

Health and Wellbeing Outcomes Report

Report of the Chief Officer for Communities, Public Health, Environment and Prosperity

Recommendation: It is recommended that the Devon Health and Wellbeing Board note the updated Health and Wellbeing Outcomes Report.

1. Context

This paper introduces the updated outcomes report for the Devon Health and Wellbeing Board, which monitors the priorities identified in the Joint Health and Wellbeing Strategy for Devon 2016-2019.

2. Summary of the Health and Wellbeing Outcomes Report, September 2017

2.1 An 'updates only' version of the Health and Wellbeing Outcomes Report for September 2017 is included separately. The report is themed around the five Joint Health and Wellbeing Strategy 2016-19 priorities, and includes breakdowns by local authority, district, clinical commissioning group, inequalities characteristics and trends over time. Four indicators have been updated with new data since the June 2017 report:

- **Adult Smoking Prevalence, 2016** – The latest figures from the Annual Population Survey (APS) suggests that 12.6% of the adult population in Devon smoke. This is below the South West (13.9%) and England rate (15.5%).
- **Feel Supported to Manage Own Condition, 2016-17** – 67.5% of those with a long-term condition in the GP Survey felt they had enough support to manage their own condition. This is significantly higher than the South West (65.2%) and England rates (63.3%). Locally rates were highest in North Devon (73.3%) and lowest in Teignbridge (63.7%).
- **Fuel poverty, 2015** – Just under one in eight households in Devon is in fuel poverty (12.17%). Within Devon the highest levels of fuel poverty were seen in West Devon (14.39%) and the lowest were seen in East Devon (10.49%). Rates fell slightly between 2014 and 2015.
- **Estimated Dementia Diagnosis Rate (65+), 2017** – Recent data shows that Devon (60.6%) is lower than the South West (62.8%) and significantly lower than England (67.9%) rates. Within the county, the highest rates are seen in Exeter (70.0%) and lowest in the South Hams (47.7%). There are no significant differences in Devon based on area deprivation.

3.2 Further details for these indicators are included in the separate report. The following tables in this paper provide a quick summary of overall findings:

- Table 1 provides a summary of the indicators, the latest available rate, an indication of trend and a quick comparison between Devon, the South West and England.
- Table 2 gives a short textual summary covering the five priority areas.
- Table 3 compares the indicators with Devon's local authority comparator group, a group of similar local authorities, and is ordered according to Devon's ranking. The darker purple shading shows the position of Devon in the local authority comparator (1 is best and 16 is worst) and the lighter purple shading shows Devon's ranking when the report was introduced in December 2016.

Table 1: Indicator List and Performance Summary, September 2017

Priority	RAG	Indicator	Rate	Trend	Dev/SW/Eng
1. Children, Young People and Families	A	Children in Poverty	14.3%		
	G	Early Years Foundation Score	72.2%		
	A	Excess Weight in Four / Five Year Olds	22.6%		
	A	Excess Weight in 10 / 11 Year Olds	28.7%		
	A	GCSE Attainment	58.6%		
	G	Teenage Conception Rate	18.3		
	A	Alcohol-Specific Admissions in under 18s	51.8		
2. Living Well	G	Adult Smoking Prevalence *	12.6%		
	G	Excess Weight Adults	63.8%		
	G	Proportion of Physically Active Adults	60.7%		
	A	Alcohol-Related Admissions	605.0		
	G	Fruit and Vegetable Consumption (Five-a-day)	61.5%		
	G	Mortality Rate from Preventable Causes	156.7		
	G	Female Life Expectancy Gap	3.9		
3. Good Health and Wellbeing in Older Age	G	Male Life Expectancy Gap	5.9		
	G	Feel Supported to Manage Own Condition *	67.5%		
	G	Re-ablement Services (Effectiveness)	87.1%		
	A	Re-ablement Services (Coverage)	1.3%		
	G	Healthy Life Expectancy Male	65.3		
	G	Healthy Life Expectancy Female	66.5		
	G	Injuries Due to Falls	1788.0		
4. Strong and Supportive Communities	G	Deaths in usual place of residence	52.3%		
	A	Domestic Violence incidents per 1,000	12.0		
	A	Stable/Appropriate Accommodation (Learn.	70.0%		
	G	Re-offending rate	22.7%		
	A	Rough sleeping rate per 1,000 households	0.22		
	A	Dwellings with category one hazards	15.4%		
	A	Private sector dwellings made free of hazards	1.0%		
5. Life Long Mental Health	R	Fuel Poverty *	12.2%		
	A	Emotional Wellbeing Looked After Children	16.7		
	R	Hospital Admissions for Self-Harm, aged 10 to	614.1		
	A	Gap in employment rate (mental health clients)	73.2%		
	G	Stable/Appropriate Accommodation (Mental	63.8%		
	G	Self-Reported Wellbeing (low happiness score	7.7%		
	A	Suicide Rate	10.8		
A	Social Contentedness	42.8%			
	R	Estimated Dementia Diagnosis Rate (65+) *	60.6%		

* updated indicators

Table 2: Priority Area Summaries, September 2017

Priority	Summary
1. Children, Young People & Families	Teenage conception rates are falling and levels of development at school entry are improving. Variations in excess weight, poverty, GCSE attainment and alcohol harm persist.
2. Living Well	Smoking rates and deaths from preventable causes are falling, and levels of excess weight, physically activity and fruit and vegetable consumption compare favourably with similar areas.
3. Good Health and Wellbeing in Older Age	Deaths at home, healthy life expectancy, falls and GP support compare well in Devon. However, whilst the service is effective, the coverage of re-ablement services is lower.
4. Strong and Supportive Communities	Housing-related measures, including fuel poverty, dwelling hazards and rough sleeping levels are a cause of concern in Devon.
5. Life Long Mental Health	Whilst general wellbeing is better, poorer outcomes are evident for those with mental health problems, including suicide rates, self-harm, and the mental wellbeing of local service users.

Table 3: Devon compared with the Local Authority Comparator Group for all Health and Wellbeing outcome measures, September 2017

Measure	Rate			Significance		LAGC Rank / Position	
	Devon	LAGC	England	LAGC	England	Rank	Position
Fruit and Veg 5-a-day (%)	61.5%	56.8%	52.3%	Better	Better	1 / 16	
Life Expectancy Gap in Years (Female)	3.9	5.4	6.4	Better	Better	1 / 16	
Domestic Violence incidents per 1,000 pop'n	12.0	19.3	22.1	Better	Better	1 / 16	
Deaths in usual place of residence (%)	52.3%	49.6%	46.0%	Better	Better	2 / 16	
Feel Supported to Manage own Condition (%)	67.5%	64.3%	63.3%	Better	Better	2 / 16	
Life Expectancy Gap in Years (Male)	5.9	6.8	8.2	Better	Better	3 / 16	
Early Years Good Development (%)	72.2%	70.2%	69.3%	Better	Better	3 / 16	
Excess Weight in Adults (%)	63.8%	65.9%	64.8%	Better	Similar	3 / 16	
Excess Weight in Year Six (%)	28.7%	31.6%	34.2%	Better	Better	3 / 16	
Physical Activity (%)	60.7%	58.6%	57.0%	Better	Better	3 / 16	
Adult Smoking Rate (%)	12.6%	15.3%	15.5%	Better	Better	4 / 16	
Preventable Deaths, under 75	156.7	164.7	184.5	Better	Better	4 / 16	
Admission Rate for Accidental Falls	1788.0	1954.8	2169.4	Better	Better	5 / 16	
Private sector dwellings made free of hazards	1.0%	0.9%	1.2%	Better	Worse	5 / 16	
Child Poverty (%)	14.3%	15.2%	20.1%	Better	Better	6 / 16	
Re-offending rate (%)	22.7%	23.7%	25.4%	Similar	Better	6 / 16	
Low Happiness Score (%)	7.7%	8.1%	8.8%	Similar	Similar	7 / 16	
GCSE Attainment (%)	58.6%	58.0%	57.7%	Similar	Similar	7 / 16	
Healthy Life Expectancy (Female)	66.5	66.0	64.1	Similar	Better	7 / 16	
Stable Accommodation - MH (%)	63.8%	55.6%	58.6%	Better	Better	7 / 16	
Healthy Life Expectancy (Male)	65.3	65.2	63.4	Similar	Better	8 / 16	
Reablement Services Effectiveness (%)	87.1%	83.8%	82.7%	Similar	Better	8 / 16	
Teenage Conception Rate per 1,000	18.3	18.1	20.8	Similar	Similar	9 / 16	
Alcohol Admission Rate (Narrow Definition)	605.0	617.2	647.6	Similar	Better	9 / 16	
Suicide Rate	10.8	10.7	10.1	Similar	Similar	11 / 16	
Excess Weight in Reception Year (%)	22.6%	22.1%	22.1%	Similar	Similar	12 / 16	
Social Connectedness	42.8%	44.6%	45.4%	Worse	Worse	12 / 16	
Stable Accommodation - LD (%)	70.0%	73.4%	75.4%	Worse	Worse	12 / 16	
Rough Sleeping rate per 1,000 dwellings	0.22	0.15	0.18	Worse	Similar	13 / 16	
Alcohol-specific Admissions in under 18s	51.8	39.3	37.4	Worse	Worse	13 / 16	
Hospital Admission Rate for Self-Harm	614.1	507.6	430.5	Worse	Worse	13 / 16	
Fuel Poverty (%)	12.2%	10.4%	11.0%	Worse	Worse	13 / 16	
Mental Health Looked After Children	16.7	14.8	14.0	Worse	Worse	14 / 15	
Dementia Diagnosis Rate (%)	60.6%	63.7%	67.9%	Worse	Worse	14 / 16	
Dwellings with category one hazards	15.4%	11.5%	10.4%	Worse	Worse	14 / 16	
Reablement Services Coverage (%)	1.3%	2.5%	2.9%	Worse	Worse	14 / 16	
Gap in employment rate (mental health clients)	73.2%	68.4%	67.2%	Worse	Worse	15 / 16	

3. Further analysis: self-harm admissions

3.1 Following discussion at the June 2017 Health and Wellbeing Board, a further analysis of self-harm related admissions in 10 to 24 year olds was carried out, as rates in Devon are significantly above South West, local authority comparator group and England levels.

3.2 This further analysis was undertaken to investigate if assessment centre attendances were being miscoded as admissions, which was raised as a possibility by the local NHS variation group. If this was the reason for higher admission rates in Devon, the county would have higher levels of admissions with a zero day length of stay (admitted to hospital and discharged on the same day). Table 4 summarises the further analysis which shows total bed days per 100,000 population, an admission rate per 100,000 which excluded day zero lengths of stay, and average length of stay. This reveals that Devon did not experience higher levels of zero day length of stay admissions and in fact had longer average lengths of stay than the South West, local authority comparator group and England.

Table 4: Self-Harm admissions in persons aged 10 to 24: admission rates, bed day rates, admission rates with one or more days length of stay and average length of stay in Devon compared with South West, Local Authority Comparator Group and England, 2016-17

Area	Admissions per 100,000	Bed days per 100,000	Admissions per 100,000 (1+ LOS)	Average length of stay (days)
Devon	619.1	1412.8	382.1	2.3
South West	591.6	690.9	309.4	1.2
LAGC	445.6	555.9	238.0	1.2
England	417.7	574.1	214.7	1.4

Source: Hospital Episode Statistics, NHS Digital. Copyright © 2017, re-used with the permission of NHS Digital. All rights reserved.

3.3 The Public Health England Local Knowledge and Intelligence Service is currently coordinating a detailed analysis of self-harm admission rates on behalf of the local authorities in the South West, as rates are significantly higher in the region. This work is ongoing, but the initial focus has been on the ratio of admissions to patients, which has revealed that the South West has a higher ratio of admissions per patient (1.37) than other regions (range 1.22 to 1.32) suggesting that a higher level of repeat admissions may influence the higher admission rates in the region. This ratio in the South West is higher in females (1.43) than males (1.28), and at a local authority district level the ratio for all persons is highest in Exeter (1.61). Further analysis planned by Public Health England as part of this work includes an analysis of Accident and Emergency attendances mentioning self-harm and further work around length of stay.

3.4 Findings from both local analysis and the Public Health England Local Knowledge and Intelligence Service analysis will be reported in the December 2017 outcomes paper.

4. Legal Considerations

There are no specific legal considerations identified at this stage.

5. Risk Management Considerations

Not applicable.

6. Options/Alternatives

Not applicable.

7. Public Health Impact

The Devon Health and Wellbeing Outcomes Report is an important element of the work of the board, drawing together priorities from the Joint Health and Wellbeing Strategy, and evidence from the Joint Strategic Needs Assessment. This report and the related documents have a strong emphasis on public health and other relevant health, social care and wellbeing outcomes. A number of the outcomes indicators are also drawn from the Public Health Outcomes Framework. The report also includes a specific focus on health inequalities.

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Background Papers

Nil