty finding adequate and secure housing and some migrant workers are poorly housed in over crowded accommodation sometimes in temporary structures on the work site itself (agricultural workers).
- **Legal Support can be an issue for Migrant Workers** - The lack of resources can prevent them from receiving appropriate residential mental health services, housing, benefits etc which can lead to poverty, homelessness and poorer health outcomes.
- **Discrimination and Abuse** - racial harassment and prejudice are often the top issues In Devon there is Local Area Agreement in place and whilst racist offences have decreased yearly in number and proportion (from a reporting point of view), racist offences (mostly harassment) are still the highest offences in hate crime.
- **Education and Skills** – Language, cultural awareness and health and safety in the workplace can all represent local challenges
- **Income and Poverty** - many migrants are living on or below the poverty line with direct and negative impacts on health. They can suffer from poor nutrition, respiratory problems, skin problems and other health issues associated with poor housing and overcrowding.

Migrant workers contribute to economic prosperity, are often highly educated and inward migration helps to balance the demographics (migrants typically being young adults) but they can also be quite poorly rewarded. Migrants who are fluent in English tend to be able to earn more.

### 3.5.7 Domestic Abuse

One of the key pieces of information available on Domestic Abuse are statistics collected by police on reported Domestic Abuse incidents, although it should be noted that as the vast majority of cases are not reported, this only represents a small proportion of domestic abuse cases. In 2008/09 Devon has seen the highest number (9362) of reported Domestic Abuse incidents since 2003/04. However, the year on year rise has fallen since 2005/06 with an 11% increase from 2004/05 to a 5% increase between 2007/08 and 2008/09.

Only North Devon (2%) and Teignbridge (9%) have seen falls in the number of Domestic Violence incidents between 2007/08 and 2008/09. The two biggest rises were Exeter with 339 incidents South Hams with 87 incidents.

Exeter sees by far the highest rate of Domestic Violence incidents per 1000 population of 21.3 for 2008/09 with North Devon following at a distance with 14.6 incidents.

In 2008/09 adult victims comprise 19% male, 78% female and 3% unknown. In 2008/09 the highest proportion of female victims was seen in Mid Devon (83%) whereas the highest proportion of male victims was seen in Torridge (24%).

Over the last three financial years there were almost 27,000 reported incidents over the three year period, with over 13,000 with children present. Children were present at just under half of all domestic abuse incidents. The number of reported incidents has increased in recent years, and now stands at around 800 per month. The number of incidents where children are present is also increasing, standing at just below 400 per month in 2009/10 (Figure X).

**Figure 42: Number of reported Domestic Abuse incidents where children were present, Devon (2006-09)**

Area	2006/7	2007/8	2008/9
East Devon	586	606	638
Exeter	950	976	1133
Mid Devon	417	394	434
North Devon	733	701	654
South Hams	313	283	352
Teignbridge	722	768	683
Torridge	352	359	403
West Devon	175	203	207
Total	4,248	4,290	4,504
% of all Domestic Abuse incidents	49.4%	48.1%	48.1%

Source: Devon and Cornwall Constabulary, 2009

In DCC in 2008/09 13% of homeless households fled their houses due to Domestic Violence; this compares with 7% for 2007/08. In 2008/09 Torridge (8%) saw the highest proportion with most other districts following closely and being between 2% and 8%. The lowest is currently Mid Devon (0%).

2,847 of domestic abuse crimes were brought to justice by Devon district for the last three years. Given that the 27,000 incidents reported to police in the same period only represent the tip of the iceberg for domestic abuse, this highlights that only a very small proportion of cases end in prosecution and remediation.

Over a fifth of reported violent crime incidents in Devon are domestic violence related, with the highest proportions seen in Teignbridge (25.6%) and the South Hams (25.1%), and the lowest seen in Exeter (17.6%), where the overall rate of violent crime is higher than the other districts. This reveals that in all areas a significant proportion of all violent crime is related to domestic abuse.