## **HEALTH AND WELLBEING OUTCOMES REPORT 2020-25** Vision - Health outcomes and health equality in Devon will be amongst the best in the world, and will be achieved by Devon's communities, businesses and organisations working in partnership 84.58 Life Expectancy 80.45 Chad Nigeria South Sudan South Sudan South Sudan Gambia Uganda Zambia South Africa Gambia South Africa Gana Tanzania Kernya Myanmar Pakistan Mongolia Iran Tunisia Hungary Sri Lanka Thailand Colombia Oman Croatia Cuba Libya Serbia Nalaysia Iran Iran Iran Pakistan Mongolia Iran Croatia Cuba Libya Serbia Mongolia Iran Jamaica Georgia Palestine Jamaica Generan Croatia Cuba Ireland Demark Slovenia Germany Belgium Portugal Ireland Devon Canada Sweden Suntraia Deprivation Mid Devon North Devon South Hams Teignbridge Torridge West Dev Guide **Priority and Indicator** Devon Devon Trend Exeter Eng East Devon Period 1. Create opportunities for all 2018 21.7% Higher is better GCSE Attainment (Free School Meals) 26.2% GCSE Attainment 2018 43.2% 43.5% 41.9% 45.3% 45.2% 41.2% Higher is bette 55.7% 52 59 Good Level of Development (Free School Meals) 2018/19 54.7% 56.5% 58.1% 53.4% 59.5% 56.8% 49 0% % Higher is bette 2018/19 72.7% 71.8% 72.5% 73.3% 74.2% Good Level of Development 72.0% 73.5% 77.7% Higher is better 40.3% 46.4% 50.0% 6 with NVQ4+ (aged 16-64) 2018 39.0% 30.5% Higher is better 5.5% with no qualifications (NVQ) (aged 16-64) 2018 7.6% 6.5% 5.4% 5.1% Lower is better 13.4% 12.3% hild Poverty 2016 12.5% 14.0% 17.0% 13.4% 11.6% 10.5% 12.8% 16.0% Lower is better 4.8% 6.0% 5.7% Not in Education, Employment or Training 6.7% 5.9% 6.0% Lower is better 31,446 Gross Value Added - Per Head (Output) 2016 £ 27,108 £ Higher is better 2. Healthy, safe strong and sustainable communities uel Poverty 2018 9.4% 9.6% 1.5 1.9 0.9 1.2 0.9 0.0 2018 2.0 0.8 1.8 Rough Sleeping 10.000 15.8% 17 3% vellings with category one hazards 2014/15 10.4% 9.4% 13.89 Lower is better Private sector dwellings made free of hazards 2014/15 1.0% 1.2% 1.9% 1.5% Higher is better 68.5% 66.7% 60.8% 66.7% People who use services who feel safe 2018/19 70.0% 70.1% 78.7% 63.7% 72.2% Higher is better 26.5% 37.4% 30.7% 23.8% 38.4% 44 6% 44.0% % roportion of people with poor access to healthy assets 2017 18 1% 21.1% Higher is better 40.0 2018/19 57.1 67.3 44.0 45.0 43.0 Overall rate of crime 67.1 60.0 41.0 52.0 Rate per 1,000 Lower is better 3. Focus on mental health 2016-18 9.6 12.9 13.0 13.7 12.8 Lower is better 100,000 DASR per 128.4 nergency Hospital Admissions for Intentional Self-Harm 2018/19 193.4 187.6 216.8 158.9 176.9 Lower is better 100,000 2018/19 Self-Reported Wellbeing (low happiness score %) 7.3% 7.8% % Lower is better 2018/19 46.6% 45.9% 17.5% 16.8% 17.3% 15.3% Access to psychological therapies 2017 18.3% 16.1% 18.8% 13.3% % Higher is better 4. Maintain good health for all dults Excess Weight 2018/19 60.7% 62.3% 59.9% 61.6% 59.7% 56.8% Lower is better 73.9% 72.1% 75.2% 71.5% 77.5% roportion of Physically Active Adults 2018/19 71.8% 67.2% 75.1% 72.9% Higher is better DASR per Alcohol-Related Admission 2018/19 664.0 590.0 479.0 703.0 459.0 593.0 654.0 456.0 Lower is better Alcohol-Specific Admissions in Under 18s 2016-19 31.6 30.0 50.1 Lower is better 100 000 59.5% 62.9% 68.0% 2018/19 63.4% 54.6% 68.1% 61.4% 64.1% 61.3% 62.3% 58.6% Fruit and Vegetable Consumption (5-a-day Higher is better DASR per 157.6 Mortality Rate from Preventable Causes 2016-18 159.9 180.8 136.8 154.8 157.5 175.4 Lower is better 100,000 56.6% 56.1% 53.3% 58.5% 49.3% 57.4% 57.1% Cancer Diagnosed at Stage 1 or 2 2017 52.2% 59.9% 56.0% 54.2% Higher is better 30.0% Overall satisfaction of carers with social services 2018/19 Higher is bette 87.2% 88.4% 83 5% 83.6% 82.7% eel Supported to Manage Own Condition 2019 84.2% 81.8% 78.4% 83.8% 84.3% 80.0% Higher is better 94.6% 2017/18 82.9% Re-ablement Services (Effectiveness) 82.6% 79.5% 97.8% 81.9% Higher is better 2017/18 Re-ablement Services (Coverage) Higher is better DASR nei njuries Due to Falls 2018/19 1785.0 2113.0 2198.0 1681.0 1862.0 1831.0 1866.0 1812.0 1900.0 1733.0 1550.0 Lower is better 100,000 2019 13.9% Adult Smoking Prevalence\* 14.0% 10.6% 16.5% 20.4% 11.8% 20.6% % Lower is better 70.8% 59.7% Estimated Dementia Diagnosis Rate (65+)\* Higher is better mpared to England figure Trend Data not available Significantly worse Worsening trend Value missing due to small sample size Not significantly different Static trend Health and Wellbeing Devon Change in methodology Significantly better Improving trend National method for calculating Confidence Intervals are being revised Not enough data Nost deprived <-----> Least deprived Committed to promoting health equality

Updated indicator

| Section 1997   Sectio | Indicator                               | Description  | Detailed specification  |
|--|---|--|---|
| Service of the content of the conten | 1. Create Opportunities for All         |  |   |
| Services Ser | · ·                                     | grades 9 to 5 including English and Maths that are part  |   |
| Section of the company of the compan | GCSE Attainment                         |  |   |
| Section of the component of the componen |   | achieving a good level of development at the end of  | if they achieve at least the expected level in the early learning goals in the prime areas of learning (personal, social and emotional development; physical development; and   |
| Section 1. August 1. Augus | Good Level of Development               | The percentage of children achieving a good level of   | All children defined as having reached a good level of development at the end of the EYFS by local authority. Children are defined as having reached a good level of development if they achieve at least the expected level in the early learning goals in the prime areas of learning (personal, social and emotional development; physical development; and  |
| Section of the control of the contro | % with NVQ4+ (aged 16-64)               | Percentage of people aged 16-64 with and NVQ4+   |   |
| Medical processor of the composition of the composi |   | Percentage of people aged 16-64 with no qualifications   | The number of people with no formal qualifications divided by the total population aged 16-64.  |
| Set protection of the comment of the |   | Percentage of children (aged 0 to 15) living in  |   |
| Security of the control of the contr |   |  |   |
| Section 1997 The control of the cont | Gross Value Added - Per Head            | The value generated by any unit engaged in the   | A measure of the increase in the value of the economy due to the production of goods and services. It is measured at current basic prices, which includes the effect of inflation,  |
| A STATE AND ADMINISTRATION AND A |   |  | S \ \ \ \ \ \ \ \ \ \ \ \ \   |
| Service Servic | 2. Healthy, Jule, Jerong and Jul        |  |   |
| Section of the content of the conten | Fuel Poverty                            | poverty based on the "Low income, high cost"   | 2. Were they to spend that amount, they would be left with a residual income below the official fuel poverty line. The key elements in determining whether a household is fuel poor or not are income, fuel prices, and fuel consumption (which is dependent on the dwelling characteristics and the lifestyle of the household)  |
| Section of the control of the contro | Rough Sleeping                          |  | count is a single night snapshot of the number of rough sleepers in a local authority area. Counts are independently verified by Homeless Link. An estimate is the number of people thought to be sleeping rough in a local authority area on any one night in a chosen week. Local authorities decide annually whether to provide a count or an estimate in light of their local circumstances. Counts and estimates may underestimate the true extent of rough sleeping.  |
| Section of the control of the contro |   | serious (category one) under the housing health and safety rating system (HHSRS)   | cold, excess heat, the presence of pollutants (including Asbestos), space, security, light, noise, hygiene, sanitation, water supply, and risk of accidental injury. Risks rated as category one pose a serious risk to health and safety. The numerator is the total number of dwellings identified as having category one hazards present (f6a). The denominator  |
| Security and secur |   | having hazards rated as serious (category one) under the<br>housing health and safety rating system (HHSRS) which<br>were made free of these hazards in the previous             | cold, excess heat, the presence of pollutants (including Asbestos), space, security, light, noise, hygiene, sanitation, water supply, and risk of accidental injury. Risks rated as category one pose a serious risk to health and safety. The numerator is the total number of private sector dwellings made free of category one hazards through local authority  |
| Security in the first in the fi | · ·                                     | of all those responding who choose the answer "I feel as   |   |
| The state of the control of the cont |   | Access to Healthy Assets & Hazards Index   | comprised of four domains: access to retail services (fast food outlets, gambling outlets, pubs/bars/nightclubs, off licences, tobacconists), access to health services (GP surgeries, A&E hospitals, pharmacies, dentists and leisure centres), the physical environment (access to green spaces, and three air pollutants: NO2 level, PM10 level, SO2 level) and air  |
| Service production and experimental experimental productions and production and p | Overall rate of crime                   | The rate of crimes, crude rate per 1,000   |   |
| Section of the control of the contro | 3. Focus on Mental Health               | I  |   |
| increased selections and the company of the company | Suicide Rate                            | suicide and injury of undetermined intent per 100,000  | registered in the respective calendar years, aggregated into quinary age bands, with corresponding mid-year population totals. Age specific rates are calculated and multiplied by the standard population for each age group and aggregated to give the age adjusted count of deaths for the area, and divided by the total standard population and multiplied   |
| Securious season will be in higher presented problem will be in higher presented problem will be in higher season of the present of a problem will be in higher season of the presented of the presentation of the prese | - · · ·                                 | episodes for self-harm per 100,000 population aged 10  | harm). Population for people aged 10 to 24, aggregated into quinary age bands. Age specific rates are calculated and multiplied by the standard population for each age group and aggregated to give the age adjusted count of deaths for the area, and divided by the total standard population and multiplied by 100,000 to give the age standardised mortality rate for the area. The 2013 revision to the European Standard Population has been used.   |
| and the population and the call causes a beginned as a manufaction cause as the properties of particular to the cause of properties of the call causes of the cause of the cause of the causes of the cause of the ca |   |  | based on four questions included on the Integrated Household Survey. Responses are given on a scale of 0-10 (where 0 is "not at all happy" and 10 is "completely happy")The first full year data from these questions was published by ONS in July 2012 and are being treated as experimental statistics. In the ONS report, the percentage of people scoring   |
| Additional good beach for rail  Additional good beach for rail  And stream good addition controlled and one would not controlled and stream good addition and policy and stream good and stream good addition and policy and stream good addition good and stream good addition and policy and stream good and stream good addition and policy and stream good and | Social Contentedness                    |  |   |
| Audits Exerts Weight  Promoting of adults closellied as overweight or obtained.  Promoting of adults closellied as overweight or obtained as promoting in closellied as promoting of adults closellied as overweight or obtained as promoting as a common of the promoting of adults closellied as promoting as a common of process activities.  Promoting of adults closellied as promoting as a common of process activities.  Promoting of adults closellied as promoting as a common of process activities.  Promoting of adults closellied as promoting as a common of process activities.  Promoting of adults closellied as promoting as a common of process activities.  Promoting of adults closellied as promoting as a common of process activities.  Promoting as a common |   |  | The number of people entering IAPT services as a proportion of those estimated to have anxiety and/or depression.   |
| Adults Excess Weight  Procestage of adults charified as coveraging or a death charified as coveraging or a death charified and exception of the population of the population with a process of the population of t | 4. Maintain good health for all         |  |   |
| Proportion of implication values per works in accordance with to LCO displaced activity per works in boats of in minutes or more in the personal 28 days expressed as a percentage of the lotation imbor of respondents aged 16. This incidede physical activity as a mode of transportation towns, as well as first elitiss excluding a first state of the proposal activity.  Alcohol-Related Administration in four ages transportation and activity as a mode of transportation towns, as well as first elitiss excluded in the policy and activities as mode of transportation towns, as well as first elitiss and the proposal activities as mode of transportation towns, as well as first elitiss and the proposal activities and the proposal activities and transportation towns and transportation to the policy and the proposal activities and the proposal a | Adults Excess Weight                    | Percentage of adults classified as overweight or obese.  | obese) if their body mass index (BMI) is greater than or equal to 25kg/m2. Denominator is number of adults ages 18+ with valid height and weight recorded. Height and weight is self-reported but is adjusted by age and sex using Health Survey for England data to adjust for differences between self-reports and actual BMI. Prevalences are weighted to be   |
| Mounted with a decided activated primary diagnosis or a stochol-specific diagnosis is a where the attributable fractions = 1, meaning that the adminisions is readed as being without activates of the activated activated activated activated activated activated and the adminisions is produced activated and the activated activated activated activated and the activated activat |   | physical activity per week in accordance with UK CMO   | physical activity per week in bouts of 10 minutes or more in the previous 28 days expressed as a percentage of the total number of respondents aged 16. This includes physical  |
| According Septical Admissions and more 13th process and septions of the population of the population with addition,  |   | involving an alcohol-related primary diagnosis or an   | alcohol-specific diagnosis i.e. where the attributable fraction = 1, meaning that the admission is treated as being wholly attributable to alcohol. For other conditions, estimates of  |
| Proportion of the population who, when surveyed, performed that they had eaten the recommended 5 portions of fruit and vegetables on a usual day.  Mortality Rate from Orient that they had eaten the recommended 5 portions of fruit and vegetables on a usual day.  Mortality Rate from Orient that they had eaten the recommended 5 portions of reading the proportion of older people (5s and over) who were stall remains ferrice and the proportion of older people (5s and over) who were stall remains ferrice per 100,000.  Proportion of cancers diagnosed at stage 1 or a set of the proportion o |   |  | pooled. In addition, individuals admitted are only counted once per financial year. Denominator is ONS mid-year population estimates for 0-17 year olds. Three years are pooled.  |
| whorses of a protein or fruit after vegetables on a usual asy.  Oir ect age-standardised mortality rate from causes considered preventable per 100,000 population  Freventable Causes  Oir ect age-standardised mortality rate from causes considered preventable per 100,000 population  Cancer Diagnosed at Stage 1 or 2 proportion of cancers diagnosed at an early stage  Cancer Diagnosed at Stage 1 or 2 proportion of cancers diagnosed at an early stage  Cancer Diagnosed at Stage 2 or 2 proportion of cancers diagnosed at an early stage  Cancer Diagnosed at Stage 3 or 2 proportion of cancers diagnosed at an early stage  Cancer Diagnosed at Stage 3 or 2 proportion of cancers diagnosed at an early stage  Cancer Diagnosed at Stage 3 or 2 proportion of cancers diagnosed at an early stage  Cancer Diagnosed at Stage 3 or 2 proportion of cancers diagnosed at an early stage  Cancer Diagnosed at Stage 3 or 2 proportion of cancers diagnosed at an early stage  Cancer Diagnosed at Stage 4 or 2 proportion of cancers diagnosed at an early stage  Cancer Diagnosed at Stage 5 or 2 proportion of cancers diagnosed at an early stage  Cancer Diagnosed at Stage 5 or 2 proportion of cancers diagnosed at an early stage  Cancer Diagnosed at Stage 5 or 2 proportion of cancers diagnosed at an early stage  Cancer Diagnosed at Stage 5 or 2 proportion of cancers diagnosed at an early stage  Cancer Diagnosed at Stage 5 or 2 proportion of cancers diagnosed at an early stage  Cancer Diagnosed at Stage 5 or 2 proportion of cancers diagnosed at an early stage  Cancer Diagnosed at Stage 5 or 2 proportion of cancers diagnosed at an early stage  Cancer Diagnosed at Stage 5 or 2 proportion of cancers diagnosed at an early stage  Cancer Diagnosed at Stage 5 or 2 proportion of cancers diagnosed at an early stage  Cancer Diagnosed at Stage 5 or 2 proportion of cancers diagnosed at an early stage  Cancer Diagnosed at Stage 5 or 2 proportion of cancers diagnosed at an early stage  Cancer Diagnosed at Stage 5 or 2 proportion of cancers diagnosed at an early stage   | _                                       | reported that they had eaten the recommended 5   | Active Lives Survey who answered both of the following questions were included: 1) How many portions of fruit did you eat yesterday? Please include all fruit, including fresh, frozen, dried or tinned fruit, stewed fruit or fruit juices and smoothies. Fruit juice  |
| considered preventable per 100,000 population to the Curposan Standard for this measure.  Cancer Diagnosed at Stage 1 or 2 cancer diagnosed at Stage 1 or 2 cancer diagnosed at Stage 1 or 2 cancer diagnosed stage 1 and 2 as a proportion of all new cases of cancer diagnosed stage. I and 2 as a proportion of all new cases of cancer diagnosed stage 1 and 2 as a proportion of all new cases of cancer diagnosed stage. I and 2 as a proportion of all new cases of cancer diagnosed stage 1 and 2 as a proportion of all new cases of cancer diagnosed stage. I and 2 as a proportion of all new cases of cancer diagnosed stage 1 and 2 as a proportion of all new cases of cancer diagnosed stage. I and 2 as a proportion of all new cases of cancer diagnosed stage 1 and 2 as a proportion of all new cases of cancer diagnosed stage. I and 2 as a proportion of all new cases of cancer diagnosed stage 1 and 2 as a proportion of all new cases of cancer diagnosed stage 1 and 2 as a proportion of all new cases of cancer diagnosed stage. I and 2 as a proportion of all new cases of cancer diagnosed stage 1 and 2 as a proportion of all new cases of cancer diagnosed stage 1 and 2 as a proportion of all new cases of cancer diagnosed stage 1 and 2 as a proportion of all new cases of cancer diagnosed stage 1 and 2 as a proportion of all new cases of cancer diagnosed stage 1 and 2 as a proportion of all new cases of cancer diagnosed stage 1 and 2 as a proportion of all new cases of cancer diagnosed stage 1 and 2 as a proportion of all new cases of cancer diagnosed stage 1 and 2 as a proportion of all new cases of cancer diagnosed stage 1 and 2 as a proportion of all new cases of cancer diagnosed stage 1 and 2 as a proportion of all new cases of cancer diagnosed stage 1 and 2 as a proportion of all new cases of cancer diagnosed and part of the variation in data quality: the indication of the variation in data quality: the indication of the variation in data quality: the indication of the variation of the variation of the variation of the variation of |   |  | do not include any potatoes you ate. Beans and pulses only count as one portion no matter how much of them you eat.  Numerator is number of deaths that are considered preventable (classified by underlying cause of death recorded as ICD codes A15-A19, B17.1, B18.2, B20-B24, B90, C00-C16,   |
| This indicator is labelled as experimental statistics because of the variation in data quality: the indicator values primarily represent variation in completeness of staging information.  This indicator is labelled as experimental statistics because of the variation in data quality: the indicator values primarily represent variation in completeness of staging information.  This measure is defined by determining the percentage of all those responding who identify strong satisfaction, by choosing the answer "at mextremely satisfied" or the answer "at mextremely satisfied" from the Adult Social Care Survey.  This indicator is labelled as experimental statisfied or the answer "at mextremely satisfied" from the Adult Social Care Survey.  This indicator is labelled as experimental statisfied or the answer "at mextremely satisfied" or the answer "at mextremely satisfied" or the an | Preventable Causes                      | considered preventable per 100,000 population  | K74.5), K86.0, U50.9, V01-Y34, Y60-Y69, Y83-Y84) registered in the respective calendar years, aggregated into quinary age bands (0-4, 5-9,, 80-84, 85+). The 2013 revision to the European Standard Population has been used for this measure.  New cases of cancer diagnosed at stage 1 and 2 as a proportion of all new cases of cancer diagnosed (specific cancer sites, morphologies and behaviour: invasive malignancies of  |
| Overall satisfaction of carers with social services or people using adult social care, which is directly linked to a positive experience of care and support. Analysis of user survey, suggests that reported satisfaction with services is a good predictor of the overall experience of services and quality.  This measures the satisfaction with services of carers of people using adult social care, which is directly linked to a positive experience of care and support. Analysis of user surveys suggests that reported satisfaction with services is a good predictor of the overall experience of services and quality.  This measures the satisfaction with services is a good predictor of the overall experience of services and quality.  This measures the satisfaction with services is a good predictor of the overall experience of services and quality.  This measures the satisfaction with services is a good predictor of the overall experience of services and quality.  This measures the satisfaction with services is a good predictor of the overall experience of services and quality.  This measures the satisfaction with services is a good predictor of the overall experience of services and quality.  This measures the satisfaction with services is a good predictor of the overall experience of services and quality.  This measures the satisfaction with services is a good predictor of the overall experience of services and quality.  This measures the satisfaction with services is a good predictor of the overall experience of services and quality.  This measures the satisfaction with services is a good predictor of the overall experience of services and quality.  This measures the satisfaction with services is a good predictor of the overall experience of services and quality.  This measures the satisfaction with services is a good predictor of the overall experience of services and quality.  This measures the satisfaction with services is a good predictor of the overall experience of services and quality.  The services of the sample of | 2                                       |  | This indicator is labelled as experimental statistics because of the variation in data quality: the indicator values primarily represent variation in completeness of staging   |
| Extent Supported to Manage Own Weighted percentage of people feeling supported to manage their condition.  Reablement Services (Effectiveness)  Reablement Services (Coverage)  Reable (Coverage)  Reable (Coverage)  Reable (Coverage)  Readle (Services (Coverage) (Covera |   | of all those responding who identify strong satisfaction,<br>by choosing the answer "I am extremely satisfied" or the<br>answer "I am very satisfied" from the Adult Social Care |   |
| Re-ablement Services (Effectiveness)  Re-ablement Services (Effectiveness)  Re-ablement Services (Coverage)  Re-ablement Services (Coverage)  Proportion of older people (65 and over) offered reablement services following discharge from hospital.  The number of older people (65 and over) offered reablement services following discharge from hospital shased on Hospital Episode Statitstics (HES)  Emergency hospital admissions for falls injuries in persons aged 65 and over, directly age-sex standardised rate per 100,000.  Adult Smoking Prevalence  Estimated Dementia Diagnosis Rate (65+)  Alternatives at home 91 days after discharge from hospital into care housing or an adult placement scheme setting, 91 days after the date of their own home (including a place in extra care housing or an adult placement scheme setting, 91 days after the date of their discharge from hospital.  The number of older people (65 and over) offered reablement services as a proportion of the total number of older people discharged from hospital based on Hospital Episode (excluding regular and day attenders) in financial year in which episode ended, by local authority and region of residence from the HES data. Population based on Local Authority estimates of resident population produced by ONS. Analysis uses the quinary age bands 65-69, 70-74, 75-79, 80-84 and 85+, by sex. Calculated using the 2013 European Standard Population.  The number of persons aged 18 who are self-reported smokers in the Annual Population Survey. The number of respondents has been weighted in order to improve representativeness of the sample. The weights take into account survey design and non-response.  Number of persons recorded on a GP Dementia Disease Register as a % of those in the area estimated to have dementia pulsage age and sex based estimates).  Number of persons recorded on a GP Dementia Disease Register as a % of those in the area estimated to have dementia lusing age and sex based estimates).  Numerator is the number of people on a GP parctice dementia dis | * |  | extent' answers to GPPS Question 32: In the last 6 months, have you had enough support from local services or organisations to help you manage your long-term condition(s)? Please think about all services and organisations, not just health services • Yes, definitely • Yes, to some extent • No • I have not needed such support • Don't know/can't say.   |
| Re-ablement Services (Coverage)  Proportion of older people (65 and over) offered reablement services following discharge from hospital.  The number of older people (65 and over) offered reablement services as a proportion of the total number of older people discharged from hospitals based on Hospital Episode Statistics (HES)  Emergency hospital admissions for falls injuries in persons aged 65 and over, directly age-sex standardised rate per 100,000.  Emergency hospital admissions for falls injuries in persons aged 65 and over, directly age-sex standardised rate per 100,000.  Emergency hospital admissions for falls injuries in persons aged 65 and over, directly age-sex standardised rate per 100,000.  Emergency hospital admissions for falls injuries in persons aged 65 and over, directly age-sex standardised rate per 100,000.  Emergency hospital admissions for falls injuries in persons aged 65 and over, Counted by first finished consultant episode (excluding regular and day attenders) in financial year in which episode ended, by local authority and region of residence from the HES data. Population based on Local Authority estimates of resident population produced by ONS. Analysis uses the quinary age bands 65-69, 70-74, 75-79, 80-84 and 85+, by sex. Calculated using the 2013 European Standard Population.  The number of respondents has been weighted in order to improve representativeness of the sample. The weights take into account survey design and non-response.  Estimated Dementia Diagnosis Register as a % of those in the area estimated to have dementia apply local GP practice dementia disease register at the end of the given period and reported through the Quality and Outcomes Framework. Numbers predicted to have dementia apply local GP practice population in quinary age bands to age and sex specific dementia prevalence rates from the 2007 Dementia UK prevalence study. Rate divides the number on the QOF register by the predicted number with dementia to give the percentage diagnosed. GP practice numerators and   |   | at home 91 days after discharge from hospital into   | with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting), who are at home or in extra  |
| Emergency hospital admissions for falls injuries in persons aged 65 and over, directly age-sex standardised rate per 100,000.  Adult Smoking Prevalence  Percentage of adults aged 18 and over who smoke  Estimated Dementia Disagnosis Rate (65+)  Emergency hospital admissions for falls injuries in persons aged 65 and over, directly age-sex standardised rate per 100,000.  Emergency hospital admissions for falls injuries in persons aged 65 and over, directly age-sex standardised rate per 100,000.  Emergency hospital admissions for falls injuries in persons aged 65 and over, directly age-sex standardised rate per 100,000.  Emergency hospital admissions for falls injuries in persons aged 65 and over, directly age-sex standardised rate per 100,000.  Emergency hospital admissions for falls injuries classified by primary diagnosis code (ICD10 code S00-798) and external cause (ICD10 code W00-W19) and an emergency admission code. Age admission 65 and over. Counted by first finished consultant episode (excluding regular and day attenders) in financial year in which episode ended, by local authority and region of residence from the HES data. Population based on Local Authority estimates of resident population produced by ONS. Analysis uses the quinary age bands 65-69, 70-74, 75-79, 80-84 and 85+, by sex. Calculated using the 2013 European Standard Population.  The number of persons aged 18+ who are self-reported smokers in the Annual Population Survey. The number of respondents has been weighted in order to improve representativeness of the sample. The weights take into account survey design and non-response.  Number of persons recorded on a GP Dementia Disease Register as a % of those in the area estimated to have dementia apply local GP practice dementia disease register at the end of the given period and reported through the Quality and Outcomes Framework. Numbers predicted to have dementia apply local GP practice population in quinary age bands to age and sex specific dementia prevalence rates from the 2007 Dementia UK p |   | Proportion of older people (65 and over) offered   | The number of older people (65 and over) offered reablement services as a proportion of the total number of older people discharged from hospitals based on Hospital Episode  |
| Adult Smoking Prevalence  Percentage of adults aged 18 and over who smoke  representativeness of the sample. The weights take into account survey design and non-response. Denominator is Total number of respondents (with valid recorded smoking status) aged 18+ in the Annual Population Survey. The number of respondents has been weighted in order to improve representativeness of the sample. The weights take into account survey design and non-response.  Number of persons recorded on a GP Dementia Disease Register as a % of those in the area estimated to have dementia (using age and sex based estimates)  Rate (65+)  Rate (65+)  representativeness of the sample. The weights take into account survey design and non-response.  Number of persons recorded on a GP Dementia Disease Register as a % of those in the area estimated to have dementia apply local GP practice population in quinary age bands to age and sex specific dementia prevalence rates from the 2007 Dementia UK prevalence study. Rate divides the number on the QOF register by the predicted number with dementia to give the percentage diagnosed. GP practice numerators and   |   | Emergency hospital admissions for falls injuries in persons aged 65 and over, directly age-sex standardised  | Emergency admissions for falls injuries classified by primary diagnosis code (ICD10 code S00-T98) and external cause (ICD10 code W00-W19) and an emergency admission code. Age at admission 65 and over. Counted by first finished consultant episode (excluding regular and day attenders) in financial year in which episode ended, by local authority and region of residence from the HES data. Population based on Local Authority estimates of resident population produced by ONS. Analysis uses the quinary age bands 65-69, 70-74, 75-79, 80-84 and 85+, by sex. Calculated using the 2013 European Standard Population. |
| Estimated Dementia Diagnosis Register as a % of those in the area estimated to have dementia (Using age and sex specific d | Adult Smoking Prevalence                | Percentage of adults aged 18 and over who smoke  | representativeness of the sample. The weights take into account survey design and non-response. Denominator is Total number of respondents (with valid recorded smoking status) aged 18+ in the Annual Population Survey. The number of respondents has been weighted in order to improve representativeness of the sample. The weights take into account survey design and non-response.   |
|  | •                                       | Register as a % of those in the area estimated to have   | Numbers predicted to have dementia apply local GP practice population in quinary age bands to age and sex specific dementia prevalence rates from the 2007 Dementia UK prevalence study. Rate divides the number on the QOF register by the predicted number with dementia to give the percentage diagnosed. GP practice numerators and   |