

Joint Strategic Needs Assessment Health Profiles

Glossary

The Joint Strategic Needs Assessment profiles describe the key features of interest and raise some general questions and issues for further debate. They have been designed predominantly for use by healthcare commissioners, but will also be of interest to healthcare providers, the voluntary sector and the general public. In order to help whoever is reading the profiles understand the information that is provided, the following glossary of terms has been put together.

| Name | Description |
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| Alcohol Related Admissions | Alcohol-related admissions relate to admissions to hospital where alcohol is suspected to be the cause. This covers acute admissions where alcohol is likely to be the immediate cause or a contributory factor (poisonings, accidents), chronic long-term conditions where alcohol is the cause of admission or is likely to be a contributory factor (liver cirrhosis, hypertension, pancreatitis etc.), and mental disorders due to alcohol use. For conditions where alcohol is likely to be a contributory factor, a certain percentage of total admissions for that condition are estimated to be alcohol-related. This proportion varies by age and sex, for example 69% of pedestrian traffic accident affecting males between 16 and 24 are thought to be alcohol-related. Admissions for all these conditions and age groups are combined to produce estimated numbers and rates of admissions for local areas. |
| BME | BME stands for Black & Minority Ethnic Communities. The estimates in this report are based on the 2001 Census. |
| Care Homes | Includes Adult Residential and Adult Nursing care (long and short term care, excluding respite and intermediate care). |
| Care Management - Assessments | Assessments carried out for new clients who had not previously received a social care service. |
| Care Management - Reviews | Reviews of current needs carried out for existing services users. |

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| Care Management - Referrals | Referrals are initial contacts made by new clients during the period concerning services from Adult and Community Services. New clients are those not in receipt of a social care services at the time of referral. Needs can be met at this point of contact, or clients may be referred on for further Assessment. |
| Carers Assessments | Carers Assessments includes assessment of a carers needs independently of the needs of the cared for person (separate carers assessment), and those assessments completed jointly between the carer and the cared for person. As above, assessments would be carried out for people not in receipt of social care services at the time of the assessment, and reviews would be completed for current service users. |
| Community Based | Includes Personal Care, Day Care, Professional Support, Enabling Care, Respite Care and Intermediate Care. |
| Directly age standardised rate (DASR) | 'Direct age-standardised rates are calculated to enable comparisons to be made between geographical areas with different demographic characteristics, by controlling for the differences in the underlying population. Age-standardisation also allows for population changes within a region when comparing rates over time. |
| Housing related support | Housing related support is 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. |
| Incidence | The extent or rate of occurrence, especially the number of new cases of a disease in a population over a period of time. |
| Indices of Deprivation 2010 | The Department of Communities and Local Government published the latest Indices of Deprivation in 2010. It comprises an overall index of multiple deprivation (IMD), seven domains of deprivation, and two supplementary indicators – income deprivation affecting children and income deprivation affecting older people. The seven domains are income, employment, health deprivation and disability, education, skills and training, barriers to housing and services, living environment and crime. The Indices of Deprivation 2010 are available at Lower Super Output Area level. |
| LSOA – Lower Super Output Area | Super Output Areas are small geographic areas designed to improve the reporting of small area statistics in England and Wales. There are two layers of SOAs – middle and lower levels which vary in average size. Middle layer SOAs have a mean population of 7,500 and lower layer SOAs have a mean population of 1,500. |
| Morbidity | The extent of disease in a population. |
| Mortality | The incidence of death in a population |

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| ONS - Office for National Statistics | The Office for National Statistics is the Government Agency responsible for the assimilation of data about life in the UK. Their primary aim is to provide a timely and comprehensive picture of the UK's economy and society to support the formulation and monitoring of Government policy. Further information, as well as lots of data can be found at http://www.statistics.gov.uk |
| Physical / Sensory Disability | Physical / Sensory Disability includes Substance Misuse and Vulnerable Adults, adults aged 18-64 years. |
| Population Projection | The projections have been prepared using the Chelmer population projection model at the district level to project five year age groups. These projections are then split into parish projections on the basis of the age/sex ratios from the 2001 population census applied to all of the five year age groups. The resultant detailed parish data is then aggregated into the defined Devon geographical areas. The base data used by the Chelmer model is the 2001 mid year estimates by district prepared by the Office for National Statistics in the light of the 2001 census. This data has been adjusted by updating the model to use the 2009 mid year estimates, the latest available at the time of preparation, and the births and deaths data up to 2009. The figures in this report are based on the migration rate over the last 20 years of data but modified slightly for some districts to take account of capacity restraints in Exeter, for example, and the building of new communities at Cranbrook and Sherford. This projection is very similar to that used for the current Structure Plan for Devon. The usual 'health warning' applies to these projections. They are projections based on trends which may change and the further away the date the more the uncertainty increases. In addition, the smaller the area the more uncertain the projections particularly for individual or small age groupings. |
| Prevalence | The total number of cases of a disease in a given population at a specific time |
| Social Care Services | Includes social care services provided or commissioned by the Local Authority, therefore, people funding the full cost of their social care themselves, and choosing to arrange this care independently, will not be included. |
| Socio-demographic | A combination of social and demographic factors |
| Statistical tests | Statistical tests are done to determine how confident we can be that there is a difference between two different values, rates or results. Usually tests are conducted to show whether there is a 95% chance that the two values are different (95% significance). The 'whiskers' on the bar charts in this report are based on 95% confidence. |
| Statistically significant | If a statistical test shows that two values, rates of results are different at the stated confidence interval (in this case 95%), |

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| Ward | An electoral ward is a division of an administrative area used to elect councilors to serve on the councils of the administrative areas. |
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