

The South Derbyshire Health and Wellbeing Plan 2013 - 16

1. Vision and Aim

A healthier and more active lifestyle across all communities.
(c. *Our Sustainable Community Strategy for South Derbyshire 2009-2029*)

The South Derbyshire Plan aims to improve the health and wellbeing of local people, with specific focus on people who are at risk of and/or living with significant health inequalities compared to the district as a whole.

2. Objectives

The Plan will continue to develop:

- strong collaborative working through partnership working, match-funding, shared capacity to deliver, joint ownership of key local outcomes
- local strategic outcomes to measure health improvement. Local outcomes will contribute and align to the priorities and indicators within wider strategies including:
 - Derbyshire Health and Wellbeing Strategy
 - Strategic priorities across partner organisations delivering locally
 - national Public Health Outcome Indicators (Appendix 1 Overview of PHOF indicators)
- opportunities to redirect current resources to better meet identified need – a shared outcomes approach
- cross-agency utilisation of staff capacity to ensure an identified health and wellbeing focus eg. staff working within a community development role to meet the varying needs of communities most in need, staff supported through Making Every Contact Count (MECC)
- cross-working with county-level services to ensure targeting to communities living with highest health inequality
- specific focus to reduce health inequalities within South Derbyshire through the principles outlined above and through additional Public Health resource
 - Public Health staff capacity and the joint post (*Health Partnership Manager*) with South Derbyshire District Council
 - New allocated financial resource 2013/15

- Maximisation of budgets to ensure efficiency and SMART outcomes across locality programmes
- planning against identified local health need, consultation with local people and local organisations and underpinned by robust evidence base
- performance monitoring to determine effectiveness
- working in liaison with the South Derbyshire Local Area Committee (LAC) who maintain an advisory role on decision-making and plan development
- locality planning through the South Derbyshire Partnership structure (Appendix 2 South Derbyshire Partnership) :
 - Health and Wellbeing Group develop and act upon the plan
 - South Derbyshire Partnership Board ratify decisions and hold accountability for the locality plan
- opportunities to develop innovative solutions to health issues identified locally

3. **Background and Needs base**

The South Derbyshire Locality Plan builds on a decade of partnership working and involvement of Public Health within the South Derbyshire Partnership. This has been developed strategically through annual planning, led by the Health and Wellbeing group under the auspices of the South Derbyshire Partnership. Health & Well-being is a key priority in South Derbyshire's Sustainable Community Strategy (2009-29) and has always maintained a focus of partnership working, maximisation of resource through match funding and staff capacity and shared ownership of identified health outcomes. This has been significantly strengthened through

- dedicated staff time within the Health Partnership Manager – the strategic lead for Health at South Derbyshire District Council and integral across the Partnership
- 70% of previous investment identified to those living with health inequality
- Integration of new initiatives within local organisations to support longer term activity and outcome

The current context will ensure that identified local outcomes will support both county and national health priorities and outcomes as outlined in the:

- Derbyshire County Council Labour Manifesto
- Director of Public Health Report (2012/13)
- National Context - Public Health Outcomes Framework (PHOF) (2012)
- Derbyshire Health & Wellbeing Strategy – *being refreshed*

3.1 **New Public Health Investment**

Additional Public Health resource is allocated to South Derbyshire locality (defined as within the South Derbyshire Partnership boundary) as follows:

	Current position	Proposed annual additional resource	Total annual allocation 2014/15	Part year additional funding 2013/14
South Derbyshire	£51,300 Senior Public Health Manager (WTE0.2) Health Partnership Manager	£40,983 Public Health Manager (WTE0.4) <i>Maintain</i> Health Partnership Manager	£92,283 Public Health Manager (WTE0.4) Health Partnership Manager Senior Public Health Manager (WTE0.2)	£10,245

3.2 Health Need in South Derbyshire

South Derbyshire is the fastest growing district in the county with a projected 30.6% growth rate upto 2035, compared to 16.2% for the whole of Derbyshire and has a current population of almost 94,915 (*Census 2011, ONS*). This projected growth rate is almost double that of some other local authority second tier districts. The growth crosses both younger and older age bands with increases in the under 20s, 25-44 age group particularly and the 75-84, 85+ age group.

Significant population growth in an area is positive but it comes with risks to local services including health, schools, transport and community facilities. The projected growth in housing is forecast at 38% compared to 24% for Derbyshire as a whole (2008 – 2033).

South Derbyshire is largely rural with three urban centres – Melbourne, Swadlincote and Hilton. Population density is lower than Derbyshire. The population in rural areas is expected to grow significantly in future years. Over 6% of the population are not White

British, a rate exceeding Derbyshire and there is higher variations in some communities within district. This demographic is higher than Derbyshire and it is important to recognise needs specific to different race and culture.

Health in South Derbyshire is similar and/or better to England averages. Health successes include:

- Over the last ten years the rates of death from all causes and rates of early deaths from heart disease and stroke and from cancer have all improved and are close to the England average
- Life expectancy in the district is similar to Derbyshire and England averages
- Deprivation levels are low and the proportion of children living in poverty is lower than the average for England as is free school meal eligibility
- Percentage of those economically active/ available to work is the highest in Derbyshire; long term unemployment is the lowest compared to Derbyshire
- Rate of adults educated to degree level is better than Derbyshire
- Rates of incapacity benefits for mental illness, new cases of tuberculosis and hospital stays for alcohol related harm are all better than the England average.

JSNA 2012/13 health data

However some communities are living with poorer health outcomes compared to others in the district. Challenges to health indicate a level of inequality within some communities across the district. These need specific focus in the locality plan, with identified solutions to address them and support the improvement of health and reduction of inequalities for residents.

Challenges to health include:

- Life expectancy is 9.8yrs lower for men and 5.8yrs lower for women in the most deprived areas than in the least deprived areas
- Some smaller communities within the urban areas around Swadlincote fall within the 10-20% most deprived areas nationally
- The need to promote mental wellbeing (JSNA 2013)

Health inequality in Children and Young People:

- a higher drop-off rate/ breastfeeding from initiation to 6-8 weeks compared to England
- above England rates of smoking in pregnancy
- 17.9% of y.6 children are obese similar to England

- Childhood (5-18yrs) inpatient admission rates for asthma significantly higher than Derbyshire (2010/11)
- Above England emergency admissions (under 18s) for accidents
- Lower education attainment is low (5 A* - C grades/GCSE level incl. Maths and English) (2011/12) –rate of 49% achieving compared to Derbyshire 57%

Health inequality in Adults:

- Above England rate of hospital admission for COPD (GP Practice Profiles 2011)
- Above Derbyshire rate of emergency readmissions within 30 days of discharge from hospital and higher rate of admissions for acute conditions that should not usually require hospital admission
- Above Derbyshire rate for acute hospital admissions due to a fall or falls injuries for over 65s
- Lower uptake of cervical screening compared to Derbyshire *although higher than England*
- Lower uptake of the NHS Healthcheck compared to Derbyshire
- Lower uptake of flu vaccination in under 65s compared to Derbyshire rate
- Poorest use of libraries within Derbyshire (out of all LAs) (may reflect access issues/ or use across borders)
- Greatest travel times to GP surgeries compared to other districts in Derbyshire

Data is collated for a variety of sources including: JSNA 2012/13 health priorities, ONS 2011 data

Health inequalities across smaller communities within South Derbyshire

Electoral division	challenges to health (data <u>compared to Derbyshire rates</u>)
Aston <i>Largest BME population in Derbyshire (18%)</i>	poorest access to GP services within Derbyshire Higher rate of RTAs
Etwall and Repton <i>BME population - increasing Fewer people of working age (25-44yrs);</i>	poor access to GP services Higher rate of RTAs

<i>higher percentage of 5-15yr olds</i>	
Hilton <i>Fastest area of population growth</i> <i>BME - increasing</i>	Higher secondary school absenteeism (12.6% compared to Derbyshire rate of 6% 2011/12)
Linton	Significantly lower life expectancy (males 76yrs: 79yrs; females 81yrs: 83yrs) Adults no qualifications Significantly higher all age/ all cause mortality Higher % of people where the daily routine is limited by illhealth or disability High first time youth 10-17yrs offending Higher rate of RTAs
Melbourne <i>Higher age profile (45yrs+)</i>	Higher rate of children entitled and claiming free school meals (17% compared to 14% c. 2011/12)
Swadlincote Central (parts of Swadlincote, Midway and Woodville) <i>Highest younger age profile</i>	Lower life expectancy males: 76.3yrs: 79.1yrs; females 79.2yrs: 82.7yrs Above district rate of childhood obesity –Reception children: 11.2% obese and year 6: 21.9% c. <i>Child Measurement programme (2010/11) (compared to district measures of 7% of Reception children recorded as obese; 17.9% year 6 recorded as obese.</i> Higher violent crime rate (11 per 1000 compared to 8 per 1000 crimes 2012) Higher first time youth 10-17yrs offending Higher alcohol-specific conditions under 18s Higher all age/ all cause mortality Higher early death/ circulatory disease Higher early death/ cancer
Swadlincote North (Midway, Newhall and Stanton) <i>Younger age profile; higher under 45s</i>	Higher lone parent homes Higher deprivation Higher level of child poverty Higher free school meal eligibility and claiming Higher numbers of children in care

	<p>Higher rates of school absenteeism (primary)</p> <p>Higher levels of NEET (Young people not in Education and/or Employment)</p> <p>Higher Violent crime</p> <p>Higher Youth offending</p> <p>Higher level of adults with no qualifications</p> <p>Higher benefit claimants for adults out of work</p> <p>Higher rate of under 18s conceptions</p>
<p>Swadlincote South (parts of Swadlincote, Church Gresley)</p> <p>Younger age profile; higher under 45s compared to county</p>	<p>Higher lone parent homes</p> <p>Higher school absenteeism/ primary</p> <p>Higher under 18s conceptions</p> <p>Higher rate of antisocial crime; violent crime and rates of total crime</p>

c. Area Summary Quilt 2013

<http://observatory.derbyshire.gov.uk/IAS/Custom/Resources/Area%20Profile%202013%20Quilt%20Rank%20DCC%20v4.01.pdf>

Local consultation identified the following inequalities:

- Health in the workplace – stress and muscular skeletal injury
- Mental wellbeing children, young people and adults
- Homelessness within under 18s
- Emotional wellbeing under 18s

NB. Online public consultation and event due to end Jan 31st 2014

4. Recommendations

- The Public Health action plan should reflect the Vision and Aim, Objectives and Health need local to South Derbyshire
- The new Public Health resource should be directed to those most in need to support the reduction of local health inequalities:

Priorities	New	Identified outcomes (linked to identified need	Lead agency(s)	Suggested
------------	-----	--	----------------	-----------

	intervention (PH investment)	measures)	and/or associated key partners	proportion of new Public Health money (%) *
Reducing health inequalities in young people	Young people's health project in Swadlincote	Reduction in crime and antisocial behaviour. Reduced school absenteeism. Reduced under 18s conceptions <i>Reducing selfharm</i> Improving emotional and mental wellbeing	CAYA Community Safety	30%
Supporting health of older people in their own home	Older Community Support Referral service	Reduced emergency readmissions to hospital.	SD CVS General Practice, Pharmacy Adult Care	20%
Im[proving health of most vulnerable families - financial inclusion Health inequalities	Strong Families project	Improvements to all failing measures indicating health inequality. "community resilience"	Moneyspider Credit Union Citizen's Advice Bureau Voluntary sector	20%
Increasing basic skills of adults and families	Family education project	Increased library use. Increased level of adults with basic skills.	DCC Adult Education and Family learning Libraries Children's centres Voluntary sector	10%
Improving mental	Positive mental health project			20%

wellbeing				
-----------	--	--	--	--

- The action plan will be developed and monitored in accordance with the structures detailed above.

5. Health and Wellbeing action Plan 2013 - 16

The Action Plan adheres to the Strategy for Public Health in England: Healthy Lives, Healthy People (2010), and the Derbyshire Health and Wellbeing Strategy, adopting a “life-course” approach, considering action to improve health through life stages:

- Starting well
- Developing Well
- Living Well
- Working Well
- Ageing Well

What? (priority)	How? (intervention)	Who? (lead agency and partners)	Outcomes (SMART)	Timescale	PHOF Domain (ref. indicator)	Progress (RAG rating system)
Starting Well						
Maintain rates of breastfeeding from initiation to 6/8 weeks	Welcome Here award County services	SDDC	Increase in awards % in areas of inequality	12mths	2 Health Improvement	
Reduce smoking in pregnancy		Integrated Lifestyle service			2 Health Improvement	
Reduce emergency					2 Health Improvement	

admissions accidents under 18s						
Child inpatient admissions/ asthma						
Developing Well						
What?	How?	Who? (+resource)	Outcomes	Timescale	PHOF indicator	Progress
Reduce childhood obesity	Family physical activity interventions; outdoor gym/ urban park interventions Influence county Integrated lifestyle service	SDDC GAIF <i>DCC Physical activity funding</i>	Increase in PA measure No of family interventions	12mths	2 Health Improvement	
Reduce health inequalities amongst young people in urban core	Targeted Young People's Health Project in Swadlincote areas Facilitate associated county services delivery through local intelligence	CAYA Community Safety			1 Improving the wider determinants of health 2 Health Improvement	
Improve Education attainment (GCSE 49% attainments compared to county 57%)/ GCSE						

Living Well						
What?	How?	Who?	Outcomes	Timescale	PHOF indicator	Progress
Increase uptake of NHS healthcheck	Facilitate county/ local provision through joint opportunities and targeted model ie. Body MOTs	Primary Care/ CCG Integrated Lifestyles SDDC ??	Increased health checks		2 Health Improvement	
Improve Health and Wellbeing of most vulnerable – financial management, reduction in poverty	Targeted Strong Families project Healthier South Derbyshire Information project	Moneyspider Credit Union, SD CAB,, voluntary sector/ SD CVS			1 Improving the wider determinants of health	
Improve Health and Wellbeing of most vulnerable – healthier lifestyles Mental wellbeing	Targeted Strong Families project	Healthier South Derbyshire Information project			2 Health Improvement	
Improve levels of health due to obesity and low physical activity	Targeted Strong Families Project Facilitating Integrated healthy Lifestyle service – targeted delivery	CCG “prevention/ lifestyle service” providers			2 Health Improvement	
Working Well						

What?	How?	Who?	Outcomes	Timescale	PHOF indicator	Progress
Improve basic skills/adults – within targeted areas	Facilitate county service provisions eg. adult education Family Education project	DCC Adult Education and Family Learning				
Improve workplace health						
Ageing Well						
What?	How?	Who?	Outcomes	Timescale	PHOF indicator	Progress
Reduce rate of hospital admissions due to a fall over 65s					2 Health Improvement	
Improve health of older people including mental and emotional wellbeing	Older community support referral project	CCG CVS/ VOLUNTARY SECTOR			4 Healthcare public health and preventing premature mortality	
Improve flu vaccination uptake						

REFERENCES

Area Summary Quilt 2013

<http://observatory.derbyshire.gov.uk/IAS/Custom/Resources/Area%20Profile%202013%20Quilt%20Rank%20DCC%20v4.01.pdf>

Joint Strategic Needs Assessment (JSNA) 2012

http://observatory.derbyshire.gov.uk/IAS/Custom/resources/HealthandWellbeing/GeoProfiles/JSNAGeoProfile_2012_SouthDerbyshire.pdf#view=Fit

Our Sustainable Community Strategy for South Derbyshire 2009-2029 – Fit for the Future

http://www.south-derbys.gov.uk/Images/Sustainable%20Community%20Strategy%20for%20web_tcm21-112771.pdf

Mary Hague

Derbyshire County Council Public Health

January 2014

Appendix 1. Public Health Outcomes Framework 2013-16 – Derbyshire performance

<http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000041/pat/6/ati/102/page/0/par/E12000004/are/E10000007>

Appendix 2 South Derbyshire Partnership – organisation



APPENDIX 2 SDP - Dec 2013.zip