



# Derbyshire Health and Wellbeing Strategy 2012-2015

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## **Foreword by the Chairman of the Derbyshire Health and Wellbeing Board**

We are delighted to launch the first Health and Wellbeing Strategy for Derbyshire. This strategy has been developed in partnership following extensive consultation and has been led by Derbyshire's Health and Wellbeing Board.

This strategy sets out our commitment to make a significant difference to people's lives in Derbyshire. Everyone in Derbyshire has the right to enjoy good health and wellbeing but some groups and communities experience poorer health than others.

The transfer of responsibilities for many aspects of health and wellbeing – and notably public health - to a more local level gives us exciting opportunities to shape services to fit local needs – not just deliver against a rigid set of national indicators. Our initiatives to improve literacy are good examples of this new freedom being used to benefit Derbyshire people.

Our shared vision is therefore to improve the health and wellbeing of everyone in the county, with a particular emphasis on those who are most vulnerable and who have the poorest health.

Being healthy is not just an absence of illness or disability. Health and wellbeing are broad concepts which take a much wider view of what affects a person's quality of life. A feeling of 'wellness' therefore includes all aspects of physical, mental and social wellbeing.

With this in mind we aim to encourage and support local people to make healthier choices in their lives, to deliver more integrated and accessible health and social care services and to improve the conditions that people in Derbyshire live and work in.

The actions in this strategy are ambitious and challenging. Success will depend on close working between local public, voluntary and community organisations. We will continue to work together to ensure that the health and wellbeing of the people of Derbyshire remain central to everything we do.

**Councillor Andrew Lewer, Chairman of the Board  
Leader of Derbyshire County Council**



## 1. What is the Health and Wellbeing Strategy?

### *Derbyshire's strategic vision*

**The vision for Derbyshire is to reduce health inequalities and improve health and wellbeing across all stages of life by working in partnership with our communities.**

This Health and Wellbeing Strategy sets out the priorities that partners across Derbyshire will focus on to achieve this vision. The overarching aims of the strategy are to **reduce health inequalities, strengthen investment in prevention, and deliver high quality care.**

### *Derbyshire's priorities*

In developing this strategy we have agreed five high-level priorities for Derbyshire. Work done to agree these priorities drew on evidence from the Joint Strategic Needs Assessment (JSNA) on local health and wellbeing needs. We sought views from local stakeholders through our stakeholder engagement forums, and conducted a Derbyshire-wide consultation on the proposed priorities.

#### **Derbyshire's priorities are to:**

- **Improve health and wellbeing in early years** – because giving our children the best start in life will help them achieve their full potential and benefit them throughout their lives
- **Promote healthy lifestyles** – because individuals and communities need the right support in order to make the best choices for their health
- **Improve emotional and mental health** - because good emotional and mental health is everyone's business and a fundamental building block for individual and community wellbeing
- **Promote the independence of people living with long term conditions and their carers** – because helping people to manage their condition better can significantly improve quality of life and reduce the need for hospital or emergency care
- **Improve health and wellbeing of older people** – because giving older people the right support in the right environment will help them enjoy good quality, active, healthy and fulfilling lives.



### *Determinants of health and wellbeing*

Health and wellbeing are determined by a variety of characteristics. At the individual level age, gender and lifestyle affect health. Being part of family, social and community networks also has a significant impact on people's wellbeing. Other important factors are the wider determinants such as employment, education, housing, access (including transport), income and the environment. This strategy aims to make a difference across all these determinants of health and wellbeing.

### *Health inequalities*

As outlined by Marmot in 'Fair Society, Healthy Lives', tackling inequalities requires that actions are delivered on a universal basis but with a scale and intensity that is matched to the level of need. We will reduce health inequalities by focussing proportionately more effort on individuals and communities in Derbyshire who have poorer health or who have difficulty accessing services. This includes people living in deprived communities, people on low incomes, and vulnerable or disadvantaged groups.

### *Collaboration for effective action*

We must work together across organisations and alongside our community to improve the health and wellbeing of people in Derbyshire. We can do this more effectively by building on the strengths of our community and focusing on the same issues at the same time. Our aim is to equip individuals with the right skills and resources so they are empowered to make changes for themselves and for the communities they live in. We need to develop more effective mechanisms for sharing information and resources across sectors at the same time as working together to integrate services more closely. In this way we will be empowered to influence the wide range of determinants that contribute to wellbeing. Everyone in Derbyshire has to play their part if we are to succeed.

### *Strategic links*

The Health and Wellbeing Strategy for Derbyshire is an overarching strategy aligned with Derbyshire's Sustainable Community Strategy and will be underpinned by other more detailed strategies and action plans.

A Health and Wellbeing Board is also in place in Derby and is led by Derby City Council. Similarly the Board has also been leading on the development of a Health and Wellbeing Strategy. Whilst the city and county are led by different local authorities and Health and Wellbeing Boards, have very different population profiles and some very distinct and specific needs, our Health and Wellbeing Strategies have a predominance of shared themes and priorities. These include:

- A vision to improve health and wellbeing and reduce health inequalities
- An ambition to achieve this by considering action across the whole life course



- Embedding tackling inequalities throughout and focusing on the most vulnerable and disadvantaged groups
- A recognition of the importance of the wider determinants of health and the need to tackle these to achieve our health and wellbeing ambitions
- A commitment to working collaboratively and in partnership.

Although we have two strategies, this synergy between them demonstrates our shared commitment to improving the health and wellbeing of our local populations and in reducing health inequalities.

#### *The actions for Derbyshire*

All the actions in this strategy are important. However in each section we have highlighted a small number of developmental actions. These are new or relatively undeveloped initiatives, or where existing work needs a significant shift in direction or focus.

#### *Measuring our progress*

The actions we have identified are those where there are clear benefits from joint working across different agencies, and where it is possible to measure the progress made. We will monitor our progress against the indicators contained in the national outcomes frameworks. There are two overarching outcomes for Derbyshire:

- **Increased healthy life expectancy**
- **Reduced differences in life expectancy and healthy life expectancy between communities**



## 2. About Derbyshire

Overall people in Derbyshire enjoy good health and a good sense of wellbeing. However major inequalities exist across the county and those living in more deprived areas or in vulnerable households are often the worst affected by ill health.

Factors such as an increasing population in Derbyshire, improved life expectancy and improved mortality rates mean that more people are living longer. We must therefore plan to ensure our services can meet the needs of future generations.

### *Deprivation*

Levels of deprivation in Derbyshire are generally lower than the England average. However this varies across the county with the greatest deprivation in the more densely populated eastern side of the county.

### *Population*

There are about three-quarters of a million people living in Derbyshire and the county has a higher proportion of older people than England. The number of people aged 65+ makes up 18.6% of Derbyshire's population; the average for England and Wales is 16.4%. The proportion of older people in Derbyshire is growing and increasing at a faster rate than England. By 2033 28% of the population in Derbyshire will be aged over 65, 15% over 75 and 6% over 85.

### *Population density*

The population is at its most dense along the eastern side of the county. Because services tend to be located in the more densely populated parts of the county this may lead to access problems for people living in more rural communities.

### *Births*

There were 8,404 live births in Derbyshire during 2010. Derbyshire has a significantly lower birth rate than England. The rate and number of births in Derbyshire has been increasing over the past few years, reflecting national trends.

### *Life expectancy*

Life expectancy for women in Derbyshire is similar to the average for England; however life expectancy for men is significantly better in Derbyshire. Life expectancy at birth is 82.5 years for women and 78.8 years for men. However there is considerable variation in life expectancy across the county with differences across the county of 7.7 years for males between the best and worst of areas and just 5.6 years for females.



### Mortality

Over the last 10 years, the rates of death from all causes and the rates of early death from cancer and heart disease and stroke have all decreased and are close to the average for England. However, although overall death rates have fallen, deaths from diabetes remain higher than average in Derbyshire.

### Social care needs

Currently in Derbyshire there are just over 28,000 people aged 64 or over with high or very high social care needs (about 18% of the older population). This figure will rise to over 30,500 by 2015.

In March 2012 there were 700 children in care in Derbyshire and 552 who were the subject of a child protection plan. The number of children in care has increased over the last four years.

## Health and wellbeing outcomes in Derbyshire: how do we compare with England overall?

| Better than England average           | Close to England average                        | Worse than England average                 |
|---------------------------------------|---|--|
| Children in poverty                   | Early death rates from heart disease and stroke | Adult obesity                              |
| Deprivation                           | Early death rates from cancer                   | People with diabetes                       |
| Life expectancy - male                | Life expectancy - female                        | Smoking in pregnancy                       |
| Teenage pregnancy                     | Excess winter deaths                            | Breastfeeding initiation                   |
| Drug misuse                           | Educational achievement                         | Hospital stays for self-harm               |
| Violent crime                         | Levels of obesity in children                   | Alcohol specific hospital stays (under 18) |
| Homelessness                          | Infant deaths                                   |  |
| Long-term unemployment                | Hip fracture in 65s and over                    |  |
| Acute sexually transmitted infections | Adults smoking                                  |  |
|                                       | Hospital stays from alcohol related harm        |  |
|                                       | Smoking related deaths                          |  |

Source: Health Profile for Derbyshire 2012





## **Summary of key issues for Derbyshire**

- Ageing population
- Wide variations in health status such as life expectancy
- Rural deprivation and related problems accessing high quality care
- Areas of urban deprivation (mainly to the north and east of the county)

More information about health and wellbeing in Derbyshire – including topic-based and area-based profiles giving more detailed illustrations of health inequalities - can be found in the Derbyshire Joint Strategic Needs Assessment at the Derbyshire Observatory website:

<http://observatory.derbyshire.gov.uk/IAS/>



### 3. Derbyshire's priorities

**The vision for Derbyshire is to reduce health inequalities and improve health and wellbeing across all stages of life by working in partnership with our communities.**

**Our ambition across all priority areas is to:**

- Reduce health inequalities
- Strengthen investment in evidence-based prevention and early intervention
- Deliver high quality care that promotes privacy and dignity along with robust safeguarding processes

| <b>The five high-level priorities:</b>   |   |  |  |
|--|---|--|--|
| <b>Priority</b>  | <b>This means</b>   | <b>Derbyshire focus</b>  | <b>So that</b>   |
| <b>Improve health and wellbeing in early years</b>   | We will intervene early where our children and families need help and we will strengthen the support provided during pregnancy and the first five years of a child's life | <b>In Derbyshire we will focus on early intervention and identification of vulnerable children and families</b>  | Every child is fit to learn and able to fully develop their potential communication, language and literacy skills.                             |
| <b>Promote healthy lifestyles</b>  | We will develop high quality services to prevent and reduce harmful alcohol consumption, substance misuse, obesity, physical inactivity, smoking and sexual ill-health.   | <b>In Derbyshire we will focus on preventing and reducing alcohol misuse, obesity and physical inactivity</b>  | Individuals and communities are equipped and empowered to live healthy lives.  |
| <b>Improve emotional and mental health</b>   | We will provide increased access to mental health promotion, recovery and support services.   | <b>In Derbyshire we will focus on improving access to evidence-based primary care psychological therapies and other local services that support recovery from mental health problems</b> | People are helped to achieve positive mental health and can access mental health support services when and where they need them                |
| <b>Promote independence of people living with long term conditions &amp; their carers.</b> | We will ensure services work in partnership with individuals and their carers to achieve high quality care  | <b>In Derbyshire we will focus on community based support, self-care and care close to home, including increased use of evidence-based telehealth and telecare</b>                       | People have access to care which is responsive, accessible and centred around their unique needs   |
| <b>Improve health and wellbeing of older people</b>  | We will ensure services work together to provide integrated support where needed in order to promote independence into old age  | <b>In Derbyshire we will focus on strengthening integrated working between health and social care providers and housing-related support services</b>                                     | Older people are helped to participate fully in community life and can choose to live in high quality accommodation appropriate to their needs |



## 4. Health and wellbeing in early years

Improve health and wellbeing in early years. Every child fit to learn and able to fully develop their potential communication, language and literacy skills. **In Derbyshire we will focus on early intervention and identification of vulnerable children and families (including children with disabilities)**

### Why this is important

By focussing on the first few years of a child's life – especially those who are most disadvantaged and vulnerable – we can ensure that children can be given the best possible start which will benefit them for the rest of their lives. For this reason one aim of this section of the strategy is to strengthen the support available during pregnancy and the first five years of a child's life. We also need to make sure children of all ages get the right support at the right time by ensuring we have effective mechanisms for identifying vulnerable children and families and intervening early. The actions in this section are complemented by actions included in the healthy lifestyle and mental health sections of this strategy which apply to children in all age groups.

Identifying the most vulnerable families and intervening early will promote children's social and emotional development, significantly improve their mental and physical health and reduce health inequalities. Children will also gain in later life from improved educational attainment and employment opportunities. Early supportive programmes are effective in reducing drug and alcohol misuse, teenage pregnancy, and child abuse. Parents and families also benefit – for example early intervention programmes are known to increase the numbers of parents participating in training or employment. Effective and timely information sharing arrangements between agencies, along with closely integrated services, are a vital part of service delivery.

An important aspect of early development is literacy. Literacy is not just about being able to read - it is a broad term that encompasses all aspects of a person's cognitive and psychosocial skills. These skills are associated with being able to read, to learn well and to communicate effectively with others. Low literacy is associated with poorer physical and mental health outcomes and low achievement. Literacy is therefore closely linked to emotional and mental wellbeing and social inclusion. The benefits of literacy start at very young age and it is at this early stage that cognitive and social skills are developing.

Also important in early development is speech language and communication (SLC). One in ten children has difficulty with SLC and this has an impact throughout life.



Vocabulary at age five has been found to be the best predictor of whether children who experience social deprivation in childhood can escape poverty in later life.

### **What you said: consultation on the high-level priorities**

Seventy-two percent of you said improving health and wellbeing in early years was a priority for Derbyshire and 91% agreed the focus should be on early intervention and identification of vulnerable children and families.

You feel the highest priority for action should be given to encouraging families to eat healthily and take part in physical activity. Providing support services to new parents came second followed by improving language, literacy and numeracy skills, and services to reduce the number of children placed on the “at risk” register.

### **Where are we now**

- There are about 175,000 children aged 0-19 living in Derbyshire of which nearly 42,000 are aged under 5 (5.5% of the total population)
- Around 8,400 children are born each year in Derbyshire
- In Derbyshire the proportion of mothers who smoke during pregnancy (16.3%) is significantly worse than England (14.0%).
- Significantly fewer babies are breast fed in Derbyshire (42% of babies were totally or partially breast fed at 6-8 weeks) than the England average (46%).
- Breastfeeding initiation in Derbyshire (73%) is also poorer compared to the national figure (74%)
- In Derbyshire around 24,000 children live in poverty (17.8% of 0-15 years olds)
- In Derbyshire 680 children entered into a child protection plan in 2009/10, 16.3% for the second or subsequent time. The rate of children entering a second or subsequent plan was higher than England (13.6%).
- Educational achievement varies across the county. The range of achievement of five or more GCSEs Grade A-C was 13.8-91.1% between best and worst wards
- Emotional disorders (including depression) affect around 3.7% (3,910) of children in Derbyshire

### **The challenge for Derbyshire**

We recognise in Derbyshire that coordinated effort is needed to promote physical, mental and emotional wellbeing, help new families, maximise children’s ability to achieve, and tackle the variation in educational achievement across the county.



The Derbyshire Children's Trust oversees the delivery of services to children and young people. It includes all providers working with children and young people in the public, voluntary, community and independent sector.

In Derbyshire we are committed to local implementation of the National Healthy Child Programme which coordinates services and support for children of all ages and is the responsibility of all agencies. A particular aspect of this work is Derbyshire's early intervention agenda. In early years settings this means providing support during pregnancy and the first five years of a child's life. The early intervention programme involves strengthening the relationship between maternity services and other agencies, expanding and strengthening the health visiting service (Health Visiting Implementation plan) and the on-going development of the Family Nurse Partnership. A focus on working with the whole family is an important aspect.

The early intervention programme in Derbyshire includes a range of evidence-based programmes aimed at improving health in early years. These include breastfeeding support, the HENRY programme (health, exercise and early nutrition for pre-school children), reducing smoking in pregnancy, the childhood vaccination programme, oral health promotion and the Healthy Start initiative. Other important initiatives are the provision of parenting and family support and a range of antenatal and postnatal initiatives to promote health and wellbeing. These initiatives are particularly important for disadvantaged families who may be experiencing poverty or social exclusion.

Delivering this new model of support for families involves strengthening integration of services and close partnership working and collaboration across primary and secondary care, maternity services, the voluntary and community sector, Children's Centres, Multi-Agency Teams, the Child and Adolescent Mental Health Service (CAMHS) and other local services. Ensuring an appropriately skilled front-line workforce is a core part of delivery.

### **We will tackle inequalities by focussing on:**

- Communities in Derbyshire suffering from poor health
- Families on low incomes
- Vulnerable families

### **Actions for Derbyshire**

#### **Developmental action:**

- Implement a coordinated partnership approach to improving cognitive,



physical and emotional development in early years including early literacy, communication, language and numeracy skills (e.g. by contributing to the Derbyshire Family Literacy Strategy, collaborative working with libraries, implementation of the physical development strategy)

**Underpinning actions:**

- Continue the roll out of the Health Visitor Implementation Plan and the Family Nurse Partnership, ensuring implementation of evidence-based programmes (such as parenting and family support programmes) are focussed on those who can benefit most
- Strengthen the delivery of evidence-base healthy lifestyles programmes in early years settings
- Expand the range of opportunities to promote wellbeing in early years by further developing existing community projects and promoting the use of available community resources (e.g. Children's Centres, Connecting Families, access to outdoor play areas/greenspace/nature, pharmacies)
- Strengthen the help and support available for children with behaviour problems by ensuring that all front-line staff have the right skills and services to work together to deliver appropriate interventions
- Ensure all services are appropriate for children with disabilities by implementing the Children's Trust disability action plan
- Identify children requiring additional resource and deliver effective interventions at the earliest opportunity
- Ensure delivery of robust child protection arrangements

**Indicators**

The government is developing an outcomes framework for children to improve the health of children and young people; once this is published the relevant outcomes will be included here. The following are examples of relevant indicators from the other national outcomes frameworks:

- Reducing deaths in babies and young children
- Children in poverty
- School readiness
- Child development at 2-2.5 years
- Percentage of healthy weight in 4 and 5 year olds
- Breastfeeding initiation/ prevalence 6-8 weeks
- Incidence of low-birth weight of term babies
- Emotional wellbeing of looked after children
- Reducing the prevalence of smoking in pregnancy



## 5. Healthy lifestyles

Promote healthy lifestyles by developing services to prevent and reduce harmful alcohol consumption, substance misuse, obesity, physical inactivity, smoking and sexual ill-health. **In Derbyshire we will focus on preventing and reducing alcohol misuse, obesity and physical inactivity.**

### Why this is important

Derbyshire has higher than average levels of alcohol-related admissions particularly in the north of the county and in those aged under 18. Although levels of physical activity in adults and children are close to or better than the average for England, rates of adult obesity are significantly worse. Furthermore the number of people with diabetes – which is closely linked with obesity - is also significantly worse in Derbyshire compared with England.

Key aspects of a healthy lifestyle are healthy eating, physical activity, and - for people who drink alcohol - sensible drinking. Lifestyle is an important factor in determining health in later life. Alcohol, obesity and physical inactivity are risk factors for a number of long term conditions such as cancer, hypertension, diabetes, dementia, coronary heart disease and stroke.

A healthy lifestyle is also related to good mental health. For example poor mental health is linked to increased obesity and alcohol misuse. Physical activity is known to improve mental health and wellbeing.

Physical activity also reduces the risk of illnesses such as diabetes, heart disease and stroke and can help to prevent or tackle obesity.

A focus on reducing health inequalities, including preventive work addressing the wider determinants of health, is a crucial aspect of promoting healthy lifestyles. For example children living in areas of income deprivation are more likely to be obese; alcohol death rates are higher in more deprived areas.

### What you said: consultation on the high-level priorities

Seventy-two percent of you said promoting healthy lifestyles was a priority for Derbyshire and 88% agreed the focus should be preventing and reducing alcohol misuse, obesity and physical inactivity.



You feel the highest priority for action should be given to developing services to support people to be physically active and maintain a healthy weight. Services to reduce harmful alcohol consumption came second, followed by developing other lifestyle services targeting smoking, sexual ill health etc.

### **Where are we now**

- An estimated 190,000 adults in Derbyshire are overweight or obese
- Levels of childhood obesity in Derbyshire are lower than in England but within Derbyshire there are areas with obesity rates higher than the national average. 9% of children starting primary school in Derbyshire are obese – however during primary school the prevalence of obesity in children increases to 18%.
- In Derbyshire only 12.0% of adults meet recommended levels of physical activity (moderate exercise at least five times a week). This is similar to England overall, but there is significant variation between districts (ranging from 9.0 % to 14.4%)
- Around 130,000 Derbyshire residents have an alcohol use disorder, including 112,000 who are hazardous or harmful drinkers
- There are around 13-14,000 alcohol related admissions per year in Derbyshire
- There are around 100 alcohol specific admissions for those aged under 18 every year (1.4 per 1000 population). This rate is significantly worse than the England average.

### **The Challenge for Derbyshire**

In Derbyshire we recognise that initiatives addressing healthy lifestyles need to be relevant to the whole population, but with particular emphasis on helping more disadvantaged groups achieve a healthy lifestyle. The actions we take need to range from individual behaviour change approaches through to preventive approaches aimed at tackling the wider determinants of unhealthy lifestyles across all age-groups.

For example promoting access to affordable healthy food for people on low incomes will help people eat more healthily. Increasing access to green spaces – particularly in urban areas - is an effective means of promoting physical activity, improving mental health and reducing health inequalities.

Derbyshire's schools are key settings for providing health education and health promoting activities to children and young people. Work with families and parents is also important – parents need to be supported in understanding the healthy lifestyle





needs of their children and how to support them in making healthy choices. For example initiatives to promote breastfeeding will help improve health and reduce childhood obesity.

A number of partnerships in Derbyshire have important roles to play in promoting healthy lifestyles. Local partnerships are ideally placed to work in the heart of their communities and are a key mechanism for ensuring integrated action and information sharing. Derbyshire Sport is a strategic partnership working to improve the lives of people in Derbyshire through sport and active recreation. The Derbyshire Drug and Alcohol Action Team works with all partners to develop a co-ordinated approach to prevention of alcohol misuse – through, for example, improved education, health promotion and training around early identification of people at risk. The National Alcohol Strategy published in March 2012 aims to reduce binge-drinking and alcohol-related crime as well a supporting effective health measures such as brief interventions, alcohol treatment and hospital Alcohol Liaison Nurses.

The Derbyshire Healthy Lifestyle Hub is a partnership which provides long term support and increased access to opportunities to achieve and maintain a healthy lifestyle. The Hub includes eight local authorities, Derbyshire Community Health Services (DCHS) and other providers. The work of the Hub includes health referral programmes to help people with health conditions increase their physical activity and achieve a healthy weight. A related service, the Health Trainer programme, provides one-to-one help and support to vulnerable individuals. The Hub will incorporate the family weight management programme, currently in development to support children aged 5-15 and their families to lead healthier lifestyles. Services in Derbyshire are working in partnership to develop a new approach to promoting healthy lifestyles through the Making Every Contact Count (MECC) project. The aim is to ensure that all front-line staff have the knowledge and skills to deliver healthy lifestyle advice.

**We will tackle inequalities by focussing on:**

- Communities in Derbyshire suffering from poor health
- People on low incomes
- Vulnerable groups

**Actions for Derbyshire**

**Developmental actions:**

- Develop a coordinated partnership response to local delivery of the National Alcohol Strategy



- Support the development of the 'Making Every Contact Count' project across all partners

**Underpinning actions:**

- Develop strategies and programmes to reduce the barriers to healthy lifestyles such as poverty and environmental issues (e.g. healthy eating on a budget/cooking skills, work with food outlets, urban greenspace initiatives, spatial planning, Forest Schools, transport initiatives to promote active travel such as walking and cycling, income maximisation)
- Promote a more coordinated approach to the provision of healthy lifestyle support by strengthening links and referral pathways between different settings and services (e.g. Health Referral scheme; referral to stop smoking and sexual health advice for alcohol misusers, Healthy Schools, workplace health initiatives, pharmacies, primary and secondary care)
- Promote opportunities for people to take part in active recreation and sport, including opportunities for particular groups such as people with disabilities (e.g. promoting access to nature/countryside, leisure centres, gyms).
- Develop more healthy lifestyle initiatives, with a focus on prevention, specifically designed to suit the needs of particular groups such as older people, young people and teenagers, Black and Minority Ethnic groups, people with mental health problems, learning disabilities and challenging families
- Improve access to advice and support for young people identified with alcohol and substance misuse problems

**Indicators**

The following are examples of relevant indicators from the national outcomes frameworks:

- Life expectancy at 75
- Differences in life expectancy and health life expectancy between communities
- Prevalence of healthy weight in adults
- Rate of hospital admissions per 100,000 for alcohol-related harm
- Percentage of adults meeting recommended guidelines on physical activity



## 6. Mental health and wellbeing

Improve emotional and mental health and provide increased access to mental health support services. **In Derbyshire we will focus on improving access to evidence-based primary care psychological therapies and other local services that support recovery from mental health problems.**

### Why this is important

In Derbyshire an estimated one in six adults will have a mental health problem at any one time. This equates to approximately 84,000 adults with a mental health problem in Derbyshire.

Good mental health and wellbeing is fundamental to ensuring that individuals, families and communities can flourish, lead fulfilling lives, contribute to society and achieve their potential.

Positive wellbeing is associated with healthier lifestyles, better physical health, improved recovery from illness, higher educational attainment, improved employment and earnings, better relationships, more social cohesion, and less crime.

Social connections and networks - feeling connected to others, feeling in control, feeling capable and having a sense of purpose – are also important.

Material and economic circumstances of people's lives have a direct impact on their overall wellbeing. Mental health problems can increase in times of economic and employment uncertainty.

Mental health problems are associated with inequalities. People living in more deprived circumstances have an increased risk of mental illness. People with a serious mental illness die on average 25 years earlier than those without. Some groups, such as people with learning disabilities and Black and Minority Ethnic communities, may experience poorer access to support. Stigma and discrimination can also have an adverse impact on mental health.

Mental health and wellbeing in childhood influences mental health across the life course – up to half of lifetime mental health problems start by the age of fourteen.



## **What you said: consultation on the high-level priorities**

Sixty-seven percent of you said improving emotional and mental health was a priority for Derbyshire and 86% agreed the focus should be on improving access to psychological therapies. You also said you wanted more emphasis on promoting recovery.

In terms of what actions should be taken you feel the most important is ensuring that services are available to all including vulnerable groups. Services to help people remain in or return to work came second followed by the development of mental wellbeing support services such as walking groups, adult learning, libraries and day services and the development of a wide range of psychological therapy services.

## **Where are we now**

- There are approximately 84,000 adults with a mental health problem in Derbyshire.
- One in six adults will have a mental health problem at any one time
- Almost half of adults will experience at least one episode of depression during their lifetime
- 13–16% of older people in England have severe depression and up to 50% of older people in residential care
- One in ten children aged between 5 and 16 years has a mental health problem, and many continue to have mental health problems into adulthood.
- It is estimated that for every 1,000 adults in Derbyshire County about 125 will have a common mental health disorder (lower than the England average of 163/1,000). Emotional disorders (including depression) affect around 3.7% (3,910) of children in Derbyshire

## **The Challenge for Derbyshire**

Derbyshire is committed to implementing the principles of the national mental health strategy – No Health without Mental Health – which aims to promote positive mental health and emphasises that mental health is everyone's business. Many things impact on mental health such as housing, employment, income, social cohesion, prompt access to treatment, and healthy lifestyles. All partners therefore have a crucial part to play to ensure that action to improve mental health and wellbeing takes place on a broad front – on a population-wide basis as well as aimed at supporting individuals of all ages.



Commissioning of services to support people with mental health problems is led by the NHS through the Clinical Commissioning Groups.

In Derbyshire we recognise that promoting good mental health and wellbeing is not just about delivering high quality care to those who need it. Good preventive and recovery services are also vital. So all the actions we propose in this strategy – for healthy lifestyles, children and young people, people with long term conditions and older people – will contribute to the prevention of mental health problems and the promotion of mental and emotional wellbeing.

One aspect of service provision that we plan to focus on in Derbyshire is strengthening psychological therapies services in primary care - at present these services are not available in some parts of Derbyshire. For this reason we are committed to ensuring equitable access to primary care psychological therapies. These are 'talking therapy' services delivered in primary care that are aimed at people with mild to moderate common mental health problems such as anxiety and depression. Such services improve quality of life by helping people with mental health problems develop understanding and learn new skills to manage their mental health. High quality service provision can lead to fewer people being admitted to hospital, fewer people visiting their GP, and fewer prescriptions for antidepressant medication. Close collaboration with secondary care services is also important to ensure effective integration.

However it is also important to recognise that psychological therapy and other mental health services can't be delivered in isolation. Effective collaboration between all agencies is vital to ensure a wide range of community resources are available to promote recovery. In addition more work is needed to raise awareness of mental health issues across all partners. In this way front-line staff will have the skills and knowledge to provide the right help and signpost people to mental health and other support services. These include education and employment support services, debt advice, housing advice, support groups, wellbeing services (e.g. leisure services; health promotion), befriending, rehabilitation programmes and services to promote good mental health.

**We will tackle inequalities by focussing on:**

- People on low incomes
- People from BME backgrounds
- People with substance misuse problems
- People with learning disabilities



## Actions for Derbyshire

### Developmental actions:

- Develop equitable primary care psychological therapy service provision across the county
- Develop effective and integrated pathways for people with mental health problems to access support services and community facilities aimed at promoting recovery

### Underpinning actions:

- Promote mental health awareness raising/training across all partners in order to promote access to services and reduce stigma and discrimination. This training should reflect the particular needs of specific groups such as people with learning disabilities, speech, language and communications needs, older people and people with dementia, Black and Minority Ethnic groups and lesbian, gay, bisexual, and transgender (LGBT) groups
- Ensure access to a wide range of evidence-based psychological therapy services in Derbyshire based on population need
- Ensure mental health services combine access to employment support to help people remain in or return to work if unemployed
- Increase the range of opportunities for people with mental health problems to access support services and community facilities aimed at promoting recovery (such as education, financial/debt management support and advice, housing, befriending, leisure services, social networks, arts and cultural activities, library services, Green Gym and other green health projects, health promotion, practical support for everyday activities)
- Develop effective pathways to improve access to Child and Adolescent Mental Health Services aiming to improve the mental and emotional wellbeing of children and families
- Develop mechanisms to improve integration across adult and child mental health services ('Think Family' approach)

## Indicators

The following are examples of relevant indicators from the national outcomes frameworks:

- Proportion of adults in contact with secondary mental health services who live independently with or without support
- Employment of people with mental-illness
- Self-reported wellbeing
- Patient experience of community mental health services
- Hospital admissions as a result of self-harm



## 7. Long term conditions and carers

Promote the independence of all people living with long term conditions and their carers. **In Derbyshire we will focus on community based support, self-care and care close to home, including increased use of evidence-based assistive technologies (e.g. telehealth and telecare\*)**

\*(Telehealth is electronic monitoring equipment that is installed in a patient's home to enable them or their carer to take a set of health measurements on a daily basis. Telecare equipment varies from a pendant alarm, to bed wetting sensors and falls detectors. The equipment is preset to summon help when it is activated)

### Why this is important

There are more than 15 million people living with a long term condition in England. It is estimated that 180,000 people in Derbyshire have at least one long term condition. The number of people with long term conditions in Derbyshire will increase in future due to the ageing population and to unhealthy lifestyle choices.

A long term condition is one which can't at present be cured but which can be helped by medication, by other support services and therapies, and by maintaining a healthy lifestyle. Examples of long term conditions are diabetes, heart disease, dementia, mental health conditions, hypertension and chronic obstructive pulmonary disease.

Long term conditions can affect people of all ages but are more likely to occur in older age groups. The number of people living with more than one condition also increases with age. Some groups – such as people from ethnic minority groups - are also at higher risk of developing some long term conditions such as diabetes.

People with long term conditions are two to three times more likely to experience mental health problems than the general population.

The needs of people caring for those with long term conditions are also important. Carers make a vital contribution by providing physical, practical and emotional support to people with long term conditions and helping the people they care for continue to live in the community.

### What you said: consultation on the high-level priorities

Sixty-six percent of you said promoting the independence of all people living with long term conditions and their carers was a priority for Derbyshire and 77% agreed



the focus should be on community based support, self-care and care close to home, including increased use of evidence-based telehealth and telecare.

You feel the highest priority for action should be given to developing community support services. Services to promote self-management of long term conditions came second followed by services to reduce hospital admissions and allow early discharge.

### **Where are we now**

- Nationally nearly one in three people have a long term condition. This figure rises to three out of every five people aged 60 or over.
- In Derbyshire rates of people with a limiting long term illness are higher than the national average
- In Derbyshire there are around 37,000 people with diabetes, 9,400 with dementia and 30,000 with hypertension
- Long term conditions account for nearly 70% of the total health and social care spend in England.
- In Derbyshire 84% of patients with a long term condition report that they receive support to be independent. This is higher than the England average (81%) and a 15% increase from 2007/08
- There are an estimated 90,000 carers living in Derbyshire (about 12% of the Derbyshire population). Nearly 13% of carers in Derbyshire have reported they were not in good health.

### **The Challenge for Derbyshire**

In Derbyshire we aim to deliver services in the most appropriate setting so we can provide integrated care that is community-based and personalised (this includes ensuring services are age-appropriate). Our focus is to encourage people with long term conditions to maintain their own health and lead independent lives. We are also committed to delivering high quality end of life care that is co-ordinated around the needs of the individual. Alongside this we aim to help carers take greater control over their own health and the health of others in their care. Carers play a vitally important role supporting people with long term conditions and their invaluable contribution should be fully recognised and supported. Particular attention needs paying to promoting access to support for people living in rural areas.

Much has already been achieved in Derbyshire. We have improved information and programmes to educate people about living with a long term condition. We have increased the number of people who have a care plan and have developed more





effective care pathways. These actions help support people with multiple long term conditions with complex health and social care needs and who are at high risk of hospital admission or deterioration in their health and wellbeing.

Delivering more services close to home can be helped in part by taking advantage of the possibilities opened up by new technologies such as telehealth and telecare. We therefore aim to explore how best to harness technology to support those who care for and those who live with long term conditions.

Self-management is at the core of effective treatment for long term conditions. However we recognise that mental health problems can reduce a person's ability to actively manage their own physical condition. For this reason developing effective management of mental health problems should be done alongside the management of physical health problems.

Care for many people with long term conditions can be improved by a better focus on the person as a whole including integrating mental health support and by closer working between mental health specialists and other professionals.

**We will tackle inequalities by focussing on:**

- Communities in Derbyshire suffering from poor health
- Derbyshire's rural communities
- People with mental health problems

**Actions for Derbyshire**

**Developmental actions:**

- All partners (health, social, independent and third sector organisations) to develop and implement a strategic approach to the management of long term conditions including end of life care. This will include exploring more integrated models of working (including integration with mental health services and integration between services and carers), a commitment to strengthening joint commissioning of services and a focus on improving access including rural access.
- Progress partnership working across health and social care to explore the most effective use of assistive technologies such as telehealth and telecare



**Underpinning actions:**

- Continue to develop information and support self-care training courses and programmes (such as the Living with Long Term Conditions Programme, Pulmonary rehabilitation, cardiac rehabilitation and diabetes education)
- Support arrangements that enable people to remain living independently in accommodation which is safe and suitable for their needs. (e.g. through home care, home maintenance or adaptation or supported move.)
- Ensure high quality care plans are in place to assist people in managing their condition and access appropriate advice and treatment in the right place and at the right time
- Provide people with long term conditions with advice and interventions which support good mental health
- Promote the use of assistive technologies that are sensitive to the needs of the individual, with appropriate support, and where there is a good evidence-base
- Increase the availability and flexibility of services that are responsive to carers' needs and enable carers to take regular breaks from caring (e.g. short breaks, doing everyday activities such as going shopping, getting a good night's sleep)
- Strengthen the support available for helping with personal, social and health care (e.g. continence services), taking carers needs into account
- Increase carers' health and wellbeing by providing a range of services and practical support to prevent ill-health, promote independence and maintain physical, emotional, financial, and social wellbeing (e.g. befriending schemes, skills training)

**Indicators**

The following are examples of relevant indicators from the national outcomes frameworks:

- Health related quality of life for people with long term conditions
- Reducing time spent in hospital by people with long term conditions
- Enhancing quality of life for carers
- Emergency readmissions within 30 days of discharge
- The proportion of carers who report they have been included or consulted in discussions about the person they care
- Employment of people with long term conditions
- Prevalence of recorded diabetes
- Work sickness absence rate



## 8. Older people

Improve the health and wellbeing of older people and promote independence into old age. **In Derbyshire we will focus on strengthening integrated working between health and social care providers and housing-related support services**

### Why this is important

The population of Derbyshire is increasing. Numbers of older people are projected to grow at a faster rate than the overall population. Increases in total life expectancy exceed the increases in healthy life expectancy.

As people get older they become increasingly vulnerable, are more at risk of social isolation, and are more likely to have complex health problems and high health and social care needs. For example older people are more at risk of having a fall. In Derbyshire around 30% of people aged over 65 and 50% of people aged over 80 have a fall each year. Older people are significantly more at risk of dying after a hip fracture.

Stroke is another common cause of poor health and mortality. Although people of any age could have a stroke, 50% of strokes occur in people aged over 75. Following a stroke a high proportion of people are left with considerable help and support needs.

People with dementia are also particularly vulnerable. Overall in Derbyshire about 5% of the population over 65 has dementia, and the risk of dementia increases markedly with age.

### What you said: consultation on the high-level priorities

Sixty-eight percent of you said improving the health and wellbeing of older people and promoting independence into old age was a priority for Derbyshire and 88% agreed the focus should be on strengthening integrated working between health and social care providers and housing-related support services.

You feel the highest priority actions should be given to ensure that all care agencies provide services in partnership to improve the health and wellbeing of older people. Ensuring all care agencies provide services in partnership to maintain the



independence of older people came second followed by providing integrated hospital and community services.

### **Where are we now**

- About 18% of the population in Derbyshire is aged over 65. This is expected to increase to nearly 21% by 2025. Currently the proportion of older people in Derbyshire is higher than the England value of 16.5%.
- At present nearly 44,400 people aged over 65 in Derbyshire have moderate to very high social care needs. Over 32,000 people aged over 65 use at least one service funded by Adult Care.
- A high proportion of those aged over 75 (34% of males and 61% of females) live alone. This represents over 32,000 at increased risk of social isolation within the county.
- More than 12,000 people aged over 65 are thought to have depression, including nearly 4,000 cases classed as severe.
- There are around 9,400 people with dementia in Derbyshire, it is estimated that this number will rise to 15,200 by 2025.
- Around 14,000 people in Derbyshire have had a stroke
- Each year more than 4,000 people in Derbyshire are admitted to hospital after a fall

### **The Challenge for Derbyshire**

The challenge for Derbyshire is to understand and respond to the needs of our increasingly ageing population and improve our person-centred approach. This is particularly true for health and social care provision for people over the age of 85 who require additional support. We also need to ensure that carers' needs are met.

We are working to strengthen services that promote independence in order to reduce the need for hospital services and long-term care. This includes a commitment to ensuring front-line staff are suitably trained. Prevention and early intervention services (such as falls prevention and re-ablement) are at the forefront of service delivery in Derbyshire.

We also recognise the importance of housing in relation to the health and wellbeing of older people. Having secure and settled accommodation, with the right kind of support, can have a positive impact on people's health and wellbeing as well as their recovery. Lack of appropriate housing can impede access to treatment, recovery and social inclusion.

In Derbyshire we aim to improve the quality and range of housing available to older people, at the same time as improving access to support – such as repairs,



adaptations and energy efficiency measures - that will enable older people to live safely in their homes. Derbyshire's District and Borough local authorities and Housing Associations play a core role in delivering this agenda and Derbyshire County Council is leading the development of Extra Care housing.

Coordinated planning across health, local authorities, housing, social care and community services, including the voluntary and private sectors, will enable local partnerships to tackle these complex issues. Greater integration will improve the quality of care and ensure more efficient service delivery. It will also make the best use of limited resources.

### **We will tackle inequalities by focussing on:**

- People with mental health problems
- Frail elderly and people in the 85+ age group
- People on low incomes
- People who are socially isolated

### **Actions for Derbyshire**

#### **Developmental actions:**

- Develop a coordinated partnership approach to commissioning accessible older people's health, care and housing services
- Develop integrated working and agreed pathways for older and frail elderly people, including end of life care, which take the whole person into account.

#### **Underpinning actions:**

- Increase awareness of housing and support options for older people
- Increase the range of more specialist types of accommodation for frailer older people and those with specific needs such as dementia (e.g. Specialist Community Care Centres and Extra Care housing)
- All partners ensure that their front-line staff take account of and respond to people's housing conditions when planning care and support
- Promote the lifetimes homes standard
- Strengthen partnership initiatives to reduce fuel poverty
- Enable access to low-level support services such as repair, maintenance and adaptation services that promote independent living (e.g. Handy Van and Trusted Trader schemes)
- Strengthen the provision of coordinated information, advice and advocacy



services that promote health and wellbeing (e.g. Health and Wellbeing Zones, Befriending schemes)

- Ensure appropriate safeguarding arrangements are in place for all vulnerable adults
- Continue the implementation of the personalisation agenda

## Indicators

The following are examples of relevant indicators from the national outcomes frameworks:

- Fuel poverty
- Health related quality of life for older people
- Healthy life expectancy
- Excess seasonal mortality
- Acute hospital admissions as a result of falls or falls injuries for over 65s
- Hip fracture in over 65s
- Dementia and its impacts
- Effectiveness of early diagnosis, intervention and reablement: avoiding hospital admissions
- Improving recovery from stroke
- Improving recovery from fragility fractures
- Admissions to residential homes per 1,000 population



## 9. Next steps

The actions outlined in this strategy are ambitious and challenging but essential to ensure we continue to improve health and wellbeing and reduce health inequalities in Derbyshire.

Successful implementation of the strategy relies on many different organisations and stakeholders in Derbyshire all of whom have a vital part to play in delivery. The Health and Wellbeing Board is responsible for ensuring effective mechanisms are in place in order to deliver the strategy and, in conjunction with all partners, for ensuring effective service integration.

Many partners have contributed to the development of this strategy and all are fundamental to ensuring effective delivery of the agreed priorities and actions. These include:

- Derbyshire County Council
- District and Borough Councils
- NHS Primary Care
- NHS Secondary Care
- Clinical Commissioning Groups
- Local Partnerships
- Voluntary and community sector
- Special interest groups and forums
- Local Pharmaceutical Committee
- Public Health

This is an overarching strategy for Derbyshire but one which recognises that health and wellbeing needs vary greatly across the county. The Derbyshire Health and Wellbeing Board will therefore work closely with local organisations, partnerships and communities to ensure that the specific needs of local people are met.

In order to implement the strategy lead agencies/partnerships will be identified for each agreed action. Leads will be responsible for developing detailed action plans, reviewing delivery, and reporting on progress to the Health and Wellbeing Board.

This strategy will focus on improving outcomes for local people and the Health and Wellbeing Board will be responsible for monitoring progress by reviewing outcomes from the national published outcomes frameworks (NHS, Public Health, Adult Social Care and Children's). An annual review will be published to show progress made and identify areas that require more focus for the following year.



This strategy is published at a financially challenging time when much of the public and voluntary sector is facing cuts. There are no new resources to deliver this strategy; implementation will therefore require effective and efficient use of existing resources and capacity. Partners and communities will need to find new ways of collaborating so as to share their skills and knowledge more widely and explore innovative ways of achieving the best outcomes for Derbyshire's health and wellbeing.





## Appendix 1

### The Health and Well Being Board in Derbyshire

The Derbyshire Health and Wellbeing Board lead and advise on work to improve the health and wellbeing of the people of Derbyshire through the development of improved and integrated health and social care services.

The Board is led by Derbyshire County Council and was established in shadow form in 2011 as part of national health reforms. The shadow Board will take on a statutory role from April 2013.

The Board is a forum for key leaders across the health and care system to work together to improve the health and wellbeing of their local population and reduce health inequalities. Membership of the Derbyshire Health and Wellbeing Board includes:

- Derbyshire County Council
  - Children and Younger Adults
  - Adult Care
- District and Borough Local Authorities
- Clinical Commissioning Groups
- Public Health
- Local Involvement Network (LINK)/ HealthWatch

The Derbyshire Health and Wellbeing Board is committed to:

- Understanding the needs of our community and agreeing priorities
- Ensuring stronger democratic legitimacy and involvement
- Strengthening working relationships between all partners
- Encouraging commissioners to work in a more joined up way

The Health and Wellbeing Board has a responsibility to undertake a Joint Strategic Needs Assessment and use this in the development of a joint strategy for health care, social care and public health. The Board also has a duty to involve local people in developing this work.

