



Intelligence Torbay 'working in partnership'



Torbay
CDT



Agenda

- Introductions
- Building on previous successes
- Scene setting:
 - Different geographies
 - Common populations of interest
- JSNA – understanding our communities needs
- Discussions
 - Community assets
 - Organisational priorities and risk factors
 - What would you like to get from i-bay?

Building on previous success

- JSNA best practice
- Neighbourhood work
 - Hele
- Topic specific work
 - Under 18 conceptions



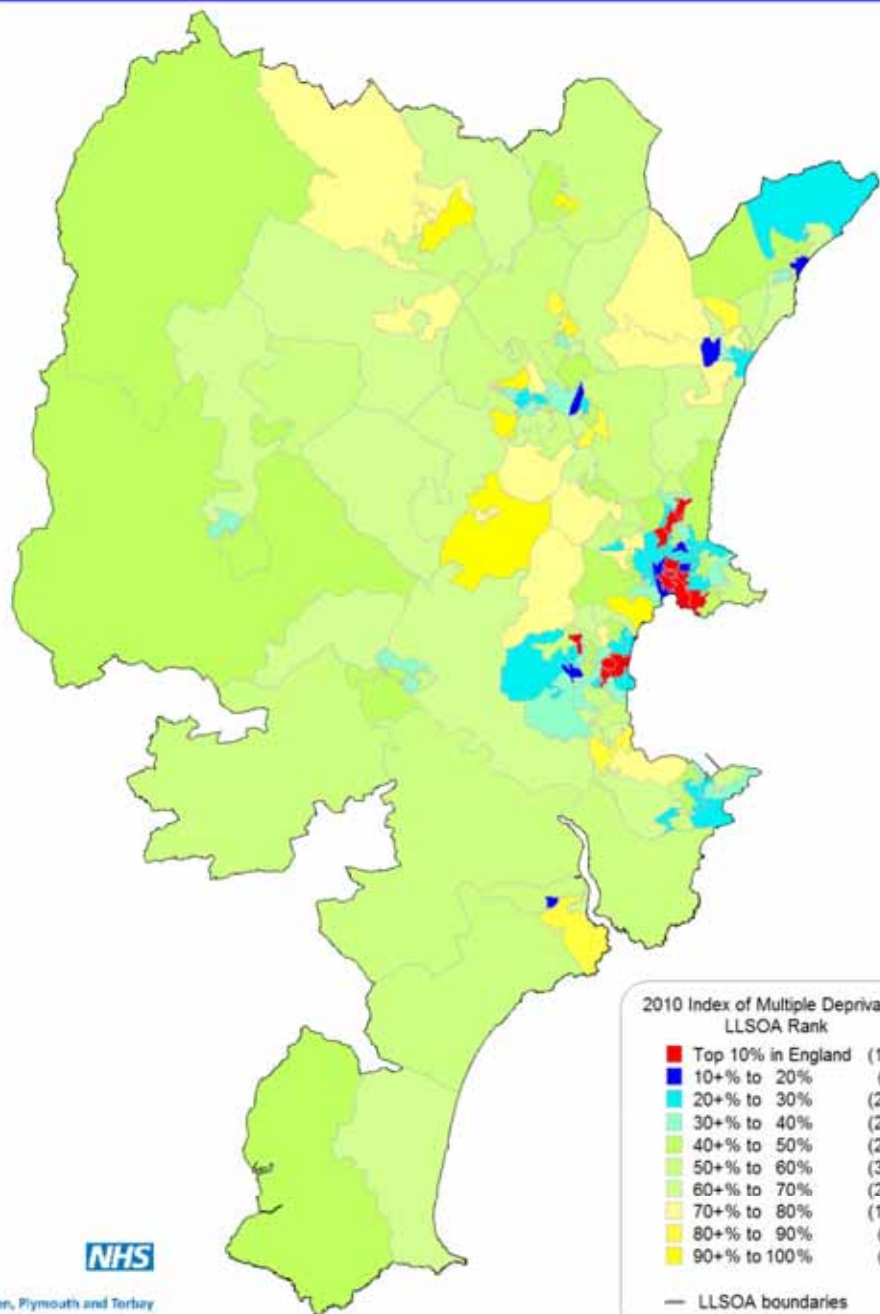
Different geographies





Shared communities / populations
of interest?

THE ENGLISH INDICES OF DEPRIVATION 2010
RANK OF INDEX OF MULTIPLE DEPRIVATION



NHS

Devon, Plymouth and Torbay

Contains Ordnance Survey data © Crown copyright and database right 2012

Gap in life expectancy

Torbay life expectancy estimates at birth for 2009/11, by gender and deprivation quintile



Also,

- Lower attainment
- Higher levels of crime
- Higher risk of fire
- Higher burden of disease
- Higher levels of fuel poverty
- Higher benefit claimants
- Housing in poorer condition

...

People in poorer areas not only die sooner, they also spend more of their shorter lives with a disability or ill health.

Life expectancy and disability-free life expectancy (DFLE) at birth by neighbourhood income level, England, 1999–2003

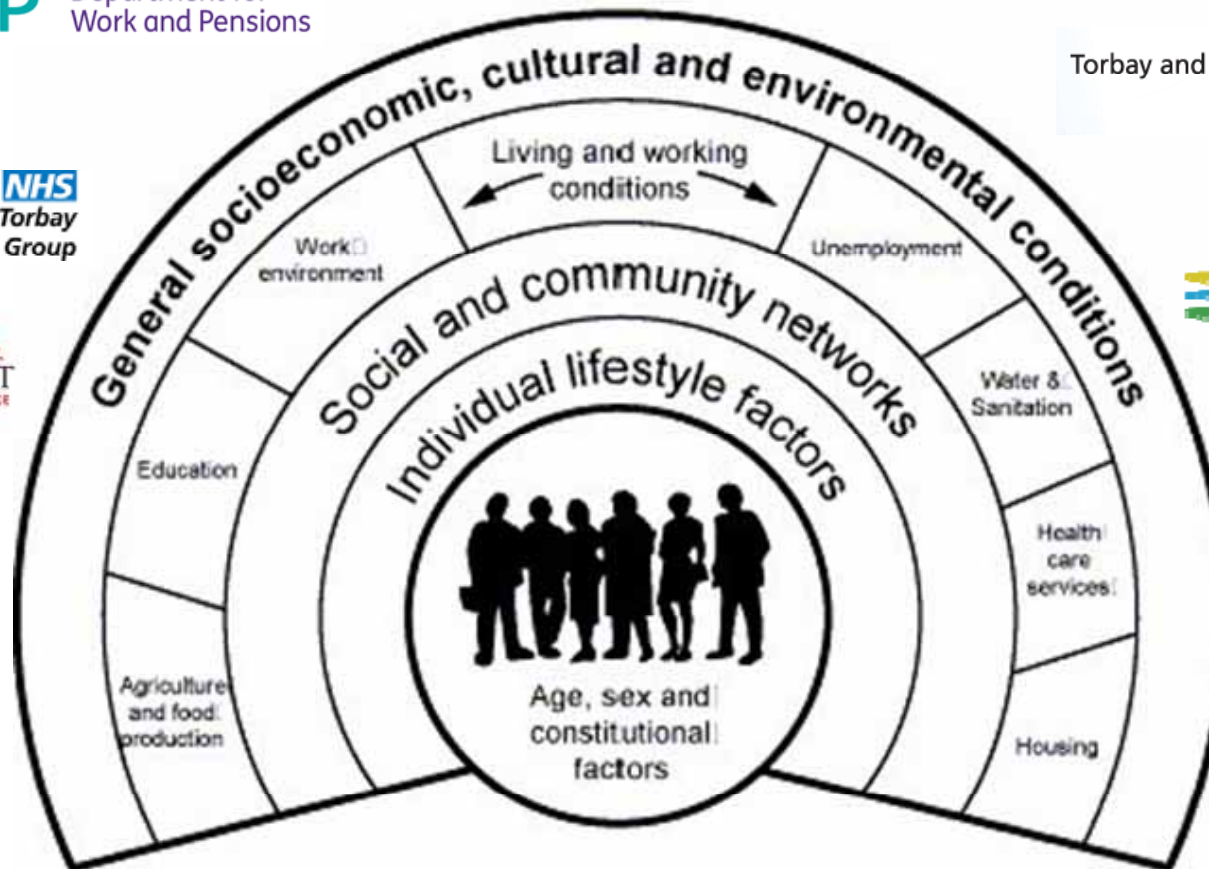


Source: Office for National Statistics

Wider determinants



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G, Dahlgren. M, Whitehead. (1991)

Different need perspectives



Partnership working to prevent



Understanding the bigger picture

- Moral position – is it fair that children born into communities will, on average, live 8 to 12 years less?
- Financial position - in Torbay the cost of inequality in illness is estimated to be around £75 to £80 million per year. That includes lost taxes, higher welfare payments and NHS healthcare costs.

Why do we need to understand community needs

- To commission services to improve health & wellbeing

How,

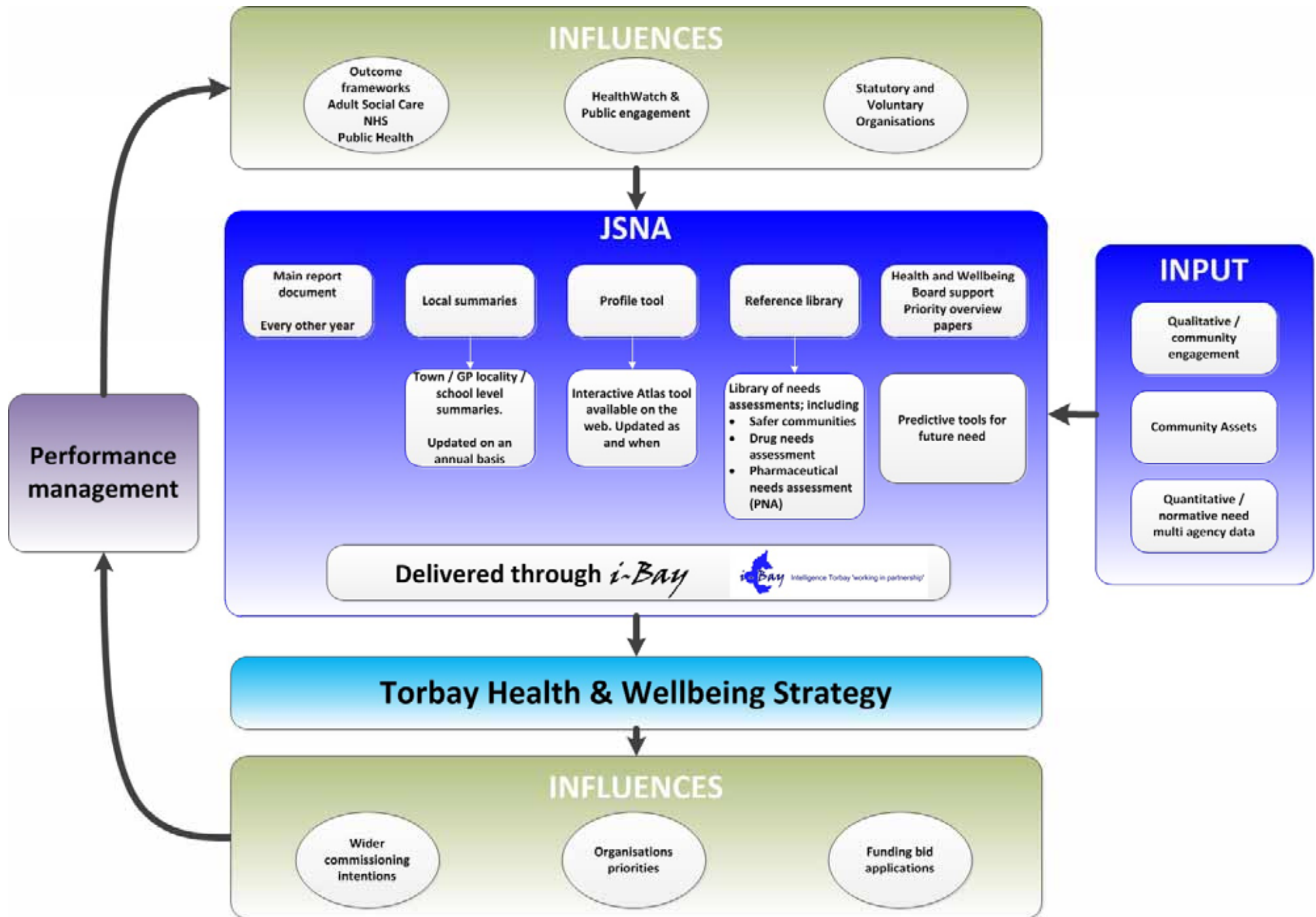
- Organisational needs assessments
- Public involvement
- Community perceived need
- Normative need

JSNA

- Statutory; Local Government and Public Involvement in Health Act 2007
- Strategic overview of current and future health and social care needs
- Responsibility of the Health & Wellbeing Board (upper tier LA's)
- CCG's + LA's jointly responsible in preparing JSNA

Torbay's approach to JSNA

- **Partnership** – its not just about health care / treatment
- Evolved based on feedback, 4 JSNA's
 - 2007
 - 2008
 - 2010
 - 2012/13
- 2014/15 JSNA Sept 2014



Examples of summaries

ALCOHOL
PublicHealth

AN OVERVIEW OF SOUTH DEVON AND TORBAY - 2013

On average, there are some 6,800 hospital admissions that could be due to alcohol per year. Of which just over two thirds are due to alcohol related admissions, and around a third are alcohol specific.

There is a clear relationship with age, as we would expect given the relationship between age and burden of disease, most noticeable in alcohol related admissions and is due to admissions for diseases such as hypertension.

Figure 3: Type of admission (3 year average)

Annual average 6,800 Alcohol attributable admissions
25,100 Individuals

- 1,900 Alcohol specific admissions
1,900 individuals
- 4,900 Alcohol related admissions
23,300 individuals

Source: Hospital admissions (SUS)
Numbers may not add due to rounding

Figure 4: Type of admission by locality

Three year average directly age standardised rate per 100,000 registered patients for alcohol attributable hospital admissions by locality across South Devon, 2009/10 to 2011/12

Source: Hospital admissions (SUS)

Rates of alcohol specific admissions are highest in the more deprived neighbourhoods (figure 5). However, there is less variation between communities for alcohol related admissions

Figure 5: type of admission by deprivation

Directly age standardised rate per 100,000 registered patients for alcohol related hospital admissions by deprivation quintile

Source: Hospital admissions (SUS)

For alcohol specific conditions, the peak is within the 40 to 54 age groups. This is in contrast to the alcohol related admissions which increase with age.

Around 85% of alcohol specific admissions are due to mental and behavioural disorders due to use of alcohol. For alcohol related admissions, around 40% of admissions are for hypertensive diseases.

Table 1: Top three diseases by specific and related alcohol admission

Alcohol specific admission	Alcohol related admission
Mental and behavioural disorders due to use of alcohol	Hypertensive diseases
Ethanol poisoning	Cardiac arrhythmias
Alcoholic liver disease	Epilepsy and Status epilepticus

Source: Hospital admissions (SUS)

Topic based

TORQUAY LOCALITY SUMMARY 2012-13

This summary is part of the South Devon and Torbay Clinical Commissioning Group (CCG) Joint Strategic Needs Assessment (JSNA) and presents a summary of the registered population within the Torquay locality.

Overview: Torquay has high levels of deprivation, with large parts in the top 10% most deprived in England. Torquay experiences lower than average life expectancy, with a gap of around 8½ years between GP practices for females.

The Torquay locality takes in the official town boundary of Torquay.

Figure 1: Locality map

The population structure for Torquay is shown in figure 2 below. Where the solid bars are the Torquay population (by gender and 5 year age groups) and the black lines represent the England average.

Figure 2: Population structure

Population pyramid of Torquay locality compared to England, 2012

Source: 2012 GP registered list, 2011 interim subnational population projections (ONS)

Life expectancy at birth for the locality is generally lower than the CCG average (see figure 3 below). There is a gap of around 6 years for males, and around 8½ years for females between practices.

Figure 3: 2008-10 Life expectancy at birth by practice

2008-10 life expectancy at birth by gender for the Torquay locality

Source: PCMD, GP registered list, information centre

There are 9 GP practices in Torquay, serving a registered population of around 72,300.

Table 1: Population structure

structure	Torquay locality		England	
	Count	%	Count	%
0 to 19	15,600	21.5%	15,600	23.8%
20 to 64	41,700	57.7%	41,700	59.3%
65 to 84	12,500	17.4%	12,500	14.6%
85+	2,500	3.4%	2,500	2.3%
Total	72,300			

Source: 2012 GP registered list, 2011 interim subnational population projections (ONS)

Variations between practices in Torquay are just as pronounced for deprivation and benefit claimants.

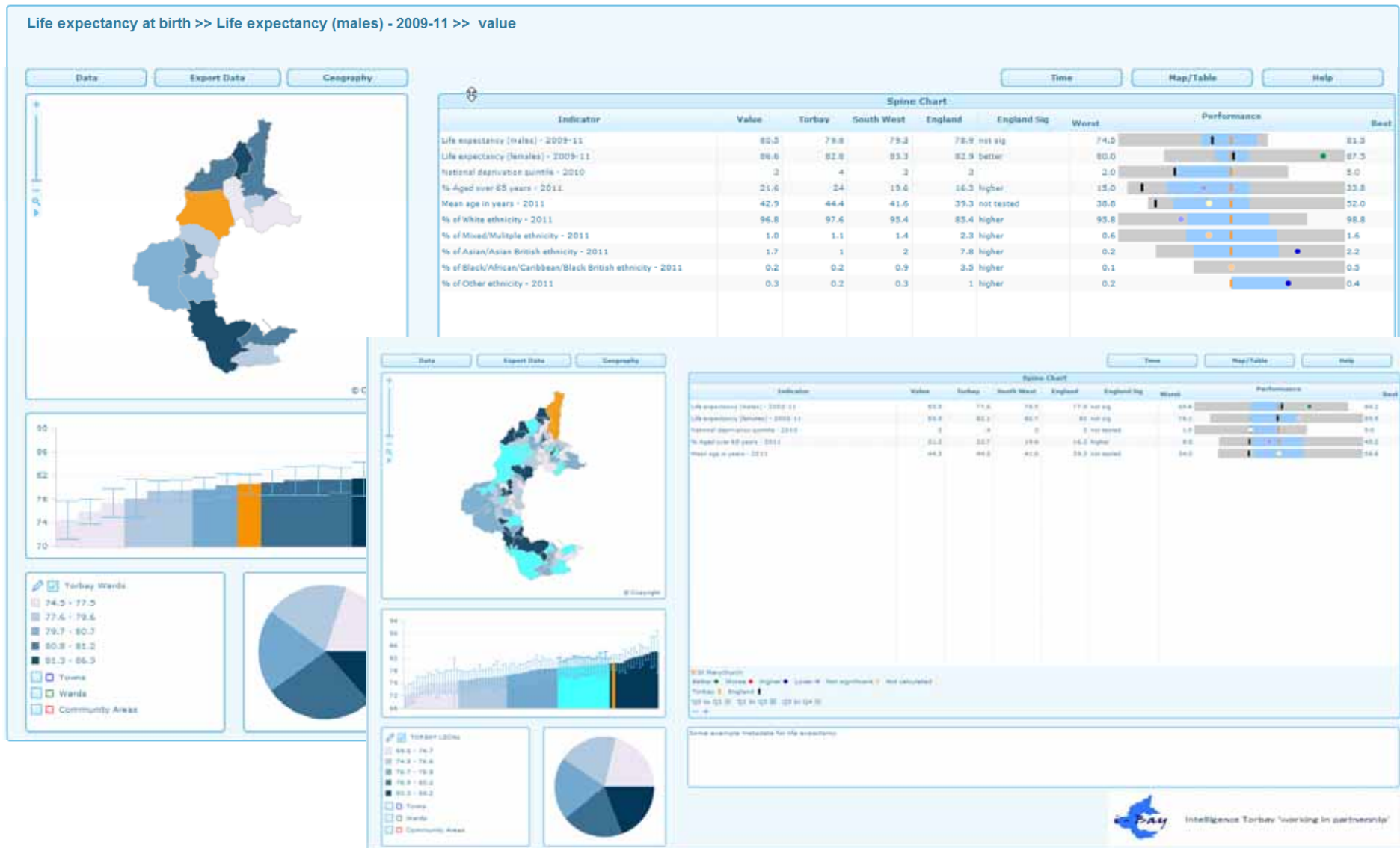
Area base

Shared data tools



- Interactive web-based tool
- Combines stats and map data to improve data visualization, enhance communication, and engage people in more informed decision making

Spine Charts– comparison between Torbay and England average (what geos are applicable to you?)



I-bay Template data requirements

	A	B	C	D	E	F	G	H	I	J	K	L
1			Theme..									
2			Indicator name plus date...									
3			Please leave blank									
4			numeric									
5	Ward_Code	Ward_Name	value	ll	ul	num	denom	siglocal	signational	local	national	regional
6	E05002098	Berry Head-with-Furzeham										
7	E05002099	Blatchcombe										
8	E05002100	Churston-with-Galmpton										
9	E05002101	Clifton-with-Maidenway										
10	E05002102	Cockington-with-Chelston										
11	E05002103	Ellacombe										
12	E05002104	Goodrington-with-Roselands										
13	E05002105	Preston										
14	E05002106	Roundham-with-Hyde										
15	E05002107	St Marychurch										
16	E05002108	St Mary's-with-Summercombe										
17	E05002109	Shiphay-with-the-Willows										
18	E05002110	Tormohun										
19	E05002111	Watcombe										
20	E05002112	Wellswood										
21												

3	Rationale for indicator	
4	Statistical method:	
5	Statistic time-period:	
6	Statistic percentiles:	
7	Numerator:	
8	Numerator source:	
9	Numerator date:	
10	Denominator:	
11	Denominator source:	
12	Denominator date:	
13		
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21		

- Min data – numerator by geo, denominator (?) by geo, source info, national source info
- Max data – confidence interval calculator, significance formula etc...

Population Pyramid



I-bay JSNA Tool - 2011

Select theme:

Select topic:

Select indicator:

Deprivation - 2010 IMD

Area	2010 IMD score		
Berry Head-with-Furzeham	22.11		
Blatchcombe	30.53		
Churston-with-Galmpton	11.98		
Clifton-with-Maidenway	21.26		
Cockington-with-Chelston	18.68		
Ellacombe	38.03		
Goodrington-with-Roselands	18.26		
Preston	18.62		
Roundham-with-Hyde	43.99		
Shiphay-with-the-Willows	17.62		
St Marychurch	25.07		
St Mary's-with-Summercombe	24.82		
Tormohun	44.65		
Watcombe	36.15		
Wellswood	27.28		
Torbay Resident	26.82		
Official Torbay	0		
South West	0		
England	0		

Torbay's Joint Strategic Needs Assessment - Ward

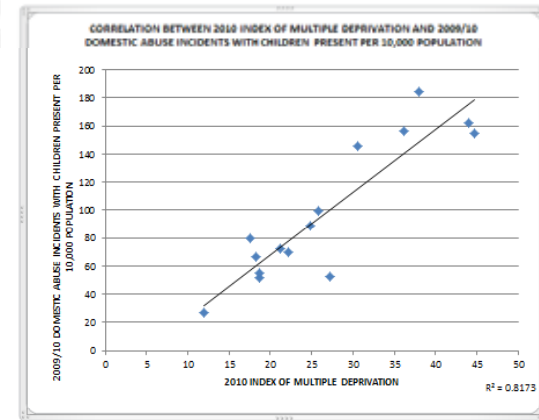
Select theme:

Select topic:

Select indicator:

2009/10 Domestic Abuse incidents with children present per 10,000 population

Area	OBS	Rate per 10,000 pop	
Berry Head-with-Furzeham	70	70	
Blatchcombe	161	146.1	
Churston-with-Galmpton	18	26.5	
Clifton-with-Maidenway	52	72.3	
Cockington-with-Chelston	58	51.7	
Ellacombe	137	184.1	
Goodrington-with-Roselands	48	66.1	
Preston	57	54.8	
Roundham-with-Hyde	125	162.4	
Shiphay-with-the-Willows	75	79.6	
St Marychurch	115	99.0	
St Mary's-with-Summercombe	66	88.6	
Tormohun	179	155.1	
Watcombe	115	156.1	
Wellswood	41	52.1	
Torbay Resident	0	0	
Official Torbay	1317	98283.6	
South West	0	0	
England	0	0	

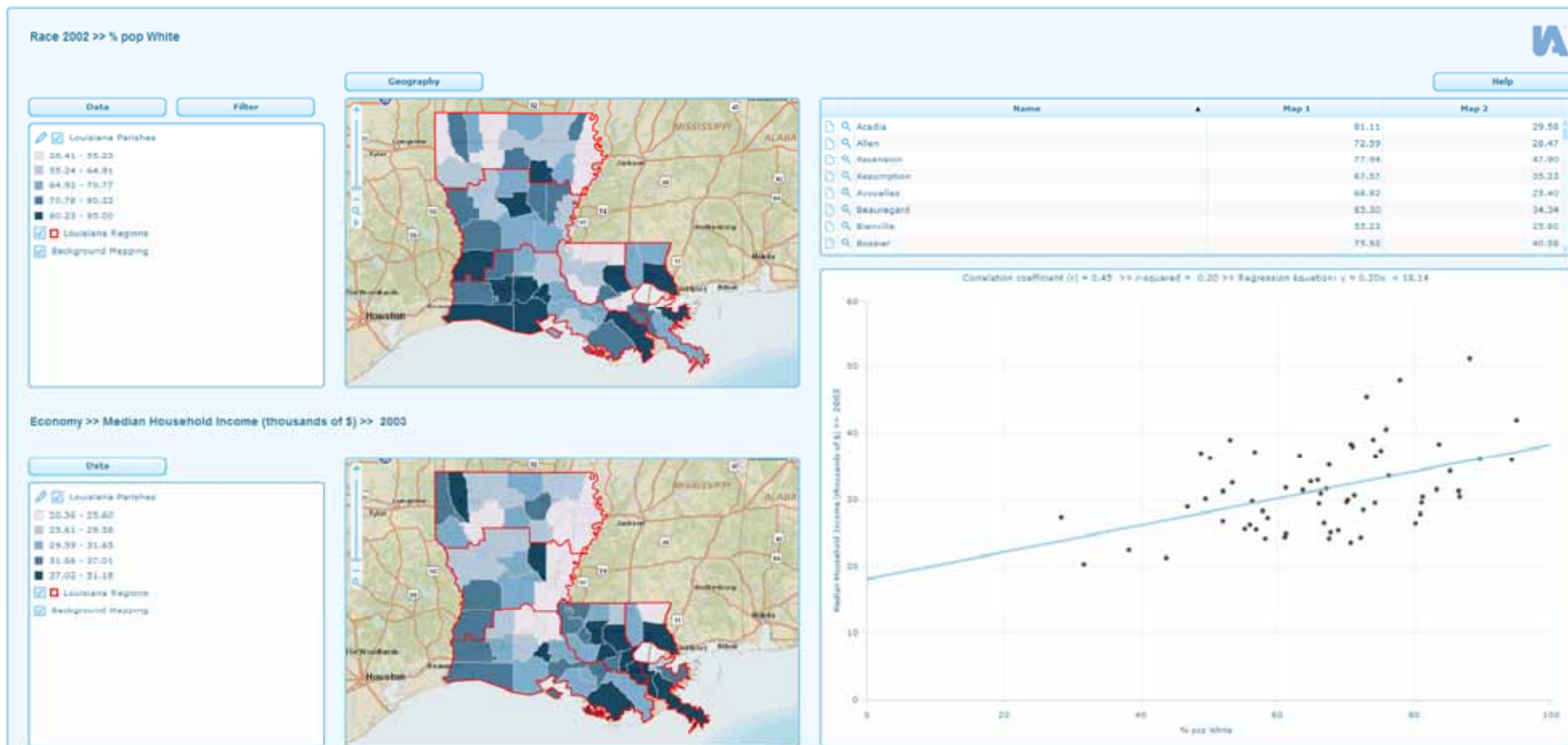


The R² value of 0.817 represents the proportion (81.7%) of the variability of 2009/10 Domestic Abuse incidents with children present per 10,000 population that can be attributed to its linear relationship with Deprivation - 2010 IMD

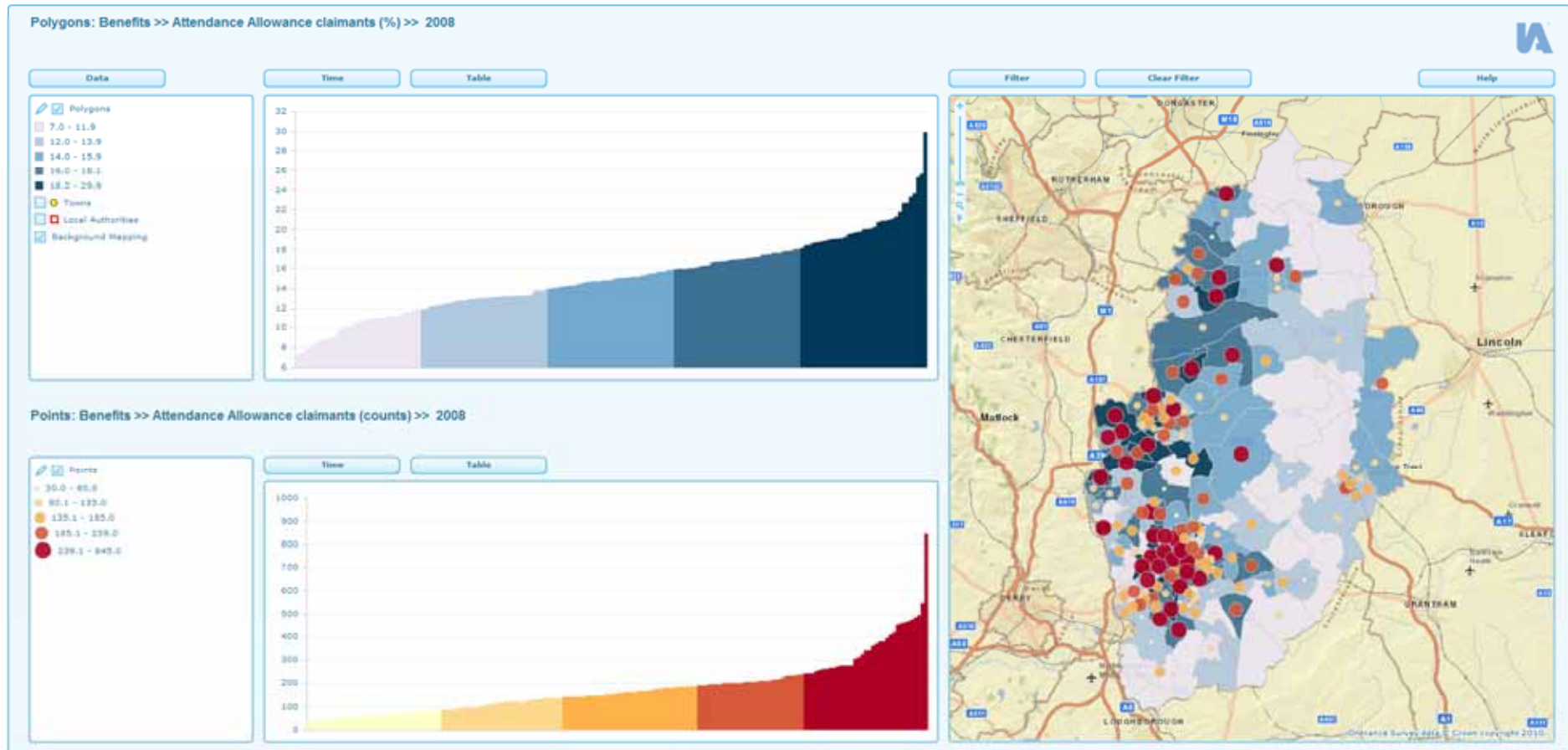
Notes:

A Correlation plot between 2010 Index of Multiple Deprivation Score. Source, Communities and Local Government, and Torbay Care Trust and 2009/10 Domestic Abuse incidents with children present per 10,000 population, Domestic abuse incidents recorded by the Police. Correlation does not imply causality, it can be used to suggest there may be a link between these indicators.

Correlations – association between two indicators (e.g. crime rate and deprivation rank)



Thematic and point data (child obesity rate over location of leisure centres, open spaces, etc..)



What data?

- What data would you like to see?
 - Link to organisational priorities and known risk factors?
- What data do you capture?
- What do you capture around experiences?
- What information do you have about your organisational assets?

What would you like to get from i-bay?

What next?

- Formulate a ToR to circulate
- Simple map of data types
 - Questionnaire feedback
- ~~Propose to meet quarterly (march '11)~~
 - Extending topics; pooling knowledge around subjects
- Neighbourhood working – Hele and Watcombe