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 Somalia Outh Sudan Zimbabwe Gambia Uganda Zambia Zambia Jamaica Ghana Afghanistan Tanzania Renya Myanmar Pakistan Mongolia Iran Tunisia Hungary Sri Lanka Thalland Colombia Oman Croatia Cuba Lebanon Barbados Palestine Jamaica Georgia Palestine Conan Coatar Ilfracombia Denon Barbados Portugal Luxembourg Ireland Devon Canada Sweden South Korea 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% Good Level of Development (Free School Meals) 2018/19 54.7% 56.5% 58 1% 53.4% 59.5% 56.8% 49 0% 52 59 % Higher is bette 2018/19 72.7% 71.8% 72.5% 73.3% 74.2% Good Level of Development 73.5% 77.7% Higher is better 34.3% 33.9% 48.4% % with NVQ4+ (aged 16-64)* 2019 40.0% 43.1% Higher is better 4.3% 4.6% 6 with no qualifications (NVQ) (aged 16-64)* 2019 4.2% 7.5% 4.0% 3.0% 3.9% 4.7% 7 1% Lower is better 2018/19 14.1% Child Poverty ^3 12.2% 11.2% 15.3% 10.8% 9.8% 11.8% 14.4% 12.1% 11.4% Lower is better 4.8% 6.0% 5.7% Not in Education, Employment or Training 6.7% 6.0% Lower is better 41,17 Gross Value Added - Per Head (Output)* 2018 £ 29,356 £ Higher is better 2. Healthy, safe strong and sustainable communities uel Poverty 2018 9.4% 9.6% 1.5 0.9 1.2 0.9 0.0 2018 1.9 2.0 0.8 1.8 Rough Sleeping 10.000 17 3% vellings with category one hazards 2014/15 10.4% 9.4% 15.8% 13.89 Lower is better Private sector dwellings made free of hazards 2014/15 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 21.1% Higher is better 40.0 2018/19 57.1 67.3 44.0 45.0 52.0 43.0 Overall rate of crime 67.1 60.0 41.0 Rate per 1,000 Lower is better 3. Focus on mental health 2017-19 10.1 11.3 7.5 13.9 Lower is better 100,000 DASR per 158.9 128.4 nergency Hospital Admissions for Intentional Self-Harm 2018/19 193.4 187.6 216.8 176.9 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 2018/19 dults Excess Weight 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 74.8% 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% 68.0% 2018/19 63.4% 54.6% 68.1% 61.4% 64.1% 61.3% 62.9% 62.3% 58.6% Fruit and Vegetable Consumption (5-a-day Higher is better DASR per 121.2 Mortality Rate from Preventable Causes ^* 2017-19 119.3 142.2 107.5 114.3 116.5 123.7 Lower is better 100,000 56.1% 53.3% 58.5% 49.3% 57.4% 57.1% 56.6% 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 88.4% 87.2% 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 2017/18 82.9% 94.6% 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

Indicator I 1. Create Opportunities for All	Description	Detailed specification
GCSE Attainment (Free School	Percentage of pupils achieving five or more GCSEs at grades 9 to 5 including English and Maths that are part of the Free School Meal 6 status.	Number of pupils at end of Key Stage 4 in schools maintained by the local education authority (includes special schools and pupil referral units) achieving five or more GCSEs at grades A* to C or equivalent, including English and maths GCSE as a percentage of all pupils at end of Key Stage 4.
GCSE Attainment	Percentage of overall pupils achieving five or more GCSEs at grades 9 to 5 including English and Maths.	Number of pupils at end of Key Stage 4 in schools maintained by the local education authority (includes special schools and pupil referral units) achieving five or more GCSEs at grades A* to C or equivalent, including English and maths GCSE as a percentage of all pupils at end of Key Stage 4.
Good Level of Development (Free School Meals)	The percentage of children with free school meal status achieving a good level of development at the end of reception	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 communication and language) and the early learning goals in the specific areas of mathematics and literacy.
Good Level of Development	The percentage of children achieving a good level of development at the end of reception	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
% WITH NVO4+ (aged 16-64)	Percentage of people aged 16-64 with and NVQ4+ qualification	communication and language) and the early learning goals in the specific areas of mathematics and literacy. The number of people with NVQ 4 equivalent and above, e.g. HND, Degree and Higher Degree level qualifications or equivalent divided by the total population age 16-64.
(aged 16-64)		The number of people with no formal qualifications divided by the total population aged 16-64.
Child Poverty	Percentage of children (<16) in a local area, living in absolute low income families.	Percentages have been derived by dividing the number of children aged 0 to 15 in absolute low income families by the number of all children aged 0-15 (sourced from ONS mid-year population estimates) and multiplying by 100.
or Training (16-19 year olds not in education, employment or training (NEET) or whose activity is not known	The estimated number of 16-19 year olds not in education, employment or training or whose activity is not known. The England and South West figure represents the estimated proportion of 16-17 year olds not in education, employment or training or whose activity is not known.
	The value generated by any unit engaged in the production of goods and services.	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, excluding taxes (less subsidies) on products. GVA plus taxes (less subsidies) on products is equivalent to gross domestic product (GDP).
2. Healthy, Safe, Strong and Susta	ainable Communities	Under the "Low Income, High Cost" measure, households are considered to be fuel poor where:
Fuel Poverty	The percentage of households that experience fuel poverty based on the "Low income, high cost" methodology	1. They have required fuel costs that are above average (the national median level) 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)
Rough Sleeping	The number of rough sleepers counted or estimated by the local authority as a rate per 1,000 households	These annual rough sleeping counts and estimates are carried out in October or November. Each local authority district either conducts a street count or provides an estimate. A 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.
hazards (Percentage of total dwellings with hazards rated as serious (category one) under the housing health and safety rating system (HHSRS)	The housing health and safety rating system (HHSRS) is a risk-based evaluation tool introduced under the Housing Act 2004, which identifies 29 hazards including damp, excess 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 from Live Table 100 (dwelling stocks by local authority).
Private sector dwellings made free of hazards f	free of these hazards in the previous financial year	
reople who use services who	The measure is defined by determining the percentage of all those responding who choose the answer "I feel as safe as I want" from the Adult Social Care Survey.	This measures one component of the overarching 'social care-related quality of life' measure. It provides an overarching measure for this domain. Percentage of the population who live in LSOAs which score in the poorest performing 20% on the Access to Healthy Assets & Hazards (AHAH) index. The AHAH index is comprised of
access to healthy assets	Access to Healthy Assets & Hazards Index	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 pollution (NO2 level, PM10 level, SO2 level). Numerator is the number of crime incidents recorded by the police. Denominator is the rounded mid-year population of the area. Rate is numerator divided by denominator
Overall rate of crime	The rate of crimes, crude rate per 1,000	Numerator is the number of crime incidents recorded by the police. Denominator is the rounded mid-year population of the area. Rate is numerator divided by denominator multiplied by 1,000.
	Direct age-standardised mortality rate (DASR) from suicide and injury of undetermined intent per 100,000 population	Number of deaths from suicide and injury of undetermined intent (classified by underlying cause of death recorded as ICD10 codes X60-X84 (all ages), Y10-Y34 (ages 15+ only) 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 by 100,000 to give the age standardised mortality rate for the area. New 2013 European Standard population used.
for Intentional Self-Harm	Direct Age Standardised Rate of finished admission episodes for self-harm per 100,000 population aged 10 to 24 years	Numerator is number of finished admission episodes in children aged between 10 and 24 years where the main recorded cause is between 'X60' and 'X84' (Intentional self-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.
	Self-reported well-being - percentage of people with a low happiness score	The percentage of respondents who answered 0-4 to the question "Overall, how happy did you feel yesterday?"ONS are currently measuring individual/subjective well-being 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 0-6 and 7-10 have been calculated for this indicator.
	Proportion of people who use services who reported that they had as much social contact as they would like.	The percentage of users responding "I have as much contact as I want with people I like" and carers choosing "I have as much contact as I want" to questions based on their social situation in the Adult Social Care Survey and Carers Survey. Currently just measuring social care users. Measures for users and carers will be presented separately
	Access to IAPT services: people entering IAPT (in month) as % of those estimated to have anxiety/depression	The number of people entering IAPT services as a proportion of those estimated to have anxiety and/or depression.
4. Maintain good health for all		
Adults Excess Weight	Percentage of adults classified as overweight or obese.	Number of adults with a BMI classified as overweight (including obese), calculated from the adjusted height and weight variables. Adults are defined as overweight (including 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 representative of the whole population at each level of geography and have been age-standardised.
Adults	Percentage of adults achieving at least 150 minutes of physical activity per week in accordance with UK CMO recommended guidelines on physical activity.	The number of respondents aged 19 and over, with valid responses to questions on physical activity, doing at least 150 "equivalent" minutes of at least moderate intensity 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 activity as a mode of transportation to work, as well as direct leisure activities.
(Narrow)	Direct age-standarised rate of hospital admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause per 100,000 population.	Admissions to hospital involving an alcohol-related primary diagnosis or an alcohol-related external cause. Admissions of children under 16 were only included if they had 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 the alcohol-attributable fraction were not available for children.
-	Hospital admissions for alcohol-specific causes in persons aged under 18 per 100,000 population	Persons aged less than 18 years admitted to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific condition for three financial years 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. Rate is a crude rate per 100,000 population. See LAPE user guide for further details - http://www.lape.org.uk/downloads/Lape_guidance_and_methods.pdf
Fruit and Vegetable Consumption (5-a-day)	Proportion of the population who, when surveyed, reported that they had eaten the recommended 5 portions of fruit and vegetables on a usual day.	Proportion of the population who, when surveyed, reported that they had eaten the recommended 5 portions of fruit and vegetables on the previous day. Respondents to the 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 only counts as one portion no matter how much you drink. 2) How many portions of vegetables did you eat yesterday? Please include fresh, frozen, raw or tinned vegetables, but do not include any potatoes you ate. Beans and pulses only count as one portion no matter how much of them you eat.
Mortality Rate from Preventable	Age-standardised mortality rate from causes considered preventable in persons aged less than 75 years per 100,000 population	Number of deaths that are considered preventable (classified by underlying cause of death recorded as ICD codes A00-A09, A35, A36, A80, A37, A39, A40.3, A41.3, A49.2, A50-A60, A63, A64, B01, B05, B06, B15-B19, B20-B24, B50-B54, G00.0, G00.1, A15-A19 (at 50% of total count), B90 (at 50% of total count), I55 (at 50% of total count), C00-C16, C22, C33-C34, C45, C43, C67, C53 (at 50% of total count), D50-D53, E10-E14 (at 50% of total count), I71, (at 50% of total count), I10-I13 (at 50% of total count), I15 (at 50% of total count), I20-I25 (at 50% of total count), I60-I69 (at 50% of total count), I70 (at 50% of total count), I73.9 (at 50% of total count), J09-J11, J13-J14, J40-J44, J60-J64, J66-J70, J82, J92, A33, A34, Q00, Q01, Q05, V01-V99, W00-X39, X46-X59, X66-X84, Y16-Y34, X86-Y09, U50.9, E24.4, F10, G31.2, G62.1, G72.1, I42.6, K29.2, K70, K85.2, K86.0, Q86.0, R78.0, X45, X65, Y15, K73, K74.0-K74.2, K74.6-K74.9, F11-F16, F18, F19, X40-X44, X85, Y10-Y14, X60-X64. Registered in the respective calendar years, in people aged under 75, aggregated into quinary age bands (0-4, 5-9,, 70-74).
2	Proportion of cancers diagnosed at an early stage	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 breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkin lymphomas, and invasive melanomas of skin). 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.
Overall satisfaction of carers with social services	The measure is defined by determining the percentage of all those responding who identify strong satisfaction, by choosing the answer "I am extremely satisfied" or the answer "I am very satisfied" from the Adult Social Care Survey.	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.
Feel Supported to Manage Own Condition	Weighted percentage of people feeling supported to manage their condition.	Numerator: For people who answer yes to the Question 30 "Do you have a longstanding health condition", the numerator is the total number of 'Yes, definitely' or 'Yes, to some 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. Responses weighted according to the following 0-100 scale: "No" = 0 "Yes, to some extent" = 50 "Yes, definitely" = 100.
Re-ablement Services (Effectiveness)	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.	The proportion of older people aged 65 and over discharged from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, 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 care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital.
Re-ablement Services	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 Statitstics (HES)
Injuries Due to Falls	Emergency hospital admissions for falls injuries in persons aged 65 and over, directly age-sex standardised rate per 100,000.	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.
Adult Smoking Prevalence	Percentage of adults aged 18 and over who smoke	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. 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.
Rate (65+)	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)	Numerator is the number of people on a 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 denominators are aggregated to areas based on location of practice.