

Health and Wellbeing Outcomes Report, October 2024

Report of the Director / Head of Service of Service Area

Please note that the following recommendations are subject to consideration and determination by the Committee before taking effect.

1) Recommendation

That the Cabinet / Committee be asked to note the update of the Joint Health and Wellbeing Strategy (JHWS) outcomes reporting update and if there are any additional more detailed updates required on specific topics in the JHWS outcomes reporting for the next board.

2) Background / Introduction

The purpose of this report is to inform the Devon Health and Wellbeing Board of the latest data updates in the Devon Health and Wellbeing Outcomes Report and provide descriptive analysis around how the updated indicators has changed since their last update.

3) Main Body / Proposal

The Devon Health and Wellbeing Outcomes Report monitors intelligence pertaining to the four priorities identified by the Joint Health and Wellbeing Strategy 2020-25, broken down by local authority, district, and trends over time. These four priorities are to create opportunities for all; to create healthy, safe, strong, and sustainable communities; to focus on mental health; and maintain good health for all.

This report supplements the full Devon Health and Wellbeing Outcomes Report for October **2024**, which is available on the Devon Health and Wellbeing website, accessible at: <https://www.devonhealthandwellbeing.org.uk/jsna/health-and-wellbeing-outcomes-report/>

Five indicators have been updated with new data and are as follows:

- **Adjusted antibiotic prescribing in primary care by the NHS (per Specific Therapeutic group Age sex weightings Related Prescribing Unit- STAR-PU) (persons) 2023**

Annual total number of prescribed antibiotic items per STAR PU. This data is inappropriate to use at any smaller level than total prescribing i.e. individual drug class level. STAR PU data only includes antibiotics that are administered orally. Orally administered derivative of BNF 5.1 codes account for more than 99.8 percent of all prescribed items.

*Caveat – figures presented on the Health and Wellbeing Report dashboard display rounded rates

Devon has a rate of 0.86 per STAR-PU which is statistically better than England at 0.88 per STAR-PU. There is no change in statistical significance comparison from the previous reporting period.

Exeter (0.74) Mid Devon (0.84), South Hams (0.82) and West Devon (0.87) are statistically better in comparison to England. East Devon (0.87) was statistically similar to England. North Devon (0.87) Teignbridge (0.90) and Torrridge (0.91) were all statistically worse, having been statistically similar during the previous reporting period.

- **Estimated dementia diagnosis rate (crude rate per 100) (persons) 2024**

This indicator is concerned with the rate of those formally diagnosed with dementia within the given population. Therefore, a higher rate is considered favourable within this context.

The Devon rate is 57.4 with England at a rate of 64.8 but statistical significance cannot be drawn in comparison, as confidence intervals have not been supplied in relation to Devon as a whole.

East Devon (65.9) and Exeter (64.9) are statistically similar; Mid Devon (50.5), North Devon (57.7) South Hams (45.5) Teignbridge (54.7) Torrridge (55.6) and West Devon (54.8) are all statistically worse. There has no change across any area in relation to statistical significance comparison on the previous reporting period.

- **Fuel poverty (low income, low energy efficiency methodology) (%) 2022**

This indicator replaces the previous fuel poverty indicator that utilised a low-income high-costs (LIHC) metric.

There are currently only 4 data points on previous reporting years available, so confidence intervals are not available across any area. Therefore, statistical significance cannot be determined in relation to the England rate.

The Devon rate is 14.0% which is higher than the England rate at 13.1%.

East Devon (13.1), Exeter (12.4), Mid Devon (14.6), North Devon (15.6), South hams (14.2), Teignbridge (13.2), West Devon 15.3 and Torrridge (15.7). North Devon, Torrridge and West Devon have the highest recorded %, when compared to the other areas.

- **Low birth weight of term babies (%) (Persons) 2022**

Live births with a recorded birth weight under 2500g and a gestational age of at least 37 complete weeks as a percentage of all live births with a recorded birth weight and a gestational age of at least 37 complete weeks.

Devon has a rate of 2.1 % which is statistically better than England (2.9). This is an improvement on the previous reporting period (2021, 2.4% and statistically similar).

South Hams (0.6%) is also statistically better, which is an improvement on the previous reporting period (2021, 3.3%, statistically similar). East Devon (2.2%), Exeter (2.4%), Mid Devon (2.8%), North Devon (2.9%), Teignbridge (1.9%), Torridge (2.3%) and West Hams (1.3%) are all statistically similar in comparison to England. Whilst there has been some variation in these rates on the previous reporting period, the statistical context in relation to England has not altered.

ONS has linked birth registrations with NHS birth notification records to allow reporting by gestational age and birth weight. With 99.4% of records linked successfully, completeness of this dataset is “very good”. However, not all births are recorded with a valid birth weight and gestational age. There may be regional variations in the completeness of these fields.

- **Population vaccination coverage – Flu (aged 65+) (%) (Persons) 2023/24**
Flu vaccine uptake (%) in adults aged 65 and over, who received the flu vaccination between 1st September to the end of February as recorded in the GP record.

Devon has a percentage of 81.6% which is statistically significantly better than England (77.8%). This comparison remains the same as the previous reporting period.

There is no data available at District level, for this indicator.

- **Population vaccination coverage – Flu (at risk individuals) (%) (Persons) 2023/24**
Flu vaccine uptake (%) in at risk individuals aged 6 months to 65 years (excluding pregnant women), who received the flu vaccination between 1st September to the end of February as recorded in the GP record.

Devon has a percentage of 48.2% which is statistically better than England (41.4%) but has not reached the benchmark of equal to or more than 55%. This is also a decrease on the previous reporting period (2022/23, 56.4%).

There is no data available at District level, for this indicator.

4) Options / Alternatives

Nil

5) Consultations / Representations / Technical Data

Nil

6) Strategic Plan

The JHWS priorities align to the Devon County Council Plan 2021 – 2025: <https://www.devon.gov.uk/strategic-plan/> . The JHWS outcomes reporting is a regular quarterly item where the board notes progress on the strategic outcome indicators.

7) Financial Considerations

Nil

8) Legal Considerations

Nil

9) Environmental Impact Considerations (Including Climate Change, Sustainability and Socio-economic)

Nil

10) Equality Considerations

There are no specific equality considerations. This report is an update to the Health and Wellbeing Board on JHWS outcome measures identified in the JHWS Strategy. Public Health Intelligence monitors population health and inequalities across Devon, and further detailed information can be found in the Joint Strategic Needs Assessment resources on the Health and Wellbeing Board Website.

11) Risk Management Considerations

Nil

12) Summary / Conclusions / Reasons for Recommendations

Nil

Contact for enquiries:

Name: Maria Moloney-Lucey

Telephone: 01392 386375

Address: maria.moloney-lucey@devon.gov.uk