# JOINT STRATEGIC NEEDS ASSESSMENT

**SCRUTINY JANUARY 2009** 

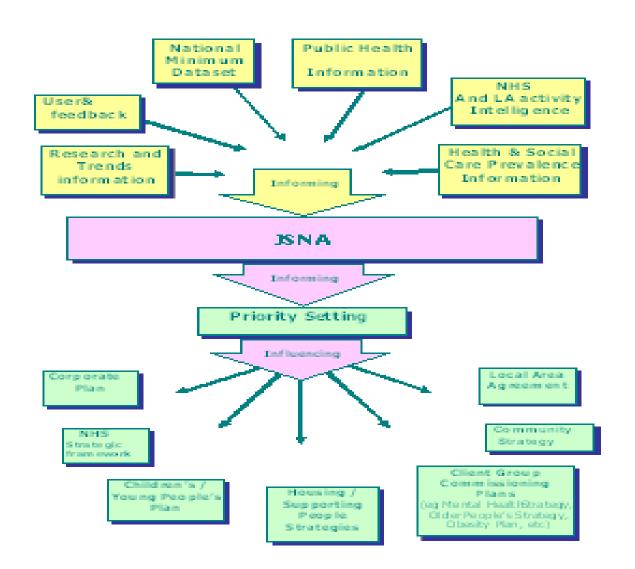
#### What is the JSNA?

The JSNA is a needs assessment data document that when analysed draws out the main health, social care and well-being needs of the city.

It is used to set priorities and to inform those who commission adult care services and children's services as to where to address needs.

#### Domains covered

- Social and environmental context
- Demography
- Lifestyle
- Social Capital
- Services and resources
- Physical health and well-being
- Mental health and well-being
- Hospital admissions
- Mortality and life expectancy
- Resources for health and social care.



## What are some of the findings?

#### What do most people in Plymouth die of?

Eight in ten of all deaths in the city are caused by heart and vascular problems, cancers, respiratory diseases and digestive problems as listed below. These disease categories have remained unchanged from 1997 to 2008 both in terms of proportions and rank order, as follows:

- Circulatory diseases 40% on average 1997 to 2007
- Neoplasms (Cancer) 27% on average 1997 to 2007
- •Respiratory diseases 14% on average 1997 to 2007
- Digestive diseases 5% on average 1997 to 2007
- •Source: NHS Plymouth, PHDU 2009.

## What are some of the findings?

Plymouth has had relatively more deaths (standardised for age) than the South West Region and England.

Overall there is a downward trend in death rates. Analysis suggests that this downward trend is mainly in diseases amenable to healthcare

### Changes in our population

- The estimated resident population of the city has increased by 5% from 241,000 in 2001 to 252,800 in 2008.
- The demographic structure of the city population has general slightly more females (51%) than males which closely reflects the national pattern
- The population of the city is thought to be slowly ageing with the GP register recording a 2 to 3% drop in the under 19 age group and a slight increase in the 65+ group and the 75+ groups to 2008.

### Changes in our population

- The city has experienced a 'baby boom' since 2001 but particularly during the three years to 2008. The under 1 age group has recorded a year on year increase from 2,172 in 2001 to 3,100 in 2008 representing a 46% increase.
- The numbers of people from different ethnic backgrounds is unclear. However, schools are required to report ethnicity of children in the City. Based on the 2009 School Census data, there are 36,621 children and young people in schools. Of these, 32,194 (87.9%) are classified as White British, and 2,400 (6.6%) as other ethnic groups. Details for a further 2,027 (5.5%) children and young people are not available.

## How does life expectancy and illness differ across the City?

- Life expectancy for both males and females increased almost year-on-year in the city between 1991 and 2007 in line with the rest of the country.
- However, life expectancy is uneven across the city and the pattern followed material deprivation. For example, a newly born resident of Glenholt can expect to live the longest in Plymouth (86.1 years) whilst a newly born resident of Devonport can expect to live the least (73.1 years), a 13 year difference in 2005- 2007.
- This inequality in health occurs in all illness groups and includes mental ill health.

### Other emerging issues

- Approximately 11,000 Plymouth residents are estimated to be affected by some form of mental health condition.
- There are consistently more emergency admissions to hospital than elective admissions year on year in Plymouth with two thirds of emergency hospital admissions are for causes other than the main causes of death (circulatory, respiratory, digestive, cancer and heart related conditions)
- Child poverty is a significant issue for the city approximately 24% of all children in Plymouth are regarded as living in poverty compared with 22.4% nationally.

#### Other emerging issues continued...

- The proportion of adults with learning difficulties in paid employment was much lower in Plymouth (4.6%) in 2008/09 than it was nationally (7.6%) or the South West Region (6.9%).
- The proportion of young people in Plymouth who were 'neither in employment, education or training' (NEET) stood at 7.9% in 2008/09, a rise of just over 1% on the level in 2007-08.
- GCSE attainment levels for 5A\*-C including English and Maths was lower in Plymouth than the national average in 2008

#### Other emerging issues continued...

- Housing stock condition in the city deteriorated significantly over the last five years with the level of nondecency increasing by almost 20%.
- Plymouth had a significantly higher prevalence of adults who smoke (27.6%) than was the case nationally (24.1%) in 2007/08
- Hospital stays for alcohol related harm are significantly higher in Plymouth (1773.3 per 100,000) than was the case nationally in 2007/08
- Teenage pregnancy rates are higher than nationally
- Plymouth has lowest prevalence of breastfeeding at the 6 – 8 week check than elsewhere in the South West.
- Obesity rates are increasing in children year on year

### **Next Steps**

To inform priorities and delivery plans the following action will be taken the Local Strategic Partnership to receive a report detailing recommendations to:

- Establish a framework whereby the data from the JSNA continuously informs the commissioning of services and the impact of these services on users
- •Commissioning further research and investigation where identified.