

2014/15 Joint Strategic Needs Assessment for South Devon and Torbay

FINAL DRAFT - SEPTEMBER 2014

Executive Summary



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JSNA CHAPTERS

EXECUTIVE SUMMARY

POPULATION OVERVIEW (all ages)

STARTING WELL (0 to 4)

DEVELOPING WELL (5 to 24)

LIVING AND WORKING WELL (15 to 65)

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Foreword

Collectively, we face a number of major health issues in the Torbay and South Devon area. Two out of every three adults are overweight, with one in four being obese. Even in primary school, at Year 6, 1 in 5 children are obese. We have an elderly population - one in four adults are aged over 65 and this is increasing. Torbay has a high number of households in poverty, with 1 in 4 children in poverty. Torbay also has high rates of alcohol related admissions and mortality due to liver disease.



It is vital for upstream interventions to be strengthened. The more we can achieve through preventing ill health in the first place, through healthy places and healthy lifestyles, then the healthier we can keep individuals, society, our health and economic systems.

It is important that we plan the services we deliver according to a clear understanding of the health and well-being needs of the local population. In Torbay and South Devon we have a history of working together in an integrated way so we are also striving to bring together our knowledge around health needs.

This JSNA for 2014, brings together, for the first time, data from a range of partners and identifies key issues that leaders, planners and commissioners should be concentrating on in the years to come. It is complemented by a web platform that is inter-active and allows users to interrogate and produce their own dataset.

I hope you enjoy reading this document and that it helps you better understand your community or the community you serve and that you will use this document to help you plan services and interventions that best suit your community needs.

Signature?

Chris Lewis

Chair Torbay Health and Wellbeing Board

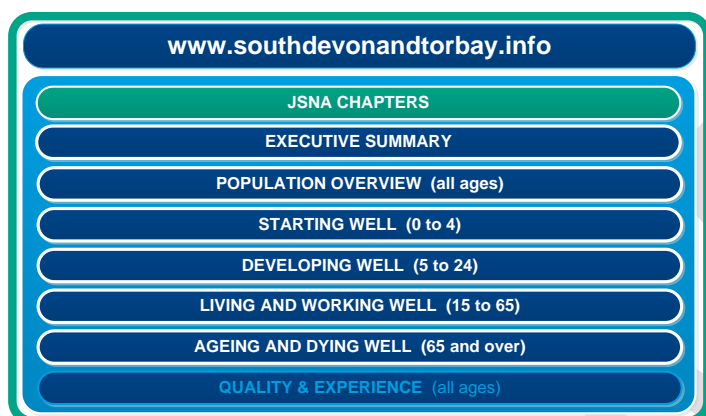
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Introduction

This is the 2014/15 Joint Strategic Needs Assessment (JSNA) **executive summary** for South Devon and Torbay. This executive summary suggests the key issues that have emerged from a series of overview documents covering the life course. Each of these overview documents has been designed to be a standalone document, providing a more detailed understanding of the health and wellbeing needs for that population. There are five standalone documents and the age ranges covered are shown below and are available at www.southdevonandtorbay.info. The quality and experience overview will follow in due course.

Figure 1: 2014/15 JSNA chapters



Background

Undertaking JSNA across the South Devon and Torbay area **reflects a natural community around a main health provider** – Torbay Hospital. Understanding the needs across this provider allows a more system wide approach to understanding the health and wellbeing needs of the community. The geographical footprint is conterminous with the South Devon and Torbay Clinical Commissioning Group (CCG); the organisation that buys the hospital services for the population of South Devon and Torbay. The area includes part of the upper tier local authority of Devon County Council, and all of the Unitary authority of Torbay.

JSNA is not a standalone document but a suite of documents, web tools and presentations which help to analyse the **health needs of populations to inform and guide commissioning** of health, wellbeing and social care services within local authority areas ^[2]. JSNA will be the means by which **local leaders work together to understand and agree the needs of the local population** ^[3]. JSNAs, along with health and wellbeing strategies will enable commissioners to plan and commission more effective and integrated services to meet the needs of the South Devon and Torbay population ^[3], in particular for the most vulnerable and for groups with the worst health outcomes, and help to reduce the overall inequalities that exist.

Helping people to live longer and healthier lives is not simply about the healthcare received through GP's or at hospital, it is also about the **wider social determinants of where we live and work** ^[4]. The collective action of agencies is needed today to promote the health of tomorrow's older population. Preventing **ill health starts before birth, and continues to accumulate throughout individuals lives** ^[4].

Life course

A life course approach enables an understanding of needs and risks to health and wellbeing at different points along the path of life. For example, **our needs as babies and in our early years differ significantly to our needs and risks to health and wellbeing as we enter adulthood or retirement**. Understanding the risks to health and wellbeing at different points along the path of life enables opportunities to promote positive health and wellbeing to prevent future ill health, or to understand the potential burden of disease that may need to be considered in delivering services.

Understanding needs across the life course also enables an understanding of exposures in childhood, adolescence and early adult life and how they influence the risk of disease and socio-economic position in later life ^[5]. Understanding the influence of risk in this way may help to prevent future generations experiencing some of the illnesses of today.

Structuring JSNA around a life course framework allows consideration of different population needs based on their collective journey through life. The following headings represent different life course narratives overviews presented as South Devon and Torbay JSNA.

- **Population Overview** sets the scene for the current & future population structure across South Devon and Torbay, it includes top level population overviews
- **Starting Well** is about understanding the needs of the population from pregnancy, birth and for the first few years of life. This includes understanding the anticipated need for maternity services, health visiting services and early years' services.
- **Developing Well** is about understanding the needs of the population between the ages of 5 and 24. This includes understanding the anticipated needs for schools and the developing health and wellbeing needs of this age group.
- **Living and Working Well** is about understanding the needs of the working age population. This includes understanding the lifestyles and health outcomes experienced by this group, and the risks that prevent positive health and wellbeing.
- **Ageing and Dying Well** is about understanding the needs of those from around 65 years and over. It is about reducing and preventing long term conditions, promoting active aging and tackling inequalities into older age.
- **Patient safety and experience** captures some of the qualitative patient experiences

Inequalities

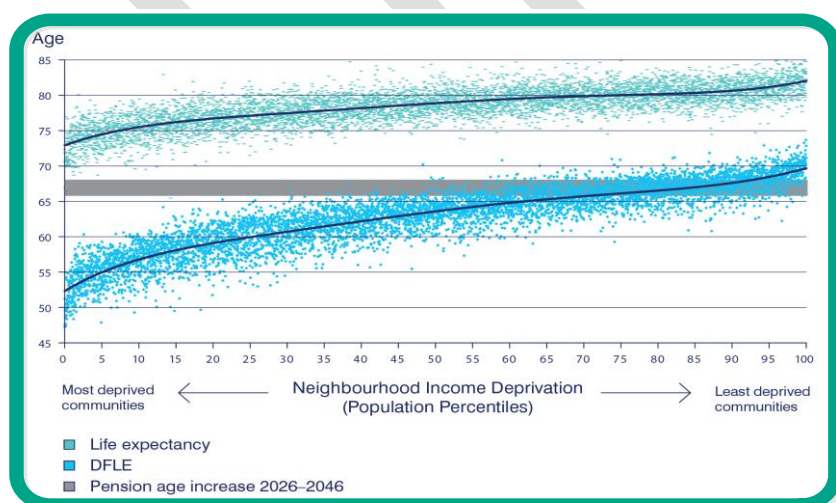
Inequalities are evident across the life course, from **children being born in more deprived areas expected to experience shorter life expectancy**; to working age persons with lower or no qualifications; to premature mortality.

In order to begin to reduce inequalities, an understanding of the complex web of issues is required. There is evidence to suggest that **disadvantage starts before birth and accumulates throughout life** [1]. To reduce inequalities across the life course, it is important to reduce early disadvantage and reduce poorer outcomes from pregnancy and birth and during childhood.

Health inequalities are when different people experience different outcomes. For example, higher rates of people dying prematurely in one community compared to another community. There is a well evidenced relationship between poorer communities, in terms of income, and poorer health outcomes such as life expectancy [1].

Whilst people in our more deprived communities tend to die earlier than those in the least deprived, they also tend to live longer with poorer health. Nationally, there is a gap of around 17 years in the more deprived communities between disability free life expectancy and life expectancy (left hand side of figure 2); this gap is around 19 years in South Devon. The gap is smaller at the less deprived end of the spectrum, right hand side of figure 2 [1]; 13 years nationally and around 13.5 years in South Devon.

Figure 2: life expectancy and disability free life expectancy (DFLE) at birth, persons by neighbourhood income level, England, 1999-2003 [1]



What this means is that, on average, the more deprived populations in South Devon and Torbay can expect to live **their last 19 years of life with a disability** compared to those in the least deprived population, and **still expect to die around 8 years earlier**. Proportionately, people in

South Devon and Torbay’s more deprived communities spend a larger amount of their life in need of some increased level of support.

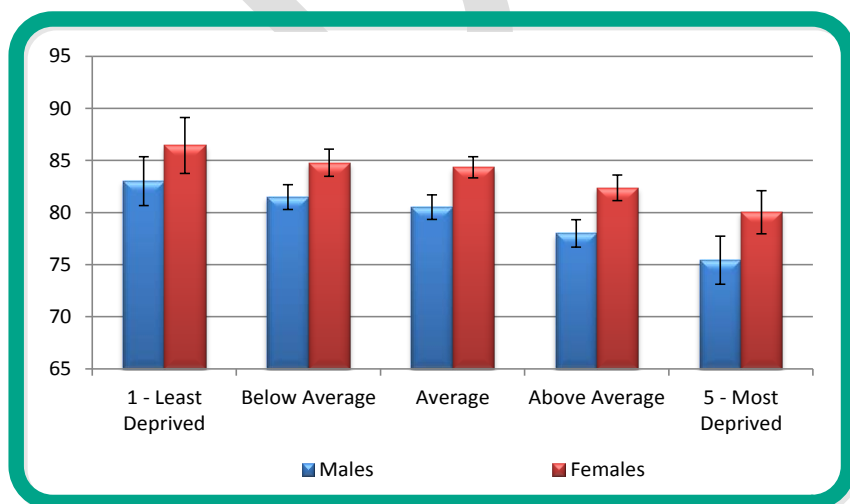
At a national level, it is estimated that the cost of inequality in illness accounts for productivity losses of around £32 billion per year ^[1]. Proportionately, in **South Devon and Torbay** this could represent a **cost of inequality in illness of around £150 to £160 million per year**. That would include lost taxes, higher welfare payments and higher NHS healthcare costs. The figure presented is based on a national population spend per head being applied to the South Devon and Torbay population; it has not been adjusted for deprivation, age or sex. It does however represent a wider system perspective on costs.

Figure 2 (above) shows that **people in our more deprived communities live for longer with a disability**. This population needs to access care for a relatively longer period of time. Reducing the gap between disability free life expectancy and life expectancy would result in significant financial savings to the public purse.

Reducing inequalities in health does not require a separate health agenda, but action across the whole of society ^[1]. Inequalities in health are not simply about evening out the burden of disease across the population, as **good health is not simply a measure of the absence of disease**. Where we live and who we are all impact on health, and inequalities.

The gap in life expectancy at birth between communities across South Devon and Torbay is around 8 years for males and 7 years for females. This gap has decreased in recent years, but still represents a significant inequality.

Figure 3: 2011/13 Life expectancy at birth by sex and deprivation quintile across South Devon and Torbay



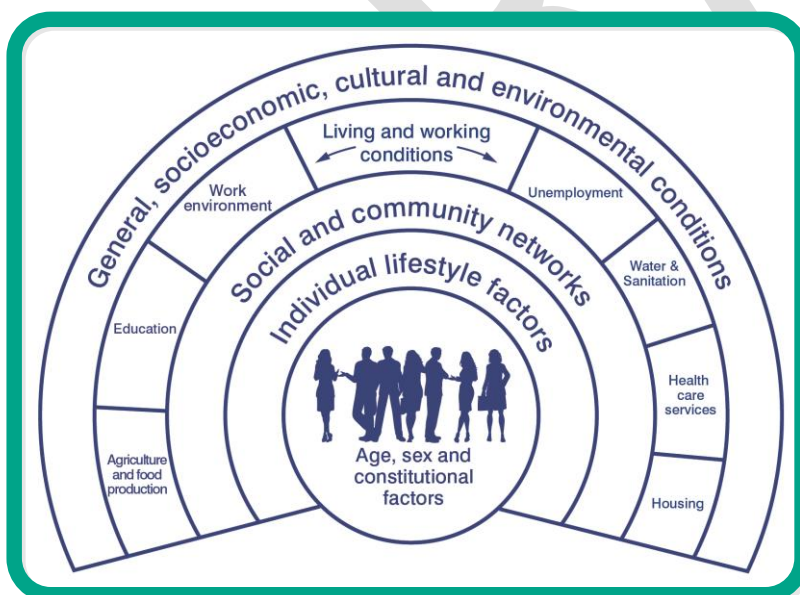
Wider determinants

Some of our individual determinants are fixed, such as our birth dates, our sex at birth and our genetic makeup (family history). All of which influence our individual health. However, there are other factors that we can try to influence that impact on health and wellbeing. These other factors are influences such as the environment in which we live, our ability to work and the lifestyle choices we make. Figure 4 illustrates the main influences on health. These influences could be thought of as a series of layers, one on top of the other ^[6]. These influences are known as the wider determinants of health.

The layers presented in figure 4 include;

- **individual lifestyle factors** such as smoking habits, diet and physical activity have the potential to promote or damage health
- **social and community network** interactions with friends, relatives and mutual support within a community can sustain people's health;
- **wider influences** on health include living and working conditions, food supplies, access to essential goods and services, and the overall economic, cultural and environmental conditions prevalent in society as a whole.

Figure 4: Wider determinants of health ^[6]



Influencing these layers, across the life course, is required to reduce inequalities, such as the gap in life expectancy, and improve the health and wellbeing of the South Devon and Torbay population.

What is JSNA?

The Local Government and Public Involvement in Health Act (2007) ^[7] required Primary Care Trusts (PCTs) and Local Authorities to produce a Joint Strategic Needs Assessment (JSNA) of the health and well-being of their local community. However, from April 2013, Local Authorities and Clinical Commissioning Groups (CCG) have equal and explicit obligations to prepare JSNA; under the governance of the health and well-being board ^[8].

The purpose of JSNA is to provide an objective view of the health and wellbeing needs of the population. JSNA identifies “the big picture” in terms of the health and wellbeing needs and inequalities of a local population. It provides an evidence base for commissioners to commission services, according to the needs of the population.

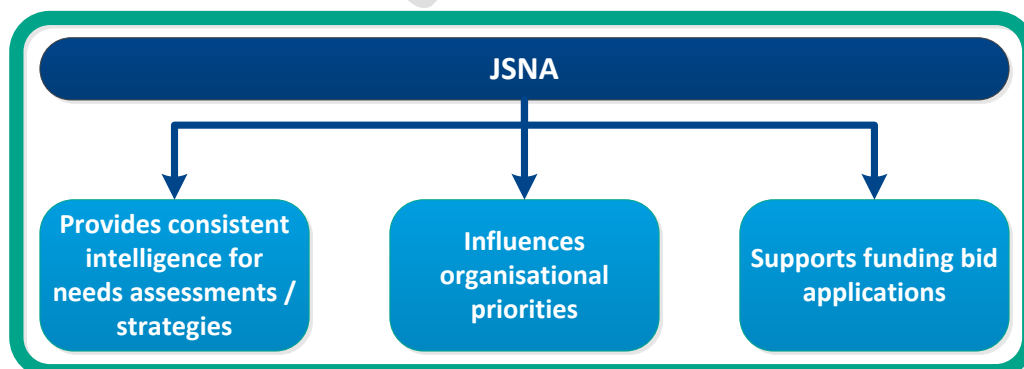
A JSNA is not a needs assessment of an individual, but a strategic overview of the local community need – either geographically such as local authority / localities or for specific groups such as younger or older people or people from different backgrounds.

The South Devon and Torbay CCG straddles the Health and Wellbeing boards of Devon and Torbay. This narrative has been pulled together collaboratively with partner organisations to understand the needs of the South Devon and Torbay population for the South Devon and Torbay CCG on behalf of the Torbay Health and Wellbeing Board.

The approach to JSNA in South Devon and Torbay is to provide a collection of narrative and data interpretation to support the community, the voluntary sector and statutory organisations across South Devon and Torbay. This **approach then provides a consistency of multi-agency data** to support strategies and needs assessments across South Devon and Torbay, illustrated in figure 5.

The life course narrative documents are supported with topic and area based overviews across South Devon and Torbay. These can be accessed at: www.southdevonandtorbay.info

Figure 5: Influences of JSNA



The structure of the JSNA narrative overviews

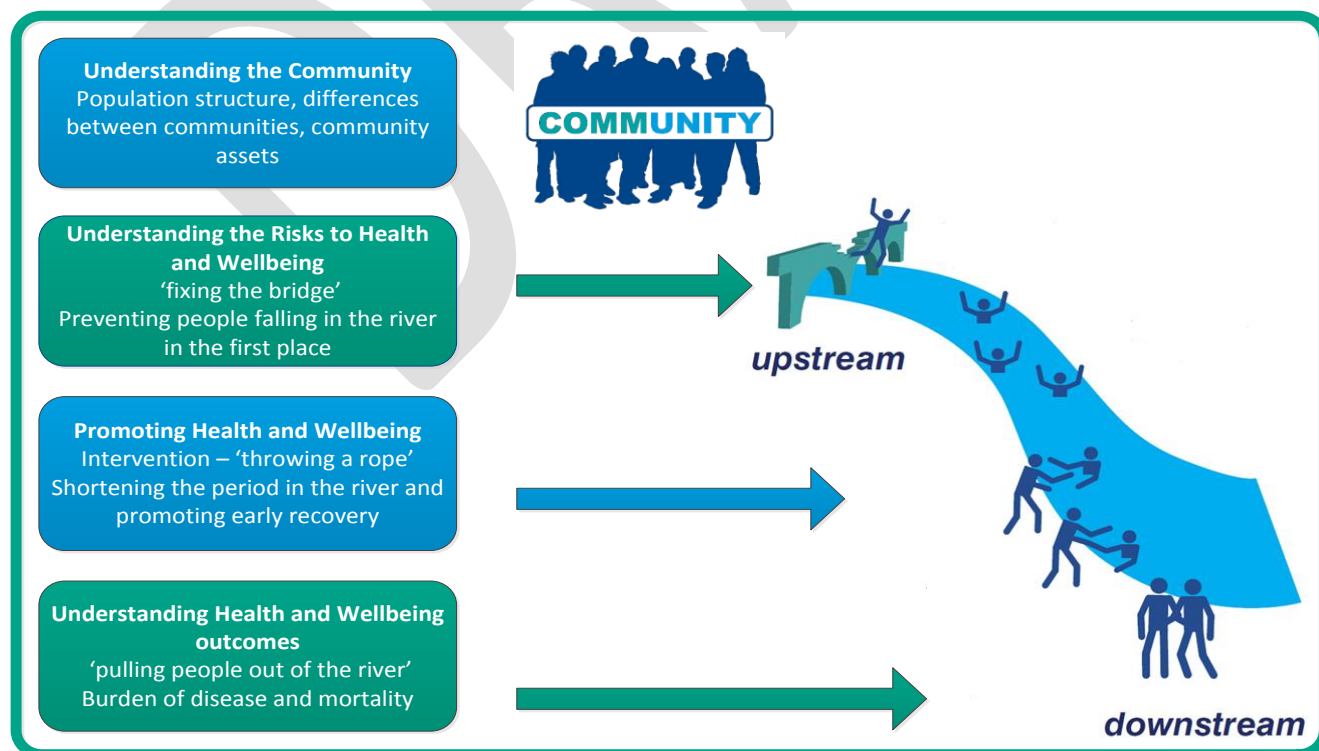
The narrative overviews are presented through four main sections. These sections have been chosen to represent an ‘upstream’ ‘downstream’ approach to understanding the health and wellbeing needs of the population. In the illustration below (figure 6), GPs, nurses and doctors in the hospital are all busy seeing and treating patients, represented by the people being pulled out of the river. However, the narrative structure considers how we could go back ‘upstream’ and find out why people were falling into the river in the first place, or where we would be best positioned to throw a life line.

The four sections are:

- Understanding the community
- Understanding the risks to health and wellbeing
- Promoting health and wellbeing
- Understanding health and wellbeing outcomes

These four sections represent an approach to understand the opportunities of preventing or delaying negative outcomes, such as premature mortality or morbidities, by understanding how we might expect patterns to change over time, and also where opportunities are to intervene and prevent.

Figure 6: JSNA overview structure [adapted from 9]

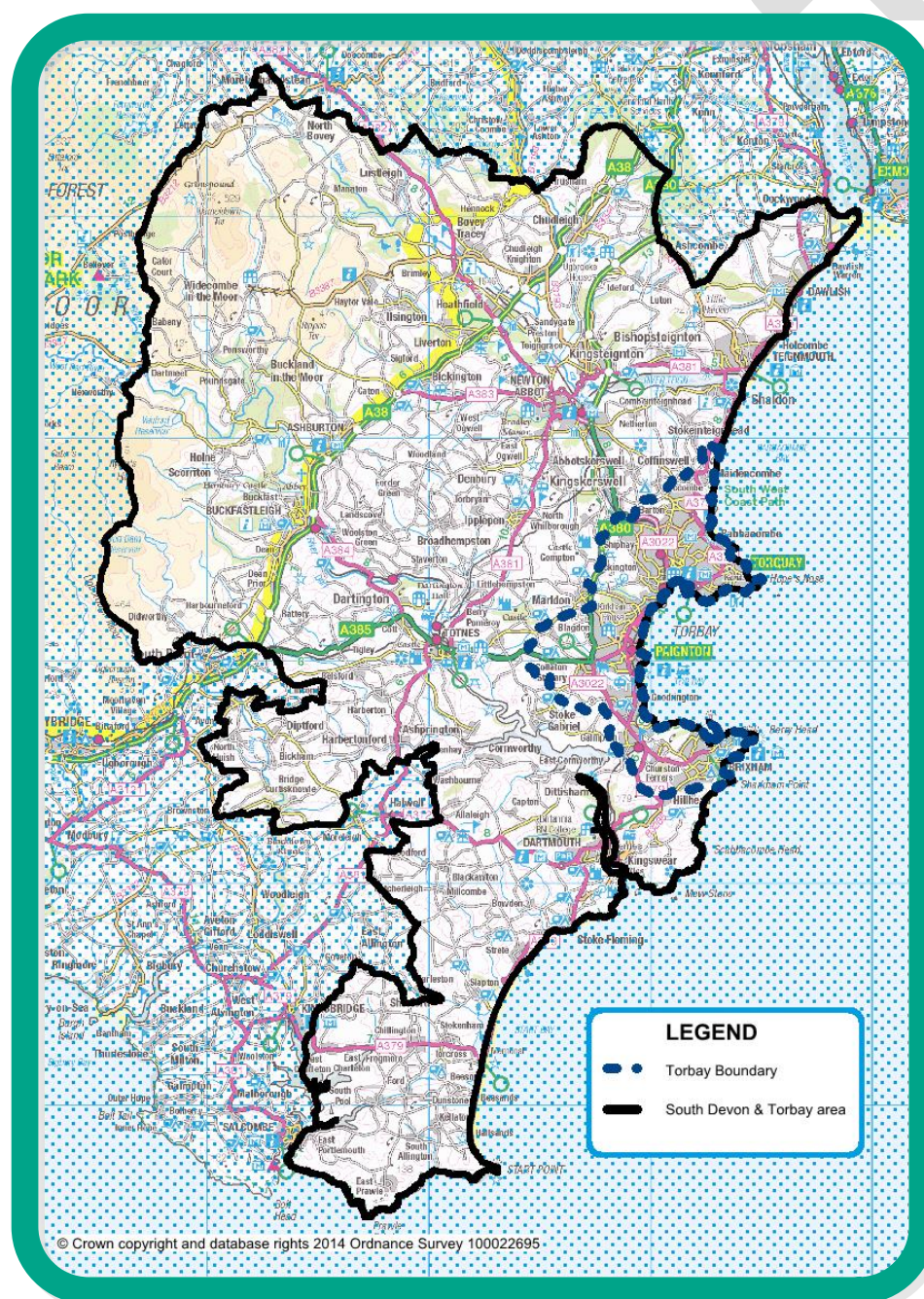


The South Devon and Torbay area

The South Devon and Torbay area covers some 350 square miles and takes in around 75 miles of coastline. The area extends from the sandy beaches of the South Devon coast, to open moor land of Dartmoor and takes in both rural communities and urban centres.

The area of South Devon and Torbay represents a natural community around the main acute care provider, Torbay Hospital. The area includes part of the two district authority areas of South Hams and Teignbridge, part of Devon County Council and the Unitary Authority area of Torbay.

Figure 7: An overview of the South Devon and Torbay area



2014/15 JSNA Summary of challenges

Across the life course narratives 15 top level key challenges have been identified. The 15 challenges have been identified as challenges being faced across South Devon and Torbay. The 15 are not an exhaustive list of all challenges being faced by the community; they are more a summary of the key challenges. More information on the challenges and needs of the population at different points across the life course can be accessed through that specific life course narrative.

The 15 key challenges for South Devon and Torbay are presented in figure 8. They are presented in the 'upstream' 'downstream' model used throughout the life course narratives. This approach enables us to understand the opportunities to reduce the burden of poor health in the future, as well as understanding the current health and wellbeing outcomes. More detail setting out some context and identifying why it is an issue is summarised in table 1 and includes the life course affected by the issue.

Figure 8: Key issues for South Devon and Torbay



Note: Obesity includes children and adults; Poverty includes child poverty and wider poverty.

The more system wide determinants are identified in the 'understanding the community' section; these are significant challenges for both the population and the services provided. However outcomes from improving the local economy and reducing poverty would expect to impact on challenges 'downstream'. Understanding the risks to health and wellbeing identifies opportunities for where intervention is perhaps required soon to prevent future poor health and wellbeing outcomes. Promoting health and wellbeing is initially around understanding the current challenges, it also identifies where further analysis is required to understand drivers for these challenges.

To prevent poor health and wellbeing being experienced by the communities we serve, we need to go 'up-stream' and understand the causes, and in some cases the causes of the causes.

Table 1: Summary of 2014/15 key issues

Key Issue	Context	Why it's an issue?	Life course affected				
			Population overview	Starting Well	Developing Well	Living and Working Well	Ageing and Dying Well
Adult Obesity	More than 1 in 4 people across South Devon and Torbay are estimated to be obese.	Obesity can have a severe impact on people's lives, increasing the risk of type 2 diabetes, some cancers, and heart and liver disease.	✓			✓	✓
Ageing Population	The over 65 population is expected to increase by around 10,500 over next 8 years across South Devon and Torbay, from 25.9% of the population to 28.6%.	As we age our chance of developing different long term conditions increases. The impact of this could include increased demand on the health and care support.	✓				✓
Alcohol related admissions	Torbay has higher levels of alcohol attributable admissions to hospital, with between 10 and 11 admissions a day attributable to alcohol.	Most people who have alcohol-related health problems aren't 'alcoholics'. They're simply people who have regularly drunk more than the recommended levels for some years.	✓			✓	✓
Care and support	There are significantly higher levels of unpaid carers in the South Devon and Torbay population, many providing more than 50 hours care a week, and many in poor health themselves.	As the population ages, and people with disability and serious illness live longer, they are more likely to live at home. Going forward, we might expect community based care to rely increasingly on family and community members as carers.	✓	✓	✓	✓	✓
Child poverty	Around 1 in 4 of children in Torbay live in relative poverty compared to around 1 in 5 across England	Children living in poverty tend to experience poorer outcomes.	✓	✓	✓	✓	
Childhood obesity	Around 1 in 10 children in reception and 1 in 5 in year 6 are obese. Levels of overweight and obese are around 1 in 4 in reception and 1 in 3 in year 6	Obese children are more likely to be absent from school due to illness and experience health related limitations and self-esteem issues.		✓	✓	✓	✓
Children looked after	Torbay has amongst the highest rates of children looked after in England. The rate and number have been increasing in recent years	Generally children in care continue to have poorer outcomes than the wider population		✓	✓	✓	
Crime	Rates of crime, and in particular violent crime, are higher in Torbay than the England and Wales average	The links between crime and health relate both to the health of perpetrators of crime as well as to the victims of any criminality.	✓	✓	✓	✓	✓
Housing	Housing availability, quality, condition, suitability and affordability are an issue across South Devon and Torbay.	There are a range of health related conditions associated with housing in poor conditions.	✓	✓	✓	✓	✓
Local economy	Torbay's economy is one of the poorest performing in the UK, at around 60% of the UK average.	Being in good employment is protective of health, whilst being unemployed contributes to poorer health and wellbeing. A poor performing economy has an impact on poverty and on health outcomes for the population.	✓	✓	✓	✓	✓

Key Issue	Context	Why it's an issue?	Life course affected				
			Population overview	Starting Well	Developing Well	Living and Working Well	Ageing and Dying Well
Long term conditions	There are estimated to be 1,000's of people living with a long term condition but who aren't known or managed by their GP across South Devon and Torbay.	People with a long term condition are the most frequent users of health care services. With an ageing population, we might expect the number of people with a long term condition to increase.				✓	✓
Maternal behaviours	Just under a third of pregnant women in Torbay are measured as overweight or obese at their 12 week booking. Nearly 1 in 5 pregnant women smoke during their pregnancy.	Positive maternal health is crucial for healthy development in the womb. The choices pregnant women make are crucial to the healthy development of the foetus.		✓	✓	✓	✓
Poverty	South Devon and Torbay has amongst the highest proportion of households in England identified as being on the edge of poverty, around 29% (45,000 households).	Households across South Devon and Torbay are less likely to be financially resilient to increasing prices. Being on the edge of poverty makes households more susceptible to debt and financial difficulties.	✓	✓	✓	✓	✓
Premature mortality	Around 900 people in South Devon and Torbay die before the age of 75 each year, between 2 and 3 people per day.	The causes of premature mortality fall disproportionately on the poorest in society.	✓	✓	✓	✓	✓
School readiness	There is a significant gap in early year's foundation stage between those eligible for free school meals and non-free school meal pupils.	Generally, children who start school without developing vital readiness, tend to experience poorer outcomes.		✓	✓	✓	✓
Self-harm	Across South Devon and Torbay, there are some 200 individuals being admitted to hospital for intentional self-harm annually. That's around 1 admission every other day.	Children and young people with poor mental health are more likely to have poor educational attainment and employment prospects, social relationship difficulties, physical ill health and substance misuse problems and to become involved in offending.			✓		
Youth offending	The rate per 100,000 persons aged 10 to 17 receiving their first reprimand, warning or conviction is higher across South Devon and Torbay compared to the England average.	Children in care are more than twice as likely to be cautioned or convicted as other children. Wider risk factors include poor education and employment prospects, poor housing, peer pressure, drug and alcohol abuse amongst others.			✓	✓	

Knowledge and intelligence on-line – www.southdevonandtorbay.info

Delivery of JSNA for 2014/15 onwards will be through a new web platform. The new platform, www.southdevonandtorbay.info, has been created to act as a consistent resource to enable people to access the shared knowledge and intelligence across South Devon and Torbay.

Bringing the knowledge and intelligence of different agencies that serve the South Devon and Torbay population together into a single place allows wider understanding of the needs and challenges of the South Devon and Torbay population. The information contained within the website forms the wider Joint Strategic Needs Assessments across South Devon and Torbay.

The website contains the standalone overviews that form the written 2014/15 JSNA as well as a host of other supporting documents and interactive tools; including:

- Topic and area based overviews
- Interactive tools; population, community assets and community profile tools

Figure 9: Website home page: www.southdevonandtorbay.info

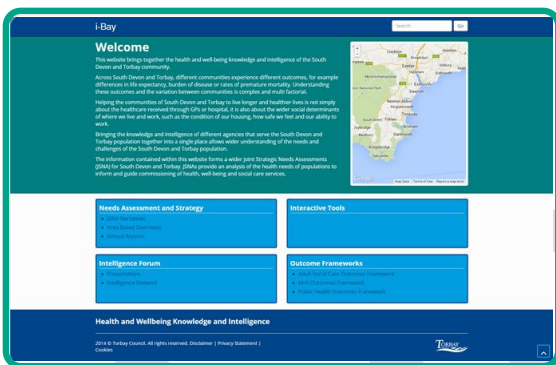
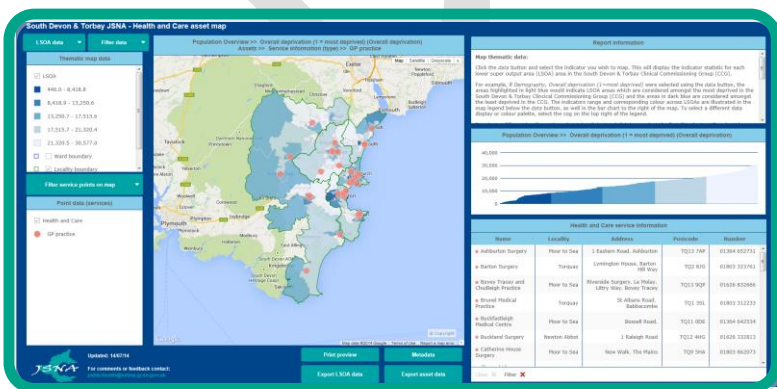


Figure 10: An example of one of the tools: the community assets tool.



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