# Public Health Grant to the District Councils Evaluation Report (2013 - 2016)

## 1. Introduction

1.1 Following the introduction of the Health and Social Care Act, the core Public Health functions passed to local authorities (LA) in 2013. In Devon the responsibility passed to the upper tier authority, Devon County Council. The area has eight lower tier local authorities and two clinical commissioning groups. The area is predominantly rural with the urban centre of Exeter and 28 market towns, many rural parishes and a governance structure that still includes town and parish councils.

1.2 A number of responsibilities passed to the County Council including the overarching responsibility to improve the health of the local population and address health inequalities. A ring fenced Public Health grant was allocated to fulfil the commissioning responsibilities allocated to the local authority. In recognition of the size and complexity of Devon, and in recognition of the role of the lower tier local authority in health improvement, a Public Health grant was awarded. The grant was for £20,000 per local authority per year for two years. The purpose of the grant was to foster a new way of working.

1.3 Health is primarily determined by factors other than healthcare. District councils are in a good position to influence many of these factors through their key functions and their wider role in supporting communities and influencing wider bodies. Among their core functions, housing, leisure and green spaces, and planning and environmental health are important areas that affect public health. The Kings Fund publication entitled 'the district council contribution to public health: a time of challenge and opportunity' (2015) was commissioned by the District Councils' Network and sets out 10 recommendations for future action. [1]

**Figure 1: The District Council Offer to Public Health**


Source: District Council Network 2013

[1] Kings Fund (2015) Accessed May 2015 http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/district-council-contribution-to-public-health-nov15.pdf

1.4 The 'District Public Health Offer' started in April 2013 and ran for two years. For 2015/16 the arrangement was reviewed for a number of reasons and in part due to budgetary pressures. A decision was made to allocate an £80,000 grant to develop collaborative areas of work across the area. An allocation was also made to the National Parks in recognition of the Place-based work that is undertaken.

1.5 Public Health recognised that arrangement needed to be reviewed as a variable pattern of spend was emerging so as part of the internal audit programme an internal audit considered the first 18 months of the grant allocation and reported in August 2014. The report felt that improvements were required regarding assurance of the Public Health grant allocation and use, particularly regarding allocation of the resource. The findings were accepted but as the grant had been allocated in a way to allow creativity and to develop a new way of working many local authorities were cautious about allocating the resource and wanted to ensure best value from the investment. For this reason the resource allocation has been rolled over financial years. The audit undertook benchmarking with similar local authorities and identified a range of approaches which differed significantly as grants were allocated for direct delivery of services. The approach has differed in Devon as such services have been tendered and, in some cases, the local authorities have been the providers (eg weight management services).

1.6 In 2015/16 a series of meetings was convened with leads from each LA with the Public Health Specialists and Consultant in Public Health. A collaborative approach was developed, based on local priorities, to develop evidence-based or developmental areas of work for the 2015/16 grant allocation. The four areas chosen were air quality, fuel poverty, public mental health and physical activity for new mums.

## 2. Approach

2.1 The approach was designed on the basis that each area is different in terms of its need and governance arrangements. The Public Health team was allocated a lead LA or LAs to support implementation of the local Public Health Plans and approach to develop a seamless approach to public health in the two-tier system.

2.2 As part of the District Offer, a Public Health Plan has been developed for each LA to inform and support strategic direction; this now forms part of the Joint Strategic Needs Assessment (JSNA) and provides a local area representation of health need. The Public Health Plans are published on the Devon Health and Wellbeing Pages: http://www.devonhealthandwellbeing.org.uk/jsna/himp/

2.3 Each area has developed its own way of working to drive the health improvement agenda and Public Health has supported the approach with Consultant, Specialist, Advanced Public Health Practitioner and Intelligence support.

**Exeter**

2.4 Exeter City Council adopted a formal approach to governance and has set up a Health and Wellbeing Board which has driven the Public Health Plan locally. The Board has developed a few high level priorities to take forward. The number one priority is increasing physical activity of 30 - 50 year old citizens. Exeter reported that the District Public Health grant has acted as a key catalyst in focussing attention and interest from Members and partners, and has been of sufficient magnitude to support a strong bid to significantly multiply that funding

and facilitate a comprehensive health improvement intervention through the Get Active Exeter programme.

**East Devon**

2.5 East Devon Council has a Health & Wellbeing Officers' Group and had developed and adopted a Council-wide Public Health Plan for which they produce an annual review. The Public Health grant has been used to match fund a Public Health Officer post to support implementation of the plan and build capacity in the organisation. The postholder has worked within and across organisational boundaries.

**Mid Devon**

2.6 Mid Devon has an Officer Group, has agreed a range of public health priorities and match funded a Public Health Support Officer to embed public health avcross the LA.

**Teignbridge**

2.7 Teignbridge has a well established Health Exchange supported by a wide range of partners, officers and lead member. The Exchange has an agreed action plan and has been successfully targeting resources based on the plan. The Council has adopted a new Corporate Strategy and 'Health at the Heart' is a strategic theme for which the remaining Public Health grant has been allocated.

**South Hams and West Devon**

2.8 South Hams and West Devon have been through a significant period of change and have supported the Public Health grant through a Lead Officer and Member approach. The grant has been used for a number of interventions including Health Impact Assessments of the Local Plan.

**North Devon**

2.9 North Devon has allocated its Public Health grant to its strategic priority of housing and has used funding to gather insight and intelligence to develop a Health Needs Assessment and fund additional data to allow prioritiation and targeting of resources. There is a North Devon Health Forum which drives the Public Health Plan in the area.

**Torridge**

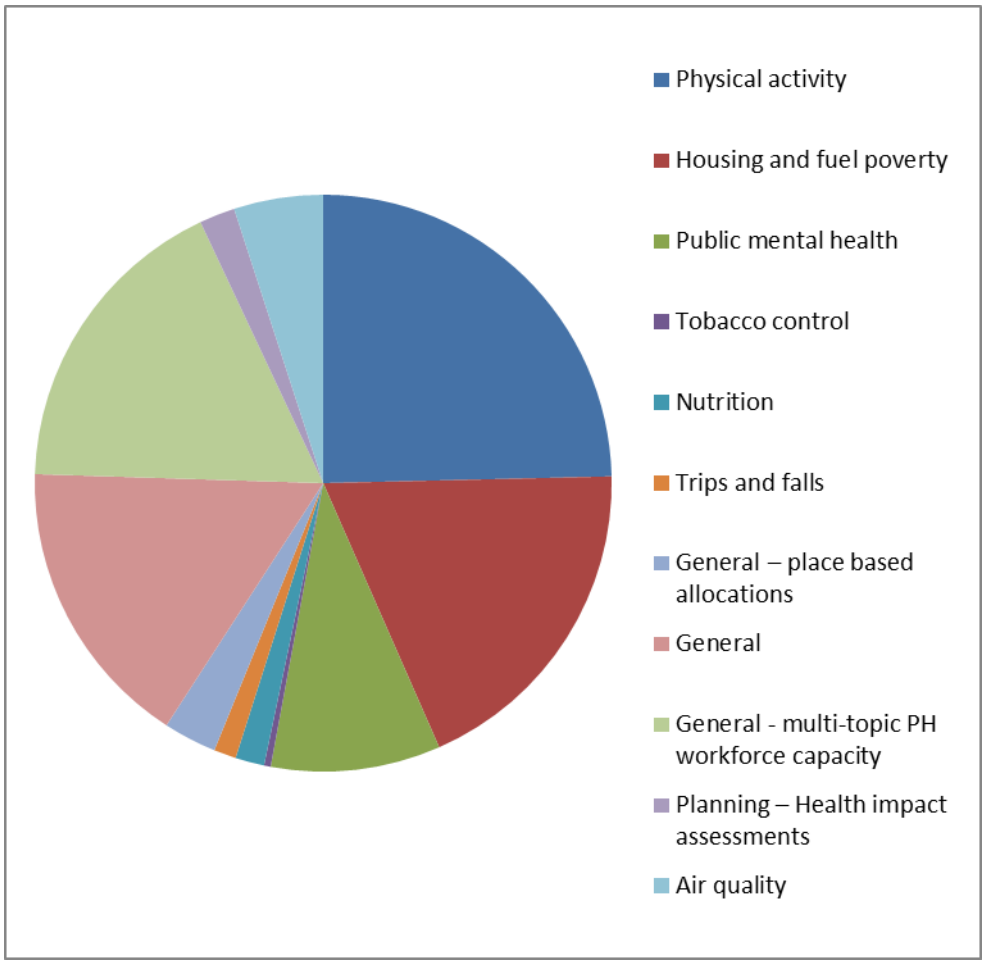
2.10 Torridge has had a number of staff changes over the past few years and have been leading a number of initiaitves including 'Stop the Strength' a voluntary scheme to reduce sales of high strength alcohol. The Public Health Grant has funded a number of small local initiatives. Currently, the LA does not have a governance structure for health and wellbeing.

## 3. Intervention Type

3.1 The local authorities have submitted monitoring forms for the first two years of the grant allocation. There has been a wide variation in both approach and intervention. Some areas have chosen large-scale interventions whilst others have chosen to spread the reach across a range of interventions. Figure 2 below outlines the proportionate spend by commissioning area. Physical activity and housing are the focus areas, which is to be expected as these are core functions and areas of expertise of the local authority. Mid Devon and

East Devon have match funded posts. The unallocated funding is earmarked for current programmes and will be spent this financial year.

**Figure 2: Commissioning Area and Proportion of Spend of the Public Health Grant 2013-2016**




3.2 Appendix 1 outlines the spend areas and amount and Appendix 2 details the specific interventions in each LA area. There has been considerable shared learning in the development of the proposals. Alcohol and substance misuse are notably absent and, during development discussions, it was felt this area is covered through Community Safety Partnerships in the main.

3.3 Appendix 2 demonstrates all spend areas by local authority. The evaluation will be updated when all programmes are complete and reports are received. Appendix 3 provides an overview of the Public Health Outcomes Framework and the Devon area compares well for many indicators. Some of the public mental health and fuel poverty indicators are worse than comparable areas so the allocation of resources reflects local need to an extent, and each area has agreed spend with the Public Health team to ensure it reflects the priorities developed in the local Public Health Plan.

**Health Inequalities**

3.4 The development of interventions and spend should have been directed to address health inequalities: in some cases there are geographical allocations, such as Teignmouth West and Buckland in Teignbridge, and in others topic-based, such as housing for individuals with complex needs in North Devon.

## 4. Evaluation of Effectiveness

4.1 The interventions are very broad ranging and some are very small scale. They are designed to promote health and wellbeing in the local areas and add capacity, intelligence and resources to current programmes. By their nature they are not based on evidence of effectiveness although many of the principles, such as increasing physical activity and reducing fuel poverty, are based on evidence but the specific intervention may not have been tested. As described in the District Council Network publication, LAs can provide excellent case studies but very few interventions are developed with a robust evaluation. The larger scale interventions, such as Get Active Exeter and Active Mums, have an evaluation element. The Public Mental Health Toolkit has been evaluated and a report provided. The interventions are low cost and evaluation should be proportionate to the scale of spend.

4.2 A few case studies have been included to describe the breadth of interventions.

**Active Mums**

4.3 Following a successful Teignbridge District Council initiative, Active Devon has been working over the winter/spring months to embed the project into local areas, partner with willing bike shops, organise and purchase equipment, link with local networks (ie children's centres) and organising ride leader training for local leaders. In summary, the Public Health district funding and Local Sustainable Transport Funding has enabled the training of 12 cycle leaders across the county, with five districts just about to start their programme of led rides, and one district having delivered led rides for the last 12 months (the original pilot site in Newton Abbot). Seventy-two mums have attended taster sessions, which were delivered in three districts to help launch the programme. The programme will be subject to an evaluation.

**Get Active Exeter**

4.4 Get Active Exeter used part of the first year's funding to commission a citizen survey about attitudes, motivation and barriers to taking up regular physical activity as part of everyday life. This survey complemented a Public Health behaviour change scoping review to understand motivators and barriers to accessing green spaces. The results of the survey provided useful insight to inform and shape the development of interventions/projects and was an important element supporting a bid for funding from Sport England's Community Sport Activation Fund in 2014/15. £500 was used as start-up funding for Parkrun launched in August 2014. The remaining funding was put towards a bid for Sport England's Community Sport Activation Fund. The £34,500 element of match funding was crucial to securing an additional £130,640 from Sport England, alongside other partners, growing the funding overall to £196,098. This substantial funding will realise over 90 physical activity projects over three years (2016 - 2018) within workplace and community settings, with the aim of lifting over 2,000 citizens out of inactivity into sustained physical activity and contributing to the Board's aim of Exeter being the most physically active city in the South West by 2018.

**Public Mental Health Toolkit**

4.5 The collaborative mental health toolkit intervention was developed from early work at South Hams and West Devon who part funded the programme from their 2013/14 grant. The project ran from August 2015 – March 2016 and an evaluation report has been produced. The toolkit was developed following concerns from frontline professionals that there was a lack of accessible support and increasingly complexity of individuals they were working with in the community. The Community Safety Partnerships contributed towards the project and over 100 individuals received mental health awareness training. A workbook has been produced and the toolkit provides an ongoing resource: https://www.exetercvs.org.uk/wellbeing/toolkit

**East Devon Public Health Project Officer**

4.6 The Public Health grant match funded a post to develop and embed the local Public Health Plan for a wide range of council services. The approach allowed leverage of current resources to provide better public health value, target the right people, align approaches and resources and support a shift to priority areas. The post-holder was able to support the Healthy New Towns (HNT) Initiative; Cranbrook has been awarded HNT status and is able to leverage a further £150,000 to support the initiative. Mid Devon has also adopted the project support officer approach and has also match funded a post for two years.

**North Devon Housing Project and Central Heating Fund Grant**

4.7 North Devon utilised its Public Health grant to obtain support, data and intelligence to help shape its housing needs assessment and priorities for action. The Home Analytics Database has been used to support fuel poverty work across the county. Utilising in-kind support from the Public Health grant, an application was made and was successful in securing first time central heating funding to improve 400 fuel poor homes across the county for individuals most in need. Training for health professionals and understanding of house condition has allowed the resource to target health inequalities. The programme is still delivering. The data is being linked with health data to support targeting of housing and health related programmes.

## 5. Return on Investment and Added Value

5.1 A number of return on investment tools have been developed by the Kings Fund, Public Health England and others, that provide a high level indication of potential impact. None of the interventions have had a return on investment or social return on investment model applied. As an example, the Kings Fund report on public health interventions provides examples of significant return on investment from housing and physical activity interventions. [2]

5.2 There has been significant match funding generated through use of the grant, from Districts and from external sources such as Sport England, Local Sustainable Transport Funding, Community Safety Partnerships and National Healthy Towns money which totals almost £400,000. The Central Heating Fund was over £1,000,000. This provides added value to the resource allocation and allows bids for funding to be viewed favourably.

[2] Kings Fund (2014) http://www.kingsfund.org.uk/sites/files/kf/media/making-case-public-health-interventions-sep-2014.pdf

## 6. Lessons Learned

6.1 The approach was ambitious and committed significant Public Health team resource and the grant to develop new working arrangements. There was also significant resource and support from each LA which embraced the challenge to meet local need. There are a number of lessons that should be considered in future development of ways of working:

- evaluation of low cost interventions is challenging and resource intensive
- evaluation is more feasible in larger scale programmes
- case studies are easy to find but formal evaluations are rare
- organisations operate differently and have differing resources and capacity
- local authorities in Devon are very engaged in the health and wellbeing agenda and there are strong working relationships at a local level
- one size does not fit all for Devon LAs
- allocation of small amounts of resource and funding can be difficult to manage and the governance needed can outweigh the spend or outcomes
- a consistent approach to insight and intelligence is useful to allow planning
- Public Health outcome reports provide a useful way of tracking health improvement over time
- small amounts of funding, when pooled, allow additional funds to be leveraged
- the collaborative approach to developing interventions has allowed programmes to increase at scale with co-ordinated support through steering groups
- the grant funding has built a wider public health workforce working towards the same goals
- LAs going through orgnanisational change or without governance arrangements struggled most to spend the Public Health grant

## 7. Next Steps

7.1 The Comprehensive Spending Review (CSR) 2015 announced a five year annual reduction to the Public Health grant received by local authorities of 3.9%. This cut follows an in year cut of 6.2% (£1,647,526) in 2014/15 which was Devon County Council's contribution to the national £200 million in year savings. The real-term budget reduction to the Public Health grant equates to approximately a 27% cut, or £5.36million over 3 years. This cut is based on an initial annual budget of £31,060,000.

7.2 There is a risk that ceasing funding will impact on the role of the Districts in some of the local public health work and possible withdrawal of engagement and support. All interventions had one-off funding so there will be no cessation of services - programmes and projects will come to a natural end and will seek alternative sources of funding to sustain beyond the life of the funding, if deemed a local priority. The main impact will be political at the District/County interface so working at a local level will need to be reframed.

7.3 District Public Health/Health & Wellbeing Lead meetings have been held to develop the new funding arrangements - the reduction has been undertaken in an open and transparent way - and it is hoped the joint working arrangements can continue in the new form. A review is needed of the Place Based Approach to Public Health aligned with changes within Devon County Council, the other local authorities, both clinical commissioning groups and wider stakeholders.

## 8. Summary

8.1 The Public Health grant allocation has fostered an integrated approach to health and wellbeing across the two tier local authority system. There has been success in many areas and a number of lessons to be shared. The funding was not intended to continue indefinitely and was designed to develop a new way of working and this has been achieved.

8.2 There has been significant added value from match funding and a willingness to maintain programmes beyond the life of the grant and it is hoped that the final outcomes reported from some of the larger programmes will support shared working in the future. Consideration should be made towards identifying a resource to seed fund programmes that can pull in external funding or alternative sources, such as social investment, should be considered.

8.3 A new approach to Place Based Public Health should be developed to maintain the current momentum and relationships that have facilitated successful joint working but that reflects the changing landscape. The Public Health Intelligence support through the JSNA should continue.

8.4 The funding provides a legacy in the form of the many programmes and initiatives that will be developed further in the future and will hopeful leverage wider resources and capacity into the public health system. This is a testament to the commitment of local authority colleagues across Devon and particularly the Health and Wellbeing Leads..

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**MAY 2016**

**APPENDIX 1**

# Public Health Intervention Types

| Commissioning area | Spend | Output | Outcome |
|---|---|---|---|
| Physical activity | £98,501 | Get Active Exeter programme<br>Insight development for programme and naturally healthy programme<br>Additional investment<br>Active Mums programme training of ride leaders and participants. Targeted physical activity programmes across the county | 2,000 Exeter citizens become active or more active<br>Increased activity in new mums<br>Increased activity in project locations with a focus on health inequalities |
| Housing and fuel poverty | £75,159 | Evidence to support targeting of central heating fund, training for professionals and improve intelligence and insight to prioritise housing in North Devon | 400 central heating installations targeted those at risk of accidents and ill-health. North Devon housing support targets those at most risk |
| Public mental health | £38,020 | Public mental web-based health toolkit developed with workbook as a legacy and support for future mental health first aid training. Nine mental health awareness courses delivered for 102 participants. Pooled fund, CSP | Increased mental health awareness<br>Reduced suicide rate |
| Tobacco control | £1,500 | Increased signage in public places | De-normalising smoking |
| Nutrition | £6,483 | Targeted cooking skills programmes in the community | Improved diet and nutrition |
| Trips and falls | £5,000 | Design Council supported intervention to target individuals most at risk of falls at home and offer support | Reduced falls and accidents in the home |
| General – place based allocations | £11,910 | Totnes and West Teignmouth ABCD understanding of need and direct support for PH interventions | Reduced health inequalities |
| General | £65,427 | Range of non-core public health activities | |
| General - multi-topic PH workforce capacity | £70,000 | To develop local place based priorities such as Cranbrook | |
| Planning – Health impact assessments | £8,000 | New town and growth point HIA to support Local Plan | |
| Air quality | £20,000 | AQMA personal monitoring and Eco –Stars large fleet operators to reduce emissions | |
| | £400,000 | | |

**APPENDIX 2**

# Public Health Spend by Local Authority

| District | Year | Activity | Spend | Balance |
|---|---|---|---|---|
| East Devon District Council | 2013-14 | Public Health Projects Officer appointed for 2 year fixed term (match funded) | 20,000 | 0 |
| | 2014-15 | As above | 20,000 | 0 |
| Exeter City Council | 2013-14 | Primary research commissioned to look at barriers and motivators | 5,000 | 0 |
| | | Allocation to Get Active Exeter | 10,000 | |
| | | Allocation to evaluating impact | 5,000 | |
| | 2014-15 | Get Active Exeter | 20,000 | 0 |
| Mid Devon District Council | 2013-14 | Targeted family support project | 4,000 | |
| | | Public Health Officer post (match funded) | 15,000 | 19,000 |
| | 2014-15 | Community enabling voluntary sector grants – eg Age UK | 2,900 | |
| | | Public Health Officer post (match funded) | 15,000 | |
| | | Mental health toolkit roll out and walking football | 3,100 | 0 |
| North Devon District Council | 2013-14 | Needs' audit of households at risk of becoming homeless | 10,000 | 0 |
| | | Project to quantify and demonstrate the health cost benefits of housing improvements | 10,000 | |
| | 2014-15 | Commission of the Energy Savings Trust to develop the Devon wide Home Analytics Database and access portal (version 3) (HADv3). | 12,300 | |
| | | Commissioned Energy Savings Trust to analyse Home Analytics Database to produce a North Devon Energy Chapter | 7,650 | 50 |
| South Hams Borough District | 2013-14 | Health Impact Assessment of Our Plan | 4,000 | 8,100 |
| | | Fuel Poverty Project –the big community switch | 1,400 | |
| | | More Comfort with Less Cost (educational video) | 1,500 | |
| | | Mental health awareness training and toolkit | 5,000 | |
| | 2014-15 | Caring Town Totnes Needs Analysis | 7,000 | |
| | | Gardening for Health -Totnes | 5,000 | |
| | | Social prescribing | 19,900 | |
| | | | | 0 |

| | | | | |
|---|---|---|---|---|
| Teignbridge District Council | 2013-14 | Trips and Falls | 5,000 | 15,000 |
| | 2014-15 | Active 8 (Active leisure and Green Spaces) Broad Meadow | 2,100 | |
| | | Low moods group, Teignmouth | 2,000 | |
| | | West Teignmouth, Public Health Support | 4,910 | |
| | | Cycling –subsidised training for volunteers | 990 | |
| | | The Seed Buckfastleigh Community Wholefood Store | 2,000 | |
| | | Active 8 (Active leisure and Green Spaces) Buckland | 2,050 | |
| | | Dawlish Leisure Centre, Thera Trainer | 5,805 | |
| | | Smokefree playparks – town councils and holiday sites | 1,500 | |
| | | Health at the Heart | 13,645 | |
| | | | | 0 |
| Torridge District Council | 2013-14 | Junior Life Skills Project | 2,100 | 659 |
| | | G.P. referrals for Personal Trainers | 780 | |
| | | Junior Parkrun | 2,500 | |
| | | TDC Chef's Corner | 3,801 | |
| | | Rough Sleeper Scheme | 10,159 | |
| | 2014-15 | Junior Life Skills Project | 1,984 | |
| | | Healthy Eating courses | 1,052 | |
| | | Mental Health improved information | 820 | |
| | | Walk and talk and men's sheds | 1,600 | |
| | | Physical activity interventions | 13,160 | |
| | | Children's safety –window blind cords | 200 | |
| | | Tackling bird related issues | 100 | |
| | | Vulnerable persons with disabilities –support to access grant funding | 500 | 584 |
| | | | -- | 1243 |
| West Devon Borough Council | 2013-14 | Health Impact Assessment of Our Plan | 4,000 | 8,900 |
| | | Fuel Poverty Project the Big Community Switch | 600 | |
| | | More Comfort with Less Cost (educational video) | 1,500 | |
| | | Mental health awareness training and toolkit | 5,000 | |
| | 2014-15 | Lifestyle intervention - Okehampton | 2,395 | |
| | | More Active more often | 5,000 | 7,395 |

| | | | | |
|---|---|---|---|---|
| | | Social prescribing | 16,295 | |
| | | | -- | 0 |
| **2013/14: £160,000 allocation** | | | **111,340.80** | **48,659** |
| **2014/15: £160,000 allocation** | | | | **As above – to be finalised** |
| **Total:** | | | | |
| **2015/16: £80,000 allocation** | | | **80,000** | |
| Collaborative Programmes | 2015-16 | Active Mums - Cycling project | 20,000 | 80,000 |
| | | Public Mental Health toolkit | 20,000 | |
| | | Fuel Poverty - Central Heating Fund intervention | 20,000 | |
| | | Air quality – Personal monitoring and Eco-stars project | 20,000 | |
| | | | | 0 |

# APPENDIX 3

**Devon compared with the Local Authority Comparator Group for Public Health Devon outcomes PHOF measure as at August 2015 release (some age / sex breakdowns removed)**

| Measure | Devon PHOF | Rates | | | Signif. | LACG Rank / | |
|---|---|---|---|---|---|---|---|
| | | Devon | LACG | Eng | Eng | Rank | Position |
| 0.2 Gap in Life Expectancy (Male SII) | Yes | 5.2 | 7.1 | | | 1 / 16 | |
| 1.16 Utilisation of Outdoor Space | | 29.4 | 20.2 | 17.1 | Better | 1 / 16 | |
| 1.2 School Good Level of Development | | 67.8 | 61.5 | 60.4 | Better | 1 / 16 | |
| 2.12 Excess Weight Adults | Yes | 60.6 | 65.5 | 63.8 | Better | 1 / 16 | |
| 3.4 HIV Presentations at Late Stage | | 32.4 | 49.9 | 45.0 | Similar | 1 / 16 | |
| 4.11 Emergency Readmissions | | 10.3 | 11.0 | 11.8 | Better | 1 / 16 | |
| 4.6 Liver Mortality, Persons | | 11.9 | 14.5 | 17.9 | Better | 1 / 16 | |
| 0.1 Life Expectancy at 65 (Female) | | 22.0 | 21.6 | 21.1 | Better | 2 / 16 | |
| 0.1 Life Expectancy at Birth (Female) | | 84.2 | 83.8 | 83.1 | Better | 2 / 16 | |
| 0.2 Gap in Life Expectancy (Female SII) | Yes | 3.3 | 5.4 | | | 2 / 16 | |
| 0.2 LE Gap to England (Female) | | 1.1 | 0.6 | | | 2 / 16 | |
| 1.15 Homelessness Acceptances | | 1.0 | 1.6 | 2.3 | Better | 2 / 16 | |
| 1.2 FSM Good Level of Development | | 50.0 | 42.1 | 44.8 | Better | 2 / 16 | |
| 1.2 School Phonics Expected Level Y1 | | 78.6 | 74.2 | 74.2 | Better | 2 / 16 | |
| 1.3 Pupil Absense Rate | | 4.3 | 4.5 | 4.5 | Better | 2 / 16 | |
| 2.13 Active Adults | Yes | 60.3 | 58.2 | 57.0 | Better | 2 / 16 | |
| 2.4 Under 16 Conception Rate | | 2.8 | 4.1 | 4.8 | Better | 2 / 16 | |
| 3.1 Air Pollution Attributable Mortality (%) | | 3.5 | 4.5 | 5.1 | | 2 / 16 | |
| 3.7 Interagency Emergency Plans | | 100.0 | 81.3 | 95.2 | Better | 2 / 16 | |
| 4.15 Excess Winter Deaths | | 17.3 | 20.4 | 20.1 | Better | 2 / 16 | |
| 4.6 Preventable Liver Mortality | | 10.8 | 12.8 | 15.7 | Better | 2 / 16 | |
| 3.5 TB Treatment Completion | | 85.2 | 74.2 | 83.3 | Similar | 3 / 13 | |
| 0.1 Healthy Life Expectancy (Female) | Yes | 67.7 | 65.9 | 63.9 | Better | 3 / 16 | |
| 1.18 Adequate Social Contact (SC User) | Yes | 47.5 | 44.7 | 44.5 | Similar | 3 / 16 | |
| 1.2 FSM Phonic Expected Level Y1 | | 63.9 | 57.7 | 61.3 | Similar | 3 / 16 | |
| 1.8 Employment Gap, LD | | 66.1 | 69.1 | 65.0 | | 3 / 16 | |
| 2.14 Smoking Routine and Manual | Yes | 24.6 | 27.3 | 28.6 | Similar | 3 / 16 | |
| 2.15 Completion Treatment Non-Opiates | Yes | 46.0 | 36.6 | 37.7 | Better | 3 / 16 | |
| 4.13 Health Related QOL Older People | Yes | 0.8 | 0.7 | 0.7 | Better | 3 / 16 | |
| 4.5 Cancer Mortality | Yes | 130.9 | 135.2 | 144.4 | Better | 3 / 16 | |
| 4.5 Preventable Cancer Mortality | | 71.6 | 76.0 | 83.8 | Better | 3 / 16 | |
| 4.7 Preventable Respiratory Mortality | | 11.8 | 13.5 | 17.9 | Better | 3 / 16 | |
| 3.2 Chlamydia Detection | Yes | 1732.6 | 1677.7 | 2012.0 | Better | 4 / 15 | |
| 0.1 Life Expectancy at 65 (Male) | | 19.4 | 19.2 | 18.7 | Better | 4 / 16 | |
| 1.10 KSI on Roads | Yes | 37.7 | 46.0 | 39.7 | Better | 4 / 16 | |
| 1.14 Exposure to Daytime Noise 55dB+ | | 3.8 | 5.0 | 8.0 | | 4 / 16 | |
| 1.18 Adequate Social Contact (Carer) | | 42.6 | 38.5 | 41.3 | Similar | 4 / 16 | |
| 2.2 Breastfeeding Initiation | | 78.7 | 75.2 | 73.9 | Better | 4 / 16 | |
| 3.5 Incidence of TB | | 3.6 | 4.6 | 14.8 | Better | 4 / 16 | |
| 4.14 Hip Fractures, 65+ | | 544.4 | 566.6 | 580.0 | Similar | 4 / 16 | |
| 4.4 CVD Mortality | Yes | 63.8 | 67.8 | 78.2 | Better | 4 / 16 | |
| 1.5 NEETs Aged 16 to 18 | | 4.2 | 4.4 | 4.7 | Better | 5 / 15 | |
| 0.1 Healthy Life Expectancy (Male) | Yes | 66.0 | 64.9 | 63.3 | Better | 5 / 16 | |
| 0.1 Life Expectancy at Birth (Male) | | 80.4 | 80.1 | 79.4 | Better | 5 / 16 | |
| 0.2 LE Gap to England (Male) | | 1.0 | 0.7 | 0.0 | | 5 / 16 | |
| 1.1 Children in Povery (0 to 15) | Yes | 12.7 | 14.2 | 19.2 | Better | 5 / 16 | |
| 1.13 Reoffences per Offender | | 0.7 | 0.7 | 0.8 | Better | 5 / 16 | |
| 2.15 Completion Treatment Opiates | Yes | 9.5 | 8.2 | 7.8 | Better | 5 / 16 | |
| 2.3 Smoking at Time of Delivery | Yes | 12.2 | 12.8 | 12.0 | Similar | 5 / 16 | |
| 2.6 Excess Weight Aged 10 or 11 | Yes | 30.3 | 31.3 | 33.5 | Better | 5 / 16 | |
| 4.3 Preventable Mortality | Yes | 156.6 | 165.2 | 183.9 | Better | 5 / 16 | |
| 4.4 Preventable CVD Mortality | | 41.3 | 43.8 | 50.9 | Similar | 5 / 16 | |
| 4.7 Respiratory Mortality | | 23.9 | 26.2 | 33.2 | Better | 5 / 16 | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1.4 First Time Entrants Youth Justice | | 331.7 | 372.8 | 409.1 | Similar | 6 / 16 | |
| 1.6 Adults MH Stable Accom | | 54.9 | 51.2 | 60.8 | | 6 / 16 | |
| 2.14 Smoking Aged 18 and over | Yes | 16.4 | 17.0 | 18.4 | Better | 6 / 16 | |
| 2.20 Cervical Cancer Screening | | 77.5 | 76.8 | 74.2 | Better | 6 / 16 | |
| 2.24 Falls Admissions, 65+ | Yes | 1766.1 | 1882.5 | 2064.3 | Better | 6 / 16 | |
| 2.7 Injury Admissions, Aged 0 to 14 | Yes | 103.2 | 112.6 | 112.2 | Better | 6 / 16 | |
| 3.3 Vaccination, PPV, Aged 65 and over | | 69.9 | 69.2 | 68.9 | Better | 6 / 16 | |
| 4.15 Excess Winter Deaths, 3yr | | 16.5 | 17.7 | 17.4 | Similar | 6 / 16 | |
| 1.13 Reoffending Rate | | 23.6 | 24.2 | 25.9 | Better | 7 / 16 | |
| 2.19 Cancer Early Diagnosis | Yes | 48.4 | 49.5 | 45.7 | Better | 8 / 12 | |
| 1.12 Violent Crime Admissions | | 32.5 | 34.0 | 52.4 | Better | 8 / 16 | |
| 1.6 Adults LD Stable Accom | | 74.0 | 72.3 | 74.9 | | 8 / 16 | |
| 2.22 Health Checks Received | Yes | 49.6 | 47.6 | 48.9 | Better | 8 / 16 | |
| 2.23 Wellbeing High Anxiety Score | | 18.1 | 18.8 | 20.0 | Better | 8 / 16 | |
| 2.23 Wellbeing Low Happiness Score | Yes | 8.5 | 8.6 | 9.7 | Similar | 8 / 16 | |
| 2.4 Under 18 Conception Rate | Yes | 21.9 | 21.9 | 24.3 | Similar | 8 / 16 | |
| 4.2 Tooth Decay, Aged 5 | | 0.7 | 0.7 | 0.9 | Better | 8 / 16 | |
| 4.9 Serious Mental Illness Excess Mortality | | 315.3 | 339.2 | 347.2 | Similar | 8 / 16 | |
| 2.21 Newborn Bloodspot Screening | | 90.9 | 95.6 | 93.5 | Worse | 9 / 9 | |
| 1.14 Noise Complaints | | 5.1 | 4.7 | 7.4 | Better | 9 / 16 | |
| 2.6 Excess Weight Aged 4 or 5 | Yes | 23.4 | 22.8 | 22.5 | Similar | 9 / 16 | |
| 3.3 Vaccination, Dtap/IPV/Hib, Aged 1 | | 96.0 | 96.3 | 94.3 | Better | 9 / 16 | |
| 3.3 Vaccination, MMR Partial, Aged 1 | | 95.0 | 95.1 | 94.1 | Better | 9 / 16 | |
| 1.8 Employment Gap, MH | | 68.6 | 66.9 | 64.7 | | 10 / 16 | |
| 2.16 Prisoner SM unknown to treatment | | 51.3 | 47.9 | 46.9 | Similar | 10 / 16 | |
| 2.21 AAA Screening | | 99.3 | 96.3 | 95.9 | Better | 10 / 16 | |
| 2.21 Newborn Hearing Screening | | 98.6 | 98.2 | 98.5 | Similar | 10 / 16 | |
| 3.3 Vaccination, MenC, Aged 1 | | 95.3 | 95.7 | 93.9 | Better | 10 / 16 | |
| 3.3 Vaccination, MMR, Aged 2 | | 94.1 | 94.6 | 92.7 | Better | 10 / 16 | |
| 1.8 Employment Gap, LTC | | 7.5 | 7.0 | 8.7 | | 11 / 16 | |
| 2.20 Breast Cancer Screening | | 79.1 | 79.3 | 75.9 | Better | 11 / 16 | |
| 2.22 Health Checks Uptake | Yes | 16.1 | 18.4 | 18.6 | Worse | 11 / 16 | |
| 3.3 Vaccination, Dtap/IPV/Hib, Aged 2 | | 97.1 | 97.3 | 96.1 | Better | 11 / 16 | |
| 3.3 Vaccination, Hib/MenC, Aged 5 | | 92.7 | 92.5 | 91.9 | Better | 11 / 16 | |
| 3.3 Vaccination, MMR Complete, Aged 5 | Yes | 89.9 | 90.8 | 88.3 | Better | 11 / 16 | |
| 3.3 Vaccination, PCV Booster, Aged 2 | | 94.3 | 94.8 | 92.4 | Better | 11 / 16 | |
| 3.3 Vaccination, PCV, Aged 1 | | 95.7 | 96.1 | 94.1 | Better | 11 / 16 | |
| 4.1 Infant Mortality | | 3.7 | 3.7 | 4.0 | Similar | 11 / 16 | |
| 2.23 Wellbeing Low Satisfaction Score | | 4.9 | 4.7 | 5.6 | Similar | 12 / 15 | |
| 1.12 Violent Crime Offences | | 10.0 | 8.7 | 11.1 | Better | 12 / 16 | |
| 2.18 Alcohol Admissions | Yes | 640.8 | 616.7 | 645.1 | Similar | 12 / 16 | |
| 2.22 Health Checks Offered | Yes | 32.4 | 39.1 | 37.9 | Worse | 12 / 16 | |
| 2.9 Current Smokers Aged 15 | Yes | 10.0 | 9.0 | 8.2 | Similar | 12 / 16 | |
| 4.8 Communicable Mortality | | 57.9 | 55.8 | 62.2 | Better | 12 / 16 | |
| Weighted IMD 2010 Score | | 17.0 | 16.3 | 21.7 | | 12 / 16 | |
| 2.8 Emotional Difficulties (Looked After) | Yes | 15.2 | 14.5 | 13.9 | | 13 / 14 | |
| 2.1 Low Birth Weight | | 2.6 | 2.4 | 2.8 | Similar | 13 / 16 | |
| 3.3 Vaccination, HPV, Aged 12 to 13 | | 85.4 | 87.0 | 86.7 | Worse | 13 / 16 | |
| 3.6 Sustainable Development Plans | | 30.0 | 37.6 | 41.6 | | 13 / 16 | |
| 4.10 Suicide Rate, Persons | Yes | 10.4 | 9.7 | 8.8 | Worse | 13 / 16 | |
| 1.12 Sexual Offences | | 1.0 | 0.9 | 1.0 | Better | 14 / 16 | |
| 1.15 Households in Temp Accom | | 0.9 | 0.6 | 2.6 | Better | 14 / 16 | |
| 3.3 Vaccination, Hib/MenC, Aged 2 | | 92.8 | 94.6 | 92.5 | Similar | 14 / 16 | |
| 1.9 Sickness Absense Days Lost (%) | | 1.9 | 1.5 | 1.6 | Similar | 15 / 16 | |
| 3.3 Vaccination, Flu, Aged 65 and over | | 70.8 | 72.7 | 72.7 | Worse | 15 / 16 | |
| 1.17 Fuel Poverty | Yes | 12.5 | 10.0 | 10.4 | Worse | 16 / 16 | |
| 1.9 Sickness Absence Last Week | | 3.0 | 2.4 | 2.5 | Similar | 16 / 16 | |
| 3.3 Vaccination, Flu, At-Risk Individuals | | 44.5 | 49.4 | 50.3 | Worse | 16 / 16 | |