

Dartmouth Neighbourhood Plan Appendix S2

Factors affecting H&WB needs and provision

This appendix provides evidence supporting the aspect of Policy HW1 of the Dartmouth Neighbourhood Plan regarding continued need for community provision to support health and wellbeing facilities in the Lower Town.

1. NHS provision

Clearly the NHS faced major challenges over the past two years because of the Covid 19 pandemic and this has created pressures on resourcing. It has been largely the reason for the temporary closure of the Totnes MIU because of the need for infection prevention and control and staff shortages/redeployment.

Torbay and South Devon NHS Foundation Trust (TSDNHSFT) has been established as an Integrated Care Trust to bring together acute and community hospital provision. A new model of care has been introduced to deal with the challenges of delivering care to an ageing population with increasingly complex needs across the Trust's footprint. The way in which the TSDNHSFT operates has changed and will continue to change with the aim that delivery of care will be as close to home as possible. An example of the changes taking place is the increasing emphasis on accessing healthcare advice and support using digital tools e.g. NHS 111 and remote consultation tools (e.g. Attend Anywhere, specialist Apps). The diagram at the end of this paper is a schematic representation of the way the new model of care operates and the relationship between the various components of the care system.

TSDNHSFT will open a Health and Wellbeing Centre to serve the population of Dartmouth and surrounding settlements in 2022. This facility will bring together primary care, secondary care (clinics and outpatient services) and voluntary provision (Dartmouth Caring) into one modern facility with good access to parking and public transport. The facility will also include a pharmacy. The H&WBC will be the first within the TSDNHSFT area and illustrates a major component in the model of care TSDNHSFT has adopted.

2. Ageing resident population of Dartmouth.

2.1 Census Data

In 2011 when the last Census for which results are published took place it was clear that Dartmouth had more people over 60 and also over 75 than the national or county averages. The 2021 Census, when available, will provide useful statistics for comparison and future demographic projections but will not be available until late Spring of 2022.

Those aged 60 and above in the areas within the Neighbourhood Plan Area in 2011 totalled

34.6%. However, this hides the contrast between the ageing population of Townstal and the rest of Dartmouth (Lower Town):

- In Townstal 484 out of 2595 residents were aged over 60 – 18.9%. For over 75s the figure was 5.8% (151 out of 2595).
- In the rest of Dartmouth there were 1456 out of 3008 residents over 60 – 48.4%. For over 75s the figure was 17.65% (531 out of 3008)
- For those over 84 the figures in 2011 were 196 out of 3008 in Dartmouth (6.5%) and only 32 out of 2595 in Townstal (1.2%).

2.2 Joint Strategic Needs Assessments (JSNA) published by the Devon Health and Wellbeing Board (formerly the Devon Health and Wellbeing Organisation).

These assessments are published on a regular basis including projections for how the age profile of the population will change over time. There have been various assessments of the likely changes in the older population since the 2011 Census. Since 2014 the assessments have been on the basis of the whole of Devon although they acknowledge that Dartmouth has a particularly large older population. Dartmouth, Sidmouth and Teignmouth have been specifically identified as locations with especially ageing populations.

The JSNA published in 2017 stated that in Devon the extent of the changing profile ‘is illustrated by the number of persons **aged 85 and over, which stood at 10,300 in 1981, 28,100 in 2017, and is set to rise to 62,500 by 2039.**’.

The JSNA published for 2018 stated that ‘**by 2025 the number of residents aged 65 to 84 and over 85 years is estimated to grow by 17% and 29 % respectively**’.

Although neither the 2017 nor the 2018 JSNAs are calibrated with reference to the 2011 Census figures, the trends are obvious.

A more specific set of data relating specifically to Dartmouth is available from the JSNA Town Profile for Dartmouth prepared by the Devon Health and Wellbeing Organisation in 2013-14. The figures are particularly useful as they set out predictions for 2026 related to the 2011 Census figures. They also are closely correlated with the projections for the whole of Devon set out in the JSNA for 2018 which gives estimates for 2025. It would have been useful if JSNAs after 2013/14 contained data specific to Dartmouth but this was not the case.

The headline predictions in the JSNA for 2013/14 were that 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%.

Therefore, the overall predictions are that the population of Dartmouth will decrease but the future population will include a greater proportion of those aged 65 and over.

Although the data set on changing age profiles from the 2013/14 JSNA and those in the ones for 2017 and 2018 are not based on identical cohorts and locations it is clear that the projections strongly identify trends. As Dartmouth starts from a relatively older population profile as confirmed by the 2011 Census it is likely to see its profile to be affected by the trends the later JNSA exercises highlight. Consequently Dartmouth is likely to have a growing proportion of its population with significant Health and Wellbeing needs.

3. Changes in HWB services

There are two major changes when comparing the position before 2015 and that which will apply once the new HWB Centre is operating. The first is that there will be no HWB provision in the Lower Town and the second is that some services will no longer be provided anywhere in Dartmouth.

The relocation of GP services to the new HWB Centre will have a particularly high impact for those living in the Lower Town. Currently this area has a higher number of older residents who have greater need for GP services and that number is predicted to increase. The result is that, although access to GPs increases in the area where the population is significantly younger on average, care services will become less accessible for those most likely to need them.

The loss of the MIU services which were provided in the old hospital with no first aid provision by the NHS or GP surgery is the other significant change. The MIU in Dartmouth closed in 2015 and the provision has changed from seven MIUs in the Trust area to one in Newton Abbott. Another one in Totnes, which would be the nearest to Dartmouth, has been temporarily closed.

Although it is understood that currently the Devon CCG has made arrangements for GPs in the town to offer a very local minor injuries service this has never been publicised. The Dartmouth Medical Practice website makes no mention of the provision. Instead it refers

people to the Newton Abbott MIU. Even if people were aware of the provision it will still not be readily accessible for those needing such services in the Lower Town once the DMP has moved to the new HWB Centre.

4. Demand for HWB services

Data published by the NHS itself bears out the greater frequency of usage of GP services in older age when more serious medical conditions or needs increase. The increased need for Primary Care Provision for older patients is reflected in the higher level of funding provided to GP practices for those aged 85 and over. Dartmouth has a high number of patients in this age group and that is due to increase. This group not only has increased need for Primary Care services but is also more likely to have general mobility issues and less access to its own transport. Provision of the Primary Care accessible to the older age ranges is therefore a significant factor. The benefit of offering such service in the Lower Town, even if only for a limited number of days per week, through the presence of a GP or Practice Nurse would ensure suitable provision for patients likely to have greater medical needs and limited ability to travel to the new HWB Centre.

Dartmouth has HWB needs much larger than those necessary to cater for permanent residents and those who live locally in outlying villages. This is particularly marked in the case of both day visitors and those using holiday accommodation ranging from hotels to camp sites. Those staying in Dartmouth increase the population to approximately three times its resident population. Day visitors can add several tens of thousands more. The popularity of staycations and a longer visitor season means that the demand for first aid facilities increases.

For day visitors needing even fairly minor treatment the lack of these facilities in the Lower Town is of particular concern because many have no personal transport and public transport provision is unable to provide access to a centre as distant as Newton Abbott which is a good hour away by private car. As a result, it is understood that the demand on the ambulance service to transport those needing attention to Torbay Hospital has increased enormously and this also places greater demand on the A&E department. The consequent pressure on NHS resources and increased stress and suffering for those needing treatment should be avoided on both resourcing and humanitarian grounds.

5. Objective assessment of Health and Wellbeing provision

Research published in 2019 by the Consumer Data Research Centre (CDRC) identifying Access to Healthy Assets and Hazards is a very useful source of comparative data. It was based on data collected in 2017. The interactive map provides a basis for analysis of data for particular locations and indicates how easy it is for peoples' access to resources both healthy (e.g.GPs, MIUs and Dentists) and hazardous (e.g. off licences, fast food outlets, pubs and betting shops).

In the context of this paper the rating of access to MIU services, GP services and Dental Services is very relevant.

Fortunately, Dartmouth has three dental surgeries and scores well in that area with most of the town rated at the highest level.

By contrast, Dartmouth is in the worst category in terms of access to an MIU. That was of course at the time when the Totnes MIU was operating. Clearly the rating for Dartmouth couldn't get any worse now that Newton Abbott is the nearest MIU.

The rating of access to GP services is variable across the town. The Lower Town within walking distance of the surgery rates at the highest level in contrast to the Townstal area which has the lowest rating. Clearly this will reverse once the GP surgery moves to the new HWB centre.

The future will see an increase in what is already a significantly more elderly population in the Lower Town many of whom may have no personal transport and mobility issues. There are significant difficulties associated with limited public transport links between the HWB centre and the Lower Town. For this reason it would be particularly beneficial if some GP services could continue to be provided in the Lower Town, even if for one or two days a week. No doubt the Dartmouth Medical Practice will be disposing of its current building when it relocates to the new HWB centre but services might easily be provided in current NHS assets in the Lower Town whether that be within the old hospital or the Zion Place Clinic.

Access to Pharmacy services is not specifically covered by the CDRC research paper. The new HWB Centre is to have a pharmacy on site. Hopefully one if not both of the pharmacies located in the Lower Town will continue to operate to enable residents in that part of town to continue to be able to pick up prescriptions and buy other products.

This diagram is that which is referred to in Section 1 above.



Diagram supplied by Torbay and South Devon National Health Service Foundation Trust

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