

Health and Wellbeing in Devon

Update on the Joint Health and Wellbeing Strategy for 2013-2016

Year One: September 2013



Committed to promoting health equality
www.devonhealthandwellbeing.org.uk

Introduction

In line with the requirements of the Health and Social Care Act, in 2012, the Devon **Health and Wellbeing Board** was established as a full committee of Devon County Council on April 1st 2013. It continues to be a relatively small, strategic focussed Board drawing its membership from the County and District Councils, GP's from Clinical Commissioning Groups, HealthWatch, NHS England and representation from service users, carers and older people.

The annual production of the **Joint Health and Wellbeing Strategy** reflecting local priorities derived from the **Joint Strategic Needs Assessment (JSNA)** remains the responsibility of the Health and Wellbeing Board. It continues to be a national requirement for individual commissioning organisations to set out how their own annual plans will deliver the Joint Health and Wellbeing Strategy priorities.

The initial **Devon Joint Health and Wellbeing Strategy 2013 – 16** was produced in September 2012 by the previous Devon Shadow Health and Wellbeing Board. Increasingly the Joint Health and Wellbeing Strategy will inform commissioning priorities particularly in response to the challenges of austerity measures and public sector funding limitations. It also sets out the local approach for improving the health and wellbeing of local people in the **Protected Characteristic Groups**.

This document is an **update** of that strategy not a **replacement** and therefore should be read in conjunction with the initial strategy and the **Annual Public Health Report 2012 – 13**. It re-iterates the role of the Board, highlights where progress is being made, sets out a small number of additional priorities to be addressed in 2014 – 15 and describes working arrangements with other health and wellbeing related bodies and partnerships.

Principles, aims and priorities

Principles

The Devon Health and Wellbeing Board continues to work to the following principles

- focuses on improving health and wellbeing for individuals and communities
- ensures services are efficient and effective
- promotes healthy lifestyles and identifies illness and/or need for support at an early stage
- supports joint working where it makes sense to do so
- uses evidence of what works, informed by people's views, to guide its work
- enables improvements and progress to be measured

Aims and functions

The aim and functions of the Health and Wellbeing Board, are set out in the Devon County Council Constitution, are to exercise the functions of the Council to:

- ensure the delivery of improved health and wellbeing outcomes for the population of Devon, with a specific focus on reducing inequalities
- promote the integration of health, social care and public health, through partnership working with the NHS, Social Care Providers, District Councils and other public sector bodies
- promote an integrated health improvement approach to public health service provision.

Business Cycle

The Devon Health and Wellbeing Board has adopted the following commissioning cycle (see Diagram 1) to guide its work and meet its statutory responsibilities.

Commissioning Cycle 2013-14



Diagram 1: Devon Health and Wellbeing Commissioning Cycle

Strategic Priorities

On-going analysis of the joint strategic needs assessment confirms that the four strategic priorities area helpful way of framing activity focused around the life course approach:

1. a focus on children and families
2. healthy lifestyle choices
3. good health and wellbeing in older age
4. strong and supportive communities

Engagement and consultation

The Board members continue to recognise the importance of engaging and consulting with local people, communities and organisations. Over and above the networks individual members bring the Board will seek opportunities, utilising existing processes and working to the Devon Engagement strategy, to receive views and feedback on its work. The Board is committed to **effective consultation with children and young people** in 2014 -15.

Sources of Evidence: Annual Public Health Report 2012-13

Now that local authorities, NHS clinical commissioning groups and NHS England all have a statutory duty to reduce health inequality, commissioners must take these inequalities into account when producing their commissioning plans and be able to demonstrate an impact year on year. It will be important to demonstrate progress against the two national high level public health outcomes which are:

- increased healthy life expectancy
- reduced differences in life expectancy and healthy life expectancy between communities (including differences between and within local authorities).

To achieve the necessary improvements requires a robust, evidence based commissioning approach. The Director of Public Health's Annual Public Health Report 2012-13 is an important resource in this process drawing on a range of data to produce a 'picture' of health and wellbeing in the County. While people in Devon continue to benefit from long life expectancy and low mortality rates, these overall rates disguise significant variations in health. The evidence shows that those areas of health and wellbeing where the greatest impact can be made on health inequality are:

1. Reducing smoking
2. Increasing the proportion of the population that are at a healthy weight
3. Detecting and treating disease earlier, such as heart disease, high blood pressure, diabetes and cancer
4. Targeting preventative interventions at those vulnerable groups with the worst health, including those who may be at risk of domestic or sexual violence and abuse
5. Investing in the health and wellbeing of children and young people
6. Improving mental health and emotional health and wellbeing, and preventing loneliness
7. Increasing income levels and employment, and reducing poverty
8. Improving the quality and warmth of housing
9. Reducing misuse of substances, including alcohol and drugs
10. Helping people in their neighbourhoods to live healthier and happier lives.

Commissioners across the social, economic and environmental spectrum, as well as health and social care, should take the above points into account when developing their service plans. They must also adhere to the Public Sector Equality Duty requirements.

Health and wellbeing priorities

Twelve months on the original priorities selected in 2013 continue to inform commissioning plans to bring about improvement to health and wellbeing and

reducing health inequality. Whilst a small number of additional priorities, arising from user feedback and on-going analysis of data within the joint strategic needs assessment process, are added for development in 2014 – 15. These are:

- End of life care
- Long term conditions
- Health of protected characteristic groups

Existing priorities

Understanding the extent to which the work undertaken in response to the strategy makes a difference and impacts on the local priorities is essential for the Board. The main outcomes, drawn from national frameworks, of relevance to Devon have been selected for each of the priority themes and an update on current performance is set out in Appendix 1.

Performance analysis of this monitoring data, a brief case study and additional actions are now set out for each priority theme.

Priority one: A focus on children and families

- Children living in poverty has **increased** across all areas of Devon
- Levels of emotional development for early years are now **above average**
- Smoking rates at delivery are **falling**
- Teenage conception rates are the **lowest** on record

Smoking at delivery

Devon has the lowest smoking at the time of delivery rate in the south west – 9.9% of mothers, compared with 13.1% in the south west and 13.2% in England. For those receiving support from the specialist stop smoking service, the quit rate for pregnant **smokers in Devon in 2011-12 was 53%, which was higher than the southwest average of 45.8%**. Whilst overall rates are low, **there is a strong inequalities gradient**. Rates in the **most deprived areas (25.7%)** are **almost five times higher** than those in the **least deprived areas (5.4%)**.

Additional actions:

- Identify and support families with children living in poverty to increase income
- Agree a multi-agency commissioning approach to reduce domestic and sexual violence and abuse based on the refreshed joint strategic needs assessment
- Target smoking cessation support to vulnerable groups
- Ensure the multi-agency 'Early Help' strategy is implemented
- Improve access to Child and Adolescent Mental Health Services (CAMHS)

Priority two: Healthy Lifestyle Choices

- Levels of regular moderate sport and recreational activity are **above** the national average
- Excess weight in children aged four to five is **similar** to the national average but **below** for years 10 or 11

- Alcohol related hospital admissions are **significantly lower** than regional and national rates
- Inequalities appeared to have **narrowed** for cancer mortality but not for circulatory diseases

Devon Health Checks Programme

Devon County Council is rolling out a programme of health checks for Devon residents aged between 40 and 74, as part of its new public health role which will see almost 50,000 people across the county offered a health check every year.

The NHS health checks are offered every five years and are aimed at early detection and reduction of some of the most common lifestyle-related conditions such as heart, liver and kidney disease, diabetes or stroke. The programme will enable residents to make informed lifestyle choices to support their long-term health.

Lifestyle support services are in place for smoking cessation and alcohol treatment and are being commissioned for weight management.

Additional actions:

- Increase the identification of patients at risk of circulatory disease particularly from communities of disadvantaged and offer healthy lifestyle support.
- Increase opportunities for the number of children, young people and adults to be physically active
- Reduce alcohol misuse as part of an overall approach to substance misuse
- Implement a tier 2 weight management on referral programme

Priority three: Good health and wellbeing in older age

- Devon is **below** the South West and national rates for injuries due to falls with particularly low rates for Mid Devon
- Devon remains **below** the South West and England for dementia diagnosis but rates are **above average** in Newton Abbot.

Falls Prevention - Fracture Liaison Services

As part of the Prevention Strategy work which spans health, social care and voluntary and community sector boundaries evidence based fracture liaison services are now in place across Devon to help reduce the risk of future fractures.

Additional actions:

- Promote healthy lifestyle advice with people with dementia
- Implement the refreshed carers strategy
- Undertake a sight loss/visual impairment health needs assessment

Priority four: Strong and supportive communities

- Suicide rates are broadly **consistent** with the South West and national rates. Male rates are **significantly higher** than female as is the case nationally..
- The gap in life expectancy between the most and least deprived communities in Devon is **lower** than South West and national averages but is still **12.1 years** at ward level
- Self-reported wellbeing in Devon tends to be **better** than the national average.

Mental Health Needs Assessment

A thorough review of the evidence and the data has been undertaken and shared with a multi-agency and multi-disciplinary group. The group has made a number of commissioning recommendations reflecting people's mental health needs across the lifecourse.

The recommendations will inform commissioning plans in 2014-15

Additional actions

- Refresh the Devon Suicide Prevention Strategy
- Produce a public mental health strategy
- Identify new indicators for wellbeing
- Agree commissioning priorities for mental health in children and adults

New Priorities

End of life care

Why is it an issue?

The quality of care at the end of life impacts on individuals, families and carers. Everyone deserves a 'good death' and therefore good quality care for people in the last phase of life can empower them to live well during this critical period, and to die well.

What is the position in Devon?

On average there are about 8,200 deaths in Devon per annum. The majority of these deaths occur in adults over the age of 65 years following a period of chronic illness. Marie Curie estimate 6218 people required palliative care in Devon PCT (2008-10) but only 22% of these were recorded on the GP palliative care register. Current spend on end of life care in Devon is low: hospice and nursing services and bereavement services are both funded at low levels when benchmarked against spending elsewhere in the country (Lang 2012).

What is the evidence of effective interventions?

Good quality care will be enhanced by having an integrated approach to strategic planning across agencies which includes earlier identification of those people approaching the end of life, care planning to assess the needs and wishes of the person and agree a care plan for the future, co-ordination of care, rapid access to care and support 24 hours a day, 7 days a week and involves and supports carers.

Long term conditions

Why is it an issue?

In England there are 15 million people with long term conditions and the prevalence of these conditions, such as Chronic Obstructive Pulmonary Disease (COPD) and Diabetes is rising. By definition people with long term conditions are more likely to have increased contact with their health care professional, are more likely to have hospital admissions and have a longer length of stay when they are admitted.

What is the position in Devon?

In the 2011 Census 145,179 Devon residents of all ages reported they had a long-term health problem or disability which limited their day to day activities (63,834 a lot and 81,345 a little). Consequently around a quarter of all households contain at least one person with a long-term health problem or disability (87,039 households, 27%)

What is the evidence of effective interventions?

The growing pressure of long term conditions has led to Department of Health recognition that supporting self management is the key to managing many long term conditions. Self care includes both self care and self management by the individual. Self care can be defined as an individual taking responsibility for their own health and well-being. Self management can be described as individuals making the most of their lives by coping with difficulties and making the most of what they have.

Health of protected characteristics groups

Why is it an issue?

The protected characteristics groups include people who are known to be vulnerable and at risk of poorer health. This arises because of a number of factors including limited access to services.

What is the position in Devon?

The protected characteristics groups represent varying proportions of the local populations e.g. relatively high for older people, relatively low for black and minority ethnic groups and 1 in 4 households having someone living a long term condition or disability. Gaining a better understanding of the health needs of each group will be central to improving access to more flexible and innovative services. The Public Health Outcomes Framework includes the publication of breakdowns by equality and socio-economic characteristics at a national level, so the development of a Devon version of this, which can then be compared to the national picture will support this approach.

What is the evidence of effective interventions?

The Equality Duty (2010) applies to public bodies and others carrying out public functions. Therefore commissioners and service providers must consider how different people will be affected by their activities, helping them to deliver policies and services which are efficient and effective; accessible to all; and which meet different people's needs.

Additional actions in 2014 - 15

- Agree and secure commitment to integrated pathways for both end of life care and self care
- Produce a joint strategic needs assessment for protected characteristic groups and an associated performance framework

Appendix 1 provides an overview of the original and additional priorities and actions

Appendix 2 provides more detail on the Protected Characteristics Groups

Working in Partnership

Ensuring the best possible health and wellbeing benefits from across the scope of public policy requires the Health and Wellbeing Board to develop relationships with a range of organisations and partnerships. The following links have been established to date:

District, Borough and City Councils; each of the eight District, Borough or City Councils has designated public health team members supporting the development of locality public health actions which are cross-referenced to the Joint Health and Wellbeing Strategy. Each of the local authorities is also looking at the 'governance' arrangements with new models emerging e.g. the Exeter Health and Wellbeing Board and the Teignbridge Health and Wellbeing Working Group

Teignbridge Health and Wellbeing Working Group

Public Health Plans are being developed for each area to reflect the role of local partnership working in improving health and wellbeing particularly through the wider determinants of health such as housing and access to open spaces

In Teignbridge a multi-agency and disciplined Health and Wellbeing Working Group has developed a workplan to reflect the needs of the local population and priorities in the Joint Health and Wellbeing Strategy. A public health grant has been allocated to support local delivery and enhance centrally commissioned services.

Devon County Council Health and Wellbeing Scrutiny Committee

A joint statement has been produced setting out the respective roles and responsibilities. It is proposed to identify a small number of Joint Health and Wellbeing priorities that the Committee and Board would work on together.

Devon Safeguarding Boards

Links have been established with both the children's and the adult's Boards. This has enabled regular reports to be presented and issues to be raised as and when appropriate.

Heart of the South West Local Enterprise Partnership

There is a shared recognition of the benefits of health and wellbeing in terms of increased productivity as well as the benefits to the employee and their families. Work is in hand to develop a joint approach to promoting healthy workplaces.

Devon Local Nature Partnership

A compact has been agreed making a commitment to a shared strategic approach to maximising the health and wellbeing benefits of Devon's natural environment.

Devon and Cornwall Police and Crime Commissioner

Whilst there is recognition of a shared agenda e.g.domestic violence and abuse and alcohol misuse there is no formal agreement on joint working. This will be addressed in the coming year

Along with the statutory bodies and functions set out above there are a wide range of other bodies, organisations and partnerships which deliver health and wellbeing benefits. Many of these are within the voluntary and community sector and the Board values the contribution of all partners.

Summary

This update complements the priorities set in 2013 which are still central to commissioning plans. The additional actions align with the existing priorities and contribute to the Board's aim of promoting health equality. The visibility of the priorities in various commissioning plans in 2014 – 15 should increase. Whilst next years update will have a focus on effective interventions at the District, Borough and City authority level.

For further information on the work of the Devon Health and Wellbeing Board visit:

www.devonhealthandwellbeing.org.uk

Appendix 1

Original and Additional Priorities and Actions

| Overarching Priority 2013 - 16 | 2013 – 14 Priorities and Actions | 2014 – 15 Additional Priorities and Actions |
|--|---|--|
| <p>A focus on children and families (Pgs 12 – 16)*</p> | <p>Priorities Poverty, Targeted family support, Domestic and Sexual violence and abuse, Pre-school education outcomes, Education outcomes and skills, Transition.</p> <p>Actions</p> <ul style="list-style-type: none"> • develop ways to support families affected by welfare reform to promote financial independence • develop a place-based approach to helping families focusing on areas of disadvantage • improve pre-school and educational attainment and support individuals through transition in all service areas • reduce domestic and sexual violence and abuse and ensure adequate support is in place. | <p>Additional actions</p> <ul style="list-style-type: none"> • support families affected by the impact of welfare reform and/or families with children living in poverty • commission services to reduce domestic and sexual violence and abuse and support victims • smoking cessation support for vulnerable groups • ensure the multi-agency ‘Early Help’ strategy is implemented • improve access to Child and Adolescent Mental Health Services (CAMHS) |
| <p>Healthy lifestyle choices (Pgs 17 – 21)</p> | <p>Priorities Alcohol misuse, Contraception and sexual health, Screening, Physical activity, healthy eating and smoking cessation, High blood pressure (hypertension)</p> <p>Actions</p> <ul style="list-style-type: none"> • increase the engagement of, and the capacity within, people and communities to take responsibility for their own health • ensure that the growth in alcohol-related admissions remains below the national average • offer an accessible range of sexual health services to all residents and specific groups ensure services for young people are young person friendly | <p>Additional priorities Integrated pathway for self-care</p> <p>Additional actions</p> <ul style="list-style-type: none"> • healthy lifestyle advice to people at risk of circulatory diseases • weight management on referral scheme • increase physical activity levels for all ages |

| | | |
|--|--|--|
| | <ul style="list-style-type: none"> • ensure screening programmes target areas and groups with poor coverage • reduce the number of people who smoke and discourage young people from starting • increase the number of adults and children who are a healthy weight by encouraging healthy eating and physical activity | |
| <p>Good health and wellbeing in older age</p> <p>(Pgs 22 – 24)</p> | <p>Priorities Falls, Dementia, Carers support</p> <p>Actions</p> <ul style="list-style-type: none"> • reduce the number of falls and fractures in older people • raise awareness of dementia in communities and continue to improve services and diagnosis • identify hidden carers and promote and improve the range of support on offer. | <p>Additional priorities End of life care integrated pathway</p> <p>Additional actions</p> <ul style="list-style-type: none"> • promote healthy lifestyle advice to people with dementia • implement carers strategy • undertake a sight loss/visual impairment health needs assessment |
| <p>Strong and supportive communities</p> <p>(Pgs 25 – 29)</p> | <p>Priorities Mental health and emotional wellbeing, Living environments, Housing, Social isolation, Offender health</p> <p>Actions</p> <ul style="list-style-type: none"> • build on the strengths in our communities and promote social cohesion and support for vulnerable groups and individuals • carry out a Health Needs Assessment for mental health to better understand future commissioning needs • target the most vulnerable individuals for fuel poverty and housing interventions • take effective action to address homelessness and improve the quality of the housing stock across Devon • ensure the health needs of offenders in institutional settings and the community remain a priority | <p>Additional priorities Protected characteristics JSNA</p> <p>Additional actions</p> <ul style="list-style-type: none"> • new suicide prevention strategy • revised public mental health strategy • identify new indicators for wellbeing • agree commissioning priorities for mental health in children and adults |

*Page reference relates to the original Devon Joint Health and Wellbeing Strategy 2013 - 14

Appendix 2

Public Sector Equality Duty

Protected Characteristics Groups

The Public Sector Equality Duty conveys a duty on public authorities to eliminate discrimination, advance equality of opportunity and foster good relations. It identifies the following protected characteristics; **age, race, sex, sexual orientation, disability, marriage, religion, transgender, pregnancy and maternity**. Each characteristic groups will make up a different proportion of local populations and have specific needs relating to their age, circumstances and/or condition. It is well documented that Devon has a much higher proportion of older people aged 85 plus than the national position, whilst there are over 145,000 people living with a disability or long-term health condition in the County.

In terms of Black, Minority and Ethnic (BME) groups they may make up a small percentage of Devon's population, the health inequalities experienced by these communities is disproportionate. Gypsies, Travellers and Roma, homeless people, sex workers and vulnerable migrants have been identified by the Department of Health as groups whose needs could be met by more inclusive service delivery.

Understanding the health and wellbeing needs of people in each of these groups, the risks and vulnerabilities they may face and how they are connected to health inequalities explicitly will be central to the Joint Strategic Needs Assessment work.

Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment for Protected Characteristic Groups will draw on a range of quantitative and qualitative data where available. It will present a more detailed story of health and wellbeing need than can be set out in this high level strategy update. Work is already underway to tell this story. Two examples of how this is being taken forward are:

- a) The recently established **Devon LGBT Needs Assessment Steering Group** which brings together both providers and commissioners of services with the aim of increasing the healthy life expectancy of the LGBT population in Devon and reducing health inequalities that exist between this group and the wider population. Issues faced by LGBT people include experiencing depression and other mental illness, social isolation, lack of confidence or self-hatred, issues often compounded by prejudice, discrimination, lack of skill or other barriers to accessing services.
- b) Analysis, by the Devon Public Health Information Team, of the uptake of the **Health Check** programme by protected characteristic group. Table 1 (on page 14) provides an example of how this data can be presented. One of the issues that arises is that the data cannot always be 'cut' by the protected characteristic groups at this point in time.

Ensuring service users and their representative organisations for each of the Protected Characteristic Groups are engaged to bring a real life perspective to the quantitative data is a priority. **Strengthening the links between the Devon Health and Wellbeing Board and the Devon Equality Reference Group will be an important first step in this process.**

Table 1: A summary of risk factors associated with the NHS Health Checks programme for the nine protected characteristics from the Equality Act 2010.

| Protected Characteristic | Overview | Devon Population (aged 40 to 74) |
|---------------------------------|---|--|
| Age | Behavioural risk factors (smoking, alcohol usage, mental illness etc.) highest in younger age groups within the cohort (40-49). Resultant health-related factors (high BP, cholesterol etc.) increase with age. High immigration in Devon at retirement age influences local patterns. | 40-44 49,200 45-49 55,200 50-54 52,500 55-59 49,400 60-64 54,200 65-69 54,100 70-74 38,600 |
| Disability | People with a learning disability are more likely to experience ill-health and die prematurely and use of screening and health services in this population are known to be low. People with disabilities are more likely to smoke, have a poor diet and limited physical activity, and a higher prevalence of diabetes and heart disease. | PANSI/POPPI estimate for any learning disability is 7,900. 2011 Census figure for persons with a long-term health problem or disability that limits activities a lot is 27,500. |
| Gender | Behavioural risk factors and result health problems are usually more common in males. | Female 182,600 Male 170,500 |
| Gender Reassignment | No definitive evidence around the distribution of risk factors and resultant health problems associated with gender reassignment. | Estimate < 100 |
| Marriage & Civil Partnership | No definitive evidence around the distribution of risk factors and resultant health problems associated with marital status. | Married 233,600 Div'd 52,100 Civil 900 Widow 16,900 Single 39,200 Sep 9,600 |
| Pregnancy & Maternity | While most older mothers have a healthy pregnancy and birth, there is an increased risk of developing on-going health conditions such as diabetes and high blood pressure. | 350 Births P.A. for females aged 40 and over |
| Race | The pattern of risk factors and the likelihood of developing health conditions vary by ethnic group. Smoking rates are particularly high in Black Caribbean and Bangladeshi men. Heart disease risk is highest in Bangladeshi and Pakistani groups, stroke risk is higher in Black Caribbean groups and type 2 diabetes is highest in Black Caribbean and Indian men. | White British 341,200 White Other 7,500 Mixed 1,400 Asian 2,000 Black 500 Other 500 |
| Religion & Belief | No definitive evidence around the distribution of risk factors and resultant health problems associated with religion and belief. | Christian 353,100 Buddhist 1,500 Hindu 200 Jewish 400 Muslim 600 Other 2,800 None 78,500 Not Stated 29,400 |
| Sexual Orientation | No definitive evidence around the distribution of risk factors and resultant health problems associated with sexual orientation. | LGB Population Estimate 3,800 |

Appendix 3

Performance Management and Monitoring

One of the main development areas has been to enhance the analysis of the data by aligning each of the priorities to the relevant performance indicators within the overarching national outcomes frameworks; public health, the NHS and Social Care. This analysis has reinforced the relevance of the priorities originally selected.

Table 1: Priority areas and outcome indicators

| JHWS Priority Area | Measure | Overview |
|---|--|---|
| Priority 1: A focus on children and families | Child Poverty | An increase in children living in poverty was seen across all areas of Devon. |
| | Early Years Foundation Score | Recorded levels of emotional development improved in 2011-12 and are now above average. |
| | Smoking at Delivery | Rates of smoking at delivery are falling over time and are amongst the lowest in the South West. |
| | Teenage Conceptions | Conception rates have fallen over time, although there was a slight increase in the latest available quarter. |
| | Access to CAMHS | Indicators still in development. |
| Priority 2: Healthy lifestyle choices | Adult Physical Activity | Levels of regular physical activity are above the national average in Devon. |
| | Excess Weight in Children | Similar to national average for children aged four to five, below national average for children aged 10 or 11. Rates stable over recent years. |
| | Alcohol-Related Admissions | Devon significantly below South West and national rates. Rates stable over recent years. |
| | Adult Smoking Prevalence | Rates similar to the national average and do not appear to have improved over recent years. |
| | Cancer Mortality | Rates below national average and improving over recent years. Inequalities appear to have narrowed. |
| | Circulatory Disease Mortality | Rates below South West and national levels. Rates falling over time but with persistent inequalities gap. |
| Priority 3: Good health and wellbeing in older age | Clostridium Difficile Incidence | Devon is above South West and national rates. Incidence rates are falling over time. |
| | Injuries Due to Falls | Devon is below South West and national rates, with particularly low rates in Mid Devon. |
| | Dementia Diagnosis Rates | Devon is below the South West and England rates for diagnosis. Rates are above average in Newton Abbot. |
| | Feel Supported to Manage Own Condition | A higher proportion feel supported to manage their long-term condition in Devon compared with the South West, the local authority comparator group and England. |
| | Effectiveness and Coverage of Re-ablement Services | Service effectiveness (people in services still at home) above the South West and national average. Coverage of re-ablement services below national and regional averages, with a reduction on 2011-12 levels |
| | Readmissions to Hospital | Devon significantly below the South West and national average. Readmission rates are increasing over time. |

| | | |
|--|--|--|
| Priority 4: Strong and supportive communities | Suicide Rate | Suicide rates in Devon are broadly consistent with the South West and national average. Male suicide rates are significantly higher than female suicide rates. |
| | Life Expectancy Gap | The gap in life expectancy between the most and least deprived communities in Devon is lower than the South West and national averages. |
| | Self-Reported Wellbeing | Self-reported wellbeing in Devon tends to be better than the national average, as indicated by the lower proportion with a low happiness score. |
| | Social Isolation | Lower levels of people reporting as much social contact as they would like compared to the South West and England, with a reduction on 2011-12 levels |
| | Carer Reported Quality of Life | Quality of life for carers in Devon was broadly in line with the national average |
| | Stable and Appropriate Accommodation for Social Care Clients | Levels of stable and appropriate accommodation were above the South West average and below the England average for persons with learning disabilities and above the South West rate for those with mental health issues. |

Appendix 4

Summary of additional actions

