thrive Plymouth
Life, Health & Wellbeing

Positive choices for better health in a growing city

Director of Public Health Annual Report 2014/15

Foreword

The health of people in Plymouth is determined by a number of factors but behavioural choices (many of which are associated with people's social and economic conditions) exert a dominant effect. These health-limiting behaviours are most common in poorer areas of the city and largely account for the nearly 10 year difference in life expectancy between different communities. As people are affected by their social and economic conditions in different ways which have various effects on their health-related behaviour, a behaviour change approach to reducing health inequalities which recognises this interaction is relevant and timely.

The 4-4-54 construct focuses on reducing the impact of four lifestyle behaviours – unhealthy diet, inactivity, excessive drinking and smoking – that together contribute to four diseases (cancer, heart disease, stroke and respiratory disease) which account for 54% of deaths in Plymouth. It emphasises the benefit of even small changes in behavioural choices, changes in the context in which those choices are made and addressing multiple co-existing, rather than single, unhealthy behaviours. Crucially, it requires us – communities, the voluntary sector, the public sector, businesses and policy makers – to collaborate in fundamentally new ways.

Thrive Plymouth describes our 10-year approach to a radical upgrade in prevention based on the 4-4-54 construct. In the first three years, we will focus on **healthy employment, education** (principally attainment in poorer children) and realising health benefits across the broad spectrum of **local authority functions** (chiefly through the Plymouth Plan). I believe these are the right ambitions for the health and wellbeing of people in our city because they will raise the chances of realising health-enabling behaviours for everyone, irrespective of their access to material means.

It is therefore with excitement that I present to you my first report as Director of Public Health for Plymouth. I hope it inspires you to join the growing ranks of Plymouth people on the journey of making Plymouth one of Europe's most vibrant waterfront cities where an outstanding quality of life is enjoyed by everyone.

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Introduction

Thrive Plymouth is a 10 year programme which aims to improve health and wellbeing in Plymouth and narrow the gap in health status between people in the city. Its objective is to generate collective action for social change around the main lifestyle choices that determine health and wellbeing in Plymouth. The programme will encourage and enable partners (residents, organisations, institutions) to support positive lifestyle choices in different settings.

The essence of ill health prevention is supporting people to make healthy choices. In developing Thrive Plymouth, we recognise that lifestyle choices are usually made under the combined influence of 'agency' and 'structure'.[1] 'Agency' suggests that individuals are responsible for the choices they make and 'structure' acknowledges that they do so constrained or enabled by structural circumstances (social, economic and cultural) over which they have limited direct control. While no assumptions are made about how important each of these is relative to the other in determining healthy lifestyles, this philosophical basis for Thrive Plymouth is important to acknowledge. This is more so because the step change in health and wellbeing that we aspire to as a city is achievable by acknowledging that although individuals have responsibility for actions that affect their health, such positive actions could be enabled by changes to the structural contexts in which health-related choices are made.

Thrive Plymouth[2] was adopted by Plymouth City Council on 11 November 2014. It strongly reflects the Council's endorsement of the Marmot policy objective of strengthening the role and impact of ill health prevention.[3] It provides a mechanism for achieving the NHS Forward View aspiration of a radical upgrade in prevention and public health.

Finally, it is a key delivery mechanism for the city's integrated health and wellbeing system[4] as well as its aspirations for health and wellbeing set out in the Plymouth Plan. Thrive Plymouth draws on the approach to chronic disease prevention first presented by the Oxford Health Alliance.[5]

The focus of this annual report is on positive choices – eating a healthy diet, leading an active lifestyle, drinking sensibly and not smoking tobacco – and how we influence the contexts in which they are made. There are four parts to the report:

- **Section 1** introduces Thrive Plymouth and gives an overview of the programme and the 4-4-54 construct.
- **Section 2** discusses lifestyle choices and health inequalities in Plymouth. It focuses on each of the four behaviours, describes the positive choice and the differences in the pattern of the behaviours across the city. It also considers the wider 'context of choice' in the city and links these to the ambitions of the Council outlined in the Plymouth Plan.
- **Section 3** reflects back on the launch of Thrive Plymouth in 2014 and outlines the annual campaigns.
- **Section 4** of the report presents the Thrive Plymouth Dashboard. This shows details for all the data included in the report and the key measures that will be used to monitor changes in health and wellbeing in the city over the next 10 years. It also describes the two local surveys undertaken to provide baseline information for Thrive Plymouth.

thrive Plymouth

Life, Health & Wellbeing

Positive choices for better health in a growing city

4 Lifestyle Behaviours

Smoking
Drinking
Inactivity
Diet

Lead to

4 Chronic Diseases

Respiratory Disease
Heart Disease
Cancer
Stroke

Which cause

54% of Deaths

...our intentions

1 Realising health benefit in all Council activity
2 Creating environments that support health
3 Co-producing health with communities
4 Growing our collective capacity to lead change

...our rationale

If every person in Plymouth committed to making a small positive change in these lifestyle behaviours, those changes would add up to a huge difference for Plymouth's good.

...our vision

Plymouth is a city of healthy and happy communities because we instigated social change for positive lifestyle choices, increased investment in public health and put health and wellbeing at the heart of everything we and our partners did.

...our annual focus

Year One – Workplaces

Year Two – Schools

...our values

Long term – a 10 year programme

Collaborative – working together with partners across the city

Inclusive – something for everyone

Fair – reducing health inequalities across the life course

Flexible – a range of options and variety

Integrated – prevention linked to treatment

Evidence-based – drawing on what works

...our approaches

Population prevention
recognises that a large number of people with a small risk (of developing a disease) may, over time, lead to more cases of disease (than a small number of people with a high risk). We therefore support everyone, irrespective of the size of their risk, to make a small positive change.

Common risk factor
recognises that single unhealthy behaviours are often the basis of multiple diseases. Therefore focusing attention on these common risks and their underlying social determinants is more efficient and effective.

Changing the context of choice
acknowledges that change is hard to achieve because we all make choices in contexts we often do not control. Many people know how to improve their health and would do so if the healthier choice became the easier choice to make.

...our website

More information is available at www.thriveplymouth.co.uk

Lifestyle choices and health inequalities

The focus of Thrive Plymouth is on positive choices that lead to healthier lifestyles. This is because our behavioural patterns, driven by social and economic conditions, have the greatest influence on population health. Considering the influences on the wider 'context of choice' across the city is important in order to understand the barriers and opportunities to leading healthier lives.

The four behaviours that increase the risks of chronic diseases are poor diet, inactivity, alcohol misuse and smoking tobacco. These behaviours have become less common in the general population in England between 2003 and 2008.[6] The reductions however are distributed unequally and the behaviours remain highest in the populations where people are poorest and have lower educational attainment.

- The overall proportion of the English population that engages in three or four of these unhealthy behaviours has declined significantly, from around 33% of the population in 2003, to 25% in 2008.
- The gap between social groups in terms of how common these four unhealthy behaviours are has widened in recent years – people with no qualifications were more than five times as likely as those with higher education to engage in all four unhealthy behaviours in 2008, compared with only three times as likely in 2003.

Health inequalities in Plymouth

What does 'health inequalities' mean?

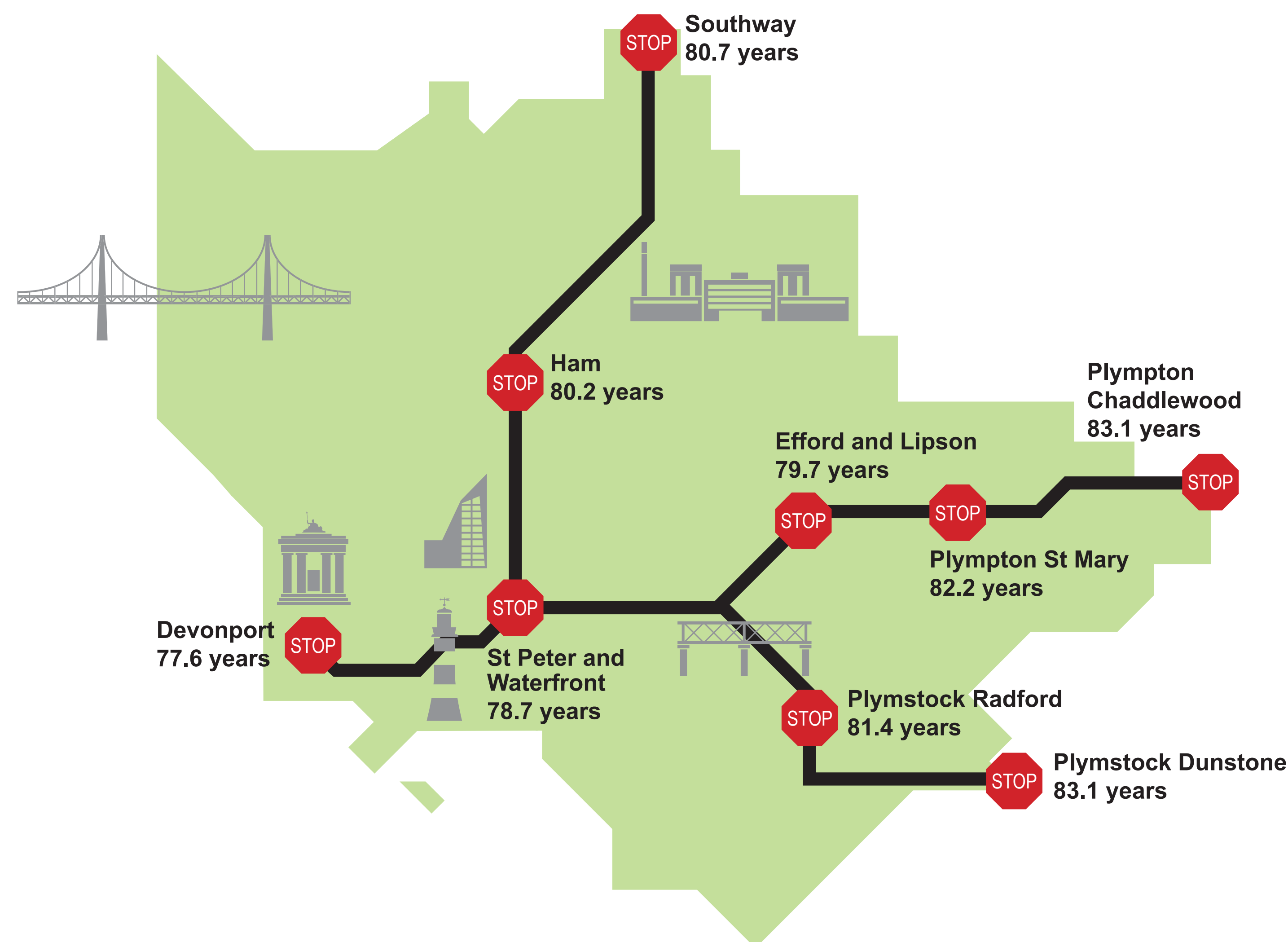
'Health inequalities' have an impact on individuals and communities, and are officially described as 'differences between people or groups due to social, geographical, biological or other factors. These differences have a huge impact, because they result in people who are worst off experiencing poorer health and shorter lives. Some differences, such as ethnicity, may be fixed. Others are caused by social or geographical factors (also known as 'health inequities') that can be avoided or mitigated.'[7]

Average life expectancy at birth is the measure chosen by Thrive Plymouth to assess and monitor the overall extent of health inequalities in the city. Average life expectancy in Plymouth is lower than the England average for men (78.0 years compared to 78.9 years) and for women (82.0 years compared to 82.8 years). Variations in life expectancy are found within the city for both men and women.

- Average life expectancy for men ranges from a high of 81.4 years in the Eggbuckland ward to a low of 73.8 years in the Devonport ward.
- Average life expectancy for women ranges from a high of 88.8 years in the Plympton Chaddlewood ward to a low of 78.2 years in the Devonport ward.

In Plymouth the gap in life expectancy (for all persons) by ward is 7.5 years. Variations in life expectancy by ward are illustrated right using a bus route map across the city.

Plymouth life expectancy bus route 2011-13
Wards just a few miles apart can have life expectancy values varying by years. Travelling the seven miles south from the Southway ward or west from the Plympton Chaddlewood ward or the Plymstock Dunstone ward each mile closer to the Devonport ward represents almost one year of life expectancy lost.



Wellbeing in Plymouth

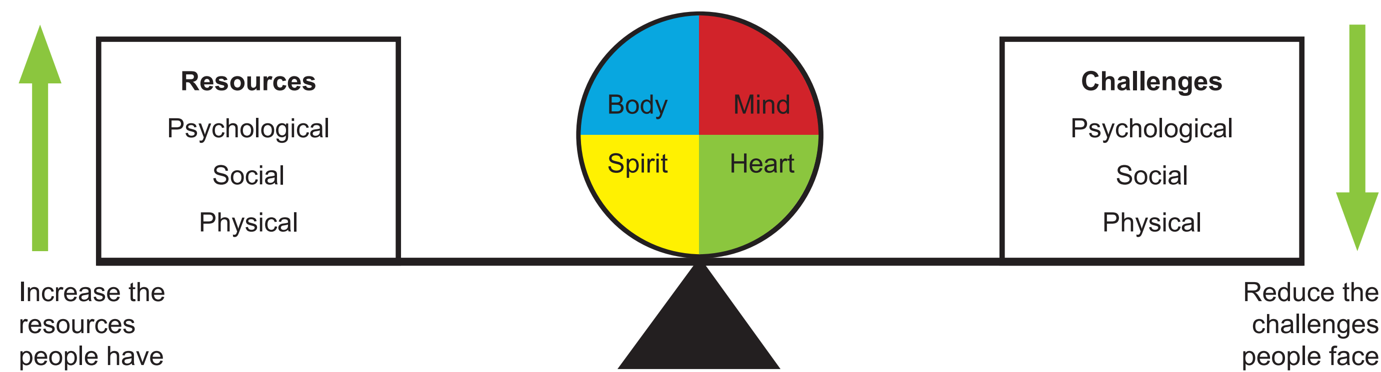
What does 'wellbeing' mean?

'Wellbeing' is the holistic consideration of a person's life experiences rather than just their physical or mental health. Health is an important component of wellbeing, which also considers purpose and meaning, life satisfaction and positive emotions and relationships. The relationship between health and wellbeing is not a simple one – not everyone who reports having good health also reports having high levels of wellbeing.

The Plymouth Health and Wellbeing Board recognises that people have different views of what wellbeing means to them personally and for their communities and, in its strategy for the city,[8] adopted a holistic view of health and wellbeing based on four broad interrelated components of mind, body, soul and spirit.

A dynamic definition of wellbeing, developed by Dodge et al. (2012),[9] describes it as the balance point between an individual's resources and the challenges that they face in their everyday life. This is shown in the see-saw diagram overleaf. When people have more challenges than resources, the see-saw dips, along with their wellbeing.

Diagram showing a dynamic definition of wellbeing including the components identified by the Plymouth Health and Wellbeing Board, based on Dodge et al. (2012)



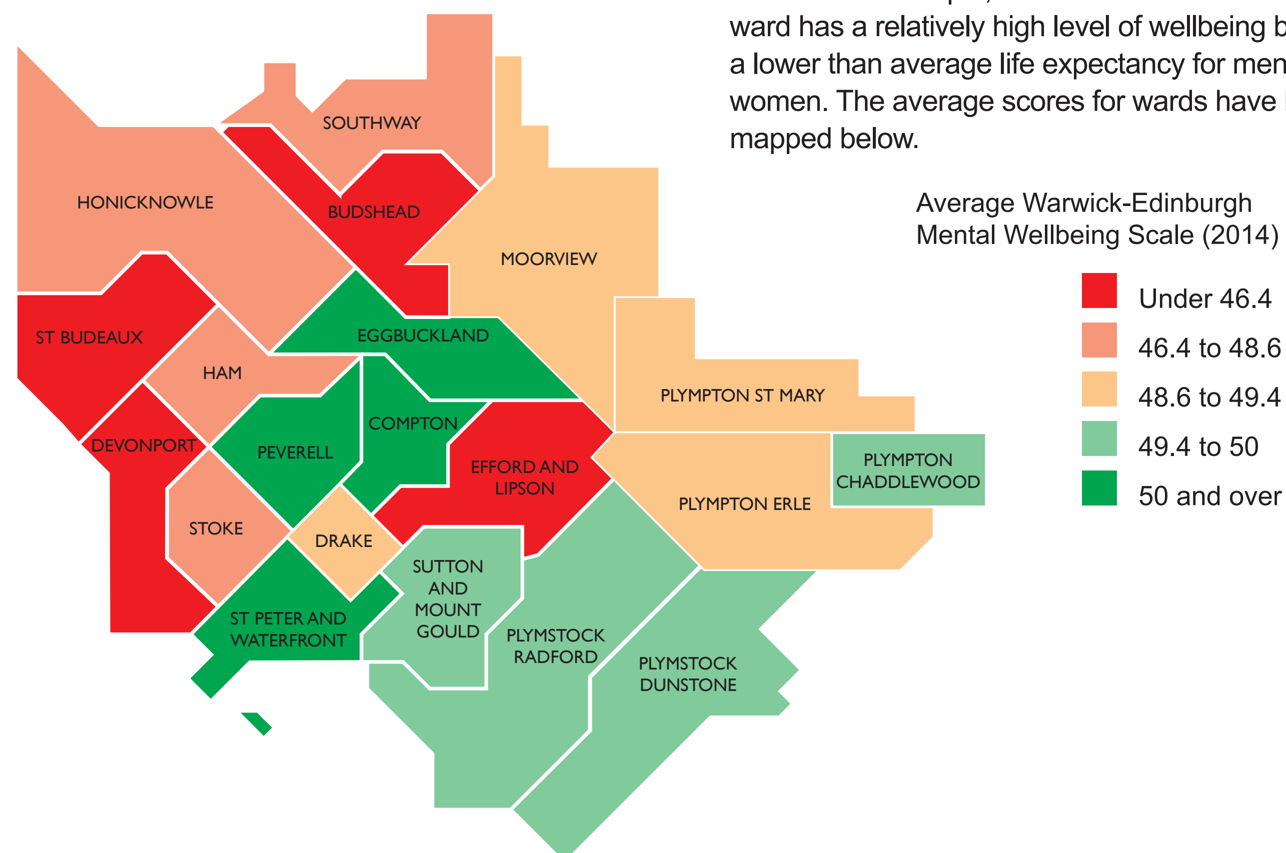
Wellbeing is important because evidence shows that people with high levels of wellbeing live longer, have lower rates of illness, recover more quickly from illness and stay well for longer, have more positive health behaviours and generally have better physical and mental health.[10]

Good public health is achieved when everyone is as engaged with their wellbeing (in the absence of overt disease) as they are with their 'ill-being' (in the presence of disease).
Kelechi Nnoaham, 2015
(Lecture to students at Plymouth University)

The Warwick-Edinburgh Mental Wellbeing Scale is the measure chosen by Thrive Plymouth to assess and monitor levels of wellbeing in Plymouth. This scale measures social, emotional and psychological wellbeing using responses to 14 positively worded statements.[11] Responses are given a score on a numerical scale with higher scores representing higher wellbeing. Average scores can be calculated for specific populations.

The average score for Plymouth is higher than for England (48.6 compared to 37.7). Variations in levels of wellbeing are found within the city, the average score ranging from a high of 51.1 in the Compton ward to a low of 45.5 in the Devonport ward. The relationship between wellbeing and health is not a simple one – areas with poorest health do not necessarily have poorer wellbeing scores. For example, St Peter and the Waterfront ward has a relatively high level of wellbeing but has a lower than average life expectancy for men and women. The average scores for wards have been mapped below.

Map of average Warwick-Edinburgh Mental Wellbeing Scale scores (2014)



Detailed information about differences between wards for average life expectancy and for wellbeing is shown in the Thrive Plymouth Dashboard. The dashboard lists wards in rank order according to levels of deprivation in the city, and shows:

- Average life expectancy at birth for men and for women is lower in the more deprived wards of the city.
- The pattern for wellbeing is less clearly associated with deprivation.

In developing Thrive Plymouth, it was recognised that the relationship between wellbeing (happiness) and material deprivation is complex. There is a depth of material deprivation below which happiness is probably unlikely and a point on the wealth curve above which happiness is not guaranteed to increase. Seeking to understand and optimise wider influences on wellbeing other than material security is as important as broadening the middle ground of wealth. Therefore the freedom and capacity of people to make positive lifestyle choices in supportive social and environmental contexts is key to attaining wellbeing irrespective of levels of material deprivation.

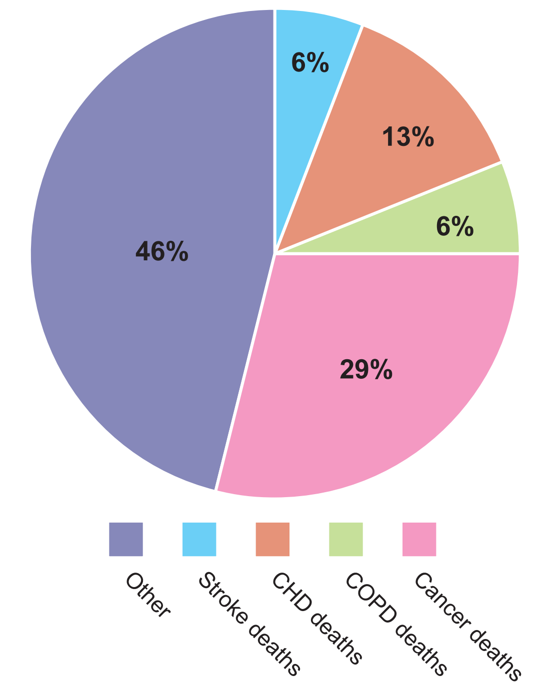
Chronic disease deaths in Plymouth

What is a 'chronic disease'?

Chronic diseases are non-communicable diseases, that is, they are not passed from person to person. They are generally of long duration and slow progression.

Thrive Plymouth focuses on the four chronic diseases – cancer, heart disease, stroke and respiratory disease – that account for most deaths in Plymouth. Together these diseases account for approximately 54% of deaths in the city, that is 1,324 deaths out of a total of 2,453 deaths registered in the city during 2012. The proportion of deaths is illustrated in the chart.

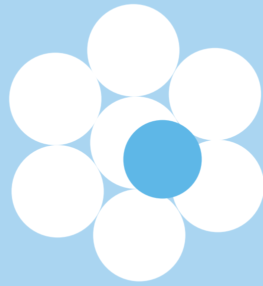
Percentage of deaths of Plymouth residents registered in 2012



When comparing deaths from these four diseases within the city and comparing Plymouth to England, the measure used is the rate of deaths per 10,000 population, and the rate is 'age standardised' which means it is adjusted to take into account the age-sex distribution of the population. This makes it easier to compare how common the disease is in different areas.

Plymouth has higher rates of death than England for three of the four chronic diseases included in the 4-4-54 construct. There are variations in the rates for the diseases within the city. Differences between wards are shown in the Thrive Plymouth Dashboard that lists wards in rank order according to levels of deprivation in the city, and shows:

- Rates for deaths from all four diseases combined are higher in Plymouth than in England (56.6 compared to 52.7 per 10,000 population).
- Rates of death for cancer, heart disease, stroke and respiratory diseases are all higher in the more deprived wards of the city.



Cancer deaths

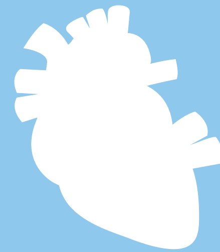
Plymouth has a higher rate of deaths due to cancer (age standardised) than in England (31.0 compared to 27.9 per 10,000 population).

Differences within the city reveal that the rate of deaths due to cancer ranges from a high of 37.6 in the Honicknowle ward to a low of 24.1 in the Plympton St Mary ward.

Stroke deaths

Plymouth has a lower but not significantly different rate of deaths due to stroke (age standardised) than in England (6.6 compared to 7.0 per 10,000 population).

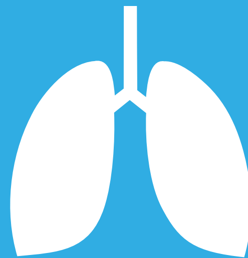
Differences within the city reveal that the rate of deaths due to stroke ranges from a high of 11.2 in the Devonport ward to a low of 1.4 in the Plympton Chaddlewood ward.



Heart disease deaths

Plymouth has a higher rate of deaths due to heart disease (age standardised) than in England (13.7 compared to 12.6 per 10,000 population).

Differences within the city reveal that the rate of deaths due to heart disease ranges from a high of 21.9 in the St Peter and the Waterfront ward to a low of 9.2 in the Plympton Chaddlewood ward.



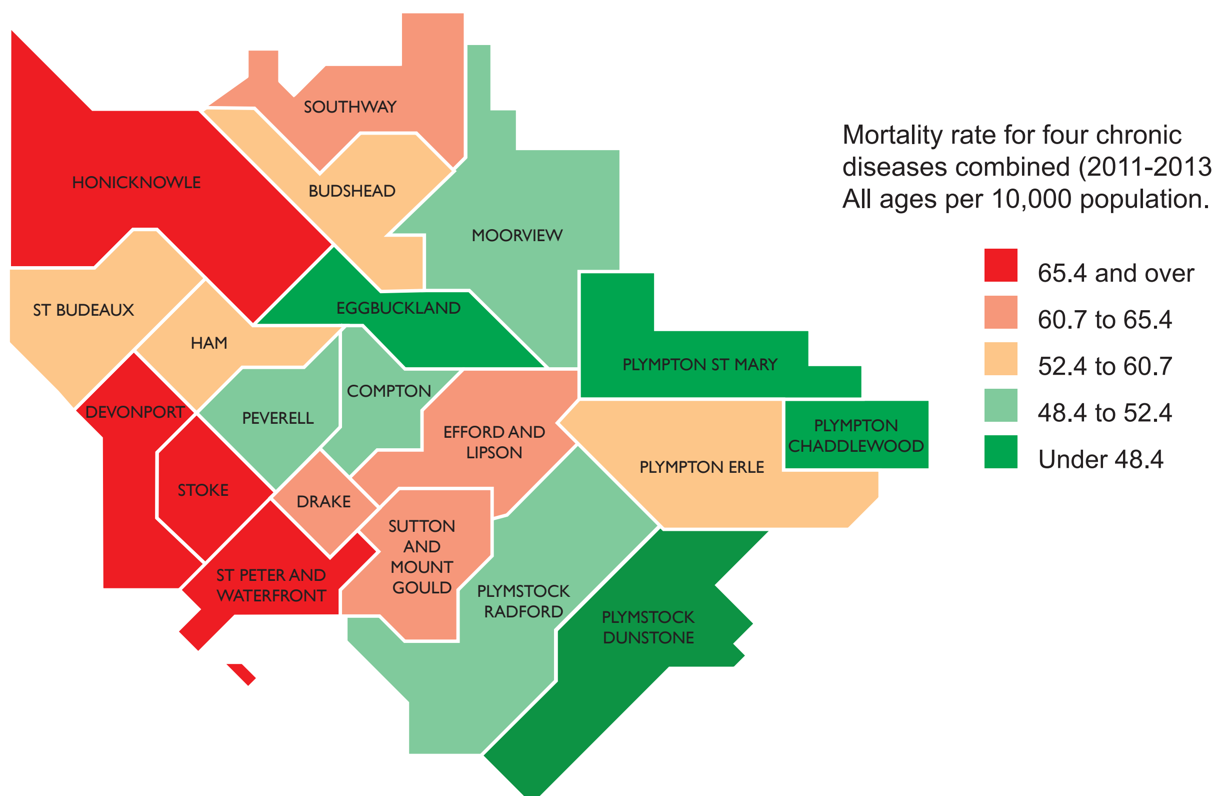
Respiratory disease deaths

Plymouth has a higher rate of deaths due to respiratory disease (age standardised) than in England (6.1 compared to 5.1 per 10,000 population).

Differences within the city reveal that the rate of deaths due to respiratory disease ranges from a high of 10.8 in the Drake ward to a low of 2.8 in the Peverell ward.

Thrive Plymouth will also monitor deaths from all four diseases combined, and will map differences across the city. The baseline pattern in the rates of death from all four chronic diseases combined is illustrated in the map below.

Map of the mortality rate for four chronic diseases combined (2011-2013). All ages per 10,000 population.



Positive Choices 2

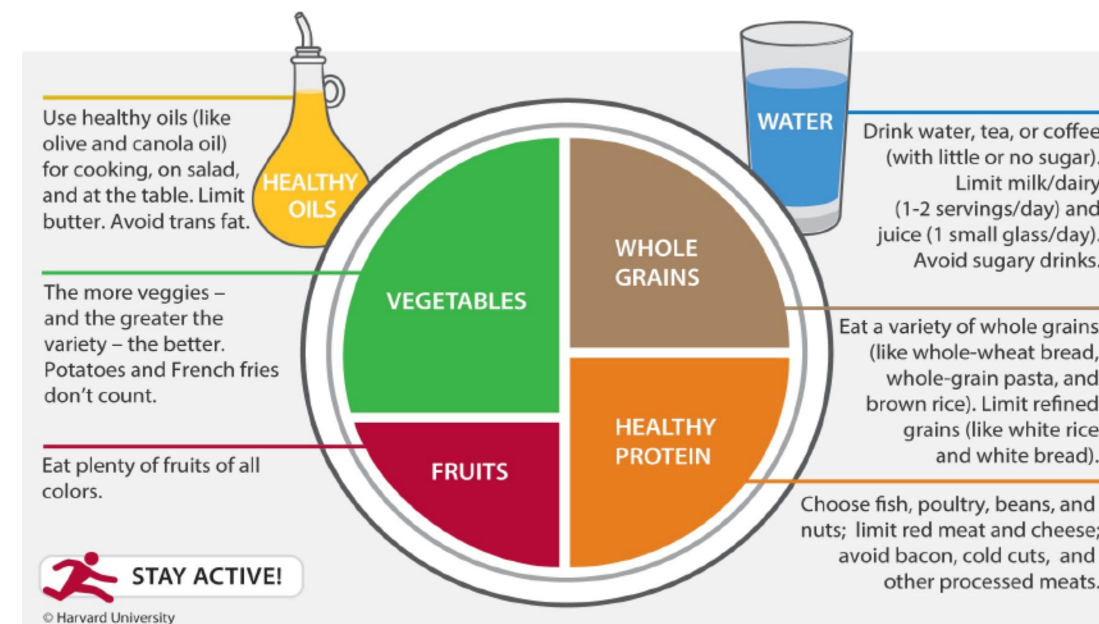
1 CHOOSE TO EAT A HEALTHY DIET

Healthy Lives, Healthy people (2011)[12] is the national call for action on obesity. It notes that the rise in the number of overweight and obese people is a direct consequence of eating and drinking more calories and using up too few. Healthy eating is important for everyone and the benefits are wider than just maintaining a healthy weight. A healthy diet reduces the risks of coronary heart disease, cancer and diabetes.

What is a healthy diet?

A healthy balanced diet includes a variety of foods – sufficient vegetables, proteins, grains, fruits, oils and water. It is also about eating sensible portion sizes of different food groups, illustrated in the Harvard University 'Healthy eating plate'[13] below. The '5 a day' campaign in England encourages everyone to eat more fruit and vegetables, one half of the healthy eating plate.

Healthy eating plate



Harvard T.H. Chan School of Public Health
The Nutrition Source
www.hsph.harvard.edu/nutritionsource

Harvard Medical School
Harvard Health Publications
www.health.harvard.edu

Copyright © 2011, Harvard University. For more information about The Healthy Eating Plate, please see The Nutrition Source, Department of Nutrition, Harvard School of Public Health, www.thenutritionsource.org, and Harvard Health Publications, www.health.harvard.edu.

According to Public Health England,[14] people in England are consuming too much saturated fat, sugars and salt and not eating enough fibre, oily fish or fruit and vegetables. On average no age group in the general population meets the current recommendations for a healthy diet.

Levels of healthy eating in Plymouth

Thrive Plymouth will monitor overall levels of healthy eating in the city using information from the annual Health Survey for England about the proportion of adults who eat a healthy diet. Plymouth has lower levels of healthy eating than the England average (24.9% compared to 28.7%). Differences in the proportion of adults who eat a healthy diet in the city range from a high of 30.9% in the Compton ward to a low of 18.9% in the Honicknowle ward. Variations across the city are shown in the map below.

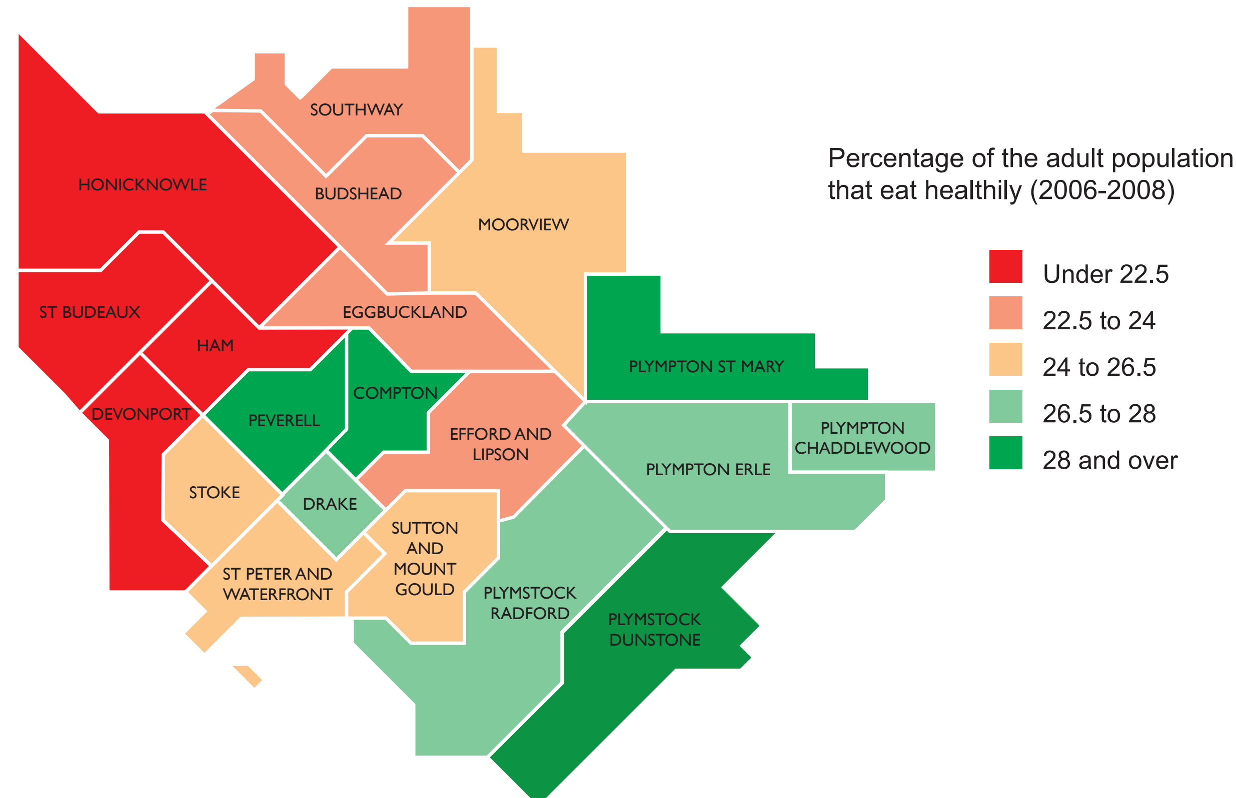
Detailed findings about eating a healthy diet are presented in the Thrive Plymouth Dashboard at the end of the report. This lists wards in rank order according to levels of deprivation in the city, and shows:

- Adults living in the more deprived wards are less likely to eat a healthy diet.
- In both our local surveys, adults and children living in more deprived wards are less likely to eat '5 a day' of fruit and vegetables.

Our Wellbeing Survey found that 61% of adults were eating five portions of fruit and vegetables a day. Variations were found across the city with a high of 78% in the Peverell ward and a low of 43% in the St Budeaux ward.

Our School Survey found that 16% of pupils had eaten five portions of fruit and vegetables on the previous day. Variations were found across the city with a high of 27% in the Peverell ward and a low of 8% in the St Budeaux ward.

Map of the percentage of the adult population that eat healthily (2006-2008)



Influencing the 'context of choice' in Plymouth

The availability of, and access to, a range of healthy fresh foods influences the food choices made by residents and visitors who shop on Plymouth's high streets, local centres and markets. The variety of fast-food outlets and range of restaurants also influences the food choices made by residents of all ages.

Plymouth hosts a number of food festivals during the year to showcase local and regional produce, including Flavour Fest and the Sea Food Festival. The Plymouth Food Charter,[15] launched in 2012, encourages sustainability amongst our food businesses. The Council regulates the labelling of locally produced foods, including nutritional content and provenance.

'Food poverty' is described as 'the inability to afford, or to have access to, food to make up a healthy diet.'[16] Inequalities in people's diets can result in inequalities in people's health. People on low incomes tend to eat more processed foods which are much higher in saturated fats and salt. They also eat a smaller variety of foods. Plymouth has a Food Bank, established in 2008, for those most in need.[17]

THE PLYMOUTH Food Charter

Good food is vital to the quality of people's lives in Plymouth. By promoting healthy and sustainable food as part of a thriving food economy, the Plymouth Food Charter aims to improve health and wellbeing for all and to create a more connected, resilient and sustainable City. Signatories to the Charter - which include public, private and community partners – are committed to promoting the pleasure and importance of good food to help create a vibrant and diverse food culture. We will work together to increase both the demand and supply of delicious and affordable, fresh, seasonal, local and organic food throughout Plymouth in order to achieve:

A thriving local economy

1. Encouraging a greater number and diversity of food enterprises and jobs, making the most of Plymouth's rich land and sea resources.
2. Sourcing healthy and sustainable food from local producers and suppliers, keeping value within the local economy.

Health and wellbeing for all

3. Raising awareness of the importance of a nutritious, balanced diet and improving the availability of affordable healthy food.
4. Providing a wide range of community growing and other food-related activities to improve physical and mental health for people of all ages.

Resilient, close-knit communities

5. Promoting and celebrating the food and culinary traditions of all cultures through a variety of public events, such as Plymouth's Flavourfest.
6. Supporting local and city-wide food initiatives that bring communities together and help them to improve their neighbourhoods.

Life long learning & skills

7. Giving everyone the opportunity to learn about good food – how to grow it, how to cook it, how to eat it and how to enjoy it.
8. Inspiring and enabling organisations such as schools, hospitals, businesses and other caterers to transform their food culture.

A reduced eco-footprint

9. Supporting food production that protects wildlife and nature; reducing food miles, packaging and waste; and increasing composting and recycling.
10. Maximising the use of greenspace and brownfield sites in and around Plymouth to produce food for local people.

Food Charters?

A few pioneering cities around the world have realised that food can be one of the most powerful drivers of positive social, economic and environmental change. They are promoting healthy and sustainable food as a key part of their efforts to improve people's lives whilst also protecting the planet.

Some cities have adopted a food charter to enable partnerships of public, private and community organisations to describe how they will work together to use healthy and sustainable food as a vehicle for driving positive change and to provide a focal point around which these partnerships can grow over time.

In Plymouth, partners to the Food Charter are developing an Action Plan to achieve its aims. The success of the Charter and the Action Plan will depend on the pro-active support of individuals and institutions across the City. We want as many people and organisations as possible to endorse the Charter and to work with us on making Plymouth a truly sustainable food city.

Get involved

If you would like to support the Plymouth Food Charter just follow these three easy steps:

1. Sign and display this Charter in your organisation.
2. Make a commitment to do one new thing this year which will support the ten aims.
3. Sign up online to register your commitment.

Contact Traci Lewis at info@foodplymouth.org or visit www.foodplymouth.org

We .... sign up to the Plymouth Food Charter.

For more information visit www.foodplymouth.org or email info@foodplymouth.org

Ambitions for the city in the Plymouth Plan

Plymouth is known for its food; exceptional quality, locally grown, available to all, building on its 'food city' reputation. (Policy 3)

Addressing collectively the factors that are responsible for the limited access to healthy and/or inappropriate access to unhealthy diets amongst communities in the city. (Policy 11)

Ensuring access to healthy catering at sporting, leisure and cultural facilities across the city. (Policy 13)

Using its planning powers to support and protect the city's sporting and active leisure facilities, and to refuse planning applications for new hot food take aways (A5 use) in areas within a 400m radius of schools. Where a hot food takeaway is to be located within a shopping centre it must not result in: (1) More than 5 per cent of the units within the centre being hot food takeaways. (2) More than two A5 units being located adjacent to each other. (3) Fewer than two non-A5 units between individual or groups of hot food Takeaways'. (Policy 13)

Promoting access to food growing opportunities and allotments. (Policy 13)

2 CHOOSE TO BE PHYSICALLY ACTIVE

Everybody Active, Every Day (2014)[18] is the current national framework for action to address physical inactivity. An active lifestyle is good for our health and wellbeing – physical activity plays an important part in preventing heart disease, and reduces the risk of having a stroke. Being active everyday can also improve mental health and wellbeing. Physical inactivity is the fourth largest cause of disease and disability in the UK.

What is physical activity?

'Physical activity' is described as 'body movement that expends energy and raises the heart rate. Inactivity is classed as less than 30 minutes of physical activity a week, and sedentary time means time spent in low-energy postures, e.g. sitting or lying.'[19] Physical activity can take many forms – it includes active living, active leisure and organised sport, shown in the diagram below.

Being physically active every day is recommended for all age groups. It is one of the best preventative health measures, and most people are active enough to achieve some health benefits. In England 67% of adult men and 55% of adult women are active enough to achieve health benefits.[20]

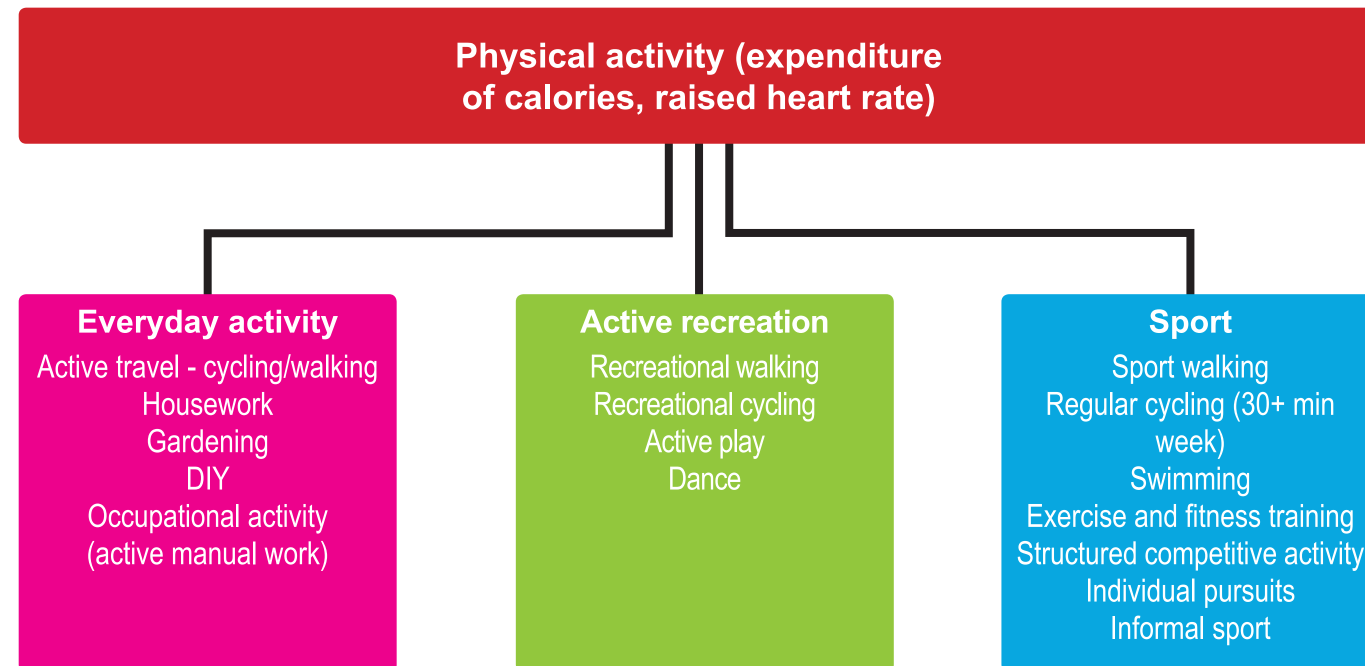
Levels of physical activity in Plymouth

Thrive Plymouth will monitor overall physical activity levels in the city using information from Sport England's Active People Survey. Adults who do less than 30 minutes of physical activity a week are considered 'inactive'. Plymouth has higher levels of inactivity than the England average (31.7% compared to 28.3%), and women are more likely to be inactive than men.

Detailed findings about being physically active are shown in the Thrive Plymouth Dashboard at the end of the report. This lists wards in rank order according to levels of deprivation in the city, and shows:

- Children living in more deprived wards are less likely to be physically active.
- The pattern of physical activity for adults is less clearly associated with deprivation.

Our Wellbeing Survey found that 83% of adults had participated in some moderate physical activity in the past seven days. However just 26.3% reported reaching the recommended level – having participated in 30 minutes of moderate intensity physical activity five times in the past seven days. Older residents and disabled residents were more likely to report low levels of physical activity.



Source: Be Active, Be Healthy: A Plan for Getting the Nation Moving[21]

Variations within the city are assessed on the proportion of adults who participated in 30 minutes of moderate physical activity two or more times in the last seven days. 74% of adults overall achieved this level of activity, with a high of 85% in the Drake ward and a low of 63% in the Plymstock Radford ward.

Our School Survey found that 67% of pupils enjoyed physical activities 'quite a lot' or 'a lot', and 35% of pupils considered themselves to be 'fit' or 'very fit'. Just 7% reported that they did not enjoy physical activities at all. Girls were less likely than boys to enjoy physical activities or to consider themselves to be 'fit' or 'very fit'.

Variations within the city are assessed on the proportion of pupils answering that they exercised enough to breathe harder and faster on at least three days in the last seven days. Overall 66% of pupils achieved this level of activity, with a high of 74% in the Compton ward and a low of 55% in the Drake ward.

Getting Plymouth moving is about residents – adults and children – doing enough to achieve the health and wellbeing benefits of leading active lifestyles. The evidence[18] shows:

- **Active people do better** – physical activity reduces the risk of heart disease, diabetes and dementia.
- **Active children do better** – physical activity increases cognitive outcomes and school attainment, and improves social interaction and confidence.

Influencing the 'context of choice' in Plymouth

The urban design of a city, access to outdoor spaces, and facilities all influence how residents behave and how easy it is to lead an active lifestyle. Outdoor spaces, including 'green space' and 'blue space', are integral to the life of our city – they provide opportunities for residents and visitors to enjoy the natural environment.

The wide variety of green and blue spaces and the types of facilities available in the city are illustrated in the three circle diagrams. Plymouth has a variety of formal and informal sport and recreation facilities. Some 55 businesses trade in sporting goods or services in the city and provide local employment.

Central Park is the largest green space in Plymouth and approximately 40% of the city is green space. This includes formal and informal natural spaces, smaller parks, gardens and local nature reserves. Plymouth also has 10km of coastal pathway and the city borders on Dartmoor National Park.

Ambitions for the city in the Plymouth Plan

A high quality and functional network of natural spaces embedded across Plymouth providing for the needs of people, wildlife and businesses, now and in the future. (Policy 3)

'Increasing participation by all sectors of the community in active lifestyles by supporting and sustaining a vibrant sports sector and creating excellent opportunities for walking and cycling, both for leisure purposes and as a primary means of transport. (Policy 13)

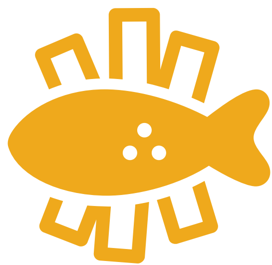
Enabling much higher levels of active travel by designing transport infrastructure and requiring new development to deliver safe and convenient facilities for walking and cycling, and removing street clutter to improve the local environment. (Policy 16)

'Providing high quality outdoor facilities that [will] encourage people to participate in sport and active recreation. (Policy 17)

23% of adults surveyed in Plymouth never drink alcohol

Plymouth's **Alcohol Plan** is supported by partners across the city.

Plymouth achieved a **'Sustainable Food City Bronze Award'** 2015



Plymouth is the first UK city to achieve the 'Fish2Fork' Blue City sustainable seafood award 2014

Cycling has increased by **40%** over the past four years

The Plymouth Life Centre is now one of the busiest sports facilities in England

Stop Smoking support was provided to **3,500** people in the city during the past year

60% of pupils live in homes where no one smokes tobacco.

All Council play areas for children in Plymouth are 'smoke free'

40% of Plymouth is green space

3 CHOOSE TO DRINK SENSIBLY

Promote Responsibility, Minimise Harm (2013)[22] is Plymouth's Strategic Alcohol Plan to address alcohol-related harms and create a safer, more vibrant city. Oversight of the plan is the responsibility of the Plymouth Health and Wellbeing Board.

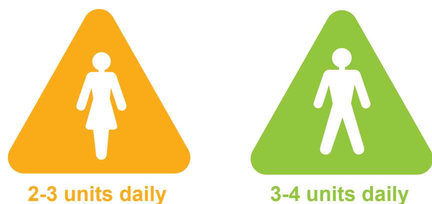
Alcohol misuse can have a wide range of adverse effects and is a causal factor in more than 60 medical conditions. Heavy drinking over many years can cause organ damage and it increases risk factors for heart attacks and strokes. Alcohol misuse can have other personal implications – for example, it may lead to family break-up, unemployment and financial problems. Wider impacts include anti-social behaviour, personal violence, accidents and injuries.

What is sensible drinking?

'Sensible drinking' means staying within the recommended safe limits of alcohol consumption for men and for women:

- **Men** – should drink no more than 21 units of alcohol per week, no more than four units in any one day, and have at least two alcohol-free days a week.
- **Women** – should drink no more than 14 units of alcohol per week, no more than three units in any one day, and have at least two alcohol-free days a week.

Sensible drinking guidelines



Although it is difficult to quantify levels of alcohol consumption, it is estimated that 24% of men and 18% of women in England drank more than the recommended amounts of alcohol each week in 2012.[23] According to the Home Office, alcohol-related harm costs the UK more than £21 billion every year (including costs for the NHS, for alcohol-related crime, and for lost productivity due to alcohol).[24]

Plymouth's Strategic Alcohol Plan seeks to reduce:

- the rate of alcohol attributable hospital admissions
- levels of harmful drinking by adults and young people
- alcohol related violence
- anti-social behaviour
- the number of children affected by parental alcohol misuse

Alcohol-related harm in Plymouth

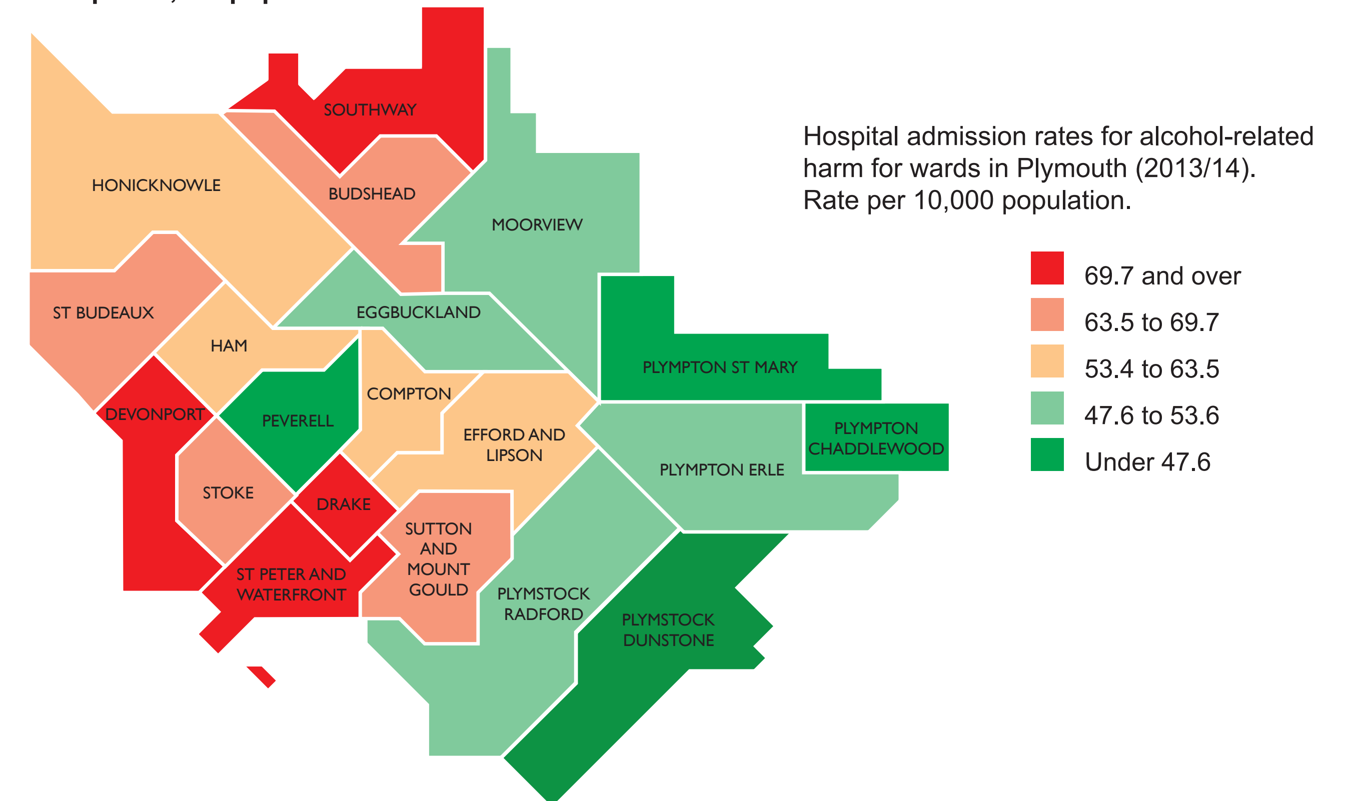
Thrive Plymouth will monitor alcohol-related harm to residents by analysing trends in hospital admissions. Alcohol-related hospital admission episodes are used to understand and illustrate the impact of alcohol on the health of a population. They estimate the proportion of cases of a particular disease or injury that are caused or affected by alcohol consumption.

Hospital admission rates for alcohol-related harm (age-standardised) are higher in Plymouth than in England (70.8 compared to 63.7 per 10,000 population). There are variations in the city, with the rate reaching a high of 103.4 in the St Peter and the Waterfront ward and a low of 32.9 in the Plympton St Mary ward. Variations across the city are illustrated in the map overleaf.

Detailed findings about drinking sensibly are shown in the Thrive Plymouth Dashboard at the end of the report. This lists wards in rank order according to levels of deprivation in the city, and shows:

- Hospital admission rates for alcohol-related harm are higher for residents living in the more deprived wards.
- Children living in less deprived wards are more likely to have had a drink containing alcohol in the previous seven days.
- The pattern of drinking for adults is less clearly associated with deprivation.

Map of hospital admission rates for alcohol-related harm for wards in Plymouth (2013/14). Rate per 10,000 population.



Our Wellbeing Survey found that 23% of adults never drink alcohol. Variations in drinking behaviours within the city are assessed on the proportion of adults who drink alcohol on four or more occasions a week. Overall, one in ten adults (11%) drank alcohol that often, with a high of 20% in the Stoke ward and a low of 4% in the St Budeaux ward.

Our Schools Survey found that nearly half of all pupils (45%) never drink alcohol. Variations within the city are assessed on the proportion of pupils who reported they had an alcoholic drink in the previous seven days. Overall, more than a fifth of pupils (22%) had an alcoholic drink in the previous seven days, with a high of 34% in the Plympton Chaddlewood ward and a low of 12% in the Sutton and Mount Gould ward. Most of the reported drinking took place at home or at a friend or relation's home.

Influencing the 'context of choice' in Plymouth

Drinking alcohol is part of many cultural, social and leisure activities in the city. The availability and price of alcohol influences patterns of drinking, and drinking cultures also influence whether residents and visitors to the city drink sensibly. The density of licensed premises in some areas of the city can have a negative influence on quality of life there.

In Plymouth

- **Licensing Policy** encourages responsible retailing
- **Designated Public Place Orders** control street drinking
- **Reducing the Strength** supports voluntary removal of high-strength drinks
- **Best Bar None** and **Pubwatch** encourages trade best practice in licenced premises
- **Dry January** encourages people to stop drinking for 30 days

Plymouth has 733 premises licensed to sell alcohol and 223 off-licence only premises.[25] These premises provide economic and employment opportunities in the city. The Council works with partners to regulate these premises and also to identify and remove smuggled or counterfeit alcohol from Plymouth.

Alcohol is strongly linked to health inequalities with people from deprived groups suffering far greater harm from drinking alcohol than those from higher socioeconomic groups. A range of treatment options is provided in the city for residents with problem drinking. Specific programmes are commissioned for young people and offenders.

Ambitions for the city included in the Plymouth Plan

Reducing alcohol related harm in Plymouth by changing attitudes towards alcohol, providing support for families and individuals and creating a safer more vibrant Plymouth. (Policy 11)

Delivers a vibrant destination, with leisure, culture, visitor accommodation and food and drink uses, diversifying the centre and making best use of key assets such as the Armada Way boulevard and Piazza, and key gateway locations. (Policy 45)

Recognises the contribution that the evening and night time economy brings to the city centre. (Policy 45)

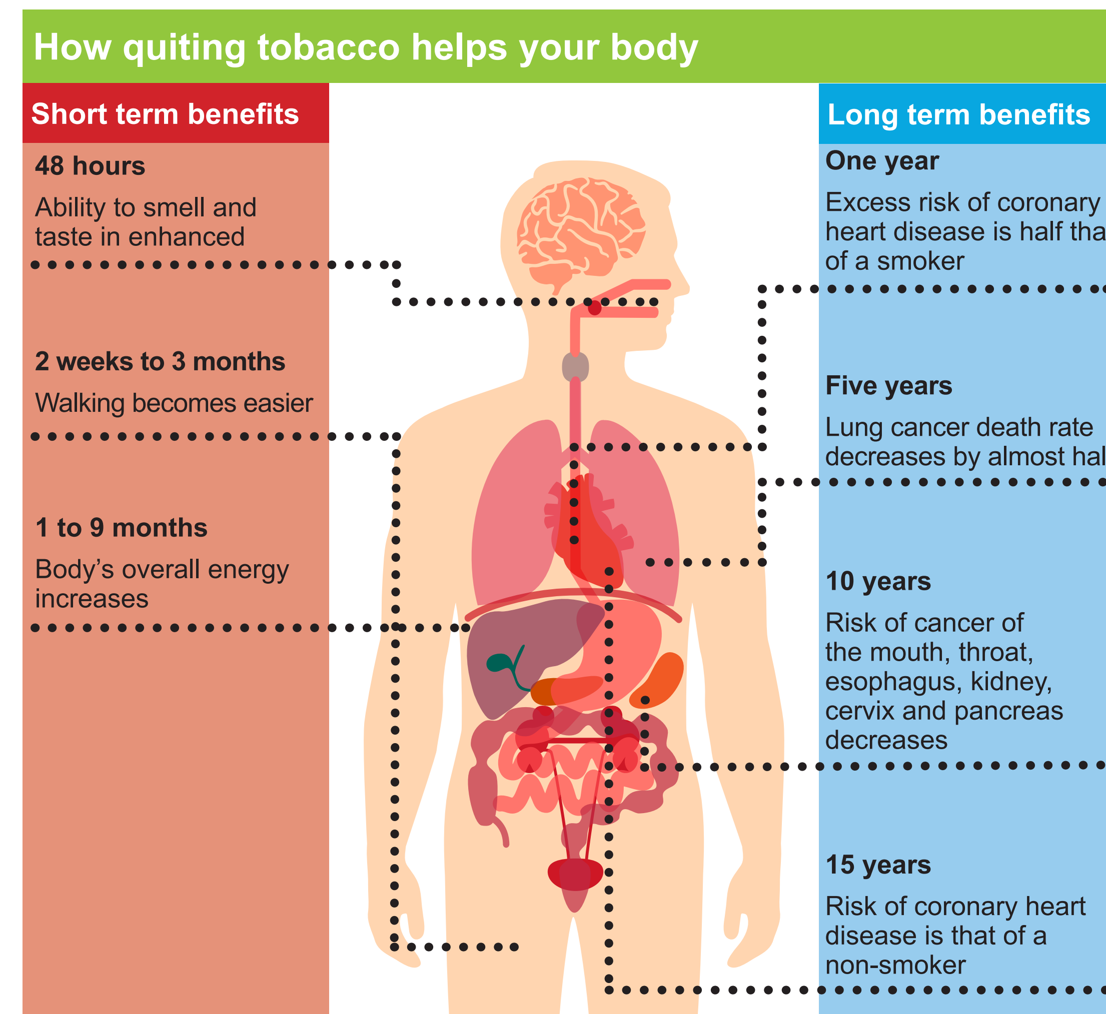
4 CHOOSE NOT TO SMOKE

A Tobacco Plan for Plymouth (2011)[26] sets out the vision of a smoke free Plymouth where future generations are protected from tobacco-related harm and live longer, healthier lives. Smoking tobacco is the leading cause of preventable illness and premature death in England. It increases the risk of coronary heart disease and stroke. It also damages the lungs, increasing the risk of respiratory disease and cancer.

Why stop smoking tobacco?

There is no safe level of smoking tobacco. It is estimated that half of regular smokers will die from a tobacco-related disease.[27] However, people who stop smoking tobacco start to recognise the benefits within two days. The short and long term health benefits of quitting tobacco are illustrated in the Duke University chart[28] below.

The proportion of adults who smoke has declined over the last decade, and it is estimated that around 81% of adults in England do not smoke tobacco.[29] It is estimated that treating the diseases caused by smoking tobacco costs the NHS around £2.7 billion a year.[30]



Tobacco-related harm in Plymout

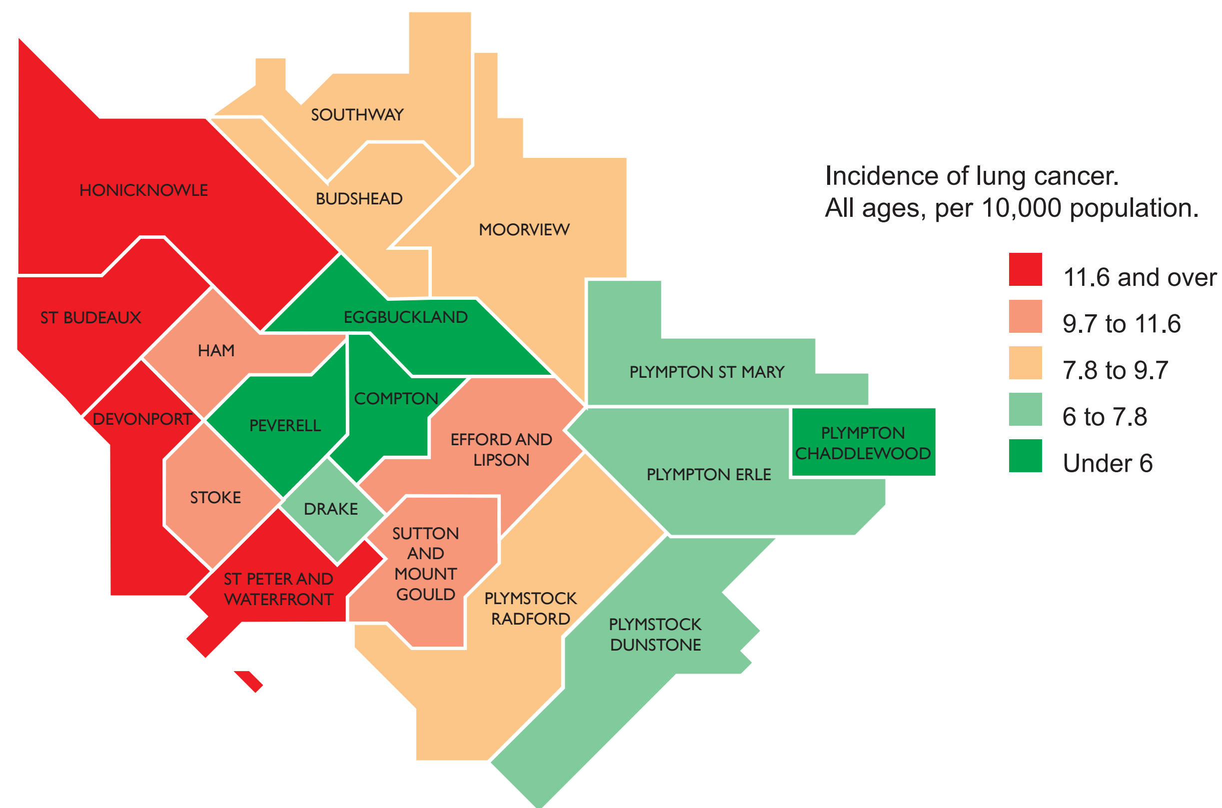
Thrive Plymouth will monitor levels of smoking-related harm in the city using information gathered by the National Cancer Registration Service to track trends in the incidence (the number of new cases) of lung cancer among residents.

The incidence of lung cancer in Plymouth (age standardised rate) is higher than the England rate (9.6 compared 7.6 per 10,000 population). There are differences in the city, with the rate reaching a high of 15.6 in the Devonport ward and a low of 3.3 in the Plympton Chaddlewood ward. Variations in the incidence of lung cancer across the city are illustrated in the map below.

Our Wellbeing Survey found that 84% of adults do not smoke tobacco. Variations within the city are assessed on the proportion of adults who do smoke tobacco. Overall, 16% of adults smoke tobacco, with a high of 37% in the Devonport ward and a low of 4% in the Plympton St Mary ward.

Our School Survey found that 77% of pupils have never smoked tobacco. Variations within the city are assessed on the proportion of pupils who have ever smoked tobacco. Overall, 23% of pupils had smoked tobacco, with a high of 32% in the Plympton Erle ward and a low of 13% in the Peverell ward.

Map of the rates of lung cancer incidence in the wards in Plymouth (2009-2013).
All ages, rate per 10,000 population.



Incidence of lung cancer.
All ages, per 10,000 population.

- 11.6 and over
- 9.7 to 11.6
- 7.8 to 9.7
- 6 to 7.8
- Under 6

Detailed findings about smoking tobacco are shown in the Thrive Plymouth Dashboard at the end of the report. This lists wards in rank order according to levels of deprivation in the city, and shows:

- The incidence of lung cancer is higher among residents living in the most deprived wards.
- Adults living in the more deprived wards are more likely to smoke tobacco.
- The pattern of smoking tobacco for children is less clearly associated with deprivation.

Influencing the ‘context of choice’ in Plymouth

Action has been taken nationally to influence the social and environmental context of smoking tobacco in England. Advertising tobacco products is illegal, the sale of tobacco products to anyone under the age of 18 is forbidden, and a ban on smoking in public places was introduced in 2007. More recently, plain packaging for tobacco products and guidelines for the advertising of eCigarettes has been agreed. The Council works with partners to regulate tobacco and to disrupt the supply of illegal tobacco within the city.

Successful local campaigns have been run for many years to inform the public about the harms to health caused by smoking tobacco. ‘Stoptober’ is an annual campaign to encourage smokers to quit during the month of October.

Stop-smoking services and support for anyone wishing to quit smoking are available in the city. Work is also done in Plymouth to control the sale of tobacco to children and promote smoke free lifestyles through peer support programmes with schools.

Ambitions for the city included in the Plymouth Plan

‘Encouraging a smoke free Plymouth where future generations are protected from tobacco related harm and live longer, healthier lives.’ (Policy 11)

Launch event and annual campaigns

Thrive Plymouth will tackle the health priorities according to the 4-4-54 construct (as outlined earlier in this report), and over the next 10 years a programme of work will be developed with partners and policy makers in the city. Alongside this work there will be an annual focus that will target an external facing audience with a specifically tailored offer of support and ask of commitment. Each audience will be in a position to influence the context in which choices are made. The focus of activity in year one is workplace wellbeing.

Why workplace wellbeing?

The positive impact that employment can have on health and wellbeing is well documented. There is strong evidence that having a healthy workforce can reduce sickness absence, lower staff turnover and boost productivity.

The launch event

Thrive Plymouth was successfully launched on 10 November 2014 at the Council House. The launch was attended by 100 city leaders, businesses and institutions as well as the leader of the Council.

Through their employers, 22,000 employees were represented at the event. All 35 organisations attending the event pledged to take action to improve their workforce's health and wellbeing.

What did the 10 November 2014 event do?

- Launched Thrive Plymouth as a framework to city leaders
- Introduced the first targeted campaign to city employers

Launching Thrive Plymouth to city leaders was the first step to developing action plans to address health inequalities using common approaches around the identified priorities.

Introducing the framework to targeted audiences will enable sections of society to receive tailored messaging and a relevant offer of support and call to action.

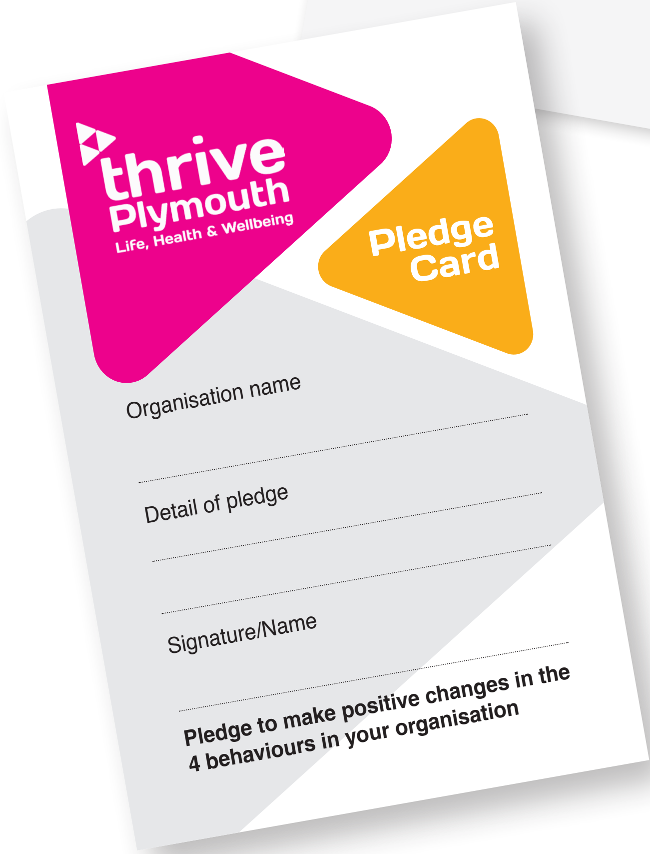
Key Activity So Far

Activity during the first quarter included:

- 52 contacts made by Offer providers
- 11 businesses signed up to the national Workplace Wellbeing Charter
- 6 Plymotion at Your Workplace sessions
- 372 health checks delivered in the workplace
- 8 businesses signed up to the Workplace Challenge
- 1,000+ hits on the web pages

What's next?

The 2015/16 campaign will be with schools. The intention is to engage with schools as health enablers in the same way as workplaces. Again there will be an offer of support and ask for commitment. This campaign will also begin a direct conversation with children and young people around the four behaviours.



Thrive Plymouth dashboard

1 Local surveys undertaken in 2014

Two local surveys were undertaken in 2014 and provide baseline information to help gauge the performance of the programme over the next 10 years. The two surveys are described below.

(a) Wellbeing Survey

In March 2014, the decision was taken to carry out a household-based survey to generate baseline information on wellbeing across Plymouth. Although the initial focus was on wellbeing, the survey was extended to include information on the four Thrive Plymouth behaviours and on community wellbeing. The final version of the questionnaire therefore included sections on (1) personal wellbeing, (2) community wellbeing, (3) lifestyles, and (4) about you.

Self-completion questionnaires were sent to a random Plymouth-wide sample of local households (with an online completion option). The survey was completed by any household member aged18+ years of age. The fieldwork was conducted in September and October 2014, with one full-pack reminder sent to non-respondents.

The survey included tried-and-tested questions from previous national and local surveys as well as being based on input from local experts. The survey aimed to provide a picture of personal wellbeing and lifestyle behaviours in Plymouth.

The target was to receive 2,000 completed questionnaires; 1,647 were returned. A second target was to receive at least 100 completed questionnaires from each of the 20 electoral wards. Between 56 and 110 were received from each ward (average of 82). Therefore differences in results between two different wards need to be as large as 13%-18% to be considered statistically significant.

(b) Schools health-related behaviour survey

In the spring and summer terms of 2014, a health-related behaviour survey was carried out in Plymouth schools. 15 of the 18 providers of secondary education in the city took part in the survey and a total of 3,749 pupils in Year 8 (ages 12-13) and Year 10 (ages 14-15) completed questionnaires anonymously. Completed questionnaires were analysed by the Schools Health Education Unit based in Exeter. The results provide a snapshot of what life is like for young people in Plymouth based on their responses to 92 health-related questions separated into the following topics:

- Healthy eating
- Alcohol, tobacco and drugs
- Mental and emotional health
- Physical activity
- Sexual health
- Safety
- Enjoying and achieving
- Leisure and money

Additional electoral ward-based analysis has been carried out by Plymouth City Council's Public Health Team to inform the development of the Thrive Plymouth Dashboard.

2 Thrive Plymouth Dashboard

Acknowledgement

The Thrive Plymouth performance table – the dashboard – shown overleaf has been developed from work originally carried out by Bristol City Council's Public Health Intelligence Unit.

Design of the dashboard

The 20 Plymouth electoral wards are ranked according to their Index of Multiple Deprivation 2010 (IMD 2010) score. The IMD 2010 is the current official measure of deprivation. The ward with the rank of '1' (St Peter and the Waterfront) is the most deprived electoral ward in the city; the ward with the rank of '20' (Plymstock Dunstone) is the least deprived. The indicators in the table have been grouped into the following sections:

- The basics – life expectancy and wellbeing
- Thrive Plymouth – mortality
- Lifestyle behaviours – physical activity
- Lifestyle behaviours – healthy diet
- Lifestyle behaviours – drinking
- Lifestyle behaviours – smoking

The colour-coded boxes indicate the quintile (within Plymouth) that the ward falls into for the relevant indicator. The colour-coded box also contains the indicator value for the ward. The ward's ranking (from 1-20) for that specific indicator is also included. At the bottom of the table, the Plymouth and national average values are included for comparison purposes.

The first section (the basics – life expectancy and wellbeing) is made up of indicators covering life expectancy and wellbeing. The 'Thrive Plymouth – mortality' section is made up of indicators covering mortality rates for the four chronic diseases combined and then for each of the four chronic diseases separately. Each of the four lifestyle behaviour sections includes a nationally produced indicator and two locally produced indicators (one each for adults and children).

Data sources

The IMD 2010[31] is the current official measure of deprivation. It uses 38 separate indicators, organised across seven distinct domains of deprivation, combined using appropriate weights, to calculate the overall values. The score represents the overall measure of multiple deprivation experienced by people living in an area.

The ward-based, city-wide, and national data on life expectancy included in 'The basics – life expectancy and wellbeing' section is sourced from the 'local health' website.[32] The Warwick-Edinburgh Mental Wellbeing Scale scores for each of the wards and for the city as a whole are derived from a local wellbeing survey carried out in 2014. The score for England has been sourced from the Public Health Outcomes Framework website.[33]

The information included in the 'Thrive Plymouth – mortality' section is derived from data included in the Primary Care Mortality Database extract. This data is used to produce directly age-standardised rates (DASR) for the wards. The ONS vital statistics extract and the Health and Social Care Information Centre (HSCIC) indicator portal[34] have been used to produce the corresponding national values.

The lifestyle behaviours – physical activity section uses national data included in the Active People Survey carried out by Sport England[33] to derive the percentage of people that are inactive in Plymouth. The wellbeing survey and the secondary school survey (both carried out locally in 2014) have been used to produce the indicators for adults and children respectively.

The lifestyle behaviours – healthy diet section uses data from the Health Survey for England, processed by Public Health England[33] to estimate the percentage of the adult population that eat healthily. The wellbeing survey and the secondary school survey (both carried out locally in 2014) have been used to produce the indicators for adults and children respectively.

The lifestyle behaviours – drinking section uses data on hospital admissions for alcohol attributable harm (produced by Public Health England)[33] to inform the England and Plymouth rates. The Plymouth-specific ward level rates have been produced by Plymouth City Council's Public Health Team using hospital admission data. The wellbeing survey and the secondary school survey (both carried out locally in 2014) have been used to produce the indicators for adults and children respectively.

The lifestyle behaviours – smoking section uses the incidence of lung cancer information included in the HSCIC indicator portal[34] to inform the England and Plymouth values. The ward level data has been produced by Public Health England's Knowledge and Intelligence Team. The wellbeing survey and the secondary school survey (both carried out locally in 2014) have been used to produce the indicators for adults and children respectively.

Definitions

The **percentage** is the number out of 100.

The **score** is the average score for the population in the area when answering the wellbeing questions.

Life expectancy is an estimate of the average number of years a new-born baby would survive if he or she experienced the particular area's age-specific mortality rates for that time period throughout his or her life.

The directly age-standardised rate (DASR) is the number of deaths (in this case per 10,000 population), that would occur in an area if it had the same age structure as the standard population and the local age-specific rates of the area applied. Rates are age-standardised to remove the variation between areas that is due to them having different age-sex structures.

Data caveats

- The Warwick-Edinburgh Mental Wellbeing Scale information for England and Plymouth is derived from two different surveys carried out at different points in time.
- It is not possible to include information for the Plymstock wards in indicators derived from the local secondary school survey. This is a result of the low number of responses to the survey from residents of these wards.
- The Active People Survey produced by Sport England does not include ward level information, therefore no data is recorded at ward level for this indicator.
- The hospital admissions for alcohol attributable harm are based on two different sources of information. The Plymouth and England rates have been produced by Public Health England; the ward level rates have been produced by Plymouth City Council's Public Health Team.
- The incidence of lung cancer for Plymouth as a whole and England have been produced by the HSCIC; the ward level data has been produced by the South West Knowledge and Intelligence Team using different ICD codes and a different time period.

(31) https://www.gov.uk/government/statistics/english-indices-of-deprivation-2010

(32) http://www.localhealth.org.uk

(33) http://www.phoutcomes.info

(34) https://indicators.ic.nhs.uk/webview/

The Dashboard

Ward-level deprivation and health / determinant indicator comparison tables

Plymouth wards - Ranked by overall deprivation (from IMD 2010) 1=Most deprived (Most Deprived ↑ / Least Deprived ↓)

	IMD (overall deprivation) rank	The 'basics' - Life Expectancy & Wellbeing: Life expectancy at birth for males		Life expectancy at birth for females		Average Warwick-Edinburgh Mental Wellbeing Scale		Thrive Plymouth - Mortality (deaths): Mortality rate for cancer, CHD, COPD & stroke - all ages (rate per 10,000 population)		Mortality rate for cancer - all ages (rate per 10,000 population)		Mortality rate for CHD - all ages (rate per 10,000 population)		Mortality rate for stroke - all ages (rate per 10,000 population)		Mortality rate for COPD - all ages (rate per 10,000 population)	
		Years	Rank	Years	Rank	Score	Rank	DASR	Rank	DASR	Rank	DASR	Rank	DASR	Rank	DASR	Rank
Data period	**2010**	**2008 - 2012**		**2008 - 2012**		**2014**		**2011-2013**		**2011-2013**		**2011-2013**		**2011-2013**		**2011-2013**	
St Peter and the Waterfront	1	74.8	3	80.4	4	50.0	17	70.1	2	33.0	8	21.9	1	8.8	3	7.7	8
Devonport	2	73.8	1	78.2	1	45.5	1	72.3	1	36.8	2	16.2	6	11.2	1	9.7	3
Ham	3	78.9	10	83.1	14	48.4	7	59.3	10	34.7	3	12.6	12	3.6	18	8.7	5
Honicknowle	4	75.9	5	81.0	7	47.8	6	69.4	3	37.6	1	17.2	4	5.2	16	10.6	2
St Budeaux	5	76.1	6	80.8	6	46.4	4	58.9	11	33.1	7	14.8	8	6.7	9	5.3	12
Sutton and Mount Gould	6	76.4	7	80.6	5	49.5	14	62.6	6	31.2	11	18.2	2	6.4	12	8.1	6
Budshead	7	77.3	9	81.4	8	45.9	2	60.5	9	28.0	16	17.6	3	8.3	4	7.2	9
Efford and Lipson	8	77.1	8	82.1	11	46.1	3	61.0	8	33.4	6	14.7	9	6.3	13	8.1	7
Stoke	9	75.1	4	78.7	2	48.5	8	69.3	4	33.9	5	16.4	5	10.5	2	9.3	4
Drake	10	74.0	2	80.2	3	49.3	10	64.4	5	34.6	4	13.6	10	5.4	15	10.8	1
Southway	11	79.4	12	81.9	10	46.4	5	62.4	7	32.2	9	15.7	7	8.3	5	7.0	10
Moor View	12	79.2	11	84.4	17	48.7	9	49.6	14	31.6	10	12.6	13	3.4	19	3.0	19
Eggbuckland	13	81.4	20	84.9	18	51.0	19	47.3	18	30.6	13	9.3	19	4.3	17	3.4	17
Plympton Erle	14	80.8	17	81.8	9	49.4	12	53.0	12	30.8	12	10.7	16	7.3	7	4.6	14
Compton	15	79.5	13	82.5	13	51.1	20	51.4	13	26.1	19	13.2	11	7.1	8	5.0	13
Plymstock Radford	16	79.6	14	84.3	16	49.9	16	48.6	16	29.2	14	9.9	18	6.4	11	4.0	15
Peverell	17	80.7	15	85.6	19	50.5	18	49.1	15	28.7	15	11.1	15	7.9	6	2.8	20
Plympton Chaddlewood	18	80.8	17	88.8	20	49.4	13	40.4	20	26.9	18	9.2	20	1.4	20	3.7	16
Plympton St Mary	19	80.8	17	82.3	12	49.3	11	47.7	17	24.1	20	11.7	14	6.5	10	5.4	11
Plymstock Dunstone	20	80.7	15	83.5	15	49.8	15	46.2	19	27.2	17	10.5	17	6.3	14	3.0	18
Plymouth average		**78.0**		**82.0**		**48.6**		**56.6**		**31.0**		**13.7**		**6.6**		**6.1**	
England average		**78.9**		**82.8**		**37.7**[1]		**52.7**		**27.9**		**12.6**		**7.0**		**5.1**	
Source		http://www.localhealth.org.uk		http://www.localhealth.org.uk		Plymouth's wellbeing survey 2014		ONS/Vital Statistics		www.indicators.ic.nhs.uk (P00374)		www.indicators.ic.nhs.uk (P00248)		www.indicators.ic.nhs.uk (P00675)		www.indicators.ic.nhs.uk (P00174)	

Colour Coding:

- 'Worst' Quintile #1
- Quintile#2
- Quintile #3
- Quintile#4
- 'Best' Quintile#5

N/A# - These wards have been excluded due to the low number of pupils that answered the survey

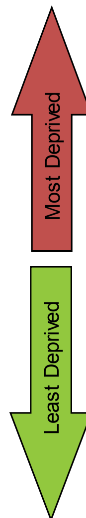
1 - England's score is from the Public Health Outcome Framework Website for the period 2010-2012

2 - Plymouth and England's average is from the Public Health Outcome Framework for the period 2012/13

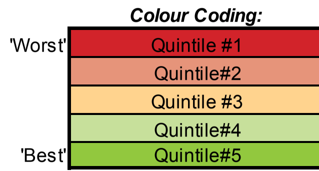
3 - Plymouth and England's average is from the HSCIC Indicator Portal for the period 2010-2012 using the ICD 10 codes C33-C34

Ward-level deprivation and health / determinant indicator comparison tables

Plymouth wards - Ranked by overall deprivation (from IMD 2010) 1=Most deprived



Data period	IMD (overall deprivation) rank 2010	Lifestyle Behaviours - Drinking: Hospital admissions for alcohol attributable harm (Rate per 10,000 population) DASR 2013/14	Rank	Lifestyle Behaviours - Drinking: Have a drink containing alcohol 4 or more times a week % 2014	Rank	Lifestyle Behaviours - Drinking: Pupils stating that they had an alcoholic drink during last 7 days (year 8 and year 10) % 2013/2014	Rank	Lifestyle Behaviours - Smoking: Incidence of lung cancer using the following ICD10 Codes (ICD10 C33,C34,C37,C38,C39) DASR 2009-13	Rank	Lifestyle Behaviours - Smoking: Adult smoking prevalence % 2014	Rank	Lifestyle Behaviours - Smoking: Pupils stating that they have tried smoking (year 8 and year 10) % 2013/2014	Rank
St Peter and the Waterfront	1	103.4	1	11.4	9	16.9	14	12.0	4	21.6	4	26.5	5
Devonport	2	79.2	2	19.3	2	14.9	17	15.6	1	37.1	1	28.9	2
Ham	3	56.9	11	7.2	17	20.8	7	11.5	6	17.4	9	26.0	7
Honicknowle	4	62.8	9	4.5	19	17.0	13	12.7	2	23.6	3	25.9	8
St Budeaux	5	65.5	7	3.7	20	18.2	12	12.7	3	20.5	6	26.0	6
Sutton and Mount Gould	6	69.3	5	10.8	10	12.2	18	11.4	7	19.4	7	20.0	13
Budshead	7	64.3	8	8.8	13	18.2	11	9.4	9	18.6	8	18.2	16
Efford and Lipson	8	57.4	10	11.9	7	20.7	9	11.6	5	24.9	2	24.7	9
Stoke	9	66.6	6	19.6	1	15.4	16	10.2	8	15.4	10	17.9	17
Drake	10	70.8	4	14.8	4	21.2	6	7.1	14	20.8	5	27.3	4
Southway	11	70.9	3	9.5	12	16.4	15	8.5	10	12.7	11	23.5	10
Moor View	12	52.3	13	9.7	11	19.7	10	8.2	11	5.6	19	22.8	11
Eggbuckland	13	47.7	16	7.4	16	23.1	5	5.6	17	7.8	16	21.1	12
Plympton Erle	14	49.5	14	7.2	18	26.0	3	7.3	13	11.6	12	32.0	1
Compton	15	54.4	12	7.6	15	24.1	4	4.9	18	7.5	18	18.9	14
Plymstock Radford	16	48.0	15	13.8	5	N/A[#]		8.1	12	7.5	17	N/A[#]	
Peverell	17	43.9	18	13.0	6	20.8	7	4.9	19	10.1	13	12.8	18
Plympton Chaddlewood	18	33.2	19	8.1	14	34.0	1	3.3	20	9.7	15	27.7	3
Plympton St Mary	19	32.9	20	11.8	8	26.3	2	6.1	16	4.1	20	18.5	15
Plymstock Dunstone	20	47.4	17	15.2	3	N/A[#]		6.4	15	10.0	14	N/A[#]	
Plymouth average		70.8[2]		11.0		20.4		9.6[3]		15.9		22.9	
England average		63.7[2]						7.6[3]					
Source		Public Health, Plymouth City Council		Plymouth's wellbeing survey 2014		Plymouth's school survey 2014		South West KIT		Plymouth's wellbeing survey 2014		Plymouth's school survey 2014	



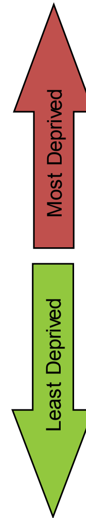
Colour Coding:

'Worst' Quintile #1
Quintile#2
Quintile #3
Quintile#4
'Best' Quintile#5

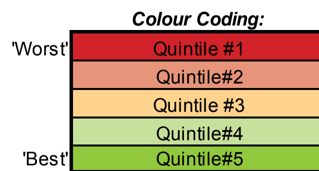
N/A[#] - These wards have been excluded due to the low number of pupils that answered the survey
[1] - England's score is from the Public Health Outcome Framework Website for the period 2010-2012
[2] - Plymouth and England's average is from the Public Health Outcome Framework for the period 2012/13
[3] - Plymouth and England's average is from the HSCIC Indicator Portal for the period 2010-2012 using the ICD 10 codes C33-C3

Ward-level deprivation and health / determinant indicator comparison tables

Plymouth wards - Ranked by overall deprivation (from IMD 2010) 1=Most deprived



Data period	IMD (overall deprivation) rank 2010	Lifestyle Behaviours - Healthy diet: Percentage of the adult population that eat healthily % 2006-2008	Rank	Lifestyle Behaviours - Healthy diet: 5 or more portions of fruit and vegetables a day % 2014	Rank	Lifestyle Behaviours - Healthy diet: Pupils stating that they ate 5 or more portions of fruit and vegetables yesterday (year 8 and year 10) % 2013/2014	Rank	Lifestyle Behaviours - Physical activity: The percentage of adults classified as "inactive" % 2013	Rank	Lifestyle Behaviours - Physical activity: Adult participation in 2 or more 30 minutes of moderate intensity physical activity in the past 7 days % 2014	Rank	Lifestyle Behaviours - Physical activity: Pupils stating that they exercised enough to breathe harder and faster on at least three days in the week (year 8 and year 10) % 2013/2014	Rank
St Peter and the Waterfront	1	26.4	12	62.0	12	15.7	12		N/A	78.2	17	59.0	2
Devonport	2	20.9	4	65.1	14	11.4	6		N/A	69.0	4	59.5	3
Ham	3	20.6	3	52.5	4	12.0	7		N/A	69.4	5	64.4	8
Honicknowle	4	18.9	1	51.6	3	9.4	2		N/A	72.8	11	61.6	4
St Budeaux	5	19.8	2	43.4	1	8.3	1		N/A	72.3	10	61.9	5
Sutton and Mount Gould	6	24.9	10	53.4	5	10.0	3		N/A	79.8	18	67.4	12
Budshead	7	22.9	5	53.6	6	12.6	9		N/A	63.8	2	64.3	7
Efford and Lipson	8	22.9	5	60.3	10	10.6	4		N/A	69.6	6	62.9	6
Stoke	9	25.9	11	59.9	9	15.4	11		N/A	72.3	9	68.9	14
Drake	10	27.9	16	50.5	2	21.2	15		N/A	85.4	20	54.5	1
Southway	11	23.8	7	58.5	8	22.9	16		N/A	75.8	13	72.0	16
Moor View	12	24.2	9	71.6	17	11.0	5		N/A	69.0	3	65.0	9
Eggbuckland	13	23.9	8	63.9	13	12.2	8		N/A	70.9	7	68.3	13
Plympton Erle	14	27.0	14	66.1	15	18.6	14		N/A	75.1	12	66.0	10
Compton	15	30.9	20	73.8	19	26.5	17		N/A	78.0	16	73.5	18
Plymstock Radford	16	27.1	15	58.0	7	N/A[#]			N/A	63.3	1	N/A[#]	
Peverell	17	28.4	18	78.1	20	26.8	18		N/A	84.3	19	67.3	11
Plympton Chaddlewood	18	26.7	13	73.4	18	12.8	10		N/A	71.5	8	70.3	15
Plympton St Mary	19	28.1	17	61.5	11	17.3	13		N/A	77.6	15	73.0	17
Plymstock Dunstone	20	29.3	19	71.2	16	N/A[#]			N/A	76.0	14	N/A[#]	
Plymouth average		24.9		61.1		15.8		31.7		73.9		66.0	
England average		28.7						28.3					
Source		http://www.localhealth.org.uk		Plymouth's wellbeing survey 2014		Plymouth's school survey 2014		Active People Survey, Sport England		Plymouth's wellbeing survey 2014		Plymouth's school survey 2014	



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Glossary

Here are some of the commonly used terms in the Annual Report and some explanations, as a quick reference guide.

4-4-54: These figures are the focus of our 10 year programme to improve the health and wellbeing of Plymouth's population, known as Thrive Plymouth. The focus is on four lifestyle behaviours – smoking, excessive drinking, inactivity and unhealthy diet – which cause four chronic diseases – cancer, stroke, heart disease and respiratory disease – which, together, cause 54% of deaths in Plymouth.

Chronic diseases: Chronic diseases are non-communicable disease, i.e. not passed from person to person. They are generally of long duration and slow progression. The four main types of non-communicable diseases are cardiovascular diseases (like heart attacks and stroke), cancers, chronic respiratory and diabetes.

Health inequalities: These are the differences in life expectancy and health outcomes which can be related to a number of factors, from geographical area to social status and ethnicity. An example would be that the difference in life expectancy in Plymouth by ward is as high as 7.5 years.

Healthy eating plate: The plate created by nutrition experts at Harvard School of Public Health and editors at Harvard Health Publications, they recommend eating mostly vegetables, fruit, and whole grains, healthy fats, and healthy proteins. The plate recommends drinking water instead of sugary beverages, and they also address common dietary concerns such as salt and sodium, vitamins, and alcohol. They include the importance of staying active and maintaining a healthy weight. For more information: http://www.hsph.harvard.edu/nutritionsource/what-should-you-eat/

Plymouth life expectancy bus routes (2011-2013): The Public Health Team has produced two life expectancy bus routes to illustrate variations in life expectancy across the city. Wards and neighbourhoods just a few miles apart can have life expectancy values varying by years. *For wards the difference in life expectancy for all persons is 7.5 years, for neighbourhoods the difference is 9.4 years.* Travelling the seven miles south from the Southway ward or west from the Plympton Chaddlewood ward or the Plymstock Dunstone ward each mile closer to the Devonport ward represents almost one year of life expectancy lost. The bus route by neighbourhood follows the same roads as the ward route but travels south from the Widewell neighbourhood and west from the Chaddlewood neighbourhood or the Goosewell neighbourhood towards the Devonport neighbourhood of the city.

Socioeconomic: This refers to the status of someone based on their economic and social position in relation to others, and incorporates a number of factors such as income, education and occupation.

Thrive Plymouth: This is the name for Plymouth City Council's 10 year public health framework to improve the health and wellbeing of Plymouth's population. The focus is on four lifestyle behaviours – smoking, excessive drinking, inactivity and unhealthy diet – which cause four chronic diseases – cancer, stroke, heart disease and respiratory disease – which together cause 54% of deaths in Plymouth.

Wellbeing: This covers all aspects of a person's life experience, rather than just their physical or mental health. Although health is an important component of wellbeing, it also relates to purpose and meaning, life satisfaction, positive emotions and relationships.

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