



## 2. Devon Overview



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This section of the report describes the population of the Devon Primary Care Trust and Devon County Council area: the age structure and the vital statistics that define the population. More detail on the statistics is given in Appendix 1, and information on the Local Learning Community profiles is available in Appendix 2 of the report.

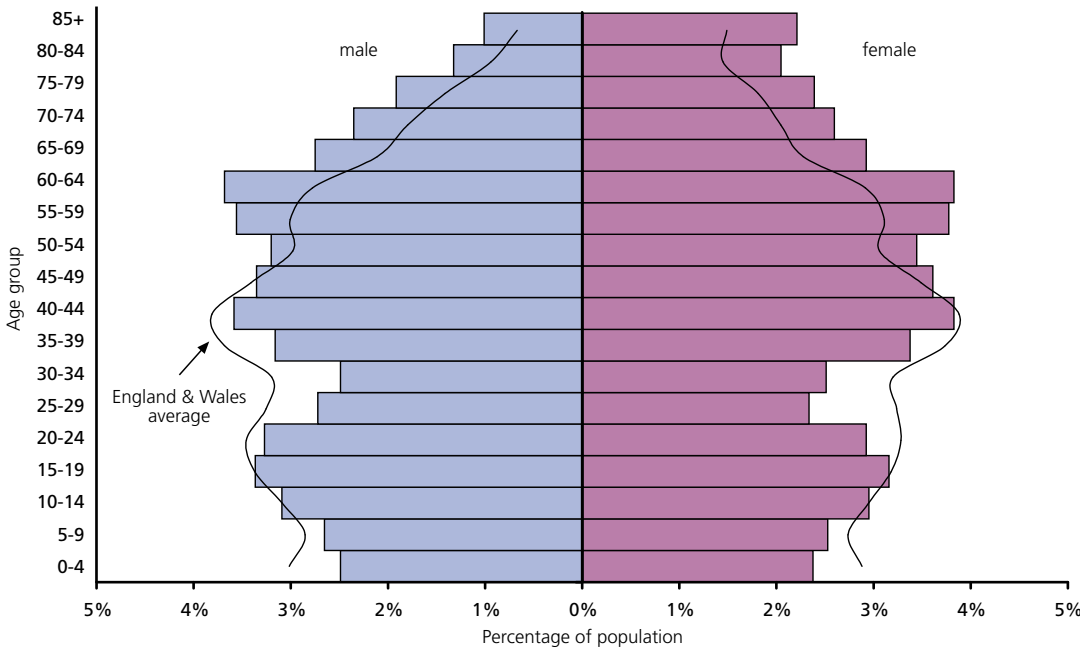
### 2.1 Demographics (gender and age)

The population of Devon shows an older age profile compared to the national profile, particularly those aged 50 years and over (Figure 2.1). The percentage of individuals in Devon aged less than 10 years and adults aged between 25 and 39 years is proportionately lower than that of England and Wales.

The Office of National Statistics (ONS) predicts that over the next 20 years, the population of Devon will grow by nearly a quarter from 767,400 (in 2009) to 967,800 (in 2031). The greatest increase is expected in the population aged 65 years and above, with 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 2.2).

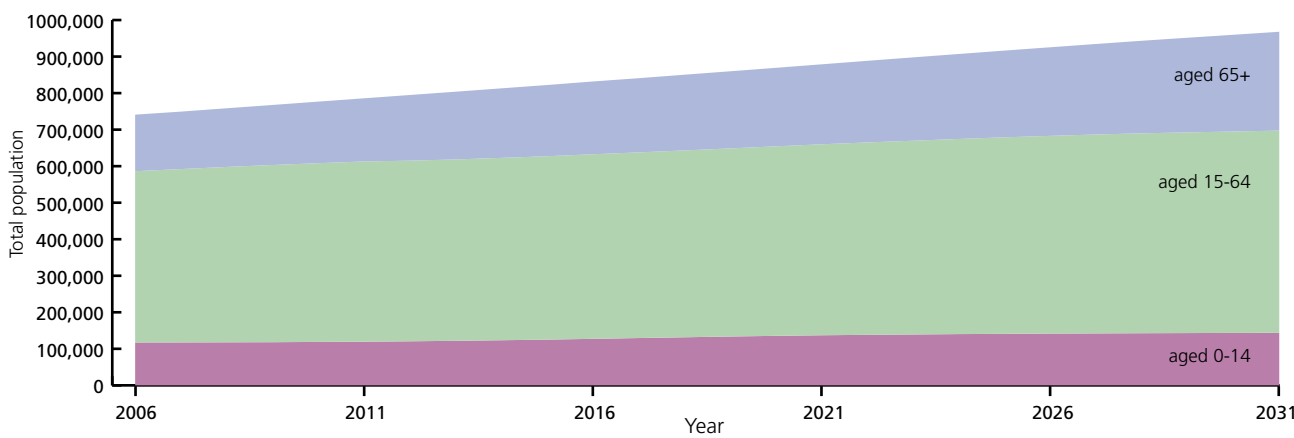


**Figure 2.1 Structure of the mid-year 2007 population in Devon compared with England and Wales**



Source: Office for National Statistics, Crown Copyright 2008

**Figure 2.2 The projected demographic change in the population structure of Devon, by age group, 2006-2031**



Source: Office for National Statistics, Crown Copyright 2008

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### 2.2 Ethnicity

Data from 2007 shows that of those individuals from white ethnic groups, the majority are British, with only 3.1% from other white groups. This is lower than the proportion in England and Wales, at 11.8%. The pattern of ethnicity in the Devon population is changing - between 2001 and 2007 the proportion of the population from different ethnic backgrounds increased differently (Table 2.1).

Data on ethnicity is 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%.

### 2.3 Life expectancy

In Devon, life expectancy is higher by comparison with England and Wales. Figures 2.3 and 2.4 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 2.5 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 2.5 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. This work has identified a number of recommendations which are being implemented (see section 2.7 of this report).

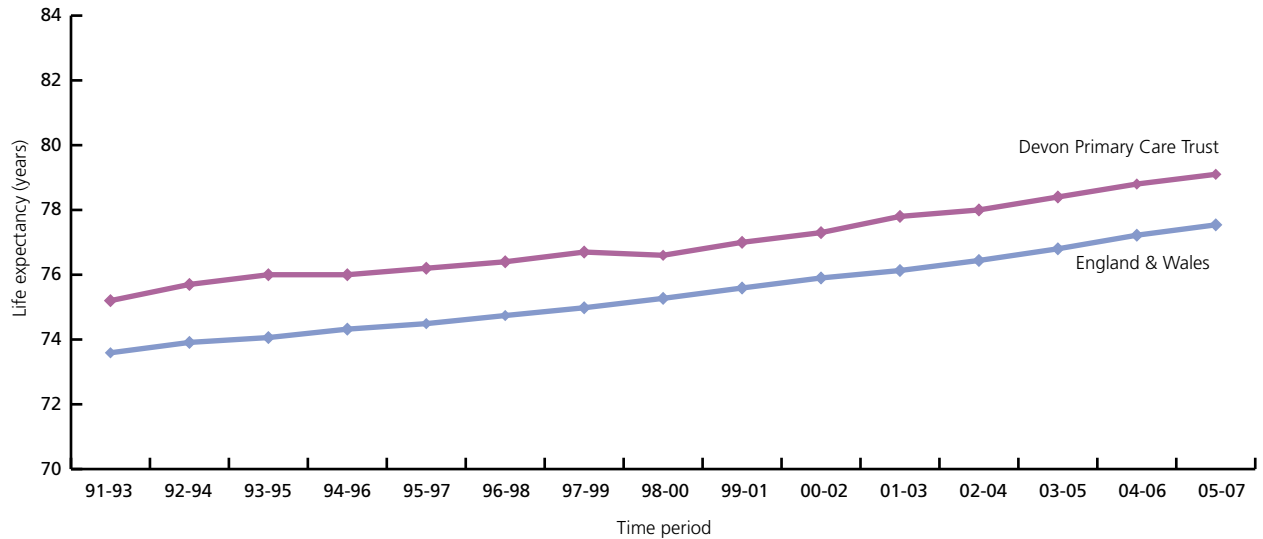
**Table 2.1 Mid-year population estimates (2007) and population growth (2001-2007) by ethnic group for Devon**

Ethnic Group	Devon mid-year estimates (2007)		England mid-year estimates		Devon growth 2001-2007	
	Number	%	Number	%	Number	% Growth
White	724,700	96.6%	45,082,800	88.2%	27,400	3.9%
Mixed	6,400	0.9%	870,000	1.7%	3,100	93.9%
Asian	7,800	1.0%	2,914,800	5.7%	6,100	358.8%
Black	4,400	0.6%	1,447,900	2.8%	3,500	388.9%
Chinese or Other	6,700	0.9%	776,400	1.5%	4,400	191.3%
<b>All Groups</b>	<b>750,100</b>	<b>100.0%</b>	<b>51,092,000</b>	<b>100.0%</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

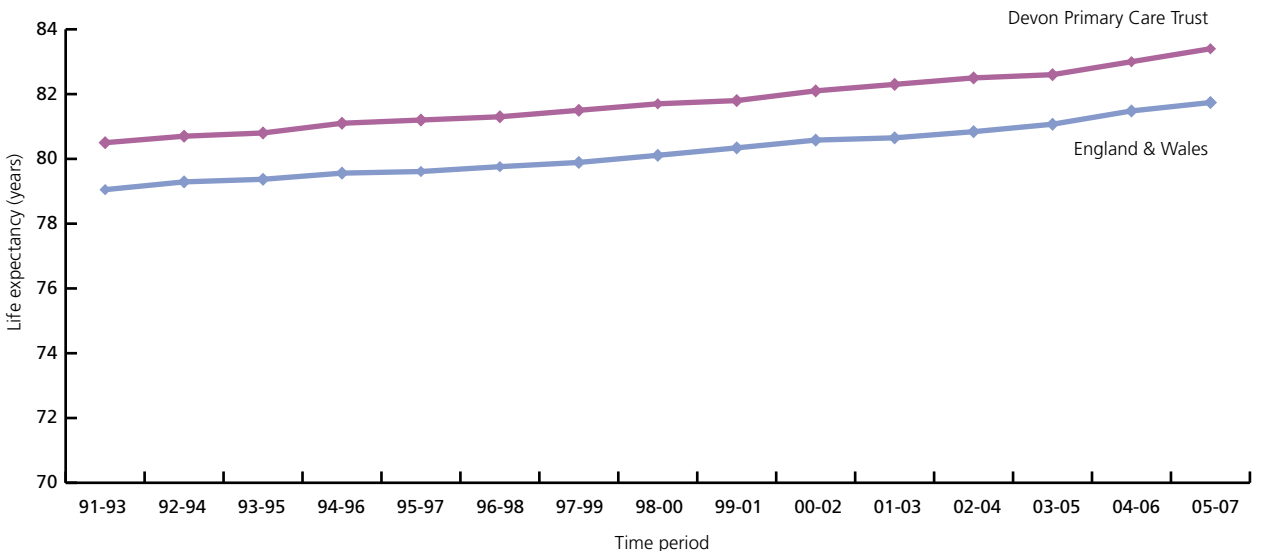


**Figure 2.3 Male life expectancy for Devon Primary Care Trust for three-year periods compared with England and Wales over time**



Source: Office for National Statistics, Crown Copyright 2008

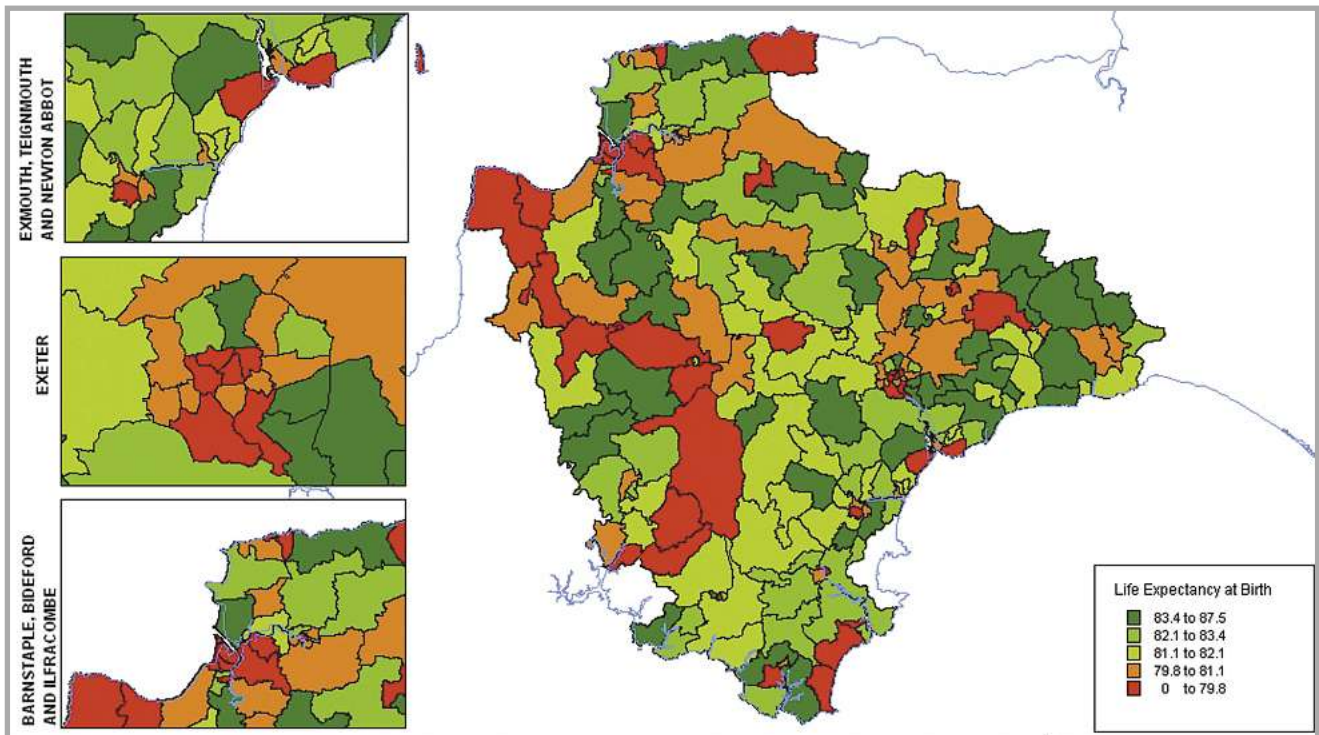
**Figure 2.4 Female life expectancy for Devon Primary Care Trust for three-year periods compared with England and Wales over time**



Source: Office for National Statistics, Crown Copyright 2008

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**Figure 2.5 Map of Devon Primary Care Trust area showing life expectancy at birth for all persons from 2003-2007, by Electoral Ward**



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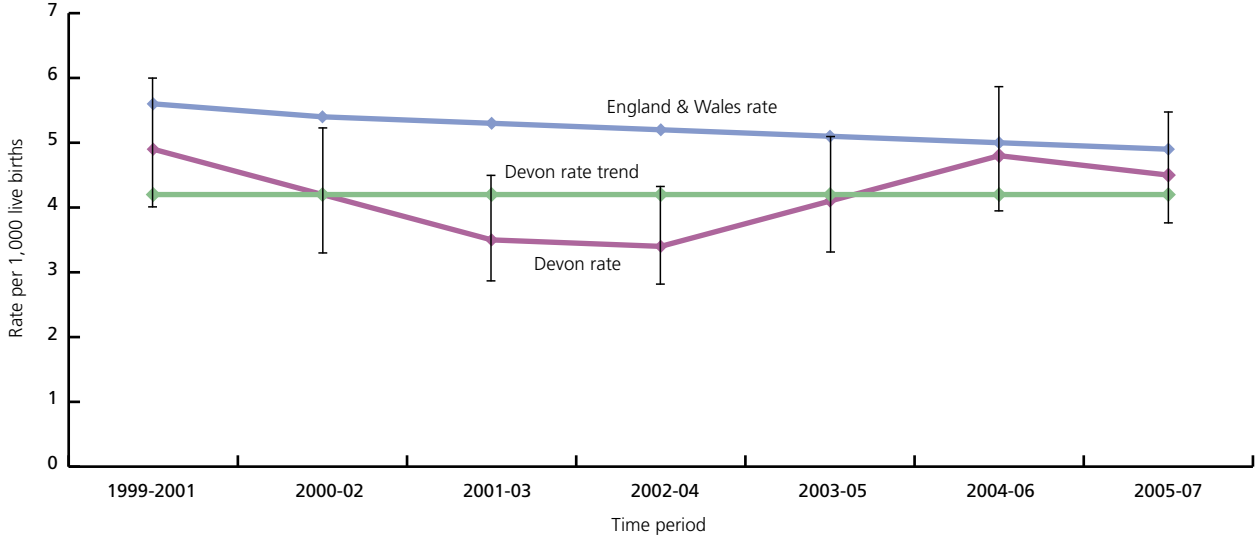


## 2.4 Infant mortality

Infant mortality is often used as an indicator of the general health of the population. This is because it is affected by the main determinants of health such as income, education, access to preventive health care and health services. Reducing the gap in infant mortality in the 'routine and manual' socio-economic group and the England average is one of the measures of the national health inequalities target, and will also contribute to the life expectancy target. The target is a 10% reduction in the relative gap (that is the percentage difference) in infant mortality rates between routine and manual socio-economic groups and England as a whole, from the baseline year of 1998 (the average of 1997-99) to the target year 2010 (the average of 2009-11). Routine and manual groups include those in lower supervisory and technical semi-routine and routine occupations. This includes sales assistants, bar staff, waiters/waitresses, cleaners, porters, electricians and train drivers.

Figure 2.6 shows the trend in infant mortality in Devon Primary Care Trust from 1999-2001 through to 2005-07. 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 2.6 Infant mortality rates (per 1,000 live births) in Devon for three-year periods between 1999 and 2007**



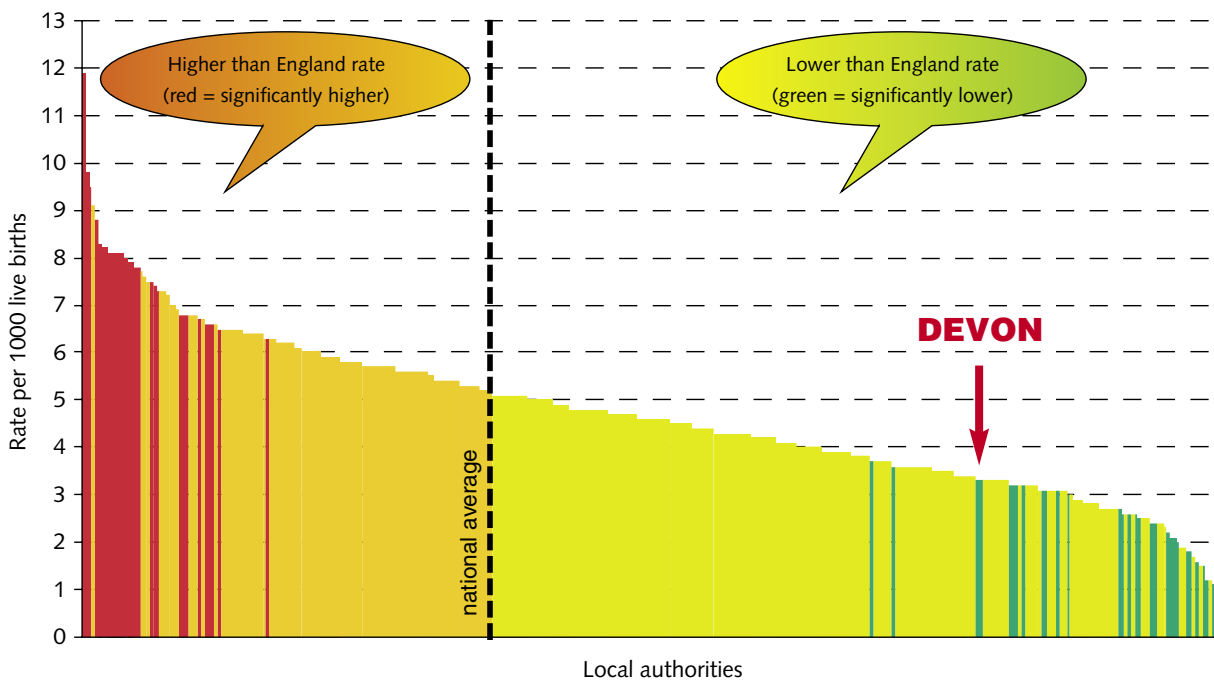
Source: National Compendium of Clinical Indicators, Crown Copyright, 2009

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In order to illustrate the wide range of rates across England and Wales, Figure 2.7 shows Devon's position in 2002-04 when the rates were significantly lower, and Devon appears as a green line on the graph. Since then the position has changed and we are much closer to the average. This overall figure hides the worse infant mortality in the routine and manual socio-economic groups (Figure 2.8).

Figure 2.9 shows the size of the gap and the target reduction. The infant mortality rate is also higher in particular groups, for example the babies of mothers born in Pakistan or the Caribbean; mothers less than 20 years of age, or where the birth was registered by the mother alone (rather than jointly by parents).

**Figure 2.7 Infant mortality rate between 2002 and 2004 by local authority**



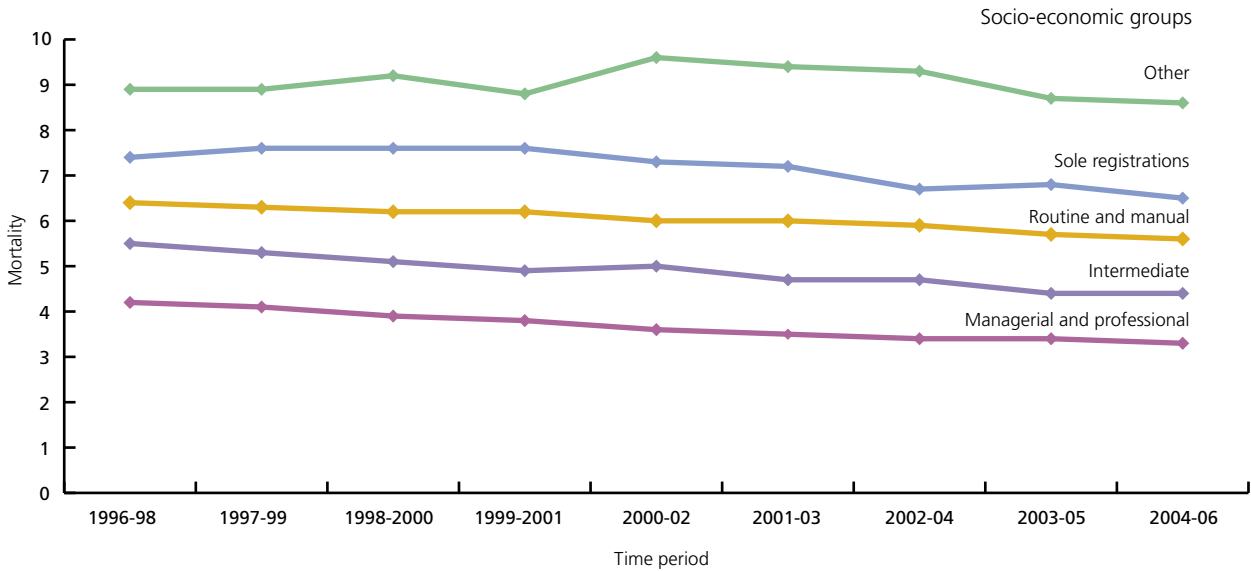
Note: This graph illustrates local variation but some areas with 'higher' rates may not have rates that are statistically significantly different from the average

Source: Review of the Health Inequalities Infant Mortality Public Service Agreement (PSA) Target, Department of Health Crown Copyright, 2007



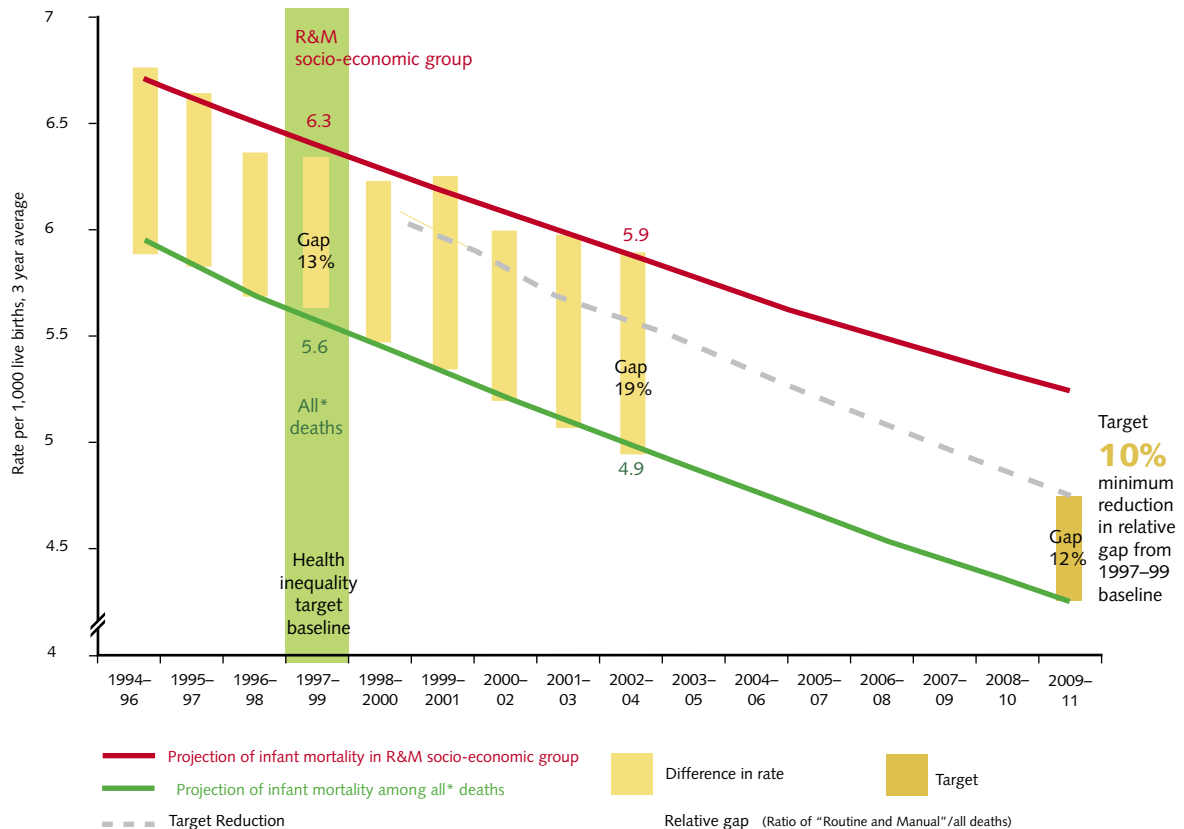


**Figure 2.8 Infant mortality rates by socio-economic group, England and Wales, 1996-2006**



Tackling Health Inequalities: 10 Years On, Department of Health 2009

**Figs 2.9 Infant mortality rates in England and Wales from 1994-2004 by socio-economic group, with projection to 2010 target**



\*All relates to inside marriage and joint registrations outside marriage, not including "social class not specified" for 1995 and 1999. Sole registration and unlinked births are excluded. Information on the father's occupation is not collected for births outside marriage if the father does not attend the registration of the baby's birth. Figures for live births are a 10% sample coded for father's occupation.

Source: Review of the Health Inequalities Infant Mortality Public Service Agreement (PSA) Target, Department of Health, Crown Copyright 2007

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### 2.5 Disease prevalence (including trends and extrapolations)

The latest information available to us shows that in 2007, almost 8,100 people died prematurely (before the age of 75 years) in the Devon Primary Care Trust area. Figure 2.10 shows that the commonest cause

of death was coronary heart disease, followed by lung cancer. The significance of smoking as a causative factor in these deaths, particularly when they are premature, cannot be overlooked.

**Figure 2.10 Deaths from selected causes under the age of 75 years**

Deaths in 2007 of Devon Primary Care Trust residents aged under 75 years at time of death (The areas of the circles are not proportional to the number of deaths)

\*Females only \*\*Males only

Source: National Compendium of Clinical Indicators, Crown Copyright, 2008

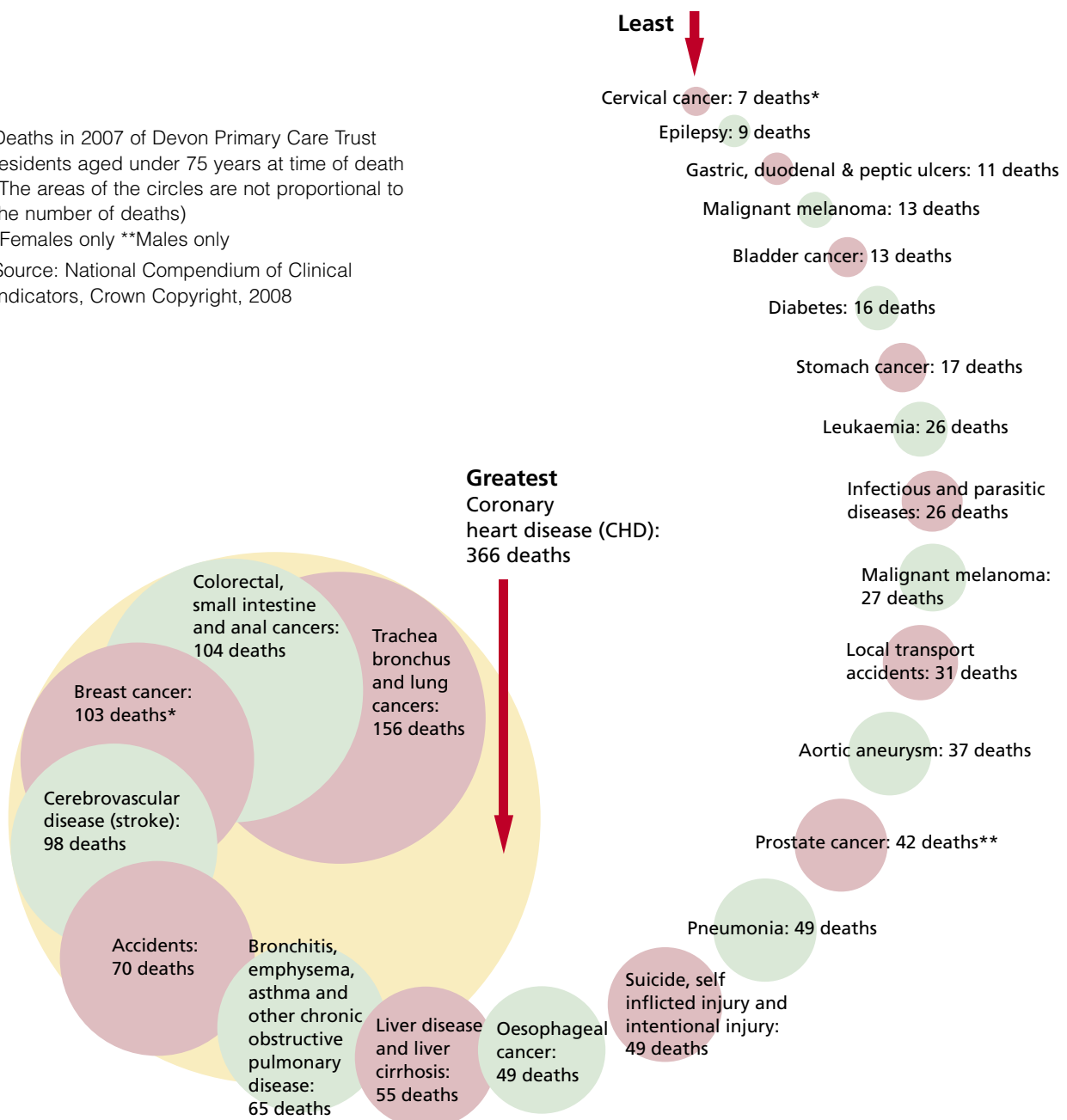
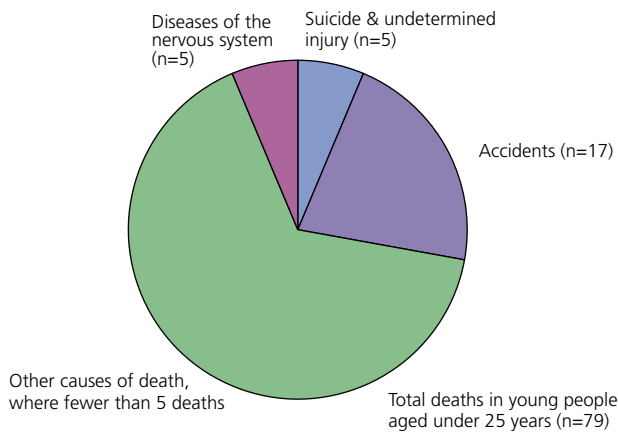




Figure 2.11 shows that deaths in children and young people (dying before the age of 25 years) follow a different pattern, with the commonest cause of death being accidents. Of the 79 deaths, 32 were in children under the age of one.

**Figure 2.11 Deaths from selected causes under the age of 25 years**

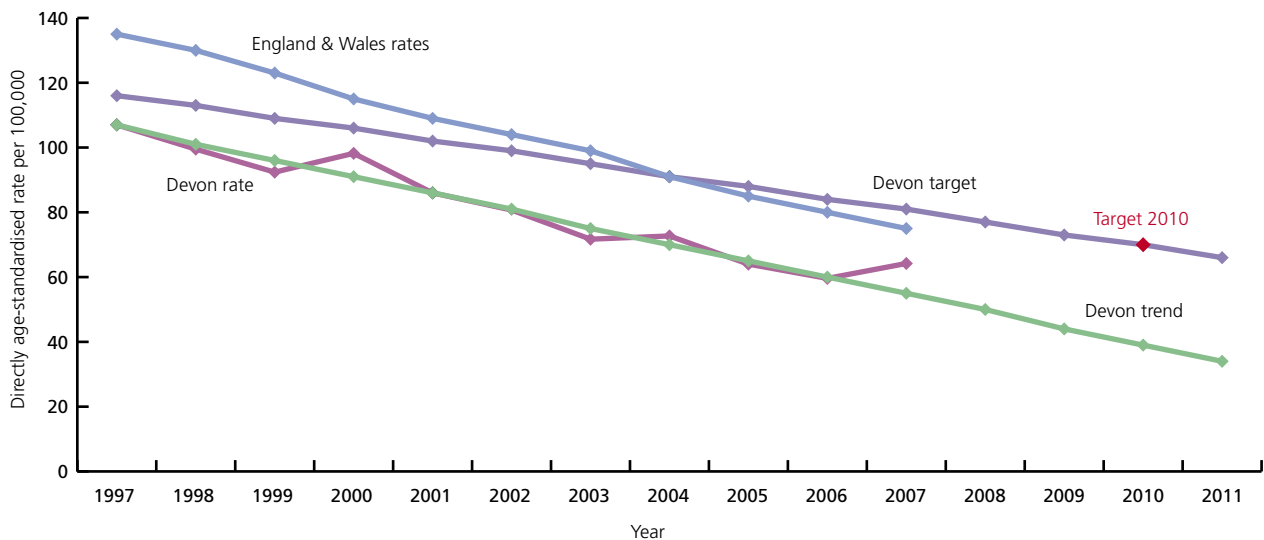


Source: National Compendium of Clinical Indicators, Crown Copyright, 2008

**Circulatory disease (including heart disease and stroke)**

Figure 2.12 shows that Devon Primary Care Trust 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 2.12 Trends in circulatory disease in people aged under 75 within Devon Primary Care Trust: Progress towards Our Healthier Nation Targets**



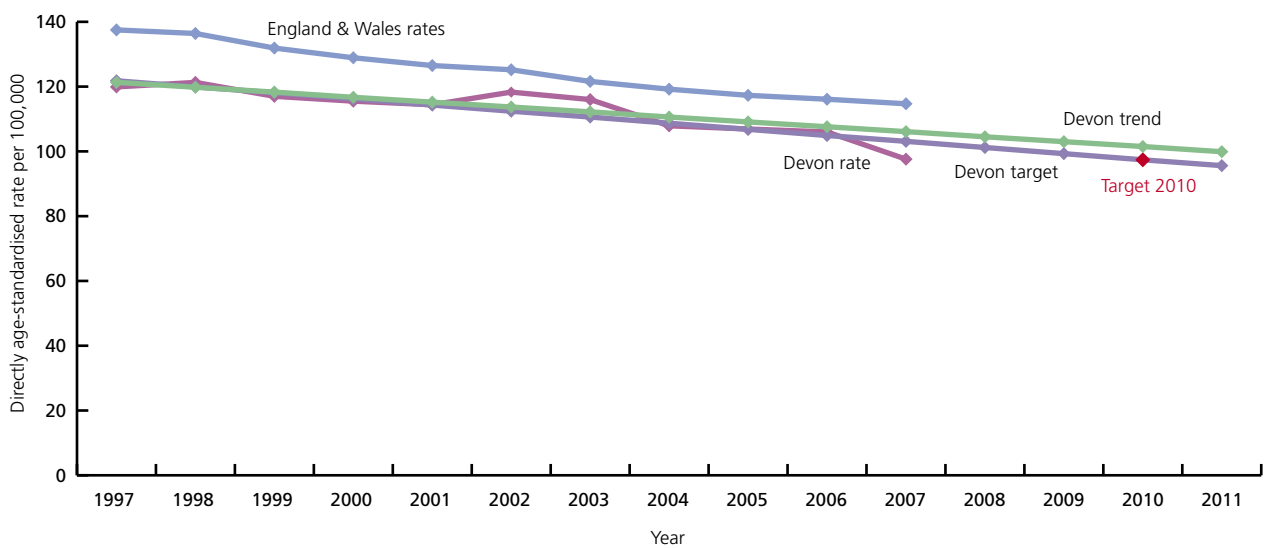
Source: National Compendium of Clinical Indicators, Crown Copyright, 2009

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### Cancer

Figure 2.13 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 2.13 Trends in cancer in people aged under 75 within Devon Primary Care Trust: Progress towards Our Healthier Nation Targets**



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

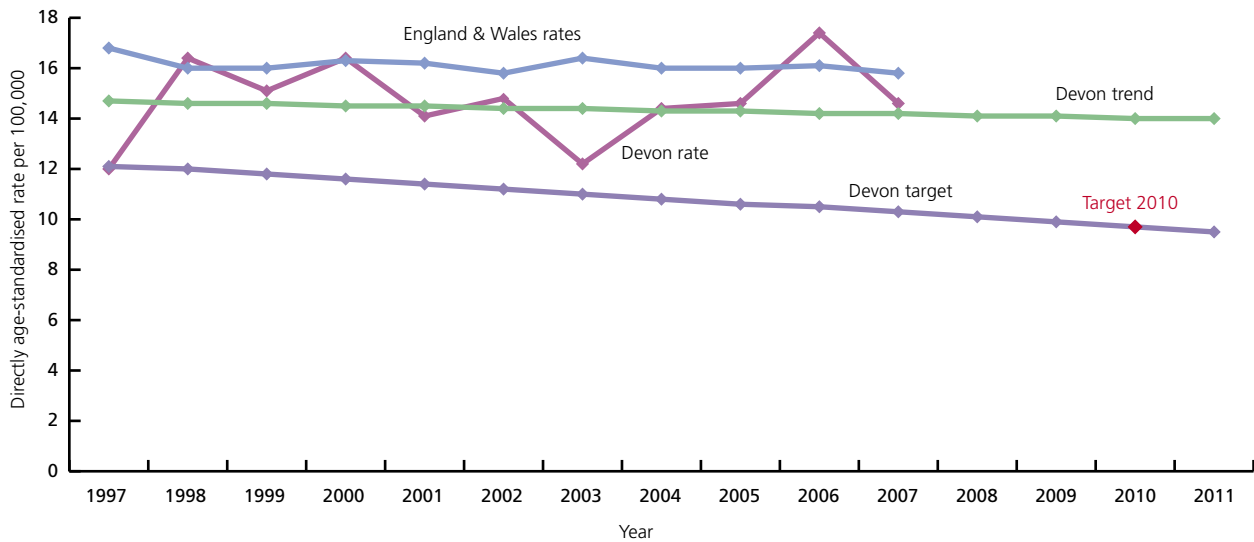


## Accidents

Figure 2.14 indicates that there has been an upward trend in mortality from all accidents. If we continue on the current trend the target for 2010 will not be achieved. The main causes of death from accidents are land transport accidents and falls. The rate of death from land transport accidents has fallen (Figure 2.15). The trend from deaths caused by falls

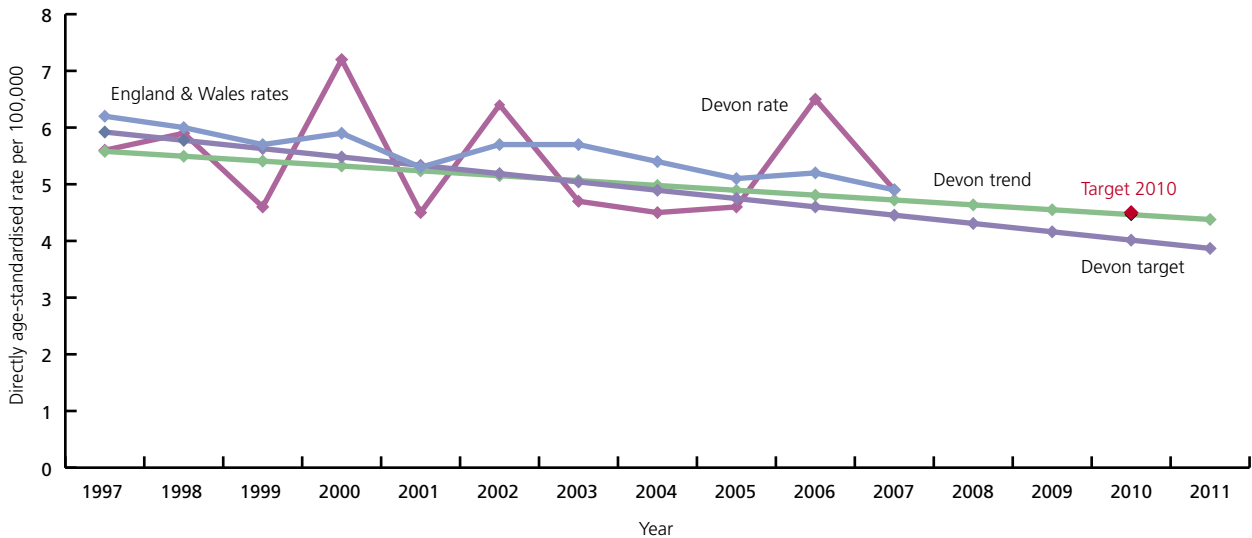
is still increasing (Figure 2.16). Work carried out following last year's Annual Public Health Report has indicated that the high rates of death ascribed to falls are, in part, due to a greater tendency to code deaths in this way in Devon, possibly as a result of heightened awareness of this issue among local doctors (Richards and Chant, 2008).

**Figure 2.14 Trends in mortality from all accidents within Devon Primary Care Trust: Progress towards Our Healthier Nation Targets**



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

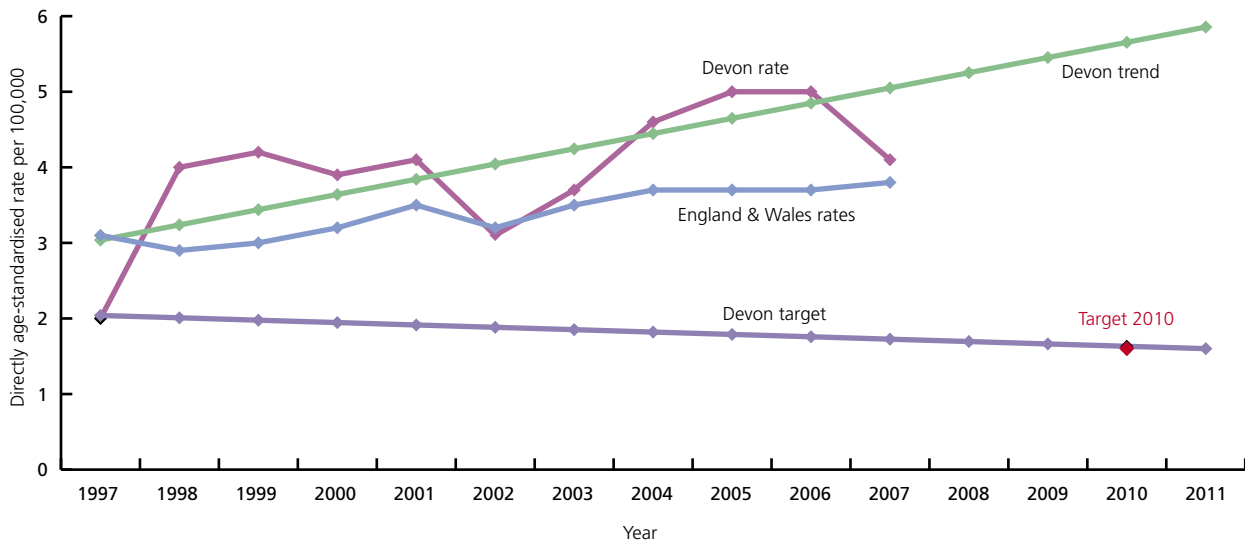
**Figure 2.15 Trends in mortality from land transport accidents within Devon Primary Care Trust: Progress towards Our Healthier Nation Targets**



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

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**Figure 2.16 Trends in mortality from accidental falls within Devon Primary Care Trust: Progress towards Our Healthier Nation Targets**

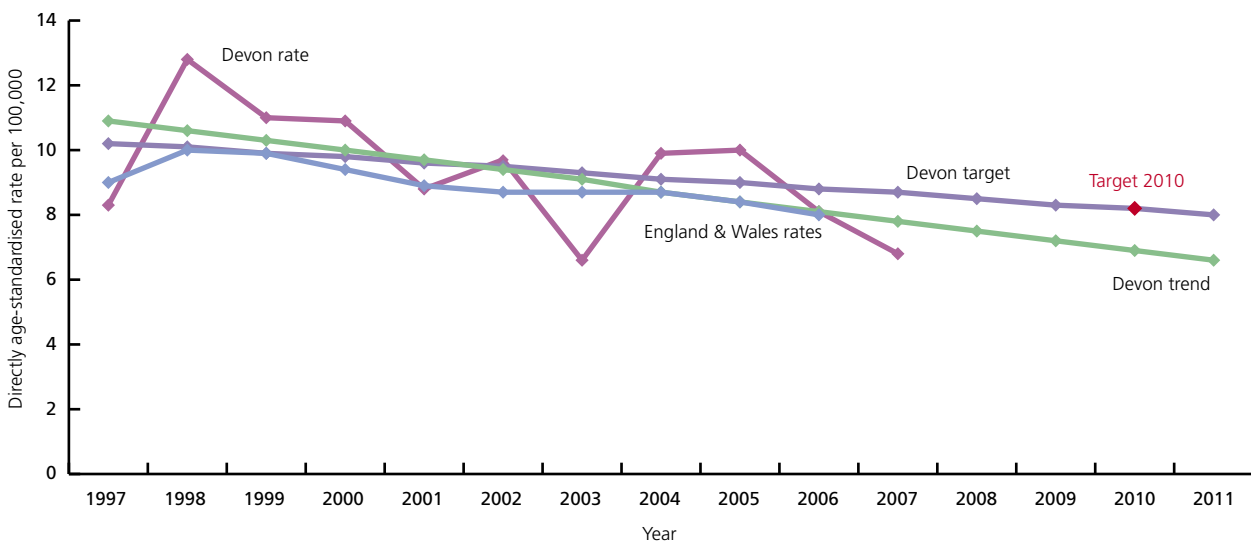


Source: National Compendium of Clinical Indicators, Crown Copyright, 2009

### Suicide

Figure 2.17 shows the trends in death rates from suicide or undetermined injury. Again, the trend line shows a reduction similar to that seen in England and Wales and current rates well below the national target.

**Figure 2.17 Trends in mortality from suicide and injury undetermined within Devon Primary Care Trust: Progress towards Our Healthier Nation Targets**



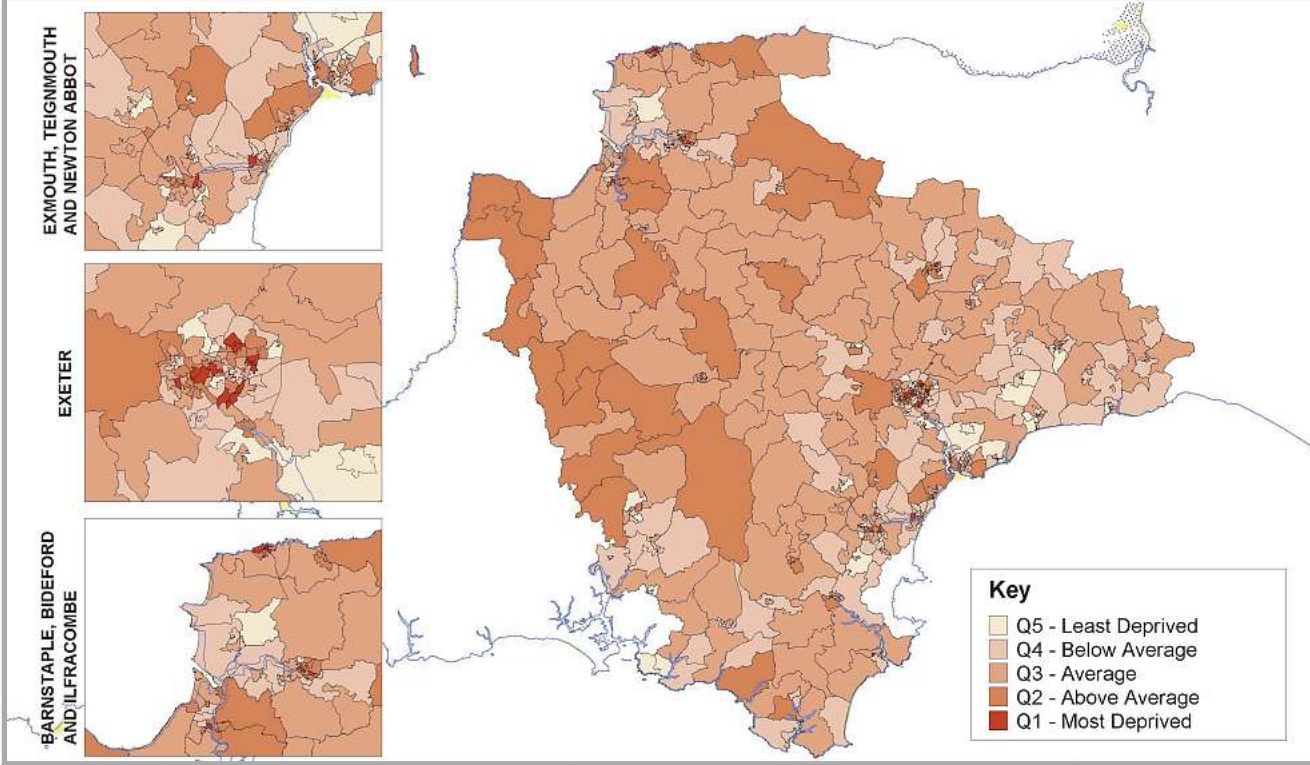
Source: National Compendium of Clinical Indicators, Crown Copyright, 2009



## 2.6 Deprivation

Figure 2.18 is a map of Devon with the Index of Multiple Deprivation (2007) shown by Super Output Areas. These are small geographical areas created by the Office of National Statistics and show areas of deprivation for similar size populations to allow more consistent comparisons to be made. There are 457 Super Output Areas in Devon, of which 21 are in the 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 2.18 Map of Devon showing Super Output Areas according to Index of Multiple Deprivation**



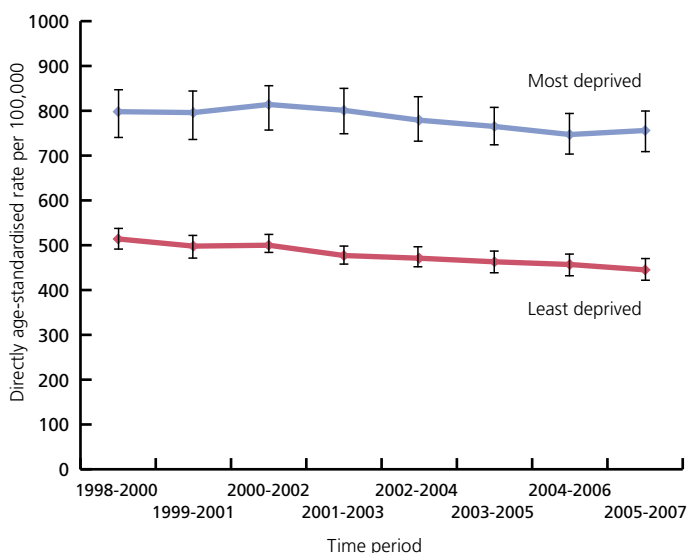
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### 2.7 Inequalities in health

The relationship between deprivation and health was explored extensively in last year's Annual Public Health Report (2007-08). Figure 2.19 shows the gap between the least and most deprived quintiles when comparing directly age-standardised rates. This shows a marked difference in death rates which appear to be widening.

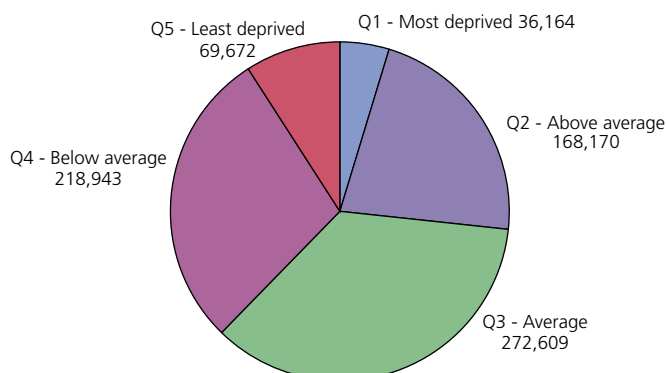
**Figure 2.19 All age all cause mortality by deprivation and directly age-standardised rate per 100,000 - 1998-00 to 2005-07**



Source: Office for National Statistics, Crown Copyright, 2008

Note that these quintiles do not each represent a fifth of the population, but the experiences of people who fall within each category. The distribution of the population in these quintiles is shown in Figure 2.20.

**Figure 2.20 Devon population by deprivation quintile, June 2008**



Source: Indices of Deprivation, Crown Copyright, 2007

The Department of Health has developed a health inequalities intervention tool which is now available for Primary Care Trusts to use. It enables us to understand the extent of health inequalities; which illnesses contribute to these inequalities and which interventions are most effective in reducing them. The example in Figure 2.21 shows how important a lifestyle change is such as giving up smoking, and access to early treatment for high blood pressure (hypertension) and high blood cholesterol (hypercholesterolaemia), to prevent premature death from diseases such as coronary heart disease and lung cancer. Analysis of local data suggests that it is not just prevention and early diagnosis that are issues. The mortality experience of each of the quintiles is shown in Figure 2.22 and shows that for the most deprived group, we are making much less impact on their mortality rate compared to the less deprived groups. This is of concern. People in the most deprived quintile have different experiences of the health care system, for example Figure 2.23 shows that the people in the most deprived quintile are more likely to receive hospital treatment for procedures judged to be of limited clinical effectiveness.

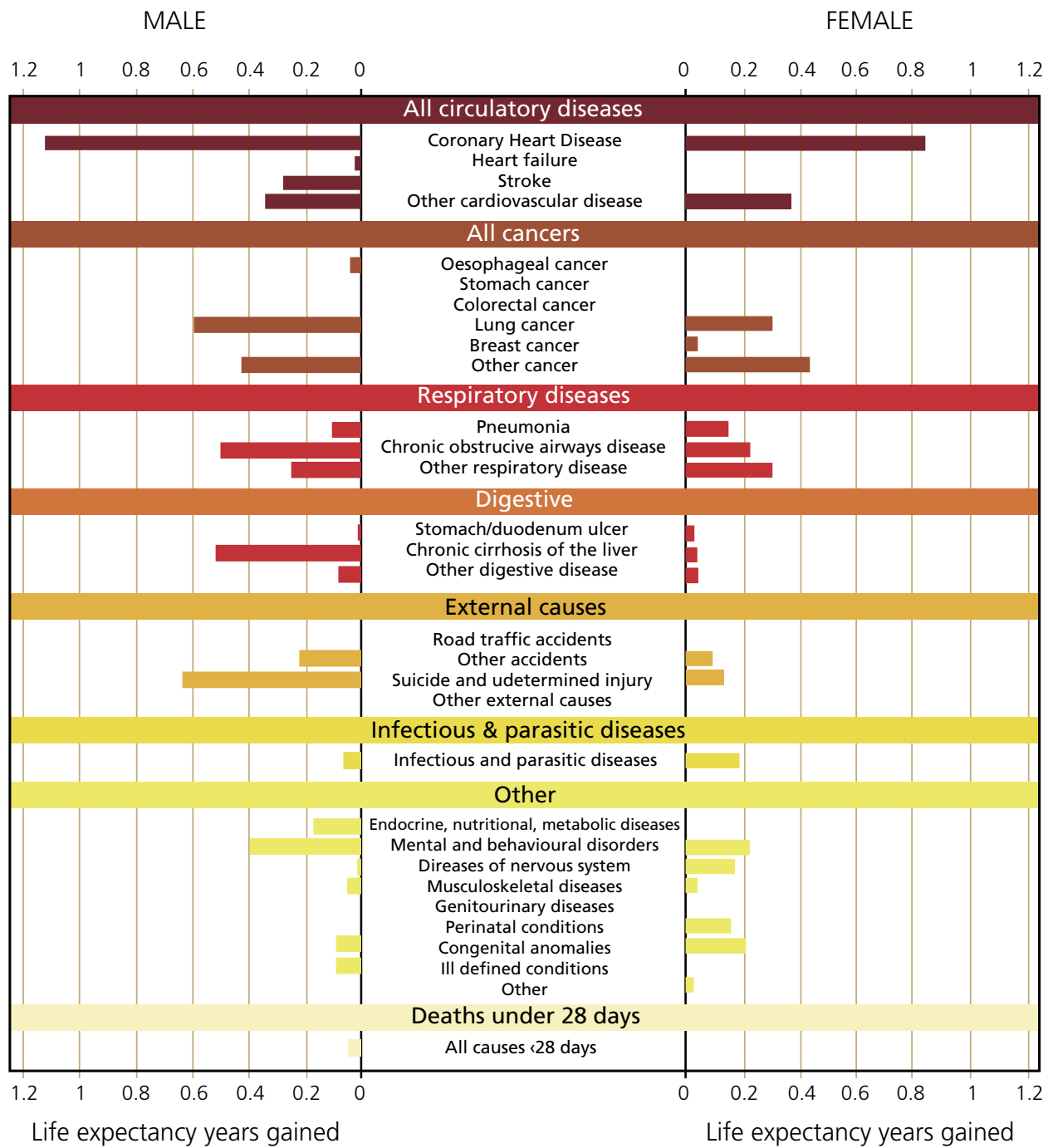
The health equity profile of Ilfracombe (Priestley, 2009) has shown the sort of impact that such changes can make on life expectancy.

Recommendations from the health equity profile include routine monitoring of the inequality gap; identification of people with long-term health problems to ensure that they receive the best possible health care; Stop Smoking Services to be more accessible; greater involvement of voluntary and statutory sector agencies to help people increase their knowledge and confidence in accessing health care; further health equity audit work on cancer, and treatment for heart disease.





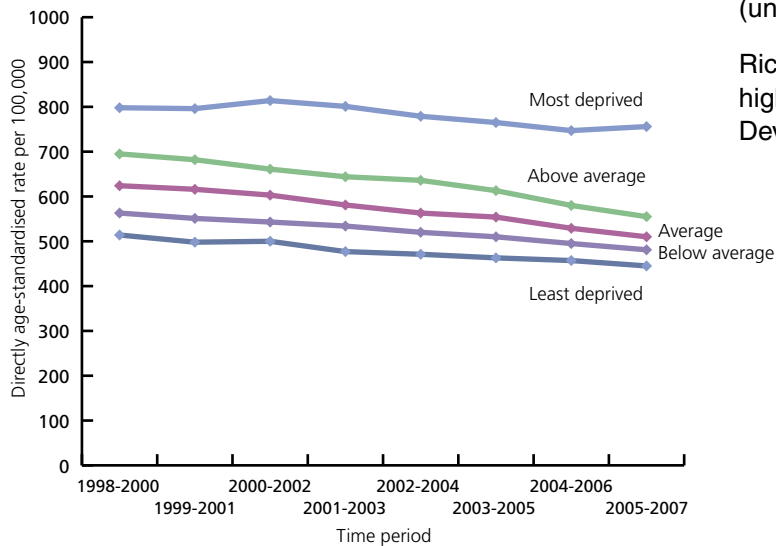
**Figure 2.21 Life expectancy years gained if the most deprived quintile of North Devon District Council had the same mortality rate as the least deprived quintile in the local authority for each cause of death**



Source: Health Inequalities Intervention Tool, London Health Observatory

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**Figure 2.22 All age all cause mortality by deprivation, directly age-standardised rate per 100,000, 1998 to 2007**

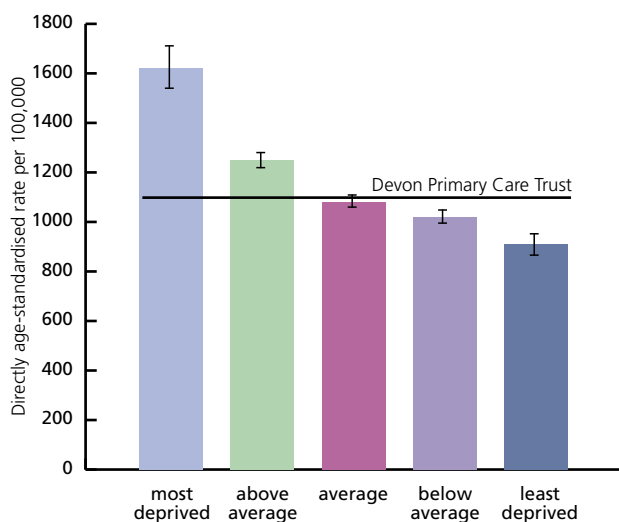


Source: Office for National Statistics, Crown Copyright, 2008

### References

- Priestley, K. (2009). Life Expectancy in Ilfracombe – Health Equity Profile. Devon Primary Care Trust (unpublished)
- Richards, A. and Chant, S. (2008). Investigating the high rates of mortality from accidental falls in Devon. Devon Primary Care Trust (unpublished)

**Figure 2.23 Total elective hospital admissions for limited value procedures of Devon residents from April 2005 to March 2007 (annualised) by deprivation quintile, directly age-standardised rate per 100,000 population**



Source: Secondary Users Service Commissioning Data Set, National Health Service 2007