

Health and Wellbeing in Devon

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

Year Three: June 2015



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

Executive Summary

Welcome to this second update on the Devon Joint Health and Wellbeing Strategy 2013 – 16. The Devon **Health and Wellbeing Board** has been in place as a full committee of Devon County Council since April 1st 2013 and continues to focus on **promoting health equality**.

The on-going analysis of the **joint strategic needs assessment** confirms that the **four strategic priorities** remain relevant and are helpful way of framing activity focused around the life course approach:

Theme 1: a focus on children and families

We want all children in Devon to have the best start in life, growing up in loving and supportive families, and being happy, healthy and safe. This means access to high quality universal services such as health care and education; early intervention when needed, and targeted support for children and families who are in difficulties. We want to prevent children and young people developing emotional problems and having to live in poverty, or where they or their families are affected by abuse, violence or misuse of substances, so that we prevent problems being passed from generation to generation.

Theme 2: healthy lifestyle choices

We want people in Devon to choose to live healthy lives - by taking responsibility for their own health and wellbeing and particularly by eating healthy food, moving more every day, not smoking, not drinking alcohol excessively, and being mindful of their mental health and wellbeing. We recognise this can be more difficult for some people and we want to see recognition of this in strategies to improve the health of the poorest much faster.

Theme 3: good health and wellbeing in older age

We want adults to develop and maintain health and independence as long as possible so that they can live life to the full. When people start to develop a long-term health problem, we want to focus on preventing them developing further health and social problems. We want to see local services focused on those who have the greatest need, to reduce health inequality and to enable a greater focus on prevention of ill health.

Theme 4: strong and supportive communities

We want people to thrive in supportive communities, with people motivated to help one another. Our communities are strong, vibrant places to live, where people are not anxious about criminal activity and social disorder, and where a positive attitude to mental health and wellbeing is fostered.

This update offers feedback on the extent of progress made in each of these strategic priorities. Whilst other developments which support effective partnership working to improve the health and wellbeing of local people in Devon include:

- Extending the membership of the Board to include **Police** and **Probation**
- Supporting **local governance** arrangements
- Strengthening the **performance reporting framework** across the four themes

In 2014/15 a themed based approach to meetings has allowed a focus on the four priority themes and the public, patient and service user perspective have played a significant part in Health and Wellbeing Board discussions.

Delivering the Joint Health and Wellbeing Strategy priorities depends on strong partnership working across public, private and the voluntary and community sector organisations with local people. Much good work is in place but we need to maintain and focus energy and effort if we are to truly promote health equality in Devon.

Councillor Andrea Davis
Chairman Devon Health and Wellbeing Board

Strengthening partnerships and governance

New Board Members

In recognition of the shared health and wellbeing objectives between partners two new members have joined the Board: **Mr Tony Hogg, Police and Crime Commissioner for Devon and Cornwall**; the Police and Crime Plan includes objectives on alcohol and domestic violence and **Mr Rob Menary, Chief Probation Officer, Devon and Cornwall Probation Service**; many people in the Criminal Justice System have or at risk of having poor health and wellbeing.

Councillor James McInnes has now taken on the Devon County Council Cabinet portfolio responsibility for Children and Young People and the place on the Board allocated to the Devon District Authorities has been taken up by **Councillor Philip Sanders**, West Devon Borough Council.

Local Governance Arrangements

In recognition that activity with local people takes place at the level of market and coastal town and their hinterland District, Borough and City local authorities have been leading on the development of local health and wellbeing governance arrangements. These include an Exeter Health and Wellbeing Board, Northern Devon Health and Wellbeing Forum and Teignbridge Health Exchange. In each case multi-agency partnerships produce local action plans which reflect the Joint Health and Wellbeing Strategy priorities in the local context.

Relationship with other governance structures

The Board regularly reviews its relationship with other Boards such as the Safeguarding Boards and the Chair of the Children's Safeguarding Board has participated in Board meetings pertinent to children, young people and families. The Better Care Fund has also required links between Joint Commissioning, use and performance of the fund and the Health and Wellbeing Board. The Board also has a signed 'compact' with the Local Nature Partnership and has aligned work related to the '**naturally active**' priority.

Priorities to Reduce Health Inequalities

The Annual Public Health Report of the Director of Public Health 2014-15 continues to identify evidence based priorities to reduce health inequality. For 2015/16 these are set out in the box below:

1. Continuing to reduce health inequality across Devon, ensuring that the needs of our most vulnerable or unhealthy populations are being met, and that health care commissioners are able to evidence this.
2. Improving levels of physical activity and the proportion of people at a healthy weight, and promoting the Mediterranean diet to improve health.
3. Reducing excessive, harmful alcohol consumption.
4. Reducing the proportion of people in Devon who still smoke and preventing young people from starting smoking.
5. Ensuring all children have the best possible start in life.
6. Improving mental health and emotional wellbeing, particularly in children and young people.
7. Working to prevent domestic and sexual violence and abuse, and the sexual exploitation of children and young people.
8. Detecting and preventing the onset of chronic (long term) health conditions.
9. Increasing the early detection and improving the treatment of cancer.
10. Increasing social connectivity in communities to reduce social isolation and loneliness, and increasing the opportunities we have to improve our own health and wellbeing

Priorities and Progress

The summary of progress against priority actions in the original Joint Health and Wellbeing Strategy and update (September 2013) is reported in Appendix 1 and demonstrates that some significant areas work has been completed and most actions are underway. It is too soon to see and impact on health outcomes and the updated Joint Strategic Needs Assessment (2015) captures the health of the population of Devon. Two high level **public health outcomes** report on the impact of local approaches to reducing health inequalities. These are:

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

In Devon the overall picture is encouraging with increasing life expectancy over time. However, the evidence suggests that the “inverse care law” persists in Devon, where those

those people who have the greatest need for health services being the least likely to access them. The **life expectancy gap at ward level in Devon now stands at 15 years**; 74.6 for Ilfracombe Central and 89.6 in Newton Poppleford.

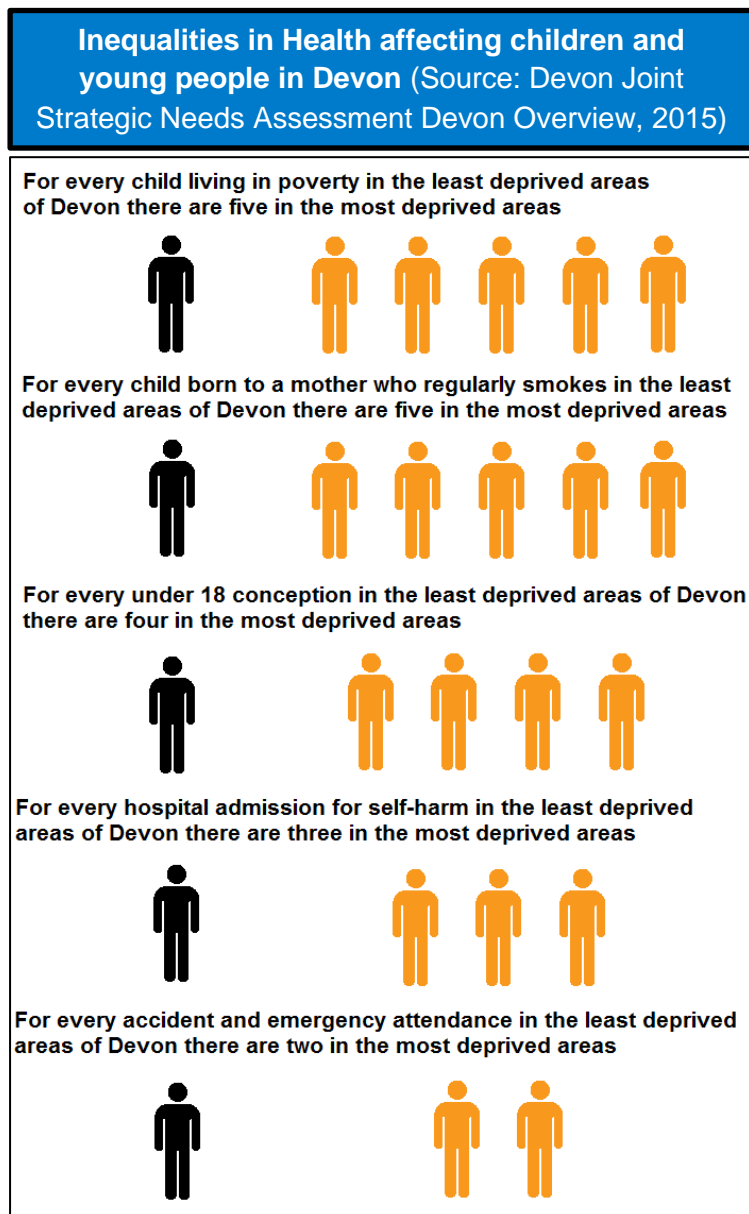
Some other recent changes based on the updated Joint Strategic Needs Assessment (2015) include:

Children, Young People and Families

There are over 7,000 births per annum in Devon. The rates of births by age group over time shows increasing rates of births to mothers aged 35 and above and decreasing rates in those aged under 35. The **rate of births to mothers aged 40 is now just above the rate in under 20 year olds which is showing a gradual decrease**. Overall teenage conception rates are showing a strong downward trend, a pattern that is also seen nationally. The Health Survey for England found among boys and girls aged two to 15, the proportion of children who were classified as obese increased from 11.7% in 1995 and peaking at 18.9% in 2004. The national childhood measurement programme (NCMP) records height and weight in children in both Reception year and in Year 6 although there is fluctuation, rates of obesity are relatively stable in both. Nationally according to the health survey for England obesity among adults rose from 15% in 1993 to 26% in 2010, with higher rates seen in adults aged between 45 and 74. There were 548 hospital admissions for self-harm in persons aged 10 to 24 in Devon in 2012-13. Within the 10 to 24 age group admission rates were highest in those aged 15 to 19. Admission rates also are higher in more deprived areas. **Rates of hospital admission for self-harm are three times higher in females than males** and the gap has widened in recent years.

Adults

The proportion of people binge drinking has reduced. This is in all age groups, except those aged 65 years and over, with the **greatest reductions seen in the 16 to 24 age group**. **Adults living in affluent areas consume more alcohol**. The 2011 General Lifestyle Survey Households on higher incomes are more likely to have drunk alcohol in the last week and to have done so on five or more days. However, **adverse effects of alcohol disproportionately affect those living in areas with higher deprivation**, with people living in the most deprived areas are around two and a half times more likely to be admitted for an alcohol-related condition or die from an alcohol-related cause than those in the least deprived areas. The use of new psychoactive substance (formerly known as 'legal highs') is increasing. These are defined by the UK government as 'a narcotic or psychotropic



substance newly available in the UK [and mostly but not exclusively synthetic] which may pose a public health threat comparable to drugs controlled under the Misuse of Drugs Act 1971.'

Over a third of the population are estimated to have one long-term condition (36.68%), around a seventh are likely to have two or more conditions (14.37%), and around one in 170 people are likely to have five or more long-term conditions. This reveals that with increasing age some individuals may have increasing comorbidities, which will impact on emergency admissions. The peak age for multi-morbidity is 85 to 89, which highlights that those surviving into their nineties and beyond are likely to have fewer long-term conditions. When deprivation is considered a different pattern emerges. Individuals living in the **most deprived areas are typically around 10 to 15 years ahead in terms of the state of their health** and this is even wider for certain age groups. The JSNA (2015) describes the health related risk factors in detail.

Four health-related risk factors in adulthood and their profile and trend (Source: Devon, Plymouth and Torbay Long-Term Conditions Health Needs Assessment, 2015)

Risk Factor	Age Profile (16+)	At Risk Populations	Inequalities	Trend (adults)	Trend (children)
Smoking 16.4% Devon 24.5% Plymouth 17.5% Torbay 19.5% England	 Highest: 25-34 (23.8%)	<ul style="list-style-type: none"> - Routine/manual - Deprived areas - Living with smokers - Prisoners - Male rates higher 	Smoking rates 2.3 times higher in routine & manual groups vs professionals. Gap persisting over time.	 Period: 1993 to 2012	 Period: 1982 to 2012
Excess Alcohol use 17.1% Devon 19.9% Plymouth 19.5% Torbay 20.1% England	 Highest: 55-64 (16 units)	<ul style="list-style-type: none"> - Professional - City/town centres - Mental health - Victims of DV - Male rates higher 	Whilst excess drinking is more common in less deprived areas, outcomes are worse in more deprived areas.	 Period: 1998 to 2012	 Period: 1999 to 2012
Physical inactivity 39.1% Devon 50.5% Plymouth 48.6% Torbay 44.4% England	 Highest: 75+ (78.6%)	<ul style="list-style-type: none"> - Routine/manual and intermediate groups - Deprived areas - Long-term illness - Female rate higher 	Levels of physical activity 15-20% lower in more deprived areas. Gap persisting over time.	 Period: 1997 to 2012	 Period: 2008 to 2012
Obesity 21.6% Devon 24.7% Plymouth 24.0% Torbay 23.0% England	 Highest: 55-64 (32.3%)	<ul style="list-style-type: none"> - Deprived areas - Male rates higher overall, females for morbid obesity 	Obesity rates up to twice as high in most deprived areas vs least deprived. Gap persisting over time.	 Period: 1993 to 2012	 Period: 1995 to 2012

Deaths in people under 75

There were 1,781 deaths under the age of 75 in 2013, of which the largest underlying causes were heart diseases, lung cancer, respiratory conditions, breast cancer and accidents. The JSNA further describes risk factors.

Older People

The risk of an accidental fall increases rapidly with age, and **higher levels are evident in people living alone, people with existing medical conditions, and people living in more deprived areas**. Most falls occur within the home. There were 3,259 emergency hospital admissions due to falls in 2012-13 in Devon for people aged 65 and over. However, the rate in Devon is the second lowest in the South West and the second lowest in Devon's local authority group. Age standardised admission rates have remained **consistently higher in the most deprived deprivation quintile**. Whilst the gap narrowed in 2012-13, the rate in the most deprived areas was still 47% higher than the least deprived areas. Around 14,080 people living in Devon are estimated to have dementia in 2015, representing 1.84% of the population, which is **set to rise to 25,227 by 2035**, when it will affect around 2.97% of the population. Districts with an older age profile such as East Devon have a higher percentage

of the population living with dementia. The biggest shifts over the next 20 years will be in the 90 and over age group.

For the full detail visit the health and wellbeing pages:

<http://www.devonhealthandwellbeing.org.uk/jsna/>

Local Monitoring

The Devon Health and Wellbeing Board have developed a **robust performance monitoring framework**. A standard template has been designed (see appendix 2) and is used for each outcome indicator relating to each of the four themes in the Joint Health and Wellbeing Strategy. Appendix 3 provides benchmarking information which identifies some areas where Devon is worse than regional and England comparators but in most cases the outcomes are better.

Comparative analysis of local performance is facilitated as the data is presented by top tier authorities, Devon district authorities and Clinical Commissioning Groups. The next section provides an overview of the main outcomes, drawn from national frameworks, of relevance to Devon that have been selected for each of the priority themes and sets out any further actions.

Priority one: A focus on children and families

Priority	RAG	Indicator	Type	Trend	Dev/SW/Eng
1. A Focus on Children and Families	A	Children in Poverty	Chall		
	G	Early Years Foundation Score	Chall		
	G	Smoking at Time of Delivery	Watch		
	A	Teenage Conception Rate	Watch		
	-	Child/Adolescent Mental Health Access Measure	Improve	-	-
	R	Hospital Admissions for Self-Harm, Aged 10-24	Improve		

RAG Ratings

Red	R	Major cause for concern in Devon, benchmarking poor / off-target
Amber	A	Possible cause for concern in Devon, benchmarking average / target at risk
Green	G	No major cause for concern in Devon, benchmarking good / on-target








Summary

- Child poverty levels fell between 2011 and 2012.
- Recorded levels of child development are above the South West and England averages.
- Rates of smoking at delivery are falling over time.
- Teenage conception rates have fallen over time, particularly in more deprived areas.
- Self-harm admissions in younger people are above the national average.

Examples of success

- The Early Help Strategy implementation plan is in place and a new service to support the emotional health and wellbeing of children and young people is currently being tendered which will provide a significant improvement in the offer to support early help
- Weight management training for professionals and voluntary sector groups has been commissioned with a commissioned support programme to address healthy weight in children

Priority two: Healthy Lifestyle Choices

Priority	RAG	Indicator	Type	Trend	Dev/SW/Eng
2. Healthy Lifestyle Choices	G	Proportion of Physically Active Adults	Chall		■ ■ ■
	A	Excess Weight in Four / Five Year Olds	Chall		■ ■ ■
	A	Excess Weight in 10 / 11 Year Olds	Chall		■ ■ ■
	A	Alcohol-Related Admissions	Watch		■ ■ ■
	G	Adult Smoking Prevalence	Watch		■ ■ ■
	G	Under 75 Mortality Rate - All Cancers	Improve		■ ■ ■
	G	Under 75 Mortality Rate - Circulatory Diseases	Improve		■ ■ ■







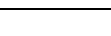
Summary

- Higher levels of physical activity are seen in Devon.
- Levels of excess weight in children are above average at age 4/5 and below average at age 10/11.
- The alcohol-related admissions (narrow definition) rate is similar to England.
- Adult smoking rates are below the national average.
- Mortality rates are falling.

Example of success

- The new substance misuse recovery and treatment service has been commissioned
- Almost 40,000 NHS Health Checks have been delivered in Devon since 2013 providing an opportunity to identify health issues early and make lifestyle change
- A weight management on referral service has been commissioned

Priority three: Good health and wellbeing in older age

Priority	RAG	Indicator	Type	Trend	Dev/SW/Eng
3. Good Health and Wellbeing in Older Age	A	Incidence of Clostridium Difficile	Chall		■ ■ ■
	G	Injuries Due to Falls	Chall		■ ■ ■
	A	Dementia Diagnosis Rate	Chall		■ ■ ■
	G	Feel Supported to Manage Own Condition	Watch		■ ■ ■
	G	Re-ablement Services (Effectiveness)	Watch		■ ■ ■
	A	Re-ablement Services (Coverage)	Watch		■ ■ ■
	A	Readmissions to Hospital Within 30 Days	Improve		■ ■ ■

Summary

- Clostridium Difficile incidence aligns with South West and national rates.
- The gap between Devon and the South West and England for the detection of dementia has narrowed significantly.
- Devon has relatively low levels of injuries due to falls.
- A higher proportion feel supported to manage their long-term condition in Devon.
- Reablement service effectiveness is above average, but recorded coverage is low.
- Readmission rates are below average but are increasing over time.

Example of success

- Dementia diagnosis is increasing and the memory café network is increasing its reach
- Of all the people the social care reablement supports, 87.5% do not require a service after their 6 week period of reablement following hospital discharge.

Priority four: Strong and supportive communities

Priority	RAG	Indicator	Type	Trend	Dev/SW/Eng
4. Strong and Supportive Communities	A	Suicide Rate	Chall		
	G	Male Life Expectancy Gap	Chall		
	G	Female Life Expectancy Gap	Chall		
	G	Self-Reported Wellbeing (low happiness score)	Watch		
	G	Social Contentedness	Watch		
	G	Carer Reported Quality of Life	Watch	-	
	A	Stable/Appropriate Accommodation (Learn. Dis.)	Improve		
	G	Stable/Appropriate Accommodation (Mental Hlth)	Improve		

Summary

- Suicide rates in Devon are consistently above the national average.
- There is a smaller gap in life expectancy between the most and least deprived communities in Devon than nationally.
- Self-reported wellbeing in Devon tends to be better than the national average.
- The proportion stating that they have as much social contact as they would like is above the national average.
- Quality of life for carers is in line with the national average.
- Devon had similar levels of people with learning disabilities in stable and appropriate accommodation than the national average, but lower rates for people with mental health issues.

Example of success

- Protected characteristics are explicitly covered in the Joint Strategic Needs Assessment and a lesbian, gay, bi-sexual and transgender health needs assessment has been published.

The Changing Landscape

A number of significant policy changes have occurred in the last few years which will impact on the populations health and wellbeing and it is clear prevention will need to be everyone's priority and this is coupled with the increasing budgetary pressures:

- The **Better Care Fund** came into place in April 2015 and allows further pooling of health and social care budgets and the ability to integrate services further. The main aim of the Better Care Fund is a drive towards integration and a seamless service user / patient experience being at the forefront of developments around health and social care.
- The **Care Act** has also come into force and introduced a wider duty to consider physical, mental and emotional wellbeing of individuals needing care and a duty to provide preventive services to prevent reduce and delay needs.
- **The NHS 5 year forward view** sets out a vision for a better NHS setting its ambition for a new relationship with patients and communities and importantly 'getting serious about prevention.'

Joint Strategic Needs Assessment and Health Needs Assessments

The Joint Strategic Needs Assessment has been reviewed in 2015 and now includes qualitative input to add to the richness of the data on population health need.

Health Needs Assessments (HNA) are a 'systematic method for reviewing the health issues facing a population, leading to agreed priorities that will improve health and reduce health inequalities. These are an important part of the prioritisation process setting out needs, evidence of effectiveness and identifying gaps in provision. A number of HNAs have been produced in response to Board priorities and need to be used to drive improvement in the health of the local population.

Completed Health Needs Assessments include:

- South West Peninsula Veterans Health Needs Assessment (2014)
- Safeguarding Children's Joint Strategic Needs Assessment (2014-15)
- Dementia Health Needs Assessment (2014)
- Lesbian, Gay, Bi-sexual and Transgender Health Needs Assessment (2014)
- Care Home Residents Health Needs Assessment (2014)
- Mental Health and Wellbeing Needs Assessment (2013)

Health Needs Assessments due for publication in 2015 include:

- Long term conditions
- Sight loss and visual impairment
- Self harm

The Boards Health and Wellbeing Library contains all published Health Needs Assessments. <http://www.devonhealthandwellbeing.org.uk/library/needs-assessments/>

The Commissioning Cycle

The Commissioning cycle must be informed by the Joint Strategic Needs Assessment, Joint Health and Wellbeing Strategy and Health Needs Assessments with a golden thread that will maximise the impact on the health and wellbeing of the local population, reduce health inequalities and impact on the inverse care law. Outcome reports are regularly produced and show the impact of action over time, benchmarking is also useful and can assist with service design and commissioning.

Summary

This update complements the priorities set in 2013 and update in September 2013 which are still central to commissioning plans. The update has summarised action to date but has not identified any new priorities. In the last year an increased focus on identified action is needed with a focus on mental health and wellbeing for all ages and an increased focus on prevention and targeting where necessary to contribute to the Board's aim of promoting health equality.

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

www.devonhealthandwellbeing.org.uk

APPENDIX 1

Summary of Progress - years one to three

Key: A – achieved, NA – not achieved, U - underway

Priorities	Actions for 2013/14	Actions for 2014/15	A	N A	U
A focus on children and families					
Poverty	Develop ways to support families affected by welfare reform to promote financial independence				X
Targeted family support					
Domestic and Sexual violence and abuse	Develop a place-based approach to helping families focusing on areas of disadvantage				X
Pre-school education outcomes	Improve pre-school and educational attainment and support individuals through transition in all service areas				X
Education outcomes and skills	Reduce domestic and sexual violence and abuse and ensure adequate support is in place	Commission services to reduce domestic and sexual violence and abuse and support victims			X
Transition		Smoking cessation support for vulnerable groups	X		
		Improve access to Child and Adolescent Mental Health Services (CAMHS)			X
		Support families affected by the impact of welfare reform and/or families with children living in poverty			X
		Ensure the multi-agency 'Early Help' strategy is implemented			X

Healthy lifestyle choices					
Alcohol misuse	Increase the engagement of, and the capacity within, people and communities to take responsibility for their own health				X
Contraception and sexual health	Ensure that the growth in alcohol-related admissions remains below the national average				X
Screening Physical activity, healthy eating and smoking cessation	Offer an accessible range of sexual health services to all residents and specific groups ensure services for young people are young person friendly				X
High blood pressure (hypertension)	Ensure screening programmes target areas and groups with poor coverage				X
Update					
Integrated pathway for self-care	Reduce the number of people who smoke and discourage young people from starting				X
	Increase the number of adults and children who are a healthy weight by encouraging healthy eating and physical activity				
		Implement a weight management on referral scheme	X		
		Healthy lifestyle advice to people at risk of circulatory diseases			X
		Increase physical activity levels for all ages			X
Good health and wellbeing in older age					
Falls	Reduce the number of falls and fractures in older people				X
Dementia	Raise awareness of dementia in communities				X

Carers support	and continue to improve services and diagnosis			
Update	Identify hidden carers and promote and improve the range of support on offer	Implement carers strategy		X
End of life care integrated pathway		Promote healthy lifestyle advice to people with dementia		X
Long term conditions		Undertake a sight loss/visual impairment health needs assessment		X
Strong and supportive communities				
Mental health and emotional wellbeing	Build on the strengths in our communities and promote social cohesion and support for vulnerable groups and individuals			X
Living environments	Carry out a Health Needs Assessment for mental health to better understand future commissioning needs		X	
Housing		Agree commissioning priorities for mental health in children and adults		X
Social isolation		New suicide prevention strategy Revised public mental health strategy Identify new indicators for wellbeing		X
Offender health				X
Update	Target the most vulnerable individuals for fuel poverty and housing interventions			X
Health of protected characteristic groups	Take effective action to address homelessness and improve the quality of the housing stock across Devon			X
	Ensure the health needs of offenders in institutional settings			X

APPENDIX 2

Health and Wellbeing Board Outcomes Report June 2015

Priority	RAG	Indicator	Type	Trend	Dev/SW/Eng
1. A Focus on Children and Families	A	Children in Poverty	Chall		
	G	Early Years Foundation Score	Chall		
	G	Smoking at Time of Delivery	Watch		
	A	Teenage Conception Rate	Watch		
	-	Child/Adolescent Mental Health Access Measure	Improve	-	-
	R	Hospital Admissions for Self-Harm, Aged 10-24	Improve		
2. Healthy Lifestyle Choices	G	Proportion of Physically Active Adults	Chall		
	A	Excess Weight in Four / Five Year Olds	Chall		
	A	Excess Weight in 10 / 11 Year Olds	Chall		
	A	Alcohol-Related Admissions	Watch		
	G	Adult Smoking Prevalence	Watch		
	G	Under 75 Mortality Rate - All Cancers	Improve		
	G	Under 75 Mortality Rate - Circulatory Diseases	Improve		
3. Good Health and Wellbeing in Older Age	A	Incidence of Clostridium Difficile	Chall		
	G	Injuries Due to Falls	Chall		
	A	Dementia Diagnosis Rate *	Chall		
	G	Feel Supported to Manage Own Condition	Watch		
	G	Re-ablement Services (Effectiveness)	Watch		
	A	Re-ablement Services (Coverage)	Watch		
	A	Readmissions to Hospital Within 30 Days	Improve		
4. Strong and Supportive Communities	A	Suicide Rate	Chall		
	G	Male Life Expectancy Gap	Chall		
	G	Female Life Expectancy Gap	Chall		
	G	Self-Reported Wellbeing (low happiness score)	Watch		
	G	Social Contentedness	Watch		
	G	Carer Reported Quality of Life	Watch	-	
	A	Stable/Appropriate Accommodation (Learn. Dis.)	Improve		
	G	Stable/Appropriate Accommodation (Mental Hlth)	Improve		

RAG Ratings

Red	R	Major cause for concern in Devon, benchmarking poor / off-target
Amber	A	Possible cause for concern in Devon, benchmarking average / target at risk
Green	G	No major cause for concern in Devon, benchmarking good / on-target

APPENDIX 3

Devon compared with the Local Authority Comparator Group for all Health and Wellbeing Board outcomes, June 2015

Measure	Rates			Significance		Rank / Position in LACG	
	Devon	LACG	England	LACG	England	Rank	Best-----Worst
Physical Activity (%)	60.9%	57.9%	55.6%	Better	Better	1 / 16	
Life Expectancy Gap in Years (Male)	5.2	7.2	8.4	Better	Better	1 / 16	
Feel Supported to Manage Own Condition (%)	68.8%	64.4%	63.7%	Better	Better	1 / 16	
30 Days Readmissions (%)	10.3%	11.0%	11.8%	Better	Better	1 / 16	
Early Years Good Development (%)	67.0%	60.0%	58.0%	Better	Better	1 / 16	
Admission Rate for Accidental Falls	1672.8	1809.9	2011.0	Better	Better	2 / 16	
Life Expectancy Gap in Years (Female)	3.3	5.4	6.2	Better	Better	2 / 16	
Social Connectedness	47.5%	45.2%	44.2%	Better	Better	3 / 16	
Reablement - Still at Home after 91 days (%)	89.8%	82.6%	81.9%	Better	Better	3 / 16	
Cancer Deaths, under 75	130.9	134.3	144.4	Similar	Better	5 / 16	
Stable/appropriate accommodation - mental health (%)	54.5%	45.2%	60.9%	Better	Worse	5 / 16	
Circulatory Disease Deaths, under 75	63.8	66.7	78.2	Similar	Better	6 / 16	
Carer Quality of Life Score	8.173	8.043	8.068			6 / 16	
Smoking at Time of Delivery (%)	12.2%	12.3%	12.0%	Similar	Similar	6 / 15	
Adult Smoking Rate (%)	16.4%	16.7%	18.4%	Similar	Better	7 / 16	
Child Poverty (%)	12.7%	13.9%	19.2%	Better	Better	7 / 16	
Excess Weight in Year Six (%)	30.3%	30.8%	33.5%	Similar	Better	7 / 16	
Stable/appropriate accommodation - learning (%)	74.0%	72.1%	74.8%	Better	Similar	8 / 16	
Low Happiness Score (%)	8.5%	8.6%	9.7%	Similar	Similar	9 / 16	
Dementia Diagnosis Rate (%)	56.5%	56.5%	60.8%	Similar	Worse	9 / 16	
Teen Conception Rate per 1,000	21.9	21.1	24.3	Similar	Similar	9 / 16	
Clostridium Difficile Rate	26.4	25.0	25.1	Similar	Similar	9 / 16	
Excess Weight in Reception Year (%)	23.4%	22.3%	22.5%	Worse	Similar	10 / 16	
Hospital Admission Rate for Self-Harm	419.5	388.8	346.3	Similar	Worse	11 / 16	
Alcohol Admission Rate (Narrow Definition)	639.7	597.2	636.1	Worse	Similar	13 / 16	
Suicide Rate	10.4	9.5	8.8	Similar	Worse	13 / 16	
Reablement - Coverage Rate (%)	2.0%	3.4%	3.3%	Worse	Worse	15 / 16	