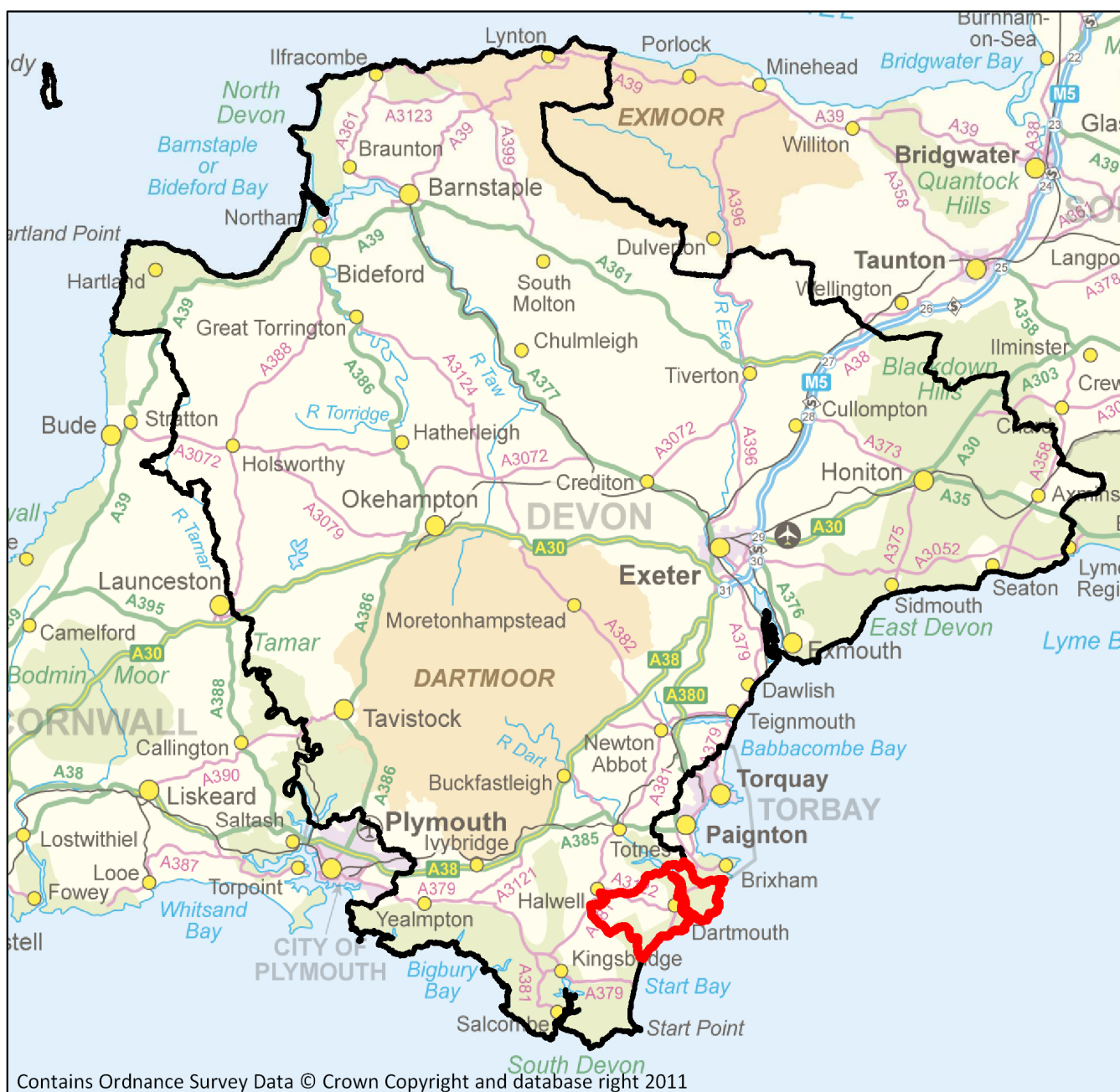


# Joint Strategic Needs Assessment Market Town Profile 2010-11

## Dartmouth



## Executive Summary

This executive summary highlights the main findings of this document in one place. Datasets for which a statistical test could be conducted are shown in the table below. Where statistical tests were not appropriate, summary statements are included below:

- ▶ The population of Dartmouth is predicted to decrease by 185 people between 2011 and 2026, a fall of 1.8%.
- ▶ In Dartmouth, the proportion of the population from a BME background is 1%, compared to a rate of 1.1% for Devon. (Based on the 2001 Census).
- ▶ Within Dartmouth there are 2 wards with an under 18 conception rate higher than the Devon average and no wards with a rate lower than the Devon average. There are no wards in Dartmouth with a significantly higher or lower rate than the NHS Devon average.

Statistically Lower Rate

Rate Not Statistically Different

Statistically Higher Rate

Section / Data			Rate
Birth Rate			50.3 females per 1000 aged 15 to 44
Life Expectancy			81.9 years
Children & Young People	SEN	Statements	5.2% of school pupils
		School Action+	7.2% of school pupils
	Youth Offending		0 per 1,000 children aged 10-17
	GCSE Performance		49.2% of DCC school pupils
	Ethnicity		5.8% of school pupils
	First Language		2.1% of school pupils
Adults	Aged 65+	<b>Living in care homes</b>	11 per 1000 population aged 65+
		Community based care	24.8 per 1000 population aged 65+
		Targeted support services	28.8 per 1000 population aged 65+
		Assessments	61.7 per 1000 population aged 65+
		Reviews	44.3 per 1000 population aged 65+
	Learning Disabilities	<b>Living in care homes</b>	0 per 1000 population aged 18 to 64
		Community based care	1.5 per 1000 population aged 18-64
		Targeted support services	0 per 1000 population aged 18-64
		Assessments	0 per 1000 population aged 18+
		Reviews	0.8 per 1000 population aged 18+
	Mental Health Condition	<b>Living in care homes</b>	0 per 1000 population aged 18 to 64
		Community based care	0 per 1000 population aged 18 to 64
		Targeted support services	0 per 1000 population aged 18 to 64
		Assessments	1.9 per 1000 population aged 18 to 64
		Reviews	1.9 per 100,000 population aged 18 to 64
	Physical Disabilities	<b>Living in care homes</b>	0 per 1000 population aged 18 to 64
		Community based care	5.8 per 1000 population aged 65+
		Targeted support services	1.5 per 1000 population aged 18-64
		Assessments	21 per 1000 population aged 18-64
		Reviews	14 per 1000 population aged 18-64
	Carer Assessments and Reviews		20.8 per 1000 population aged 18+
	Crime	Domestic Violence	9.8 per 1000 population aged 18+
		Drug	1.6 per 100,000 population aged 18+
Alcohol		5.9 per 1000 population aged 18+	
Hospital Activity	Outpatient Attendances		1078 DASR per 100,000 population
	Accident and Emergency Attendances		446 DASR per 100,000 population
	Elective Admissions		125 DASR per 100,000 population
	Emergency Admissions		63.8 DASR per 100,000 population
	Alcohol Related Admissions		1283 DASR per 100,000 population

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## 1. Introduction

This is the Devon Joint Strategic Needs Assessment for the Dartmouth area, which also encompasses surrounding rural parishes.

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. The 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 market 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 NHS Devon Information Teams, and the Devon County Council Adult and Community Service and Children and Young Peoples Service and Strategic Intelligence teams.

A glossary will be made available providing detailed definitions and background information for the measures in this report. At the back of this report there is an appendix of references to other documents providing more detailed information on the topic areas covered in this profile.

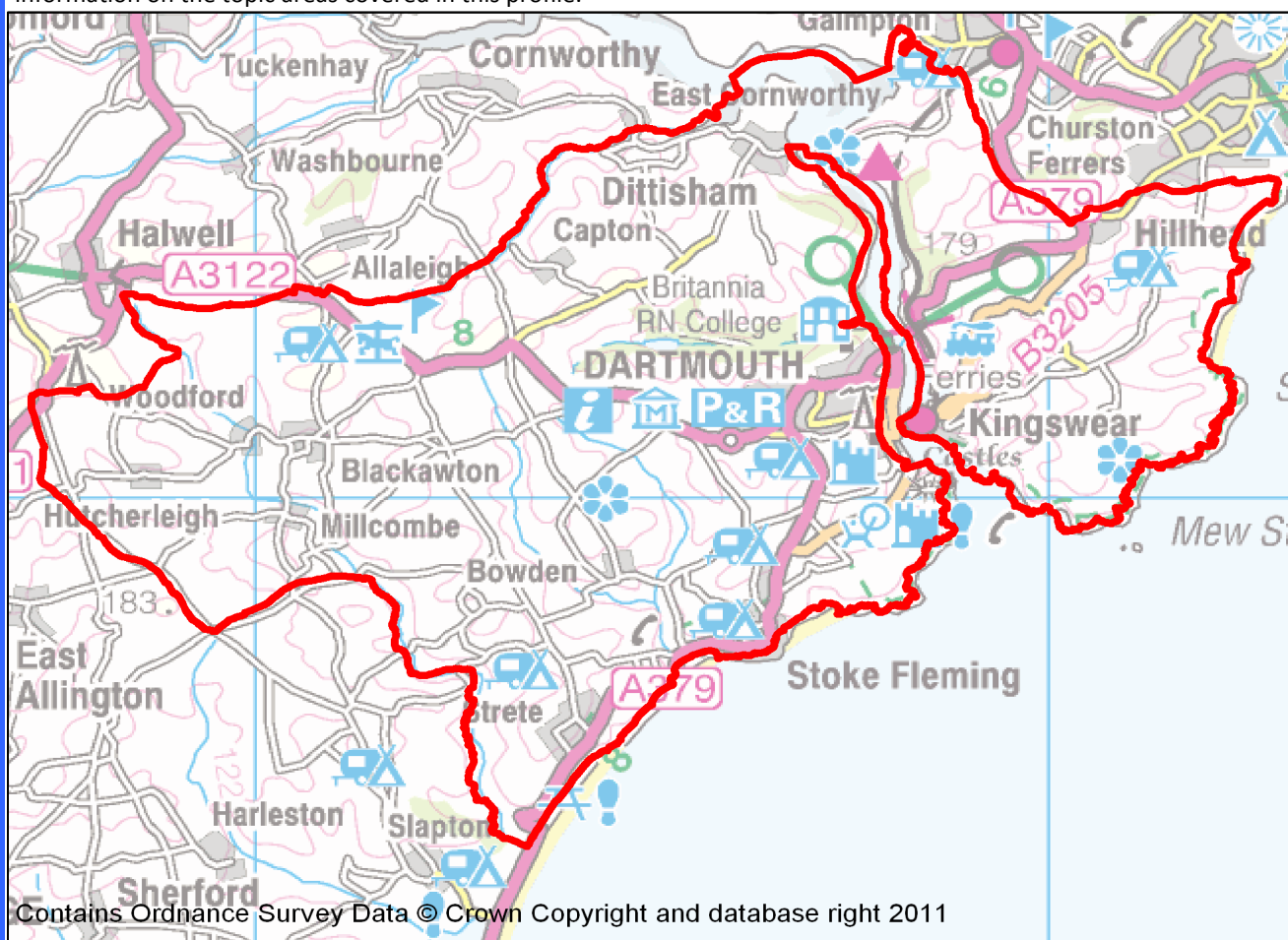


Figure 1: Detailed Map of Dartmouth.

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 NHS Devon Public Health Intelligence Team at [d-pc.devonjsna@nhs.net](mailto:d-pc.devonjsna@nhs.net).

## 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
0-4	178	183
5-9	188	213
10-14	222	217
15-19	215	254
20-24	215	239
25-29	189	205
30-34	182	186
35-39	225	229
40-44	287	244
45-49	332	335
50-54	344	323
55-59	382	390
60-64	472	491
65-69	394	402
70-74	276	304
75-79	255	210
80-84	210	154
85+	271	148
<b>Total</b>	<b>4837</b>	<b>4727</b>

Figure 2: Dartmouth population size by age group and gender (June 2010) Data Source: Patient and Practitioner Services Agency

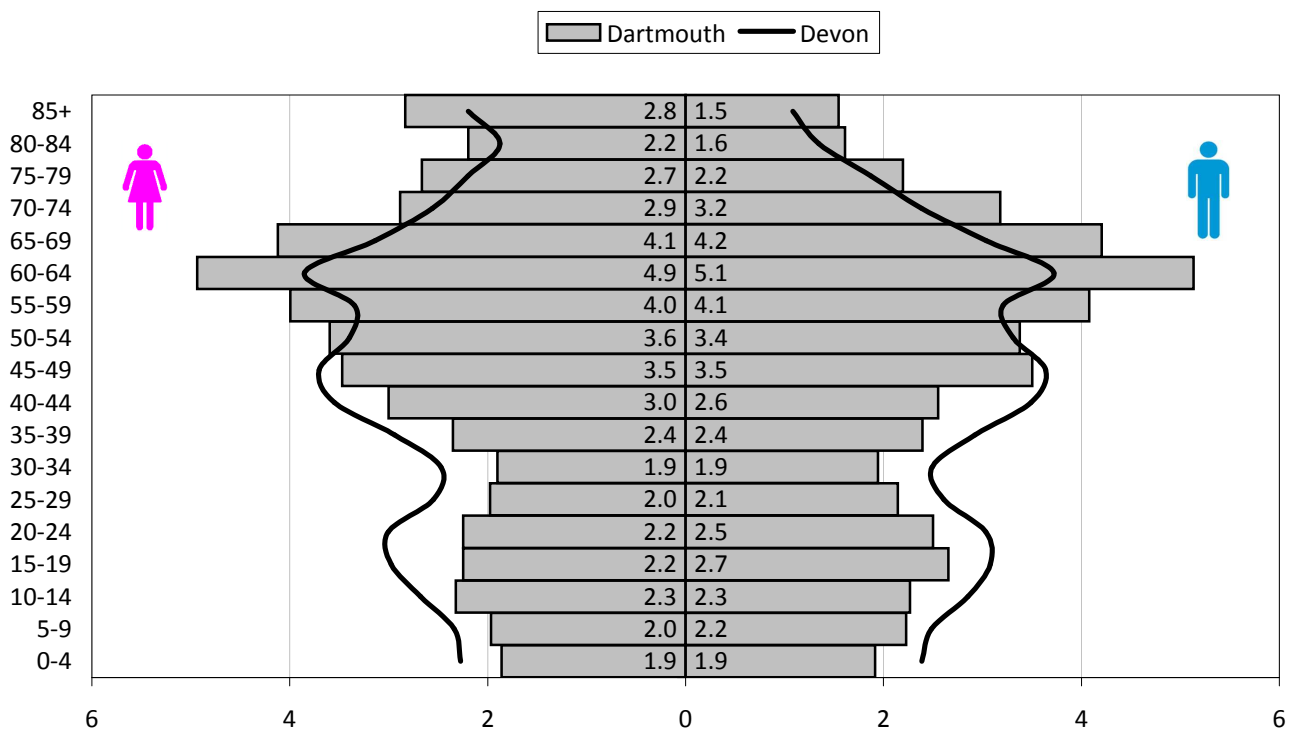


Figure 3: Dartmouth population pyramid compared to Devon (June 2010) Data Source: Patient and Practitioner Services Agency

## 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%.

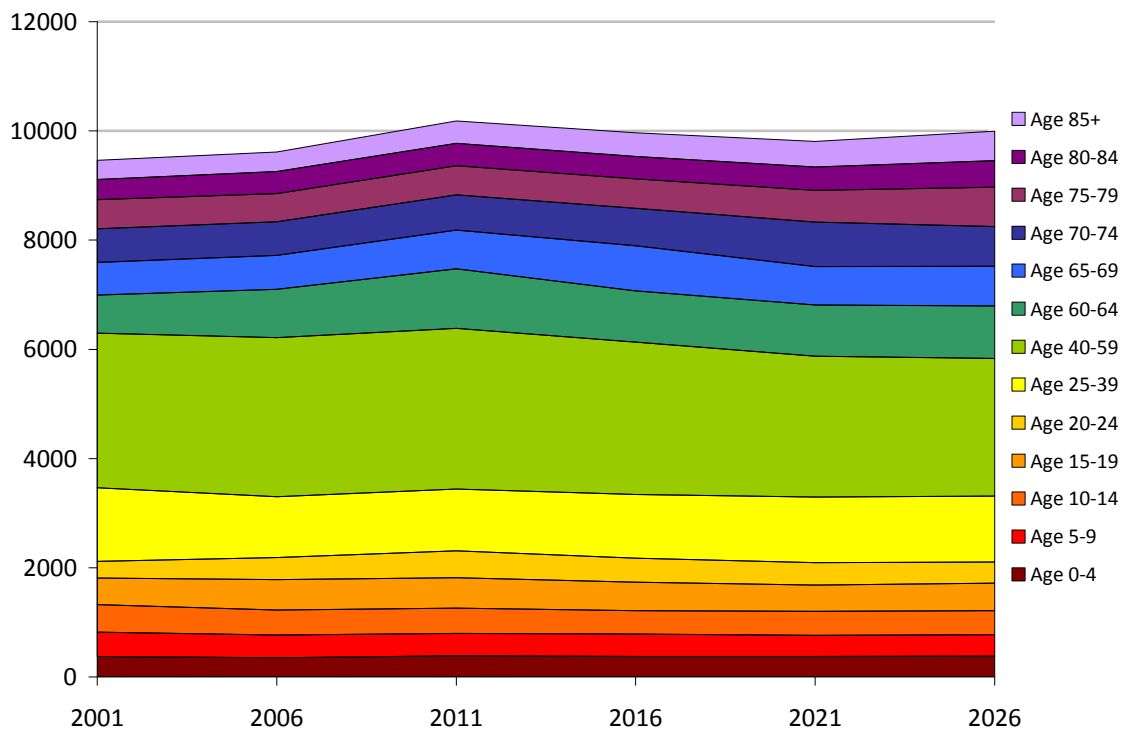


Figure 4: Dartmouth population projection by age group. Data source: Jan 2010 DCC population projections

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

Until the release of the 2011 census data, there is very little up to date information relating to the proportion of people from a black or minority ethnic background. The map below, which is based on data from the 2001 census, shows that in Dartmouth the proportion of the population from a BME background is 1%, compared to a rate of 1.1% for Devon.

More up to date information relating to the prevalence of the BME population in schools (see Section 6.4) suggests that since 2001 there may have been around a five fold increase in BME over the past 10 years.

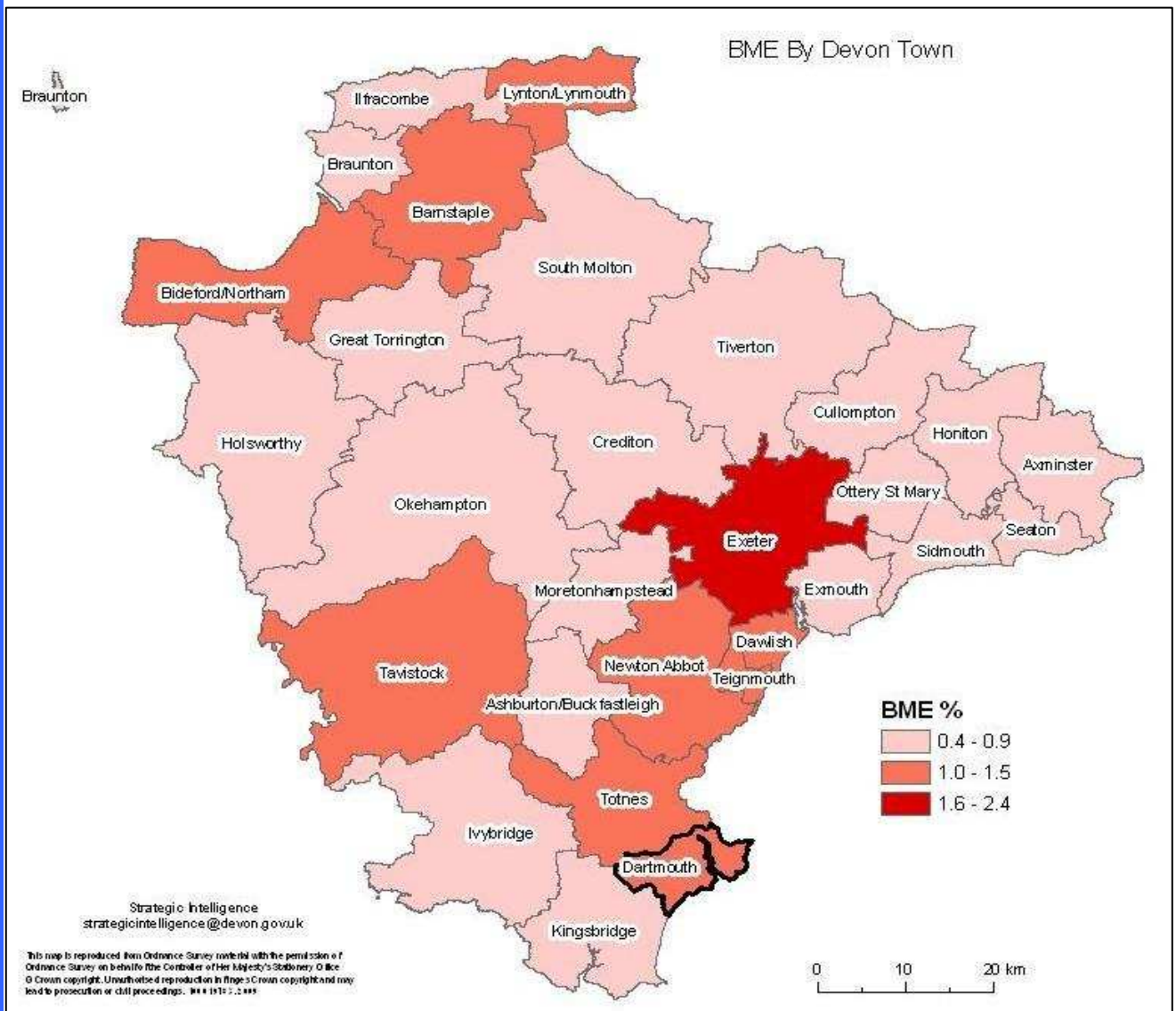


Figure 6: Map of BME prevalence in Devon (2001) Data Source: 2001 Census

### 3. 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). Over the last 5 years the birth rate in Devon has increased by 8.2%. The graph shows that in Dartmouth the birth rate per 1000 women aged 15 to 44 is 50.3, compared to a rate of 52.8 per 1000 for Devon. The rate for Dartmouth is not statistically different to the Devon rate.

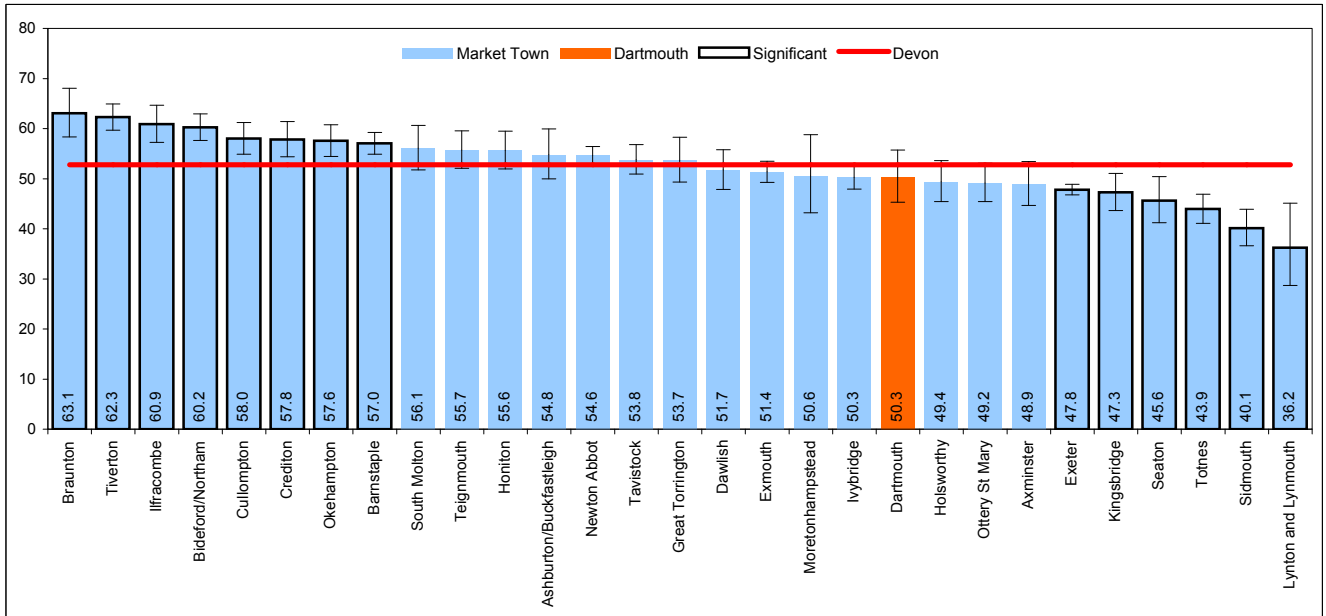


Figure 7: Devon market town birth rate per 1000 females aged 15-44, (2006-10). Data Source: Public Health Birth Files, Adapted from data from the Office for National Statistics licensed under the Open Government Licence v.1.0, © Crown Copyright 2011

### 4. Life Expectancy

The average life expectancy for the population of Dartmouth is 81.9 years. This is 0.3 years longer than the Devon average(81.6), which is not a statistically significant difference. The average life expectancy in Devon is higher than the national average of 80.2 years.

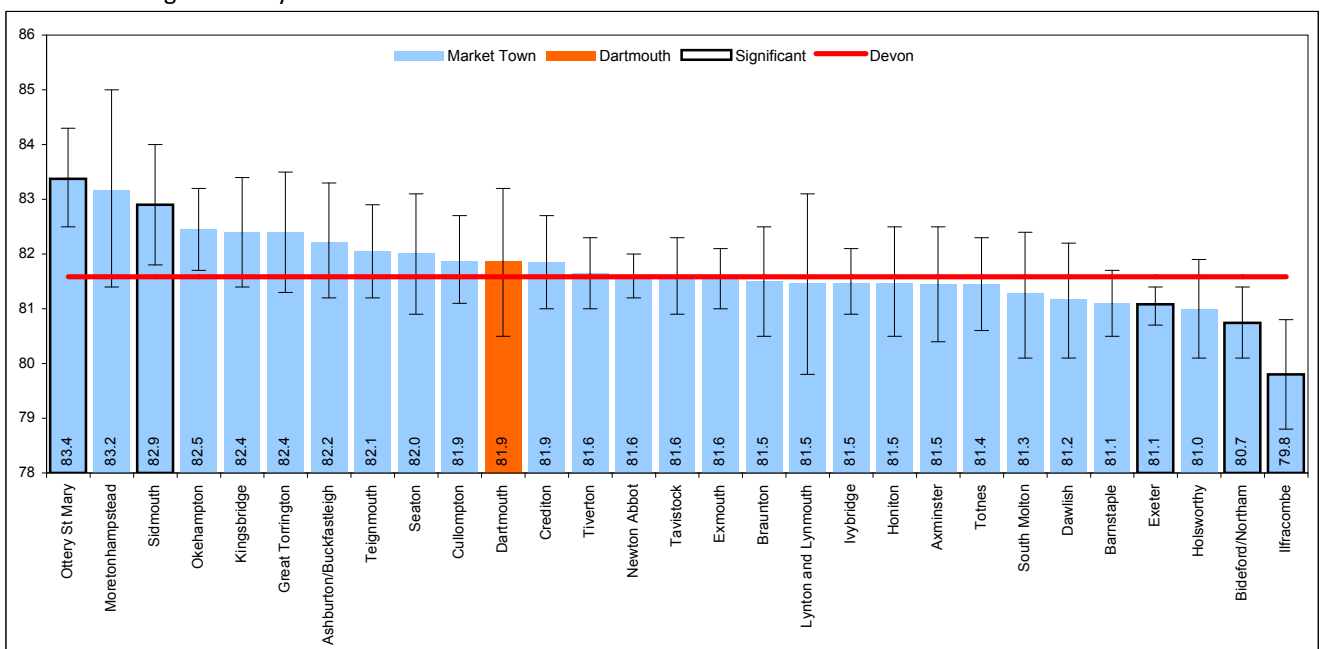


Figure 8: Devon market town life expectancy (2005-09). Data source: Public Health Mortality Files, Office for National Statistics, Adapted from data from the Office for National Statistics licensed under the Open Government Licence v.1.0

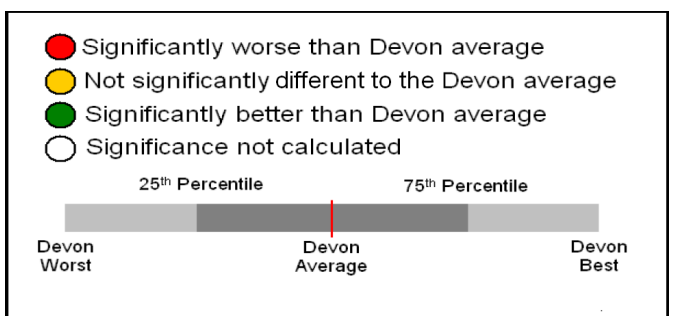


### 5. Mortality

A further indicator of the health of an area is the death (mortality) rate. Mortality rates (standardised for age and sex) for 19 causes of death have been calculated at a market town Devon level (using deaths registered between 2005 and 2009). The spine chart below compares these rates, and shows whether there is a statistically significant difference between the market town and Devon rate.

Mortality Data	Devon	Market Town	Worst	Devon Range	Best
All	493.8	465.4	569.8		431.3
Male	586.6	572.1	681.7		486.9
Female	418.2	372.2	484.3		362.8
All (U75)	224.5	226.9	275.8		164.6
Male (U75)	274.1	288.2	357.2		221.8
Female (U75)	176.7	165.2	202.7		106.0
Cancer	157.0	132.0	181.3		131.2
Cancer (U75)	96.7	74.8	110.5		67.7
Circulatory Disease	162.8	156.6	233.4		98.2
Circulatory Disease (U75)	56.2	62.6	80.1		31.1
CHD	78.8	66.1	116.3		41.4
CHD (U75)	32.4	31.4	47.2		19.9
Stroke	44.0	43.7	55.3		29.4
Stroke (U75)	10.2	12.0	19.7		4.8
Smoking	82.1	75.0	102.7		67.2
Suicide*	8.2	15.3	15.9		2.2
Accidental Injury	15.3	9.8	25.2		7.0
Alcohol	6.0	11.3	11.7		1.3
Drugs	3.1	0.0	9.4		0.0

Figure 9: Standardised mortality rates for Dartmouth compared to Devon (2005-09) Data source: MORTALITY DATASET



\* Including "Injury Undetermined"

## 6. Children and Young People

### 6.1 Special Educational Needs

In 2011, the number of pupils with additional needs (i.e. Statements, School Action Plus and School Action combined) in England was 1.67 million, around 21% of pupils. In Devon the percentage is currently 23% (2011). The graphs below illustrate the percentage of young people supported at School Action Plus and with a Statement 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 in Dartmouth who have a statement is 5.2%, compared to 3.4% for Devon overall. The rate for Dartmouth is not statistically different to the Devon rate.

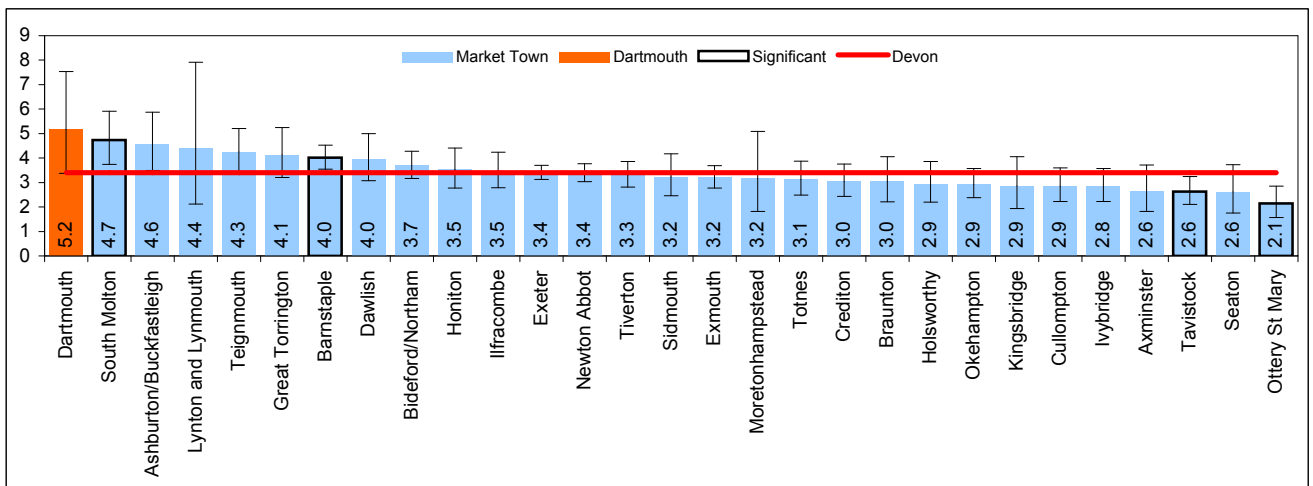


Figure 10: School SEN Statements - Data Source: DfE School Census (Jan 2011)

#### School Action Plus

The graph below shows that the percentage of pupils supported at School Action Plus living in in Dartmouth is 7.2%, compared to 6.7% for Devon overall. The rate for Dartmouth is not statistically different to the Devon rate.

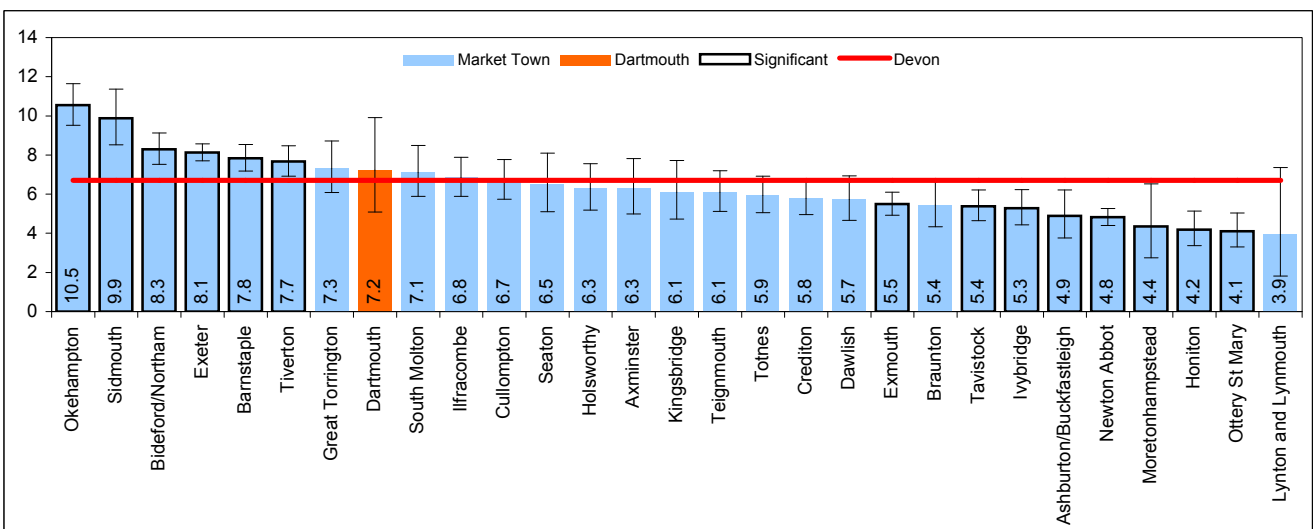


Figure 11: School SEN action+ - Data Source: DfE School Census (Jan 2011)

## 6. Children and Young People

### 6.2 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. 938 young people offended in 2010-11, which equates to 9.8 offences per 1000 population aged 10 to 17. Of these, 491 were first time offenders, 326 were repeat offenders and 121 were persistent offenders.

The total number of young people aged 10-17 years who offended in Devon has fallen by 31% between 2008-9 and 2009-10 and the overall number of offences committed has fallen by 33% within the same period. The highest number of offences committed in 2010-11 was violence against the person (23%), theft & handling (17%) and criminal damage (13%) whereas drug related offences have increased most significantly from 107 offences in 2008-9 to 141 in 2010-11 (3:

Within Devon, such small numbers of First Time Entrants (FTEs) can cause significant statistical variations from one year to the next, particularly in the smaller towns and communities. In general, around two thirds of FTEs do not reoffend, but the pattern of those who re-offend more persistently (Persistent Youth Offenders - PYOs) is even more liable to fluctuation outside of the four largest communities (Barnstaple, Exeter, Exmouth and Newton Abbot). Preventative work by the Youth Offending Service and Children's Trust is increasingly focused, therefore, on the towns where there is a longer term pattern of FTEs and PYOs above the Devon average.

The rate of Youth Offending Team clients in Dartmouth is not available, as the data at this geographical level had to be suppressed due to small numbers.

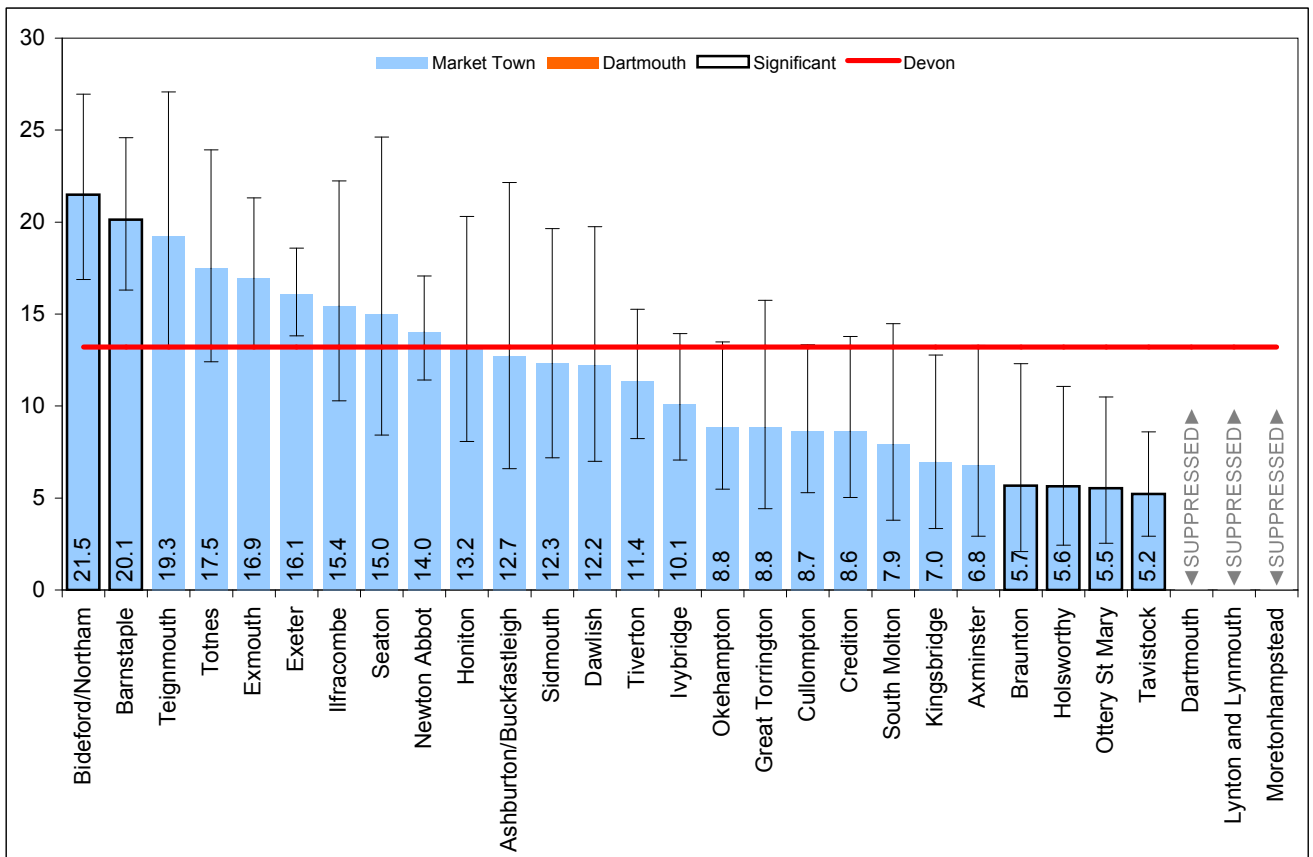


Figure 12: Number of Youth offending Team Clients per 1,000 population (10-17 years), 2009 - Data Source: Devon Youth Offending Team 2009

## 6. Children and Young People

### 6.3 GCSE Performance

Key Stage 4 results improved again in 2010 (54.7% gaining 5 A\*C including English and Maths), showing an improvement of nearly 3% on 2009, exceeding the national average by 1.7%. Girls are still outperforming boys with 60.4% to 49.1% gaining 5 A\*C (inc. E&M). 14.4% of students achieved the new recently introduced English Bacallaureate measure, in comparison to the national figure of 15.1%.

The Local Authority has established a 'Closing the Gap' Programme to improve the attainment of the lowest 20% of achievers, raising their attainment closer to the Devon average. Particular focus areas will be boys, those eligible for Free School Meals, Special Educational Needs status and Children in Care. There is also a 'Raising the Bar' programme to stretch the most able, but Devon's children are already above the national average in this context.

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 49.2%. The rate for Dartmouth is not statistically different to the Devon rate.

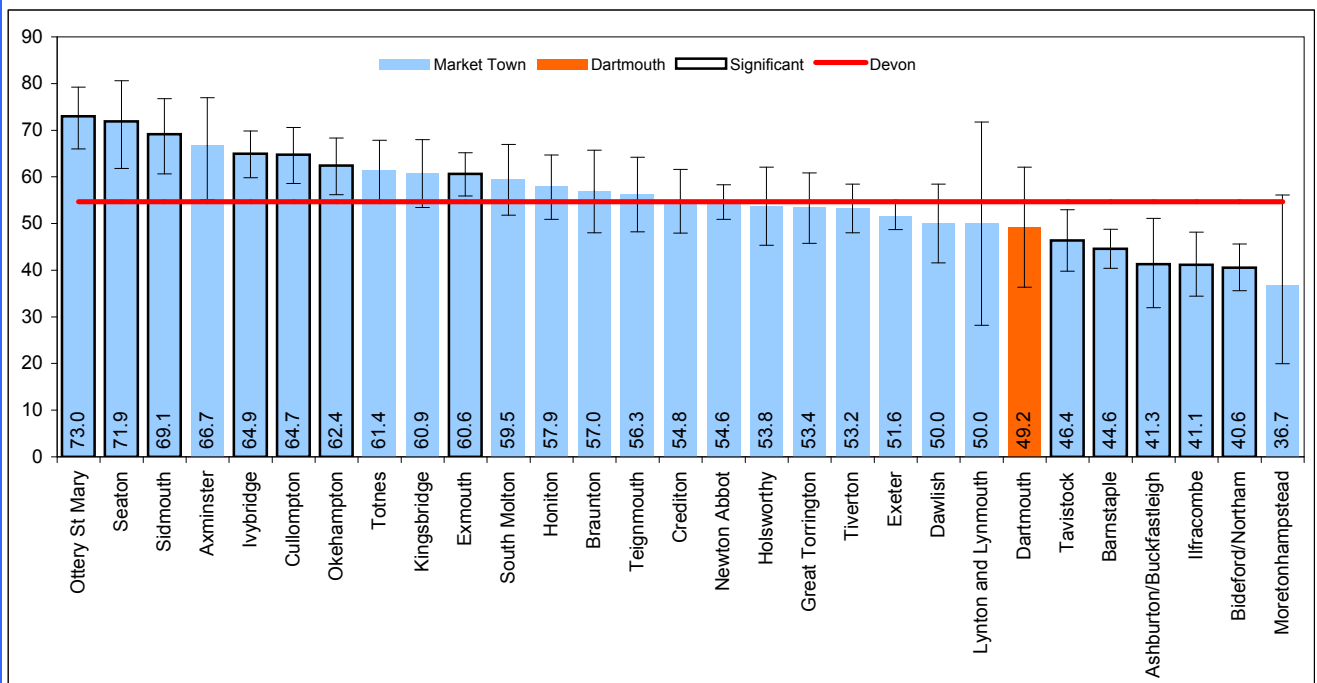


Figure 13: Percentage of children attaining five or more GCSE grades A-C, 2010 - Data Source: Devon LDP and Strategic Commissioning - Children

## 6. Children and Young People

### 6.4 Ethnicity

In 2011 there were 4,663 pupils from a minority ethnic background in Devon schools (4,580 of which were resident in Devon). This represents 5.2% of the total maintained school population, an increase of around 5% in the last 3 years. Over 40 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 (637) and White Western European (555). The graph shows that in Dartmouth the percentage of pupils from a black or minority ethnic background is 5.8%. The rate for Dartmouth is not statistically different to the Devon rate.

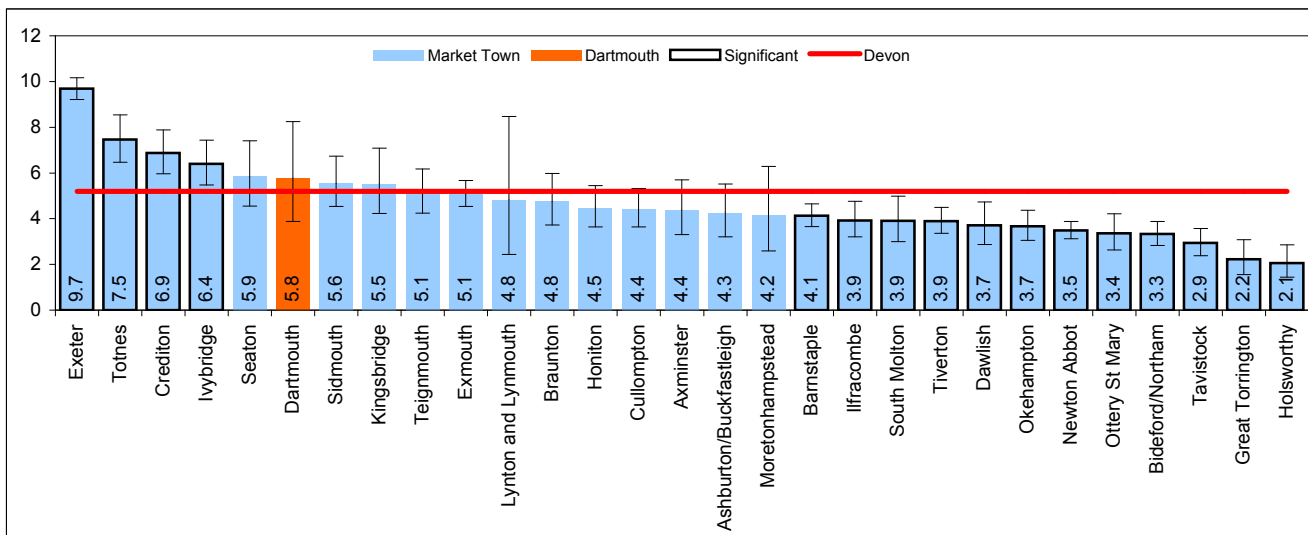


Figure 14: Graph of Ethnicity and First Language - Source: DfE School Census 20/01/2011, DCC IDS and Strategic Commissioning – Children

### 6.5 English as an Additional Language

In 2011 there were 2,579 pupils speaking English as an Additional Language in Devon schools (2,551 of which were resident in Devon). This represents 2.9% of the total maintained school population, an increase of around 50% in the last 3 years (much of this increase is likely to be due to improved recording). There are around 100 different languages spoken by children and young people in Devon schools, the largest minority languages in 2011 being Polish (381) and Arabic (139) and 90+ speaking German, Bengali and Malayalam. The graph shows that in Dartmouth the percentage of pupils whose first language is not English is 2.1%. The rate for Dartmouth is not statistically different to the Devon rate.

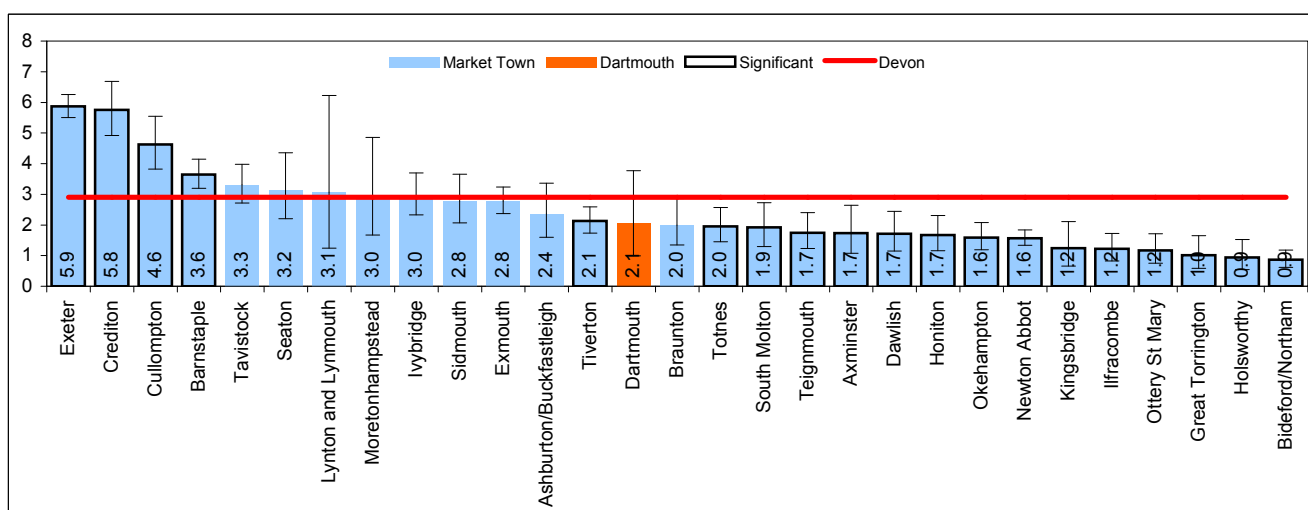


Figure 15: Percentage of pupils whose first language is not English - Source: DfE School Census 20/01/2011, DCC IDS and Strategic Commissioning - Children

## 6. Children and Young People

### 6.6 Teen Conceptions

Within Dartmouth there are 2 wards with an under 18 conception rate higher than the Devon average and no wards with a rate lower than the Devon average. There are no wards in Dartmouth with a significantly higher or lower rate than the NHS Devon average.

Figure 16: Inset map for teen conception rate in Dartmouth.

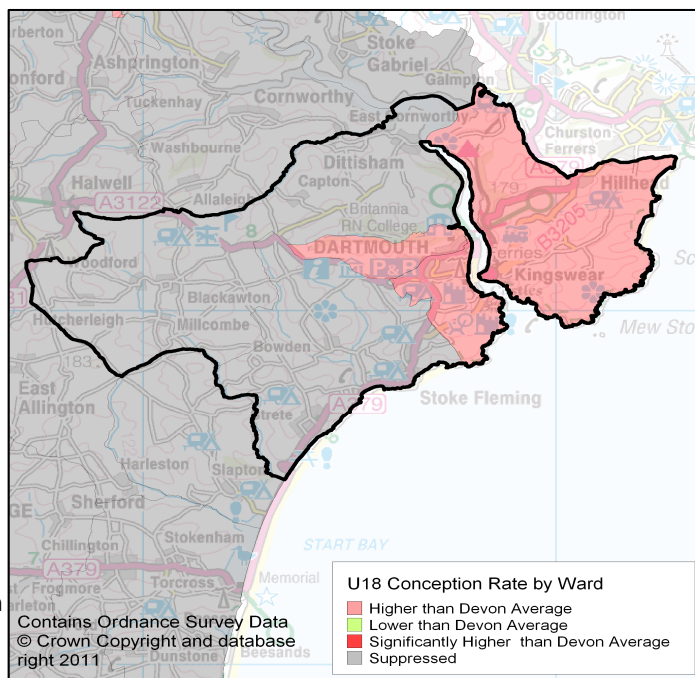
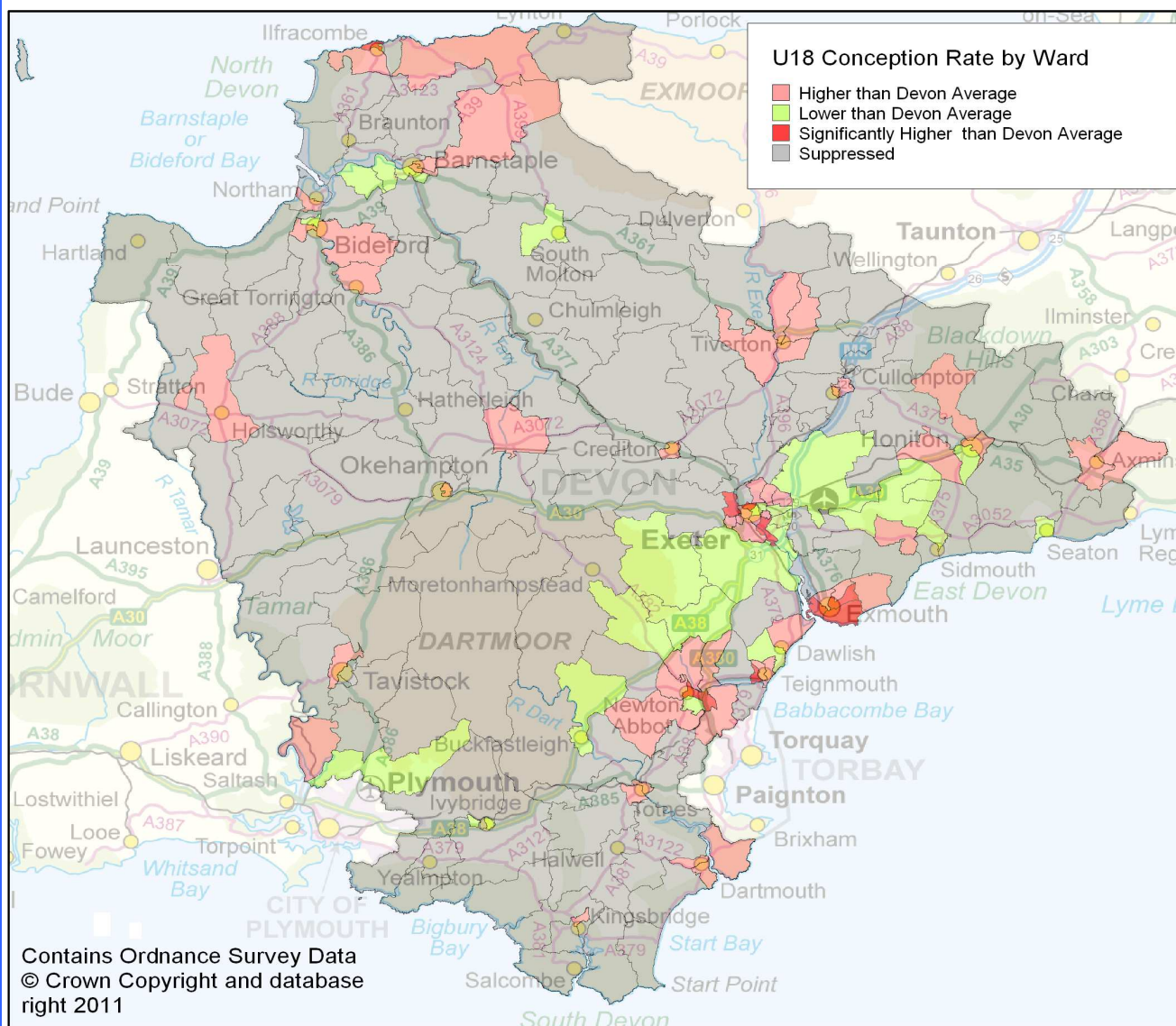


Figure 17: Map showing teen conception rate by Devon Ward - Data Source: ONS Ward under-18 conception data 2006-08



## 7. Adults

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

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

For each of these groups, a range of adult social care information is provided, which includes a comparison of the rates for the market town on the following topic areas:

### **People receiving residential/ nursing care**

This information relates to people receiving residential or nursing care at any point during the year April 2010 to March 2011, 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 2010 to March 2011, 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.

### **People receiving targeted support services**

This information relates to people receiving housing related support at any point during the year April 2010 to March 2011. These services are specifically aimed at helping people to establish independence in their own homes. Examples of housing related support include helping people to manage their money, apply for benefits, keep their home secure and access other services.

### **People receiving an assessment**

Social care assessments are carried out for new clients, i.e. they are not receiving a social care service at the time of the assessment. This information includes all those new clients assessed during the 12 month period April 2010 to March 2011.

### **People receiving a review**

Reviews of current needs are carried out for existing adult social care services users. This information counts all those existing clients who have had a review completed in the 12 month period from April 2010 to March 2011.

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>

## 7. Adults

### 7.1 Older People Aged 65 and Over

In 2010 there were an estimated 168,500 older people 65+ in Devon. It is predicted that this will increase to 264,400 by 2030, representing a 57% increase (2010 to 2030). It is predicted that the most significant increases in population will be in the 80-84 and 85+ age bands up to 2020, with percentage increases of 83% and 104% respectively. Please refer to page 5 for market town specific population projections.

Of the 168,500 population aged 65+ for 2010, it is estimated that:

- 70,248 of those will have a limiting long-term illness (42% of population 65+)
- 25,279 will have a limiting long-term illness and will also be living alone (73% will be aged 75+)
- 62,927 people aged 65+ are predicted to live alone (21,600 aged 65-74 and 41,327 aged 75+)
- 28,341 will be living alone without transport
- 70,543 will be unable to manage at least one domestic task on their own
- 57,978 will be unable to manage at least one self-care activity on their own
- 32,155 will be unable to manage at least one mobility activity on their own
- The above levels of need are predicted to increase by 66% by 2030

Data Source: CSED www.poppi.org.uk version 5.0. Crown copyright 2010

Please refer to section 7.3 for information regarding Dementia.

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

#### 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 proportion of the 65+ population of in Dartmouth who received residential or nursing care services during the year April 2010 to March 2011 was 11 per 1000 population aged 65+ compared to 21.1 for Devon overall. The rate for Dartmouth is statistically lower than the Devon rate.

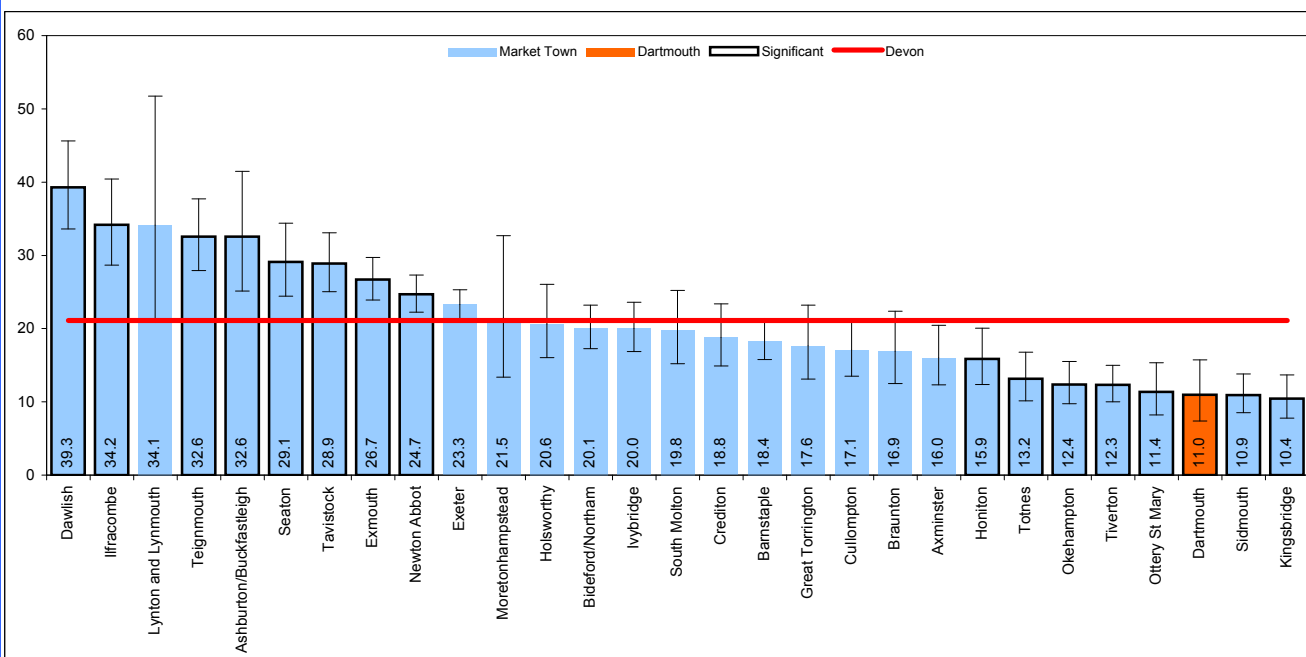


Figure 18: Proportion of population aged 65+ receiving ACS provided-commissioned residential-nursing care (2010-11) - Data Source: CareFirst (Referrals, Assessments & Packages of Care Statutory Return 2010-11).



## 7. Adults

### 7.1 Older People Aged 65 and Over

#### Community-based Care

The graph below shows that the proportion of 65+ population of Dartmouth who received community based care is 24.8 per 1000 population aged 65+ compared to 20.8 for Devon overall. The rate for Dartmouth is statistically higher than the Devon rate.

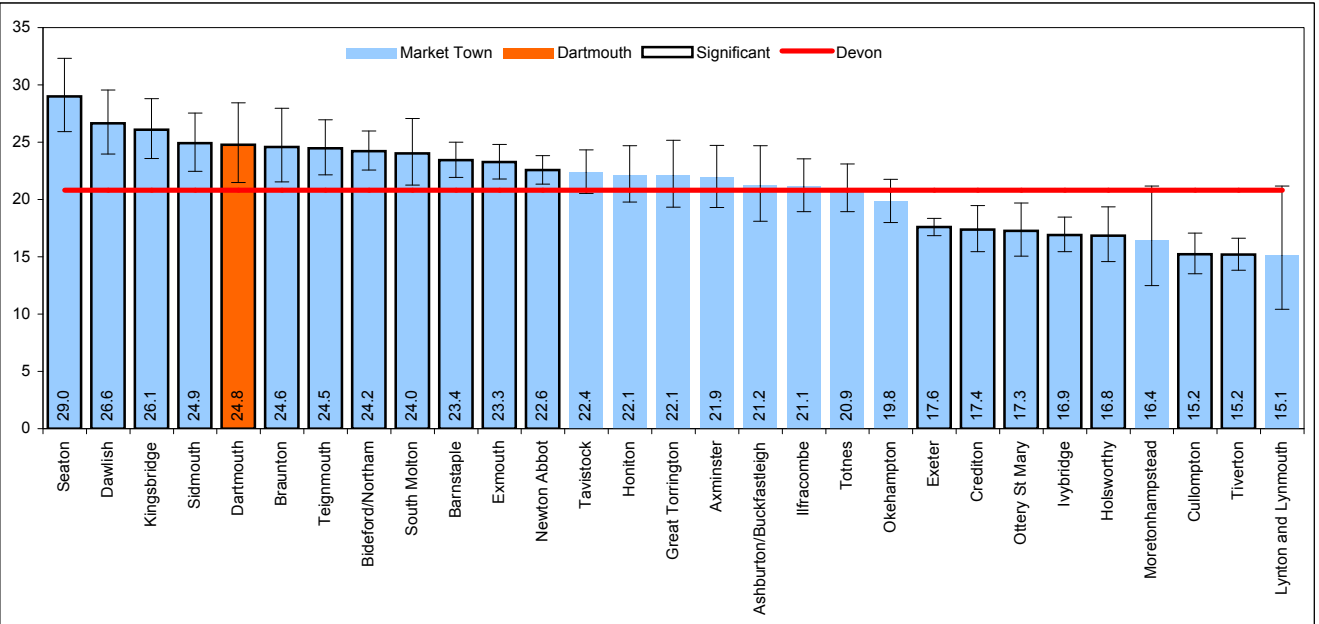


Figure 19: Proportion of population aged 65+ receiving ACS provided-commissioned community based care (2010-11)- Data Source: CareFirst (Referrals, Assessments & Packages of Care Statutory Return 2010-11).

#### Targeted Support Services

The graph below shows that the proportion of 65+ population of Dartmouth who received targeted support services is 28.8 per 1000 population aged 65+ compared to 28.9 for Devon overall. The rate for Dartmouth is not statistically different to the Devon rate.

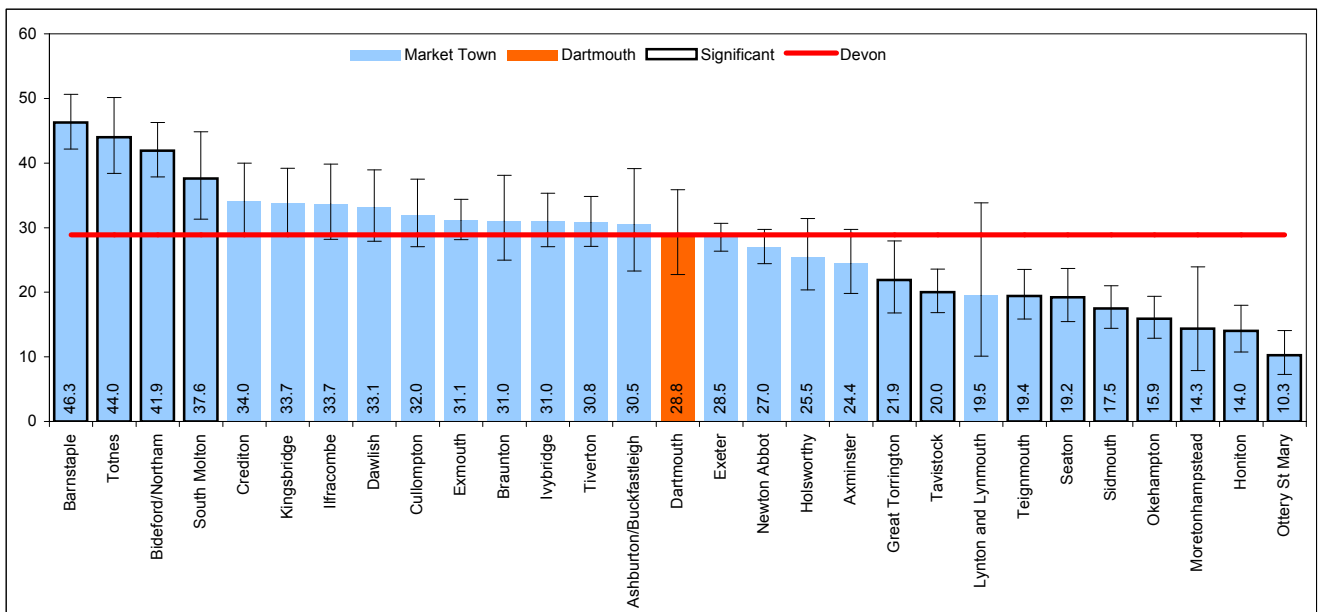


Figure 20: Proportion of population aged 65+ receiving housing related support (2010-11)- Data Source: CareSupport

## 7. Adults

### 7.1 Older People Aged 65 and Over

#### Assessments

The graph below shows that the proportion of the 65+ population receiving a social care assessment (new clients) in Dartmouth is 61.7 per 1000 population aged 65+ compared to 59.1 for Devon overall. The rate for Dartmouth is not statistically different to the Devon rate.

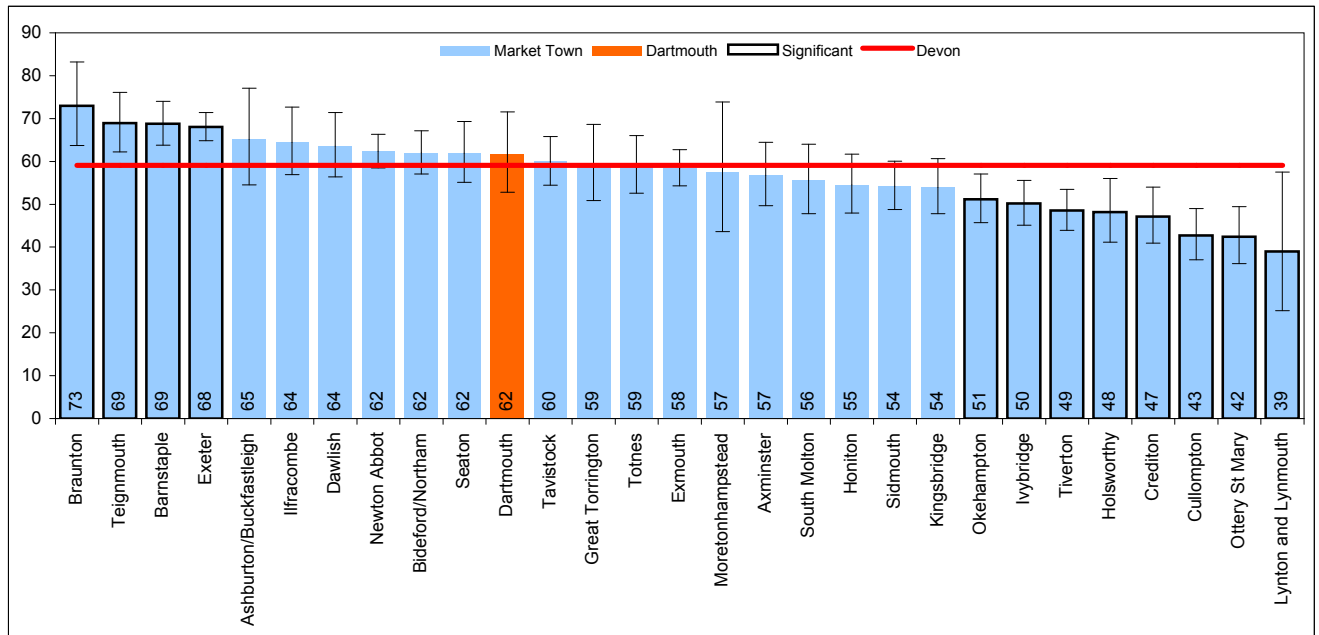


Figure 21: Proportion of population aged 65+ receiving assessments during the year per 1000 population (2010-11)- Data Source: CareFirst (Referrals, Assessments & Packages of Care Statutory Return 2010-11)

#### Reviews

The graph below shows that the proportion of adults (existing clients) receiving a review in Dartmouth is 44.3 per 1000 population aged 65+ compared to 54.1 for Devon overall. The rate for Dartmouth is statistically lower than the Devon rate.

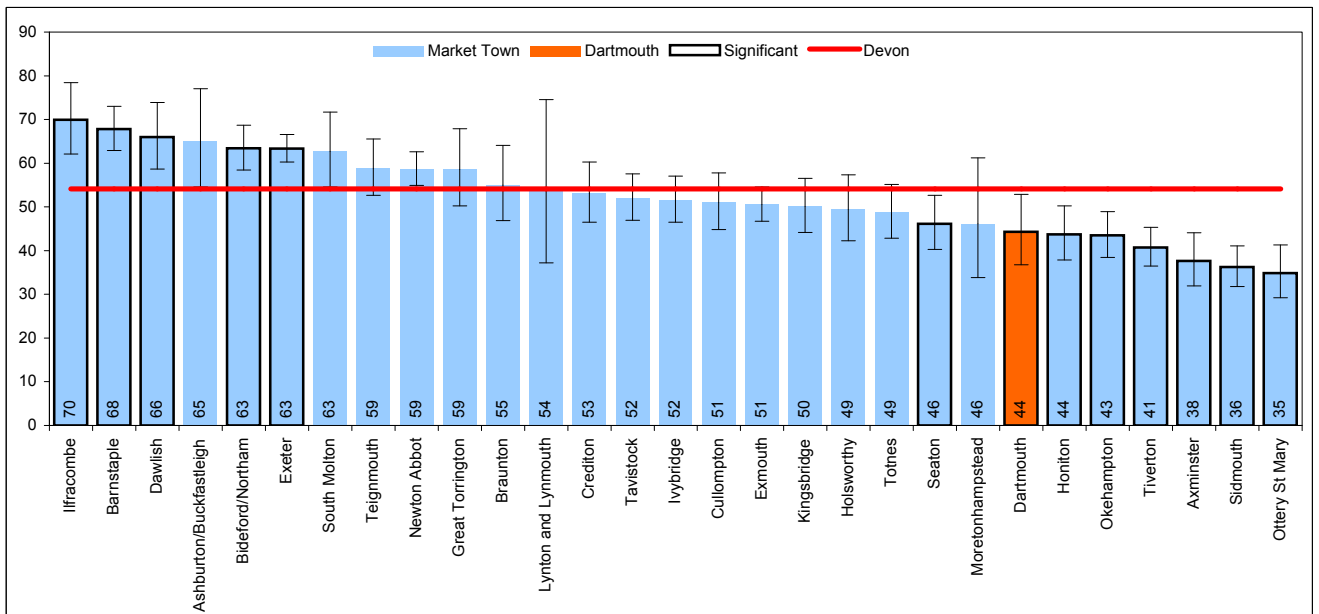


Figure 22: Proportion of population aged 65+ receiving a review during the year per 1000 population (2010-11)- Data Source: CareFirst (Referrals, Assessments & Packages of Care Statutory Return 2010-11)

## 7. Adults

### 7.2 Adults with Learning Disabilities

10,752 people in Devon aged 18-64 are predicted to have a learning disability (baseline estimate). Based on population projections, this number will increase by 4% to 11,199 by 2030. Data Source: CSED www.pansi.org.uk version 4.0.

The Devon Learning Disability Health Needs Assessment 2008 states that other 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

Of the 10,752 baseline estimate for 2010, 2,409 people are predicted to have a severe or moderate learning disability. Severe learning disability is relatively evenly spread in the population, but mild to moderate learning disability is linked to poverty and rates are higher in deprived and urban areas.

4,426 people in Devon aged 18-64 are predicted to have autistic spectrum disorders. Data Source: CSED www.pansi.org.uk version 4.0.

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.

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

#### Residential/ nursing care

The proportion of adults with learning disabilities living in a care home in Dartmouth is not available, as the data at this geographical level had to be suppressed due to small numbers. Whilst the rate for Dartmouth cannot be shown, it can be said that it is statistically lower than the Devon rate.

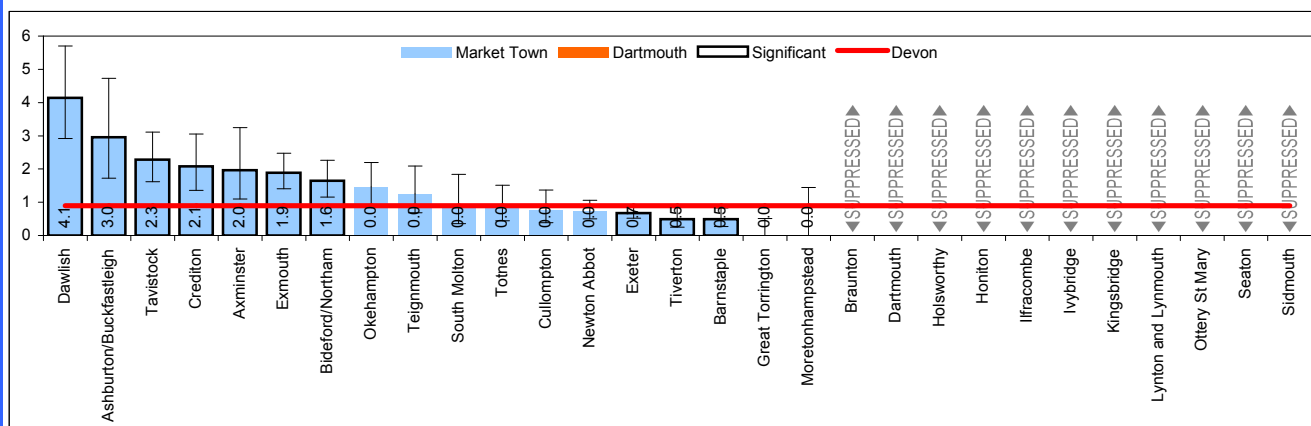


Figure 23: Number of people aged 18-64 with learning disabilities receiving residential/nursing care per 1000 population aged 18-64 (2010-11) - Data Source: CareFirst (Referrals, Assessments & Packages of Care Statutory Return 2010-11)

## 7. Adults

### 7.2 Adults with Learning Disabilities

#### Community-based Care

The graph below shows that the proportion of adults aged 18-64 with learning disabilities receiving community based care in Dartmouth is 1.5 per 1000 population aged 18-64 compared to 2.9 for Devon overall. The rate for Dartmouth is not statistically different to the Devon rate.

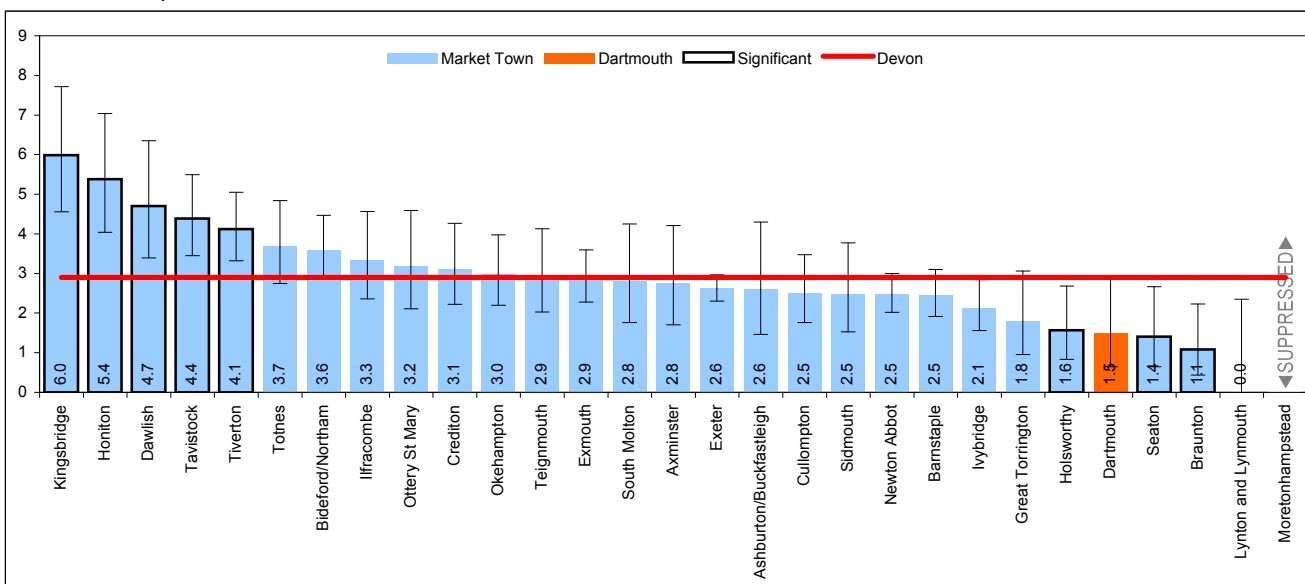


Figure 24: Number of people with learning disabilities aged 18-64 receiving community based care per 1000 population aged 18-64 (2010-11) - Data Source: CareFirst (Referrals, Assessments & Packages of Care Statutory Return 2010-11)

#### Targeted Support Services

The graph below shows that the proportion of adults aged 18-64 with learning disabilities receiving targeted support services in Dartmouth is 0 per 1000 population aged 18-64 compared to 0.9 for Devon overall. The rate for Dartmouth is statistically lower than the Devon rate.

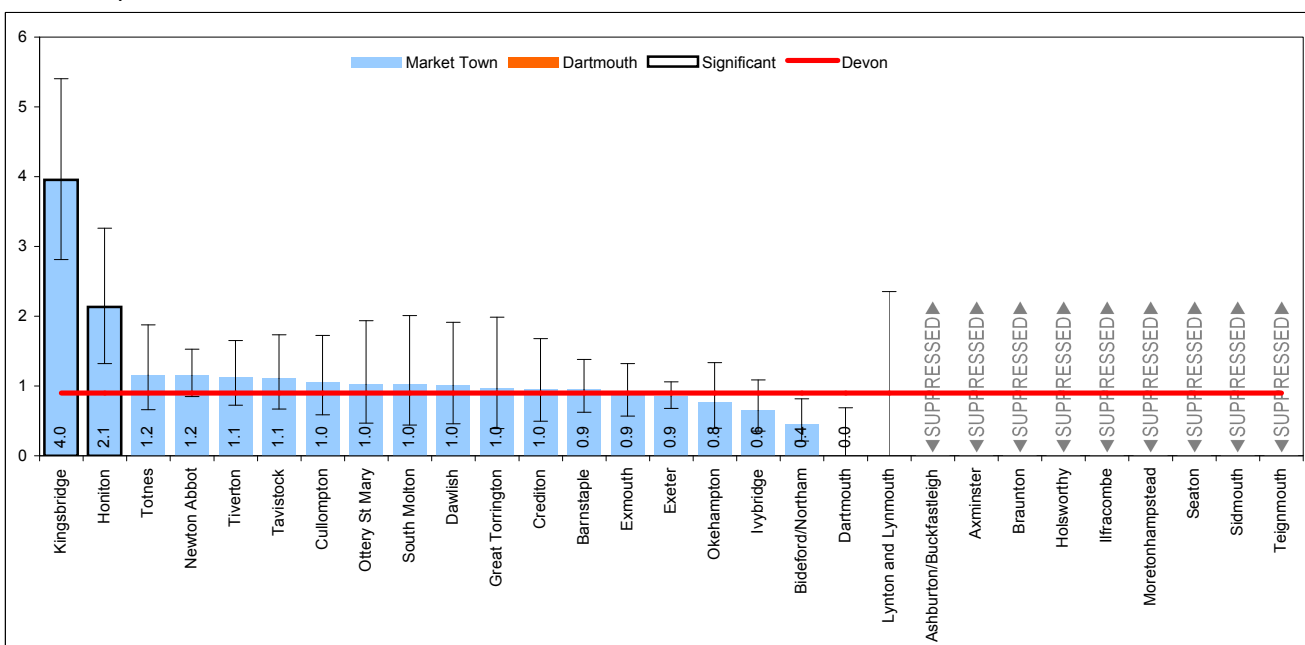


Figure 25: Number of people with learning disabilities aged 18-64 receiving targeted support services per 1000 population aged 18-64 (2010-11) - Data Source: CareSupport

## 7. Adults

### 7.2 Adults with Learning Disabilities

#### Assessments

The proportion of adults with learning disabilities receiving an assessment in Dartmouth is not available, as the data at this geographical level had to be suppressed due to small numbers. Whilst the rate for Dartmouth cannot be shown, it can be said that it is statistically lower than the Devon rate.

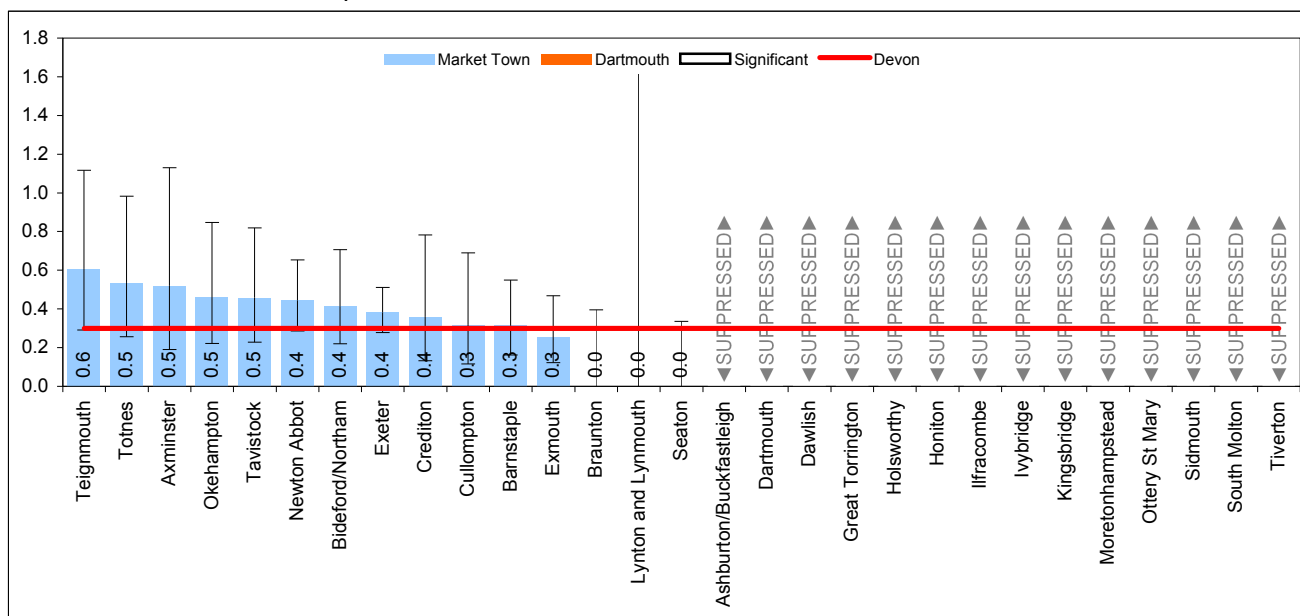


Figure 26: Proportion of population with learning disabilities receiving assessments during the year per 1000 population (2010-11)- Data Source: CareFirst (Referrals, Assessments & Packages of Care Statutory Return 2010-11)

#### Reviews

The graph below shows that the proportion of adults with learning disabilities receiving a review in Dartmouth is 0.8 per 1000 population aged 18+ compared to 1.6 for Devon overall. The rate for Dartmouth is not statistically different to the Devon rate.

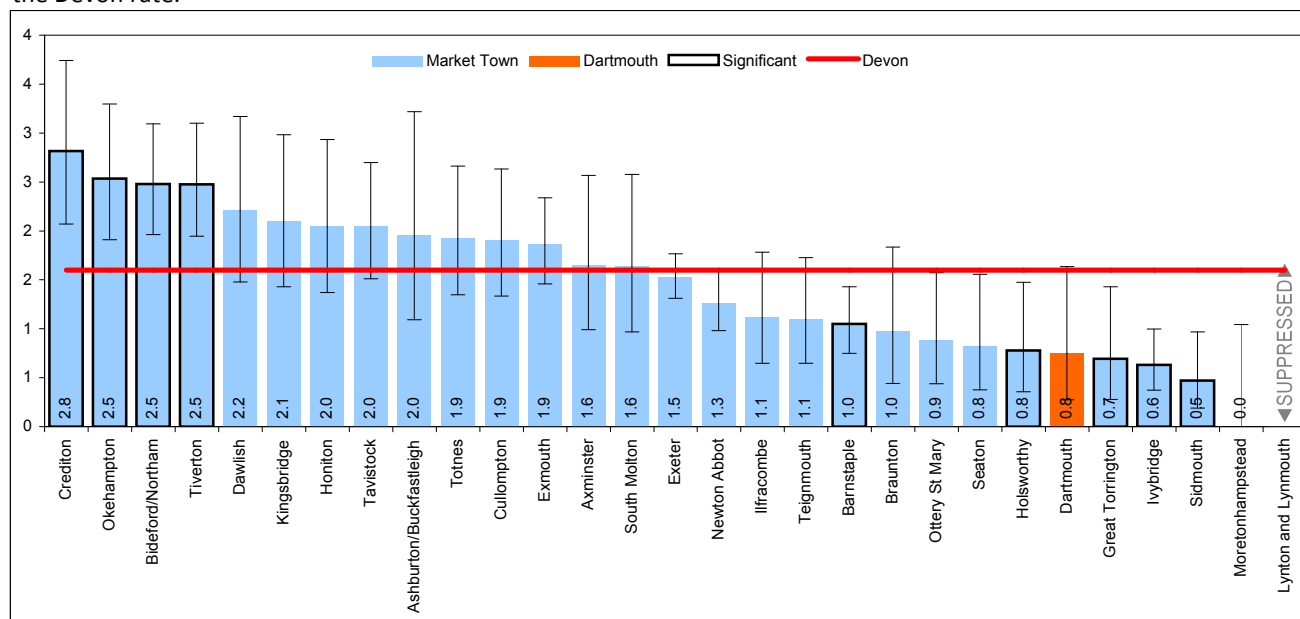


Figure 27: Proportion of population with learning disabilities receiving a review during the year per 1000 population (2010-11)- Data Source: CareFirst (Referrals, Assessments & Packages of Care Statutory Return 2010-11)

## 7. Adults

### 7.3 Adults with Mental Health Conditions

The following shows the 2010 estimates for people predicted to have various mental health conditions living in Devon:

- 71,733 People aged 18-64 predicted to have a common mental disorder
- 2,006 People aged 18-64 predicted to have a borderline personality disorder
- 1,550 People aged 18-64 predicted to have an antisocial personality disorder
- 1,783 People aged 18-64 predicted to have psychotic disorder

It is predicted that these figures will rise by 3% by 2030, with the exception of antisocial personality disorder which is predicted to increase by 5%.

It is predicted that 221 people aged between 30 and 64 in Devon have early onset dementia of which 58% are male. This is predicted to rise by 6% to 235 by 2030. Early onset dementia is most prevalent in the 50-59 age band for both men and women.

15,095 people in Devon aged 18-64 are predicted to be dependent on drugs in 2010, with 66% of these being male. This is predicted to rise by 4% to 15,713 by 2030.

26,616 people in Devon age 18-64 are predicted to have alcohol dependence in 2010, with 72% of these being male. This is predicted to rise by 4% to 27,759 by 2030.

Data Source: CSED www.pansi.org.uk version 4.0. Crown copyright 2010

### Incapacity Claimant Benefit

The association between rates of mental illness and certain population characteristics – notably poverty, unemployment and social isolation – is well established. This association is evidenced when analysing Incapacity Benefit (mental health reasons) claimant rates by Devon town (2007 rates), where we see that Ilfracombe has the highest claimant rate, followed by Dawlish and then Bideford & Northam. All three rank in the top five most deprived towns in Devon.

Data Source: Devon Public Health, Devon Town Benefits Summary May 2007 (Mental Health Needs Assessment)

The graph below shows that the number of adults in Dartmouth receiving an Incapacity Benefit / Severe Disablement Allowance as of February 2011 was 18 per 1000 adults of working age compared to 19.9 for Devon overall. The rate for Dartmouth is not statistically different to the Devon rate.

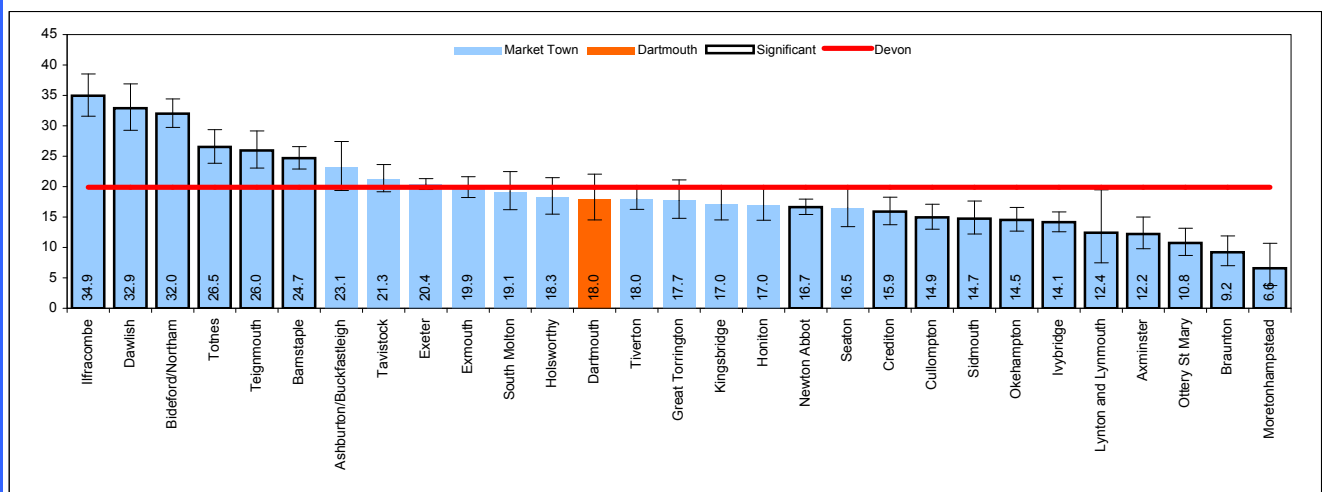


Figure 28: Incapacity Benefit / Severe Disablement Allowance Claimants at February 2011 - Data Source: DWP Information Directorate

## 7. Adults

### 7.3 Adults with Mental Health Conditions

#### Older People 65+ with Mental Health Conditions

The most common mental health problems in older people are depression and dementia. Depression affects proportionately more older people than any other demographic group, 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.

Older people with dementia usually continue to live at home with support, but may benefit from specialist accommodation, including extra care housing. There were an estimated 12,561 people suffering from Dementia in Devon in 2010, this is predicted to rise significantly to 23,076 by 2026 (a rise of 84% in 16 years).

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

#### Residential/ nursing care

The graph below shows that the proportion of adults aged 18 -64 with a mental health condition living in a care home in Dartmouth who received residential or nursing care services during the year April 2010 to March 2011 was 0 per 1000 population aged 18 to 64 compared to 0.2 for Devon overall. The rate for Dartmouth is not statistically different to the Devon rate.

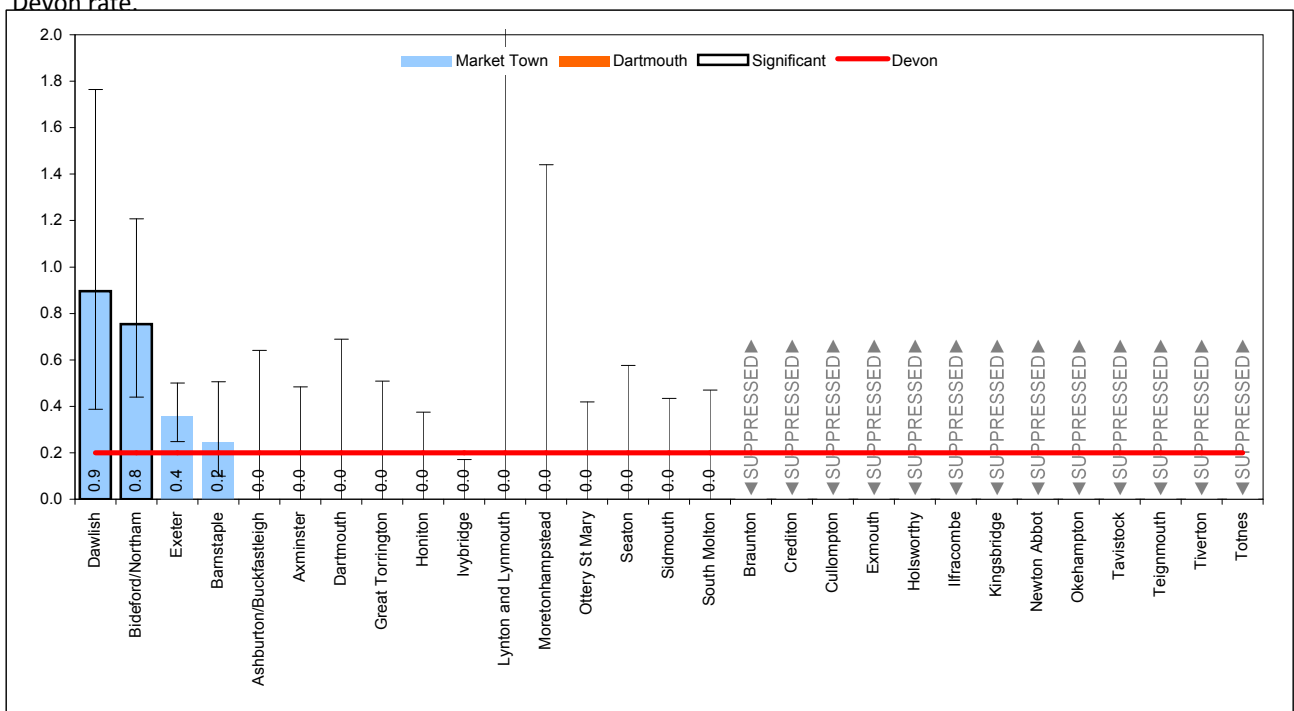


Figure 29: Number of people aged 18-64 with a mental health condition receiving residential/nursing care per 1000 population aged 18-64 (2010-11) - Data Source: CareFirst (Referrals, Assessments & Packages of Care Statutory Return 2010-11)

## 7. Adults

### 7.3 Adults with Mental Health Conditions

#### Community-based Care

The proportion of adults aged 18-64 with a mental health condition receiving community based care in Dartmouth is not available, as the data at this geographical level had to be suppressed due to small numbers. Whilst the rate for Dartmouth cannot be shown, it can be said that it is statistically lower than the Devon rate.

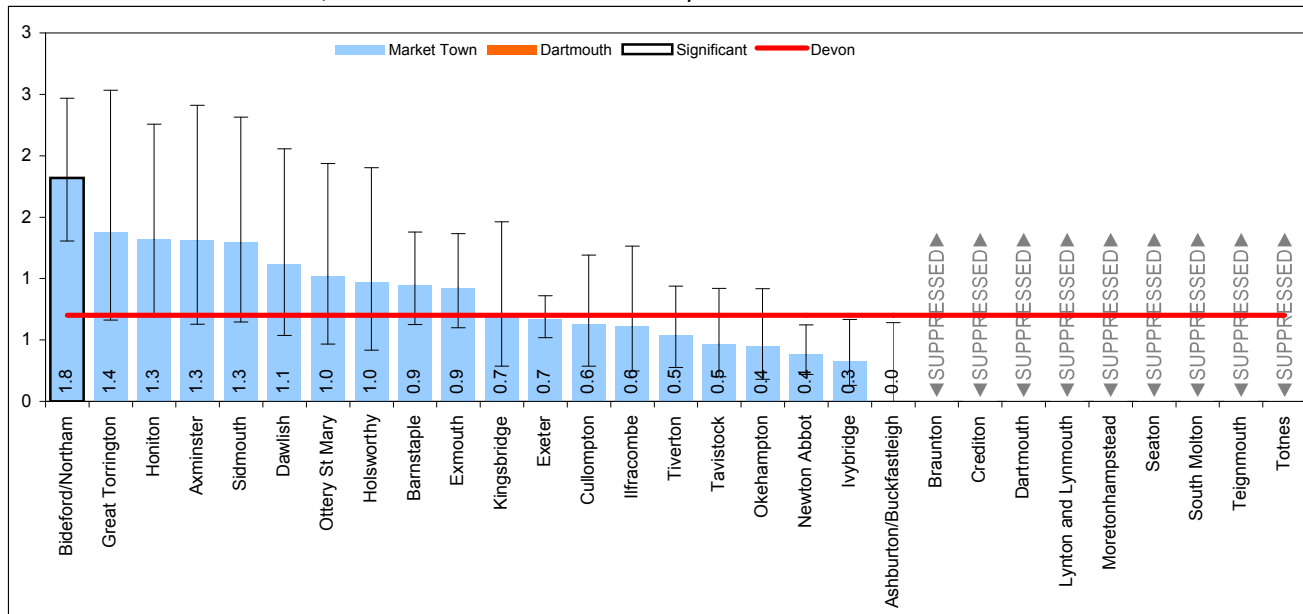


Figure 30: Number of people aged 18-64 with a mental health condition receiving community based care per 1000 population aged 18-64 (2010-11) - Data Source: CareFirst (Referrals, Assessments & Packages of Care Statutory Return 2010-11).

#### Targeted Support Services

The proportion of adults aged 18-64 with a mental health condition receiving targeted support services in Dartmouth is not available, as the data at this geographical level had to be suppressed due to small numbers. Whilst the rate for Dartmouth cannot be shown, it can be said that it is statistically lower than the Devon rate.

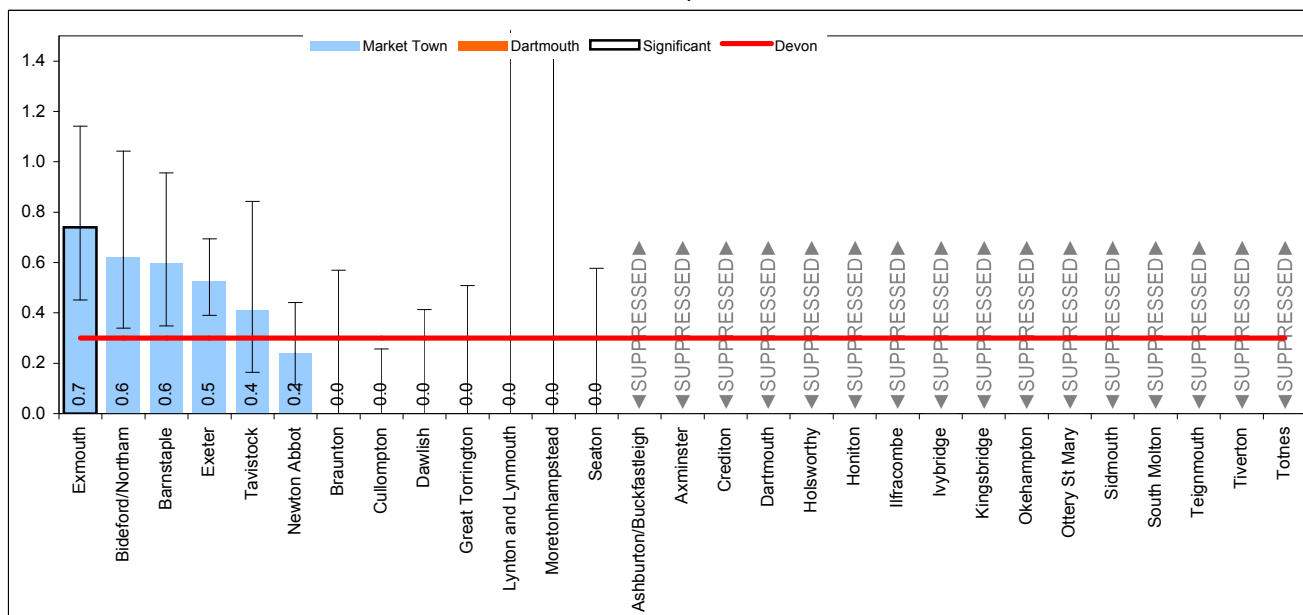


Figure 31: Number of people aged 18-64 with a mental health condition receiving targeted support services per 1000 population aged 18-64 (2010-11) - Data Source: CareSupport



## 7. Adults

### 7.3 Adults with Mental Health Conditions

#### Assessments

The graph below shows that the proportion of adults with a mental health condition receiving an assessment in Dartmouth is 1.9 per 1000 population aged 18 to 64 compared to 1.6 for Devon overall. The rate for Dartmouth is not statistically different to the Devon rate.

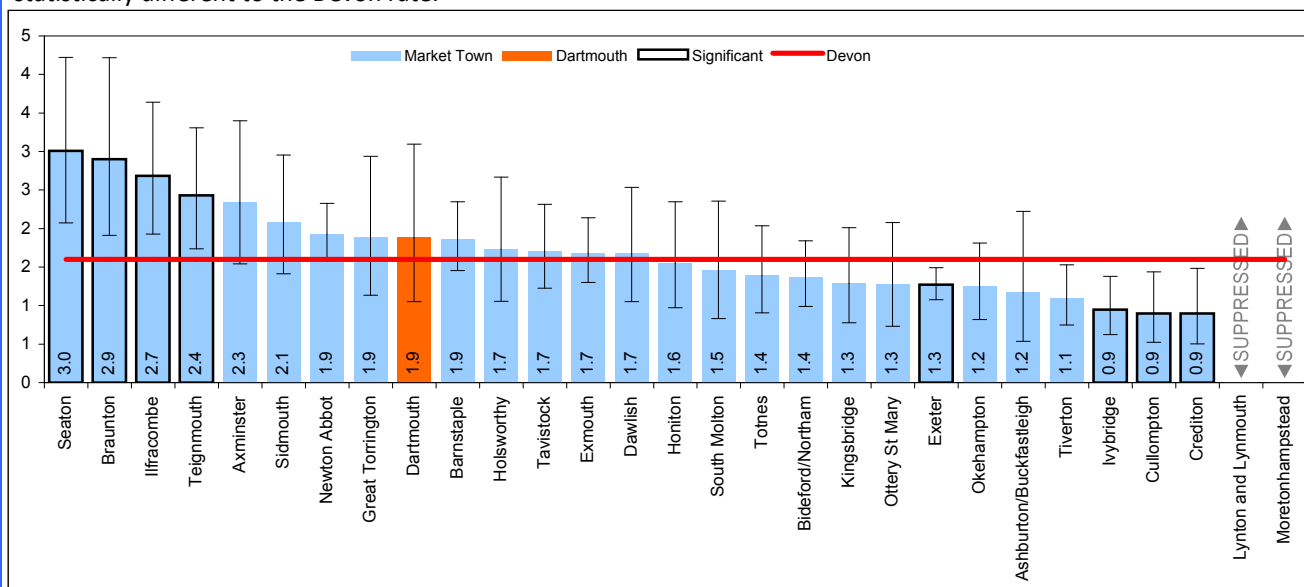


Figure 32: Proportion of population with a mental health condition receiving assessments during the year per 1000 population (2010-11)- Data Source: CareFirst (Referrals, Assessments & Packages of Care Statutory Return 2010-11)

#### Reviews

The graph below shows that the proportion of adults with a mental health condition receiving a review in Dartmouth is 1.9 per 100,000 population aged 18 to 64 compared to 2.4 for Devon overall. The rate for Dartmouth is not statistically different to the Devon rate.

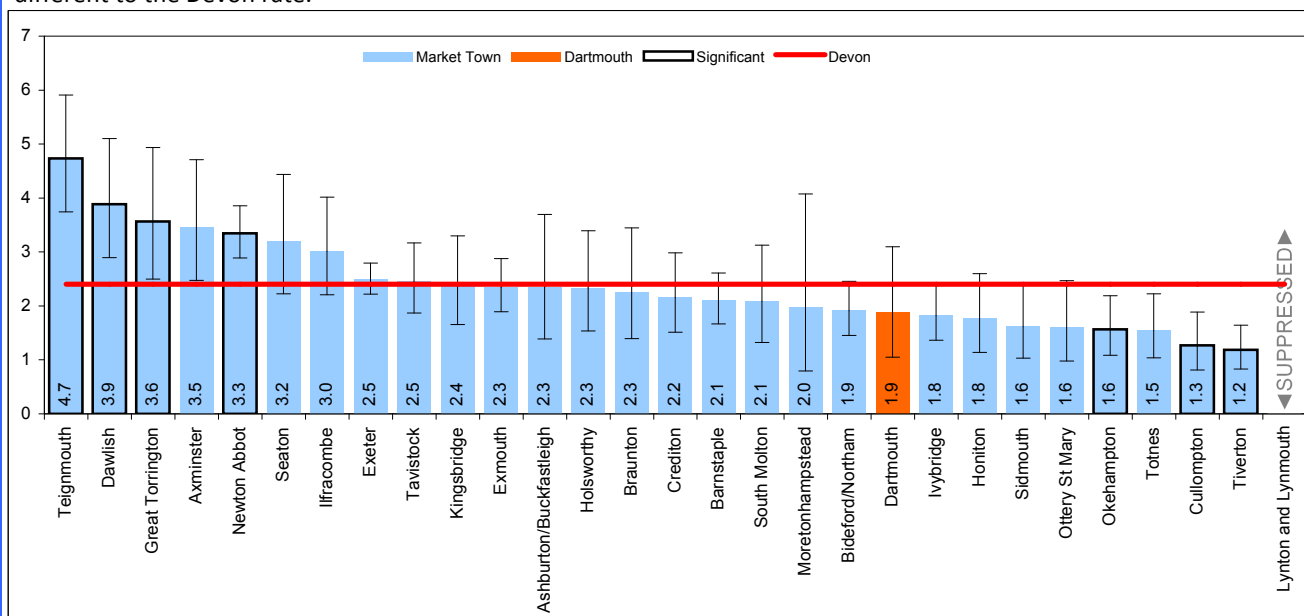


Figure 33: Proportion of population with a mental health condition receiving a review during the year per 1000 population (2010-11)- Data Source: CareFirst (Referrals, Assessments & Packages of Care Statutory Return 2010-11)

## 7. Adults

### 7.4 Adults with Physical Disabilities

For Devon, during 2010, it is predicted that:-

- 48,996 people aged 18-64 had a moderate or serious physical disability (46% of whom are aged 55-64 years). It is predicted that this number will increase by 4% (to 51,089) by 2030. Of the 48,996, 24% (11,579 people) are predicted to have a serious physical disability.
- Of the 48,996 people predicted to have a moderate or serious physical disability, 23,045 (47%) are estimated to require personal care. This is anticipated to increase by 5.8% to 24,371 by 2025. Data Source: CSED www.pansi.org.uk version 4.0. Crown copyright 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.

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

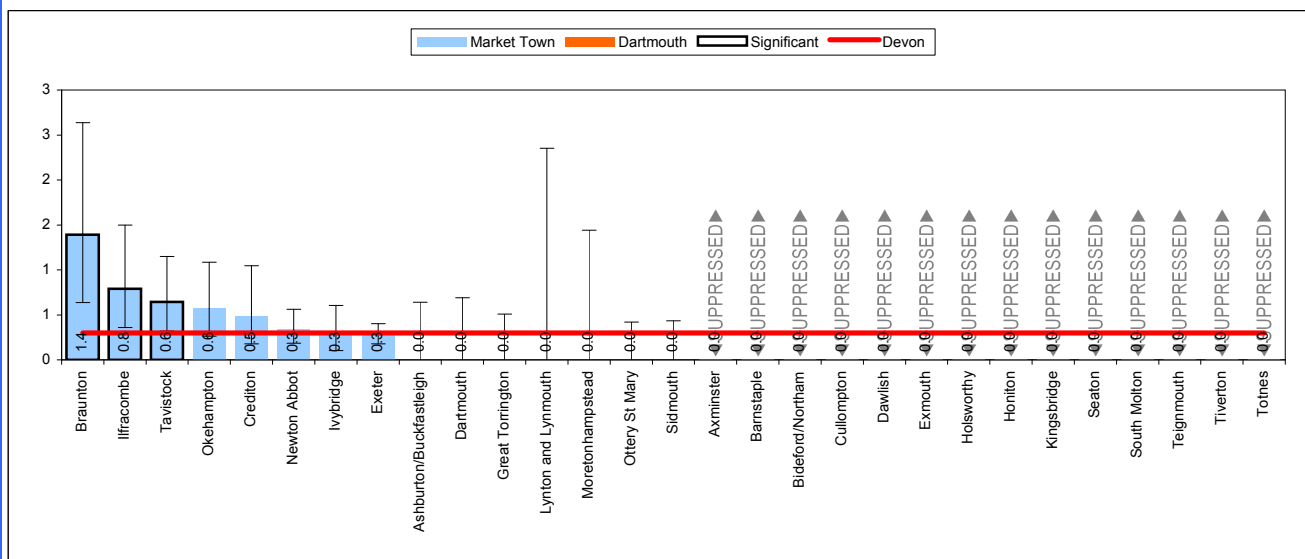
- 830 people aged 18-64 were registered blind or partially sighted (March 2011)
- 3,745 people across all age groups (0+) were registered blind or partially sighted (March 2011)
- 280 people aged 18-64 were registered as deaf (March 2010)

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.

#### Residential/ nursing care

The graph below shows that the proportion of adults aged 18-64 with physical disabilities in Dartmouth who received residential or nursing care services during the year April 2010 to March 2011 was 0 per 1000 population aged 18 to 64 compared to 0.3 for Devon overall. The rate for Dartmouth is not statistically different to the Devon rate.



Number of people aged 18-64 with physical disabilities receiving residential/nursing care per 1000 population aged 18-64 (2010-11) - Data Source: CareFirst (Referrals, Assessments & Packages of Care Statutory Return 2010-11)

## 7. Adults

### 7.4 Adults with Physical Disabilities

#### Community-based Care

The graph below shows that the proportion of adults aged 18-64 with physical disabilities receiving community based care in Dartmouth is 5.8 per 1000 population aged 65+ compared to 5.5 for Devon overall. The rate for Dartmouth is not statistically different to the Devon rate.

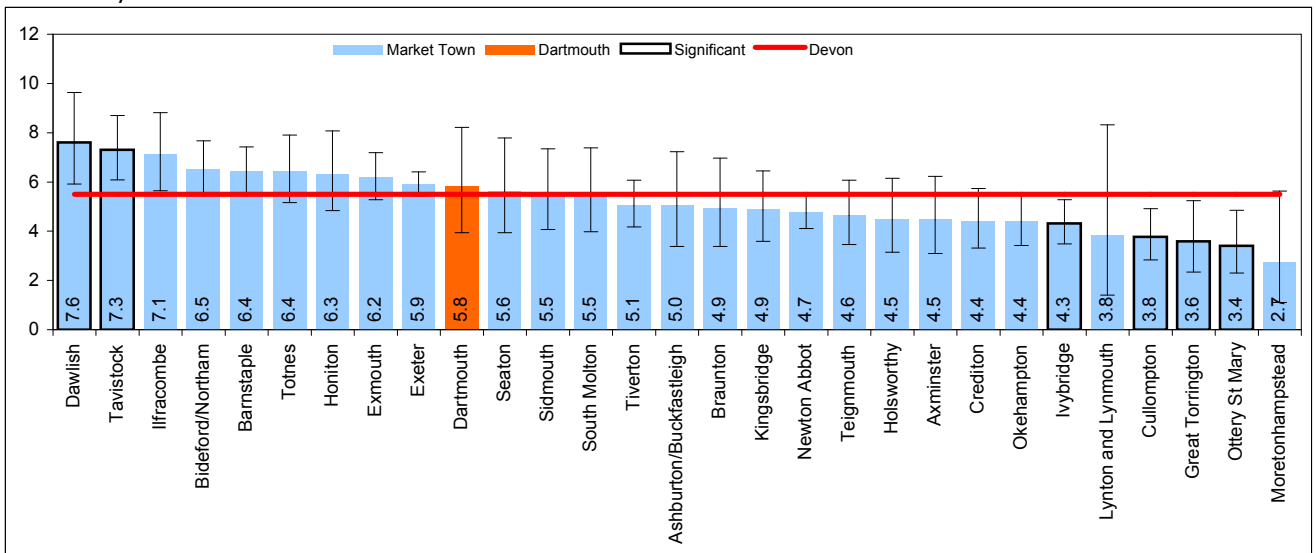


Figure 35: Number of people 18-64 with physical disabilities receiving community based care per 1000 population aged 18-64 (2010-11) - Data Source: CareFirst (Referrals, Assessments & Packages of Care Statutory Return 2010-11).

#### Targeted Support Services

The graph below shows that the proportion of adults aged 18-64 with physical disabilities receiving targeted support services in Dartmouth is 1.5 per 1000 population aged 18-64 compared to 1.6 for Devon overall. The rate for Dartmouth is not statistically different to the Devon rate.

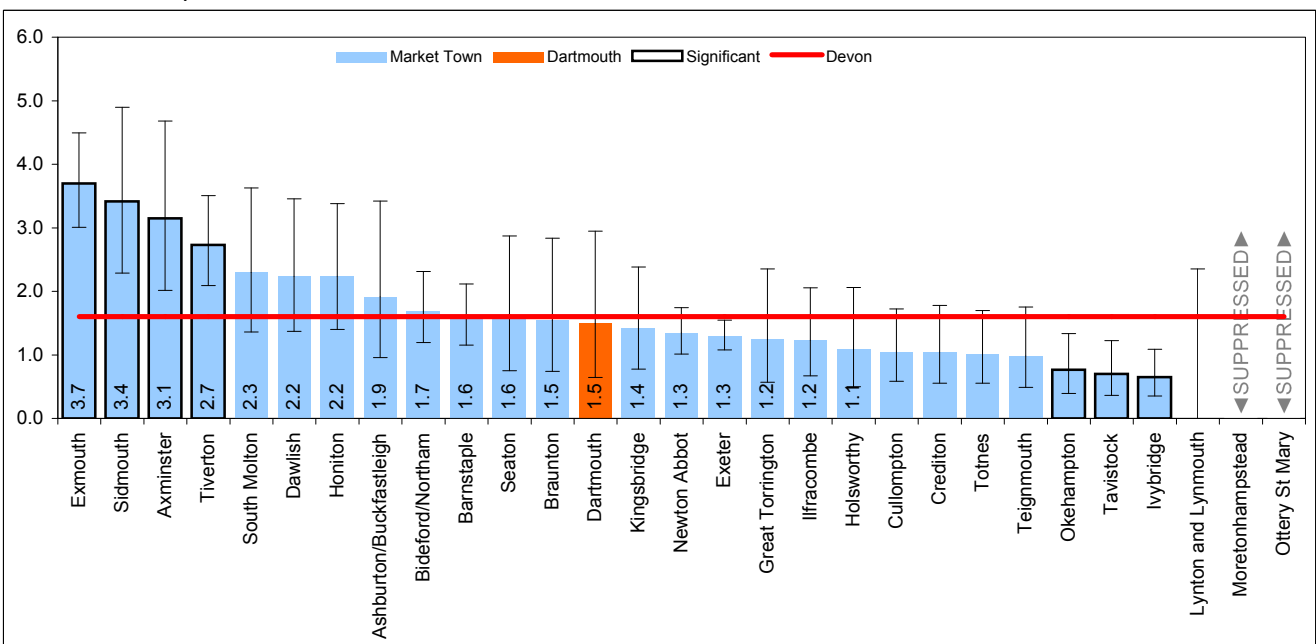


Figure 36: Number of people with physical disabilities aged 18-64 receiving targeted support services per 1000 population aged 18-64 (2010-11) - Data Source: CareSupport

## 7. Adults

### 7.4 Adults with Physical Disabilities

#### Assessments

The graph below shows that the proportion of adults aged 18-64 with physical disabilities receiving an assessment in Dartmouth is 21 per 1000 population aged 18-64 compared to 17.3 for Devon overall. The rate for Dartmouth is statistically higher than the Devon rate.

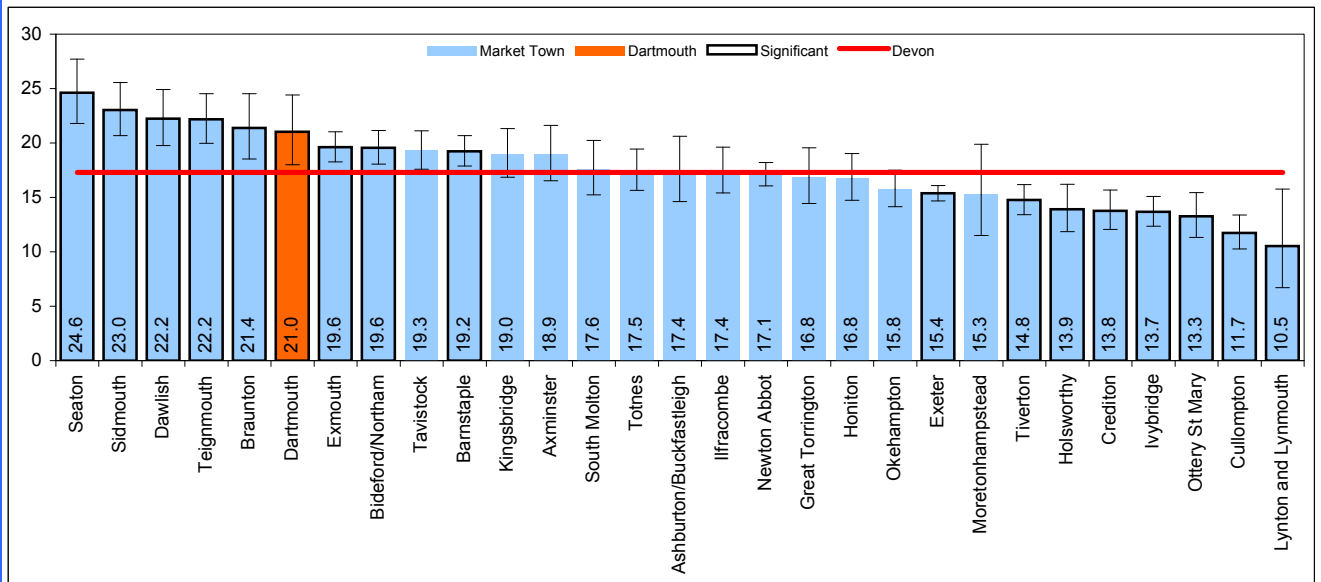


Figure 37: Number of people with physical disabilities aged 18-64 receiving an assessment per 1000 population aged 18-64 (2010-11) - Data Source: CareFirst (Referrals, Assessments & Packages of Care Statutory Return 2010-11).

#### Reviews

The graph below shows that the proportion of adults aged 18-64 with physical disabilities receiving a review in Dartmouth is 14 per 1000 population aged 18-64 compared to 14 for Devon overall. The rate for Dartmouth is not statistically different to the Devon rate.

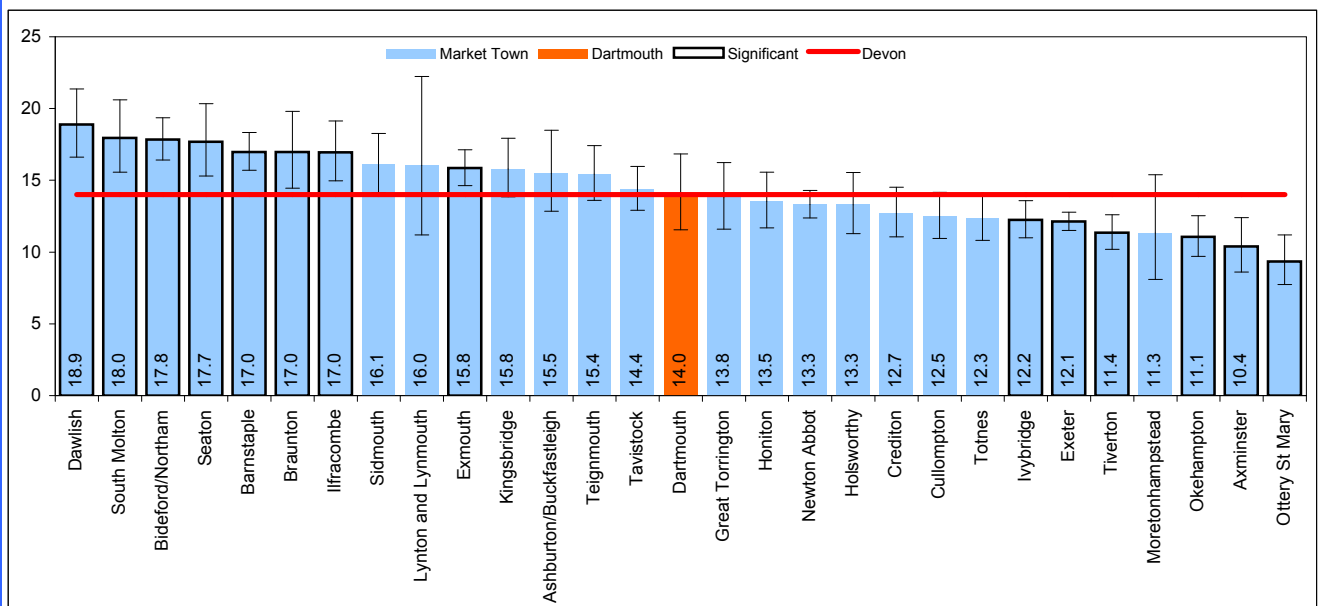


Figure 38: Number of people with physical disabilities aged 18-64 receiving a review per 1000 population aged 18-64 (2010-11) - Data Source: CareFirst (Referrals, Assessments & Packages of Care Statutory Return 2010-11)

## 7. Adults

### 7.5 Carers Services/Support and User/Carer Feedback

The Devon Carers Health Needs Assessment 2008 indicates that more than 72,400 people (of all ages) in Devon have a caring role (Census 2001 figures), 12% (approximately 8,700) of whom were aged 65 years and older, with 6,300 or 9% aged 75 years of age or over. The Census 2001 indicates that in Devon there are just over 2,000 young carers aged up to 19 years (less than 3% of carers of all ages), although it is believed that there are significantly more. Roughly half of young carers – 1,084 – are aged below 16 years of age. Of the 8,700 carers in Devon aged 65+, 2,884 are providing unpaid care to a partner, family member or other person, but consider themselves to be in poor health. Data Source: Census 2001

Evidence shows that, of those for whom carers provide support:

- 62% have a physical disability
- 6% experience mental ill health, including dementia
- 18% have both a mental and physical disability – which could include learning disability, or dependence on drugs or alcohol
- 14% are older person with age-related care needs

Data Source: [http://www.devon.gov.uk/devon\\_carers\\_strategy\\_finaldrafttargetted\\_consultation\\_sept\\_2009.pdf](http://www.devon.gov.uk/devon_carers_strategy_finaldrafttargetted_consultation_sept_2009.pdf)

14,400 (20%) of carers provide more than 50 hours of care and support per week. Across the county the numbers vary with the highest proportion in several of the North Devon towns and the coastal areas of East Devon – those areas with a higher older-age population.

The Carers Health Needs Assessment 2008 indicates the impact of caring on carers' health:

- 47% of elderly carers report a limiting long-term illness compared to 41% of people the same age in the general population
- 39% of carers reported an impact on their physical and mental health
- 20% reported feeling tired or had a general feeling of stress
- 17% felt short tempered
- 14% reported feeling depressed or experienced disturbed sleep

If Devon is to achieve its ambition of increasing by 10% the number of people with moderate to severe dementia who are helped to remain at home by 2013, a range of support services for carers will be essential. The rising prevalence of chronic illness and the commitment to support people to stay in the community through self-care, choice and personalised care planning will have an impact on both current and future carers. Source: Devon Carers Health Needs Assessment, Devon Carers Strategy

## 7. Adults

### 7.5 Carers Services/Support and User/Carer Feedback

#### Carer assessments and reviews

The graph below shows that the proportion of adult carers aged 18+ receiving an assessment or review in Dartmouth is 20.8 per 1000 population aged 18+ compared to 14.9 for Devon overall. The rate for Dartmouth is statistically higher than the Devon rate.

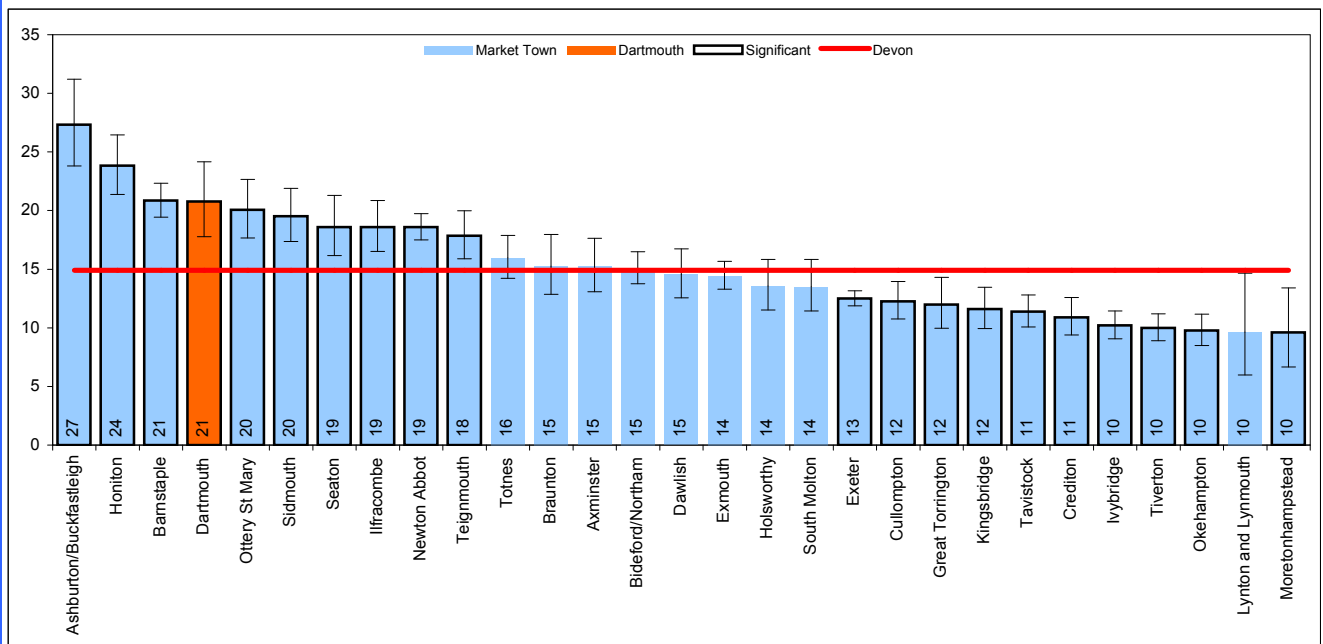


Figure 39: Number of people receiving an assessment or review from a carer per 1000 population aged 18+ (2010-11) - Data Source: CareFirst (Referrals, Assessments & Packages of Care Statutory Return 2010-11)

#### User/Carer Feedback (Social Care)

The statutory Adult Social Care Survey (ASCS) was undertaken for the first time in February 2011. 1099 questionnaires were posted to clients over 18 from all client groups and receiving any type of service and 454 responses were received.

The results of the survey 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 the survey. This can be found on the Devon Health and Wellbeing Website:

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

## 7. Adults

### 7.6 Crime

This section provides information on domestic violence cases and drug and alcohol related crime. All rates have been calculated per 100,000 adult (18+) population. The below table and graphs compare the rates for the Dartmouth area to the Devon rate and other market town areas.

Crime	Dartmouth Rate	Devon Rate	Statistical Significance
Domestic Violence	9.8	14.1	statistically lower
Drug Related	1.6	1.9	not statistically different
Alcohol Related	5.9	5.7	not statistically different

Figure 41: Crime rates for Dartmouth per 1000 population aged 18+. - Data Source: Various

#### Domestic Violence Cases

The Home Office estimates that 7% of women and 5% of men will be have been victims of domestic violence in the past year, with around 75% 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 number of reported cases of domestic violence in Dartmouth is 9.8 per 1000 population aged 18+ compared to 14.1 for Devon overall. The rate for Dartmouth is statistically lower than the Devon rate.

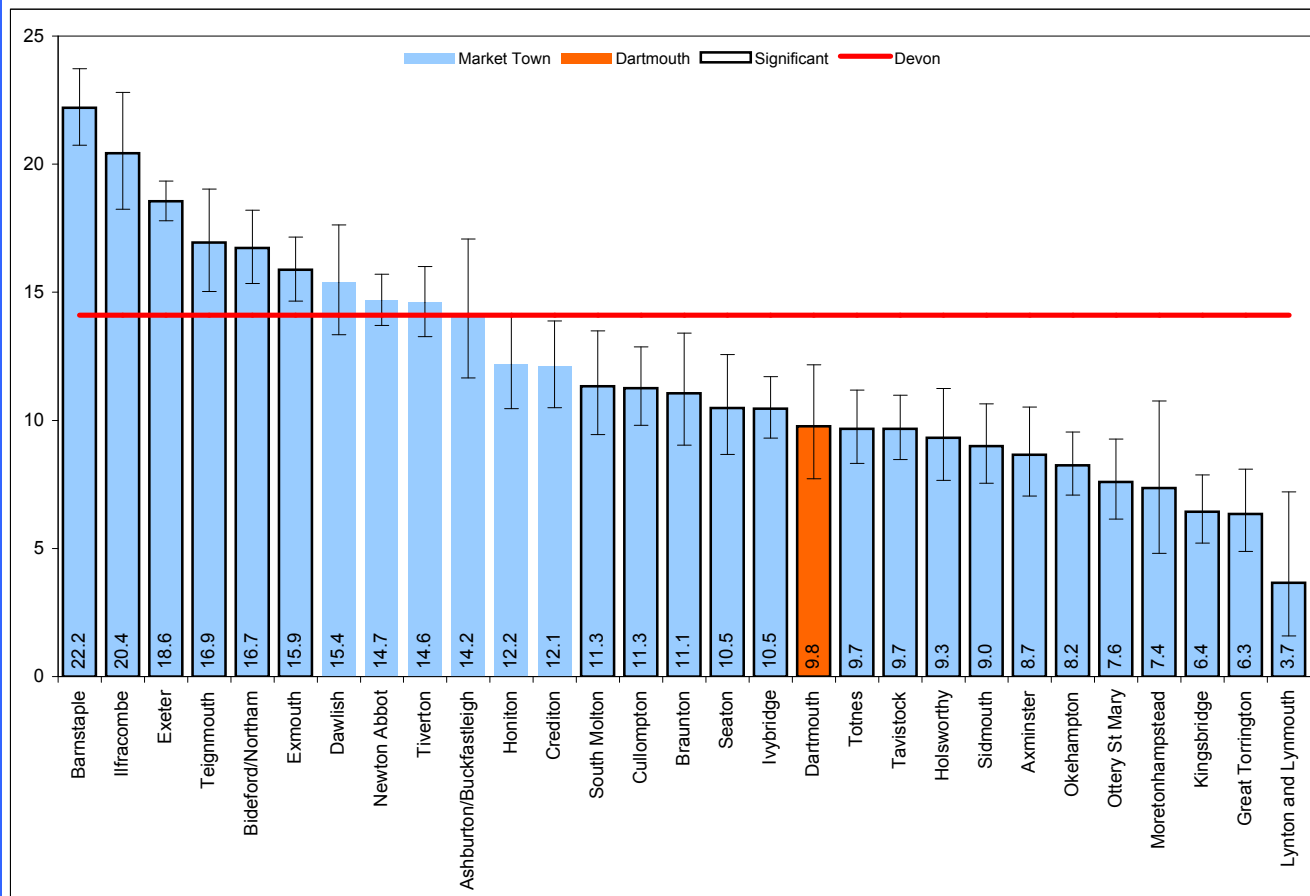


Figure 42: Number of domestic violence cases per 1000 population aged 18+ (2010-11) - Data Source: Crime in England and Wales, Home Office

## 7. Adults

### 7.6 Crime

#### Drug Related Crime

The graph below shows that the number of annual drug related crimes in Dartmouth is 1.6 per 100,000 population aged 18+ compared to 1.9 for Devon overall. The rate for Dartmouth is not statistically different to the Devon rate.

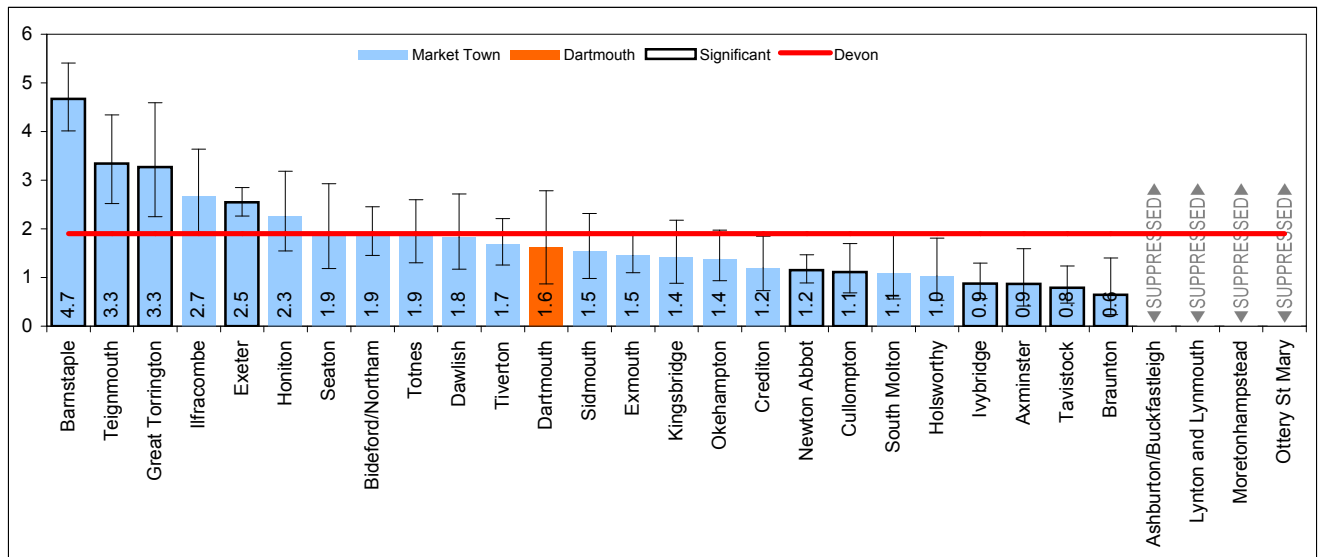


Figure 43: Number of drug related crimes per 1000 population aged 18+ (2008-09 to 2009-10) - Data Source: Devon and Cornwall Constabulary Crime Data

#### 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 number of annual alcohol related crimes in Dartmouth is 5.9 per 1000 population aged 18+ compared to 5.7 for Devon overall.

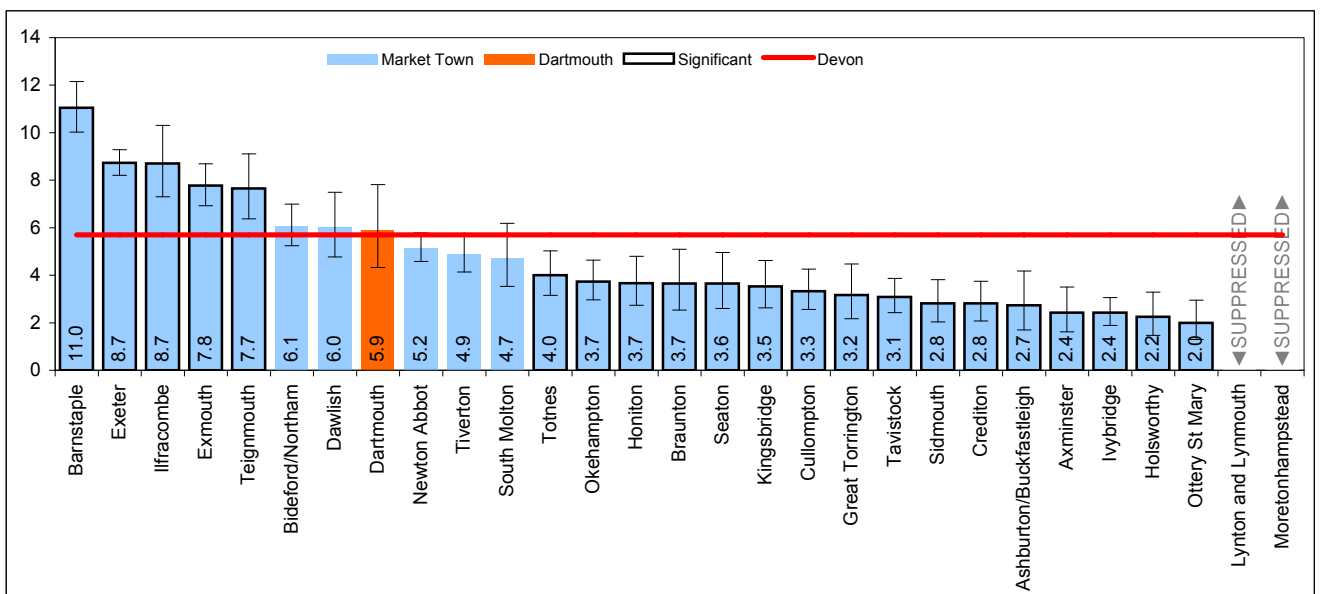


Figure 44: Number of alcohol related crimes per 1000 population aged 18+ (2008-09 to 2009-10) - Data Source: Devon and Cornwall Constabulary Crime Data



## 7. Adults

### 7.7 Smoking

Current smoking rates in England are 21% generally and 26% for routine and manual groups (R/M). For Devon the most recent estimated smoking rate is 18.5%. However, in the South West smoking rates for R/M groups are 25%. Although Devon overall has tobacco use lower than the national average, there are 76/201 wards where tobacco attributable mortality is higher than expected and three regions (Exeter, North Devon and Torridge) 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 8 women smoke in pregnancy (12%). 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.

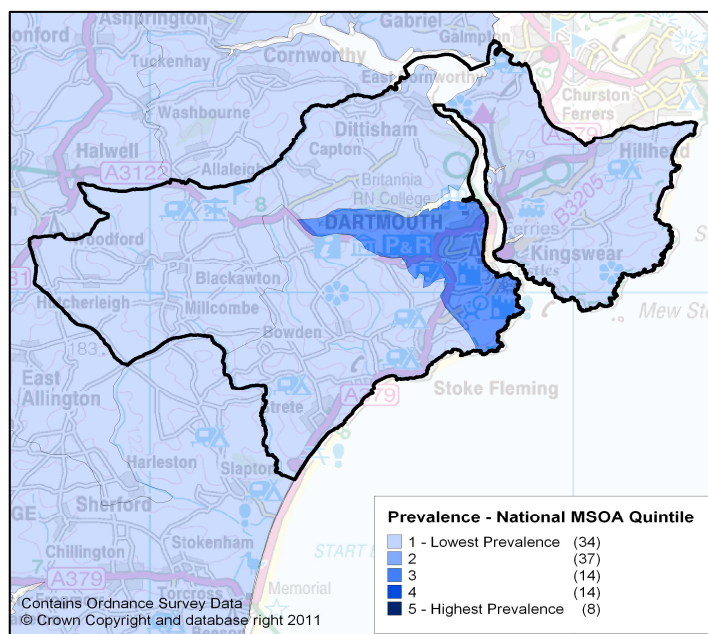


Figure 45: Inset map for Dartmouth

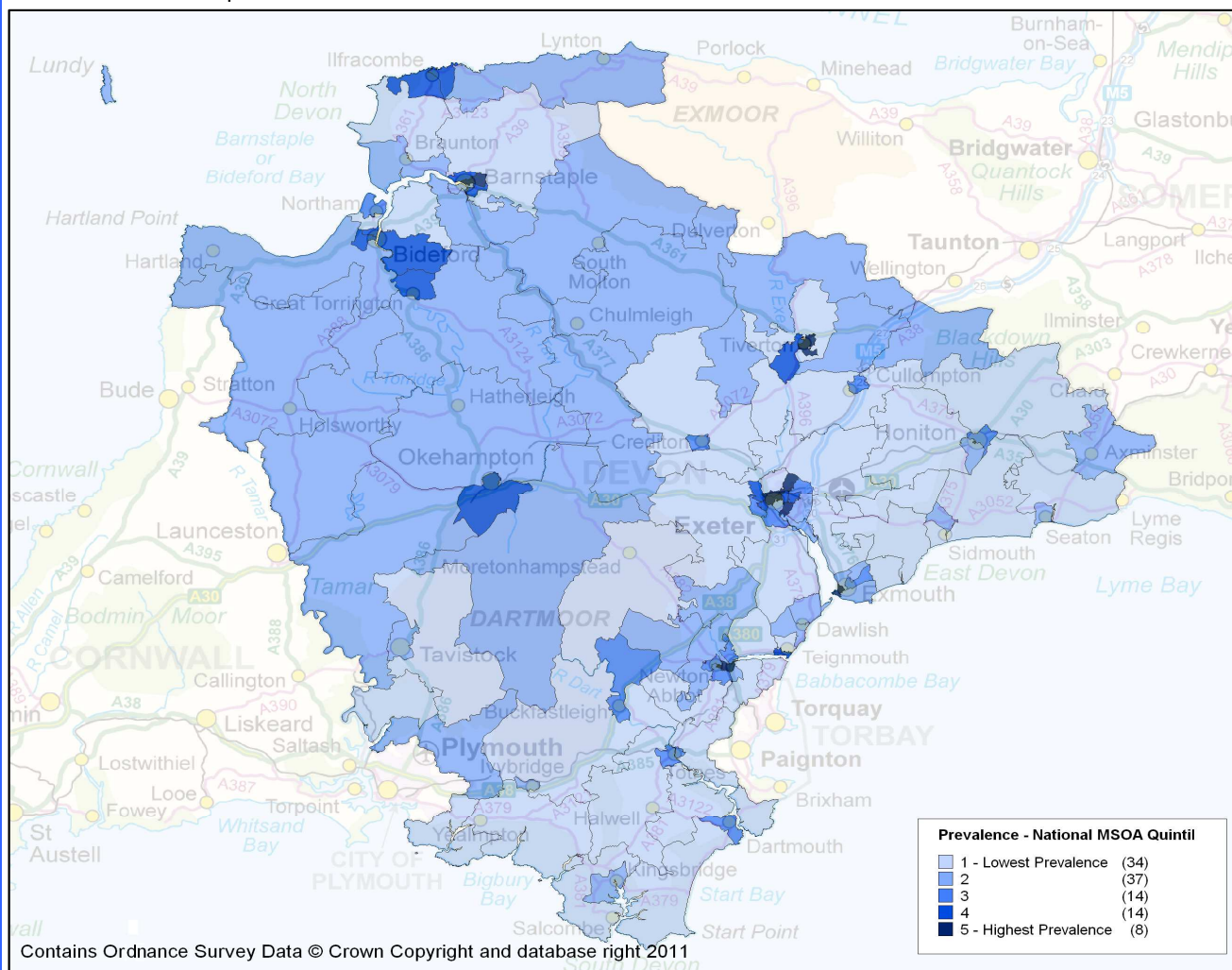


Figure 46: Modelled Medium Super Output Area Smoking prevalence in Devon (2003-05) - Data Source: Healthy Lifestyle Behaviours, Model Based Estimates

## 8. Hospital Activity

### 8.1 Outpatient Attendances

The graph below shows that in Dartmouth the directly age standardised rate of outpatient attendances is 1078 per 1,000, compared to a rate of 1131 per 1,000 for Devon. The rate for Dartmouth is statistically lower than the Devon rate.

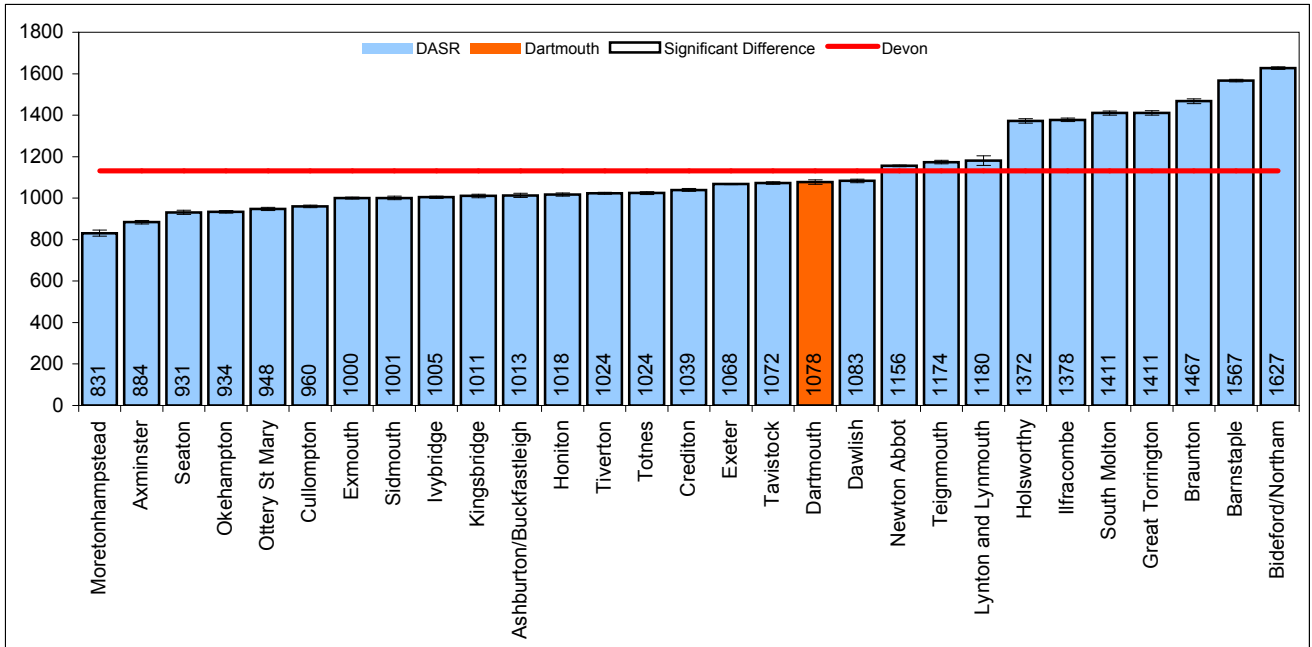


Figure 47: Directly age standardised rate of outpatient attendances per 100,000 population (2011) - Data Source: Secondary Uses Service Commissioning Dataset

### 8.2 Accident and Emergency Attendances

The graph below shows that in Dartmouth the directly age standardised rate of accident and emergency attendances is 446 per 1,000, compared to a rate of 342 per 1,000 for Devon. The rate for Dartmouth is statistically higher than the Devon rate.

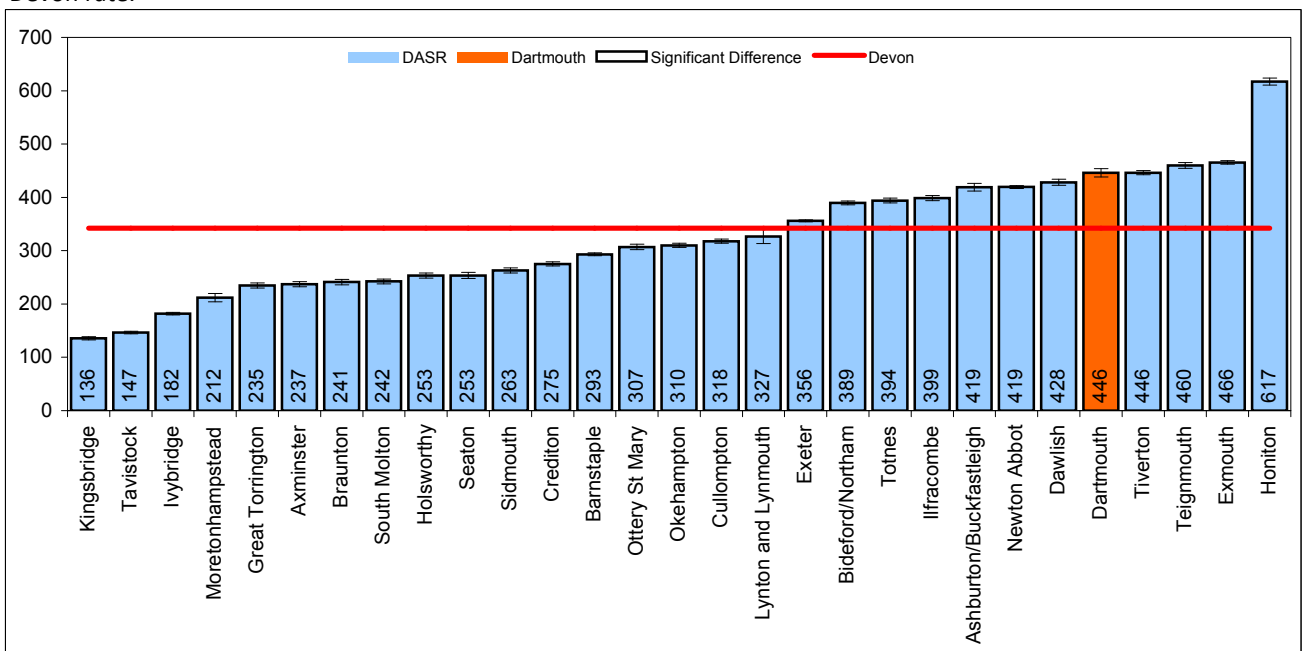


Figure 48: Directly age standardised rate of accident and emergency attendances per 100,000 population (2011) - Data Source: Secondary Uses Service Commissioning Dataset

## 8. Hospital Activity

### 8.3 Elective Admissions

The graph below shows that in Dartmouth the rate of emergency admissions is 125 per 100,000, compared to a rate of 155 per 100,000 for Devon. The rate for Dartmouth is statistically lower than the Devon rate.

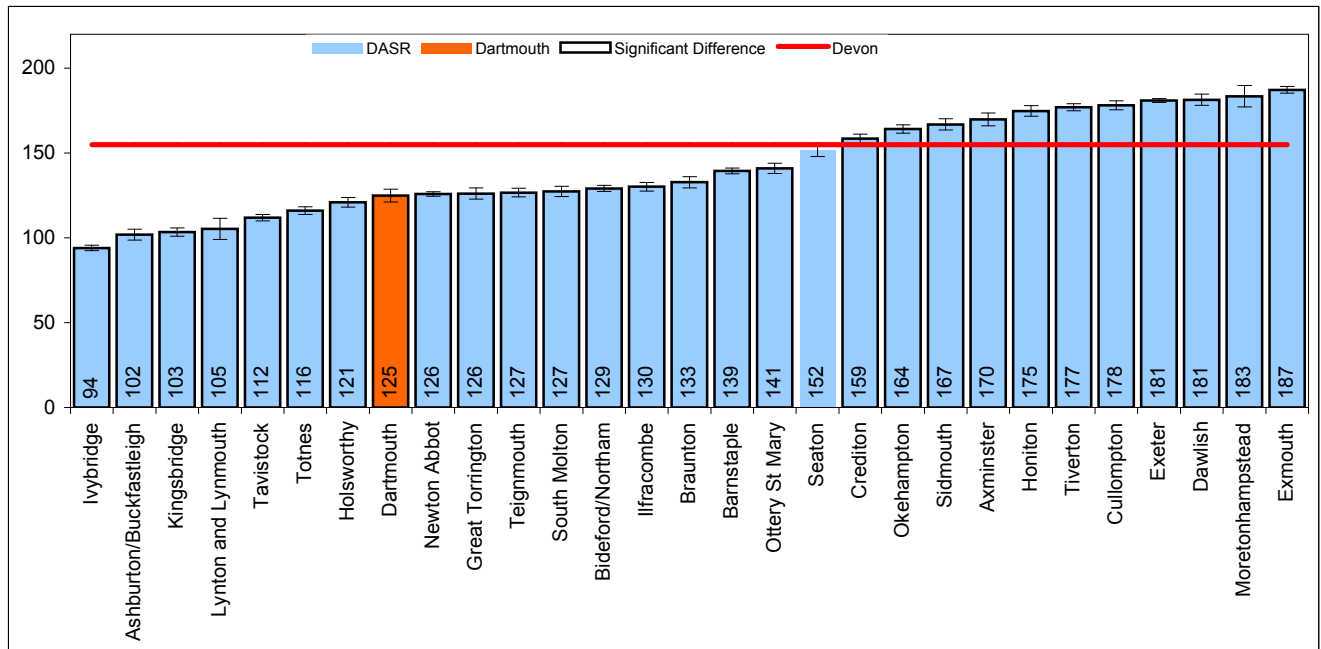


Figure 49: Directly age standardised rate of elective admissions per 100,000 population (2011) - Data Source: Secondary Uses Service Commissioning Dataset

### 8.4 Emergency Admissions

The graph below shows that in Dartmouth the rate of emergency admissions is 63.8 per 100,000, compared to a rate of 69.1 per 100,000 for Devon. The rate for Dartmouth is statistically lower than the Devon rate.

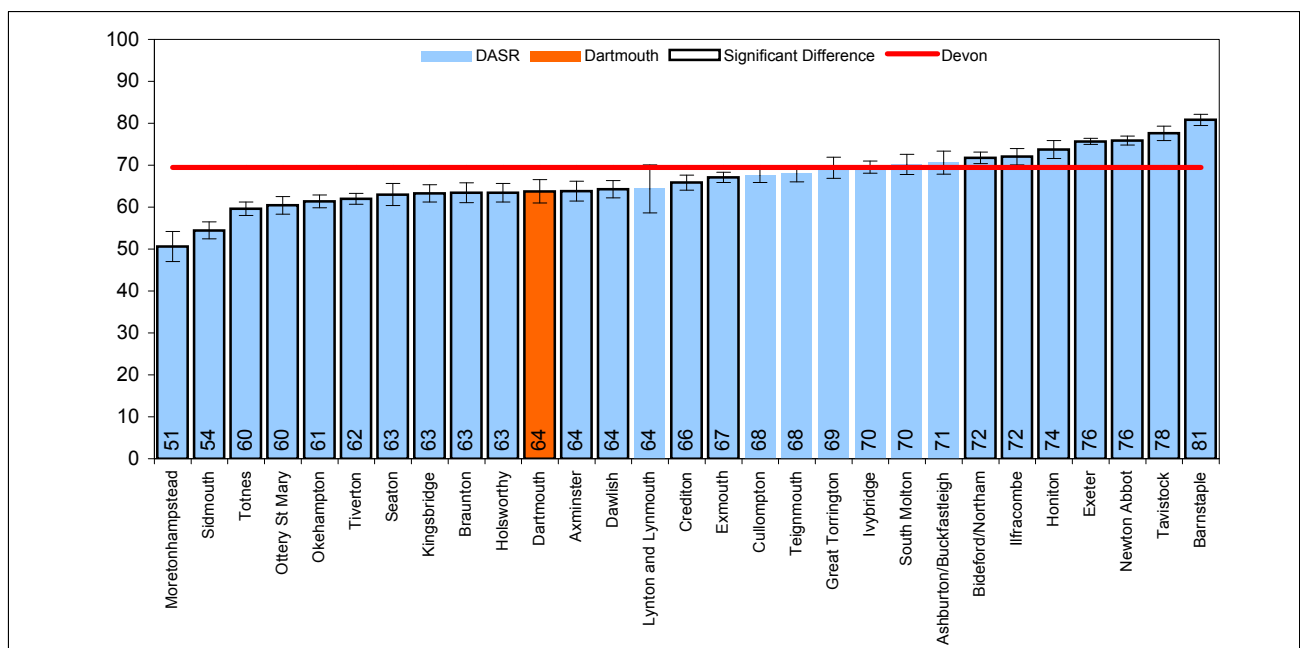


Figure 50: Directly age standardised rate of emergency admissions per 100,000 population (2011) - Data Source: Secondary Uses Service Commissioning Dataset

## 8. Hospital Activity

### 8.5 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 in Dartmouth the directly age standardised rate of alcohol related admissions is 1283 per 100,000, compared to a rate of 1387 per 100,000 for Devon. The rate for Dartmouth is no significant difference than the Devon rate.

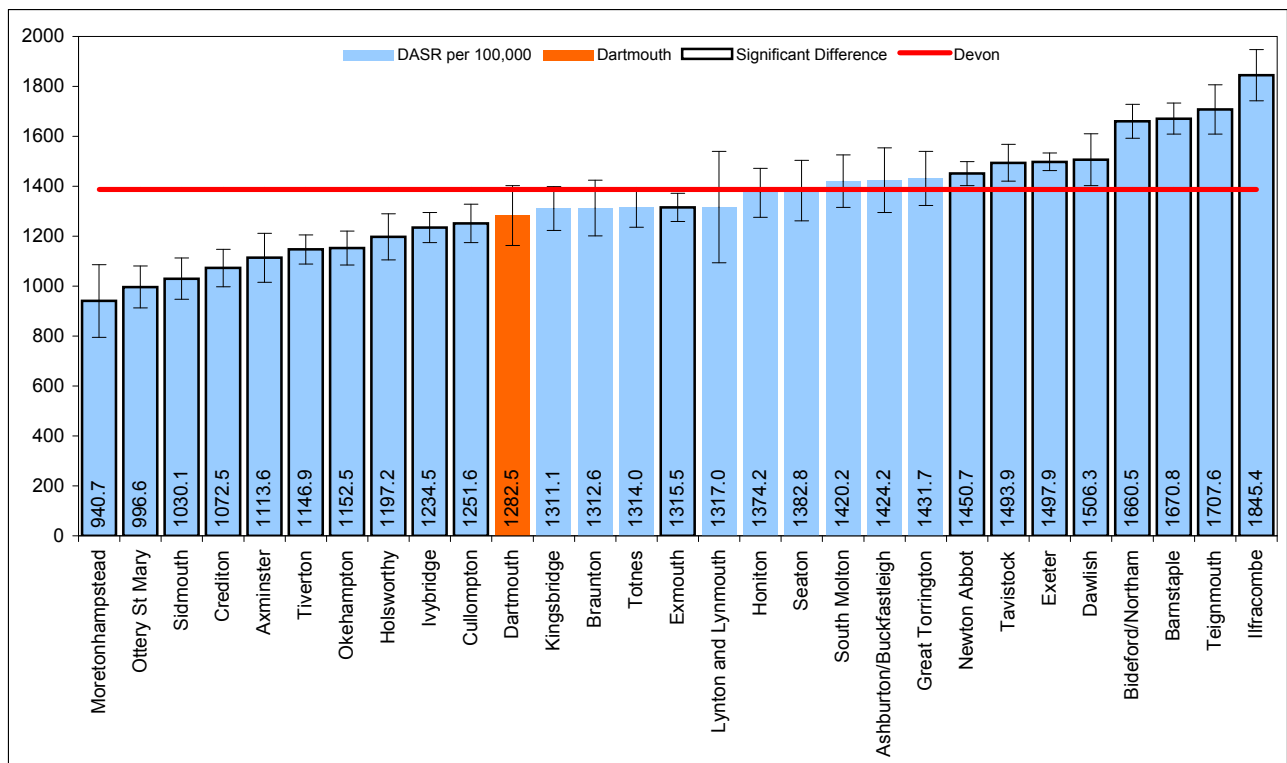


Figure 51: Directly age standardised rate of alcohol related admissions per 100,000 population (2008-10) - Data Source: Secondary Uses Service Commissioning Dataset