Exeter City Council

To the Chair and Members of Exeter Health and Wellbeing Board

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Our ref:

Your ref:

AGENDA FOR EXETER CITY COUNCIL EXETER HEALTH AND WELLBEING BOARD

The **Exeter Health and Wellbeing Board** will meet on **TUESDAY 11 NOVEMBER 2014, commencing at 2.00 pm,** in the **Rennes Room, Civic Centre, Paris Street, Exeter.** If you have an enquiry regarding any items on this agenda, please contact Howard Bassett on **Exeter 265107.**

Pages

7	**HEALTH PROMOTION DEVON - ROLE AS PROVIDER OF PUBLIC HEALTH IN DEVON - JANITA JACKSON - 2.45PM**	
8	**LEISURE FACILITIES STRATEGY/ PLAYING PITCH STRATEGY AND SPORTS DEVELOPMENT DOCUMENT - MATT EVANS : 3.05PM**	55 - 56
9	**EXETER PARK FITNESS TRAIL : 3.15PM**	57 - 58
10	**LOCAL AIR POLLUTION STUDY - : 3.35PM**	59 - 64
11	**RUGBY WORLD CUP : 3:55PM**	
12	**ANY OTHER BUSINESS**	
13	**DATES OF FUTURE MEETINGS**	

DATE OF NEXT MEETING

The next **Exeter Health and Wellbeing Board** will be held on Tuesday 3 February 2015 at 2.00 pm

EXETER HEALTH AND WELLBEING BOARD

Tuesday 7 October 2014

Present:-

Councillor Edwards (Chair)	Exeter City Council
Councillor Owen	Exeter City Council
Councillor Westlake	Devon County Council
Gillian Champion	Clinical Commissioning Group
Dr Virginia Pearson	Devon County Council
Patsy Temple	Devon County Council
Gill Unstead	Devon County Council
Nicky May	Devon County Council
Simon Bowkett	Exeter CVS
Inspector Perkins	Devon and Cornwall Constabulary
Julian Tagg	Exeter City FC
Matt Evans	Active Devon
Caroline Lee	Devon Health Watch
Robert Norley	Exeter City Council
Dawn Rivers	Exeter City Council
Alex Bullied	Exeter City Council
Howard Bassett	Exeter City Council

34 **APOLOGIES**

This was received from Martyn Rogers.

35 **GETTING EXETER ACTIVE (MIN. NO. 27)**

The Assistant Director Environment reported that the term Active Exeter would be used rather than EXPAG in future.

36 **MINUTES OF THE MEETING HELD ON 8 JULY 2014**

The minutes of the meeting held on 8 July 2014 were agreed as a correct record.

37 **PROPOSAL FOR THE EXETER HEALTH AND WELLBEING BOARD TO PROVIDE THE GOVERNANCE STRUCTURE FOR THE "MAKING EVERY ADULT MATTER" PILOT**

Patsy Temple presented the report proposing that the Exeter Health and Wellbeing Board provide the governance structure for the “Making Every Adult Matter” pilot. MEAM was a national partnership between four national charities; Homeless Link, Drugscope, Clinks and Mind and aimed to influence policy and services for adults facing multiple needs and exclusions. As the MEAM pilot met one of the Exeter Health and Wellbeing Board’s priorities - ‘health of the most disadvantaged.’ it was felt that this Board was best placed to provide overview and scrutiny required and quarterly reports would be submitted to the Board. The most recent meeting of the strategic group working on preparations for the pilot had been held on 24 September.

The Governance group would be this Board, an Executive Steering Group would be the members of the current Strategic Group with additional stakeholders and an operational group would comprise managers and frontline workers from agencies. Public participation would be via Devon Healthwatch with Caroline Lee to be a member of the Steering Group.

It was envisioned that the Exeter Health and Wellbeing Board would oversee the MEAM pilot and serve as a continuous 'evaluation tool' and a 'critical friend' for the project. Continuity would be provided by having member(s) of the Exeter Health and Wellbeing Board sitting on the Executive Steering Group and vice versa.

RESOLVED that the Board become the Governance body for MEAM.

38 **GETTING EXETER ACTIVE - UPDATE**

Matt Evans updated the Board on the development of a framework for physical activity in the City. The following initiatives were being progressed:-

- the programme of community cycling groups and corporate cycle challenge was being coordinated by David Walters of SW Cycle Academy and University of Exeter;
- some 31,000 had participated in Ping! which had now moved indoors for the winter, although there was excess demand of venues wanting to host tables. It had proved socially inclusive and concerns over theft of equipment had been largely unfounded, table users having left the equipment for others to use;
- Park Run had operated for eight weeks, based at Haven Banks/Riverside Valley Park, with average of 150 participants and 15 volunteers per week. This voluntary/community led programme was part of a national brand; and
- a sub group was working up a bid, led by the City Council, to the Sport England Community Sports Activity Fund. It would incorporate the work of the behaviour change initiative aimed at increasing physical activity in the wider population. If successful, the funding obtained would be match funded by Public Health money.

Councillor Owen, the Portfolio Holder for Health and Wellbeing, reported that feedback had been very positive with close liaison with the Council's Parks and Open Spaces team to deliver Park Run and Ping! Responding to the Chair, he agreed that renewed work on initiatives to encourage walking, especially by the elderly, was required. Matt Evans advised on Active Devon's recent appointment by Public Health Devon as consortium lead for the Walking For Health programme and the potential opportunity that provided to better co-ordinate and complement such initiatives. Julian Tagg referred to the popular table tennis club at the Football Club and called for continued promotion and marketing to build on the early success achieved by the initiatives.

RESOLVED that:-

(1) the report be noted; and

(2) an article on the Active Devon programme be included in the next edition of the Exeter Citizen

39 **LOCAL AIR QUALITY MANAGEMENT**

Alex Bullied presented the report seeking approval for funding to undertake a study into the exposure of Exeter residents to ultra-fine particles ($PM_{2.5}$); and asking the Board to make a written submission to the Air Quality Enquiry, currently being conducted by the Government's Environmental Audit Committee.

Exeter City Council had published an Air Quality Action Plan but the Council and partners could only tackle local factors controlling air pollution. Some co-ordination by central government could also make local action more effective, for example by creating a national framework for low emission zones. In order to gain local data on exposure to air pollution, a study was proposed to measure the exposure of five individuals as they go about their normal daily routine. It should then be possible to identify some simple behavioural changes that individuals can make to reduce their exposure.

The proposed study methodology and budget would be presented to the next meeting of the Board.

The UK Parliament's Environmental Audit Committee was currently making an enquiry into air quality and was accepting written submissions from interested parties. A draft submission had been prepared on behalf of the Chair and Vice-Chair of the Exeter Health and Wellbeing Board, and the City Council's Portfolio Holder for Environment, Health and Wellbeing summarising the current levels of air pollution in Exeter, and the actions of the City Council and partners to reduce vehicle emissions. It made recommendations for Government action which would improve understanding of the impacts of local air quality, and support Local Authorities in their efforts to reduce pollution.

Members referred to pollution hotspots in the City such as Alphington Street, East Wonford Hill and Pinhoe Road, the former emphasising the urgent need for a Park and Ride at the Ide interchange and Alex Bullied confirmed the input from County Council officers on the City Council's Air Quality Action Plan. The Portfolio Holder also advised that HATOC and the County's congestion working group were working towards pollution and congestion reduction particularly with regard to the future residential expansion in and around Exeter. The importance of improved transport modes serving the City was also central to this work. In bringing forward Active Devon walking and cycling initiatives, regard would be had to the more heavily trafficked areas of the City.

RESOLVED that the Board:-

(1) endorse the submission to the Environmental Audit Committee, as set out in the report, as many Board members as possible to be signatories to the submission; and

(2) approve £2,000 to carry out a personal exposure study, subject to a project brief and study methodology being agreed at the next Board meeting.

40 **NEW PSYCHOACTIVE SUBSTANCES**

Gill Unstead and Nicky May spoke on the emerging problems and issues relating to New Psychoactive Substances (NPS) (presentation attached to minutes). The presentation covered both "old" drugs and new highs, the distinction between the two having become increasingly blurred, the different cohorts of users such as "clubbers", recreational users and "experimenters" and the health impacts. A Devon Youth Service Survey in 2013 had also revealed significant use of energy drinks by

13-19 year olds which had repercussions in the school environment. Alcohol, too, remained a serious problem in terms of impact on communities, anti-social behaviour and Police resources.

Nicky May spoke to the issues from a Trading Standards perspective. The Head Shops and the internet were the main outlets, the latter being difficult to monitor or control. Health and Safety and food legislation could be used as sanctions but were difficult to justify and there were few examples of where the outlets were not compliant with other areas of law. Otherwise, there was little or no trading standards legislation applicable and no licensing restrictions at present. The LGA was lobbying for Head Shops to be treated as adult shops as in New Zealand, measures introduced in that country, resulting in the number of outlets reducing to 180. The Assistant Director Environment stated that the Anti Social Behaviour and Crime and Policing Act 2014 contained potential measures to control and, in some cases, close down the outlets.

The problem was exacerbated by the unintended consequences resulting from greater control and enforcement. Total closure would result in an underground market and increased criminality and, with reference to existing illegal drugs, a clampdown on cannabis use in Dorset had resulted in a surge in heroin use. North Devon, where there were a number of such shops, had seen a further increase following a visit by the Police and Crime Commissioner as a result of misdirected publicity for the visit. There were also a number of unknown outlets in Devon.

Gillian Champion called for greater work through Primary Care sources and in schools to improve education on the dangers and effects of the substances.

41 **RUGBY WORLD CUP**

RESOLVED that Catherine White defer her presentation on arrangements for the Rugby World Cup (RWC), its background and legacy until the next Board meeting on 11 November 2014.

42 **TRANSFORMING COMMUNITY SERVICES**

Gillian Champion reported that the Northern, Eastern and Western Devon Clinical Commissioning Group had published a consultation paper on proposed commissioning intentions for the Eastern locality. The deadline for comments was 12 December on commissioning proposals for delivering care in the future. A briefing for Councillors and stakeholders would be held at the St Sidwells Centre. A key proposal was the transfer of the St Sidwells Walk in Centre to the RD&E which would become an Urgent Care Centre.

A Members stated that the County Council Health and Wellbeing Scrutiny Committee would examine the proposals on 17 November 2014.

43 **DATES OF FUTURE MEETINGS**

RESOLVED that the following dates for future meetings be noted:-

Tuesday 11 November 2014 Tuesday 3 February 2015
Tuesday 14 April 2015 Tuesday 7July 2015
Wednesday 2 September 2015

(The meeting commenced at 2.00 pm and closed at 3.50 pm)

Chair

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Public Health Devon

Devon County Council

Exeter District Public Health Plan 2014-15

1. Purpose

1.1 The purpose of this report is to introduce the Exeter District Public Health Plan 2014-15 and the intended purpose of the document.

2. Background

2.1 The Exeter District Public Health Plan 2014-15 has been prepared by the Public Health Intelligence Team in Public Health Devon.

2.2 The demographic information and health and wellbeing indices collated in the document provide a picture of the health and wellbeing issues for Exeter City at a population level and in the context of Devon and England

2.3 It is a mechanism for monitoring and prioritising health and wellbeing issues across Exeter City but also to inform the planning of services within the work of the Health and Wellbeing Board partners.

2.4 A yearly update of the plan will be available by September each year and Exeter health and wellbeing outcomes reports will be produced quarterly by the Devon Public Health Intelligence Team.

2.5 It is intended to be read as part of a suite of documents which include the Exeter Joint Health and Wellbeing Strategy 2013-18 endorsed by the Board in January 2014, and the active Exeter delivery plan currently under development.

3. Context

3.1 The Exeter District Public Health Plan is part of a wealth of information on the Exeter and Devon population that is available on the Devon Health and Wellbeing Joint Strategic Needs pages. These include community health and wellbeing profiles, topic based information and information about the performance of health and social care services locally
http://www.devonhealthandwellbeing.org.uk/jsna/

3.2 The Joint Strategic Needs Assessment looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning or buying of health, wellbeing and social care services within a local authority area.

3.3 The Community Health and Wellbeing profile pages on the Devon Health and Wellbeing website has profiles for a range of different areas including towns, GP consortia, local authorities, lower super output areas (LSOAs) and electoral wards. There are also pages dedicated to certain topic areas e.g. housing.

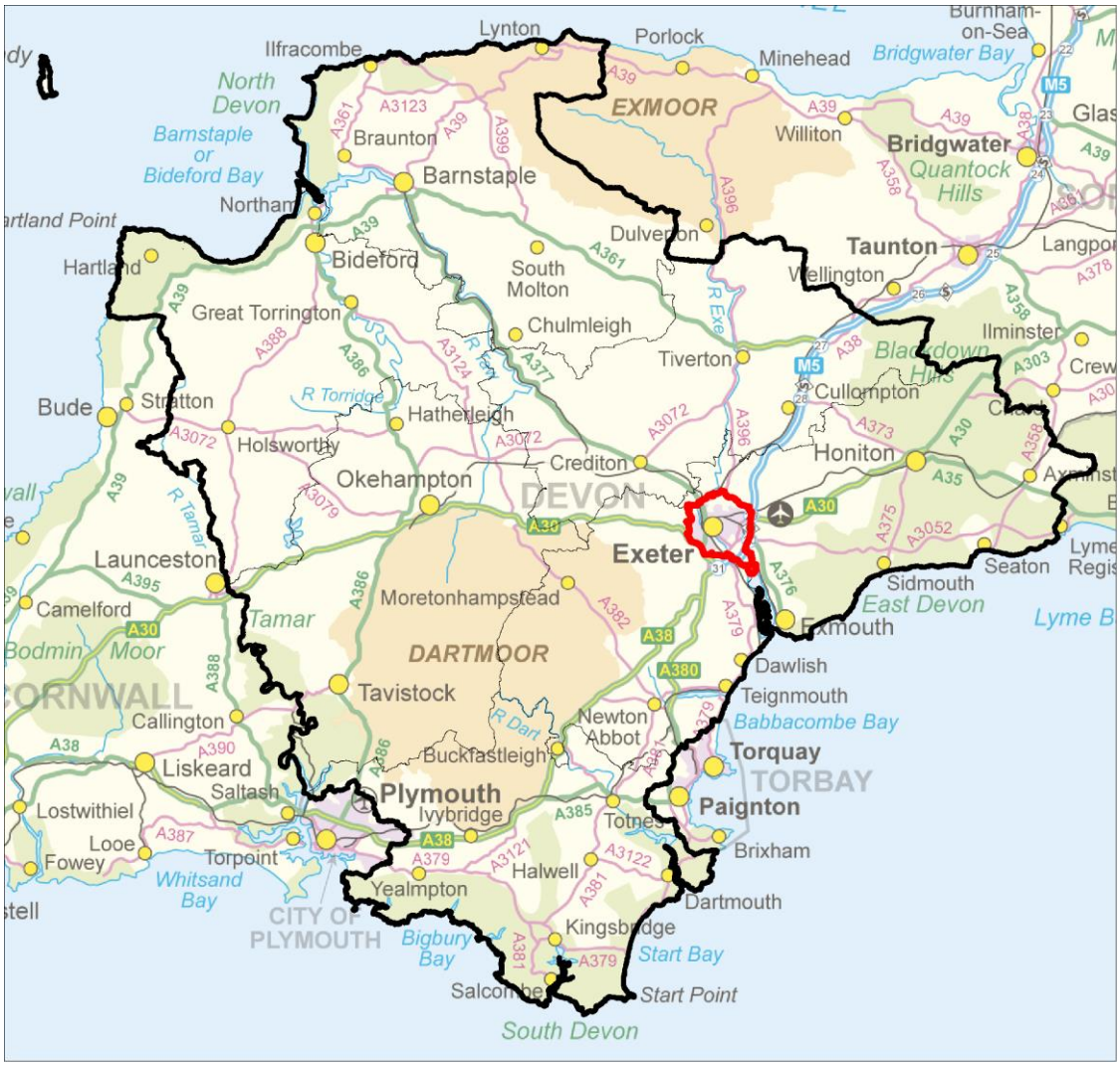
4. Recommendations

4.1 It is recommended that the Board:

i) Acknowledges the Public Health District Plan
ii) Partners use the information in the plan and links to further information available on the Devon Health and Wellbeing website for planning their work within the city
iii) Check the priorities of the Joint Health and Wellbeing Strategy and therefore the Exeter Health and Wellbeing Board every year against the Exeter District Public Health Plan

Patsy Temple
PUBLIC HEALTH SPECIALIST (EXETER)
PUBLIC HEATLH DEVON

Exeter City Council



District Public Health Plan 2014-15

The Exeter City health plan is a mechanism for monitoring and prioritising health and wellbeing issues across Exeter City.

Public Health Annual Report 2013-14 Executive Summary

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

1. Continuing to reduce health inequality across Devon, ensuring that the needs of our most vulnerable or unhealthy populations are being met.

2. Improving levels of physical activity and the proportion of people at a healthy weight.

3. Reducing excessive, harmful alcohol consumption.

4. Reducing the proportion of people in Devon who still smoke, particularly pregnant women, and preventing young people from starting smoking.

5. Ensuring all children have the best possible start in life.

6. Improving mental health and emotional wellbeing, particularly in children and young people.

7. Working to prevent domestic and sexual violence and abuse.

8. Detecting and preventing the onset of chronic (long term) health conditions.

9. Increasing the early detection and treatment of cancer.

10. Increasing social connectivity in communities to reduce social isolation and loneliness, and increasing the opportunities we have to improve our own health and wellbeing.

Exeter City Priorities

The focus for improving the health and wellbeing of the Exeter City population as laid out in the Exeter Joint Health and Wellbeing Strategy:

- Priority One - Increasing Physical Activity
- Priority Two - Reducing Alcohol misuse
- Priority Three - Reducing Falls and Cold Homes
- Priority Four - Health of the Most Disadvantaged

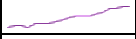
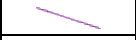
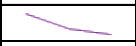
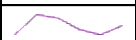
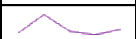
Public Health Devon

Devon County Council

Indicators from National Public Health Outcomes Report

EXETER PUBLIC HEALTH OUTCOMES REPORT

Indicator List (follow links for detailed indicator reports)

RAG	Indicator	Value	England	Trend	Ex/Dev/Eng
G	0.01 Life Expectancy Male	79.4	78.9		
G	0.01 Life Expectancy Female	83.5	82.9		
G	0.02 Gap in Life Expectancy Male	4.1	9.2		
G	0.02 Gap in Life Expectancy Female	4.1	6.8		
A	1.01 Children in Poverty	16.2%	20.6%		
G	1.10 Killed or Seriously Injured on Roads	26.5	39.7		
A	1.11 Domestic Violence	17.9	18.8		
A	1.17 Fuel Poverty	10.7%	10.4%		
A	1.18 Social Contentedness	45.5%	44.2%		
G	2.03 Smoking at Time of Delivery	8.0%	12.7%	-	
A	2.04 Under 18 Conception Rate	32.7	27.7		
A	2.06 Excess Weight in Four / Five Year Olds	26.2%	22.2%		
A	2.06 Excess Weight in 10 / 11 Year Olds	31.8%	33.3%		
G	2.07 Hospital Admissions for Injury, 0 to 14	101.9	103.8		
-	2.08 Emotional difficulties in looked after children	-	-	-	-
-	2.09 Smoking at Age 15	-	-	-	-
R	2.10 Hospital Admissions Self-Harm, 10 to 24	472.7	346.3		
-	2.11 Diet	-	-	-	-
G	2.12 Excess Weight Adults	52.8%	63.8%	-	
G	2.13 Proportion of Physically Active Adults	56.1%	55.6%		
G	2.14 Adult Smoking Prevalence	12.4%	19.5%		
-	2.15 Drug Treatment Completion, Opiates	-	-	-	-
-	2.15 Drug Treatment Completion, Non-Opiates	-	-	-	-
A	2.18 Alcohol-Related Admissions	722.4	633.8		
G	2.19 Cancer Diagnosed at Stage 1 or 2	45.4%	41.6%	-	
A	2.22 Percentage Offered an NHS Health Check	21.3%	23.3%		
R	2.22 Percentage Receiving an NHS Health Check	6.0%	11.2%		
-	2.23 Self-Reported Wellbeing (% low happiness)	-	-	-	-
G	2.24 Injuries Due to Falls	1804.7	2011.0		
G	3.02 Chlamydia Diagnosis Rate	3502.9	2015.6		
G	3.03 Population Vaccination (MMR Aged 5)	91.2%	88.4%		
A	4.03 Mortality Rate from Preventable Causes	182.1	187.8		
G	4.04 Under 75 Mortality Rate Circulatory Disease	65.9	81.1		
A	4.05 Under 75 Mortality Rate All Cancers	150.4	146.5		
A	4.10 Suicide Rate	9.3	8.5		
-	4.12 Preventable Sight Loss (Registrations)	-	-	-	-
-	4.13 Health-Related Quality of Life	-	-	-	-
R	4.16 Dementia Diagnosis Rate	39.5%	48.1%		

RAG Ratings

R	RED: Major cause for concern locally, benchmarking poor / off-target
A	AMBER: Possible cause for concern locally, benchmarking average / target at risk
G	GREEN: No major cause for concern in locally, benchmarking good / on-target

Indicator Types (Devon): Core = core measure significant impact/cost, Improve = poor outcomes or trend

www.devonhealthandwellbeing.org.uk/jsna/performance/phof/devon-reports

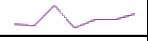
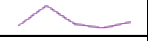
Public Health Devon

Devon County Council

Indicators from Local Health and Wellbeing Outcomes Report

EXETER HEALTH AND WELLBEING OUTCOMES REPORT

Indicator List (follow links for detailed indicator reports)

RAG	Indicator	Value	England	Trend	Ex/Dev/Eng
Priority 1: A Focus on Families					
A	Children in Poverty	16.2%	20.6%		
G	Early Years Foundation Score (social/emotional)	63.1%	52.0%		
G	Smoking at Time of Delivery	8.0%	12.7%	-	
A	Teenage Conception Rate	32.7	27.7		
-	Child/Adolescent Mental Health Access Measure	-	-	-	-
R	Hospital Admissions for Self-Harm, Aged 10 to 24	472.7	346.3		
Priority 2: Healthy Lifestyle Choices					
G	Proportion of Physically Active Adults	56.1%	55.6%		
A	Excess Weight in Four / Five Year Olds	26.2%	22.2%		
A	Excess Weight in 10 / 11 Year Olds	31.8%	33.3%		
A	Alcohol-Related Admissions	722.4	633.8		
G	Adult Smoking Prevalence	12.4%	19.5%		
G	Under 75 Mortality Rate - Circulatory Diseases	65.9	81.1		
A	Under 75 Mortality Rate - All Cancers	150.4	146.5		
Priority 3: Good Health and Wellbeing in Older Age					
-	Incidence of Clostridium Difficile	-	-	-	-
G	Injuries Due to Falls	1804.7	2011.0		
R	Dementia Diagnosis Rate	39.5%	48.1%		
G	Feel Supported to Manage Own Condition	66.1%	63.9%		
G	Re-ablement Services (Effectiveness)	96.9%	81.9%		
-	Re-ablement Services (Coverage)	-	-	-	-
A	Readmissions to Hospital Within 30 Days	11.7	11.8		
Priority 4: Strong and Supportive Communities					
A	Suicide Rate	9.3	8.5		
G	Male Life Expectancy Gap	4.1	9.2		
G	Female Life Expectancy Gap	4.1	6.8		
-	Self-Reported Wellbeing (low happiness score %)	-	-	-	-
A	Social Contentedness	45.5%	44.2%		
-	Carer Reported Quality of Life	-	-	-	-
A	Stable/Appropriate Accommodation (Learn. Dis.)	79.3%	73.3%		
-	Stable/Appropriate Accommodation (Mental Hlth)	-	-	-	-

RAG Ratings

R	RED: Major cause for concern locally, benchmarking poor / off-target
A	AMBER: Possible cause for concern locally, benchmarking average / target at risk
G	GREEN: No major cause for concern in locally, benchmarking good / on-target

Indicator Types (Devon): Chall = Devon Board role is to challenge lead organisations on poor outcomes, Improve = Joint working required to improve outcomes, Watch = outcomes good, monitoring role for board

www.devonhealthandwellbeing.org.uk/jsna/health-and-wellbeing-outcomes-report/

The Public Health England Health Profile for Exeter 2014 highlights skin cancer (malignant melanoma), hospital stays for self-harm, alcohol-specific hospital stays (in under 18s), hospital stays for alcoholic related harm, violent crime (violence offences) and acute sexually transmitted infections, where the area is significantly worse than the England rate. Link: Health Profiles. The Devon Health and Wellbeing pages provide further information in the Joint Strategic Needs Assessments (JSNA) for the Exeter City Council Areas and Devon towns as well as GP practice profiles. Link: Devon Health and Wellbeing Pages -JSNA

Health Summary for Exeter

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

Domain		Indicator	Local No Per Year	Local value	Eng value	Eng worst	Regional average^ / England Average / England Worst / 25th Percentile / 75th Percentile / England Range / England Best	Eng best
Our communities	1	Deprivation	14,968	12.5	20.4	83.8		0.0
	2	Children in poverty (under 16s)	2,995	16.2	20.6	43.6		6.4
	3	Statutory homelessness	78	1.5	2.4	11.4		0.0
	4	GCSE achieved (5A*-C inc. Eng & Maths)	619	59.2	60.8	38.1		81.9
	5	Violent crime (violence offences)	1,672	14.3	10.6	27.1		3.3
	6	Long term unemployment	418	5.1	9.9	32.6		1.3
Children's and young people's health	7	Smoking status at time of delivery	137	9.9	12.7	30.8		2.3
	8	Breastfeeding initiation	1,076	77.8	73.9	40.8		94.7
	9	Obese children (Year 6)	138	15.9	18.9	27.3		10.1
	10	Alcohol-specific hospital stays (under 18)	14	65.0	44.9	126.7		11.9
	11	Under 18 conceptions	54	32.7	27.7	52.0		8.8
Adults' health and lifestyle	12	Smoking prevalence	n/a	12.4	19.5	30.1		8.4
	13	Percentage of physically active adults	n/a	62.6	56.0	43.8		68.5
	14	Obese adults	n/a	21.1	23.0	35.2		11.2
	15	Excess weight in adults	169	52.8	63.8	75.9		45.9
Disease and poor health	16	Incidence of malignant melanoma	27	24.4	14.8	31.8		3.6
	17	Hospital stays for self-harm	364	280.6	188.0	596.0		50.4
	18	Hospital stays for alcohol related harm	756	691	637	1,121		365
	19	Drug misuse	664	8.3	8.6	26.3		0.8
	20	Recorded diabetes	5,796	5.1	6.0	8.7		3.5
	21	Incidence of TB	8	5.9	15.1	112.3		0.0
	22	Acute sexually transmitted infections	1,855	1,585	804	3,210		162
	23	Hip fractures in people aged 65 and over	106	463	568	828		403
Life expectancy and causes of death	24	Excess winter deaths (three year)	61	20.3	16.5	32.1		-3.0
	25	Life expectancy at birth (Male)	n/a	79.9	79.2	74.0		82.9
	26	Life expectancy at birth (Female)	n/a	83.4	83.0	79.5		86.6
	27	Infant mortality	6	4.4	4.1	7.5		0.7
	28	Smoking related deaths	144	237	292	480		172
	29	Suicide rate	11	9.3	8.5			
	30	Under 75 mortality rate: cardiovascular	54	65.9	81.1	144.7		37.4
	31	Under 75 mortality rate: cancer	125	150	146	213		106
	32	Killed and seriously injured on roads	27	23.1	40.5	116.3		11.3

Indicator Notes

1 % people in this area living in 20% most deprived areas in England, 2010 2 % children (under 16) in families receiving means-tested benefits & low income, 2011 3 Crude rate per 1,000 households, 2012/13 4 % key stage 4, 2012/13 5 Recorded violence against the person crimes, crude rate per 1,000 population, 2012/13 6 Crude rate per 1,000 population aged 16-64, 2013 7 % of women who smoke at time of delivery, 2012/13 8 % of all mothers who breastfeed their babies in the first 48hrs after delivery, 2012/13 9 % school children in Year 6 (age 10-11), 2012/13 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2010/11 to 2012/13 (pooled) 11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2012 12 % adults aged 18 and over, 2012 13 % adults achieving at least 150 mins physical activity per week, 2012 14 % adults classified as obese, Active People Survey 2012 15 % adults classified as overweight or obese, Active People Survey 2012 16 Directly age standardised rate per 100,000 population, aged under 75, 2009-2011 17 Directly age sex standardised rate per 100,000 population, 2012/13 18 The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause, directly age standardised rate per 100,000 population, 2012/13 19 Estimated users of opiate and/or crack cocaine aged 15-64, crude rate per 1,000 population, 2010/11 20 % people on GP registers with a recorded diagnosis of diabetes 2012/13 21 Crude rate per 100,000 population, 2010-2012 22 Crude rate per 100,000 population, 2012 (chlamydia screening coverage may influence rate) 23 Directly age and sex standardised rate of emergency admissions, per 100,000 population aged 65 and over, 2012/13 24 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.09-31.07.12 25 At birth, 2010-2012 26 At birth, 2010-2012 27 Rate per 1,000 live births, 2010-2012 28 Directly age standardised rate per 100,000 population aged 35 and over, 2010-2012 29 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population, 2010-2012 30 Directly age standardised rate per 100,000 population aged under 75, 2010-2012 31 Directly age standardised rate per 100,000 population aged under 75, 2010-2012 32 Rate per 100,000 population, 2010-2012 ^ "Regional" refers to the former government regions.

More information is available at www.healthprofiles.info Please send any enquiries to healthprofiles@phe.gov.uk

Population Estimates

Exeter City has a population of 121,800.

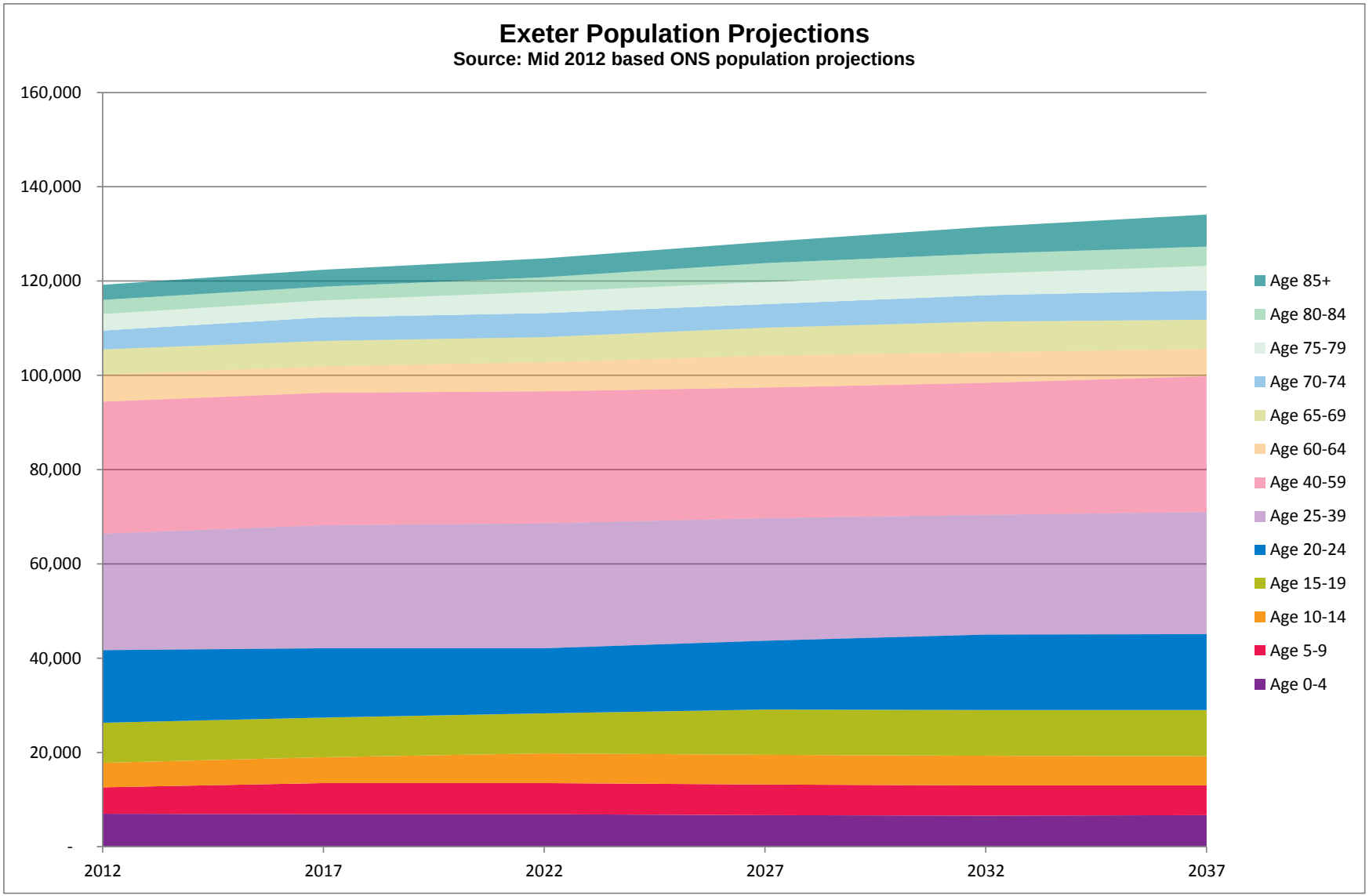
Figure 1: Exeter City population pyramid compared to England (June 2013) Data source: Patient and Practitioner Services Agency

Population Pyramid - Exeter Population - 2013

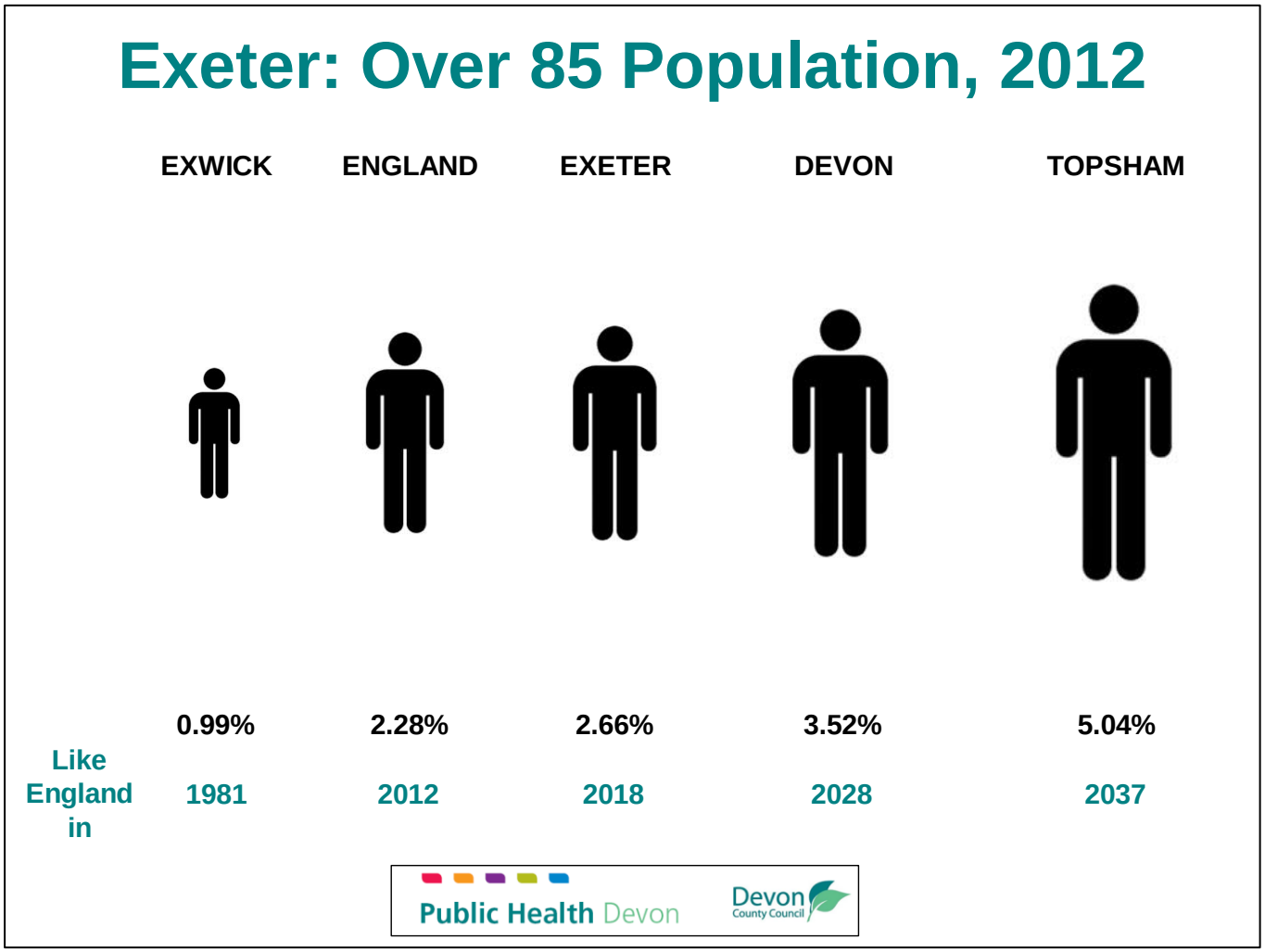
The table and population pyramid below show the population broken down by age and sex for the area against England. The age and gender of your population can have a significant impact on their health and social care needs.

Age Group	Female	Male
0-4	3323	3635
5-9	2936	3106
10-14	2554	2630
15-19	4391	4079
20-24	7919	8274
25-29	4617	4947
30-34	4402	4542
35-39	3548	3702
40-44	3616	3739
45-49	3941	3839
50-54	3532	3474
55-59	3164	2932
60-64	2952	2733
65-69	2913	2581
70-74	2259	1874
75-79	1920	1576
80-84	1822	1131
85+	2255	942
Total	**62064**	**59736**

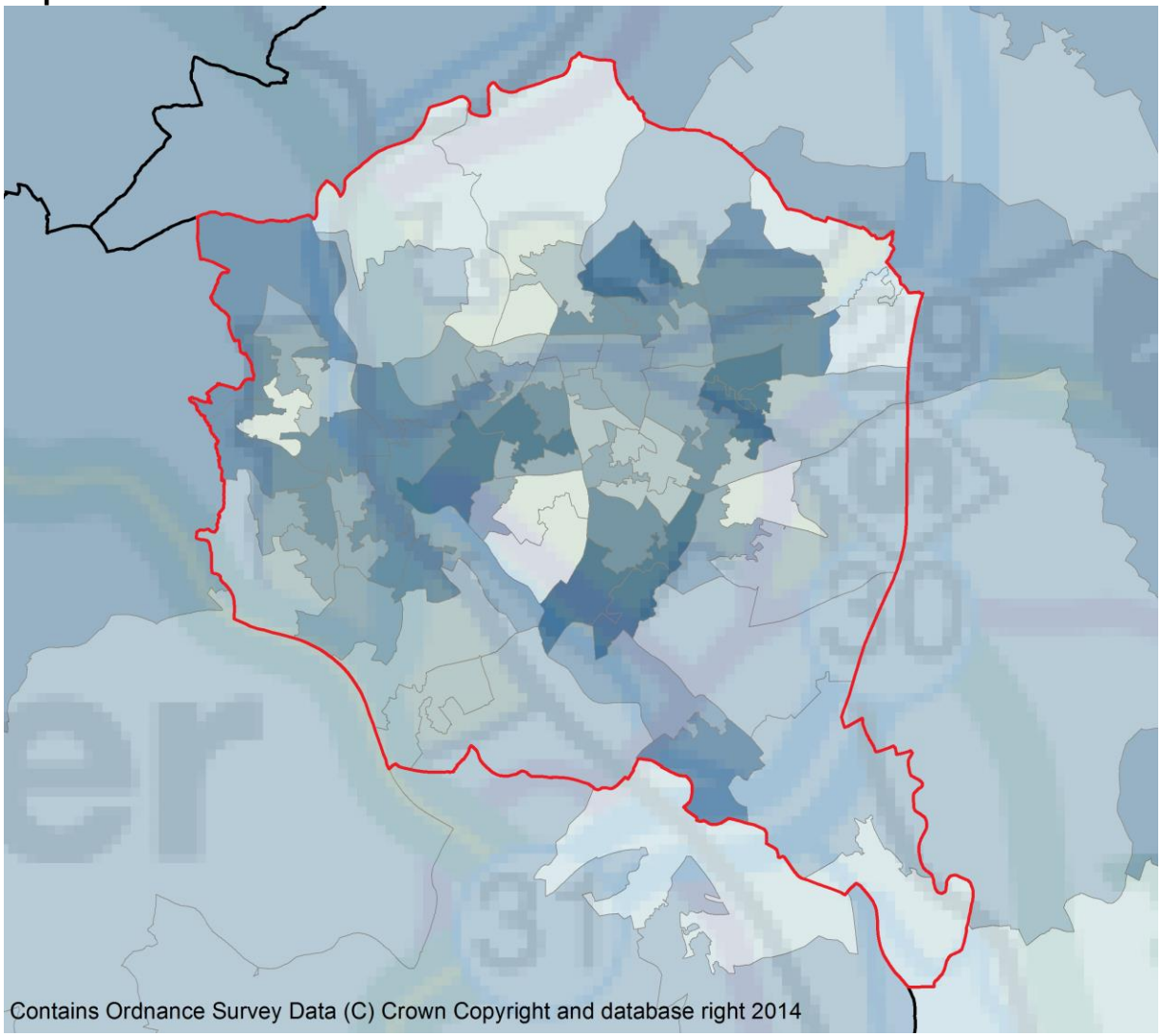
Population Projections



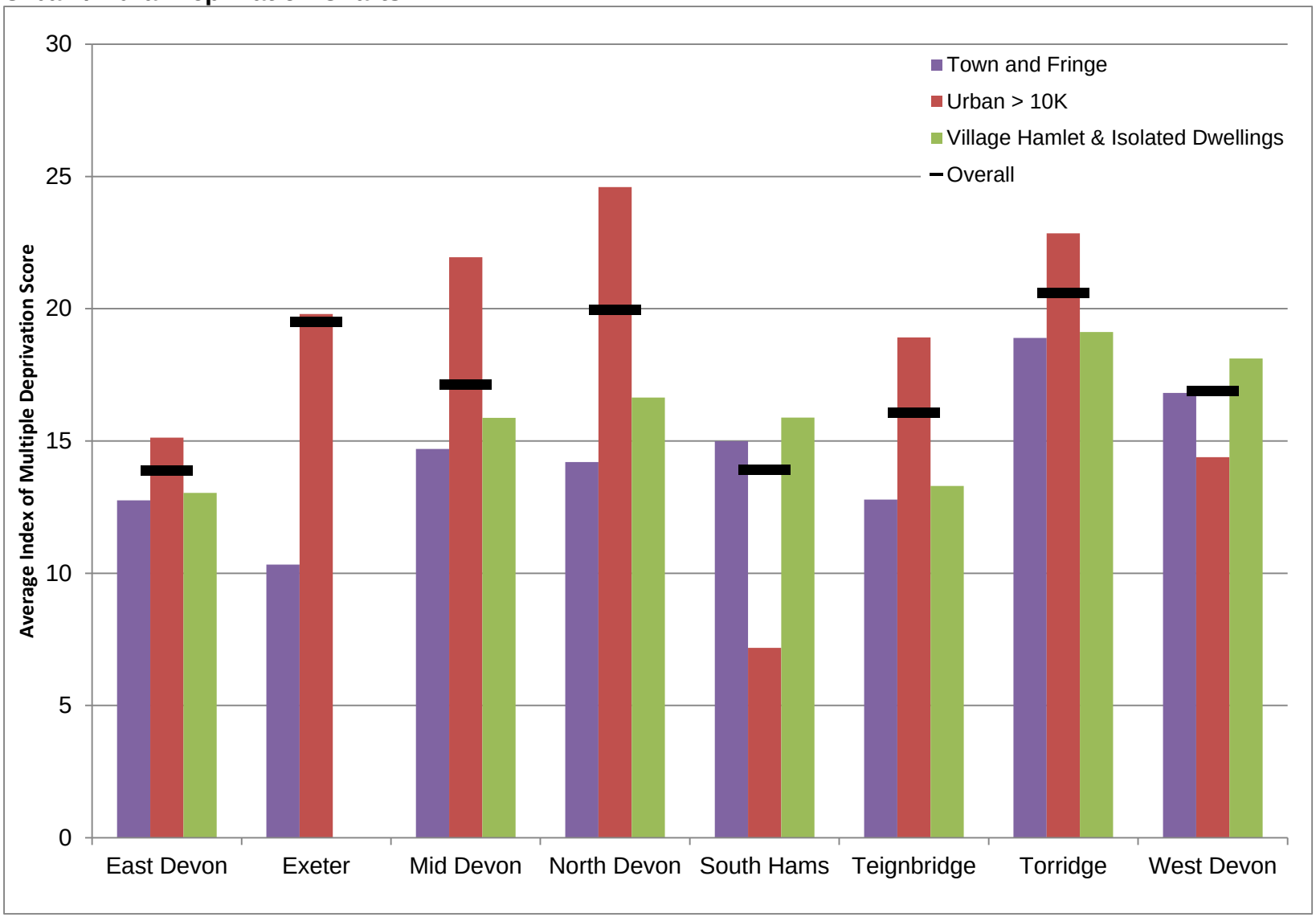
The proportion of people 85 years or more in Exeter is 2.66% compared with the English average of 2.28%. Topsham has a proportion of 5.04% which is well above the Devon and national averages.



Deprivation

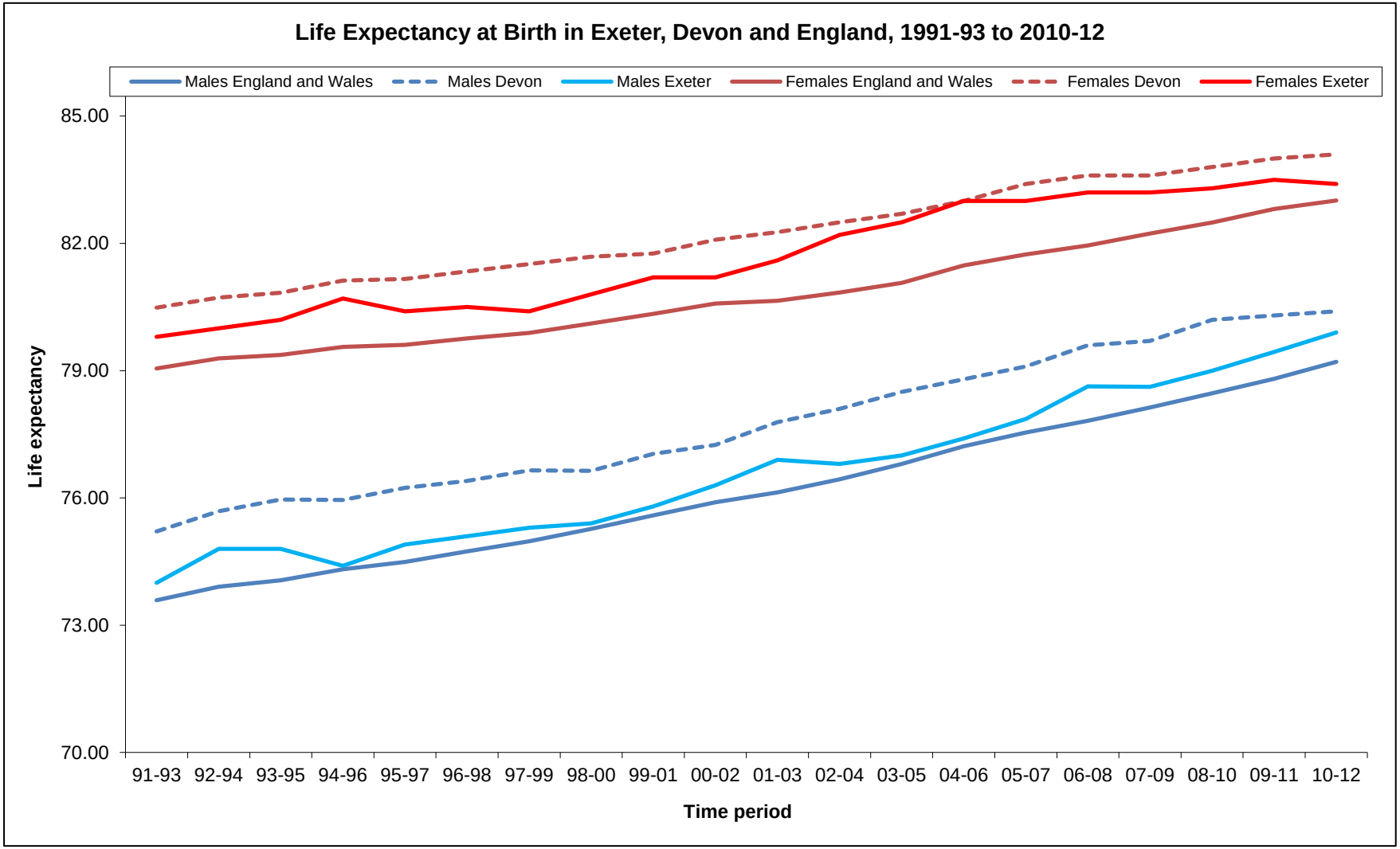


Urban / Rural Deprivation Charts

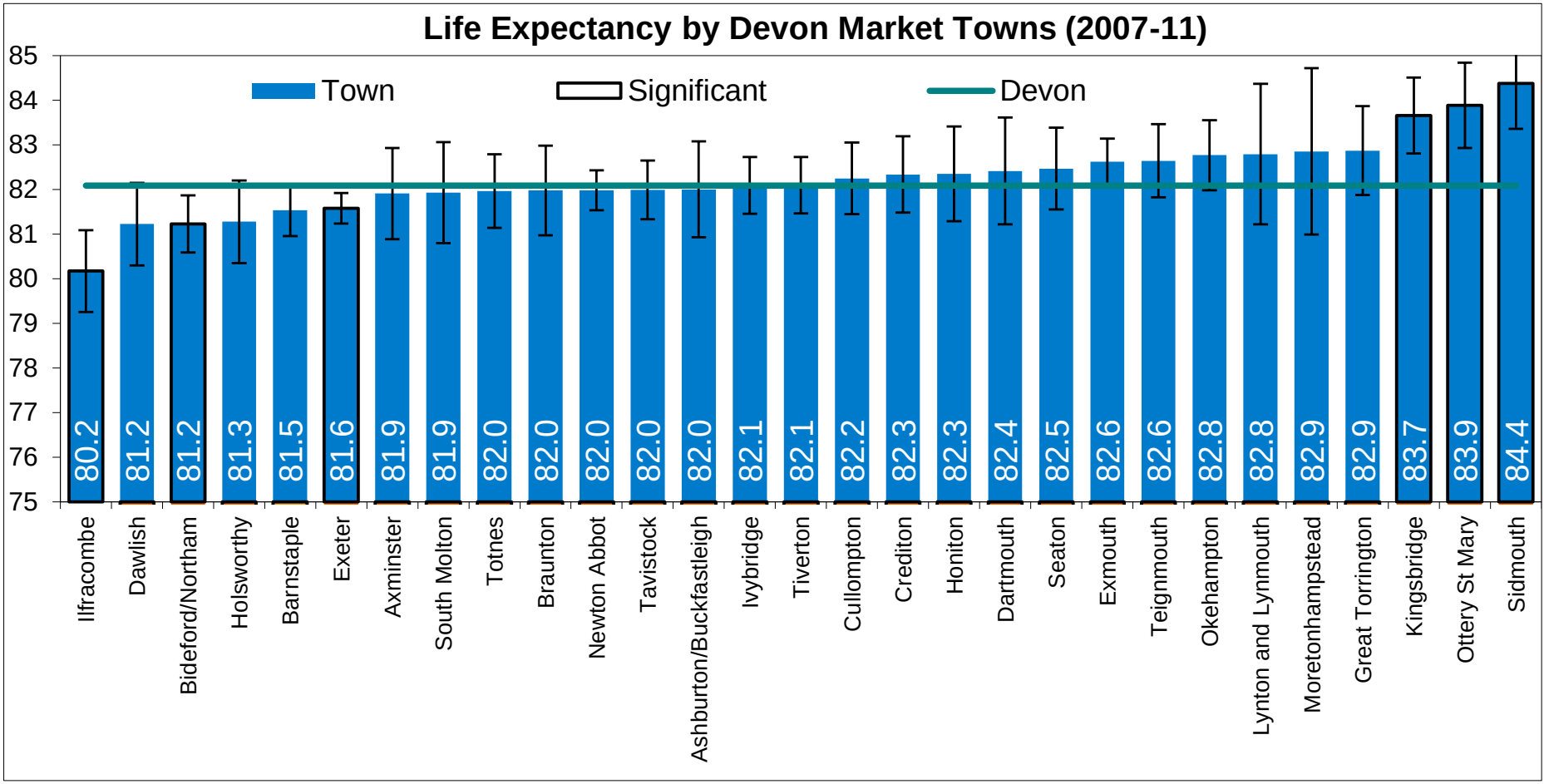


Life Expectancy

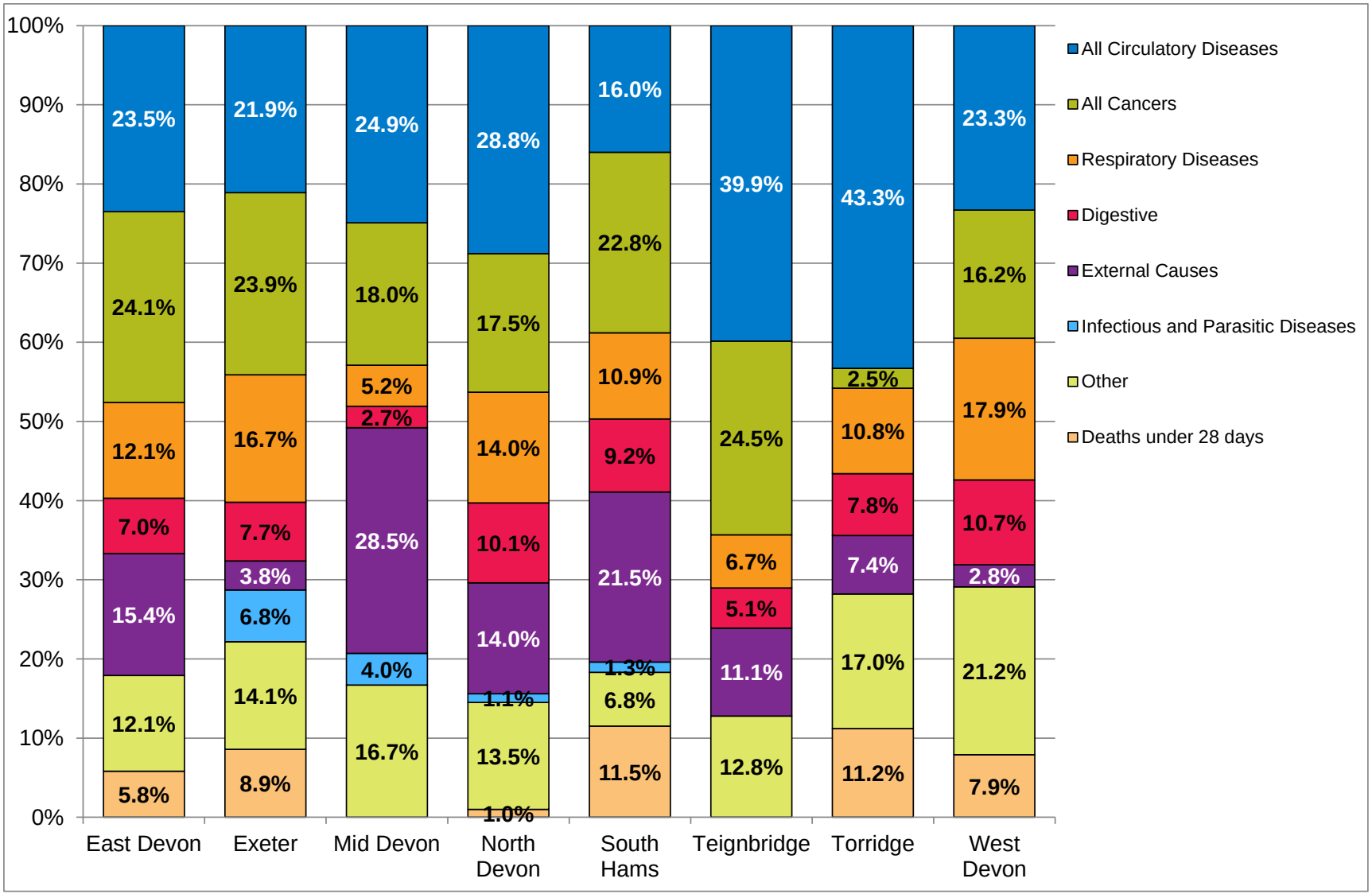
The average life expectancy for the female population of the Exeter Locality is 83.4 years and 79.9 for the male population. This is slightly below the Devon average of 84.1 years for females and 80.4 for males and slightly above the national average of 83.0 for females and 79.2 for males.



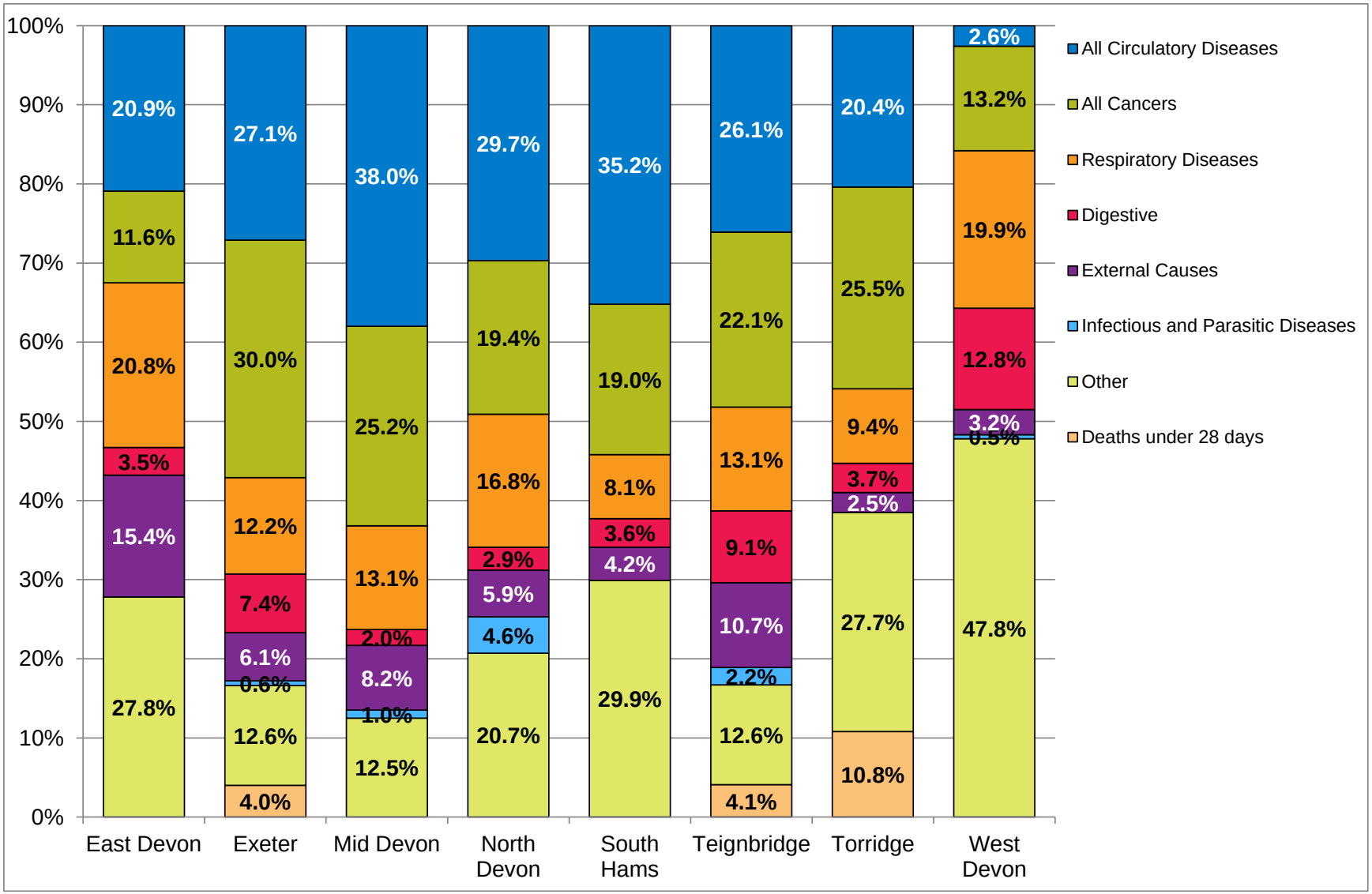
Life expectancy in Exeter town area is statistically significantly lower than the Devon average.



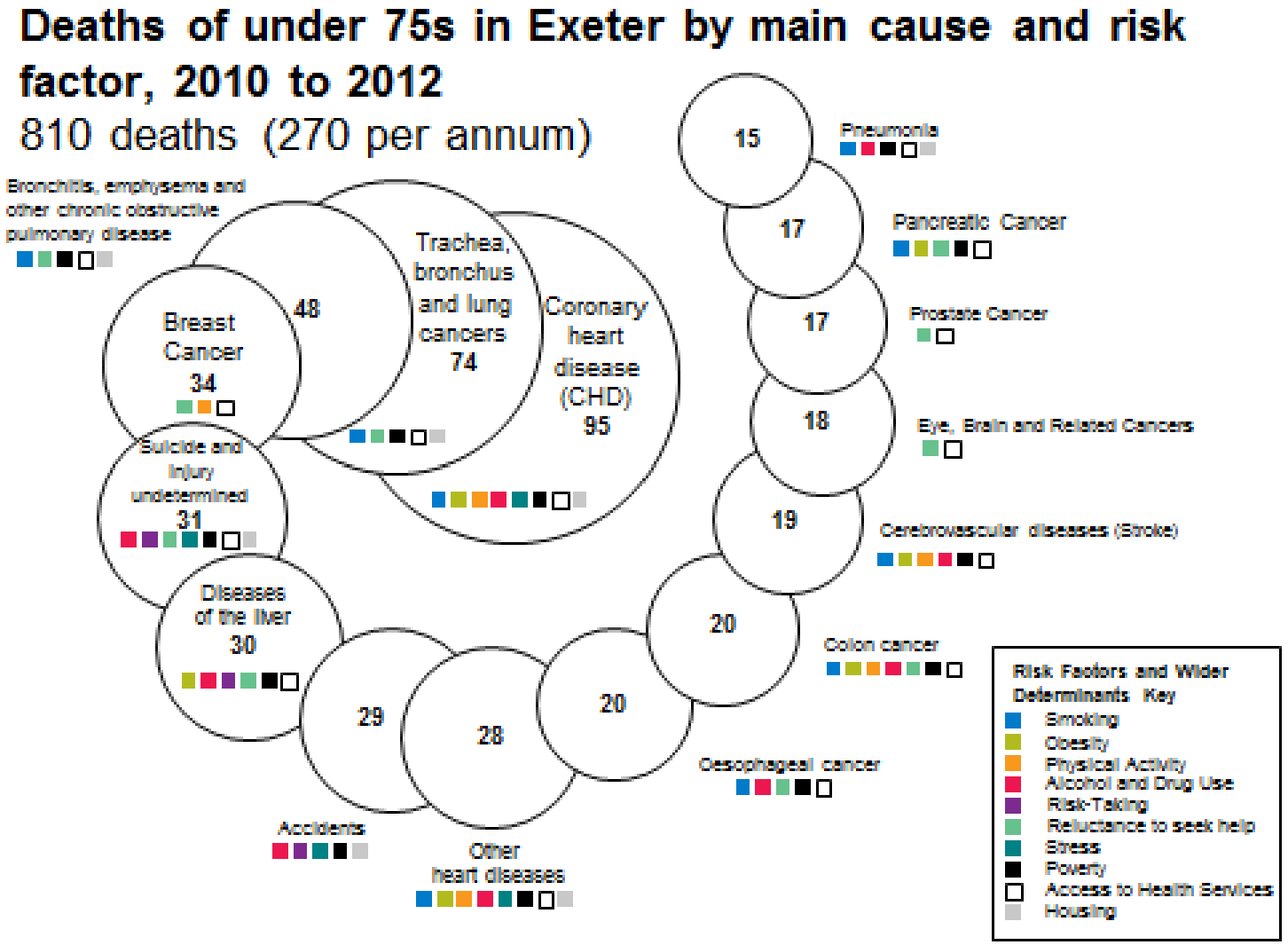
Conditions Contributing to the Life Expectancy Gap between Most Deprived and Least Deprived Communities: Males



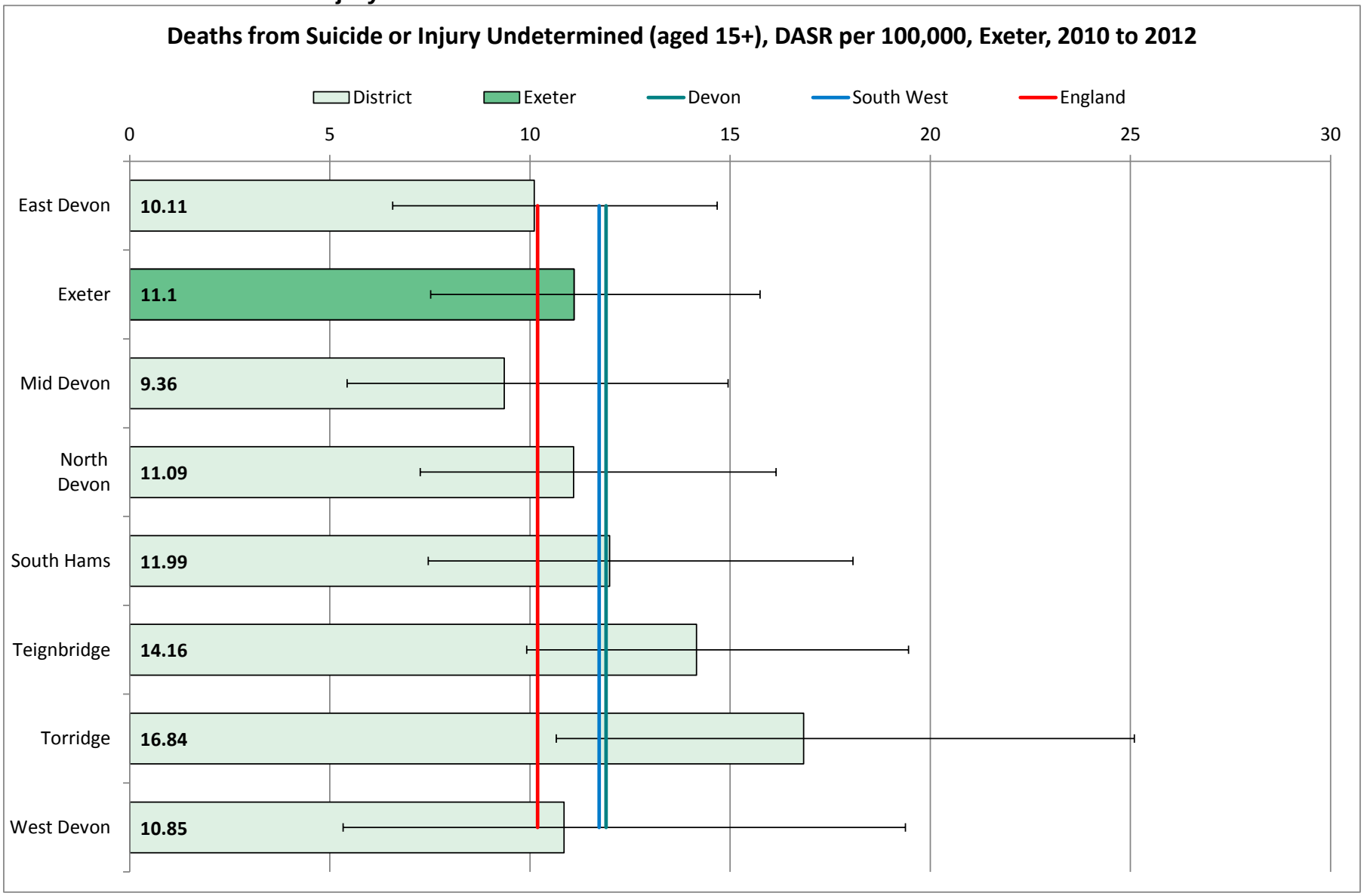
Conditions Contributing to the Life Expectancy Gap between Most Deprived and Least Deprived Communities: Females



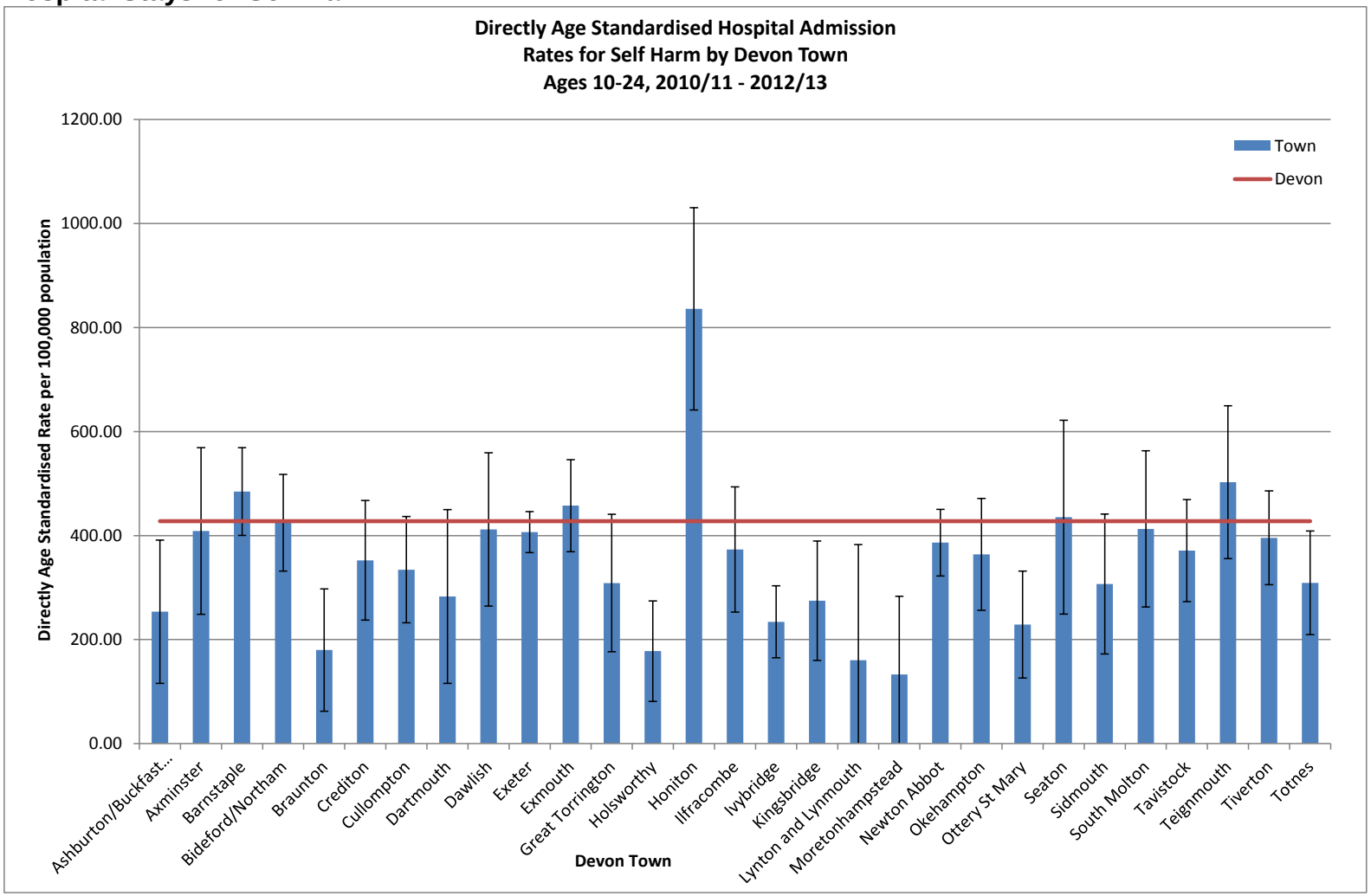
Mortality in Under 75s by main cause of death and risk factors



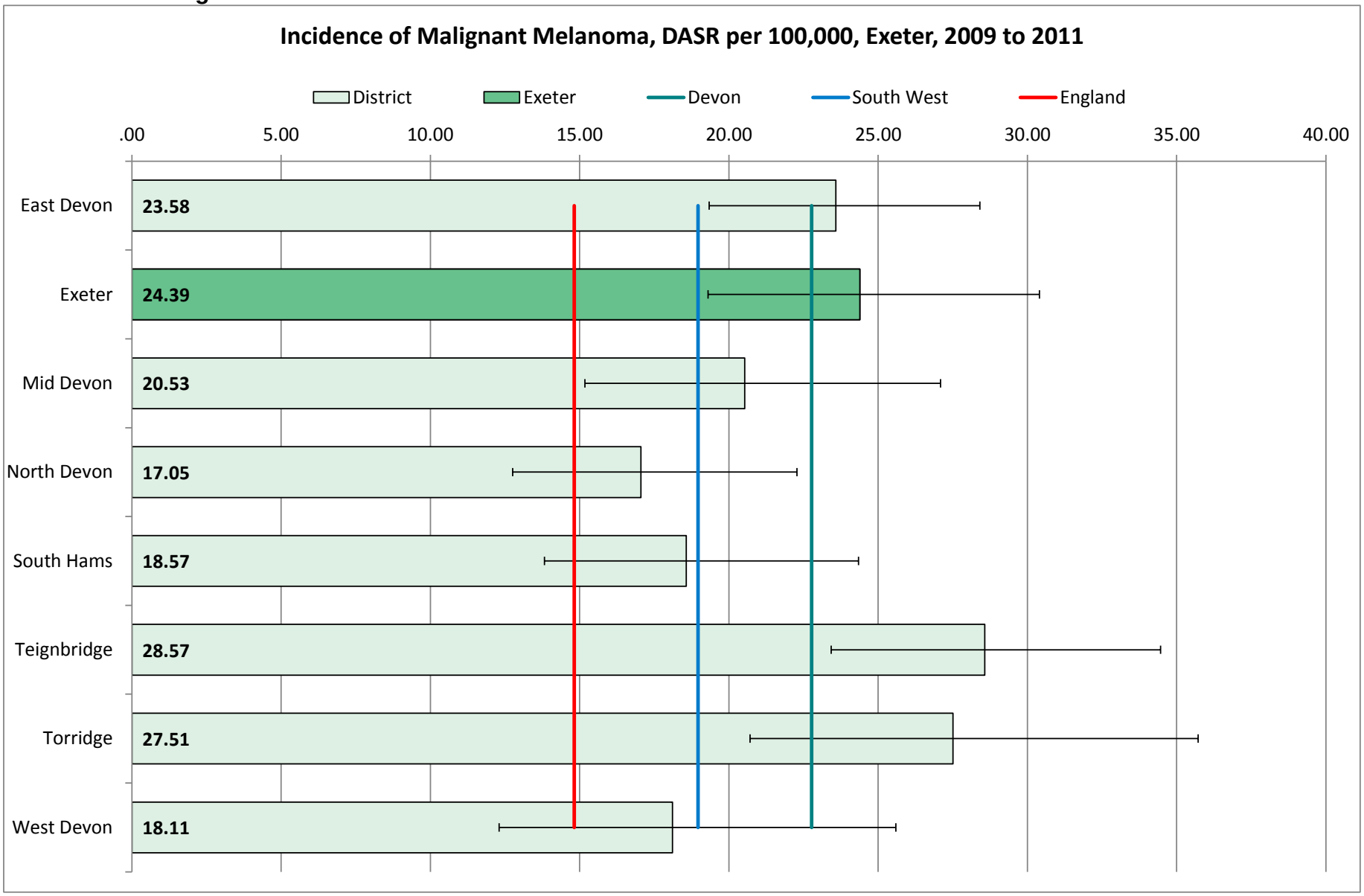
Suicide and Undetermined Injury



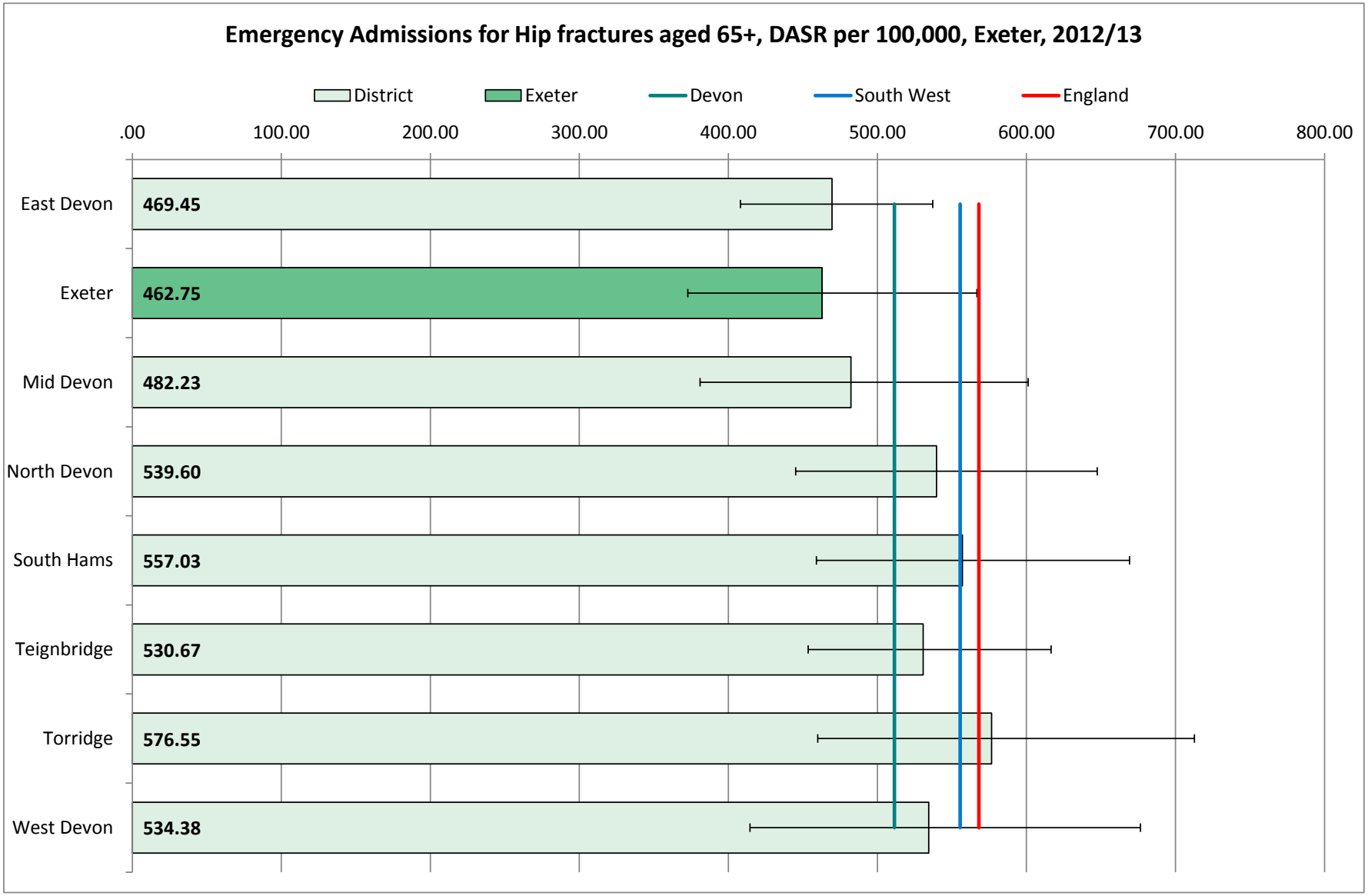
Hospital Stays for Self Harm



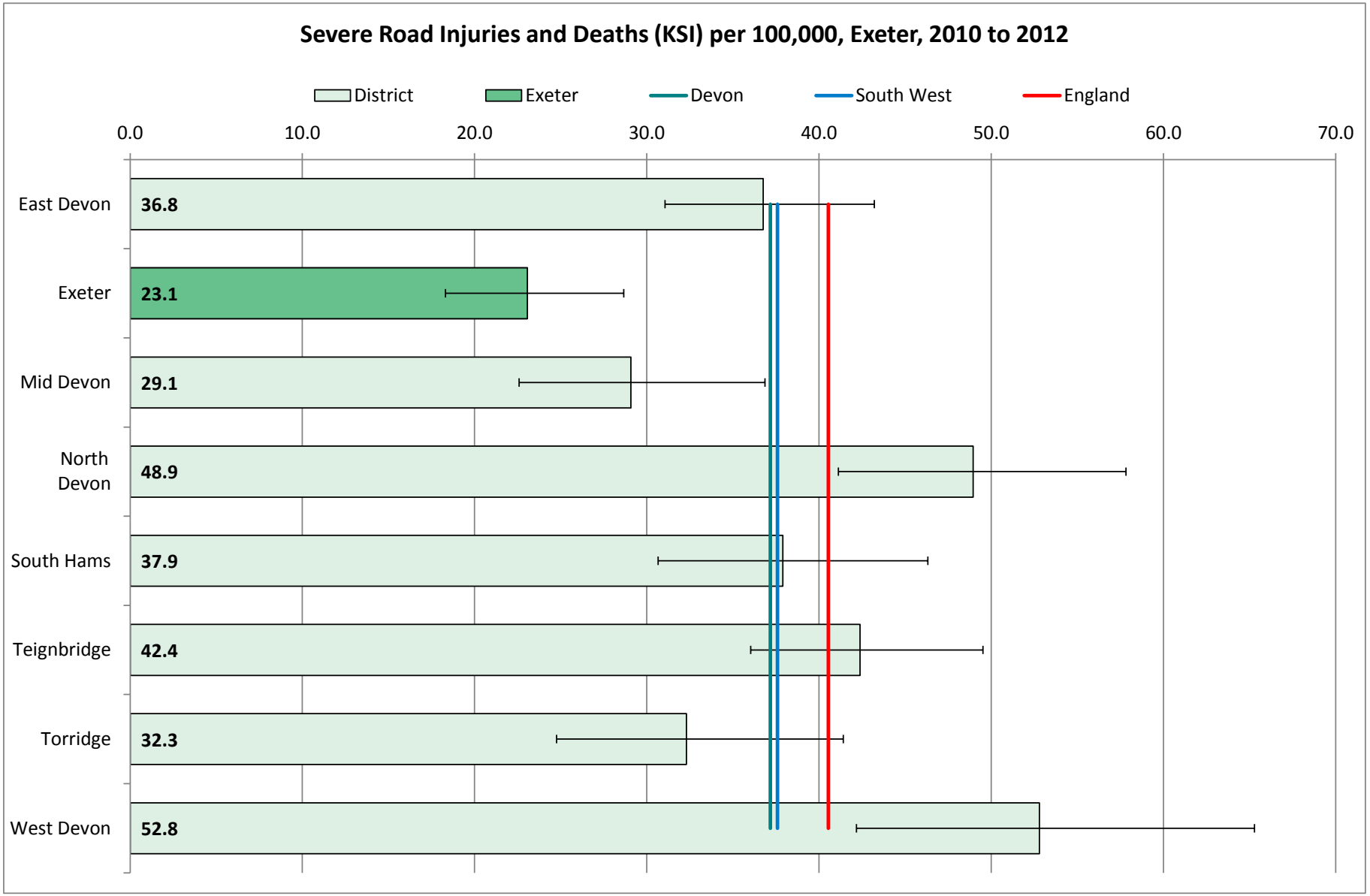
Incidence of Malignant Melanoma



Falls


Emergency Admissions for Hip fractures aged 65+, DASR per 100,000, Exeter, 2012/13
District
Exeter
Devon
South West
England
.00
100.00
200.00
300.00
400.00
500.00
600.00
700.00
800.00
East Devon
469.45
Exeter
462.75
Mid Devon
482.23
North Devon
539.60
South Hams
557.03
Teignbridge
530.67
Torridge
576.55
West Devon
534.38

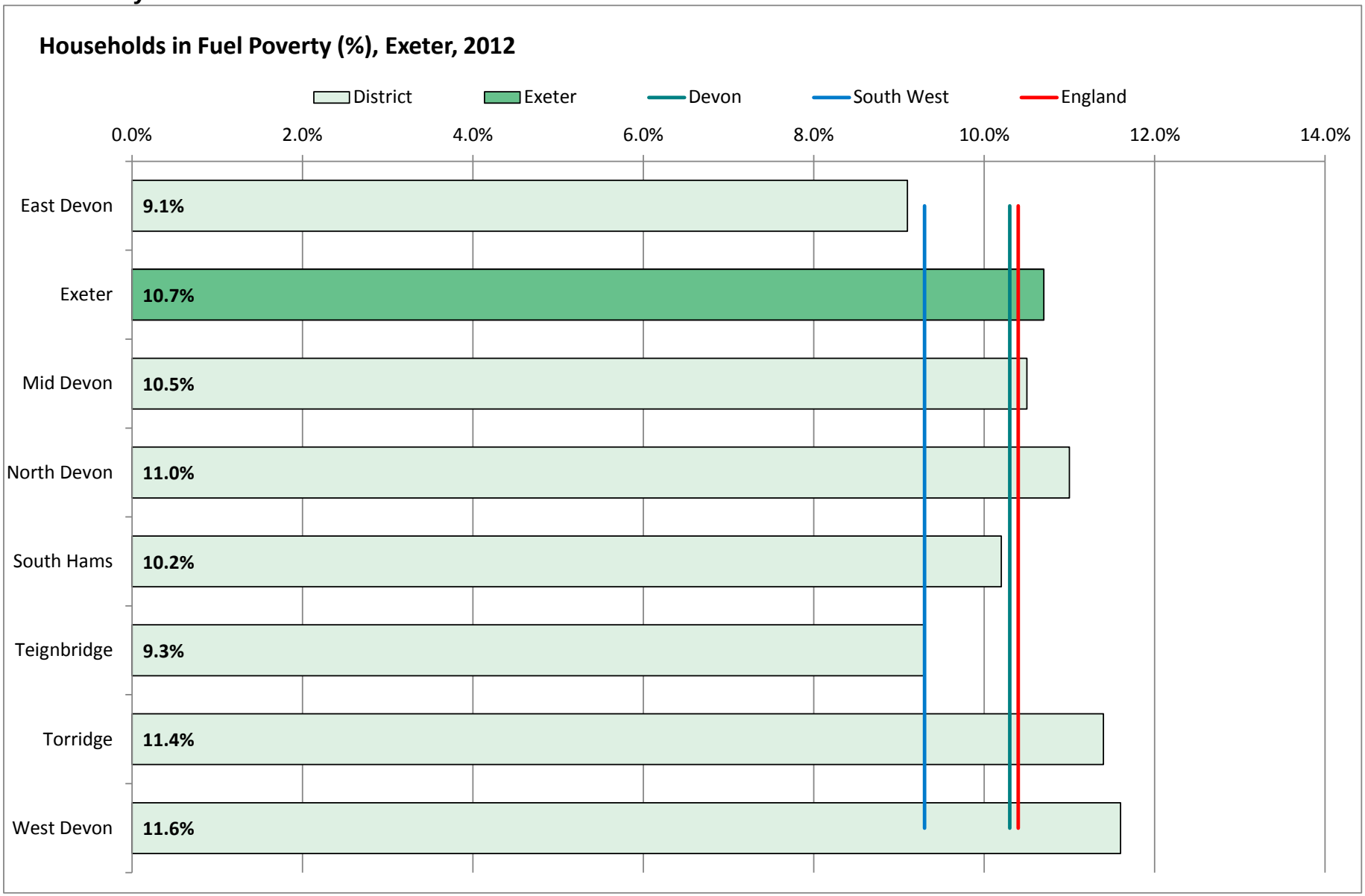
Road Traffic Accidents



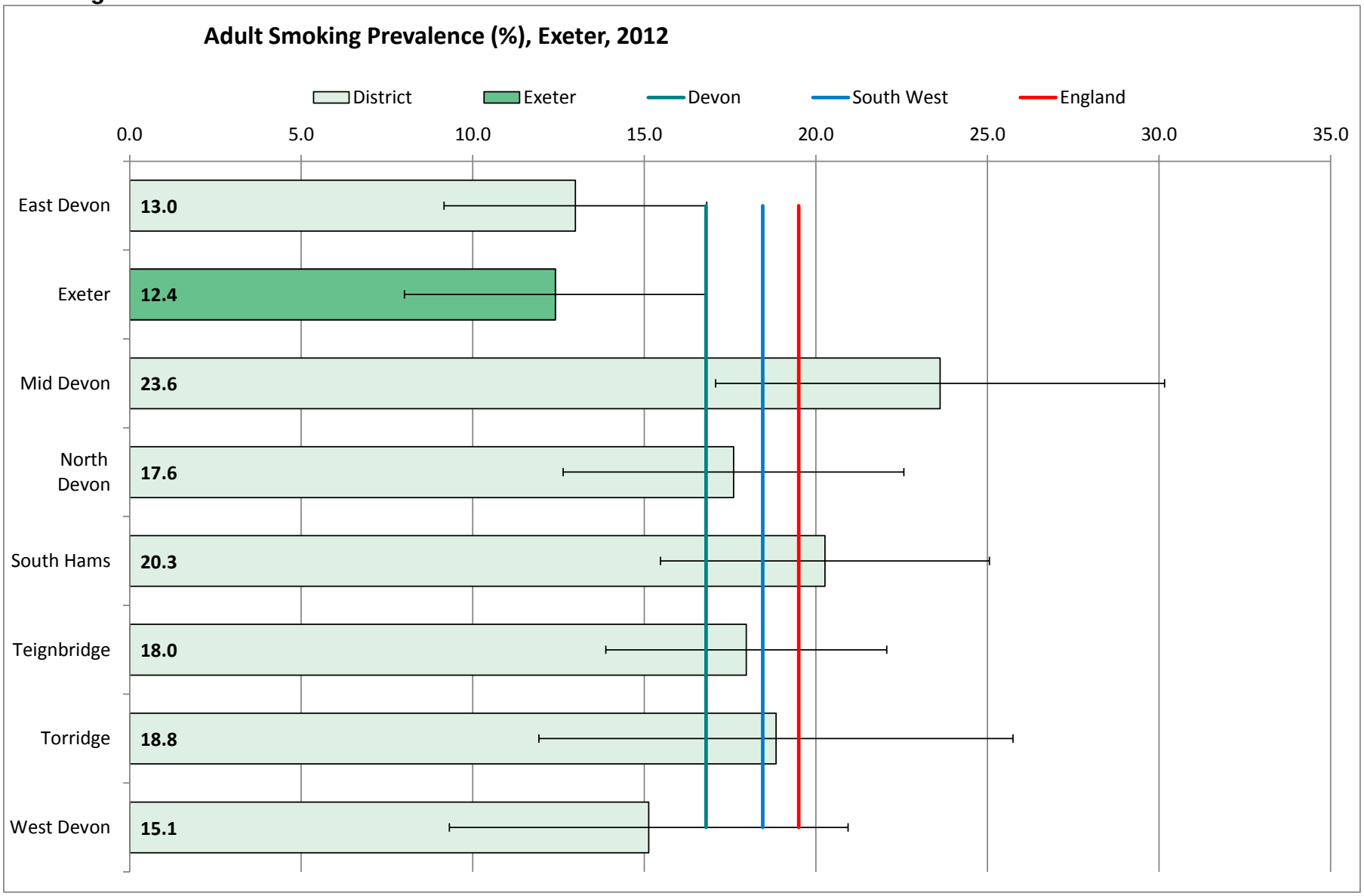
Public Health Devon

Devon County Council

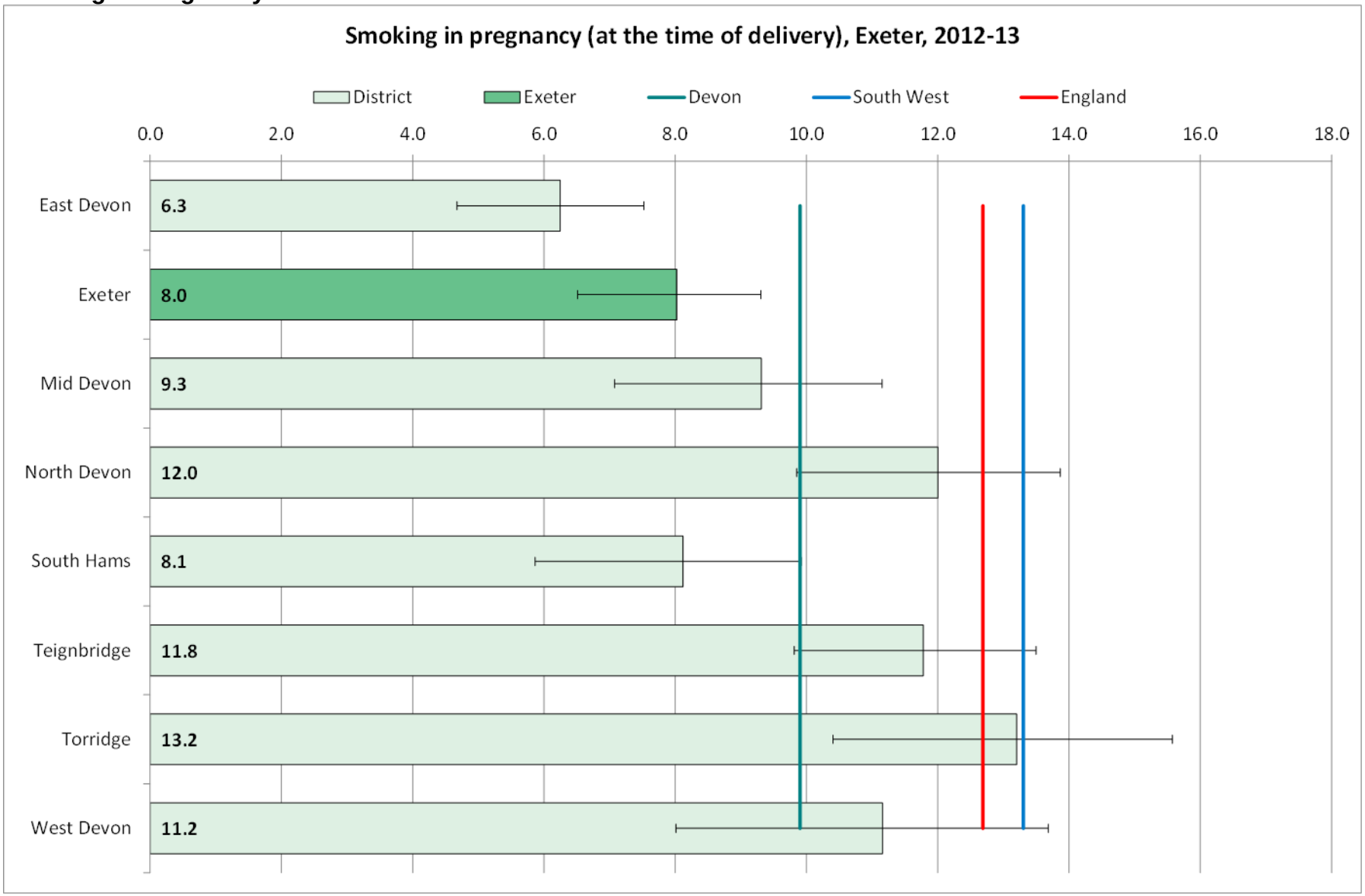
Fuel Poverty



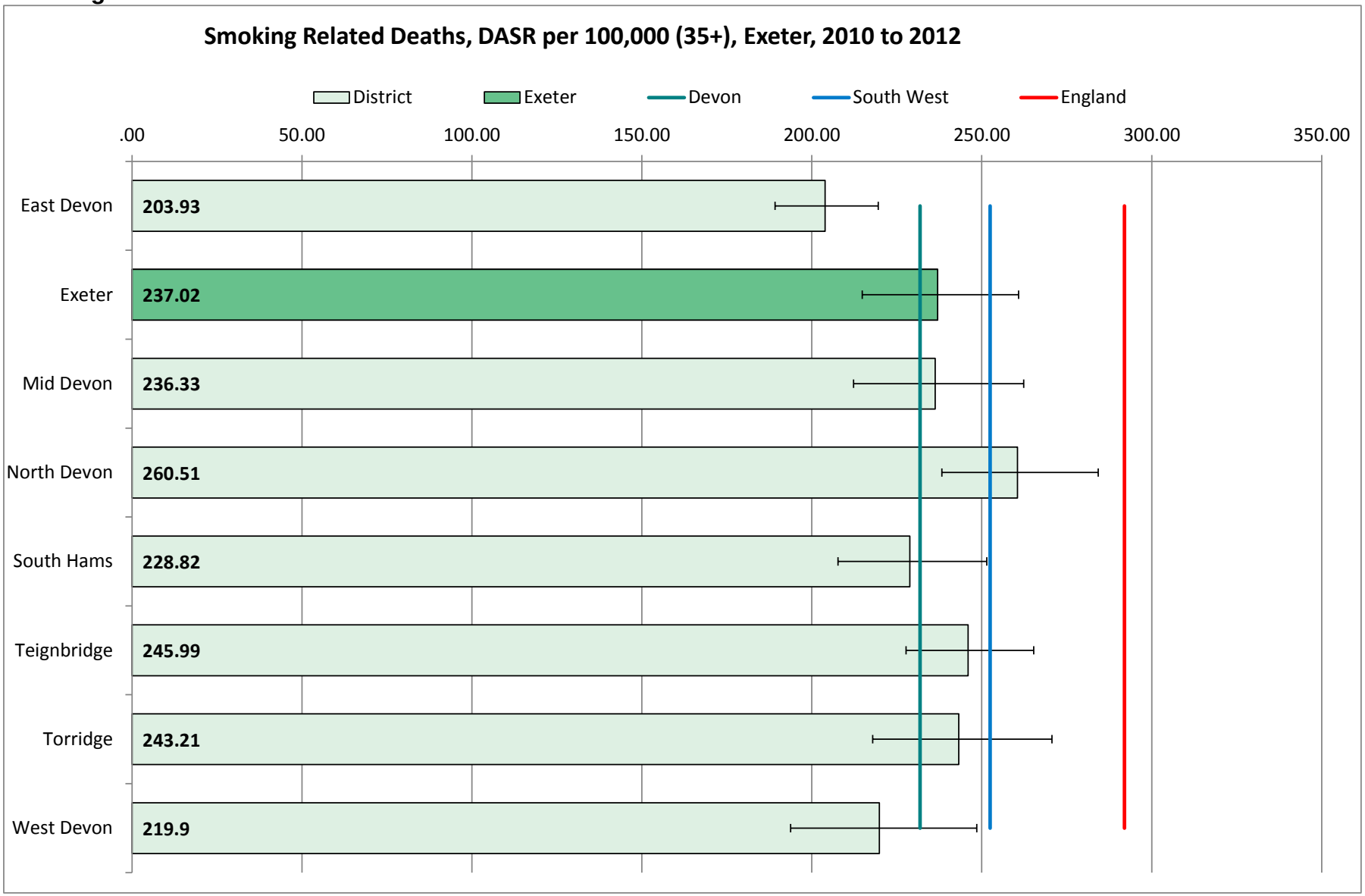
Smoking Prevalence



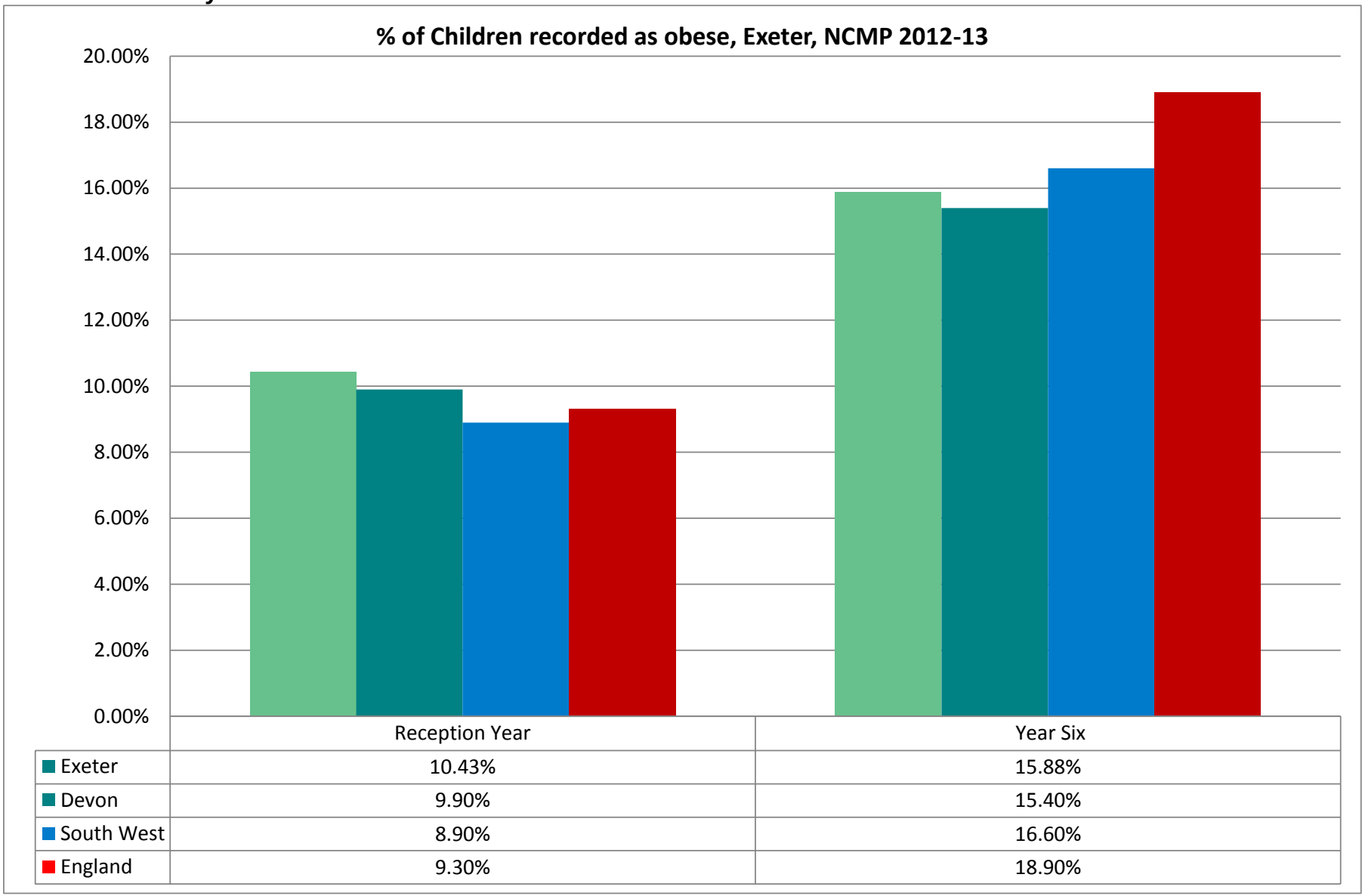
Smoking in Pregnancy



Smoking Related Deaths

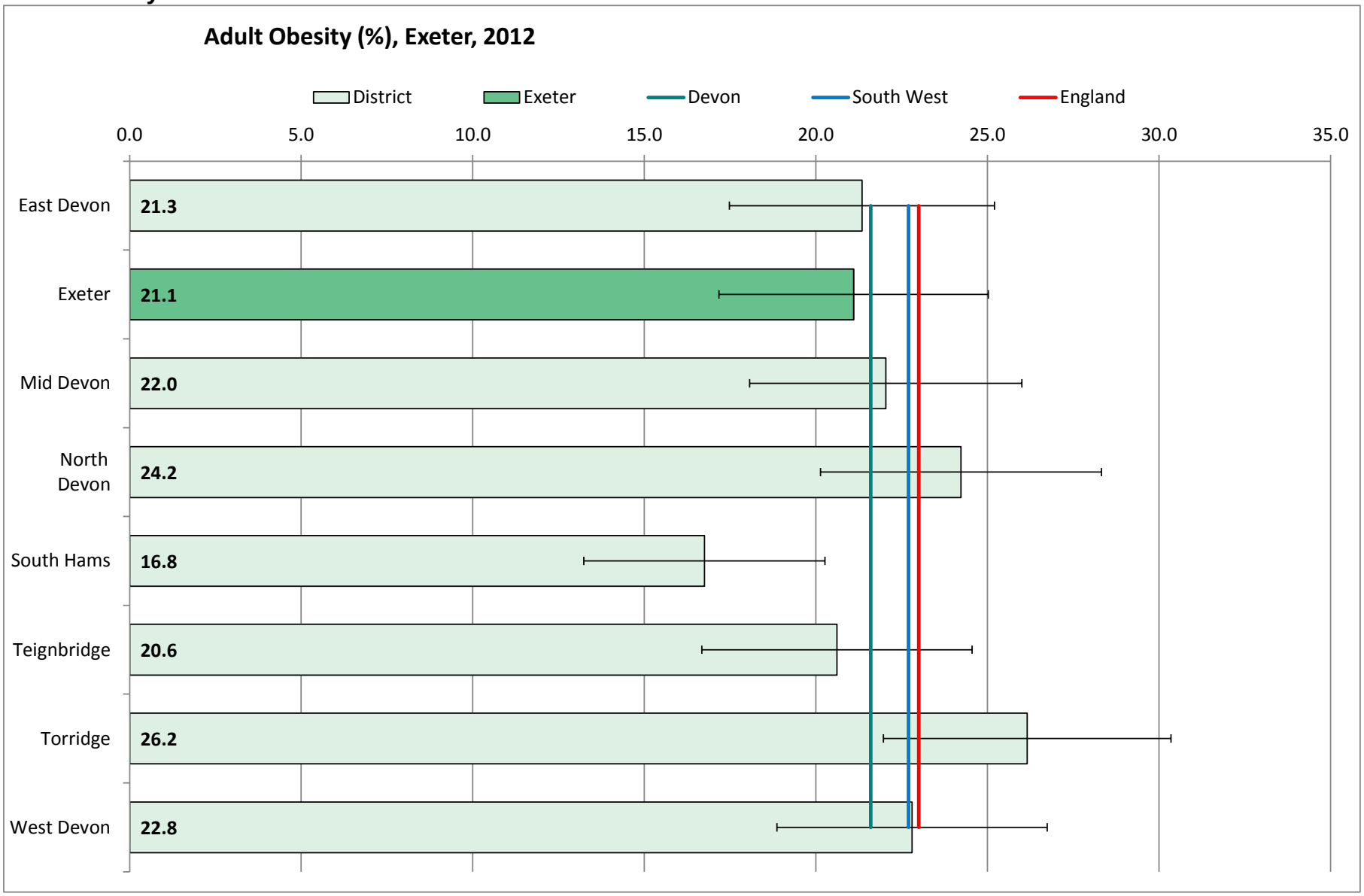


Childhood Obesity

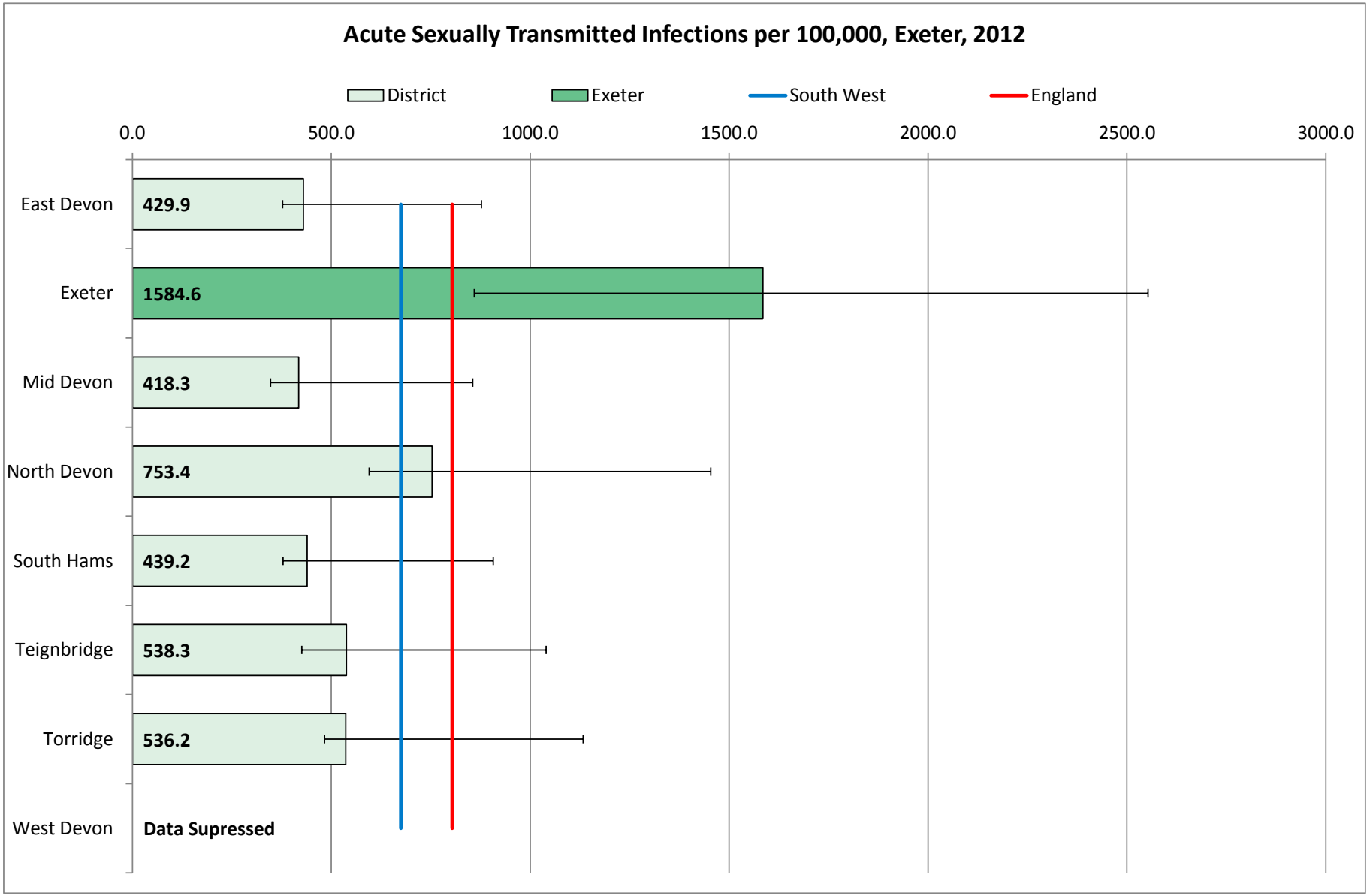


	Reception Year	Year Six
Exeter	10.43%	15.88%
Devon	9.90%	15.40%
South West	8.90%	16.60%
England	9.30%	18.90%

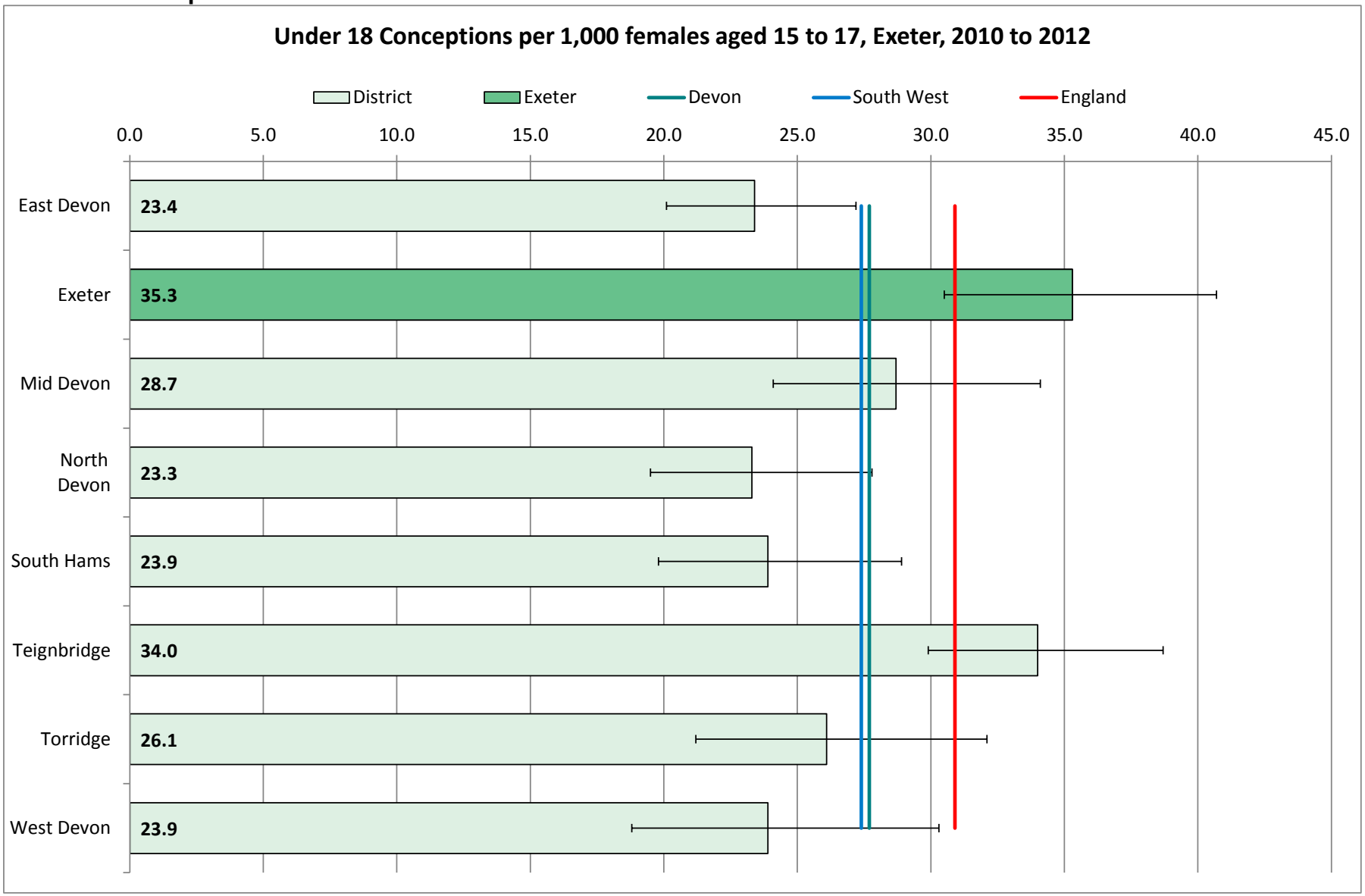
Adult Obesity



Sexual Health

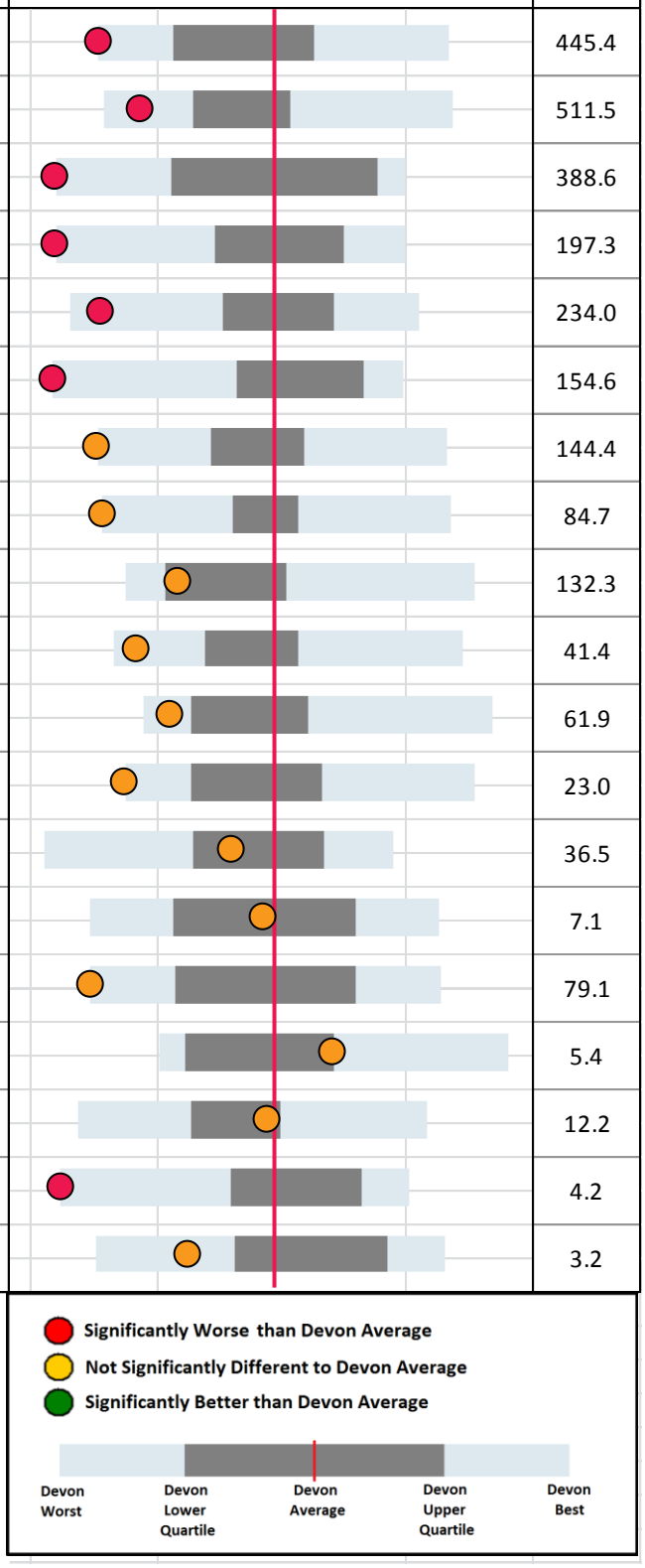


Under 18 Conceptions



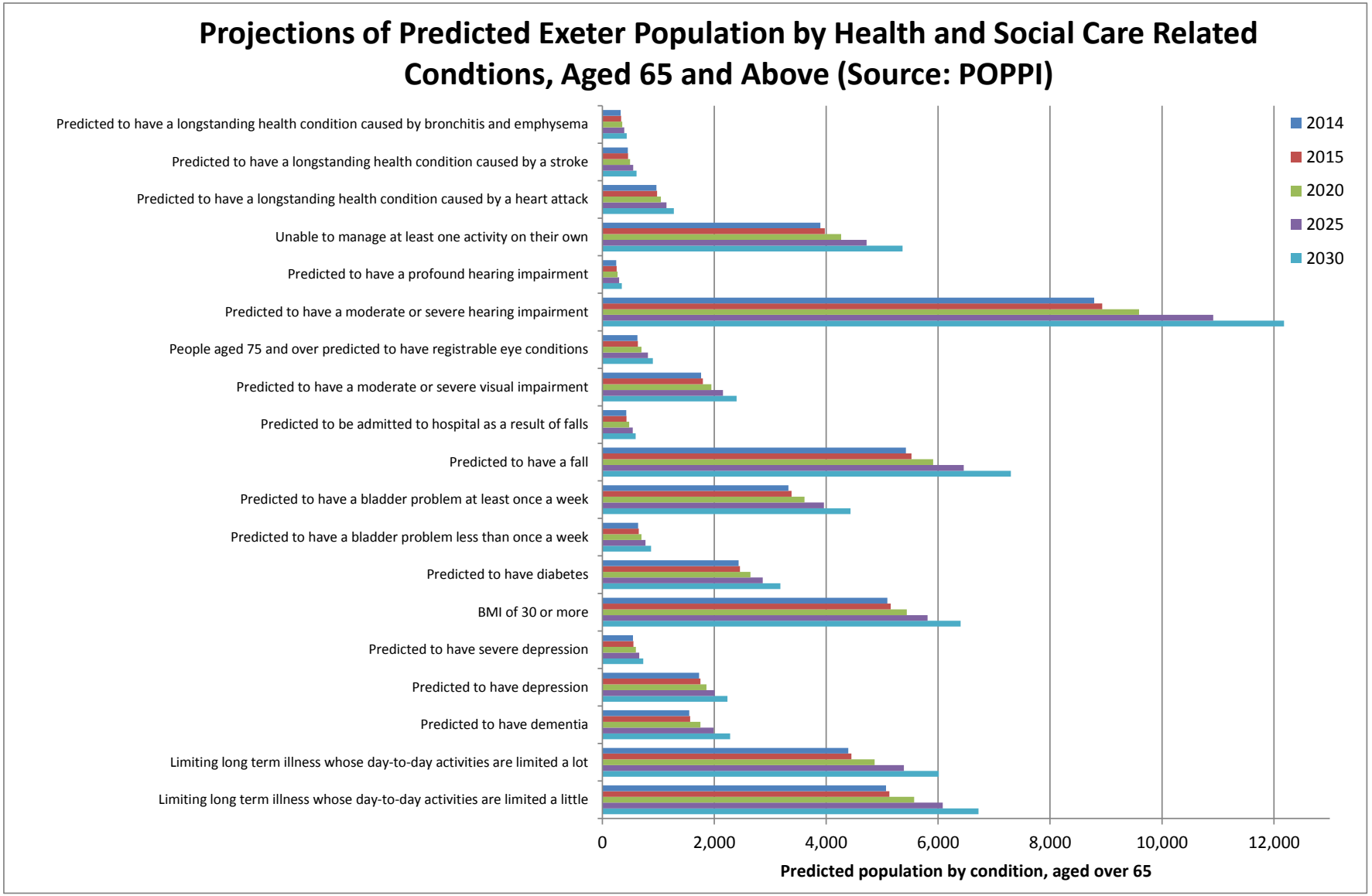
Mortality by Cause

Mortality Data	Devon	District	Worst	Devon Range	Best
All	477.8	510.8	510.8		445.4
Male	559.2	595.2	605.0		511.5
Female	409.5	444.9	444.9		388.6
All (U75)	214.7	244.0	244.0		197.3
Male (U75)	260.1	291.7	297.2		234.0
Female (U75)	171.0	199.5	199.5		154.6
Cancer	153.9	163.7	163.7		144.4
Cancer (U75)	93.2	101.6	101.6		84.7
Circulatory Disease	148.3	156.0	160.2		132.3
Circulatory Disease (U75)	50.6	57.4	58.5		41.4
CHD	69.5	73.2	74.1		61.9
CHD (U75)	29.3	34.1	34.1		23.0
Stroke	40.6	42.1	48.6		36.5
Stroke (U75)	8.6	8.7	10.2		7.1
Smoking	85.3	92.2	92.2		79.1
Suicide*	7.0	6.6	7.8		5.4
Accidental Injury	14.8	15.0	18.2		12.2
Alcohol	6.6	10.3	10.3		4.2
Drugs	4.7	5.4	6.2		3.2



Standardised mortality rates for Exeter compared to Devon (2007-11) Data source:MORTALITY DATASET

Projections of Health and Social Care Conditions



Domestic Abuse and Sexual Violence Factsheet

- An estimated 7.3% women and 5% of men have been a victim of domestic abuse past 12 months.

- An estimated 2% women and 0.5% of men experienced sexual assaults (including attempts) in the past 12 months.

- Domestic abuse and sexual violence can affect anyone, though those from certain groups including younger people (under 25), women, LGBT, those with physical disabilities and mental health needs, and people from BME groups are all at higher risk of experiencing violence and abuse.

- Perpetrators of abuse and violence come from all sectors and parts of society

- Patterns of abuse at home are often repeated in successive relationships and across generations.

- Over 90% of victims of sexual violence know the perpetrator. Locally 33% of rape crisis clients have ongoing contact with the perpetrator.

- The costs of domestic violence and sexual abuse are extensive to the public purse. In Devon, Home Office research estimates that domestic violence costs the statutory agencies over £70 million[1].

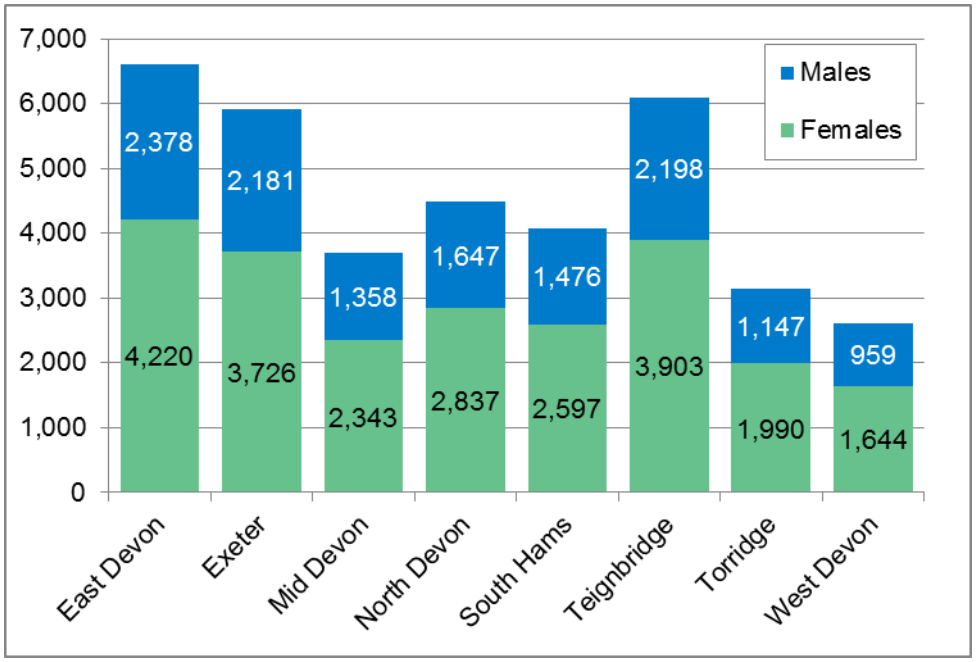
- Domestic abuse can have a profound effect on the whole family. Children are present at 39% of incidents reported to the police. Of those children using Devon's domestic violence support services in 2012-13:
    - 96% were often in the house when abuse took place.
    - 37% had intervened to try and stop abuse
    - 18% having been physically injured as a result of abuse of a parent
    - 27% were exhibiting signs of abusive behaviour.

  The average age of these children was just 9 years old.

- Experiencing abuse causes or exacerbates a wide range of other vulnerabilities and needs. Of those using Devon's domestic violence services in 2012-13:
    - 34% reported Mental Health Issues
    - 20% reported Suicide Attempts and Self-harm
    - Substance Misuse (8% reported alcohol abuse and 4% drug abuse)
    - 26% experienced Financial Problems
    - Many experienced homelessness and housing issues
    - Parenting Problems were common (45% of their children were had social services involvement)

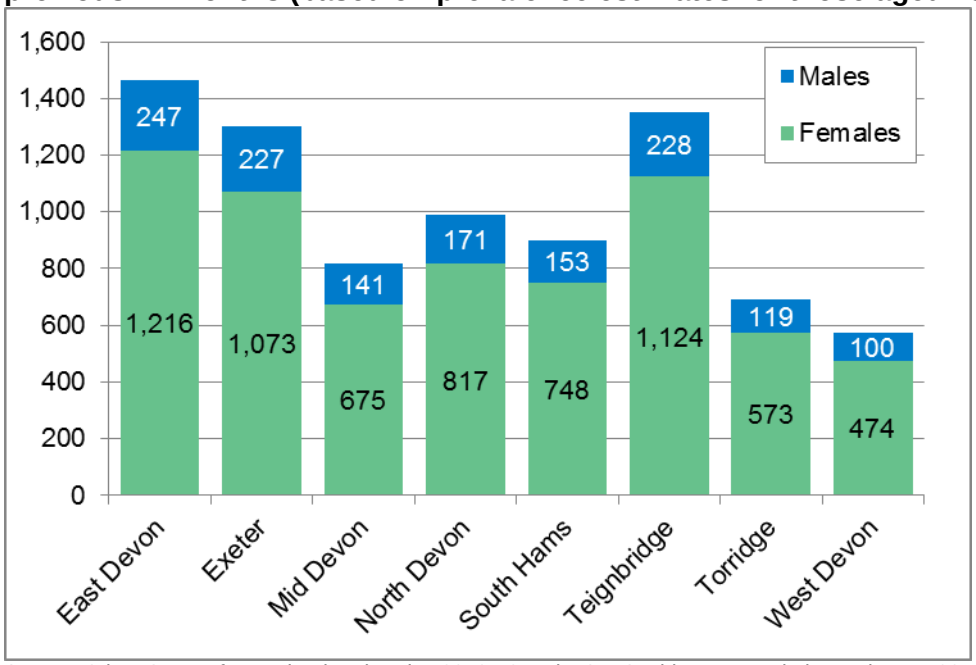
[1] Walby S. The cost of domestic violence; update 2009. Lancaster, Lancaster University;2009 http://www.lancs.ac.uk/fass/doc_library/sociology/Cost_of_domestic_violence_update.doc (accessed 03 August 2010) calculated for local authorities by Trust for London and the Henry Smith Charity

Estimated number people who experienced domestic abuse in the previous 12 months (based on prevalence estimates for those aged 16-59)



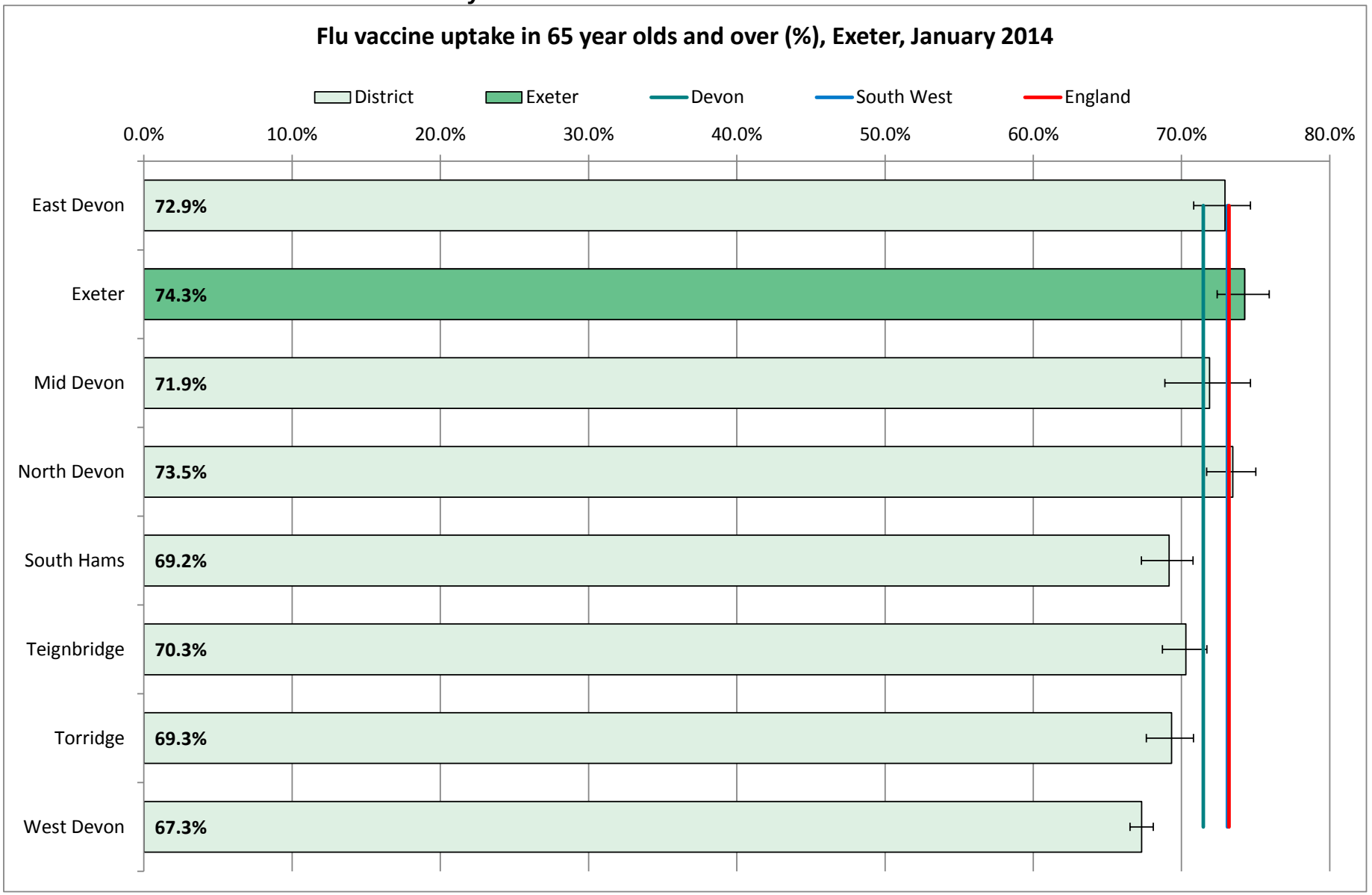
Source: Crime Survey for England and Wales 2012-13 and NOMIS Mid-Year population estimates 2013

Estimated number people who experienced sexual assault (including attempts) in the previous 12 months (based on prevalence estimates for those aged 16-59)

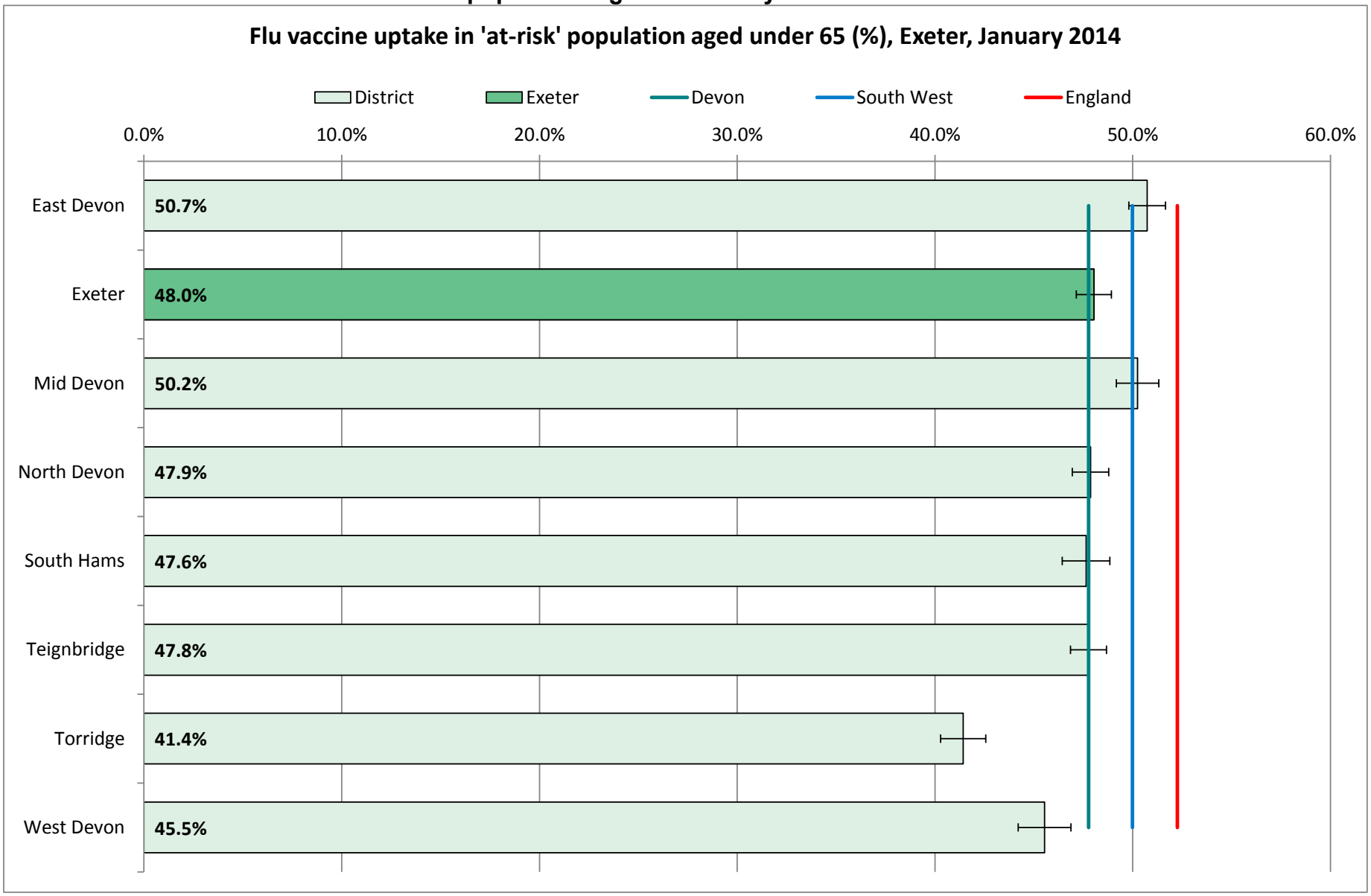


Source: Crime Survey for England and Wales 2012-13 and NOMIS Mid-Year population estimates 2013

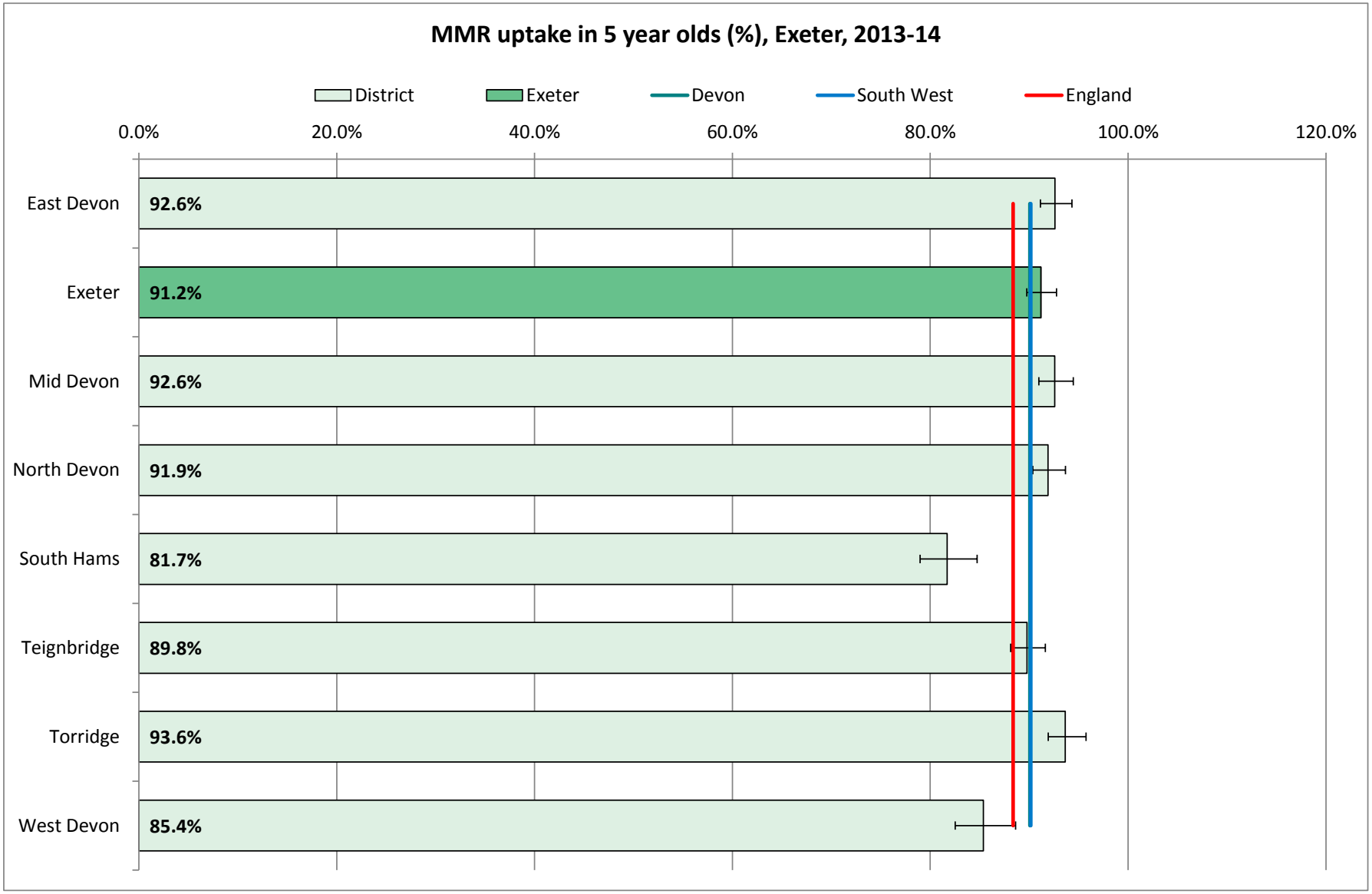
Immunisations – Flu vaccines in over 65 year olds



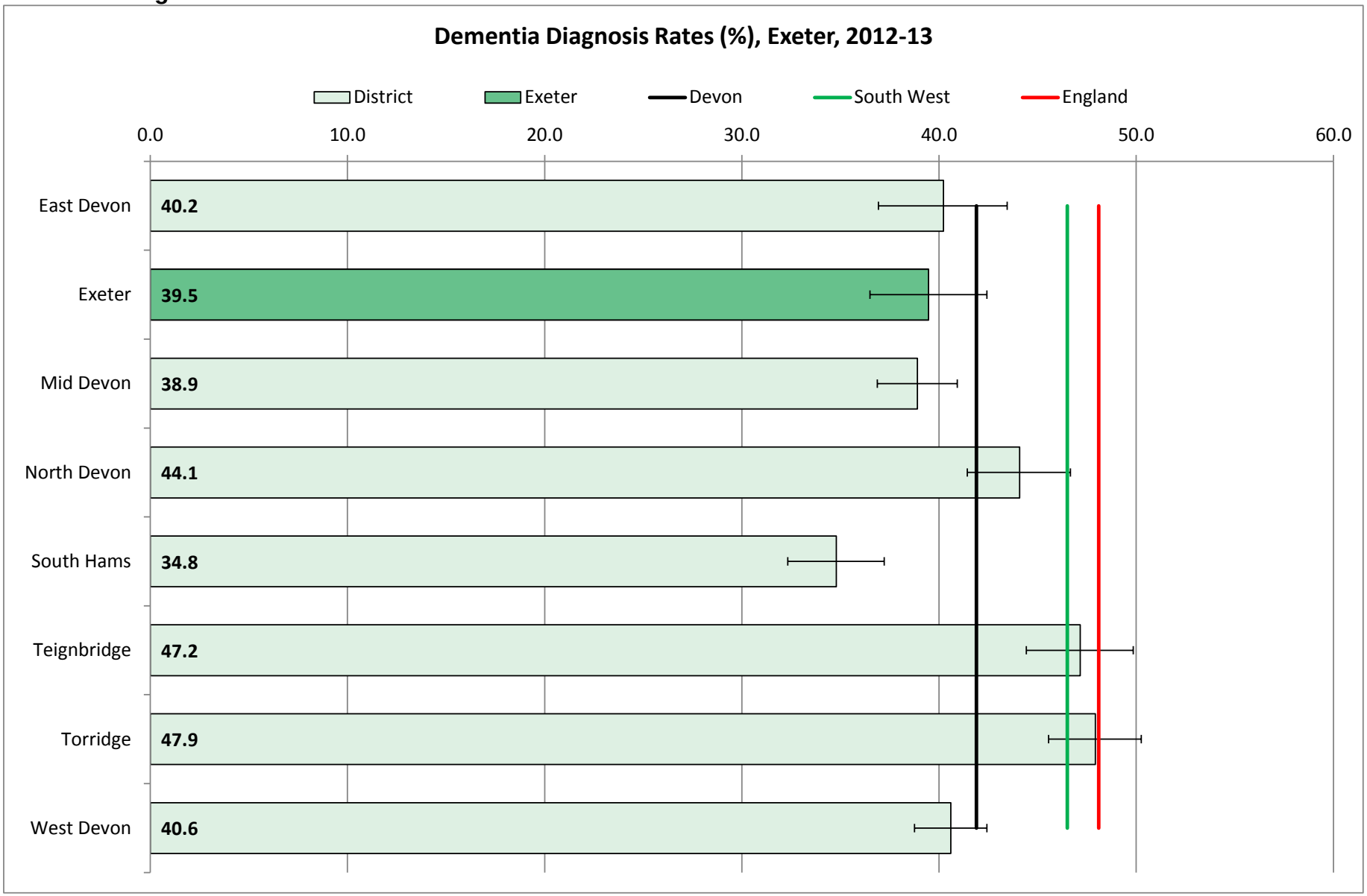
Immunisations – Flu vaccines in ‘at-risk’ population aged under 65 year olds



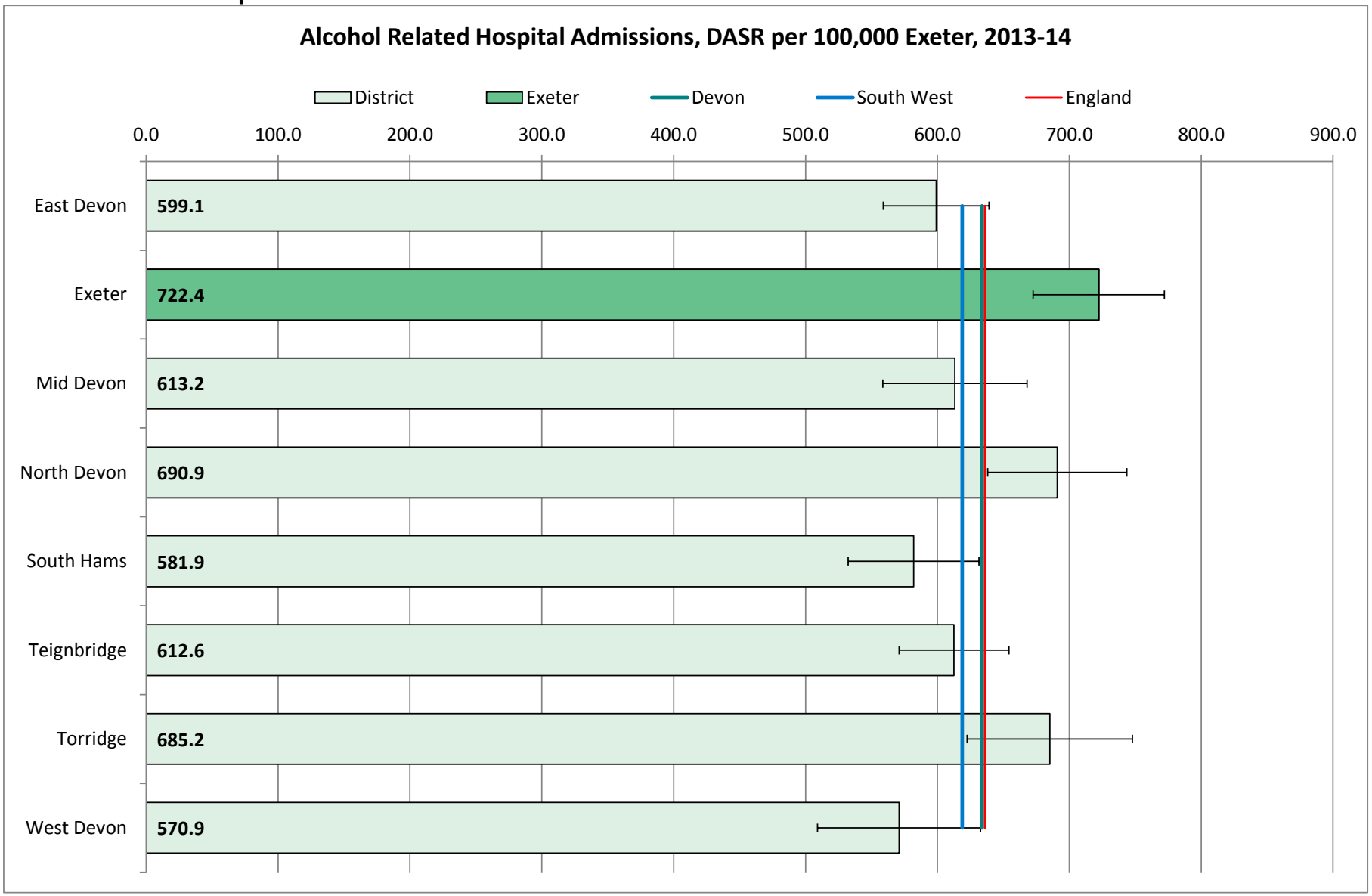
Immunisations – Childhood Vaccinations



Dementia Diagnosis Rates



Alcohol Related Hospital Admissions



Public Health Devon

Devon County Council

Smoke Free Play Parks: Better Places to Play

1. Purpose

1.1 The purpose of this report is to introduce the 'Better Places to Play' evidence based Smoke Free Play Parks initiative developed by Smokefree South West and the rationale behind the initiative. This scheme is currently being implemented by District Councils across Devon.

2. Background

2.1 Smoking kills half of all long-term users and is the biggest single cause of inequalities in death rates between rich and poor in England

2.2 Early health disadvantages become entrenched in childhood as illness caused by second-hand smoke is more common in poorer families.

2.3 Priority 4 of the Joint Exeter Health and Wellbeing Strategy is around improving the health of the most disadvantaged in the city.

2.4 The Exeter Health and Wellbeing Board signed the Local Government Declaration on Tobacco control in April 2014

2.5 Exeter City Councillors have recently received some complaints about smoking in particular Children's play areas from members of the public

3. Context

3.1 Smokefree South West has developed a toolkit to assist local areas to implement a voluntary ban in play parks. This toolkit is evidence based and has been robustly evaluated within the southwest.

3.2 The campaign or initiative seeks to prevent copycat behaviour and protect children from the effects of smoking by reducing their exposure to secondhand smoke. By reducing children's exposure to smoking we can decrease the uptake of smoking in young people young people long-term.

3.3 A successful voluntary ban would also reduce litter in play parks as well as antisocial behaviour making parks 'Better Places to Play'

3.4 Signage has been developed and tested as part of the toolkit and evaluation of its implementation in other areas of the southwest completed. This evaluation was in five play parks, all situated in areas of low income.

3.5 Evaluation of the scheme indicated 57% of parents think smoking is a problem in their local play park; 73% of parents agree that smoking leaves litter in their local play park; 98% of people from the local community would support a ban

An Example of Smoke Free Play Park Signage from the Smokefree South West Toolkit:

3.6 Public Health Devon has some funding 'banked' with a company allocated for Smokefree Play Park signage for Exeter City Council to access. This can be used flexibly by the council to purchase the type of signage best suited to the park; e.g. Park Signs, Bin Vinyls, Bench Signs, Equipment Signs, size A3, A2, A4 etc.

4. Recommendations

4.1 That the Board:

i) Endorse the use of smoke free play parks signage in those parks where the public or council staff have currently identified smoking as an issue

ii) Agree to the identification of possible additional parks based on health and wellbeing statistics and insights from the city council parks team

iii) Endorse the use of Smokefree South West 'Better Places to Play' signage accessed through money currently allocated to Exeter City Council by Public Health Devon

Patsy Temple
PUBLIC HEALTH SPECIALIST (EXETER)
PUBLIC HEATLH DEVON
November 2014

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Public Health Devon

Devon County Council

Everybody active, Every day in Exeter: Public Health Behaviour Change Scoping Report

1. Purpose

1.1 The purpose of this report is to present to the board the final version of the public health behaviour change scoping report previously titled 'Getting Exeter Active'.

2. Background

2.1 At the July board meeting a draft version of the final report was presented and discussed at length

2.2 It was resolved that a further version of the report be presented to the board at the November meeting incorporating the boards comments around health inequalities

2.3 The 'Active Exeter Group' has been tasked with taking forward the priority of Getting Exeter Active and development of the delivery plan.

3. Everybody Active, Every Day in Exeter

3.1 The report title has been changed to reflect the Public Health England evidence-based approach to physical activity: Everybody Active, Every Day published last month.

3.2 The layout has been changed to reflect the context of increasing physical activity levels in the city and health inequalities

3.3 Profiles and segments of the population within the report now include a wider audience within the city and acknowledge the different approaches needed for physical activity opportunities to appeal to these groups.

4. Recommendations

4.1 It is recommended that the Board:

i) Approves and adopts the final version of the social marketing scoping review report: Everbody Active Every Day in Exeter presented today

ii) Endorses distribution of the report through the Active Exeter group

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PUBLIC HEALTH SPECIALIST (EXETER)
PUBLIC HEATLH DEVON

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Exeter Health and Wellbeing Board

Report prepared by Matt Evans for consideration on 11th November 2014

Strategies relating to Sport

1. The Exeter Health and Wellbeing Board (EHWB) has been supporting the development of Active Exeter as a group of relevant local partner organisations which each have a remit in the development of participation in physical activity and/or sport.

2. At the last EHWB meeting a progress update was provided including Active Exeter's work on the development of an action plan framework under which it will align its contribution to the City's physical activity priorities. The EHWB also endorsed Active Exeter's approach to the preparation of a bid to Sport England for Lottery funding to enhance EHWB's investment and impact. It was explained that that creating the framework in parallel with preparing the bid was both complementary and mutually beneficial.

3. Alongside its support and involvement in Active Exeter, the City Council is also in the process of completing a Leisure Facilities Strategy and Playing Pitch Strategy. Notwithstanding the importance of facilities and green spaces as places for people to participate in activity, Active Exeter's focus has largely been towards people and activities.

4. It is generally positive for the City that initiatives are moving forward on a number of fronts which both seek to promote and to recognise the strategic value of participation in physical activity and sport. The development of different strands of strategy represents both a potential risk and a potential opportunity.

5. The outcome of discussions between City Council and Active Devon Officers is a proposal that an overarching strategy document is agreed which articulates the key priorities from the various strands in a single high level document. It is proposed that the EHWB promotes a working stakeholder conference, to take place in February/March 2015, aimed at informing the strategy and securing wider ownership with key partners.

6. **It is recommended that:**
    a. **The Board notes the contents of this report**
    b. **The Board gives its support ad endorsement to the proposed stakeholder conference as a means to informing an overarching sport strategy for the City**
    c. **The Board tasks ECC and Active Devon to progress the appropriate arrangements**

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EXETER HEALTH AND WELLBEING BOARD
11 NOVEMBER 2014

FUNDING FOR EXETER PARK FITNESS TRAIL

Background

Exeter City Council has received a grant for $67,000 from the Alcoa Foundation to create an Outdoor Fitness Trail in one of Exeter's Parks.

The Exeter Health and Wellbeing Board is asked to consider:

1. Trail installation
2. Project management and monitoring
3. Project location

Details

$67,000 was approved by the Alcoa Foundation (Grant Number: 221956) for this project on 21 October 2014. The sterling equivalent at that date was £41,620.

Alcoa Howmet has been based at Sowton, Exeter since 1970. The casting facility in Exeter is one of the world's leading producers of complex investment-cast turbine airfoils for the industrial gas turbine and aerospace markets. The Alcoa Foundation seeks to advance the company's core priorities around environment and education with local partners and stakeholders.

The aim of the project is to improve health & wellbeing and the funding will be received imminently. The project outcomes, which must be delivered by October 2016, are:

1. By 2016, visitor numbers to the chosen park will have increased by 50% - all receiving the opportunity to learn about and take part in the Well Being activities
2. 50 children (aged 15 - 16) will assist in the design of the Fitness Trail
3. 200 local people to attend special events
4. 1000 students to have access to wellbeing and health source
5. 100 local people to receive fitness training
6. By 2016, over 100 people to use the Fitness Trail weekly
7. 50 users of the Fitness Trail to have measurable improvement in cardiovascular fitness

In addition, Alcoa Foundation requires:

- Interim Grant Reports: 30 April 2015; 30 October 2015; 30 April 2016
  End-of-Grant Report: 30 October 2016
- Recognition & Publicity: press releases/ social media/ signage etc. (Agree with Nicola Acton at Alcoa Howmet) – **An announcement about the award needs to go out fairly soon.**
- to the full project plan – available on request
- Adherence to Alcoa's non-discrimination rules

Key Stakeholders

Alcoa Howmet - 'Alcoans' would like to be involved in the project delivery e.g. in litter picking

Devon County Council
Active Devon
Exeter City Council
CCG – referrals from local GPs will be necessary to achieve 'measurable improvement' project aims for 50 users
Local community groups

Trail installation

The City Council is happy to manage the design and installation of the trail and take responsibility for its ongoing maintenance, while funds permit.

Project management, monitoring and grant reports

Given the objectives of the Exeter Health and Well Being Board and the wide range of potential stakeholders in this project, the Board is asked to consider the potential for the Active Exeter sub-group to oversee and monitor project delivery and outcomes against grant requirements.

The City Council does not have the capacity to manage the project in terms of ensuring public engagement and outcome delivery. This is a significant risk to the future of the project and may lead to the funds being returned. A partnership approach to project management and monitoring could overcome this or there may be a partner organisation with enough capacity to take on this task.

Location of Fitness Trail

This is a key decision and the grant application has not specified where the trail should be, other than in a City Council park. The City Council is proposes either Cowick Barton Playing Fields or Heavitree Park, given their central location in dense residential areas. Of the two, Cowick Barton Playing Fields currently has the lowest usage. It will be much easier to achieve the project outcomes in a location that isn't currently well used.

SARAH WARD
Assistant Director, Public Realm
Exeter City Council

EXETER CITY COUNCIL

EXTER HEALTH & WELLBEING BOARD
11 NOVEMBER 2014

UPDATE
LOCAL AIR POLLUTION STUDY – EXPOSURE TO ULTRA-FINE PARTICLES IN EXETER

1 PURPOSE OF THE REPORT

1.1 The purpose of this report is to update the Board on progress with a study into the exposure of Exeter residents to ultra-fine particles ($PM_{2.5}$).

2 BACKGROUND

2.1 A report was presented to the last meeting of the Board (7 October 2014) which asked the Board to earmark a budget of £2,000 to carry out a personal exposure study, subject to an appropriate project brief being agreed at the next meeting.

2.2 The Board supported the project, but asked for the project proposal to include more detail on how the outcomes of the study will be used to achieve constructive and positive changes in behaviour. Detailed costs were also required for hire of the equipment.

3 PROGRESS SINCE THE LAST MEETING

3.1 Since the last meeting, the project proposal has been updated, and this is attached as an appendix to this report. However it has proven harder than expected to source monitors for hire. Of the three companies that supply the equipment, only one has said that they may be able to provide it for hire, and they will not finalise prices until next year. Plymouth City Council have made an application for grant funding from DEFRA to purchase the equipment, and if this is successful would make it available for hire to other Local Authorities. Their grant application will be decided later this year. Alternatively, purchase of monitors would cost between £2,500 and £5,500 depending on the type (and accuracy) of the instrument.

3.2 Purchase of GPS watches will also be required. It is expected that this will be more cost effective than hire, at around £150 per watch.

4 RECOMMENDED

That the Board:

1 Notes the progress with this project.

ASSISTANT DIRECTOR ENVIRONMENT
Originator: R. Norley, Assistant Director Environment

Local Government (Access to Information) Act 1972 (as amended)

Date

Exeter City Council

Proposed Study of Personal Exposure to $PM_{2.5}$

Aim:
To use measurements of the actual exposure of Exeter residents to $PM_{2.5}$ to develop exposure reduction advice, and raise public awareness.

Objectives:
1. To identify five individuals who because of their home address, work or daily activities are likely to have a range of exposure to air pollution, and to equip them with personal $PM_{2.5}$ monitors and GPS loggers for at least 24 hours.
2. To map the exposure of the five individuals by location, and to plot exposure against time and activity.
3. To compare exposure between locations and activities (for example between main roads and back roads, or between travel by car and by train).
4. To discuss their exposure with the five individuals, and make suggestions of how exposure could be reduced (for example by changing mode of travel, or route).
5. To repeat exposure measurements and review the effectiveness of the advice given and any changes made.
6. To produce outputs for public information based on the findings.

Introduction
Air pollution has been linked to a variety of health effects. The greatest body of evidence is for effects on the respiratory system. These range from immediate effects such as coughing and wheezing, to triggering and worsening respiratory diseases such as asthma or chronic obstructive pulmonary disease (COPD). Recent research has also found a clear relationship between air pollution and cardiovascular problems, including hospital admissions and deaths.

Air pollution affects all those who are exposed to it, but it has a more serious effect on vulnerable people. Particularly vulnerable groups include children, pregnant women, the elderly and patients with existing respiratory diseases.

Air pollution does not cause a specific and identifiable ‘air pollution disease’. This makes it difficult to measure the impact of poor air quality in health and mortality statistics. Some recent estimates are that fine particles (PM_{10}) cause an annual effect equivalent oto25,000 deaths in England alone. This is more than the number of deaths caused by passive smoking in a year. Estimates of the costs of air pollution to society are equally large. One suggestion is that ultrafine particles ($PM_{2.5}$) cost the UK £15bn per year in health costs (BMA 2012).

Recent modelling suggests that the equivalent of 42 deaths per year in Exeter are attributable to ultra-fine particles ($PM_{2.5}$). The vulnerable groups listed above are likely to be particularly affected, as well as those who by the nature of where they live or work, are exposed to the highest concentrations. In Exeter, the main source of local air pollution is from traffic. The areas most affected are busy roads, with queuing traffic and where buildings are close to the kerbside. Areas with high levels of air pollution also tend to be relatively deprived.

However, health impacts on an individual cannot be assessed by a simple measurement of roadside pollution concentrations alone. Figure 1 below from Kings College, London summarises the complex series of personal and spatial factors which control the effect on any individual.

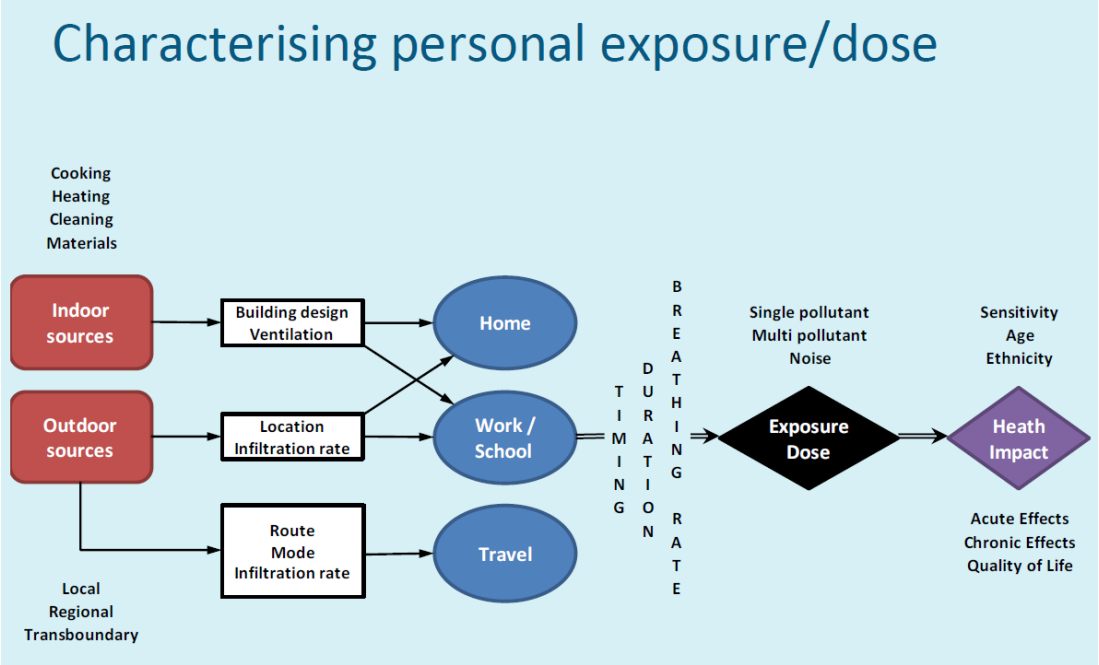

Figure 1 Characterising Personal Exposure/Dose (Barratt 2013)

In the Kings College study, black carbon and GPS monitors were provided to seven volunteers for the same 24 hour period. The results were immediately recognisable and personal to the volunteers (toddler, school pupil, officer worker, home worker, cycle courier, ambulance driver and pensioner). For example, figure 2 shows the day's exposure for the office worker, and figure 3 is a map showing exposure by location for a school pupil.

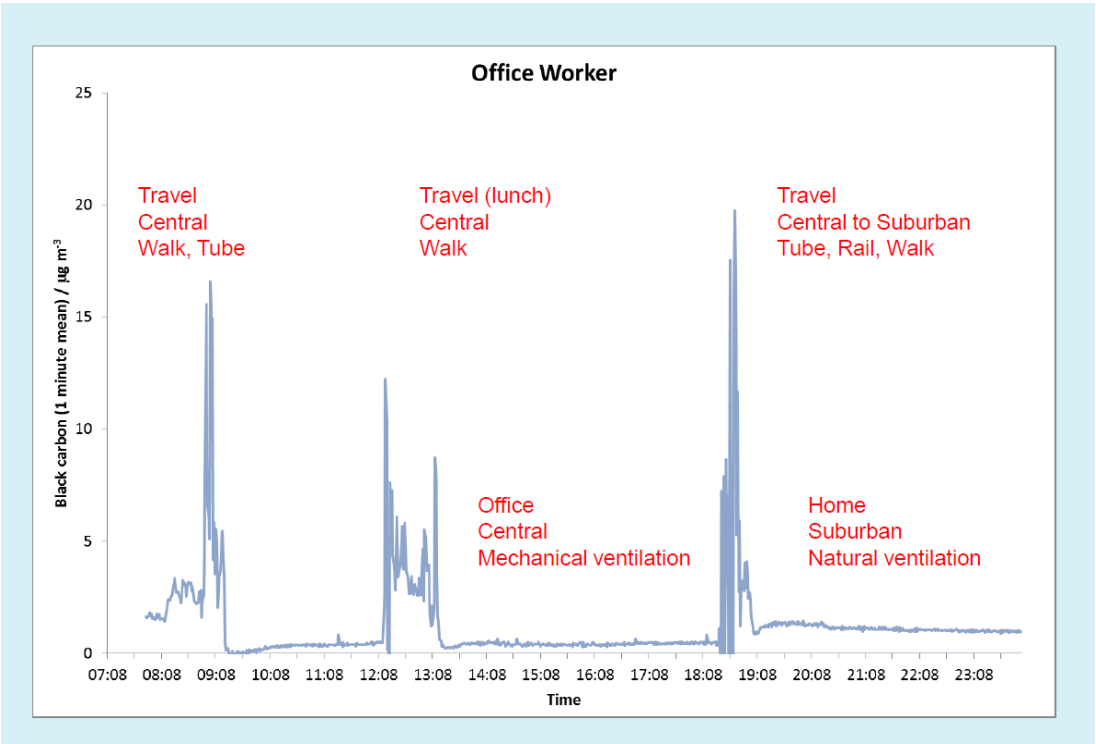

Figure 2 Exposure throughout the day for an office worker (Barratt 2013)

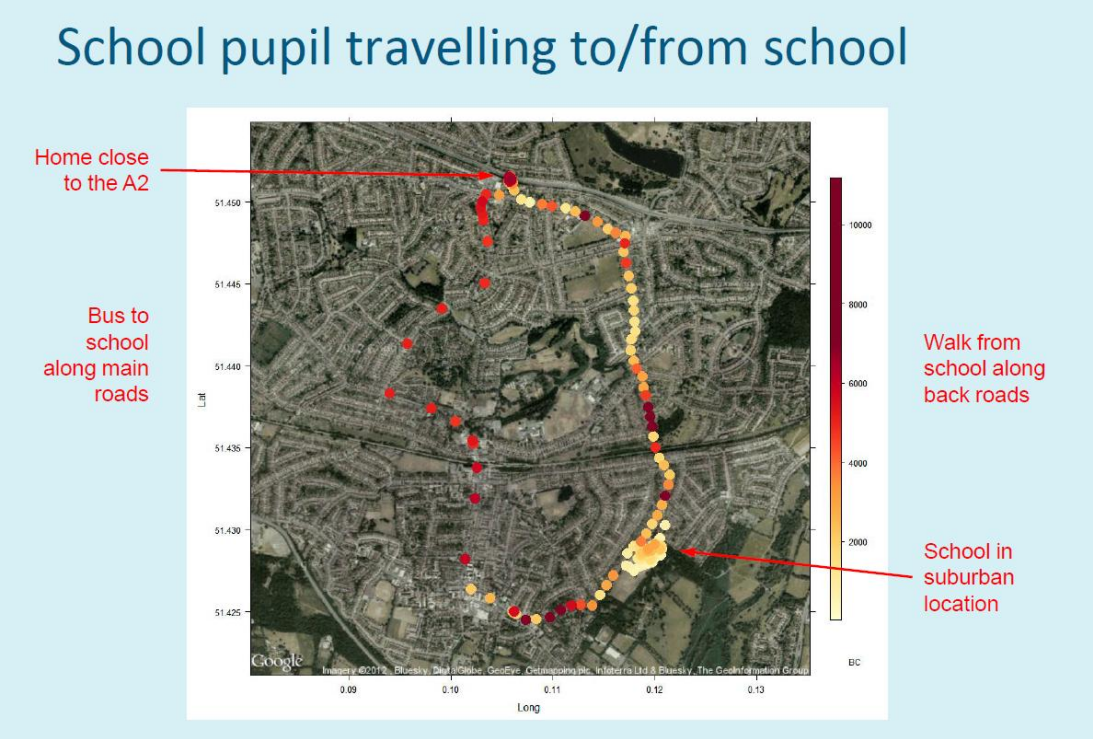

Figure 3 Exposure by location for a school pupil (Barratt 2013)

The project concluded that personal exposure provides an effective way of communicating air pollution issues in an engaging way. The study increased the understanding of personal exposure, but it also provided highly visual outputs for public information, which could be used in tools and information on how air pollution can be avoided (public meetings, website and route planner etc). The study team were able to demonstrate that walking along a back road is better than walking beside a main road, or that exposure is lower on a train than in a car.

Exeter City Council Environmental Health Services would like conduct a similar one-off study in Exeter, using hired equipment.

Methodology

1. Hire portable equipment to measure either black carbon, or PM2.5. It must be able to run at least 24 hours before needing to be re-charged, downloaded or having a filter change. It must be capable of a sample rate which approximates to the respiration rate of a human. It should have suitable accuracy and precision, and meet relevant standards.
2. Hire or buy GPS watches.
3. Identify participants.
4. Undertake study for one single 24 hour periods. We could repeat this with another group of five individuals, if timings allow.
5. Collate results and draw conclusions/make recommendations.
6. Work with health professionals to produce material for public and publicity. This would be based on a message of “the healthiest walk/run possible”, and reinforcing existing sustainable transport messages.

Budget breakdown:
It has proved more difficult than expected to source monitors for hire. Work is ongoing in this regard. Purchase of monitors would cost between £2,500 and £5,500 depending on the type (and accuracy) of the instrument.

Purchase of GPS watches will also be required. It is expected that this will be more cost effective than hire.

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