

Joint Strategic Needs Assessment Town Profile 2013-14

Dartmouth



Public Health Devon



Public Health Intelligence Team

Executive Summary

This executive summary shows the main findings of this document in one place (excluding mortality and admissions spine chart data). It highlights rates that are statistically higher or lower than the Devon rate.

- ▶ The population of Dartmouth is predicted to decrease by 185 people between 2011 and 2026, a fall of 1.8%.
- ▶ Based on the 2011 census, the prevalence of the BME population in Dartmouth is 1.5% compared to 2.7% in Devon overall.

Statistically Lower Rate		Rate Not Statistically Different		Statistically Higher Rate	
Section / Data			Rate		
Birth Rate			63.7 births per 1,000 females aged 15 to 44		
Life Expectancy			81.4 years		
Children & Young People	Children In Need		245 per 10,000 population aged under 18		
	SEN	Statements	4.6% of school pupils		
		School Action+	7.2% of school pupils		
	Youth Offending		13.7 per 1,000 children aged 10-17		
	5 GCSEs A-C		46.8% of DCC school pupils		
	Ethnicity		10.2% of school pupils		
	English Not First Language		6.3% of school pupils		
Adults	Aged 65+	Living in care homes	6.6 DASR per 1,000 population aged 65+		
		Community based care	44.3 DASR per 1,000 population aged 65+		
		Assessments	48.3 DASR per 1,000 population aged 65+		
	Learning Disabilities	Living in care homes	0 DASR per 1,000 population aged 18 to 64		
		Community based care	1.9 DASR per 1,000 population aged 18 to 64		
	Mental Health Condition	Living in care homes	0 per 1000 population aged 18 to 64		
		Community based care	3.7 DASR per 1,000 population aged 18 to 64		
		Assessments	2.6 DASR per 1,000 population aged 18 to 64		
	Physical Disabilities	Living in care homes	1.2 DASR per 1,000 population aged 18 to 64		
		Community based care	4.5 DASR per 1,000 population aged 18 to 64		
		Assessments	4.2 DASR per 1,000 population aged 18 to 64		
	Carer Assessments and Reviews		0.13 DASR per 1,000 population aged 18+		
	Carers receiving Self-Directed Support		18.2 DASR per 1,000 population aged 18+		
	Crime	Domestic Violence		7 per 1,000 population aged 18+	
Drug		1.6 per 1,000 population aged 18+			
Alcohol		5.9 per 1,000 population aged 18+			
Hospital Admissions	All Elective		3527 per 100,000 population		
	All Emergency		2273 per 100,000 population		
	Alcohol Related		1397 per 100,000 population		

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1. Introduction

This is the Devon Joint Strategic Needs Assessment Health Profile for Dartmouth.

The aim of the Joint Strategic Needs Assessment is to collaboratively identify current and future health and well being needs and inform future service planning and delivery. This profile contains a range of socio-demographic and health related data, which together provide a detailed assessment of current need and service activity at a local level. In addition to data relating to Dartmouth, information has been provided for the other Towns, and for Devon as a whole so that Dartmouth can be compared to these other areas.

Data for this report was gathered and collated by the Devon Public Health Intelligence team and the Devon Social Care Commissioning Management Information team.

A glossary is available providing detailed definitions and background information for the measures in this report:

<http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/2011/03/Glossary.pdf>

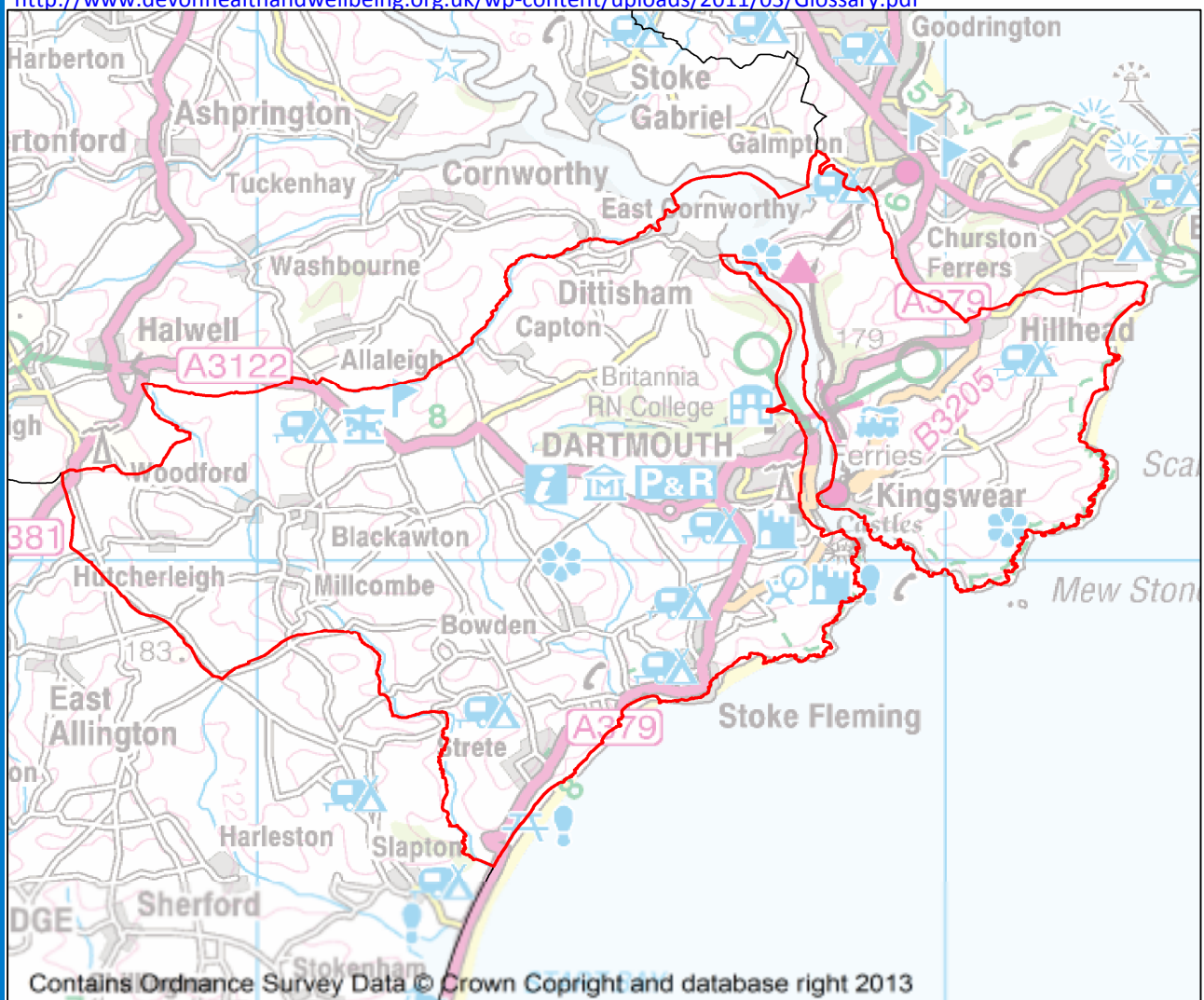


Figure 1: Detailed Map of the Dartmouth Locality area.

Any feedback or questions concerning the information in this report would be gratefully received. We would be keen to receive feedback on whether you recognise the community as described in the profile, if you feel there is any key information missing or there are any local priorities or issues you wish to identify. Please email the Public Health Intelligence Team at publichealthintelligence@devon.gov.uk.

2. Population

2.1 Current Population

A population pyramid for Dartmouth can be seen below. As a comparison, the Devon population pyramid is shown by the black lines.

Age Group	Female	Male	Total
0 to 4	171	177	348
5 to 9	206	216	422
10 to 14	209	192	401
15 to 19	212	245	457
20 to 24	188	223	411
25 to 29	189	229	418
30 to 34	184	194	378
35 to 39	189	188	377
40 to 44	286	245	531
45 to 49	338	294	632
50 to 54	355	332	687
55 to 59	351	350	701
60 to 64	417	424	841
65 to 69	458	476	934
70 to 74	297	309	606
75 to 79	248	219	467
80 to 84	203	153	356
85+	276	146	422
Total	4777	4612	9389

Figure 2: Dartmouth population size by age group and gender (June 2012) Data Source: Patient and Practitioner Services Agency

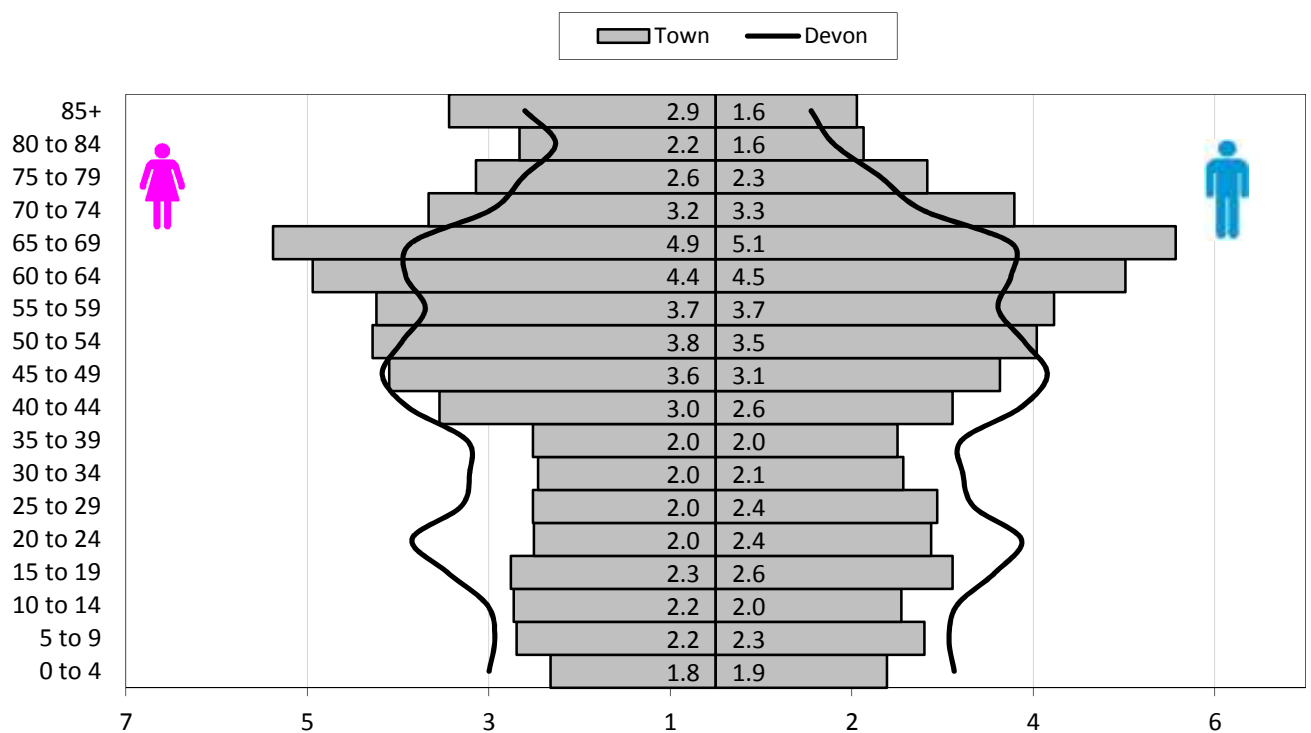


Figure 3: Dartmouth population pyramid (showing % of total population) compared to Devon (June 2012) Data Source: Patient and Practitioner Services Agency

2. Population

2.2 Population Projections

The population of Dartmouth is predicted to decrease by 185 people between 2011 and 2026, a fall of 1.8%. Over the same time period:

- the total number in the 0-19 age band is predicted to decrease by 99 people, a fall of 5.5%.
- the total number in the 20-44 age band is predicted to decrease by 26 people, a fall of 1.6%.
- the total number in the 45-64 age band is predicted to decrease by 557 people, a fall of 13.8%.
- the total number in the 65-84 age band is predicted to increase by 365 people, a rise of 15.9%.
- the total number in the 85+ age band is predicted to increase by 133 people, a rise of 32.6%.

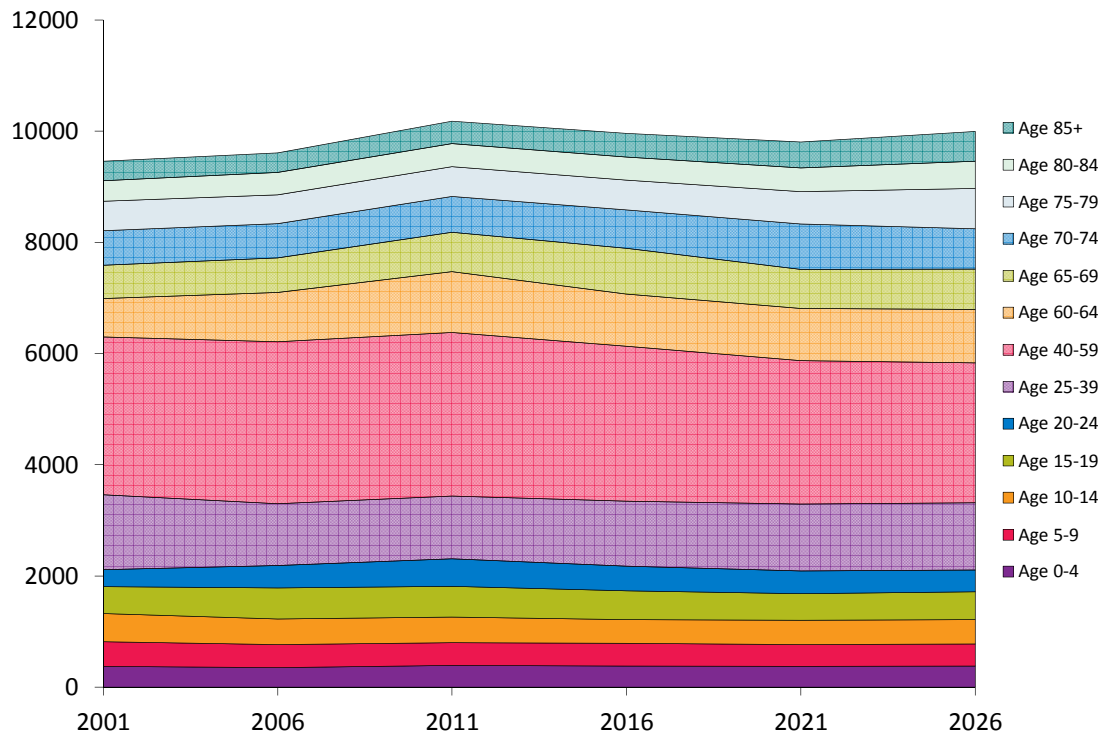


Figure 4: Dartmouth population projection by age group. Data source: Jan 2010 DCC population projections

Year	0-4	5-9	10-14	15-19	20-24	25-39	40-59	60-64	65-69	70-74	75-79	80-84	85+	Total
2001	375	445	507	483	305	1349	2835	693	598	620	534	365	355	9463
2006	350	417	460	557	405	1111	2916	885	620	617	518	404	354	9612
2011	389	410	462	555	492	1131	2943	1093	707	646	535	412	407	10182
2016	377	410	428	519	444	1165	2787	941	824	689	535	414	429	9963
2021	376	388	437	481	409	1202	2581	937	705	814	584	428	468	9808
2026	382	393	437	504	388	1209	2519	959	728	728	722	488	539	9997

Figure 5: Dartmouth population projection by age group. Data source: Jan 2010 DCC population projections

2. Population

2.3 Black and Minority Ethnic

A breakdown of Dartmouth and Devon population data by ethnicity is shown below:

Ethnicity	Dartmouth	Devon
Asian/Asian_British	0.7%	1.3%
Black/African/Caribbean/Black_British	0.1%	0.2%
Mixed/multiple_ethnic_groups	0.5%	0.9%
Other_ethnic_group	0.2%	0.3%
White	98.5%	97.3%

Figure 6: Ethnic breakdown of Dartmouth and Devon Populations - Data Source: 2011 Census

The graph below shows the ethnicity breakdown for all the Towns in Devon. It can be seen that Exeter has by far the highest proportion of minority groups, who account for 7.7% of the overall population.

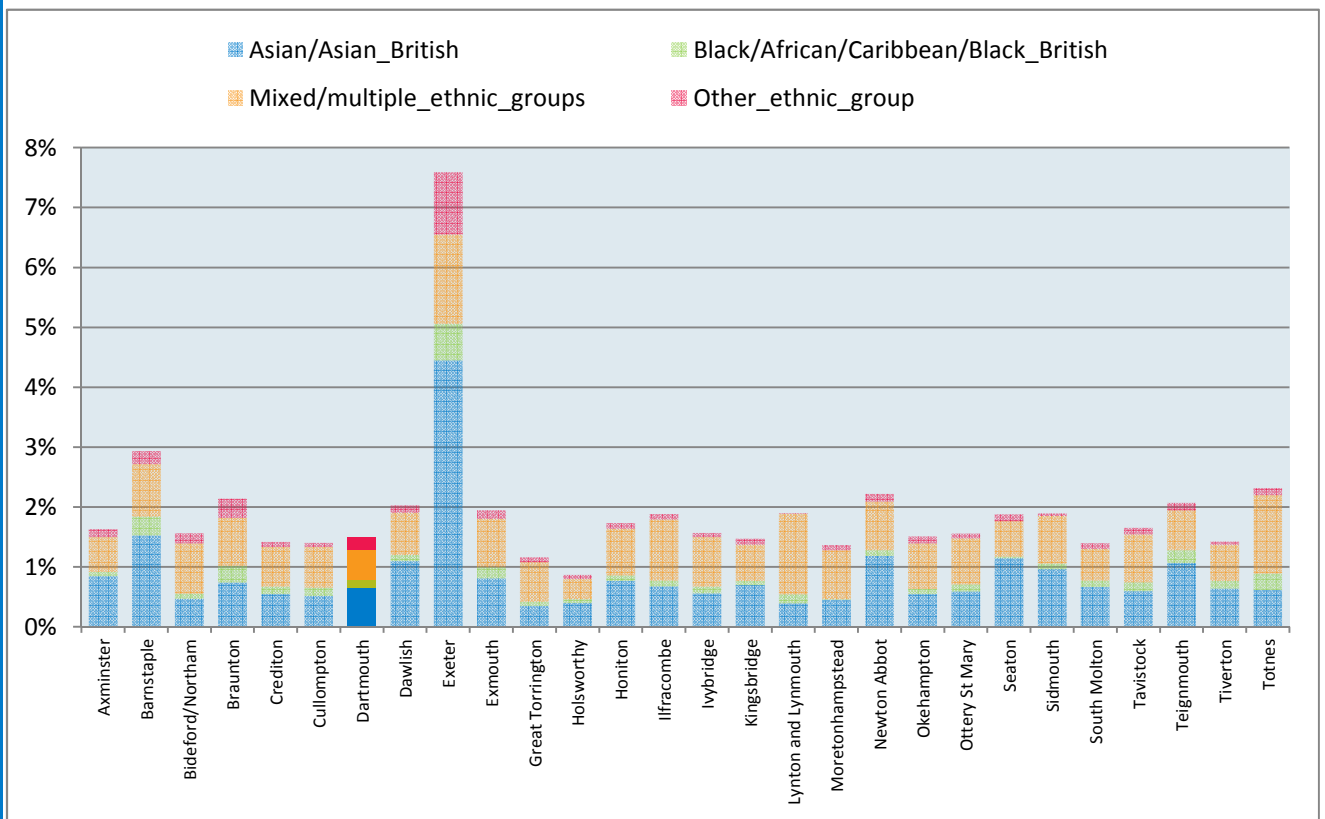


Figure 7: Graph showing BME prevalence in Devon (2011) Data Source: 2011 Census

3. Deprivation

The map below shows levels of deprivation by LSOA in Dartmouth (using national deprivation quintile). The graph shows the estimated 2010 IMD score by town (estimated using apportionment from LSOA).

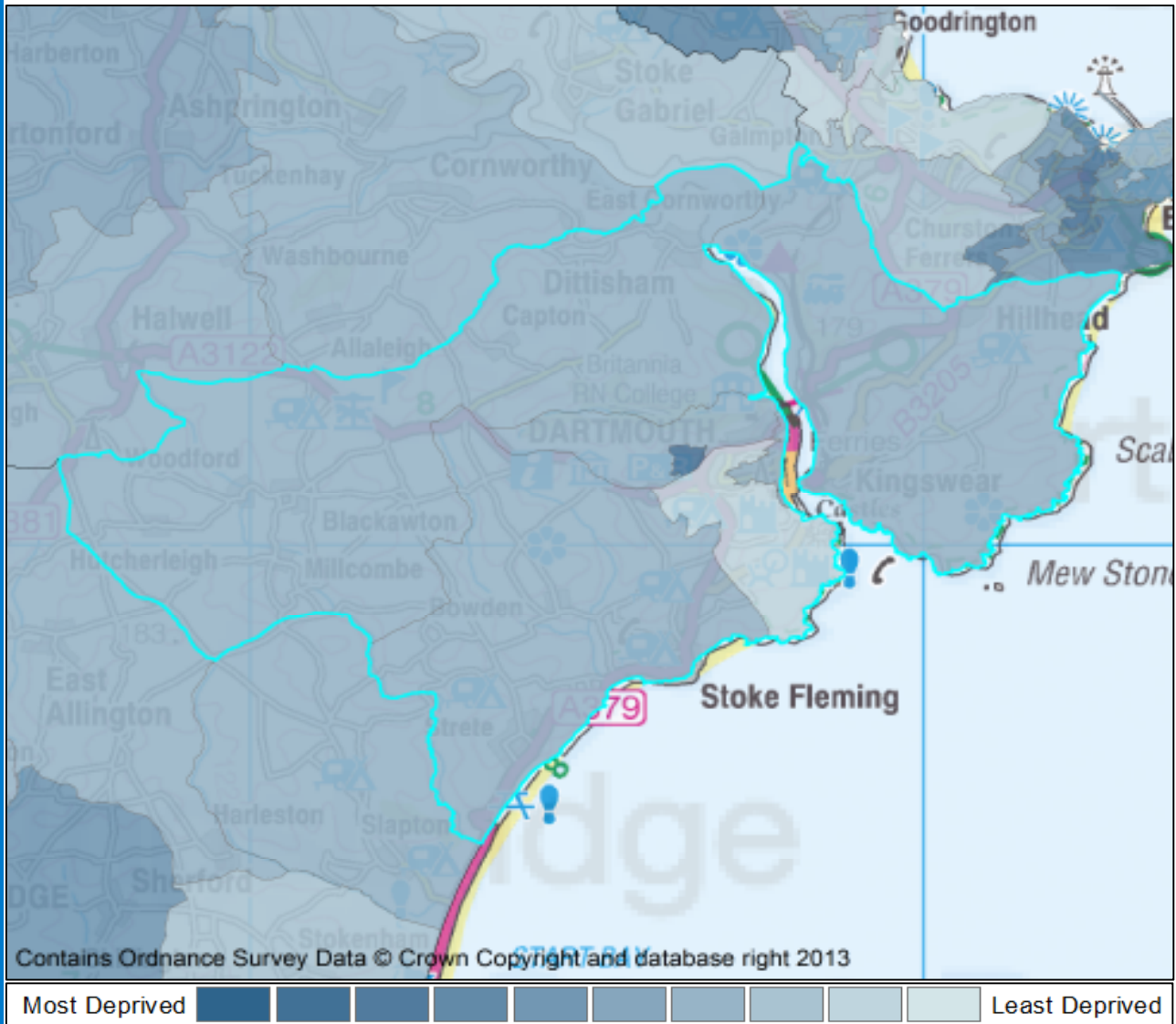


Figure 8: Map showing deprivation by LSOA. Data Source: IMD 2010

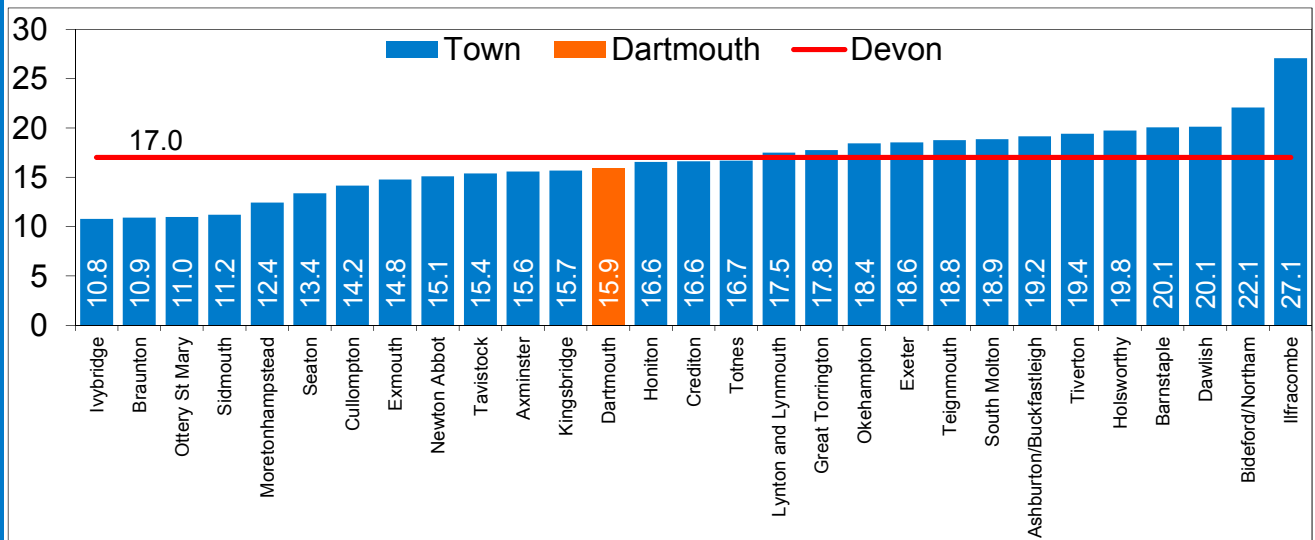


Figure 9: The graph shows the estimated 2010 IMD score by Devon town. Data Source: IMD 2010

4. Birth Rate

Birth rates are calculated using the number of births registered annually and are usually expressed as a rate per 1000 population (females aged 15 to 44). Between 2009 and 2011 the birth rate in Devon has increased by 3.7%. The graph shows that in Dartmouth the birth rate per 1,000 women aged 15 to 44 is 63.7, compared to a rate of 57.1 per 1000 for Devon. The rate for Dartmouth is not statistically different to the Devon rate.

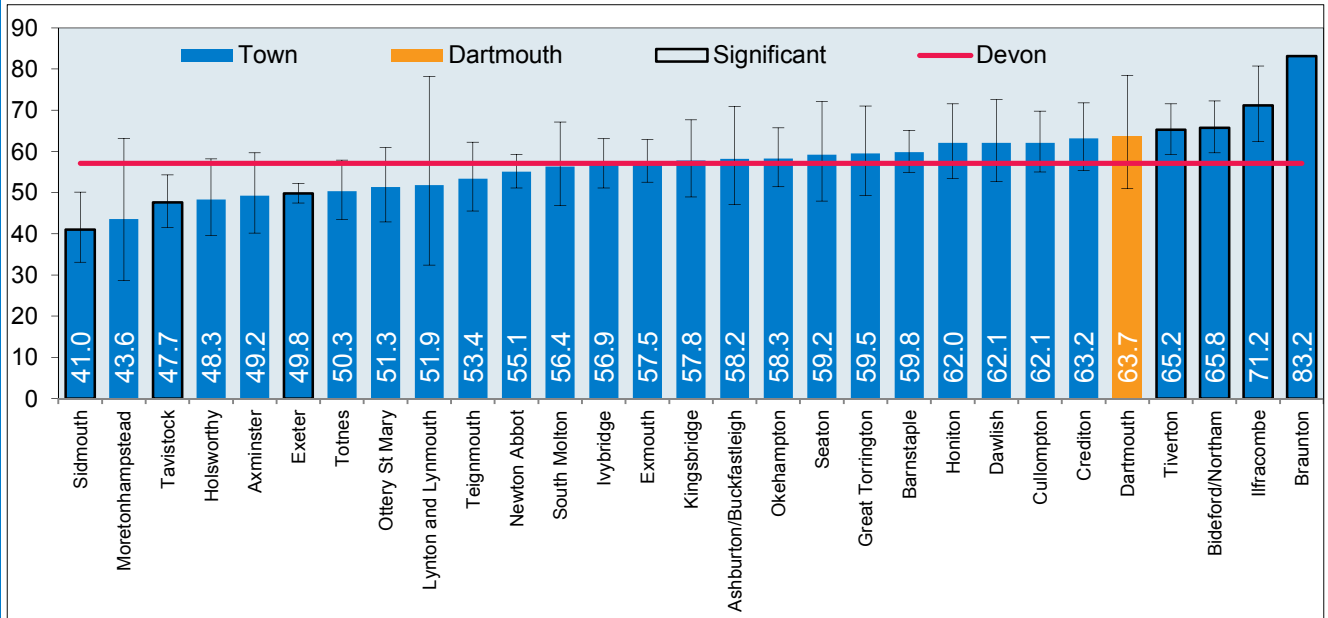


Figure 10: Devon Market Town birth rate per 1000 females aged 15-44, (2011). Data Source: Public Health Birth Files, Adapted from data from the Office for National Statistics licensed under the Open Government Licence v.1.0, © Crown Copyright 2011

5. Life Expectancy

The graph below shows that the average life expectancy at birth for the population of Dartmouth is 82.4 years compared to 82.1 years for Devon overall. Life expectancy at birth for Dartmouth is not statistically different to the Devon rate. The average life expectancy in Devon is higher than the national average of 80.2 years.

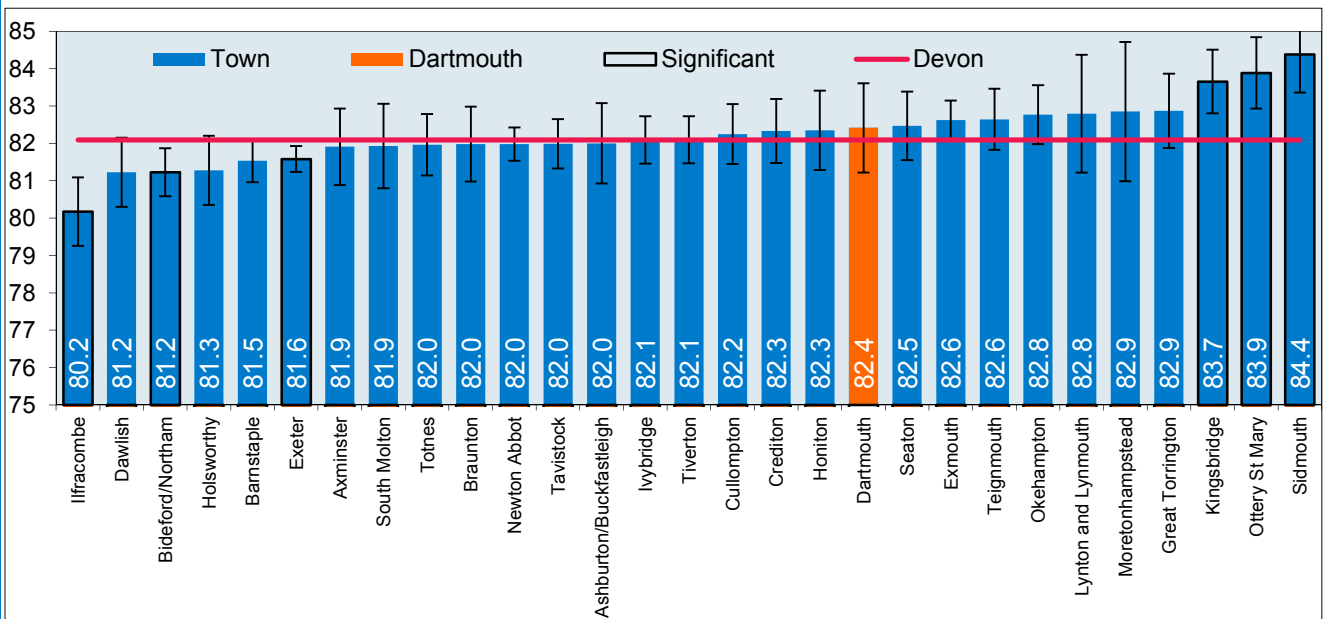


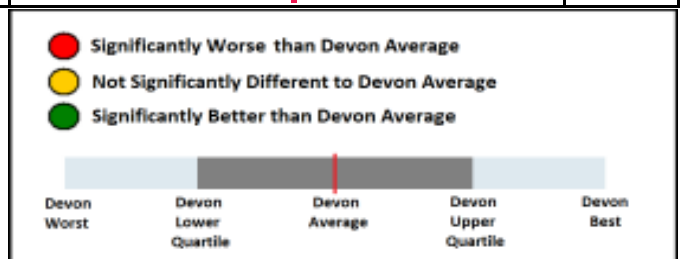
Figure 11: Devon Market Town life expectancy (2007-11). Data source: Public Health Mortality Files, Office for National Statistics, Adapted from data from the Office for National Statistics licensed under the Open Government Licence v.1.0

6. Mortality

A further indicator of the health of an area is the death (mortality) rate. Mortality rates per 100,000 population (standardised for age and sex) for 19 causes of death have been calculated at Town and Devon level (using deaths registered between 2007 and 2011). The spine chart below compares these rates, and shows whether there is a statistically significant difference between the Town and Devon rate.

Mortality Data	Devon	Town	Worst	Devon Range	Best
All	477.8	470.7	558.3		384.7
Male	559.2	547.1	660.7		421.0
Female	409.5	399.5	490.6		340.5
All (U75)	214.7	221.7	267.4		135.7
Male (U75)	260.1	270.6	339.7		135.7
Female (U75)	171.0	171.4	214.1		121.3
Cancer	153.9	143.1	172.9		128.3
Cancer (U75)	93.2	81.8	108.6		56.6
Circulatory Disease	148.3	155.9	207.2		108.0
Circulatory Disease (U75)	50.6	64.7	70.7		29.4
CHD	69.5	70.7	112.4		44.6
CHD (U75)	29.3	35.9	45.4		12.8
Stroke	40.6	43.3	60.5		27.7
Stroke (U75)	8.6	11.7	16.7		0.0
Smoking	85.3	83.7	99.4		73.2
Suicide*	7.0	8.2	11.4		4.2
Accidental Injury	14.8	11.5	28.1		6.6
Alcohol	6.6	7.1	11.9		1.2
Drugs	4.7	4.2	8.8		0.0

Figure 12: Standardised mortality rates for Dartmouth compared to Devon (2007-11) Data source: MORTALITY DATASET



* Including "Injury Undetermined"

7. Children and Young People

7.1 Children in Need

Children in Need covers all children who are known to children’s social care services, even if no further action is taken. This includes children in care and children who are the subject of a child protection plan. As at 31st March 2013 there were 4,649 Children in Need in Devon, including 446 Children with a Child Protection Plan, an increase of 9.6% from the previous year (407 children) and 693 Children in Care, a decrease of 3.1% from the previous year (711 children). Children in care are amongst the most vulnerable in our society. They have often experienced abuse, neglect or trauma. They often require support from a range of agencies.

DCC had 711 children in care on 31st March 2012, a 28% increase in numbers since 31st March 2008. Nationally the numbers of children in care have also risen, but only by 13% over the same time frame. Despite this rise the rate of children in care in Devon was 51 per 10,000 under 18 population, lower than the England average rate of 59 per 10,000, and in line with its statistical neighbour’s rate of 50 per 10,000.

Devon continues to have a population of children in care that is older than the national average. Following the Southwark Judgement, which required local authorities to accommodate homeless young people assessed to be in need, Devon saw a doubling of the number of 16-17 year olds in care; there were 220 16-17 year olds in care in 2012, up from 112 in 2008. By contrast England only saw an increase of 12% in the 16-17 year old age group. The figures demonstrate that the Southwark Judgement has had a far greater impact on children in care numbers locally than for England as a whole .

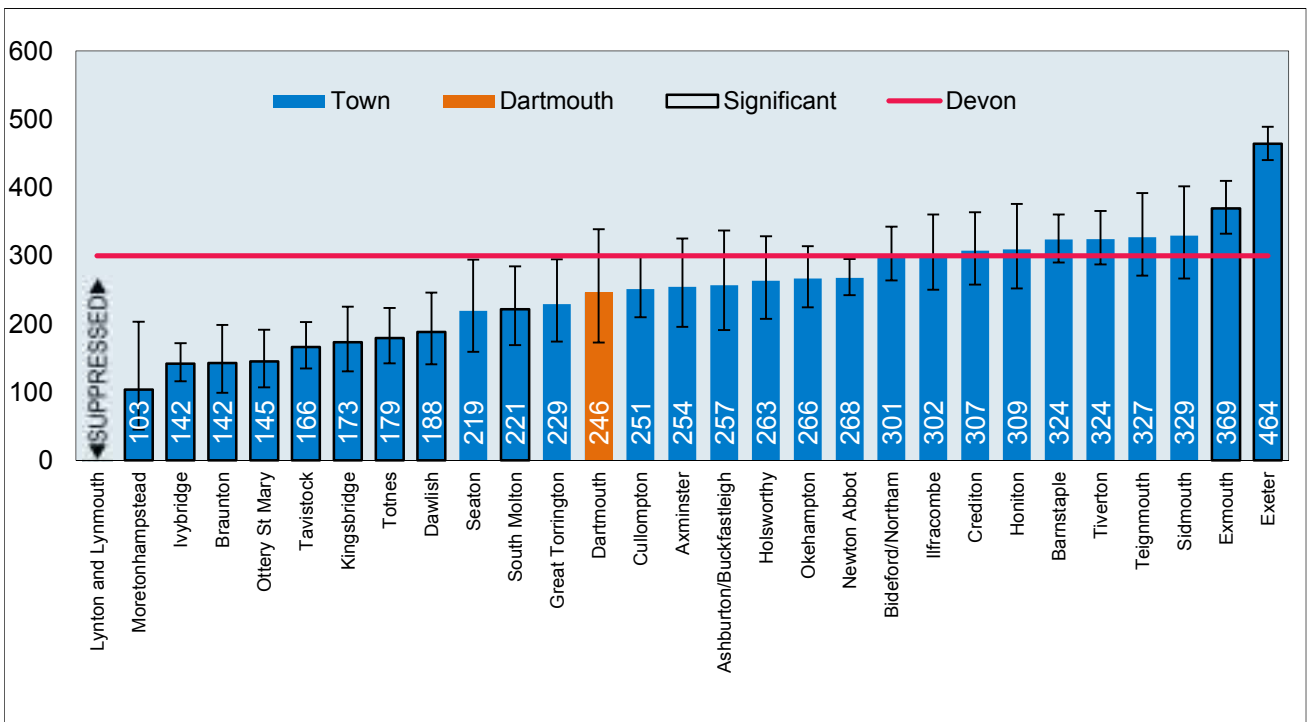


Figure 13: Children in Need as a rate per 10,000 under 18 population as at 31st March 2013 - Data Source: Care First (DfE Children in Need Census 2012-13)

7. Children and Young People

7.1 Special Educational Needs

In January 2012, 1,618,340 pupils across all schools in England had special educational needs (SEN), with 226,125 pupils having statements (2.8% of all pupils). This percentage has remained unchanged in recent years. The graphs below illustrate the percentage of young people in Devon supported at School Action Plus and with a Statement (location based on their home address). Other pupils who need additional support are provided with this within their school as part of core provision. Where there are significant variations it reflects the level of support needed within the community. It is the aim of the authority to enable children with special educational needs to access services and provision within their local communities wherever possible. Some children with complex needs will require access to specialist support in additionally resourced provision or special schools.

Statements

The graph below shows that the percentage of pupils living in Dartmouth who have a statement is 4.6%, compared to 3.5% for Devon overall. The rate for Dartmouth is not statistically different to the Devon rate.

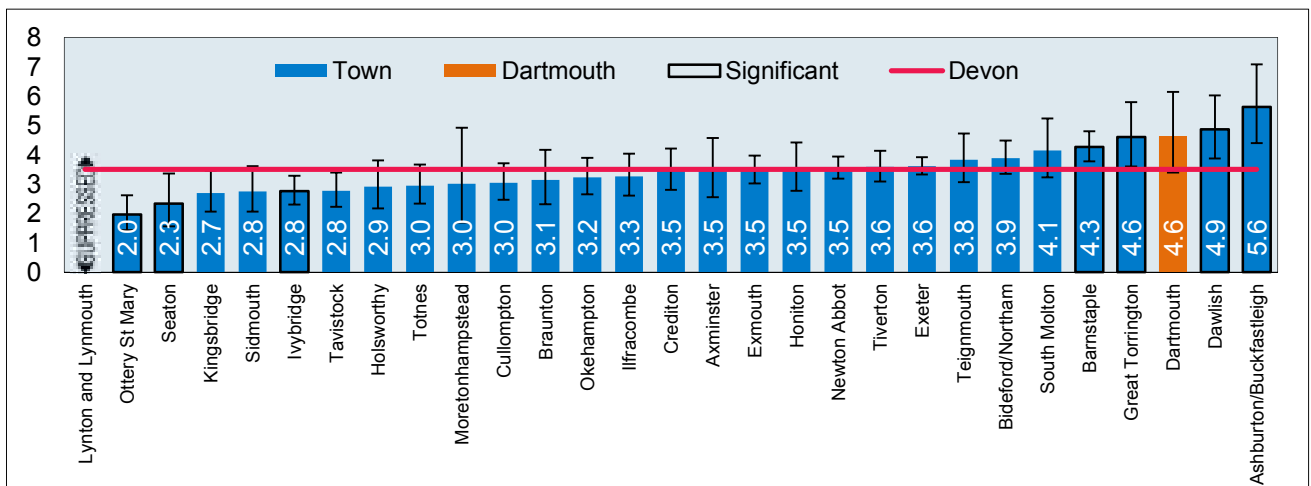


Figure 14: School SEN Statements - Data Source: DfE School Census (Jan 2013)

School Action Plus

The graph below shows that the percentage of pupils supported at School Action Plus living in Dartmouth is 7.2%, compared to 6% for Devon overall. The rate for Dartmouth is not statistically different to the Devon rate.

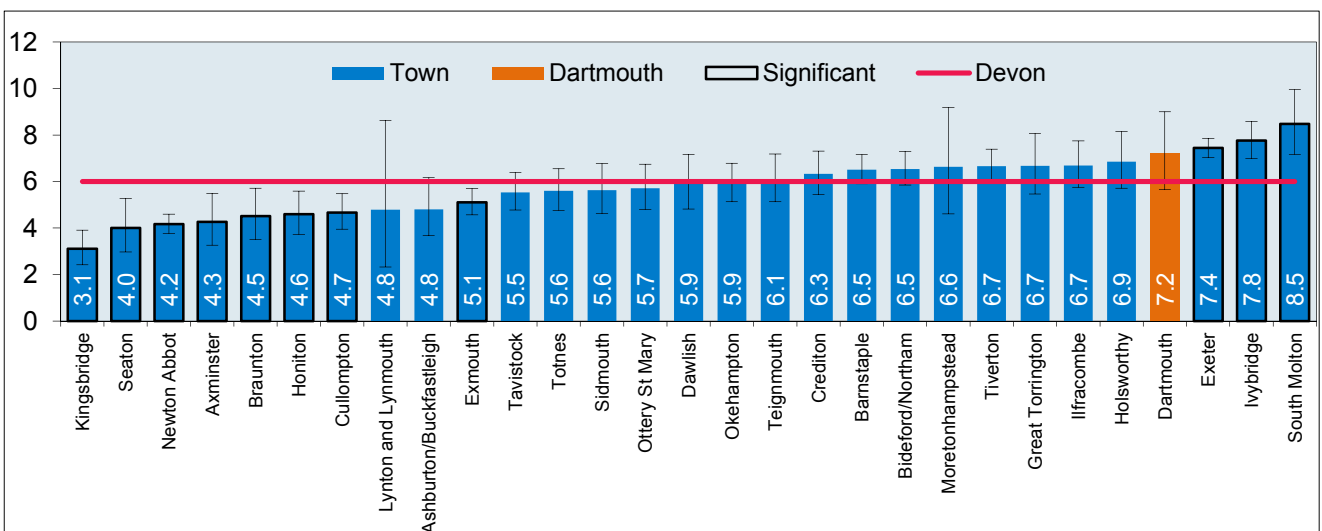


Figure 15: School SEN action+ - Data Source: DfE School Census (Jan 2013)

7. Children and Young People

7.2 Youth Offending

The principle aim of the Youth Justice System is to prevent offending by children and young people aged 10-17. The life chances of young people who receive a criminal conviction are adversely affected in both the short and long term. Evidence suggests that preventing the onset of offending and persistent re-offending will improve outcomes for those children and young people, their families and communities.

The level of offending by children and young people is relatively low in Devon. 550 young people offended in 2012-13, which equates to 3.3 offences per 1,000 population aged 10 to 17. Of these, 335 were first time offenders and 215 were repeat offenders.

The total number of young people aged 10-17 years who offended in Devon has fallen by 42% between 2010-11 and 2012-13. The most significant single offence in 2012/13 in terms of volume was Assault by Beating (127), Criminal Damage (99) and Possession of Cannabis (89). These three offences accounted for 32% of all offences committed in the year.

Whilst we continue to see significant reductions in both the total number of young people on youth offending caseloads and the number of first time entrants into the criminal justice system we are seeing proportionately more of the cases being complex in nature, with multiple needs e.g. known behavioural conditions, complex Speech, Language & Communication Needs, Children in Care and children assessed with high levels vulnerability and/or risk of harm to others.

In 2012/13, of those young people assessed by Devon YOS, 31% were assessed as having a medium or high level of vulnerability, 26% were assessed as having potential to cause risk of harm to others, 12% were Looked After Children or Care Leavers (or had been at some stage), 28% were accommodated by Voluntary Agreement and 17% were subject to a Child Protection Plan (or had been at some stage).

The graph below shows that the rate of Youth Offending Team clients in the Dartmouth Locality is 13.7 per 1,000 children aged 10-17 compared to 3.3 per 1,000 for Devon overall.

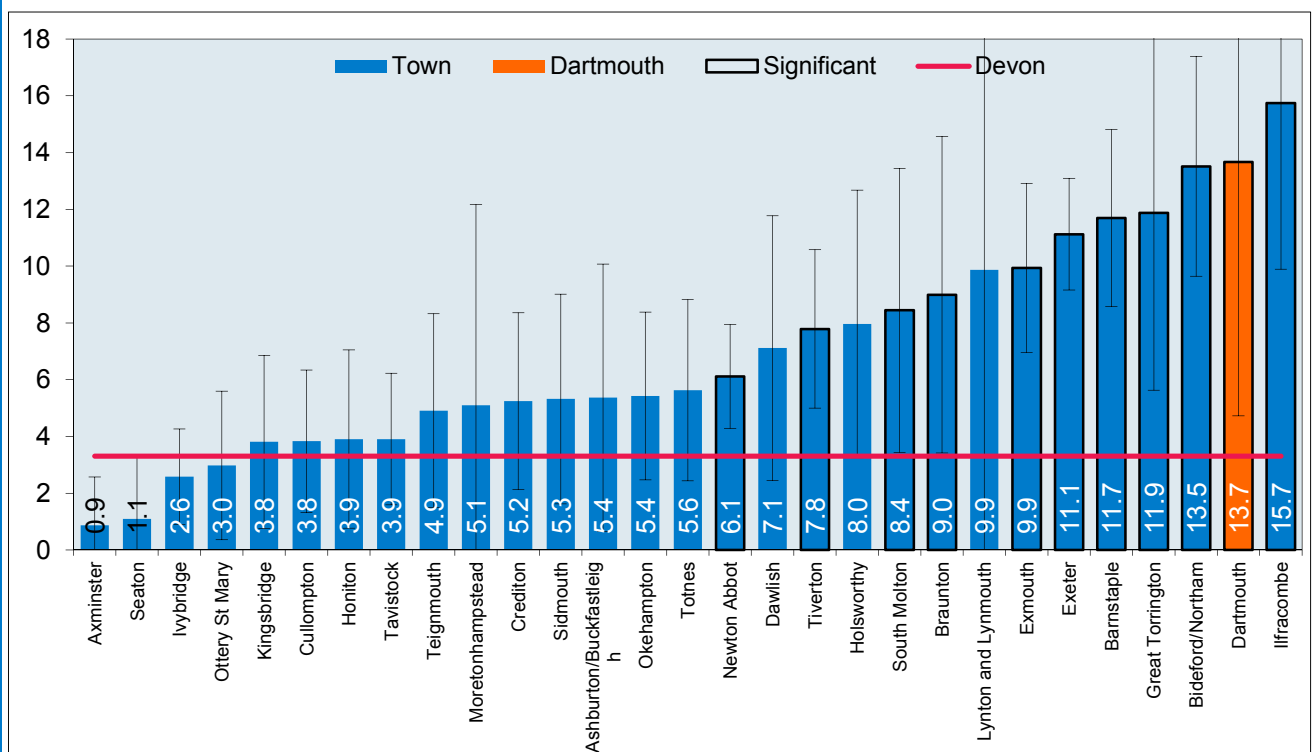


Figure 16: Number of Youth offending Team Clients per 1,000 population (10-17 years), 2012-13 - Data Source: Devon Youth Offending Team

7. Children and Young People

7.3 GCSE Performance

Key Stage 4 results have maintained the performance achieved in 2011 for 2012 (58.5% gaining 5 A*C including English and Maths), showing an improvement of nearly 4% on 2010. This exceeds the south west average by 1% but is just under 1% below the national average. Girls are still outperforming boys with 64.5% to 53% gaining 5 A*C (inc. E&M). 15.5% of students achieved the English Bacallaureate measure, in comparison to the national figure of 18.3%.

The Local Authority continues to focus on “Closing the Gap” initiatives to ensure that outcomes for the most vulnerable pupils across Devon improve in line with local and national expectations. The local authority is a champion of vulnerable children and young people and maintains a strategic overview of education progress for all students whatever state-funded school or setting they attend.

The graph shows that of those living in Dartmouth, the percentage of Devon County Council school children attaining five or more GCSE grades A-C is 46.8%. The rate for Dartmouth is not statistically different to the Devon rate.

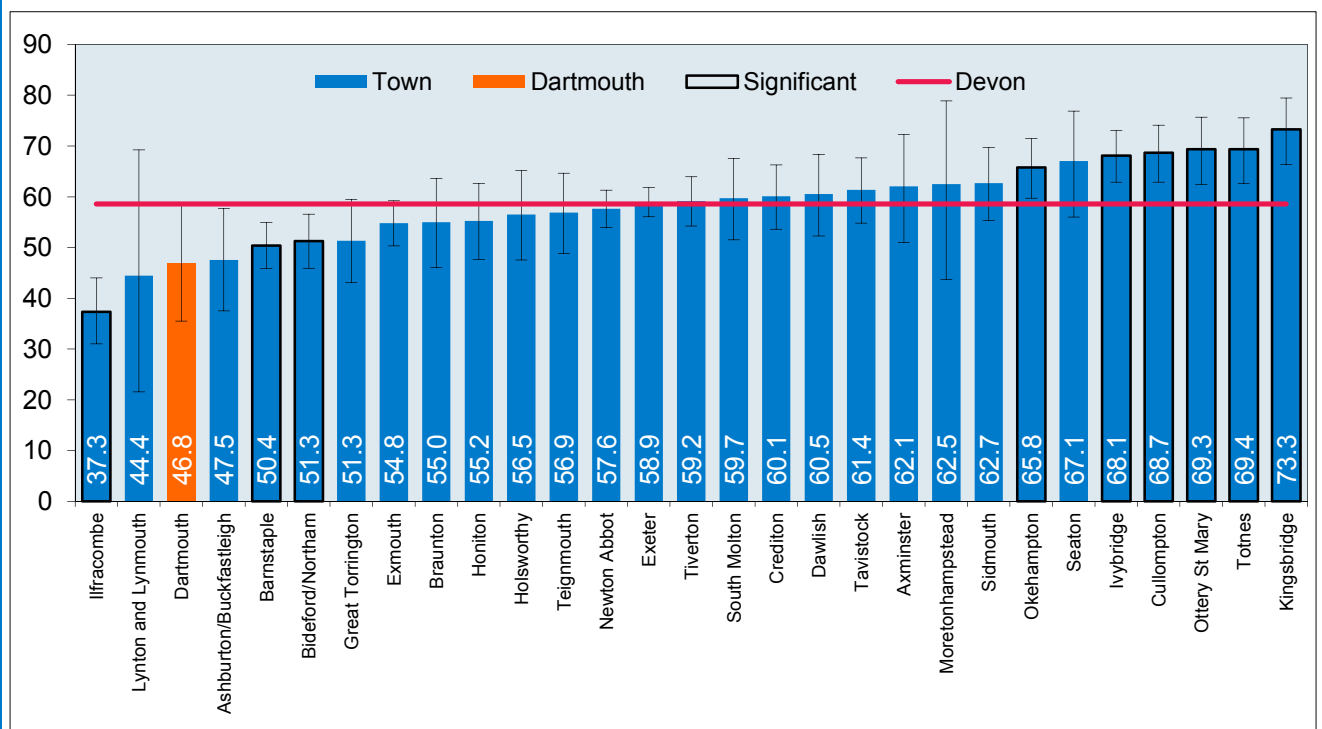


Figure 17: Percentage of children attaining five or more GCSE grades A*-C (including English and Maths) 2012 - Data Source: Devon LDP and Strategic Commissioning - Children

7. Children and Young People

7.4 Pupil Ethnicity

In 2013 there were 6,352 pupils from a minority ethnic background in Devon schools (6,199 of which were resident in Devon). This represents 6.7% of the total maintained school population, an increase of around 1.5% since 2011. 61 schools now have more than 10% of their roll recorded as BME. However, in contrast, there are still a few schools with no BME pupils. The largest numbers are White Eastern European (928) and White Western European (632). The graph shows that in Dartmouth, the percentage of pupils from a black or minority ethnic background is 10.2%. The rate for Dartmouth is statistically higher than the Devon rate.

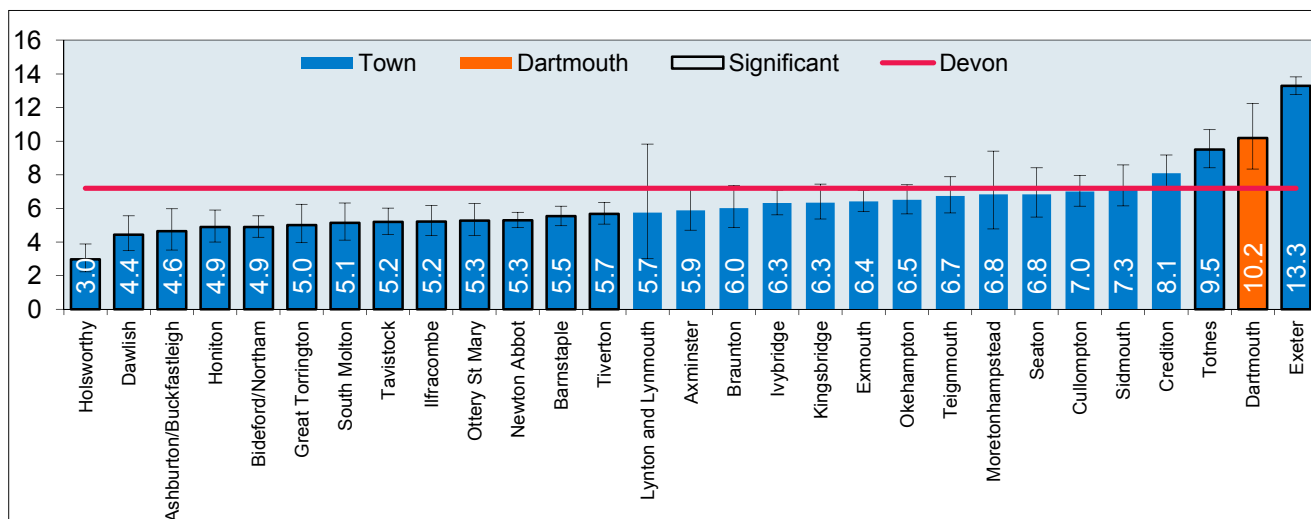


Figure 18: Percentage of pupils from a black or minority ethnic background - Source: DfE School Census (Jan 2013), DCC IDS and Strategic Commissioning – Children

7.5 English as an Additional Language

In 2013 there were 2,633 pupils speaking English as an Additional Language in Devon schools (2,586 of which were resident in Devon). This represents 2.8% of the total maintained school population, this has remained fairly constant from the 2.9% in 2011. There are over 100 different languages spoken by children and young people in Devon schools, the largest minority languages in 2013 being Polish (491), Arabic (144) and German (135). The graph shows that in Dartmouth the percentage of pupils whose first language is not English is 6.3%. The rate for Dartmouth is statistically higher than the Devon rate.

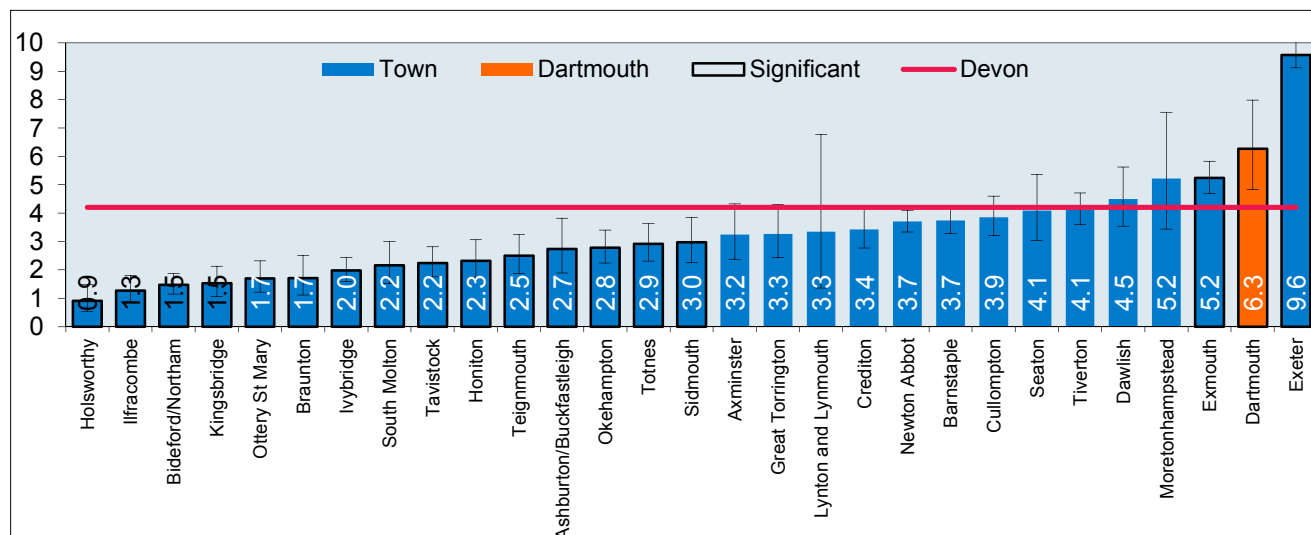


Figure 19: Percentage of pupils whose first language is not English - Source: DfE School Census (Jan 2013), DCC IDS and Strategic Commissioning - Children

7. Children and Young People

7.6 Teen Conceptions

The table below shows how the teen conception rates for wards in Dartmouth compare to the Devon rate of 28.6 per 1,000 female population aged 15-17.

No. wards with a significantly higher rate	0
No. wards with a higher rate	1
No. of wards where numbers were	0
No. wards with a lower rate	0
No. wards with a significantly lower rate	0

No wards have a rate that was significantly higher or lower than the Devon rate.

Figure 20: Inset map for teen conception rate in the Dartmouth Locality.

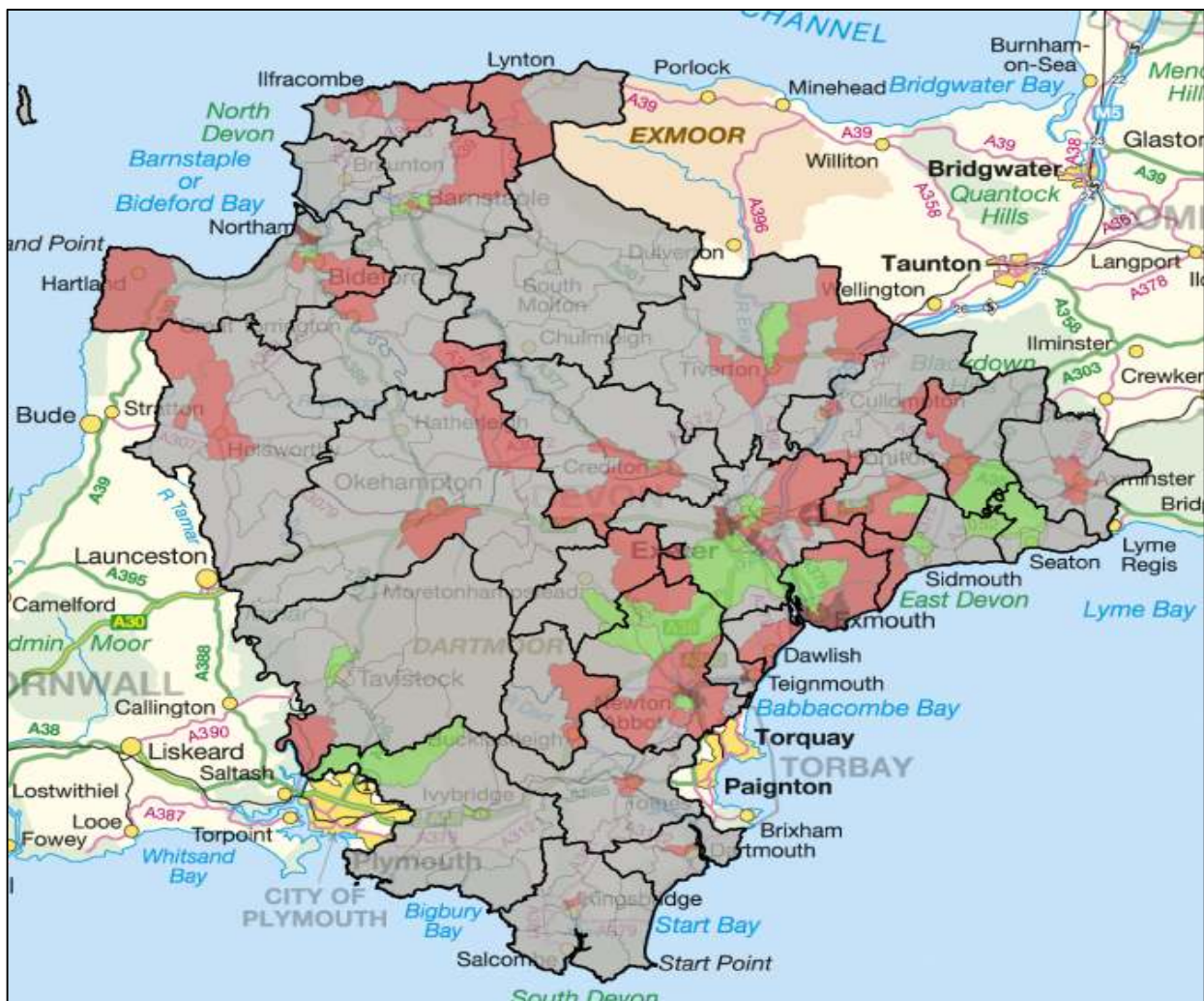
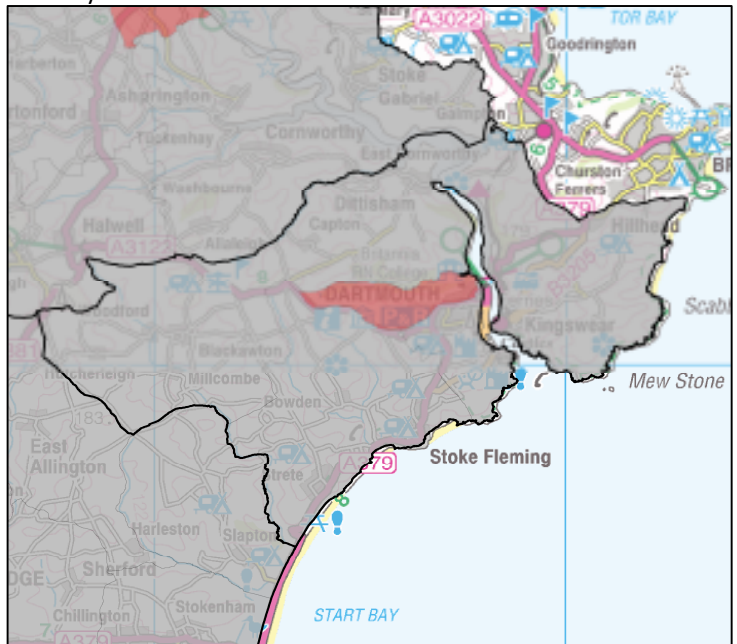


Figure 21: Map showing teen conception rate by Devon Ward - Data Source: ONS Ward under-18 conception data 2009-11

8. Adults

The Adults section is divided into information relating to five main population groups:

- Older People Aged 65 and Over
- People with a Learning Disability Aged 18-64
- People with a Mental Health Condition Aged 18-64
- People with a Physical Disability Aged 18-64
- Carers

A range of adult social care information is provided, which includes a comparison of the rates for the Town on the following topic areas:

People receiving an assessment

Social care assessments are carried out for new service users, i.e. they are not receiving a social care service at the time of the assessment. We have a duty to assess people who either appear to have an illness or to be disabled, and who may benefit from care services. Carers also have a right to an assessment where they are substantial and regular carers. The assessment is carried out by Care Direct and uses national guidelines from the Department of Health; Fair Access to Care Services (FACS) to assess people's needs. The assessment gathers information about a person's situation, needs, and difficulties – and identifies the impact of those needs on the individual's safety or independence. This assessment helps us to decide whether the level of need qualifies for a service. This information includes all those new clients assessed during the 12 month period April 2012 to March 2013.

A Devon-wide social care demand analysis has been completed as part of an adult social care Market Position Statement, and this is a source of further detailed analysis of the social care needs of the people of Devon and can be viewed via the following web link:-

<http://www.devon.gov.uk/index/socialcarehealth/sc-partnerships/providerengagement/market-position-statement.htm>

People receiving residential/ nursing care

This information relates to people receiving residential or nursing care at any point during the year April 2012 to March 2013, where the care was commissioned or provided by Devon Adult and Community Services (therefore excludes privately arranged and self funded care).

People receiving community based care

This information relates to people receiving community based social care at any point during the year April 2012 to March 2013, where the care was commissioned or provided by Devon Adult and Community Services. These services include day care, home care, meals, direct payments, professional support and equipment /minor adaptations.

8. Adults

8.1 Older People Aged 65 and Over

In 2012 there were an estimated 176,600 people aged 65+ in Devon. It is predicted that this will increase to 212,000 by 2021, representing a 25% increase (2011 to 2021). It is predicted that the most significant increases in population will be in the 70-74 and 75-79 age bands up to 2021, with percentage increases of 45% and 37% respectively.

Of the 176,600 population aged 65+ for 2012, it is estimated that:

- 73,277 of those will have a limiting long-term illness (41% of population 65+)
- 65,225 people aged 65+ are predicted to live alone (23,300 aged 65-74 and 41,925 aged 75+)
- 60,035 will be unable to manage at least one self-care activity on their own
- 72,937 will be unable to manage at least one domestic task* on their own

*(tasks include household shopping, washing and drying dishes, cleaning windows inside, jobs involving climbing, using a vacuum cleaner to clean floors, washing clothing by hand, opening screw tops, dealing with personal affairs, doing practical activities)

Data Source: CSED www.poppi.org.uk v8.0 Crown copyright 2012

The following section provides information relating to the social care services and support provided to the 65+ population of the Dartmouth Locality.

Client Assessments

In Dartmouth 48.3 people per 1,000 population received a new client assessment, compared to 49.2 per 1,000 in Devon overall.

8. Adults

8.1 Older People Aged 65 and Over

Residential/ nursing care

Since 2008-09 there has been an overall decline in the total number of people placed in care homes as the Council with its NHS partners has pursued its stated aim of supporting people to remain in their own homes wherever possible and appropriate.

The graph below shows that the DASR of the 65+ population in Dartmouth who received residential or nursing care services during the year April 2012 to March 2013 was 6.6 per 1,000 population aged 65+ compared to 14.1 for Devon overall.

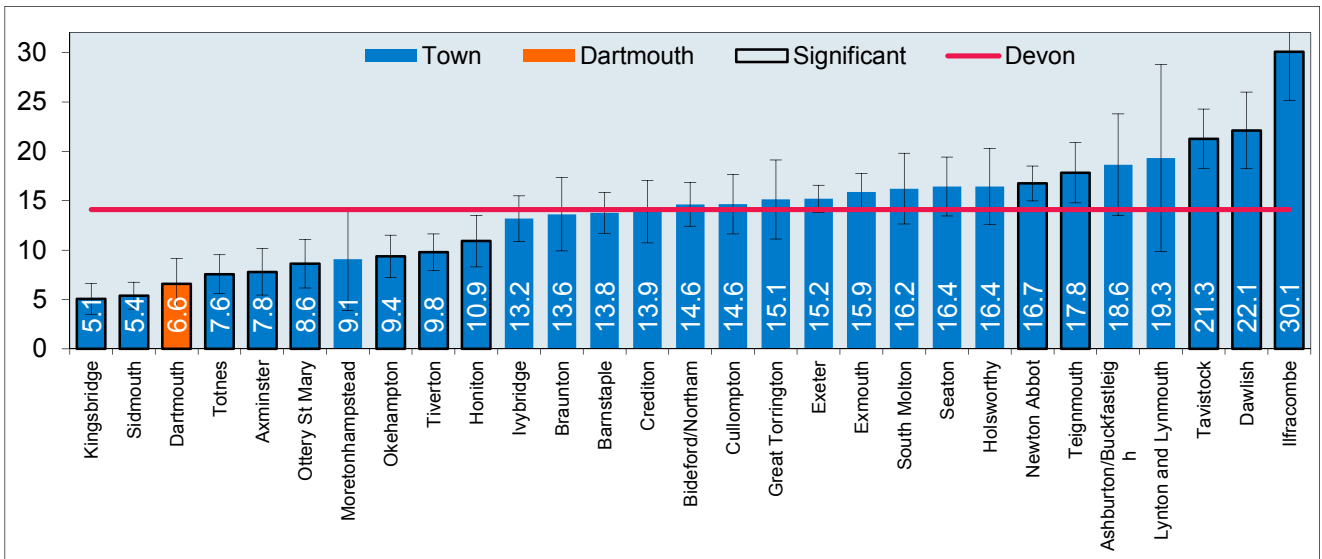


Figure 22: DASR of the population aged 65+ receiving ACS provided-commissioned residential-nursing care (2012-13) - Data Source: CareFirst (Referrals, Assessments & Packages of Care Statutory Return 2012-13)

Community-based Care

The graph below shows that the DASR per 1,000 population aged 65+ in Dartmouth who received community based care is 44.3 compared to 54.4 for Devon overall. The rate for the Dartmouth Locality is statistically lower than the Devon rate.

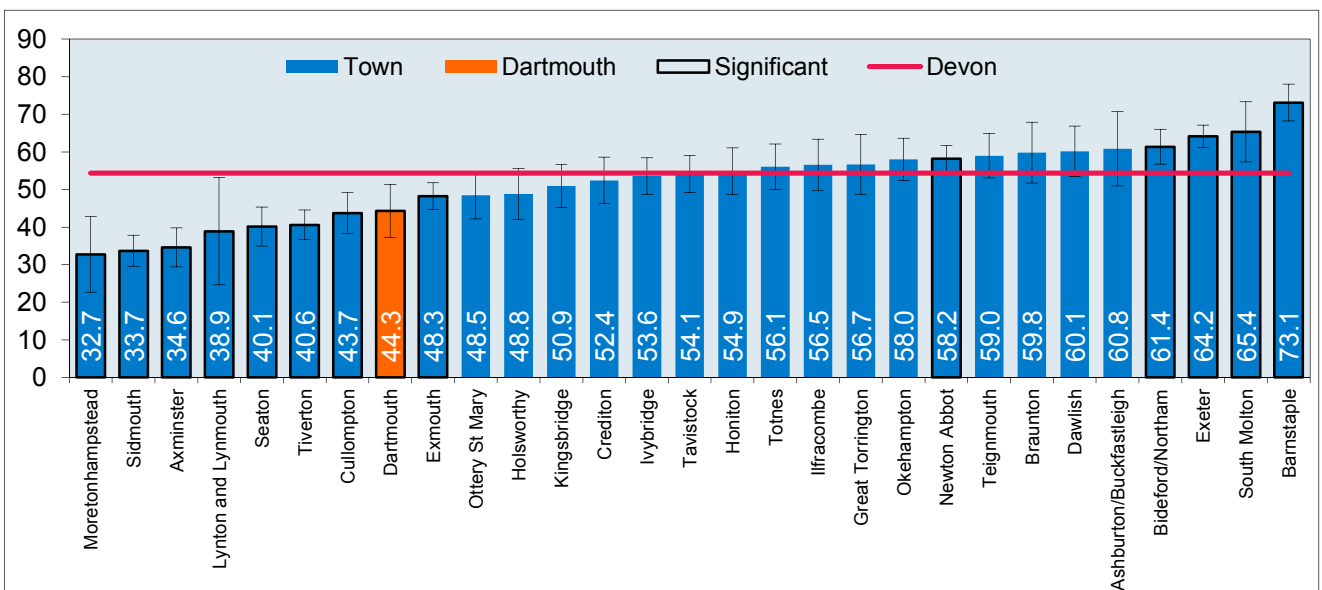


Figure 23: DASR of the population aged 65+ receiving ACS provided-commissioned community based care (2012-13) - Data Source: CareFirst (Referrals, Assessments & Packages of Care Statutory Return 2012-13).

8. Adults

8.1 Older People Aged 65 and Over

Older People 65+ with Mental Health Conditions

The most common functional mental health problem in older people is depression. Depression affects proportionately more older people than any other demographic group. This is because older people face more events and situations that may trigger depression: physical illness, debilitating physical conditions, bereavement, poverty and isolation. The majority of people who have depression make a full recovery after appropriate treatment, and older people are just as responsive to treatment as younger people. Communities and support services can help older people address some of the causes of depression such as social isolation, financial problems, or difficulties with their accommodation.

The Older People Mental Health category also includes dementia – an organic illness which describes a set of symptoms that include loss of memory, mood changes, and problems with communication and reasoning. There are many types of dementia. The most common are Alzheimer's disease and vascular dementia. Dementia is progressive, which means the symptoms will gradually get worse. Older people with dementia usually continue to live at home with support, but may benefit from specialist accommodation, including extra care housing. Of the 12,976 people predicted to be suffering from dementia in Devon (2012), 37% (4,848) of these were recorded on the Devon GP Dementia Register. As part of the Devon Dementia Joint Commissioning Strategy, improvements in the identification and recording of people with dementia are underway and are regularly monitored.

Further information around mental health in older people can be found in the Devon OPMH Town profiles:

<http://www.devonhealthandwellbeing.org.uk/jsna/profiles/town/opmh/>

[i] POPPI v8 Crown Copyright 2012. The most recent relevant source of UK data is Dementia UK: A report into the prevalence and cost of dementia prepared by the Personal Social Services Research Unit (PSSRU) at the London School of Economics and the Institute of Psychiatry at King's College London, for the Alzheimer's Society, 2007. The prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers of people predicted to have dementia to 2020. To calculate the prevalence rates for the 90+ population, rates from the research for the 90-94 and 95+ age groups have been applied to the England population 2006 to calculate the numbers in each age group, the sum of these groups is then expressed as a percentage of the total 90+ population to establish the predicted prevalence of the 90+ population as a whole.

8. Adults

8.2 Adults with Learning Disabilities

A person with a learning disability is usually defined as having:- A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence) with a reduced ability to cope independently (impaired social functioning) which started before adulthood, with a lasting effect on development.

However this definition focuses heavily on highlighting the additional needs of adults with a learning disability, drawing attention away from the fact that they are people with the same rights and responsibilities within society as all other adults. This has led to adults with learning disabilities not having their talents recognised and they are now an undervalued and therefore disadvantaged group of people within our society. This change in emphasis has been led by the government through the white paper Valuing People (2001)[i] and the refresh Valuing People Now (2009).

Based on Projecting Adult Needs and Service Information (PANSI) estimates, in 2012, 10,522 people in Devon aged 18-64 were predicted to have a learning disability (baseline estimate). Of these, 2360 are predicted to be moderate or severe, 272 to have Down's Syndrome and 196 to display 'challenging behaviour'. Of those with a learning difficulty 829 are predicted to be living with a parent.

The Devon Learning Disability Health Needs Assessment 2008 states that factors which also lead to an increase in the number of people with a learning disability include:

- longer life expectancy (especially for people with Down's Syndrome), with the number of adults over 60 with learning disabilities expected to increase by 36% between 2001 and 2021
- more children and young people with complex and multiple disabilities surviving into adulthood – this raises important issues for “Transitions Planning” (on average 35 children and young people with either a severe or profound multiple learning disability in Devon will transfer to adult learning disability services each year for the next four years.)
- a rise in the reported number of school age children with autistic spectrum disorder
- greater incidence of learning disability in some BME groups of South Asian origin

It has also been estimated that 110 service users in Devon are living with carers over 70 years of age and this figure is likely to grow as people with learning disabilities and their carers live longer.

Further information on adults with learning disabilities can be found in the Learning Disabilities Needs Assessments, found on the Devon Health and Wellbeing Website:

<http://www.devonhealthandwellbeing.org.uk/library/needs-assessments/>

8. Adults

8.2 Adults with Learning Disabilities

Residential/ nursing care

The DASR per 100,000 population aged 18 to 64 in Dartmouth with learning difficulties who received residential or nursing care services during the year April 2012 to March 2013 was 0 compared to 74.5 for Devon overall.

Community-based Care

The graph below shows that the DASR per 1,000 population aged 18 to 64 in Dartmouth with learning difficulties who are receiving ACS provided-commissioned community-based care is 1.9 compared to 3.6 for Devon overall. The rate for Dartmouth is statistically lower than the Devon rate.

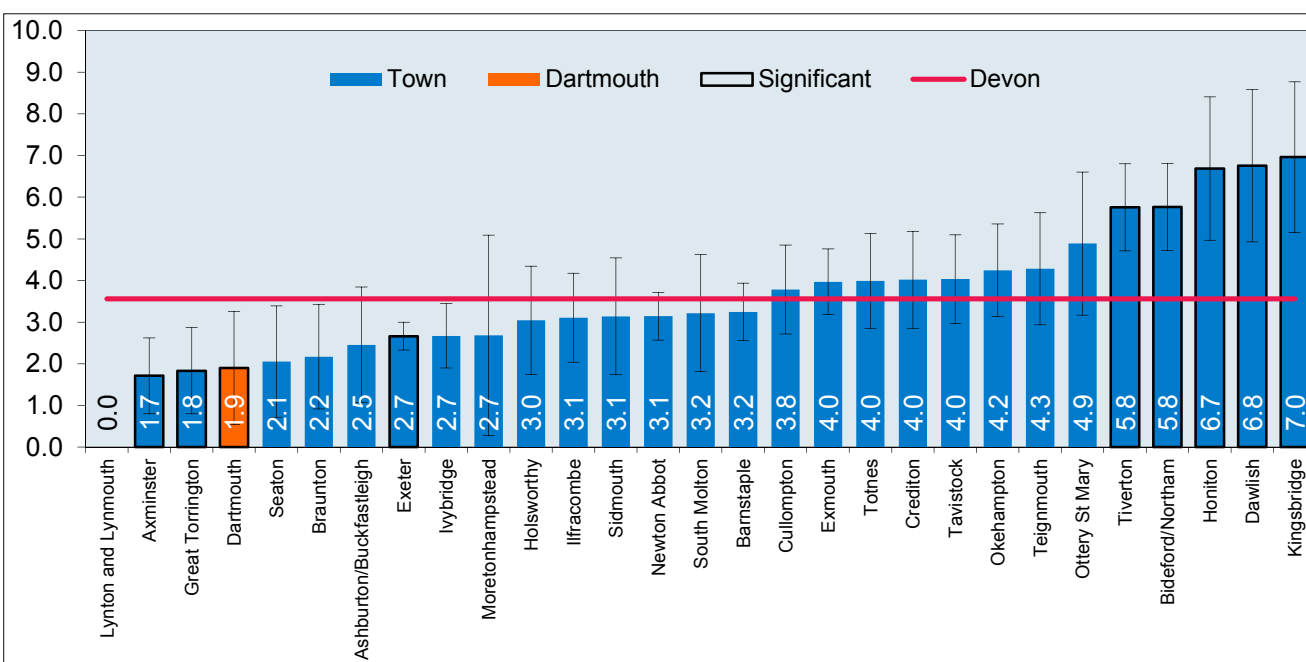


Figure 24: DASR of the population aged 18-64 with a learning disability receiving ACS provided-commissioned community based care (rate per 1,000, 2012-13) - Data Source: CareFirst (Referrals, Assessments & Packages of Care Statutory Return 2012-13)

8. Adults

8.3 Adults with Mental Health Conditions

There are many ways that mental health can be defined. The World Health Organisation defines mental health as:

‘Mental health is not just the absence of mental disorder. It is defined as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.’

Ensuring our population experiences good mental health is important for a wide range of reasons. Good mental health is vital to ensuring good physical health. It is also important for ensuring the development and maintenance of family relationships and friendships, our education, training and ability to fulfil our potential in employment. As it impacts on all aspects of people’s lives, it is therefore the responsibility of not only the individual, but also families, friends, employers and the wider community to enable people to develop and importantly maintain good mental health.

Based on Projecting Adult Needs and Service Information (PANSI) estimates, in Devon in 2012:

- 70,257 people aged 18-64 predicted to have a common mental disorder¹
- 1,967 people aged 18-64 predicted to have a borderline personality disorder²
- 1,503 people aged 18-64 predicted to have an antisocial personality disorder³
- 1,746 people aged 18-64 predicted to have psychotic disorder⁴
- 31,321 people aged 18-64 predicted to have two or more psychiatric disorders

PANSI data are based on the report Adult psychiatric morbidity in England, 2007: Results of a household survey, published by the Health and Social Care Information Centre in 2009.

Further information about mental health in Devon can be found in the 2013 Mental Health Needs Assessment, available on the Devon Health and Wellbeing website:

<http://www.devonhealthandwellbeing.org.uk/library/needs-assessments>

¹ Common mental disorders (CMDs) are mental conditions that cause marked emotional distress and interfere with daily function, but do not usually affect insight or cognition. They comprise different types of depression and anxiety, and include obsessive compulsive disorder. The report found that 19.7% of women and 12.5% of men surveyed met the diagnostic criteria for at least one CMD.

² Personality disorders are longstanding, ingrained distortions of personality that interfere with the ability to make and sustain relationships. Antisocial personality disorder (ASPD) and borderline personality disorder (BPD) are two types with particular public and mental health policy relevance.

³ ASPD is characterised by disregard for and violation of the rights of others. People with ASPD have a pattern of aggressive and irresponsible behaviour which emerges in childhood or early adolescence. They account for a disproportionately large proportion of crime and violence committed. ASPD was present in 0.3% of adults aged 18 or over (0.6% of men and 0.1% of women).

⁴ Psychoses are disorders that produce disturbances in thinking and perception severe enough to distort perception of reality. The main types are schizophrenia and affective psychosis, such as bi-polar disorder. The overall prevalence of psychotic disorder was found to be 0.4% (0.3% of men, 0.5% of women). In both men and women the highest prevalence was observed in those aged 35 to 44 years (0.7% and 1.1% respectively). The age standardised prevalence of psychotic disorder was significantly higher among black men (3.1%) than men from other ethnic groups (0.2% of white men, no cases observed among men in the South Asian or ‘other’ ethnic group). There was no significant variation by ethnicity among women.

8. Adults

8.3 Adults with Mental Health Conditions

Adults aged 18 to 64 with Mental Health Conditions

Assessments

The DASR per 1,000 population aged 18 to 64 in Dartmouth with a mental health condition who received a new client assessment is 2.6 compared to 3.1 in Devon overall.

Residential/ nursing care

The DASR per 1,000 population aged 18 to 64 in Dartmouth with a mental health condition who are receiving ACS provided/commissioned residential-nursing care is 0 compared to 0.2 in Devon overall.

Community-based Care

The graph below shows that the DASR per 1,000 population aged 18 to 64 in Dartmouth with a mental health condition who are receiving ACS provided/commissioned community based care is 3.7 compared to 7.9 for Devon overall.

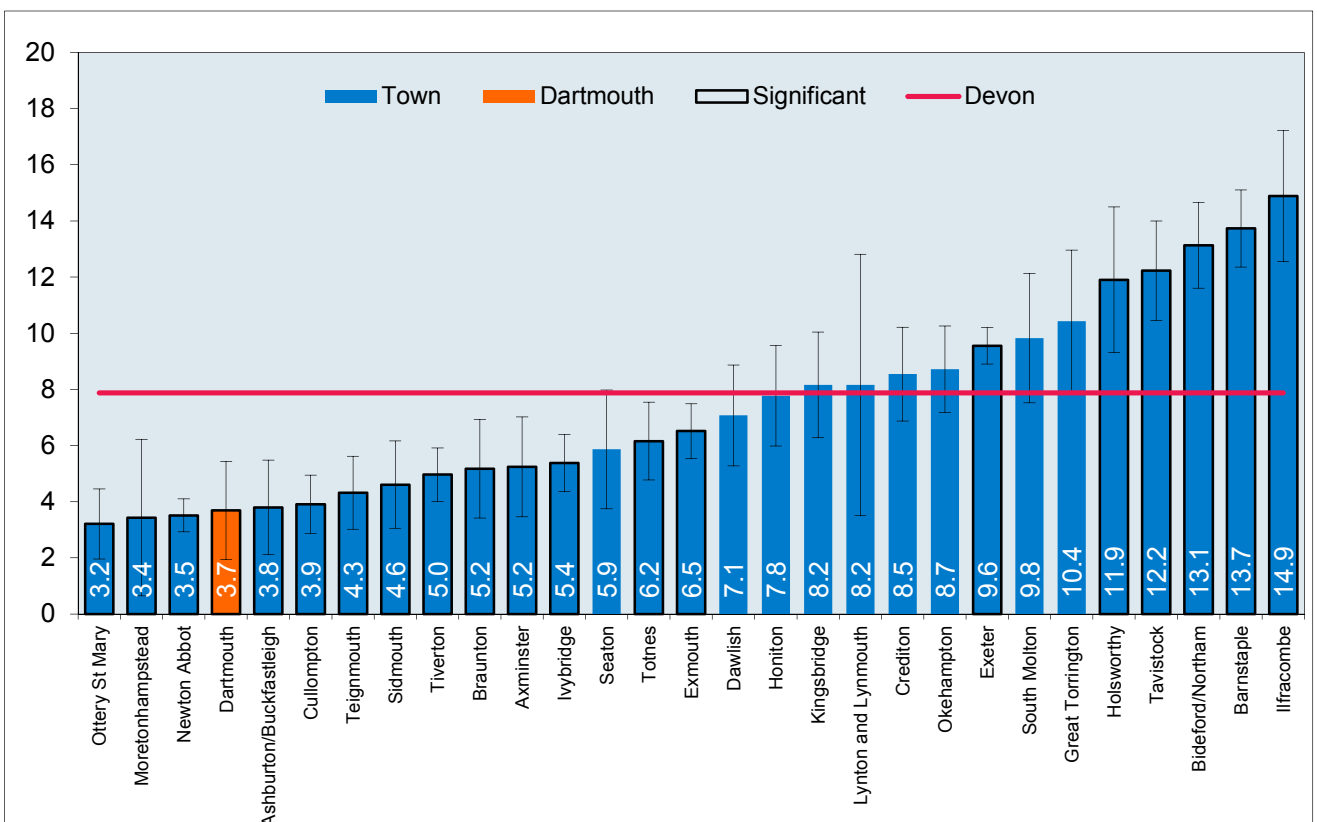


Figure 25: DASR of the population aged 18-64 with a mental health condition receiving ACS provided/commissioned community based care (rate per 1,000, 2012-13) - Data Source: CareFirst (Referrals, Assessments & Packages of Care Statutory Return 2012-13).

8. Adults

8.4 Adults with Physical Disabilities

Based on Projecting Adult Needs and Service Information (PANSI) estimates, in Devon in 2012:

- 36,433 people aged 18 to 64 had a moderate physical disability. It is predicted that this number will increase by 1.7% (to 37,055) by 2020.
- 11,196 people aged 18 to 64 had a severe physical disability. It is predicted that this number will increase by 2.6% (to 11,500) by 2020.
- Over half (54%) of those with a severe physical disability (6,009 out of 11,196) were aged 55 to 64
- 19,453 people aged 18 to 64 have a moderate or severe hearing impairment (with an additional 180 having a profound hearing impairment). It is predicted that this number will increase by 3.6% (to 20,169) by 2020.

The NHS Information Centre statutory returns Registered Blind and Partially Sighted, and People Registered Deaf or Hard of Hearing indicate that in Devon:

- 830 people aged 18-64 were registered blind or partially sighted (March 2011)
- 3,745 people across all age groups (0+) were registered blind or partially sighted (March 2011)
- 280 people aged 18-64 were registered as deaf (March 2010)

- 20,053 people aged 18-64 living in Devon during 2010 had a moderate or severe hearing impairment. It is predicted that this number will increase by 5% (to 21,022) by 2030.

There are known to be more people in Devon who have a visual impairment who are not registered.

Data Source: NHS IC Registered Blind and Partially Sighted Statutory Return 2010/11, Tables B1 and PS1

The following section provides information relating to the social care services and support provided to the 18-64 population of Dartmouth with a physical disability.

Assessments

The DASR per 1,000 population aged 18 to 64 in Dartmouth with a physical disability who received a new client assessment is 4.2 compared to 3.5 in Devon overall.

Residential/ nursing care

The DASR per 1,000 population aged 18 to 64 in Dartmouth with a physical disability who are receiving ACS provided/commissioned residential-nursing is 1.2 compared to 0.3 in Devon overall.

8. Adults

8.4 Adults with Physical Disabilities

Community-based Care

The graph below shows that the DASR per 1,000 population aged 18 to 64 in Dartmouth with a physical disability who are receiving ACS provided/commissioned community-based care is 4.5 compared to 5 for Devon overall. The rate for Dartmouth is not statistically different to the Devon rate.

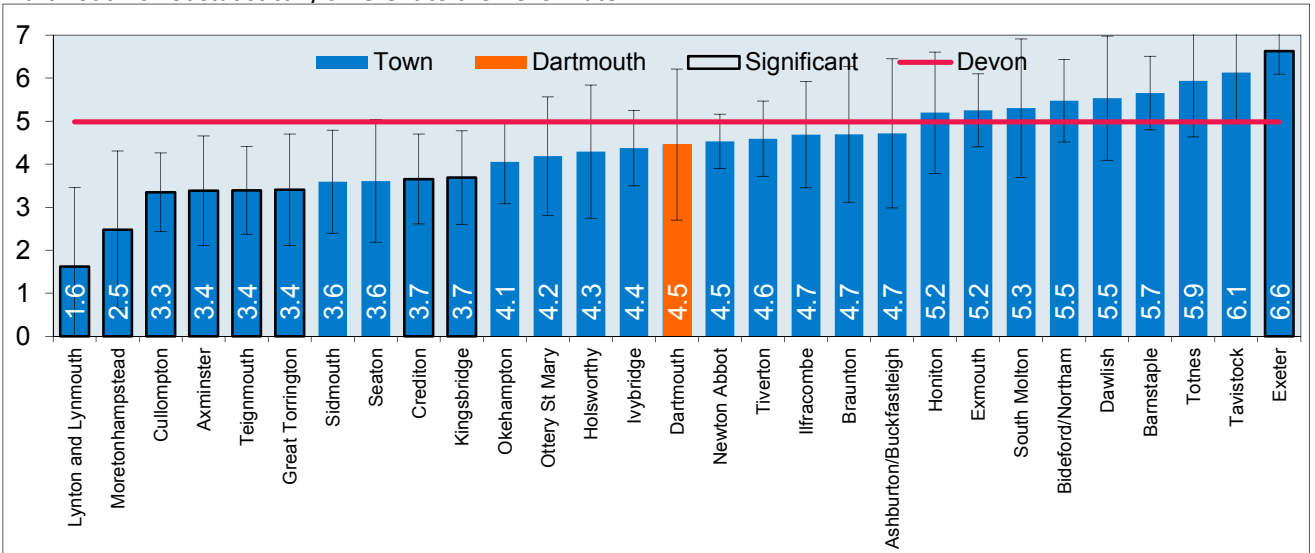


Figure 26: DASR of the population aged 18-64 with a physical disability receiving ACS provided/commissioned community based care (rate per 1,000, 2012-13) - Data Source: CareFirst (Referrals, Assessments & Packages of Care Statutory Return 2012-13).

8. Adults

8.5 Carers

Carer assessments and reviews

The graph below shows that the DASR adult carers aged 18+ receiving an assessment or review in the Dartmouth Locality is 0.13 DASR per 1,000 population aged 18+ compared to 0.68 for Devon overall. The rate for Dartmouth is not statistically different to the Devon rate.

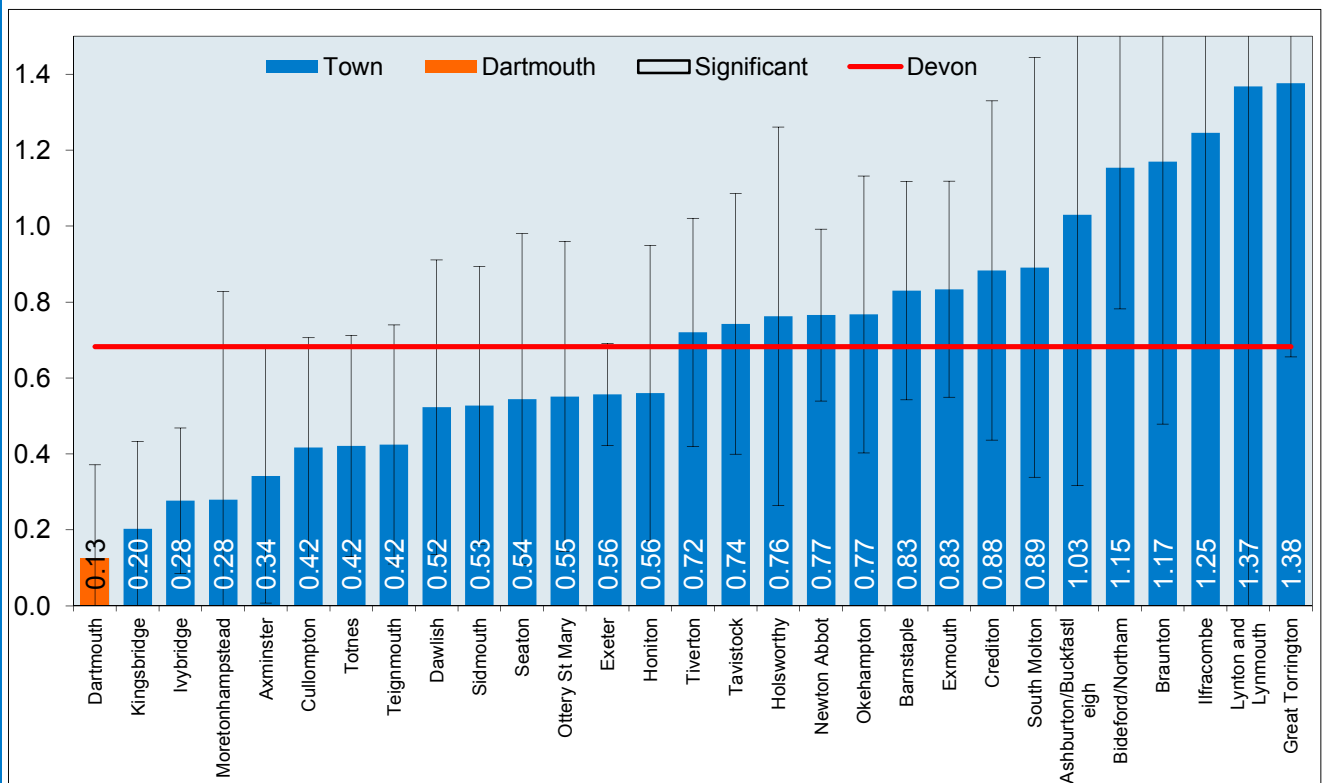


Figure 27: DASR of the population aged 18+ receiving a carers assessment or review (rate per 1,000, 2012-13) - Data Source: CareFirst (Referrals, Assessments & Packages of Care Statutory Return 2012-13)

User/Carer Feedback (Social Care)

In 2012-13 two social care user experience surveys were run, the Adult Social Care Survey (ASCS) and the Carers Survey. The ASCS has been run annually since 2010-11 and is in its third year of existence, the survey sample is made up of service users known to councils who have received social services. A total of 1,032 questionnaires were posted to service users over 18 from all client groups and receiving any type of service and 390 responses were received (37.8% response rate). The Carers Survey was run nationally for the first time following a successful pilot in 2009-10 and is a random sample of carers who have been assessed or reviewed by councils in the previous 12 months. A total of 1,000 questionnaires were posted to carers aged over 18 and 612 responses were received (61.2% response rate).

The results of both surveys have been analysed in terms of positive responses as a percentage of all responses to each question (i.e. Q. Which of the following statements best describes how much control you have over your daily life? A. I have as much control over my daily life as I want; I have adequate control over my daily life). Due to the volume of survey responses received, it is not feasible to analyse the results at a Devon Town level. However a District analysis is available in the JSNA District Profiles, which shows the results for a selection of key questions from both surveys. This can be found on the Devon Health and Wellbeing Website:

<http://www.devonhealthandwellbeing.org.uk/>

8. Adults

8.6 Personalisation

Adult Social Care Self-directed Support

Devon County Council remains committed to the personalisation agenda, enabling people to be more in control of the services they receive. Self-directed support in the form of a Personal Budget is money that is allocated by Devon County Council to an individual to arrange their own care and support, following an assessment or review of their needs. A person can, if they wish, have some or all of this money paid directly to them as a Direct Payment. A person may be asked to pay a contribution towards the cost, based on an assessment of their financial circumstances. A Personal Budget enables a person to achieve greater choice and control over their care and support, together with increased awareness of its financial value. Research has indicated that personal budgets have a positive effect in terms of impact on wellbeing, increased choice and control, cost implications and improving outcomes.

The graph below shows that the DASR adults and carers aged 18+ receiving self directed support in the Dartmouth Locality is 18.2 DASR per 1,000 population aged 18+ compared to 18.3 for Devon overall. The rate for Dartmouth is not statistically different to the Devon rate.

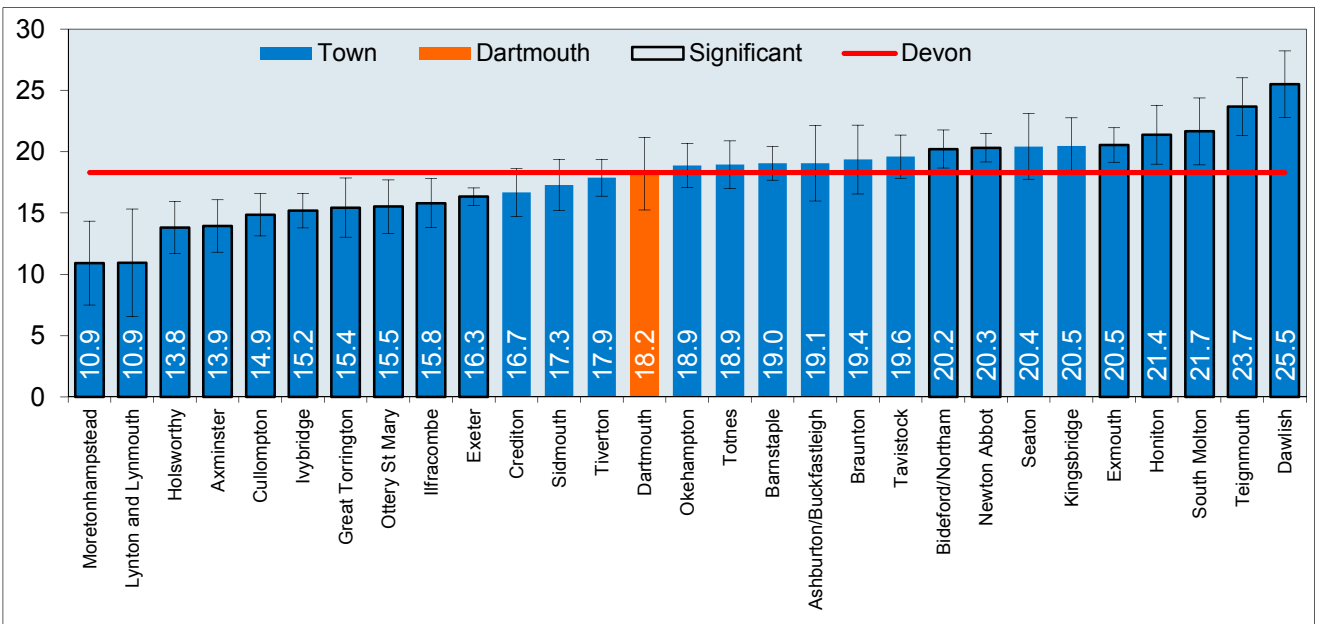


Figure 28: Proportion of the population aged 18+ receiving self-directed support (2012-13) – Data Source: Care First (Referrals, Assessments & Packages of Care Statutory Return 2012-13)

8. Adults

8.7 Crime

This section provides information on domestic violence cases and drug and alcohol related crime. All rates have been calculated per 1,000 adult (18+) population. The below table and graphs compare the rates for the Dartmouth area to the Devon rate and other town areas. Please note that due to local recording inconsistencies, recent and accurate alcohol and drug related crime data is not available and these sections use the same data as in the previous version of the profile.

Crime	Dartmouth Rate	Devon Rate	Statistical Significance
Domestic Violence	7.0	10.6	statistically lower
Drug Related	1.6	1.9	not statistically different
Alcohol Related	5.9	5.7	not statistically different

Figure 29: Crime rates for Dartmouth per 1,000 population aged 18+. - Data Source: Various

Domestic Violence Cases

The Home Office estimates that 7% of women and 5% of men have been victims of domestic violence in the past year, with around 75% of these being repeat victims. The majority of these people will not have reported the incident to the police and as such the figures below are an underestimate of the issue.

The graph below shows that the crude rate of reported cases of domestic violence in Dartmouth is 7 per 1,000 population aged 18+ compared to 10.6 for Devon overall. The rate for Dartmouth is statistically lower than the Devon rate.

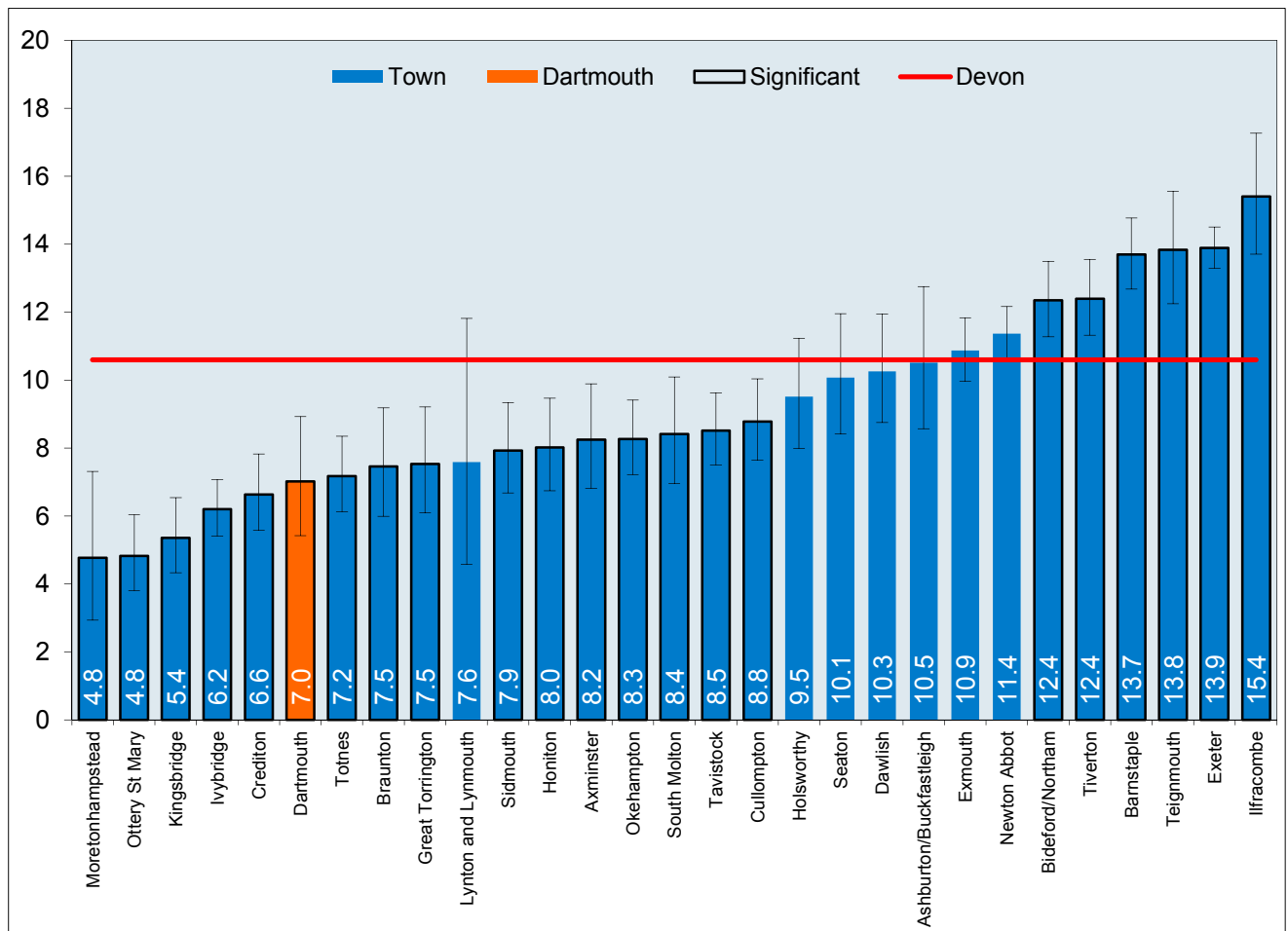


Figure 30: Number of domestic violence cases per 1,000 population aged 18+ (2012-13) - Data Source: Crime in England and Wales, Home Office

8. Adults

8.7 Crime

Drug Related Crime

The graph below shows that the number of annual drug related crimes in the Dartmouth Locality is 1.6 per 1,000 population aged 18+ compared to 1.9 for Devon overall. The rate for Dartmouth is not statistically different to the Devon rate.

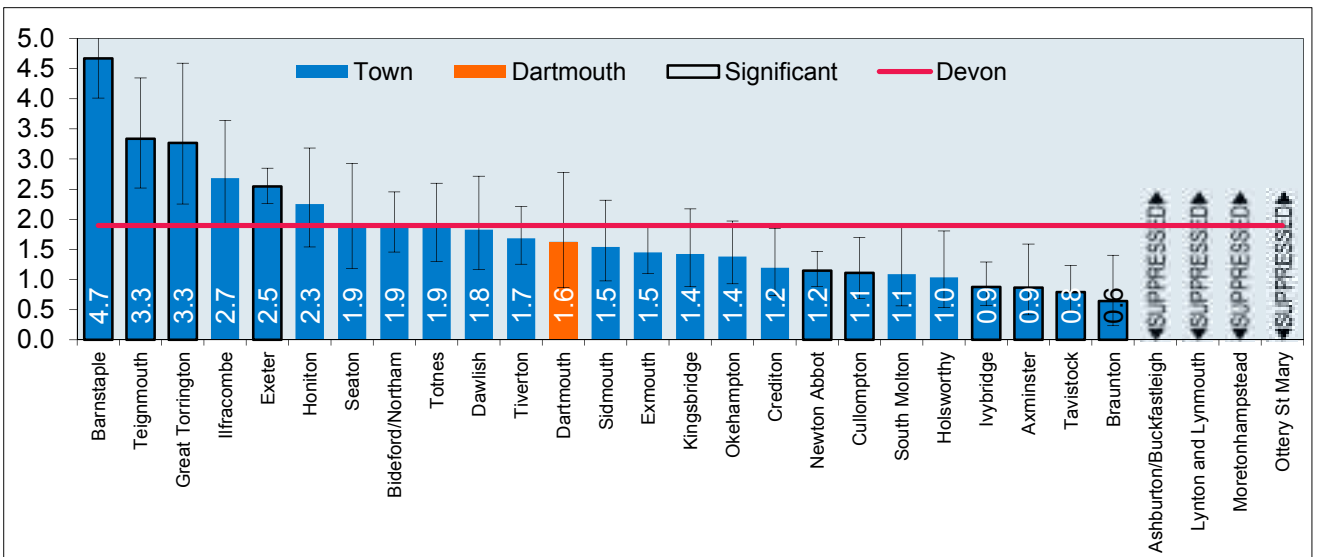


Figure 31: Number of drug related crimes per 1,000 population aged 18+ (2008-09 to 2009-10) - Data Source: Devon and Cornwall Constabulary Crime Data

Alcohol Related Crimes

For the purpose of this profile, the number of alcohol related crimes has been defined as the number of times an individual has been charged with either VV4 - violence in the vicinity of a licensed premises, VV5 - violence under the influence of an intoxicating substance, or a combination of these two.

The graph below shows that the rate of annual alcohol related crimes in the Dartmouth Locality is 5.9 per 1,000 population aged 18+ compared to 5.7 for Devon overall. The rate for Dartmouth is not statistically different to the Devon rate.

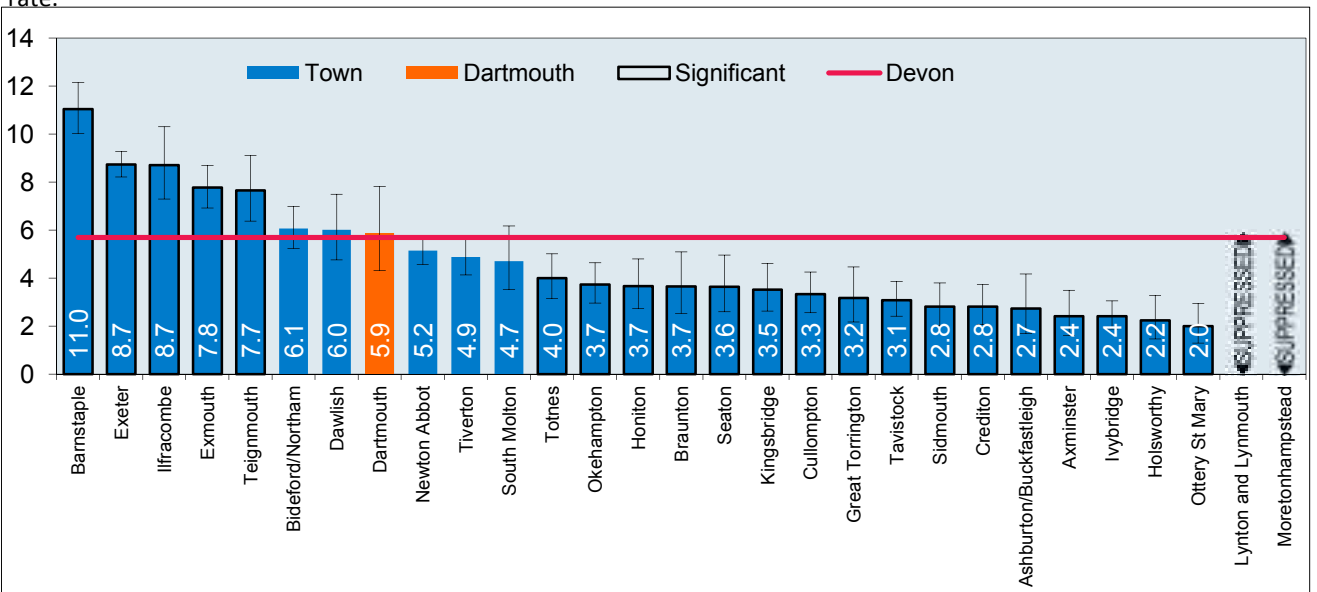


Figure 32: Number of alcohol related crimes per 1,000 population aged 18+ (2008-09 to 2009-10) - Data Source: Devon and Cornwall Constabulary Crime Data

8. Adults

8.8 Smoking

Current smoking rates in England are 20.0% generally and 30.3% for routine and manual groups (R/M). For Devon the most recent estimated smoking rate is 20.2%. However, in the South West smoking rates for R/M groups are 30.2%. Although Devon overall has tobacco use comparable to the national average, there are 76/201 wards where tobacco attributable mortality is higher than expected and three regions (Exeter, North Devon and Torrington) where the indirectly standardised mortality ratio is higher than expected. This indicates that there are pockets where there is a strong need for tobacco control work. In Devon around 1 in 10 women smoke in pregnancy (9.8%). Although this is better than the national average, the impact is startling. Smoking during pregnancy is estimated to contribute to 40% of all infant deaths. Highest smoking rates are in the deprived populations and is the leading factor in increased health inequalities.

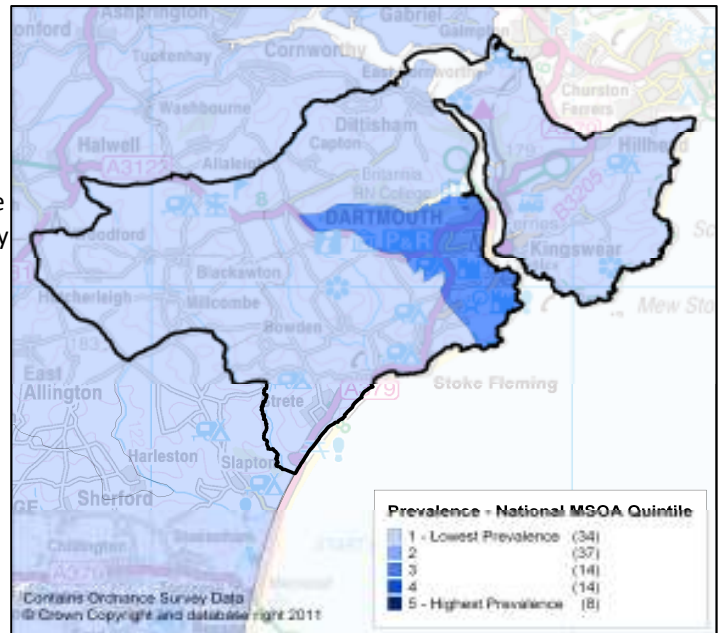


Figure 33: Inset map for the Dartmouth Locality.

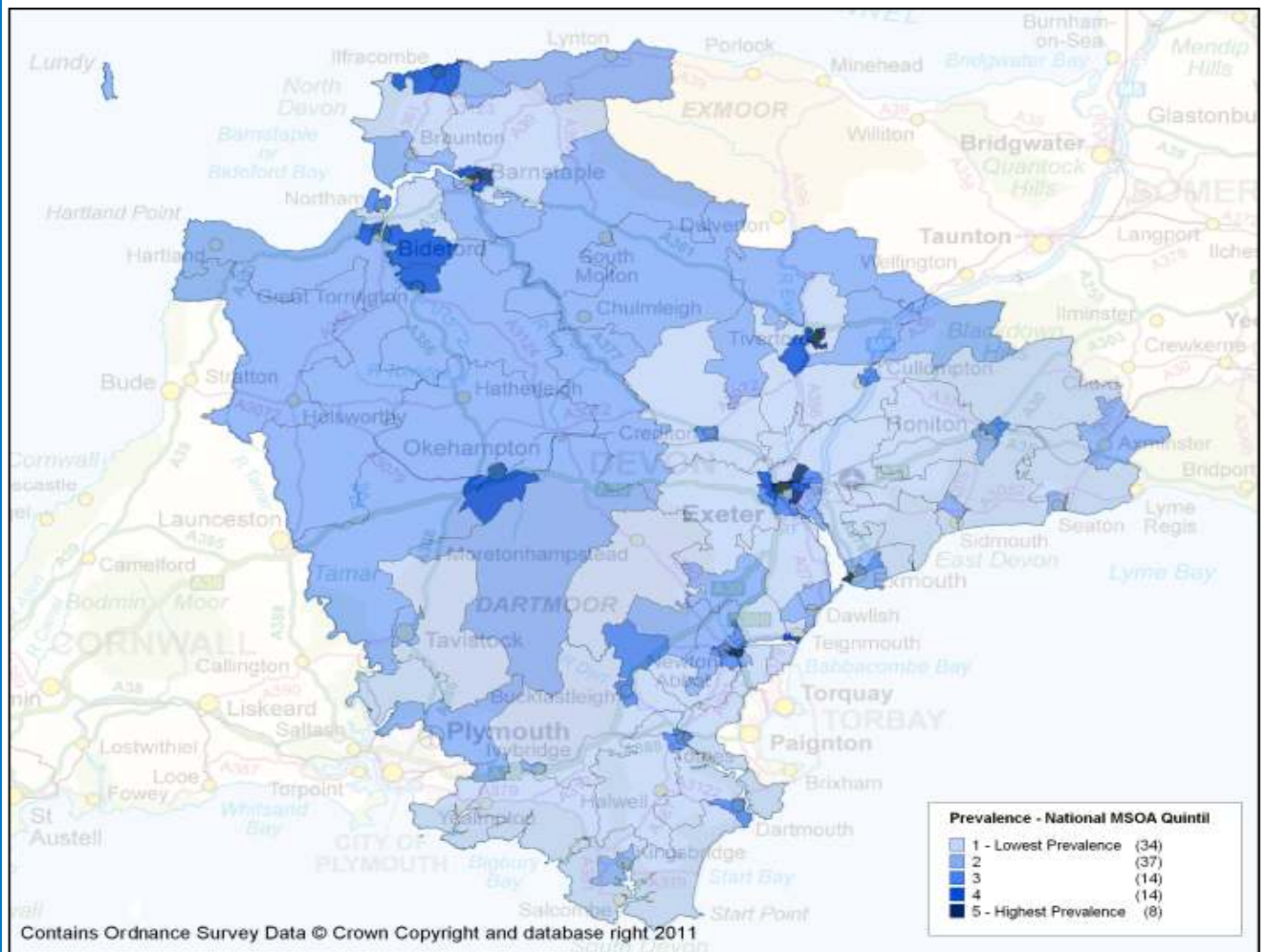


Figure 34: Modelled Medium Super Output Area Smoking prevalence in Devon (2003-05) - Data Source: Healthy Lifestyle Behaviours, Model Based Estimates

9. Hospital Activity

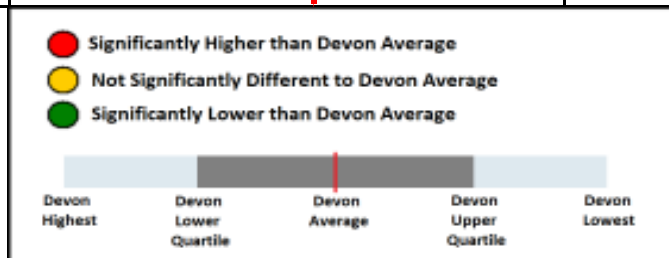
9.1 Elective Admissions

An elective hospital admission is usually a planned procedure that has been booked either by the GP and the patient, or the patient has been on a waiting list. Elective admissions account for around 50 per cent of admitted hospital activity in the UK, with emergencies accounting for 35 per cent and maternity the other 15 per cent. The vast majority (just over 80 per cent) of elective admissions are day cases, where a patient is admitted to hospital, has surgery and is discharged on the same day, without having to stay overnight. Elective hospital admissions are often used as an indicator of hospital performance.

The spine chart below shows the Directly Age Standardised Rate (DASR) of elective admissions for a number of healthcare conditions (calculated using ICD10 codes), some for all ages, some for those aged under 75 for years 2007-2011. The coloured circle shows the performance of this Town, the dark grey band shows the range of the middle 50% of Towns, and the light grey bar shows the range between the highest and lowest admission rates.



Figure 35: Directly age standardised rate of elective admissions per 100,000 population (2007-11) - Data Source: Secondary Uses Service Commissioning Dataset



9. Hospital Activity

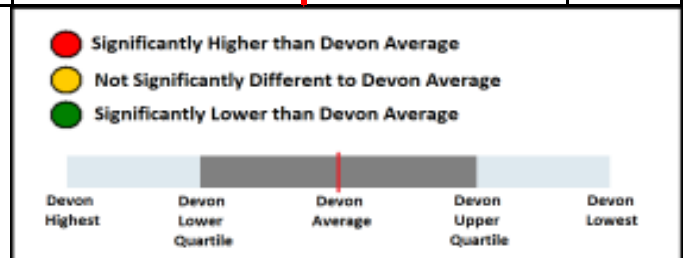
9.2 Emergency Admissions

Emergency admissions are admissions that are not predicted and happen at short notice because of an urgent clinical need. They represent around 65 per cent of hospital bed days in England. Avoiding emergency hospital admissions is a major concern for the National Health Service (NHS), not only because of the high and rising unit costs of emergency admission compared with other forms of care, but also because of the disruption it causes to elective health care.

The spine chart below shows the Directly Age Standardised Rate (DASR) of emergency admissions for a number of healthcare conditions (calculated using ICD10 codes), some for all ages, some for those aged under 75. The coloured circle shows the performance of this Town, the dark grey band shows the range of the middle 50% of Towns, and the light grey bar shows the range between the highest and lowest admission rates.



Figure 36: Directly age standardised rate of emergency admissions per 100,000 population (2007-11) - Data Source: Secondary Uses Service Commissioning Dataset



9. Hospital Activity

9.3 Alcohol Related Admissions

Alcohol-related admissions include those where acute, chronic and mental conditions are known to relate either fully or partially to alcohol use. Further details on how these figures are derived can be found in the glossary.

The graph below shows that the directly age standardised rate of alcohol related hospital admissions per 100,000 population in Dartmouth is 1397 compared to 1514 per 100,000 population for Devon overall.

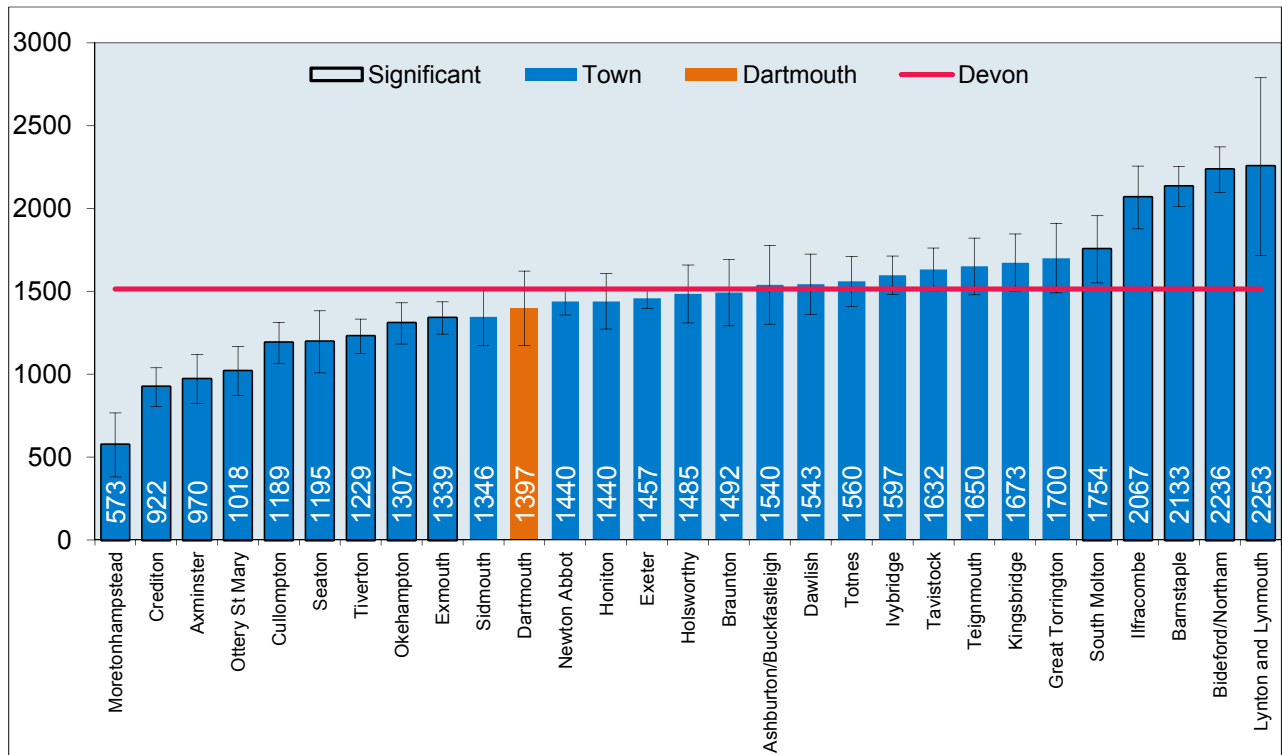


Figure 37: Directly age standardised rate of alcohol related admissions per 100,000 population (2008-12) - Data Source: Secondary Uses Service Commissioning Dataset